



Message from the Chair

Richard D. Brantner, MD, FAAEM
Chair, Congressional District 10

Season's greetings from your Washington State Medical Commission. Here at the Commission we have completed our last business meeting for the calendar year but the work of your state medical board continues. The ongoing collection efforts of our demographic census are progressing, though the response rate of the practitioners must increase if we are to have any reliable data to analyze. To that end I encourage all MDs and PAs to complete their census with their renewal. If you renewed within the last 18 months and did not complete the census, I encourage you to take 10 minutes and complete the census online: <http://go.usa.gov/2pkm>.

Many of the questions we receive regarding the census relate to the intent and why we need the information. The simple answer is change and preparedness. There is no doubt the practice of medicine is evolving and the healthcare delivery system along with it, for better or worse. The Commission and its stakeholders must be armed with reliable knowledge to help in workforce planning. If we don't know how many practitioners and what specialties we have in Washington, we have no way of knowing what specialty training to encourage, what areas are underserved, or specifically how they are underserved. Without this knowledge we are unable to assist the state in disaster planning efforts. We all know that when the state is faced with a natural disaster in the future it will be the

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Recruitment Announcement:

Executive Director

Medical Quality Assurance Commission

The Washington State Department of Health, Medical Quality Assurance Commission, is searching for a dynamic, innovative and collaborative healthcare professional for the position of Executive Director. The Commission promotes patient safety and enhances the integrity of the profession through licensing, discipline, rule-making and education. This position is located in Tumwater, Washington. (Recruitment # DOH2204)

Reporting directly to the Commission Chair, the Executive Director is the daily and operational representative of the Commission. Applicant review begins January 9, 2013. To obtain a copy of the position announcement that includes the "Application Process", visit: <http://goo.gl/jZdXcl>, or contact Cher Williams at Cher.Williams@doh.wa.gov (360) 236-4412.

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Mission

Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule making, and education.

medical practitioners on the front lines dealing with the casualties. It is important to remember that the Commission does not use this information to track or monitor individual practitioners. The aggregate data is what provides value in planning and preparation.

The Commission continues to advance the work of physicians and physician assistants in the areas of Electronic Health Practice (telemedicine) and professionalism in using electronic media. I anticipate that guidelines for electronic media usage will be complete in early 2014. Our largest challenge in this effort is to communicate to stakeholders that professionalism does not change based on the media used, and that these guidelines are focused strictly on non-clinical interactions.

For issues relating to clinical interactions, I encourage you to read the article in this issue written by Warren Howe, MD, on the progress made by the Electronic Health Practice subcommittee in addressing the broad implications of this complex issue. Moving forward, the subcommittee will present their policy proposal to the Commission in early 2014 for adoption. Once the subcommittee completes their work regarding telemedicine, they will take on the many challenges relating to electronic health records and what is considered meaningful to both the provider and the patient. In far too many instances the electronic health record is a billing tool and not what was intended: a worthwhile document of patient care and the professional relationship with the provider.

The Commission continues a strong involvement with the Federation of State Medical Boards (FSMB) in monitoring the progress of federal legislation and national trends that may impact your practice. One of these efforts is the unintended consequence of medical board actions with respect to the National Practitioner Data Bank and the specialty certifying boards and insurers. The FSMB is working to represent the needs of practitioners and maintain patient safety. The Medical Commission and the FSMB is committed to the concept that state medical

boards are in the best position to judge the ability of the medical practitioner to practice with reasonable skill and safety.

In this season of change and reflection the Commission is experiencing a dramatic shift in members and leadership. We are currently recruiting for an Executive Director and recently the Governor appointed Ms. Theresa Schimmels, PA-C to the position of Physician Assistant Member. Additional new appointments are Dr. Charlotte Lewis in Congressional District 7 and Dr. William Brueggemann in Congressional District 4. Dr. Mark Johnson is reappointed to complete a second term as Commissioner from Congressional District 1. We are thankful to the Governor for the timely appointments to the Commission and to appointees for their willingness to serve. However, I appeal all of the licensees in Washington to consider serving their profession by applying for appointment to this Commission (<http://go.usa.gov/dFP>). In 2014 we face seven vacancies across the state. We will be working with WSMA to fill future vacancies, especially in the areas of orthopedics, anesthesia, internal medicine, physician assistant-certified, and public members.

