



Message from the Chair

Mimi Pattison, MD, FAAHPM Chair, Congressional District 6

‘Boston Strong’—certainly the sentiment and resolve we witnessed as members of the Medical Commission travelled to Boston the day after the Boston Marathon bombings.

When we first heard the news, we questioned whether the meetings would go on, and my first reaction was “I am happy to stay home.” Our hotel was two blocks from the finish line and I did fear the unknown. After further consideration and reassurance from others I was convinced Boston was the safest city in the country. We were reassured that both the Administrators in Medicine (AIM) meeting and the Federation of State Medical Boards (FSMB) meeting were to go on. Our hotel was open—all was moving forward. We arrived in Boston safe and sound to a bit more snarled traffic than usual, and to a heavy police presence in full SWAT uniform everywhere we looked. As the events of the week unfolded, “memorable” is the best word to describe the experience; both for the extraordinary meetings we attended, and all the distraction around us. ‘Boston Strong’ says it best.

The highlight of the AIM meeting for the Washington Medical Commission, was the presentation of two major awards: Maryella Jansen, Executive Director for her years of service to the Commission with the Doug Cerf Executive Director’s Award and Jim Smith, Chief Investigator, was honored with the Ronald K. Williamson Board Investigator Award for his years of service and proven, effective investigation and management techniques. We were a group filled with pride as Maryella and Jim addressed the audience with their remarks and thanks. Congratulations to Maryella and Jim for their years of outstanding service and dedication.

Presentation highlights from the AIM meeting were:

- An update on chronic pain and the plea to keep patients opioid naïve;
- A fascinating case study demonstrating that pain tolerance can surpass respiratory tolerance;
- A comparison of brain stimulus curves between nicotine, alcohol, and opioids. At this point, research is showing the brain must be free of opioid influence for 18-36 months for a stimulus reset;
- And it is possible that opioid withdrawal symptoms are the same or equivalent to fibromyalgia.

Other speakers included Professor Robert Behn of the Kennedy School who gave us an overview of Performance Stat, which is a public sector performance management and tracking system used by the New York and Boston police departments to improve results.

The 101st Annual Meeting of the FSMB opened on a moving note as attendees expressed their sympathy and

Continued on page 2

In this issue

Executive Director’s Report.....	2
PA News.....	3
Commission Case Reports.....	5
Prescription Reminder: Notation of Purpose.....	6
Policy Updates.....	6
Legal Actions.....	7
Stats and Meetings.....	11
Contact Information.....	back cover

Mission

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

solidarity with the people of Boston. While members of the Massachusetts National Guard held aloft the U.S. flag, the National Anthem rang out through the hushed ballroom. Long-time medical regulator Reverend Daniel Morrissey, OP, a public member with the New Hampshire Board of Medicine, then gave a stirring call for prayer and hope as he opened the meeting with an invocation: "Let there be hope and let it begin with me. Let there be hope and let it begin with us."

Keynote speaker Malcolm Sparrow, PhD, Professor, Practice of Public Management at Harvard's John F. Kennedy School of Government, started the day's activities with a lively overview of trends in "regulatory harm reduction." Dr. Sparrow updated attendees on the significant shift underway from more static regulatory models toward "regulatory craftsmanship," in which regulators use a broader range of tools organized around specific tasks to reduce harm and protect citizens. This emerging model utilizes a wide variety of styles—soft and conciliatory when warranted, and hard-nosed enforcement when required. Other topics of interest included license portability, telemedicine, interstate compacts, and shortages of physician specialists in rural and inner urban areas, and issues around multi-state practice.

Dr. Jeffrey P. Gold, MD, Chancellor and Executive Vice President for Biosciences and Health Affairs, and Dean of the College of Medicine and Life Sciences at the University of Toledo, provided a passionate glimpse of the future of medical education. He stepped attendees through 10 'pillars' of future education, including learning based on competency and outcomes—not time, an increasing emphasis on inter-professional teams, and increased reliance on simulation and virtual pedagogy.

The quality of the FSMB meetings continues to be extraordinary in content and networking opportunities, and we are fortunate to have nine commissioners and staff attend, the majority on scholarships at no cost to the Medical Commission. It is crucial that such representation from your commission continue in the future.

Upon returning home we quickly moved into the celebration of Governor Inslee signing 2SHB 1518 on April 25, 2013. This legislation recognized the Medical Commission for its exemplary work of performance improvement and streamlining during the past four years. Based on the success in these areas, the Commission's disciplinary authority and increased

control over staffing and budget is now permanent in statute as of July 1, 2013. We were proud to be there for the signing and celebration with staff later that afternoon.

