Medical Quality Assurance Commission
Update!
www.doh.wa.gov/medical
Vol. 5, Spring 2015

Message from the Chair

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

Happy spring from the Medical Commission. There have been exciting developments within the commission and Washington as a whole. Two of our commission members will be honored with awards from the Federation of State Medical Boards. The commission has been collaborating with different stakeholders to pass resolutions that would improve the health care delivery system. And finally, the first day of the 64th Legislature was January 12th 2015. The commission has been working toward pushing through an initiative that would modernize the licensure process.

I am pleased to announce that Dr. Mimi Pattison and Dr. Bruce Cullen have been honored with awards from the Federation of State Medical Boards. Dr. Pattison has been awarded the 2015 John H. Clark Leadership Award for her vision and guidance to the commission and the associated accomplishments during her tenure as chair, in addition to her successful and ongoing career. She will join a distinguished list of recipients from Washington including Dr. Leslie Burger in 2014 and Dr. Samuel Selinger in 2012. Dr. Cullen is the recipient of the 2015 Federation of State Medical Boards' Award of Merit for his efforts furthering Just Culture principles into medical discipline and reduction of medical errors. Congratulations to Dr. Pattison and Dr. Cullen on their many accomplishments.

The commission is moving forward with minor updates to our existing rules on office based surgery and sexual misconduct. For full details on commission rule-making I encourage you to join our rules listserv: http://go.usa.gov/dGB.

Effective January 9th, 2015, new guidelines regarding Transmission of Time Critical Medical Information (TCMI) "Passing the Baton" were adopted. The guidelines recognize the shared responsibility of administrators, clinicians and interpreting physicians to design and use support systems to ensure and document the timely communication and receipt of TCMI. The guidelines for communication are as follows: Expedite delivery and verify receipt of TCMI, be aware of situations that may require non-routine communication, the different methods of communication, the documentation of non-routine communications and the overseeing of patient communications. At the very core of our mission is the health of the patients, I hope that these guidelines aid in that undertaking.

The commission continues to collaborate with legislators in creating an environment in Washington that is attractive to potential medical practitioners. We are encouraged by the increased applications for medical licensure in recent quarters, 23 percent increase in December compared to the previous year, and attempts by the legislature to address access to care.

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In this issue

Mission

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

Message from the Chair continued from page 1

I am tremendously proud of the commission and all that we have achieved over the past year; we have seen growth in collaboration and adoption of critical policies. We issued our 30,000th license, the recipient of which, you can read more about in this issue. We are recruiting commission members, so take notice of the recruitment information and if you or someone you know meets the requirements, submit your application by April 17th. Thank you for reading and remember to get out and enjoy the spring weather.

Executive Director's Report

Melanie de Leon, JD, MPA
Executive Director

This year the Medical Commission introduced two bills: SB 5772, regarding demographics for physicians and physician assistants, and HB 1874 to update and streamline the requirements for allopathic physician licensure.

Both bills were voted out of their respective committees; HB 1874 was unanimously voted out of the House. SB 5772 never made it to a floor vote in the Senate, so any further viability of this bill is questionable.

We recently testified in front of the Senate Committee on Health Care on SHB 1874, so we are hopeful that this bill will pass through the Senate as well as it did through the House.

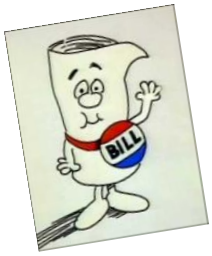
Did you know?

You can complete your demographic census for renewal online!

The Commission has been asked to develop demographic data, and we will be asked for the results by State and Federal policy makers, and other interested parties, as they make decisions about the future structure of the medical workforce. We have roughly a 60 percent response rate to our census. Please take a few minutes to fill out the demographic questionnaire so the decisions made about your future work environment can be based on accurate data.