I encourage you in this season of peace and giving to take account of your life, your calling, and consider serving your profession. If the full commitment of a Commission appointment is not an option, please consider serving as an expert reviewer (p.8) on Commission cases. I wish you a happy, safe, and stress-free holiday season.

**A message from Washington State
Secretary of Health John Wiesman:**

Please make sure your patients know about Washington Healthplanfinder. The online resource can help them find, compare and select a quality health insurance plan that's right for their family and budget. Visit www.wahealthplanfinder.org for more information.

Executive Director's Report

Maryella E. Jansen Executive Director

In memoriam of Ellen Harder, PA-C. A long-time Commissioner, advocate for the physician assistant profession, and a good friend.

Ellen Harder, PA-C, began her career as an EMT. A year later she earned her license as a radiology technician and in 1977 became an orthopedics Physician Assistant. In 1979, Ellen completed her MEDEX Physician Assistant certificate at the University of Washington and for the next 12 years devoted her efforts to providing quality healthcare to small communities throughout Washington. Her dedication and passion for the PA profession led to a Clinical Coordinator and lecturer position with the MEDEX program until she retired in 1998. The MEDEX Northwest PA Program presented Ellen with the lifetime achievement award in 2007.

Governor Christine Gregoire appointed Ellen to the Medical Quality Assurance Commission in 2004. She continued to serve the Commission as a powerful advocate of physician assistants at the state and national levels until her death on September 17, 2013.

I had the pleasure to work closely with Ellen for nine years during her tenure on the Medical Commission. As many of you know, Ellen loved to talk about being a physician assistant in the 1980's – the early days. We had many conversations on the evolution of the PA profession in this state. I learned from her and understood completely her hope and aspirations for the Physician Assistant profession to retain its status as a highly valued health care profession in Washington.

Four months before her death, we talked about her involvement with the National Commission on Certification of Physician Assistants as the Federation of State Medical Board's representative to the organization. Her colleagues at the national level had great respect for Ellen. Following her passing, I received many phone calls from around the country expressing that the profession had lost its strongest advocate. Ellen believed the PA profession should continue to support physicians; physician assistants should not be independent practitioners. She was not afraid to speak her mind and encouraged others to

do so. She believed in peace and justice and that we all have the power to change for the better. I miss her professionalism and, most of all, I miss her friendship.

Ellen is survived by her son John Harder, daughter Kerry Harder, son-in-law, Roy Montoya and granddaughters, May and Solita Harder-Montoya. Memorial contributions may be made to the Ellen Harder Scholarship Fund payable to the U.W. Foundation and mailed to U.W. Medicine Advancement, Box 358045, Seattle, WA 98195-8045.



Did you know?

The Commission publishes case studies based on complaints we receive. We send these to the Washington State Hospital Association and publish them on our website to share best practices.

Try it now: <http://go.usa.gov/dG8>

PA NEWS

Athalia Clower, PA-C Physician Assistant

The Big Picture: What else is going on?

Every patient encounter consists of a few minutes of intense interaction between two individuals. Yet each of these individuals brings along an invisible entourage of protagonists: the patient's invested family and friends, and the clinician's connections with other health care personnel.

In addition, other unseen participants are present in this private meeting. Their interests, while not obvious during the encounter, impact greatly this short but important meeting. These participants include lawmakers, Centers for Medicaid and Medicare officials, insurance representatives, educators, scientists, lobbyists, employers, other patients, disciplinary boards, accountants, other clinicians, and many additional stakeholders.

Similar encounters occur day in and day out in the life of a medical provider. Although these encounters are a common daily occurrence, patient encounters are not taken lightly; and one could venture to say that beyond skill and knowledge, medical providers also invest in these meetings their heart and soul.

Years of interacting with patients make providers reflect on our humanness, our weaknesses and strengths, and the forces beyond our control that shape each (patient) encounter. We may think of ways things could be simpler and easier, reflect on past mistakes that we will always regret and vow not to repeat, and wish for a magic wand that we could wave to shape or change such forces beyond our control.

The opportunity to participate and shape the changes in the PA rules is by no means in itself a magic wand. It does, however, present a chance to influence those unseen forces that attend our patient encounters, and will attend the encounters of future PAs.