It has been such an honor for me to serve as Chair of the Commission during the final years of this performance test, the creation of the performance report to the Governor, and the process of seeing the creation of legislation that made the new and efficient organizational structure permanent. The work done by the Commission and staff should be a great source of pride to all licensees in this great state of Washington, where it is a privilege to practice medicine.

As I complete my term as Chair of the Commission I again want to thank the other commissioners and staff for all the support they have given me. I turn the gavel over to my successor knowing there is a lot of hard work yet to do, dedicated commissioners and staff to support the work, and opportunities for significant ways to change the way in which we protect the public during this extraordinary time in medicine.

I encourage all of you, at some time in your career, to consider giving back to your profession by service to your state commission. It has provided me with such an opportunity for professional growth, education, and what I envision will be lasting professional relationships. I look forward to my remaining three years on the commission to fulfill my appointment.

Executive Director's Report

Maryella E. Jansen Executive Director

Report on the regular legislative session

Bills passed the 2013 Regular Session of the Washington State Legislature that impact the Medical Commission and its licensees.

Second Substitute House Bill 1518, effective July 1, 2013

- Removes the reference to the pilot project for the Medical Commission and maintains the current business model;
- Retains additional authority over budget development, spending and staffing;
- Clarifies written operating agreements between the Department of Health and the Medical Commission;
- Permits members of the Medical Commission or its staff

to communicate, present information or testify before legislative committees or educate the Washington State Legislature as delegated by the Medical Commission.

Substitute House Bill 1737 concerning the supervision of physician assistants by medical doctors and osteopathic physicians, effective July 28, 2013

- Changes the name of the practice arrangement plan to delegation agreement;
- Allows physicians and osteopathic physicians to enter into delegation agreements with five physician assistants, but no more than three physician assistants at a remote site;
- Permits medical doctors and osteopathic physicians to petition for a waiver to supervise more than five physician assistants;
- Requires collaboration with a statewide organization representing the interest of physician assistants in order to adopt rules to modernize current rules regulating physician assistants and report to the Washington State Legislature by December 31, 2014.

PA News

Ellen Harder, PA-C Physician Assistant Member

Value of Physician Assistants in Washington

In a sense this article is my history as a PA in Washington. It tells a different story however, as I have been around a long time, I have seen many changes in the medical field as well as changes for PAs serving the public in Washington. So with your permission, here is a brief summary of changes that many of us old-timers will remember and some historical landmarks that newer, younger PAs may not know.

In 1979, upon graduating from MEDEX NW, at the University of Washington, I applied to the Board of Medical Examiners for registration-no licensing in those days. The second board was the Medical Disciplinary Board. Fortunately, I escaped contact with that board. The personal appearance with my Supervising Physician in front of the Board of Medical Examiners was a bit nerve-racking, with many questions about our need for me to serve in a remote site. Same town, but very different clinics. I was admonished to NEVER prescribe Valium and a couple of other medications. I was approved for registration.

The most important memory of that day was the courtesy and respect shown to me. This has been outstanding in my entire career in this state and continues today. I feel confident that this is true for a high percentage of PAs presently submitting licensure applications and delegation agreements.

In 1994, when the legislature combined the two boards into the Medical Quality Assurance Commission, physicians, the public and PAs as well thought the legislators were having a good joke....MQAC! We still get questions about that.

Did you know Washington State was the second training program in the country? Duke came first and then MEDEX NW. A graduate of the first class, John Betz, PA-C joined Richard Bunch, MD in Othello and they continue to practice as a team there, 42+ years now. Still close friends and colleagues and the best example of teamwork. In my humble opinion, teamwork is the lifeblood of the PA-physician model.

During the time I have served with MQAC, I served on the PA Advisory Committee, looking at out-of-date rules and regulations, and writing new or amending rules. That is a part of the work of MQAC, for both physicians and PAs. We were also in the process of a five-year pilot project with the legislature to prove we could manage our commission more effectively. Proven and validated by the legislature this year, we can now proceed with a better organization for promoting patient safety and enhancing the integrity of the profession. The FSMB recognizes the Commission as a Model Medical Board and AIM recognized the Commission in 2012 with their Best of Boards award. Very exciting, and our staff and Commission continue to work closely with both organizations.

Yes, issues always need resolving and a frequent complaint we receive is regarding advanced practice nurses "taking our jobs away." Here is the reality: nurses have their own regulatory board and we have no control or influence over their rules and regulations. The Osteopathic Board is separate from us by choice. PAs who do not realize they must be licensed by that board to work with an osteopath can be in trouble with both sides. Their *medical* license does not include *osteopathic* work.