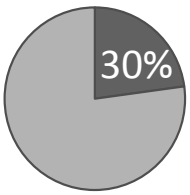
Try it now: http://go.usa.gov/2pkm

Legislation 2015 BY THE Numbers



2405

NUMBER OF BILLS INTRODUCED THIS SESSION



BILLS THAT PASSED OUT OF COMMITTEES

371

BILLS REVIEWED BY DEPARTMENT OF HEALTH

44

BILLS ANALYZED BY MQAC

2

BILLS INTRODUCED BY MQAC

SAVE THE DATE

September 30th -October 1,2015
DoubleTree, Tukwila

Medical Commission Educational Conference
Free and open to all. More information to come

The Commission Issues its 30,000th License

An Interview with Genevieve Neal-Perry

In January the Medical Commission issued its 30,00th license to Dr. Genevieve Neal-Perry. To commemorate this milestone, we spoke with Dr. Neal-Perry about her experience and aspirations. Dr. Neal-Perry is a board certified Obstetrician, Gynecologist and Reproductive Endocrinologist. She received BA from Dartmouth College and an MD and PhD in pharmacology from Robert Wood Johnson Medical School and The University of Medicine and Dentistry of New Jersey. She completed residency and fellowship training in New York City at Albert Einstein College of Medicine hospital affiliates Beth Israel Medical Center and Montefiore Medical Center, respectively. Prior to becoming Washington State's 30,000th licensee Dr. Neal-Perry was the Associate Professor in Obstetrics and Gynecology and Neuroscience and Associate Dean for Diversity Mentoring at Albert Einstein College of Medicine. Dr. Neal-Perry has several national leadership roles; she is a member of the Reproductive Endocrinology and Infertility (REI) Division of the American Board of Obstetrics and Gynecology and Council Member-at large for the Endocrine Society. Dr. Neal-Perry joined the University of Washington School of Medicine and the University of Washington Physician practice group as the Chief of REI in January. In addition to being an active clinician Dr. Neal-Perry is also a reproductive scientist engaged in research designed to understand how nutrition regulate fertility, the timing of puberty and menopause.

Q: What do you think of the Pacific Northwest so far?

A: I think it is an incredibly beautiful place, steeped in good food and creative intellect. My colleagues at UW have been extremely welcoming and have helped greatly with my transition to the Pacific Northwest. Seattle is a wonderful place to live and UW is a great place to work.

Q: Are there any specific goals you have as you take this next step in your career with UW?

A: I am passionate about three things; excellence in patient care, being involved in research designed to understand disease processes that affect patient outcomes, and mentoring women and individuals from backgrounds traditionally underrepresented in medicine and science. Along with growing the clinical and research arms of the REI division in the department of OB/GYN at UW, I would like to educate the public about emotional distress associated with infertility and to change the attitude that infertility treatment is a luxury item reserved for those who can afford it. It is import that policy makers and the public at large understand infertility is a disease, just like heart disease, that requires prompt medical intervention. I would also like the REI division at UW to become the primary hub for educational resource and treatment options for fertility preservation in patients undergoing cancer therapy. Lastly, it is my goal to ensure that the trainee pipeline for medicine and reproductive science at UW stays primed and ripe with highly qualified women and individuals from groups traditionally underrepresented in medicine and science.

Q: Have you always known that you wanted to specialize in OB/GYN?

A: No I did not. I entered medical school with the intention to become an ophthalmologist. My experience as a third year medical student with a couple struggling with infertility helped me realize my calling and changed my trajectory in the field of medicine as well as science.

Q: What motivates you?

A: Knowing that the things I do on a daily basis have the potential to change lives and positively impact both patient outcomes and the career choices of my mentees. I am most motivated by excellence in the delivery of patient care services and the advancement of a scientific mission developed to improve patient outcomes.

Q: Are there any, professional or personal goals that you are particularly proud of?

A: Being able to be a beacon of hope and a role model for young women and young people from groups traditionally underrepresented in medicine and science.