Sometimes we console ourselves by thinking that things are just the way things are and imagine that they could be different if only we would have had the chance to provide input.

This is our chance. We can be there this time and help to shape the important aspects of the PA profession. When PAs, DOs and MDs have future patient encounters, some

of the invisible protagonists present will be the faces of other clinicians who have taken ownership of a responsibility that we must not relinquish.

Please be there. The Medical Quality Assurance Commission will be conducting the following workshops to update the PA rules (<http://go.usa.gov/DjRY>):

- January 15, 2014, time to be announced. This will be a webinar event;
- February 12, 2014 at the Department of Health, Kent offices. Time and format to be announced.

The Commission invites PAs, MDs, DOs, employers, recruiters, teachers, administrators, and the public to attend.

Commissioner Spotlight

New Appointments

The Medical Commission welcomes our newest member appointed on November 5, 2013.

Theresa Schimmels, PA-C

Ms. Theresa Schimmels is the newest member of the Medical Commission, whose appointment began in November. Commissioner Ellen Harder PA-C, who sadly passed away earlier this year, was a friend and mentor to Theresa. Ms. Schimmels graduated from the University of Washington MEDEX Northwest Physician Assistant Training Program where she earned her BA in Clinical Health Science as a Physician Assistant. She has worked at Rockwood Dermatology for the past ten years and previously served on the Physician Assistant Advisory Board to the Medical Commission. She is Associate Faculty for the UW/MEDEX satellite program in Spokane. Theresa has spent a total of 30 years in medicine.

During her career, Ms. Schimmels has served as a board member and president of the Washington Academy of Physician Assistants. She is retired from the Washington Air National Guard "Band of the Northwest" based out of Fairchild, WA. In addition, she volunteers at a non-profit agency addressing the health needs of women in post disaster areas. Theresa plays the piano and enjoys teaching, gardening, kayaking, traveling, and reading as well as spending time watching college sports. She has one adult daughter.

Commission Case Reports

Bruce Cullen, MD Physician at Large

A Diagnostic Error

A 62-year-old woman came to a Family Practitioner's office complaining of headache, dizziness, and stated "my arm feels strange." The physician elicited a history of recent flu among the patient's family and attributed her symptoms to that illness. She was afebrile. He did not order any imaging or laboratory work. He failed to perform even a cursory neurologic exam and failed to notice unilateral arm weakness. The patient was sent home and told to contact him if her symptoms did not improve in a few days.

That evening the patient's family observed that she was slurring her speech and that she was unable to move her right arm or leg. The family called "911" and the patient was immediately transported to an emergency room. CT and MRI imaging, plus carotid duplex scanning, demonstrated an ischemic stroke likely secondary to carotid stenosis. The patient remained hospitalized for several days and did not recover full neurologic function.

Physicians, like everyone else, are capable of making "honest" mistakes, such as misreading a medication label, or even performing surgery at an incorrect site. However, the Medical Commission concluded that this 66-year-old physician's error exemplified reckless behavior. He missed obvious "red flags" for early cerebral ischemia and he failed to perform even a perfunctory neurologic examination. The Commission decided that the best course of action for the physician was not to file a Statement of Charges and to significantly restrict his privileges to practice, but instead to force him to become more educated and up-to-date regarding early diagnosis of cerebral ischemia through a more informal action. He was offered a Stipulation to Informal Disposition (STID) which dictated that he be under a two-year probation, that he obtain several hours of targeted CME, that he prepare a paper on the subject, that he present his findings to a group of his peers, and that he pay \$1000 in cost recovery.

When an otherwise competent physician makes an error the Commission would prefer that the physician be educated and rehabilitated, rather than severely penalized and removed from practice. A STID is a less onerous option for a physician than having a Statement of Charges filed. A STID does not include the sanctions of license

suspension or revocation, censure, or a reprimand. When accepting a STID the physician does not admit guilt regarding allegations made in a complaint (in this case that he contributed to the patient's poor outcome) but the physician does acknowledge that a complaint was made and that corrective action is indicated.

The physician in this case could have avoided all interaction with the Medical Commission, and disciplinary action, if he had kept current in his self-educational activities, and if he had been more rigorous in the evaluation of this patient who was at significant risk for a life-threatening event.