There is great support in Washington for PAs and we can stand tall and tell our stories with pride. Courtesy and respect for Physician Assistants is ongoing and must continue for the profession to thrive.

The WPHP Report

Charles Meredith, MD Medical Director

How Can I tell if a Provider is Chemically Impaired?

It can be incredibly hard, and the development of true impairment can be insidious.

The medical literature has consistently demonstrated that untreated alcohol or drug dependence can significantly increase the frequency of medical errors made by individual healthcare providers. Additionally, untreated addiction to certain substances can easily be fatal. The Washington Physicians Health Program (WPHP) has a contract with the Department of Health to serve as the recovery program for physicians and physician assistants in the state of Washington. WPHP provides outreach, crisis intervention, assessment and monitoring services for healthcare providers who are having personal or professional difficulties due to a medical condition such as substance dependence or mental illness. One of WPHP's primary goals is to intervene on providers in need before their illness reaches the level of impairment, so as to limit the impact of these illnesses on providers' personal and professional lives and their ability to provide safe care.

Given the occupational stressors faced by physicians and physician assistants, and their access to controlled substances, these professionals have elevated rates of substance use disorders compared to the general public. Additionally, because medical training selects for such highly functioning and bright individuals, it can be very difficult to identify "impairment" in these providers. It may only be in the late stage of alcohol dependence or drug addiction that a provider reaches the threshold of impairment and his or her illness becomes evident to those around them. WPHP recommends the use of the "Six I's" in thinking about early warning signs that a provider may be at risk for impairment.

The first "I" is for **irritability**: gradual onset of a personality change. Over the last few months your colleague has become a new person, constantly terse and angry with staff and patients. Always edgy, he or she frequently overreacts to the smallest perceived slight. The second "I" is for **irresponsibility**. Your colleague has started shifting work to others in order to minimize his or her time in the workplace when others are around. Once chemically dependent, they may try to minimize physical contact with others in order to continue hiding

their illness. They may also try to minimize the hours between their chemical use in order to avoid going into withdrawal.

The third and fourth "I"s refer to **inaccessibility** and **isolation**. Is your colleague always volunteering for the graveyard shift in order to minimize contact with staff and increase the chance of being able to continue hiding their secret? Are they skipping staff meetings for the same reason? Are they frequently late or calling in sick on Monday mornings – a common time for extended hangovers from weekend drinking? Are they often "MIA" - taking long lunches or bathroom breaks? If so, do they leave for those breaks irritable and return in a calmer mood? Have they been using alcohol or other substances during these prolonged breaks, resulting in a noticeably more pleasant or disinhibited personality upon their return? Are they nodding off in meetings? The fifth "I," **inability**, can manifest through a new pattern of inappropriate or bizarre medication orders, dosage miscalculations, sloppy or delayed charting, or deviation from standard procedures.

The sixth "I" refers to **incidentals** and includes what we see, hear and smell in the workplace. Are there physiological signs of chronic use or withdrawal, or further behaviors to camouflage signs of drug or alcohol use? Signs suggestive of alcohol use include puffy or frequently bloodshot eyes and "orange peel" or ruddy nose, whereas chronic irritability or tremor can be suggestive of withdrawal. The smell of alcohol on the breath is an ominous sign in the work place. Opioid use can lead to pupillary miosis and "nodding off" during meetings, while withdrawal may be marked by irritability, frequent bathroom trips for diarrhea, yawning and runny nose/tearing eyes. Intravenous substance use can result in track marks on the extremities, commonly hidden by long sleeves even on very hot days. Benzodiazepine use can lead to "nodding off" whereas withdrawal symptoms are similar to those of alcohol dependence. Cannabis use can lead to chronically injected conjunctivae, while cocaine or amphetamine intoxication is marked by pupillary dilation, tachycardia, elevated energy and hypersexuality, and perhaps even psychosis.

Individuals concealing their illness will go to great lengths to mask these behaviors and symptoms, which can also be a sign that something isn't right. Do they have a new pattern of wearing long sleeves or sunglasses? Are they constantly using mouthwash, heavy cologne, or breath mints to hide the odor of alcohol? Are their medication counts frequently off when they check out controlled

substances for procedures? Or have they developed a new pattern of un-witnessed spillage/breakage of medications, justifying their need to check out more?