Q: What part of your career do you find most challenging?

A: I never feel that I have enough time to accomplish all the things that are important to me.

Q: What would you like to see improved in the medical profession?

A: More reflection about the physician/patient interaction and better lines of communication between them. The ability to communicate effectively is an essential skill for successful clinicians, but oftentimes we are rushed and forget to use language that the patient can relate to.

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Overall, I believe that we should truly strive to take a step back and reflect on the desired message as well as how best to reach the recipient of the message. As a physician it is important to take a few minutes to "check in" with the patient and asses their interpretation of your message.

Q: Do you use social media as a tool for customer service and professional development?

A: Definitely not in a way that I wish to. I think that when used in a responsible way social media can be an excellent and effective communication tool. However, there are groups and people who use social media to deliver misinformation and to sell products and interventions that are pretty much "snake oil." To be effective doctors today, we definitely need to know which outlets our patient populations frequently use to gather medical information because although these outlets can be a source for evidence base medical advice, they can also be easily used to disseminate misinformation and support quackery. I think that the greatest challenge for physicians today is finding the time to positively contribute to these sites at the pace that their patients are consuming information.

Q: To end on a high note, if you could take one item with you while stranded on a desert island, what would it be?

A: (Laughs) I have all the essentials to survive? Well in that case, I would have to say my Nook. I don't have enough time to do the type of leisure reading I would like to do.

Q: What are you reading now?

A: The Immortal Life of Henrietta Lacks. A complex story that has changed the face of medicine and how we conduct science today.

Stay Informed!

The Medical Commission maintains four email listserves to deliver relevant information to your inbox. Sign up today and keep up to date!

Newsletter:	**http://go.usa.gov/dGk**
Minutes and Agendas:	**http://go.usa.gov/dGW**
Rules:	**http://go.usa.gov/dGB**
Legal Actions:	**http://go.usa.gov/dGK**

Commission Rulemaking Efforts

Daidria Pittman
Program Manger

Physician Assistants

Following a December 5, 2014 hearing the Commission adopted changes to the current rules regulating allopathic physician assistants (PA). The final rulemaking order for these changes was filed with the Code Reviser's Office on February 3, 2015.

The revisions to this chapter are pursuant to Substitute House Bill 1737 (2013) and incorporate national standards and best practices. The rules also synchronize, where possible, with the osteopathic PA rules under the Board of Osteopathic Medicine and Surgery since many PA applicants for licensure now seek both an allopathic and osteopathic PA credential.

PA rule changes are effective March 6, 2015.

Sexual Misconduct

The CR-101 to revise the Sexual Misconduct rule (WAC 246-919-630) was filed on October 30, 2014 (Washington State Register (WSR) #14-22-047). The Commission is considering updating the sexual misconduct rule to establish clearer standards of conduct for allopathic physicians. The Commission's experience with investigating and enforcing the current rule has raised the need to clarify what acts constitute sexual misconduct by allopathic physicians under the Commission's authority. Updating the sexual misconduct rule will establish clearer standards of conduct and will help the Commission be consistent in its enforcement activities to more fully comply with RCW 18.130.062 and Executive Order 06-03.

Continuing Competency Requirements

The CR-101 to revise the Renewal and CME Requirements (WAC 246-919-421 through 470) was filed on February 23, 2015 (WSR #15-06-014). The Commission is considering developing rules establishing requirements to ensure continuing competency for allopathic physicians. Stakeholder meetings will be announced soon.

PA News

James Anderson, PA-C
Physician Assistant Member

With the recent creation of the Medical Quality Assurance Commission's Health Equity Work Group, MQAC moves forward in its commitment to reduce racial and other cultural health inequities. This exciting initiative places current efforts to reduce healthcare disparities front and center in the work of the Medical Quality Assurance Commission.