Electronic Health Practice Subcommittee

Warren Howe, MD Congressional District 2

During the past summer, a subcommittee of MQAC's Policy Committee was established to study the subject of "telehealth" or "telemedicine" in terms of its evolving application to the provision of health care, its present and potential scope, and how it is to be employed and regulated in Washington. That subcommittee now has nine members: Commissioners Brantner, Gotthold, Green, Howe, Ruiz and Terry along with MQAC staff members Breuss, Farrell, and Matthews. It has met several times in telephone conference, and this is a progress report on its deliberations and actions to date as reported to the Policy Committee and the Commission at the November 2013 meeting.

The subcommittee's present goal is creation of a policy document concerning electronic health practice (EHP) to present to the Commission. In order to emphasize its focus on the clinical application of technology as differentiated from other technology interfaces with medicine such as that of social media, the subcommittee named itself the "Electronic Health Practice (EHP) Subcommittee."

There is no doubt that existing and evolving communication technology will be constructively applied to medical practice in an expanding fashion, in most cases without face-to-face patient-physician contact. Consultations between remote consultants, patients and attending physicians are already occurring and will only increase. Current examples of EHP include: remote radiologic and pathologic interpretation of studies, mental health care, dermatologic evaluation and treatment, and

EHP continued on page 6

phone-in telephone consultations between patients and physicians for general medical concerns. While EHP promises advantages in terms of care availability, patient convenience, and perhaps cost savings, especially in remote and underserved areas, the need for quality assurance, patient safety and regulation of such practice demands the Commission's interest and action.

EHP is a complex and rapidly evolving entity. Recognizing this, the EHP Subcommittee has concentrated thus far on defining EHP along with practice and regulatory principles that will be applicable for EHP both now and into the future. The consensus on those definitions and principles includes:

- EHP is the practice of medicine using enabling technology between a licensee in one location and a patient in another location. For regulatory and licensing purposes, the site of practice is the location of the patient.
- EHP is a useful tool that, if applied appropriately, can provide important benefits to patients. EHP is a tool in medical practice and not a separate form of medicine.
- Licensees practicing via EHP will be held to the same standard of care as licensees employing more traditional in-person care. Failure to conform to the appropriate standard of care, whether rendered in-person or via EHP, may subject the licensee to potential MQAC discipline. It is the licensee's burden to determine whether the evaluation made is adequate for deciding on or supporting treatment decisions.
- The licensee is responsible to know the limitations of the care he/she can provide regardless of how it is delivered. Just as in a traditional setting, licensees using EHP should recognize situations that are beyond their expertise, or ability to adequately evaluate in the circumstances, and refer those patients for appropriate care.
- Most of the time, by definition, EHP does not involve a "face-to-face" or "in-person" encounter between physician and patient, where direct physical examination can occur. When standards dictate a direct examination, a licensed health care provider present with the patient should be involved to assist the EHP provider.
- The EHP practitioner may provide any treatment deemed appropriate for the patient, including

prescriptions, if the evaluation performed is adequate to justify the action taken. (The subcommittee is still discussing whether certain prescriptions, such as those for DEA-controlled drugs, should be limited or prohibited in EHP practice.)

- All EHP encounters must be fully documented in a medical record that is permanent and accessible by or on behalf of the patient.
- Physicians residing outside the state of Washington but using telemedicine technology to treat patients within Washington are considered to be practicing medicine in Washington and are required to have an appropriate license to practice medicine in Washington per RCW18.71.021. Such physicians do not fall within the exemption in RCW 18.71.030 (6). (This exemption is intended to allow a licensee in another state very limited and temporary ability to practice in Washington in certain circumstances.)

The Subcommittee will next turn its attention to using these definitions and principles in formulating a policy document whose ultimate purpose is to guide the Commission in defining and regulating EHP in Washington.

Regarding licensure, the subcommittee recognizes that the "appropriate license" for EHP in Washington at this time is full licensure. In most cases, it is understood that if a physician licensed in another state but not in Washington consults with a Washington-licensed physician about a patient under the direct care of the Washington physician, the remote physician does not require Washington licensure. Radiologic interpretation is a notable exception to that understanding. In the future, to reduce regulatory burden on qualified aspiring EHP practitioners for this state it may become desirable to consider some form of limited EHP licensure as some states have already done. The concept of developing reciprocity agreements allowing recognition of licenses from other states, or so-called interstate licensure "compacts," is also a potential option being discussed. Clearly, such modifications to current licensure rules would require legislative action.