Substance dependence can result in varying levels of impairment, thus the frequency of these behaviors and visible signs may be episodic. The development of these illnesses is often gradual and difficult to identify beyond all doubt. When you have uncertainty about the safety of a colleague because of observations similar to those described above, please consider calling WPHP for assistance. WPHP staff members are available to take confidential referrals, answer questions, and provide guidance. If your colleague is chemically-impaired, WPHP is able to identify this illness and help him or her with treatment resources before their condition ruins their career or further disrupts their life. If he or she is not chemically-impaired, WPHP can discreetly rule out these concerns and put potentially destructive rumors to rest.

Commission Case Reports

Bruce Cullen, MD Physician at Large

Knowing When It is Time to Retire

An 84-year old family practitioner had a successful solo practice for many years. However, late in his career the Commission began to receive multiple complaints from patients alleging that he was incompetent. Negligent practices mentioned included inappropriate prescribing of opioids, poor record keeping, and a disorganized workplace. In addition, he was frequently issuing authorizations for medical marijuana as a means to supplement his income. Despite urging from colleagues, friends, and family, the physician refused to retire. The Commission found it necessary to force the physician to surrender his license.

A 68-year old anesthesiologist who had practiced for years without evidence of negligence was asked to leave his group practice in a hospital setting because of recurrent problems with inappropriate patient management and frequent complications. The physician chose not to retire. Rather, he began to take assignments as a locum tenens. Two years later the Commission received complaints from institutions where he practiced alleging he was disorganized, absent minded, and placing his patients at risk for complications. The Commission ordered the anesthesiologist to undergo a competency evaluation and based on that report, filed charges and withdrew his license to practice.

A 75-year old internist practicing in rural Washington was observed by nurses and her office staff to be having problems with cognition and memory. For example, they noted that she would forget to review lab results, write orders, or recall important facts about her patient's past medical history. When these colleagues approached the physician regarding their concerns, she refused to accept that she was significantly impaired. Consequently, following submission of complaints against the physician by these co-workers, the Commission forced her to undergo neuropsychological evaluation. Based on abnormal findings, the physician reluctantly was forced to surrender her license.

Paralleling the aging of the general population, the number of aging physicians is increasing in Washington State. And, the Commission is receiving more complaints about older physicians. This may be a reflection of the anatomic and physiologic consequences of aging. With advancing age there is a reduction in brain weight, neuronal density, and the ability of neurons to re-train, each of which can impair hearing, vision, short-term memory, creative thinking, and problem solving. These, and other changes, may affect the ability of the physician to assimilate and apply new knowledge, to rapidly process information, or to make complex decisions. These deficiencies may be particularly manifested when the physician is under stress, on call, or sleep deprived.

Aging among physicians raises complex ethical and legal issues. Unlike the airline industry where pilots are routinely subjected to testing and retirement is mandated at a fixed age, state licensing boards or healthcare institutions have no authority to limit the practice of physicians only because of age.* The decision to retire usually remains at the sole discretion of the physician. This is particularly true when he or she is in solo practice. Furthermore, physicians may not be objective when making this decision. They may disregard obvious evidence of impairment because they love what they do, their job boosts their self-esteem and a sense of identity, they fear financial consequences of retirement, or simply, they have no other interests in life.

Case Reports continued on page 6

Did you know?

You can complete your demographic census for renewal online!

Try it now: <http://go.usa.gov/2pkm>

Deciding when to retire is difficult. There are no rules. However, it is disturbing for those of us on the Commission to see an increasing incidence of physicians who had a long, meritorious career become subject to disciplinary action because they failed to recognize, or failed to acknowledge, signs of impairment from aging. Physicians should be introspective regarding their capabilities, be attentive to advice from friends or colleagues, and should respect the axiom that “it is better to quit when you are ahead.” They should not wait for patients to suffer the consequences of their errors, or for the Commission to institute discipline and mar what was once a fine record.

*Moutier CY, Bazzo DEJ, Norcross WA: Approaching the Issue of the Aging Physician Population. *J Med Regulation* 99:10, 2013

Prescription Reminder

The newly renamed Board of Pharmacy, Washington State Pharmacy Quality Assurance Commission as of [July 28, 2013](#), informed the Medical Commission of increased complaints from prescribers regarding pharmacies contacting prescribers about the validity of controlled substance prescriptions. These increased complaints may be due to increasing DEA actions, some against Walgreens and CVS, regarding large amounts of schedule II controlled substances which lack a “notation of purpose” on the prescription itself. While the frequency of DEA actions has increased, the regulation, last updated in 2005, is not new. DEA code [21CFR1306.04](#) states that for a controlled substance prescription to be effective:

- It must be issued for a legitimate medical purpose;
- It must be issued by a practitioner acting in the usual course of their practice;
- Responsibility for proper prescribing is on the prescribing practitioner;
- A corresponding responsibility rests with the pharmacist who fills the prescription;
- If a prescription is issued that is not in the usual course of professional treatment or in legitimate and authorized research, it is not a prescription within the meaning and intent of section 309 of the Act ([21 U.S.C. 829](#));

As a best practice, the Commission recommends that when writing controlled substance prescriptions, a “notation of purpose” be included. This should reduce the number of pharmacy phone calls to the practitioner and comply with DEA regulations.