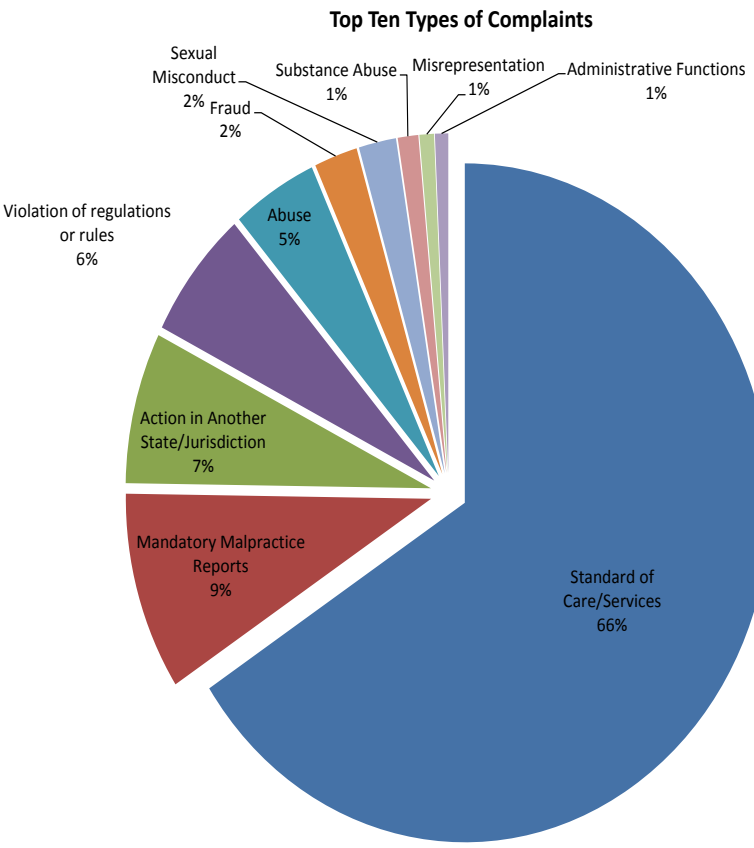
MDs and PAs frequently note that they need tools and resources that are both practical and useful in addressing long-standing inequalities in the health and care of various populations. Emergency medicine has been an excellent arena for measuring the inequality in patient care. The evidence from this medical practice specialty has consistently shown that care and decision making in EDs often results in unequal care of patients based on race and ethnicity. Certainly EDs are not alone in this phenomenon, but they have been found to be fertile grounds for the capture of data related to care inequalities

This is work that has been a part of the Physician Assistant tradition since the inception of the profession some forty years ago. Our physician colleagues have been focused on health inequality long before; PAs were tasked to provide further outreach to populations long ignored by the scope of traditional medicine. Physician's historic stance in caring for all regardless of race, ethnicity, sexual orientation, and culture has provided direction for Physician Assistants who were created to help extend care to underserved patient populations.

We at MQAC are excited about our efforts to provide useful and meaningful resources to our MD and PA colleagues, who are working hard in the trenches of underserved populations. We will particularly focus on health inequities related to access to care, systems inequality, provider attitudes (including implicit bias/ providing culturally and linguistically appropriate care) and the impact of social factors on health (AKA social determinants).

We're most certainly not about creating onerous rules and requirements that would burden MDs and PAs. Simply put, the medical literature clearly indicates that increasing the awareness of inequalities and disparities can by itself reduce disparities. We should start there and supply you, the providers on the front lines, with effective tools that you need to succeed.

Look soon for an MQAC Health Equity toolkit, with relevant resources providing value to all MDs and PAs who care about the challenges of serving increasing diverse patient populations. We are currently working to identify and package these resources so the practicing PAs and MDs, who are long on empathy for underserved patients yet short on time, can quickly identify easy-to-use tools that will help you provide the highest level of care for all of your patients.



