



Snohomish County Medical Society

Update: October 2008

2009 SCME Membership Directory

The 2009 SCMS Photo Directory will soon be going to print. We wanted to use this opportunity to allow you to notify us of any changes to your membership listing. In the next week you will receive an update form. Please take a moment to review that form, which will include the information we presently have for you, and fax any updated information back to us by November 15th.

SCMS Membership Meeting

The Governor's Council on Substance Abuse & The Snohomish County Medical Society
Present: Prescription Opiate Abuse Scope of the Problem, Prevention Techniques, Treatment Realities & Criminal Justice System Insights

See attached Agenda:

Thursday, November 6, 2008, 8am - 5pm

Downtown Everett Holiday Inn

3105 Pine Street, Everett, WA

This is a free seminar but you must register to attend.

[Click here](#) for a meeting agenda.

Please RSVP to contact.prosecutor@snoco.org

Please consider this timely and useful recommendation from the Snohomish County Health District

The Snohomish Health District is investigating a possible cluster of EHEC in Snohomish County. **Given the potential for serious illness and transmission of EHEC, we are asking providers to culture anyone who presents with symptoms consistent with EHEC.**

EHEC are a group of shiga-toxin producing gram-negative bacteria. With EHEC, most diagnosed cases report bloody stools, which typically begin 6-48 hours after the onset of non-bloody diarrhea. Diarrhea may be accompanied by abdominal cramps, often quite severe (and sometimes the chief complaint). Nausea and vomiting are also common. Fever is generally absent or low-grade, in contrast to salmonellosis, shigellosis, or campylobacteriosis. Mild, non-bloody diarrheal illness and even asymptomatic infections are common, albeit rarely diagnosed outside outbreak settings. Symptoms generally appear 3-4 days after exposure to the bacteria, but may range between 1-8 days. The most serious complication is HUS.

Hemolytic-Uremic Syndrome (HUS): After 3-10 days, 5-15% of diagnosed patients may develop hemolytic uremic syndrome which is a combination of microangiopathic hemolytic anemia, thrombocytopenia, and acute renal failure. Early clinical signs of HUS may include decreased urine output, pallor, and lethargy. Patients with HUS have a variable degree of renal insufficiency that may necessitate dialysis (short- or long-term) or even transplant; there is a greatly increased risk of stroke and other complications. Thrombotic thrombocytopenic purpura (TTP), another complication of EHEC infection, is very similar to HUS, with prominent neurologic signs such as seizures or confusion. TTP primarily affects adults. Although uncommon, EHEC-caused HUS or TTP can occur without antecedent diarrheal illness.

Treatment consists of:

1. Fluid and electrolyte replacement, if indicated.
2. Antibiotic therapy is usually inappropriate due to lack of proven benefit and potential increased risk for developing HUS.
3. Antimotility agents are usually contraindicated as they may also increase the risk of complications.

Because of the small infective dose, patients with known EHEC infections should not work as food handlers or healthcare workers and should not attend or work in a childcare center until 2 successive fecal samples are found to be free of EHEC. Stool specimens must be collected 24 or more hours apart, but not sooner than 48 hours after discontinuing antimicrobials. Patients must be advised of the importance and effectiveness of handwashing with soap and water after defecation or after direct contact with a person with diarrhea.

FTC Red Flag rules may apply to certain medical group practices

As part of the Federal Trade Commission (FTC)'s implementation of the Fair and Accurate Credit Transactions (FACT) Act of 2003, medical providers may need to comply with the "Red Flag Rules," which require creditors to establish a program to prevent identity theft by Nov. 1, 2008. In a conference call today, an attorney for the FTC finally provided guidance as to when a provider meets the definition of a "creditor." Until this call, it was unclear how this regulation may apply to health care providers.

The FTC regulation defines a creditor as an entity that regularly extends, renews, continues credit or arranges for the extension of credit. The FTC would include a medical provider in this definition if the provider does not regularly demand payment in full for services or supplies at the time of service, which, according to the FTC, would be considered extending credit. The FTC attorney said there is no "bright line" rule for determining whether a practice meets this definition; rather it is determined on a case-by-case basis.

If a provider is considered a creditor, the FTC stated that the next determining question will be whether the provider maintains covered accounts of its patients. The FTC defines a covered account as a consumer account designed to permit multiple payments or transactions, or any other account for which there is a reasonably foreseeable risk of identity theft. For a medical practice, this includes patient billing records.

If a practice determines it qualifies as a creditor, the Red Flag Rules apply. The practice would be required to develop an identity theft program that contains "reasonable policies and procedures" to:

- * Identify relevant patterns, practices, and specific forms of activity that are "red flags," signaling possible identify theft;
- * Detect these patterns, or "red flags";
- * Respond to those detected to prevent and mitigate identity theft; and
- * Ensure the program is updated periodically to reflect changes in risks.

In administering such a program, a creditor would need to:

- * Obtain approval of the program from its board or board committee;
- * Involve the board or senior management designee(s);
- * Train staff; and
- * Exercise oversight of service provider arrangements.

The FTC stressed that an identity-theft prevention program could be flexible and based on the relative risk of identity theft in a practice's location and patient population. The requirements of this rule may also overlap with some of the requirements of the Health Insurance Portability and Accountability Act (HIPAA). For example, oversight of service providers could be through a modified HIPAA business associate agreement.

Because this regulation and the law it's based on were originally aimed at financial institutions, it has been unclear as to how it would be applied to health care providers. In the near future, the FTC and other organizations are expected to develop an identity-theft program template.

Snohomish County Medical Society

2033 6th Ave Ste 1100 - Seattle, WA 98121
Phone: (800) 532-4139 - Fax: (206) 441-5863 Email: anne@wsma.org
www.snohomishmedical.org

Forward email

✉ SafeUnsubscribe®

This email was sent to bjw@wsma.org by bjw@wsma.org.
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

Email Marketing by



Snohomish County Medical Society | 2033 6th Ave Ste 1100 | Seattle | WA | 98121