Policy Updates

MD2013-07: Complainant Impact Statement

The Commission reviewed and updated its policy on Complainant Impact Statements. In 2011, the Legislature passed [RCW 18.130.057](#) requiring the Medical Commission, prior to a final decision in a disciplinary proceeding, to provide the person submitting the complaint or report, or his or her representative, an opportunity to submit a statement about the impact of the provider’s conduct on the person and their family and to recommend sanctions.

The Commission will take a consistent approach to providing complainants the opportunity to submit an impact statement before imposing sanctions on a physician or physician assistant. The Commission will consider the impact statement prior to accepting a Stipulation to Informal Disposition or a formal Agreed Order. If the case proceeds to a formal hearing, the hearing panel members will consider the impact statement prior to making a final decision on imposing sanctions. If the complainant or their representative requests an oral presentation of the impact statement, the Assistant Attorney General will make a request for oral presentation to the Health Law Judge at the prehearing conference. The impact statement will also be considered if the physician or physician assistant defaults or waives the right to a hearing.

MD2013-08: Guidelines on Retention of Medical Records

The Commission reviewed the policy for retention of medical records when closing a practice and made the following updates:

- Physicians should notify patients by electronic notification, personal letters, public notices in local media or other acceptable means;
- Medical records should be retained for a minimum of six years;
- Practitioners should make reasonable provisions ahead of time for the continued care of patients, and maintenance or transfer of their records, in the event the practitioner dies or is incapacitated. Practitioners in solo or rural practice should be especially mindful of these possibilities and make appropriate arrangements.

For complete details on these and other policies, we encourage you to visit our [policy webpage](#).

Legal Actions: February 1, 2013 – April 30, 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 can be found on the Commission website: <http://go.usa.gov/bkNH>

Practitioner	Action	Date Entered	Cause of Action	Commission Action
Formal Actions				
Alvord, Rex M., MD (MD00035185) Gig Harbor, Pierce County	Agreed Order	2/21/2013	Respondent violated his Washington Physicians Health Program contract, thereby failing to comply with a prior Commission order.	Indefinite suspension.
Baerthlein, William C., MD (MD00039029) Texas	Agreed Order	3/27/2013	Respondent surrendered his license to practice medicine in New York. The Commission suspended and then reinstated his license in Washington.	Indefinite probation. Comply with a monitoring contract in New York. \$2,000 fine. Be evaluated by the Washington Physicians Health Program before practicing in Washington.
Carandang, Carlo MD (MD00036496) Texas	Agreed Order	2/21/2013	The College of Physicians & Surgeons of Nova Scotia reprimanded and placed conditions on Respondent's license.	Indefinite probation. Comply with the terms and conditions of the Agreement with the College of Physicians & Surgeons of Nova Scotia, undergo therapy, follow the pharmacotherapy recommendations of his primary care provider, and practice in a group setting.
Gramann, Robert C., MD (MD00015053) Enumclaw, King County	Agreed Order	4/4/2013	Respondent mismanaged the hypertension of a patient who was pregnant with twins and had a history of pre-eclampsia, and failed to deliver the twins early despite compelling reasons to do so, resulting in the deaths of the mother and the twins.	Indefinite probation. Shall not practice obstetrics without clinical skills evaluation, Commission approval, and practice reviews. \$5,000 fine.
Killen, Ronald, MD (MD00024467) Oregon	Default Order	4/29/2013	Respondent entered into an Order with the Oregon Medical Board in which he voluntarily withdrew from the practice of medicine while under investigation.	Indefinite suspension.
Killian, Robert K., MD (MD00033951) Seattle, King County	Agreed Order	3/27/2013	Respondent ordered controlled substances for his own use, did not keep a controlled substance log, and exhibited disruptive behavior.	Two-year probation. Maintain a controlled substance log, regularly solicit patient feedback, practice reviews, file quarterly declarations. \$1,000 fine. Appear before the Commission every six months.
LeChabrier, Lana, MD (MD00027048) California	Default Order	3/22/2013	The California Medical Board suspended Respondent's license to practice medicine in California.	Indefinite suspension.
Mafera, James H., MD (MD00048625) Yakima, Yakima County	Agreed Order	3/6/2013	Respondent prescribed controlled substances without a valid DEA registration, while involved socially with the patient, without appropriate medical charting, and without keeping a controlled substance log. He misrepresented the nature of the relationship with the patient to the Commission's investigator.	Minimum one-year suspension. Complete courses in boundaries, ethics, record-keeping, and pain-management, a Washington Physicians Health Program assessment prior to applying for a limited license for a residency, complete a 2-year residency before full license reinstatement. \$1,000 fine.
McCoy, Bryan L., PA-C (PA6012036) Gig Harbor, Pierce County	Agreed Order	2/21/2013	Respondent shared inappropriate personal information of a non-clinical nature with two female patients.	One-year probation. Complete an ethics course.