The WPHP Report

Charles Meredith, MD
Medical Director

Historically, physician health programs like the Washington Physicians Health Program (WPHP) have been oriented as "crisis-response" programs, designed to intervene on and assist physicians and physician assistants who have become occupationally impaired by severe addiction or visible decompensation of a severe psychiatric mood disorder. Most people think "this will never happen to me," and fortunately many of us are right. While the incidence of impairment from these severe conditions is higher than we might think, estimates are that it is about 1-2% per year in any provider pool.

The good news is that these conditions are very easily treatable, and there is a confidential process available in this state so that providers can get help and return to work. Most people who contact WPHP for help with these conditions do very well, and the published data examining outcomes for physician health programs across multiple states is very promising.

But what about the rest of us in medicine who are suffering, unhappy, maybe even disillusioned? Researchers have known for years that healthcare professionals are more vulnerable to burnout than people in other occupational fields. Defined as a triad of depersonalization, emotional exhaustion and low personal accomplishment, burnout is endemic to the field of medicine. A recent survey of the American Medical Association identified the prevalence of burnout in US practicing physicians to be 46%.[1]

Research has consistently shown that hours worked, number of patient visits per day, and call frequency are all positively correlated with prevalence of burnout.[2] If burnout continues long term, some believe it can precipitate more serious diseases. Burnout is correlated with an increased likelihood of meeting diagnostic criteria for major depressive disorder or alcohol use disorders such as alcohol abuse or dependence.[3] It has been associated with increased likelihood of an episode of significant suicidal ideation in both attending level physicians and 4th year medical students.[4] Finally, the presence of continued burnout has been shown to increase the likelihood of making a significant medical error[5] in the near future and can increase the likelihood that a provider will leave the field due to their chronic disillusionment.[6]

WPHP is developing a wellness program with the goal of cultivating habits of personal renewal, emotional self-awareness, and greater resiliency among physicians. These services are meant to enhance a physician's health so they are better able to help others. By focusing on prevention and active wellness, we hope to help providers alleviate burnout or develop protective habits.

The WPHP wellness program's first offering is a "Mindfulness for Healthcare Professionals" course designed to promote mental health by engaging the mind and the body through experiential learning. The course is adapted from Jon Kabat-Zinn's Mindfulness-Based Stress Reduction and incorporates five behavioral components: breathing awareness, body scan, walking meditation, eating meditation, and yoga. The series combines didactic presentations, exercises, interactive discussions and homework. As defined by Dr. Zinn, "Mindfulness is paying attention, on purpose, to the present moment, non-judgmentally." Mindfulness is an excellent antidote to the stresses of a modern medical practice as it invites us to stop, breathe, observe, and connect with one's inner experience. Multiple researchers have shown that learning and implementing the practice of mindfulness meditation can combat and prevent the development of burnout in healthcare providers.[7]

WPHP is currently recruiting for four workshops starting in April 2015, two in the Seattle area, one in Kirkland and one in Mt. Vernon. In addition, a one day mindfulness workshop for healthcare providers will be held in central Washington on April 25, 2015. Additional workshops will be held in the Seattle area in fall 2015. The mindfulness workshop is open to doctors, dentists, veterinarians, physician-assistants and podiatrists and their significant others and consists of four evening sessions and one all-day retreat.

Mindfulness is designed to reduce stress and improve general mental health. Mindfulness does not eliminate life's pressures, but it can help health professionals respond to pressures in a calmer manner that benefits one's heart, head and body. We'd like you to enjoy the practice of medicine and this workshop may help. We hope to add additional course offerings in other geographical areas in 2016. Please check our website periodically for updates.