EHP appears to offer exciting new vistas for medical practice in Washington, and MQAC is determined to have this medical practice mode develop as a safe, effective and valuable tool for the benefit of Washington's citizens.

The WPHP Report

By Charles Meredith, MD
Medical Director

Managing Holiday Stress in Ourselves and Our Patients

Behind the joy and celebration of the holiday season is often tremendous stress as busy schedules become even more hectic. Regardless of how organized and well-intentioned we are with regard to shopping, meal planning, and social gatherings, it is common to experience some stress as a result of increased demands. These demands, in combination with the shorter, darker days that accompany the fall and winter seasons in the Pacific Northwest, can lead us to feel overwhelmed and depressed. Other stress responses may include headaches, overindulgence, illness, or difficulty sleeping. We as physicians are susceptible to these stress reactions, as are the patients we will counsel and treat throughout this season.

Basic stress management techniques are often overlooked during the holidays. Exercise, proper nutrition, appropriate sleep, and leisure activities work together to equip humans to adequately manage stress, and these practices can feel like another “task” during the overly-busy holiday season. It is important to have routines in place *before* times of increased demand hit rather than try to incorporate new habits or add to your schedule during this time. Ensure seven to eight hours of uninterrupted sleep per day and eat well-balanced meals and snacks (think high quality proteins, vegetables, and fruit) to maintain energy levels. Consider having a healthy snack before holiday parties so you are less likely to overindulge.

The holidays are specifically known as a high-risk time for relapse to substance abuse for those of us and those of our patients who suffer from this illness. Strategies that can help minimize such a risk include increasing our contact with our healthy support system during this time, such as a sponsor or regular 12-step meetings. Avoiding situations or individuals that encourage relapse is equally important. This month some of us or some of our patients will feel pressure to reunite with family members that create terrible stress in our lives. It is OK for an individual to prioritize their own health over these “obligations” and decline participation in such situations. Consider giving yourself or your patients permission to exercise this right.

Sadly, the holidays are also known as a time of increased

risk for relapse to depression or suicidal thoughts. Part of this has little to do with holiday stress. Seasonal affective disorder is four times more prevalent at northern US latitudes than it is in southern areas, due to the immensely shorter photoperiod in the winter. In Washington State, coupled with our lack of sun exposure and resultant decreased Vitamin D levels, this can be problematic. Psychological stressors that can precipitate these holiday doldrums include the aforementioned increased time demands, or being faced with our own sense of loneliness when we see the unrealistically happy holiday family on television.

Holiday stress management can begin with managing our expectations and adopting an attitude of flexibility as opposed to rigid tradition adherence. Focus on what feels valuable and comfortable *this* year and let go of visions of unrealistic perfection. Ignore the fictionalized standards broadcast online, on television, and in magazines and other fanciful media as these images are aimed at marketing and not reality. Consider helping your patients who are struggling with the holidays to reframe their expectations in a more helpful way as well. Strive to do the things you and your family *really* enjoy, and spend time exploring those interests, whether they are something new or specific customs that have developed meaning over the years.

With that in mind, acknowledge the feelings you have about the season, and stay attuned to the signs of stress, exhaustion, and burnout. Protect time in your day for solitude, meditation, or talking with a trusted friend. Restore your sleep, eat well, be active, and *delegate*. Concentrate on your achievements from the previous year and the things you enjoy about the holiday season. Give yourself permission to protect yourself if you find yourself feeling overburdened. Even exploring changes in demanding holiday traditions can be a refreshing change of perspective. You may end up enjoying the season more than you expected!

Finally, seek help if you need it. Despite our best efforts, we or our patients may find ourselves feeling persistently sad or anxious, plagued by physical complaints, unable to sleep, irritable and hopeless, or unable to face routine tasks. The staff of the Washington Physicians Health Program can provide services and support for healthcare providers who may be suffering from depression, substance abuse, or stress-related illnesses. Similarly, there are local mental health providers in your community who can assist your patients in need during this time, if their stress-related illnesses exceed what you can handle.