continued on page 8

Pauli, Andrew D., MD (MD00024846) Bellingham, Whatcom County	Agreed Order	4/4/2013	Respondent advertised human growth hormone (HGH) as anti-aging therapy to consumers, treated five patients with HGH without sufficient medical justification, failed to keep adequate records, and failed to provide un-redacted records requested by the Commission.	Four-year probation. Shall not advertise hormone supplementation treatment or treat patients in Washington with HGH, complete an ethics course, practice reviews. \$8,000 fine. Appear before the Commission annually.
Shlifer, Susan J., MD (MD00035541) Poulsbo, Kitsap County	Agreed Order	2/21/2013	Respondent provided substandard medical care placing patients at unreasonable risk of harm generally and in her prescribing of supplemental thyroid, in her use of the inefficacious “Marshall Protocol”, in treating chronic pain with opioids, in diagnosing and treating fibromyalgia, chronic fatigue syndrome, vitamin D deficiencies and elevations, irritable bowel syndrome, and so called “variant” anti-phospholipid antibody syndrome; and in her off-label use of angiotensin receptor blocking.	Minimum five-year probation. Permanent restriction from the use of “The Marshall Protocol,” comply with a physician preceptor program, undergo an evaluation of internal medicine clinical skills with a re-evaluation after completing all recommended remediation, complete an ethics course. \$3,000 fine. Appear before the Commission annually.
Smyth, Cynthia M., MD (MD00033399) Seattle, King County	Agreed Order	2/6/2013	Respondent violated a contract with the Washington Physicians Health Program.	Five-year suspension.
Soong, Mejah, MD (MD00048978) Coupeville, Island County	Stipulation to Practice Under Conditions	4/10/2013	Respondent had her license to practice medicine in Connecticut revoked and her license in Massachusetts suspended.	Minimum two-year probation. Monitoring by a psychiatrist. Appear before the Commission annually.
Tuning, David J., PA-C (PA10001203) Goldendale, Klickitat County	Agreed Order	2/21/2013	Respondent had a sexual relationship with a patient.	Voluntary surrender.
Vondran, Janet E., MD (MD00033182) Bremerton, Kitsap County	Agreed Order	2/21/2012	Respondent inappropriately treated adult patients with human growth hormone (HGH), failed to keep adequate medical records, and illegally advertised HGH to consumers as an anti-aging remedy.	Two-year probation. Shall not advertise hormone supplementation or provide HGH treatment to patients, semi-annual practice reviews. \$3,000 fine. Appear before the Commission annually.
Weeks, Bradford S., MD (MD00030856) Clinton, Island County	Final Order	3/6/2013	Following a hearing, the Commission found Respondent inappropriately treated adult patients with human growth hormone (HGH), illegally offered to consumers HGH as an anti-aging remedy, violated a prior Commission order, and failed to cooperate with the Commission’s investigation.	Minimum three-year suspension. Complete one-year fellowship before modification or reinstatement. \$5,000 fine.
Young, John L., MD (MD60187941) Maryland	Agreed Order	2/21/2013	Respondent failed to cooperate with a Commission investigation.	Indefinite suspension. Shall not treat any Washington state patients and may not renew Washington license after it expires in July 2013. \$5,000 fine.

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.

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

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 had action against it.