References
1. Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. Arch Intern Med. 2012;172(18):1377-1385.
2. Balch CM, Shanafelt TD, Dyrbye LN, Sloan JA, Russell TR, Bechamps GJ, Freischlag JA. Surgeon Distress as Calibrated by Hours Worked and Nights on Call. J Am Coll Surg. 2010; 211:609-19.
3.Oreskovich MR, Kaups KL, Balch CM, Hanks JB, Satele D, Sloan J, Meredith C, Buhl A, Dyrbye LN, Shanafelt TD. Prevalence of alcohol use disorders among American surgeons. Arch Surg. 2012 Feb;147(2):168-74.
4. Dyrbye LN, Thomas MR, Massle S, Power DV, Eacker A, Harper W, Duming S, Moutler C, Szydlo DW, Novotny PJ, Sloan JA, Shanafelt TD. Burnout and Suicidal Ideation among US Medical Students. Ann Intern Med. 2008 Sept 2;149(5):334
5. West CP, Tan AD, Habermann, TM, Sloan JA, Shanafelt TD. Association of Resident Fatigue and Distress With Perceived Medical Errors. JAMA. 2009 Sept 23/30;302(12):1294-1300.
6. Sharma A, Sharp DM, Walker LG, Monson JR: Stress and burnout among colorectal surgeons and colorectal nurse specialists working in the National Health Service. Colorectal Dis. 2008; 10:397– 406.
7. Krasner MS, Epstein RM, Beckman H. Association of an educational program in mindful communication with burnout , empathy and attitudes among primary care physicians. JAMA. 2009;302(12):1284-1293

WPHP Mindfulness for Healthcare Professionals

Each Series is five weeks in length. The series commitment is four weekday evening classes and one full day weekend retreat. The programs will be facilitated by Mindfulness Northwest. The cost is $150 for the five week series. Space is limited.

Seattle Series 1
April 8, Wednesday, 6-8:30 PM
April 15, Wednesday, 6-8:30 PM
April 22, Wednesday, 6-8:30 PM
April 25, Saturday, 9 AM-4 PM
May 6, Wednesday, 6-8:30 PM
Location: 720 Olive Way, Seattle
Seattle Series 2
April 9, Thursday, 6-8:30 PM
April 16, Thursday, 6-8:30 PM
April 23, Thursday, 6-8:30 PM
April 25, Saturday, 9 AM-4 PM
May 7, Thursday, 6-8:30 PM
Location: 720 Olive Way, Seattle
Mt. Vernon Series
April 28, Tuesday, 6-8:30 PM
May 5, Tuesday 6-8:30 PM
May 12, Tuesday, 6-8:30 PM
May 17, Sunday, 9 AM – 4 PM
May 19, Tuesday, 6-8:30 PM
Location: Skagit Regional Health 1415 E. Kincaid, Mount Vernon Cascade Conference Room
Kirkland Series
April 20, Monday 6-8:30 PM
April 27, Monday 6-8:30 PM
May 4, Monday 6-8:30 PM
May 9, Saturday, 9 AM- 4 PM
May 18, Monday, 6-8:30 PM
Location: Evergreen Health Hospital 12040 NE 128th Street, Kirkland Room TAN 250

For Additional Information, contact:
Jason Green, WPHP Wellness Program Director, at jgreen@wphp.org
To confirm: By phone: please call (206)-583-0127 and provide a credit card number for a one-time charge
By mail: send a check made out to WPHP
Attn: Jason Green
720 Olive Way, Suite 1010 Seattle, WA 98101

Laser Rule Supervision Requirement

Michael L. Farrell
Policy Development Manager

The Commission recently issued an Interpretive Statement to clarify a misconception concerning its rule governing the use of laser, light, radiofrequency and plasma devices (LLRP) for skin treatment. The Commission adopted WAC 246-919-605 in 2006 to address reports that unlicensed or inadequately trained persons were using prescription devices with little or no supervision and consequently harming patients.

Under the rule, a physician may delegate the use of an LLRP device to a trained and supervised professional whose licensure and scope of practice allow the use of an LLRP device. Under WAC 246-919-605(10)(h), patients with an established treatment plan may receive treatment during "temporary absences of the delegating physician," provided there is a local back-up physician available by phone and able to see the patient within 60 minutes.