Prescription Monitoring Program

Chris Baumgartner Program Director, WA PMP

Promoting Patient Safety

“This program has changed my practice. No single thing in the last 10 years has had such a positive impact on my practice and my patients as this program, so thank you!” These words from a Washington State emergency room physician are typical of the feedback we’ve received about a relatively new program called the Prescription Monitoring Program or PMP (<http://go.usa.gov/WGbz>).

Another physician told us: “I believe this program has literally saved the lives of several of my patients. I have been floored by the number of narcotics that dozens of teenage girls have been obtaining (1,500 to 2,000 pills in six months). I have now been able to have meaningful interventions with them and their families.”

The department has established several prevention initiatives including the Prescription Monitoring Program. A main reason was to help combat drug overdose deaths due mostly to the misuse or abuse of prescription drugs, the leading cause of accidental deaths here in Washington State.

The program collects information on the purchases of pain medications and other potentially dangerous medicines. The information comes from pharmacies and health care providers. It is then used to help improve patient safety and reduce prescription drug misuse.

Actual data collection began in October 2011, and health care providers started requesting information in January 2012. By the end of June 2013, more than 9,000 prescribers and 2,900 pharmacists were using the program, which averages more than 900,000 records per month. It now holds more than 22.8 million prescription records. So far, pharmacists, prescribers, and prescriber delegates have made more than 700,000 patient history requests.

In 2012, more than 2.3 million Washingtonians filled at least one prescription for a controlled substance. Hydrocodone/Acetaminophen (the generic form of Vicodin, a pain reliever) is the most dispensed controlled substance and makes up roughly 25 percent of all the prescriptions we collect. There were more than 156 million pills dispensed for this drug in 2012, enough for each person in the state to receive 23 pills.

Who Can Access Data

The law allows health care providers, patients, and others to view the prescription records for certain reasons. Prescribers and pharmacists can use the data to intervene with patients earlier. They can also identify dangerous drug interactions, address issues of misuse, and recognize under-managed pain or the need for substance abuse treatment. Health professional licensing boards and law enforcement can view the records based on authorized investigations.

What the Future Holds

The department is pleased with the success of the program so far. With additional grant funding recently received, there are plans for several improvements. We plan to share data on patients filling prescriptions across borders, to connect with our health information exchange to provide more seamless access for providers, and to make other improvements.

A third physician shared with us: “I really am grateful to have the PMP active. It is absolutely essential for any pain management practice and essential for any physician prescribing controlled substances”.

You can find more information on the program, also known as [Prescription Review](http://www.doh.wa.gov/PMP), online (www.doh.wa.gov/PMP). Contact program director [Chris Baumgartner](mailto:chris.baumgartner@doh.wa.gov), (prescriptionmonitoring@doh.wa.gov) 360-236-4806, for more information.

Expert Reviewers Needed

The Medical Commission is seeking physicians to review records to determine whether care was within accepted and prevailing standards in the state of Washington. This service is critical to the Commission’s ability to assess complaints in a timely manner. This may include providing expert testimony in an administrative proceeding before a panel of Commission members.

Specific specialties needed are:

- Pain Management;
- Internal Medicine;
- Interventional Radiology;
- Obstetrics-Gynecology.

Experience testifying in court or hearings is preferred but not required. If you are interested, please contact Michael Farrell at: michael.farrell@doh.wa.gov or 509-329-2186.

Legal Actions

August 1, 2013 - October 31, 2013

Below are summaries of interim suspensions and final actions taken by the Commission last quarter. Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders are not listed. We encourage you to read the linked opinion for a description of the issues and findings. All legal actions are updated quarterly and can be found with definitions on the Commission website: <http://go.usa.gov/DKQP>