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

Informal Actions				
Capel, Christopher C., MD (MD00044466) Mississippi	Stipulation to Informal Disposition	4/4/2013	Alleged: Failure to timely address abdominal infection following gall bladder removal surgery. Respondent does not admit to unprofessional conduct.	60-day probation. Submit reports to the Commission on post-surgical complications involving death or major disability, write a paper on the early evaluation and treatment of post-operative complications. \$1,000 partial cost recovery. Appear before the Commission prior to resuming practice in Washington.
Capwell, Robin R., MD (MD00024463) Seattle, King County	Stipulation to Informal Disposition	2/21/2013	Alleged: Respondent's practice of psychiatry was deficient in his approach to prescribing potentially addictive medications for patients with active substance abuse histories. Deficiencies include: failure to provide risk-benefit assessment, excessive levels of stimulants, patient-adjusted dosing without rationale, patient-initiated controlled substance treatment without adequate guidance, and failure to consult with simultaneously prescribing physicians. Respondent used stock phrases in lieu of individualized descriptions of patients' mental status, failed to document informed consent, and failed to adequately assess reported symptoms. Respondent does not admit to unprofessional conduct.	Five-year probation. Undergo a clinical skills assessment and comply with recommendations, annual practice reviews. \$1,000 partial cost recovery. Appear before the Commission annually.
Carter, Enrique D., MD (MD00014484) Pasco, Franklin County	Stipulation to Informal Disposition	2/21/2013	Alleged: Respondent mistakenly removed the ampulla of Vater, believing it to be a polyp.	Two-year probation. Have a board certified gastroenterologist proctor ten consecutive upper-endoscopy procedures, successfully complete at least five hours of continuing medical education on the diagnoses and treatment of Barrett's Esophagus, complete a medical record-keeping course, practice reviews. \$1,000 partial cost recovery.
Clark, Joan G., MD (MD00022064) Seattle, King County	Stipulation to Informal Disposition	2/21/2013	Alleged: Respondent required intensive treatment for alcohol dependence, signed a probationary contract with Washington Physicians Health Program (WPHP) and is currently monitored by WPHP. Respondent does not admit to unprofessional conduct.	Minimum five-year probation. Maintain compliance with Washington Physicians Health Program contract. \$1,000 partial cost recovery. Appear before the Commission every six months, and appear before the Commission for modification before returning to the practice of medicine.
DeHaven, Charlene M., MD (MD60125308) Spokane, Spokane County	Stipulation to Informal Disposition	2/21/2013	Alleged: Respondent entered into a Stipulation and Order with the Idaho State Board which remains in force for five years. The Idaho Board based its Stipulation and Order on information that Respondent self-prescribed and abused prescriptions for controlled substances. Respondent does not admit to unprofessional conduct.	Indefinite probation. Comply with the terms and conditions of Idaho Order and with Washington Physicians Health Program contract. \$1,000 partial cost recovery. Appear before the Commission annually.
Flaherty, Lynne C., MD (MD00026850) Seattle, King County	Stipulation to Informal Disposition	4/4/2013	Alleged: Respondent provided substandard care to a patient in the emergency department.	Complete continuing medical education on toxicology, hepato-renal failure, hepatic failure, and disseminated intravascular coagulopathy, and practice review.
Herzig, William N., MD (MD00030773) Vancouver, Clark County	Stipulation to Informal Disposition	4/4/2013	Alleged: Respondent performed a colonoscopy and a trachelectomy on a 37-year-old patient under general anesthesia and lacerated the bladder and sigmoid colon, but did not discover this at the time. The patient came to the emergency department the next day and underwent a sigmoid rectal colectomy with diversion to colostomy. Respondent does not admit to unprofessional conduct.	30-month probation. Write a paper on the potential complications of trachelectomies and their prevention, practice reviews. \$1,000 partial cost recovery. Appear before the Commission to discuss his paper.