The Commission is aware that some physicians misinterpret the term "temporary absences of the delegating physician." Some physicians serve as medical directors of clinics in which LLRP devices are used, but have their own practices in separate facilities. After the initial LLRP treatment, these physicians return to their own practices, agreeing to be reachable by phone and able to respond within 60 minutes for subsequent treatments. These physicians misinterpret the rule to permit them to work in another location and visit the clinic in which the LLRP treatment is occurring on an as-needed basis.

In the Interpretive Statement, the Commission notes that the plain meaning of the word "temporary" means brief, intermittent, and for a limited time. In the context of subsection (10)(h), the Commission interprets the phrase "temporary absences of the delegating physician" to mean that the physician may be absent for brief, intermittent or limited periods of time. The delegating physician's absence from the site where the treatment occurs should not be an ongoing arrangement. A physician who spends a significant amount of time away from the place where the treatment occurs is not complying with the plain language of the rule. The Interpretive Statement can be viewed at: http://go.usa.gov/3rvvT

Legal Actions

November 1, 2014- January 31, 2015

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 legal document 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/bkNH

Practitioner	Action	Date	Cause of Action	Commission Action
Formal Actions				
Brodie, Carl J. (MD00027570) King County	**Agreed Order**	**1/8/15**	Respondent had a sexual relationship with three patients; failed to keep adequate medical records; aided and abetted unlicensed practice and practice beyond scope.	60 month probation; $35,000 fine; coursework; psychodiagnostic evaluation; write protocol for Commission approval. Practice restrictions. Practice reviews and compliance appearances.
Chavis, Timothy V. (MD60099687) Pend Oreille County	**Agreed Order**	**1/8/15**	Sent patient home without oxygen treatment when warranted and failed to timely respond and evaluate the cause of active bleeding.	Probation; 1,000 word paper on issues in the order; presentations to workplace; $1,000 fine; practice reviews.
Freyne, Patrick C. (MD60114676) San Diego, CA	**Agreed Order**	**1/8/15**	Failed to recognize that the patient was not stable for surgery.	Reprimand; 1,000 word paper on issues related to the complaint; $1000 fine; coursework.
Lindberg, John F. (MD00019767) Portland, OR	**Agreed Order**	**8/21/14**	Respondent entered into an order with the Oregon Medical Board in which he agreed to a fine, reprimand and coursework.	Must comply with Commission terms prior to practicing in Washington.
Olsson, Roger B. (MD00015303) Snohomish County	**Agreed Order**	**11/6/14**	Management of chronic pain patients violated the standard of care.	Permanent practice and treatment restrictions; $5,000 fine; coursework; practice reviews, compliance appearances.
Zilberstein, Arthur K. (MD00035662) King County	**Agreed Order**	**1/8/15**	While on duty, Respondent sent personal and often sexually explicit text messages and had sexual encounters at the hospital. Prescribed controlled substances and legend drugs without keeping medical records.	Indefinite suspension; comprehensive evaluation prior to consideration for reinstatement.

Informal Actions				
Albert, Leonard H. (MD00015840) Mason County	**Informal Disposition**	**1/8/15**	Management of chronic pain patients violated the standard of care.	Respondent retired 12/31/14.
Donaldson, Wallace A. (MD00009019) Yakima County	**Informal Disposition**	**11/6/14**	Failed to respond to the pain needs of patients at a nursing home.	Surrender of license
Gupta, Kajal (MD00048778) Upland, CA	**Informal Disposition**	**1/8/15**	Disciplinary Order with the California Medical Board. Probation and practice restrictions.	Probation; comply with California order and practice restrictions if patients in Washington are treated.
Hall, William J. (MD00046010) Douglas County	**Informal Disposition**	**11/6/14**	Alleged sexual harassment.	Will not practice medicine and will not renew license when it expires.
Hughes, Thomas I. (PA10003261) Clallam County	**Informal Disposition**	**1/8/15**	Management of chronic pain and anxiety of patients failed to meet the standard of care.	Practice reviews; $500 cost recovery; oversight, course work and register with the Prescription Monitoring Program.
Malcolm, Larry G. (PA10002342)	**Informal Disposition**	**1/8/15**	Violated HIPAA by unauthorized access to co-workers patient records.	Surrender of license

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.