Practitioner Formal Actions	Type of Action	Date	Cause of Action	Commission Action
Leff, Michael A. (MD00014429) King County	Agreed Order	08/22/2013	The Commission finds the Respondent violated physician-patient boundaries by treating his wife and failed to keep adequate medical records concerning her treatment.	Two-year probation; restricted from treating family; boundaries/ethics course and medical record-keeping course; \$2,000 fine; practice reviews.
Young, John L. (MD60187941) Maryland	Agreed Order	08/22/2013	The State of Maryland suspended Respondent's license to practice medicine.	Respondent will not renew his license in Washington.
Stonefeld, Donald F. (MD00009703) Wisconsin	Default Order	08/28/2013	The State of Wisconsin suspended Respondent's license to practice medicine.	Indefinite suspension.
McDonnell, Jessop M. (MD00024539) North Dakota	Agreed Order	10/04/2013	The Commission finds the Respondent's orthopedic treatment and prescribing of testosterone, progesterone and thyroid for patients failed to meet the standard of care.	Five-year probation; permanent restriction from prescribing hormone medications; CPEP evaluation; \$5,000 fine; practice reviews and compliance appearances.
Informal Actions				
Vaughn, Janice (MD60056469) Oregon	Informal Disposition	08/22/2013	Alleged: The Oregon Medical Board placed Respondent's license on probation with terms and conditions.	Respondent agrees not to apply for renewal, reactivation or to practice in this state. Washington license is currently expired.
Diller, John L. (MD00013892) Pierce County	Informal Disposition	08/22/2013	Alleged: Respondent pleaded guilty to Unlawful Distribution of Controlled Substances.	Surrender of license.
Lee, Moo K. (MD00022482) Pierce County	Informal Disposition	08/22/2013	Alleged: Respondent failed to provide basic preventive primary care to a patient.	Complete a family medicine board review course; post notice in office on difference between primary care and urgent care; maintain medication list, problem list in each patient record; \$1,000 in costs; practice reviews.

Schubert, Ronald (MD00038272) Pierce County	Informal Disposition	08/22/2013	Alleged: Respondent failed to write an order for PT/INR testing on a patient. A subsequent test showed a number beyond the target range creating a high risk of bleeding.	Two-year probation; course and paper on anticoagulation management; \$1,000 in costs; compliance appearances.
Schuster, Gary R. (MD00019545) King County	Informal Disposition	8/22/2013	Alleged: Respondent did not order follow up antibody testing to verify whether a patient had previously contracted herpes, and did not document that the patient refused testing.	Course and paper on diagnosis and management of STDs; \$1000 costs; group presentation.
Figueroa, Luciano L. (PA10004809) Grays Harbor County	Informal Disposition	8/22/2013	Alleged: Respondent failed to recognize the emergent nature of the partial sudden loss of vision by a patient, did not verify the patient's complaint by conducting a visual field exam, did not consider temporal arteritis, and did not discuss the care with his supervising MD.	Probation; paper on the evaluation of a patient with non-traumatic sudden loss of vision; \$500 costs.
Fox, Earl R. (MD00020094) Benton County	Informal Disposition	9/18/2013	Alleged: Respondent had not performed a pelvic lymphadenectomy since prior to 2007. Respondent performed procedure and recovered one lymph node resulting in the patient receiving inadequate staging of endometrial cancer.	12-month probation; \$500 costs; voluntary relinquishment of hospital privileges to perform pelvic lymphadenectomies.
Wilson, Adam (MD00034230) Clark County	Informal Disposition	10/21/2013	Alleged: During a parotidectomy the Respondent transected the main trunk of facial nerve and did not disclose to the patient or note in the operative report. Respondent admitted the complication after discussion with the medical director.	Probation; ethics course; \$1000 costs; appearance before Commission.

Stipulated Findings of Fact, Conclusions of Law and Agreed Order — a settlement resolving a Statement of Charges. This order is an agreement by a licensee to comply with certain terms and conditions to protect the public.

Stipulated Findings of Fact, Conclusions of Law and Final Order — an order issued after a formal hearing before the commission.

Stipulation to Informal Disposition (STID)

— a document stating allegations have been made, and containing an agreement by the licensee to take some type of remedial action to resolve the concerns raised by the allegations.

Ex Parte Order of Summary Suspension

— an order summarily suspending a licensee's license to practice. The licensee will have an opportunity to defend against the allegations supporting the summary action.

Medical Commission Vital Statistics

- The Commission successfully completed a Pilot Project to measure performance and efficiency;
- 21 members: 13 MDs, 2 PAs, 6 public members;
- 39 staff, \$14.7M biannual budget;
- 29,397 licensed physicians and physician assistants;
- 99.9% of complaints processed on time in 2013;
- 91.5% of investigations completed on time in 2013;
- 94.7% of legal cases completed on time in 2013;
- 100% of disciplinary orders complied with Sanction Rules.