continued on page 10

Kamson, Solomon, MD (MD00021337) Seattle, King County	Stipulation to Informal Disposition	2/21/2013	Alleged: Respondent ordered an MRI for a patient with an implanted spinal cord stimulator but did not personally contact the manufacturer for information. The MRI was aborted due to the implant device. Respondent does not admit to unprofessional conduct.	Minimum three-month probation. Submit a paper addressing the importance of contacting manufacturers and following recommendations, develop a protocol for MRI safety. \$1,000 partial cost recovery.
Pfeiffer, Peter R., MD (MD00044482) Bellingham, Whatcom County	Stipulation to Informal Disposition	2/21/2013	Alleged: Respondent issued prescriptions via the internet for controlled substances without examining patients or verifying the authenticity of patient records. Respondent does not admit to unprofessional conduct.	Indefinite probation. Complete an ethics course, submit personal reports, verify monitoring. \$1,000 partial cost recovery.
Spohr, Megan L., MD (MD00046555) Vancouver, Clark County	Stipulation to Informal Disposition	4/4/2013	Alleged: Respondent recommended to a mother of an infant to use mineral oil as a constipation aid. Respondent does not admit to unprofessional conduct.	Two-year probation. Write a paper on the diagnosis and treatment of constipation in infants under one year of age. \$1,000 partial cost recovery. Appear before the Commission annually.
Taylor, Michael V., MD (MD00039277) Bellingham, Whatcom County	Stipulation to Informal Disposition	3/6/2013	Alleged: Respondent surrendered his hospital privileges while under investigation. Respondent does not admit to unprofessional conduct.	Voluntary surrender.
Wasson, Sanjeev, MD (MD00041084) Mount Vernon, Skagit County	Amended Stipulation to Informal Disposition	1/10/2013	Alleged: Respondent conducted examinations of two patients without ensuring the proper use of gowns to provide adequately for the patients' privacy, and his record keeping for these patients was inadequate to explain the examinations. Respondent does not admit to unprofessional conduct.	Body searches on patients referred elsewhere for MRIs on another date are unnecessary and shall not be performed. Complete a course in record keeping, semi-annual audits. \$2,000 partial cost recovery. Respondent complied with all terms and this matter was terminated after 16-months probation, on January 25, 2013.
Weissman, Robert M., MD (MD00022748) Bellevue, King County	Stipulation to Informal Disposition	2/21/2013	Alleged: Respondent cursed and tossed instruments during a surgical procedure. Respondent does not admit to unprofessional conduct.	Two-year probation. Undergo a psychiatric evaluation. \$1,000 partial cost recovery. Appear before the Commission annually.
Welch, Philip D., MD (MD00018862) Seattle, King County	Stipulation to Informal Disposition	3/6/2013	Alleged: Respondent failed to obtain a Pap smear and missed a diagnosis of cervical cancer.	Six-month probation. Write a paper on the appropriate diagnosis and treatment of abnormal Pap smears. \$1,000 cost recovery.

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.

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. If you are interested in providing expert reviews, please contact Legal Unit Manager Michael Farrell at: michael.farrell@doh.wa.gov or at 509-329-2186.

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
- The Commission currently licenses 29,108 physicians and physician assistants
- 99.8% of complaints processed on time in 2012
- 92% of investigations completed on time in 2012
- 92% of legal cases completed on time in 2012
- Reduced investigations over timelines by 99%
- Reduced legal aged-case backlog by 74%
- Followed legislatively-mandated disciplinary sanction rules in 99% of disciplinary orders

Actions in Fiscal 2012

- Issued 2,221 new licenses
- Received 1,400 complaints/reports
- Investigated 1,008 complaints/reports
- Issued 93 disciplinary orders
- Summarily suspended or restricted 11 licenses
- Actively monitoring 181 practitioners
- 48 practitioners completed compliance programs

Policy Corner

At the May 17, 2013 business meeting the Commission approved/updated the following policies:

- MD2013-07: Impact Statements
- MD2013-08: Retention of Medical Records

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 at the following web address:

<http://go.usa.gov/dG0>

Medical Commission Meetings 2013

Date	Activity	Location
June 27-28	Regular Meeting	Puget Sound Educational Service District (PSESD) Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057
August 22-23	Regular Meeting	Department of Health 310 Israel Rd SE 152/153 (DOH) Tumwater, WA 98501
October 2-4	Educational Conference	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512
November 14-15	Regular Meeting	PSESD

Other Meetings

Washington State Medical Association	Annual Meeting Sept. 28-29, 2013	Spokane, WA
Administrators in Medicine (AIM)	Annual Meeting April 23, 2014	Denver, CO
Federation of State Medical Boards	Annual Meeting April 24-26, 2014	Denver, CO

All Medical Commission meetings are open to the public



Washington State Department of Health
 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/b8x3
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

Mimi E. Pattison, MD– Chair
 Richard D. Brantner, MD– 1st Vice Chair
 William E. Gotthold, MD– 2nd Vice Chair

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
 Ellen J. Harder, PA-C
 Frank M. Hensley
 Bruce G. Hopkins, MD
 Warren B. Howe, MD
 Mark L. Johnson, MD
 Peter K. Marsh, MD
 Linda A. Ruiz, JD
 Michelle Terry, MD
 Mimi Winslow, JD

Washington State Medical Commission Newsletter–Summer 2013

Micah Matthews, Managing Editor: micah.matthews@doh.wa.gov