Washington State Department of Health

NOTICE OF RECRUITMENT
January 2015

The Department of Health (DOH) is currently accepting applications to fill upcoming vacancies on the Washington State Medical Quality Assurance Commission (commission). The commission helps make sure physicians and physician assistants are competent and provide quality medical care.

We are looking for people willing to study the issues and make decisions in the best interest of the public. Our member selection reflects the diversity of the profession and provides representation throughout the state. The commission has openings for:

- One physician representing Congressional District 2
- One physician representing Congressional District 4
- One physician representing Congressional District 10
- One physician at large
- Two public members

To determine what congressional district you live in, please visit http://go.usa.gov/3CtX4

The commission consists of 21 members appointed by the governor. It meets about eight times a year, usually on Thursday and Friday every six weeks. There is an expectation to review multiple disciplinary cases between meetings, and additional meetings or hearings are often necessary. Additional information regarding commission membership and a link to the governor's application can be found here http://go.usa.gov/3CtXk.

Please take the time to review the valuable information on commission membership available at the above website. Applications, along with a current resume must be received by **April 17, 2015.**

If you have any questions about serving on the commission, please contact Julie Kitten, Operations Manager, at Post Office Box 47866, Olympia, Washington 98504-7866, by email at julie.kitten@doh.wa.gov, or call (360) 236-2757.

Thank you.

Medical Commission Vital Statistics

- 21 members: 13 MDs, 2 PAs, 6 public members;
- 39 staff, $14.8M biennial budget;
- 30,004 licensed physicians and physician assistants;
- 99.9% of complaints processed on time in 2014;
- 90.9% of investigations completed on time in 2014;
- 89.6% of legal cases completed on time in 2014;
- 99% of orders complied with Sanction Rules.

Actions in Fiscal 2014

- Issued 2,290 new licenses;
- Received 1,488 complaints/reports;
- Investigated 909 complaints/reports;
- Issued 70 disciplinary orders;
- Summarily suspended or restricted 11 licenses;
- Actively monitoring 181 practitioners;
- 48 practitioners completed compliance programs.

Policy Corner

At the most recent business meetings the Commission approved/updated the following:

- Adopted: MD2015-02 Transmission of Time Critical Medical Information (TCMI) "Passing the Baton"

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: jimi.bush@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

Medical Commission Meetings 2015

Date	Activity	Location
May 14-15	Regular Meeting	Department of Health (DOH) 310 Israel Rd SE, 152/153 Tumwater, WA 98501
June 25-26	Regular Meeting	Davenport Hotel 10 S. Post Street Spokane, WA 99201
August 20-21	Regular Meeting	The Heathman Lodge 7801 NE Greenwood Drive Vancouver, WA 98662
Sept. 30-Oct. 2	Educational Conference	DoubleTree Southcenter 16500 Southcenter Pkwy Tuckwilla, WA 98188
November 5-6	Regular Meeting	PSESD

All Medical Commission meetings are open to the public

Other Meetings

Administrators in Medicine (AIM)	Annual Meeting April 22, 2015	Ft. Worth, TX
Federation of State Medical Boards	Annual Meeting April 23-25, 2015	Ft. Worth, TX
Washington State Medical Association (WSMA)	Annual Meeting Sept. 26-27 2015	Spokane, WA

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/DKQP
Compliance:		360-236-2781
Investigations:		360-236-2759
Fax:		360-236-2795
Email:		medical.commission@doh.wa.gov
Demographics:		medical.demographics@doh.wa.gov
Website:		www.doh.wa.gov/medical
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

Washington State Medical Commission Newsletter–Spring 2015
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