Actions in Fiscal 2013

- Issued 2,429 new licenses;
- Received 1,493 complaints/reports;
- Investigated 911 complaints/reports;
- Issued 86 disciplinary orders;
- Summarily suspended or restricted 15 licenses;
- Actively monitoring 181 practitioners;
- 44 practitioners completed compliance programs.

Policy Corner

At the November 15, 2013 business meeting the Commission approved/updated no new policies.

To view the most current policies and guidelines for the Commission, please visit our website: <http://go.usa.gov/dG8>

Do you have ideas or suggestions for future Commission newsletters? Is there something specific that you think we should address or include?

Please submit suggestions to:
micah.matthews@doh.wa.gov

Recent Licensee Congratulations

The Washington State Medical Commission wishes to congratulate and welcome all of the recent licensees to the state.

A list of recent licensees is updated quarterly on the Commission website and may be found on our website: <http://go.usa.gov/dG0>

Did you know?

You can check the status of any license holder in the state of Washington? You can also view the legal documents if the license has disciplinary action.

Try it now: <http://go.usa.gov/VDT>

Medical Commission Meetings 2014

Date	Activity	Location
January 9-10	Regular Meeting	Puget Sound Educational Service District (PESD), Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057-5221
February 13-14	Regular Meeting WPHP Report	Department of Health 310 Israel Rd SE, 152/153 Tumwater, WA 98501
April 3-4	Regular Meeting	PESD Renton, WA
May 15-16	Regular Meeting	DOH Tumwater, WA
June 26-27	Regular Meeting	PESD Renton, WA
August 21-22	Regular Meeting	DOH Tumwater, WA
October 1-3	Educational Conference	Capital Event Center ESD 113 6005 Tye Road SW Tumwater, WA 98512
November 6-7	Regular Meeting	PESD Renton, WA

All Medical Commission meetings are open to the public

Other Meetings

Administrators in Medicine (AIM)	Annual Meeting April 23, 2014	Denver, CO
Federation of State Medical Boards	Annual Meeting April 24-26, 2014	Denver, CO



Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504-7866

The law requires each practitioner to maintain a current name and address with the department. Please submit address changes and appropriate documentation for name changes to:
medical.commission@doh.wa.gov

Medical Commission Contact Information

Applications:	A–L	360-236-2765
	M–Z	360-236-2767
Renewals:		360-236-2768
Complaints:		360-236-2762
		medical.complaints@doh.wa.gov
Complaint Form:		http://go.usa.gov/dGT
Legal Actions:		http://go.usa.gov/DKQP
Compliance:		360-236-2781
Investigations:		360-236-2770
Fax:		360-236-2795
Email:		medical.commission@doh.wa.gov
Demographics:		medical.demographics@doh.wa.gov
Website:		http://go.usa.gov/dGj
Public Disclosure:		PDRC@doh.wa.gov
Provider Credential Search:		http://go.usa.gov/VDT
Listserv Sign-up Links:		
Minutes and Agendas:		http://go.usa.gov/dGW
Rules:		http://go.usa.gov/dGB
Legal Actions:		http://go.usa.gov/dGK
Newsletter:		http://go.usa.gov/dGk

Medical Commission Members

- Richard D. Brantner, MD– Chair
- William E. Gotthold, MD– 1st Vice Chair
- Michelle Terry, MD– 2nd Vice Chair
- William M. Brueggemann, Jr., MD
- Leslie M. Burger, MD
- Athalia Clower, PA-C
- Michael T. Concannon, JD
- Bruce F. Cullen, MD
- Jack V. Cvitanovic
- Theresa J. Elders, LCSW
- Thomas M. Green, MD
- Frank M. Hensley
- Bruce G. Hopkins, MD
- Warren B. Howe, MD
- Mark L. Johnson, MD
- Charlotte W. Lewis, MD
- Peter K. Marsh, MD
- Mimi E. Pattison, MD
- Linda A. Ruiz, JD
- Theresa M. Schimmels, PA-C
- Mimi Winslow, JD

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