



Message from the Chair

The winter months have seen a flurry of activity for the Commission. Dealing with the January snow storm, implementation of the rule for chronic non-cancer pain, keeping up with the intense activity of this legislative session, and business as usual have been challenging for the Commissioners and staff.

The Commission adopted the pain management rules March 4, 2011 and the rules became effective January 2, 2012. We have continued our educational efforts, speaking at conferences, testifying to both the Senate and House Health Committees, and encouraging licensees to take advantage of the free CME on our Web site. To date, we have spoken directly to more than 2,000 providers around the state, with more presentations scheduled throughout the remainder of the year. The free CME has been successfully completed by more than 2,000 practitioners and the opioid dosing guidelines have been downloaded more than 9,000 times, with the comments and satisfaction ratings being overwhelmingly positive. It has been a joy in my role as Chair to travel and speak to other practitioners in our state on the subject of the pain rules and pain management.

The Commission is seriously concerned about reports, although not substantiated, that some providers believe they are exempt from discipline by the Commission by simply stopping the prescribing of opioids to their patients. Lack of appropriate treatment of chronic pain, which may include the use of opioids, is considered below the standard of care. In any complaint filed about pain management, the Commission considers overall care, not just opioid prescribing.

We must remain focused on the primary issue of inadequate treatment of chronic pain in our society and not be distracted by the granular issues within the pain rules. We must be engaged in efforts to improve overall

access for persons living with chronic pain and supply them with the necessary tools to self-manage their pain.

The Commission regularly receives inquiries from concerned individuals about referring providers for suspected substance abuse problems. It is important to understand that these referrals can be made directly to the Washington Physicians Health Program (WPHP) by calling 1-800-552-7236. The WPHP may then involve the Commission if it is necessary. Any questions regarding this method of referral should be made directly to [WPHP](#).

The Commission has been actively involved in the consideration of many pieces of legislation during the 2012 legislative session. Some of you may be aware of efforts to increase fees to fund Medicaid fraud prevention efforts, mandate suicide prevention CME for certain providers, and suspend the pain rules. As of this writing, the Commission will not be dealing with any legislative changes in the next year. The leadership in the House

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Mission

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

and Senate Health Care Committees expressed their satisfaction with our education and implementation efforts for the pain rules. We look forward to expanding those efforts in the future.

On the national level, we are pleased to let you know that we have been awarded a collaborative research grant from the Federation of State Medical Boards' non-profit Foundation in the amount of \$30,000. We will use this grant to fund a follow up report to a 2006 study published in collaboration by the U.S. Department of Health and Human Services and the Urban Institute. The study compared five state medical boards and contrasted their operating structure with their performance. Our hope is the Urban Institute researcher will find the performance of the Commission greatly improved and will supply us with further suggestions for enhancement of our operations. We strive to be both efficient and effective in all we do, while looking to future improvements at every opportunity.

In planning for the future, the Commission is organizing the annual workshop to be held August 22-24, 2012 at the Capitol Event Center in Tumwater. The theme this year, *Into the Future: Designing Better Patient Safety Systems*, will encompass speakers addressing topics from electronic medical records, evidence based practice, just culture, patient safety, the pain rules, Telehealth, and physician assistant practice. The workshop is open to the public and we encourage all who are interested to attend.

As always, I encourage you to [email](#) the Commission with any questions you may have, attend a meeting in either Renton or Tumwater, or take a moment to visit the [Commission Website](#) and acquaint yourself with the resources available to you.

Sincerely,

Mimi Pattison, MD, FAAHPM, Chair
Medical Quality Assurance Commission

Executive Director's Message

Developing Practice Information about Washington Physicians and Physician Assistants

Under new law, the Medical Commission must ask physicians and physician assistants to respond to a survey about practice setting, specialty, and board certification. This law became effective July 22, 2011 and the Commission included the first surveys with the February 2012 renewal notices. We are already seeing good responses from the initial mailings. We encourage all licensees to take a few moments to complete the survey materials and return them to us with your renewal in the included postage paid envelope. If you have questions regarding the survey or process, please email them to Medical.Demographics@doh.wa.gov.

Collecting this data will help professional associations, hospitals, medical schools and other stakeholders identify physician and physician assistant practice patterns throughout the state. Due to the staggered two-year license renewal schedule, it will take two years for the Commission to collect responses and analyze the data. The data will identify physicians available for medical services in Washington, their specialty and the geographic areas they serve. Additionally, this data will help inform the U.S. Department of Health and Human Services in the workforce planning efforts related to the Affordable Care Act. The Commission made every effort to ensure the demographic survey matched the minimum data set selected at the federal level. The Commission plans to have the data available by April 2014.

Best regards,

Maryella E. Jansen
Executive Director

Commissioner Spotlight:

2013 Terms

The Medical Commission is taking this opportunity to recognize those Commission members whose terms expire in 2013.

Michael T. Concannon, JD
(Public Member-Seattle, term expires June 2013)

Michael Concannon is a public member of the Commission and practicing attorney. His limited practice

mostly involves pro-bono representation of immigrants who are referred through a non-profit legal assistance project. He was born and raised in Miami, Florida; his parents were Irish immigrants. He graduated with both a B.A. and J.D. from Catholic University of America in Washington, D.C. in the 1970's.

In the 1980's, Mr. Concannon worked in New York City and Dallas as counsel to commercial finance companies. For most years between 1993 and 2007, he was a contract attorney with the Washington Department of Health where he did occasional service as a Health Law Judge involving all the health care professions. In 1997, he spent most of the year in Latvia on a volunteer legal reform project for the American Bar Association. He met his Latvian wife, Gundega, at that time and they were married in 2000.

Susan Harvey, MD (District 7, term expires June 2013)

After delivering her first baby, Susan Harvey knew that Obstetrics was going to be a big part of her life. She began her medical career as a physician assistant in Family Practice, and worked both in Denver and for a Native Alaskan Corporation in Kodiak. She returned to medical school in the 80's and finished her residency in Obstetrics and Gynecology at the University of Washington. She has been Board Certified since 1992. She currently practices at Seattle OB Gyn Group, and delivers at Swedish Medical Center, First Hill. Her practice consists of a mix of both low and higher risk Obstetrics and she also enjoys her Gynecologic patients, from preconceptual counseling to menopausal issues. She also does office, outpatient and in-hospital gynecologic surgery.

After 10 years chairing the OB Gyn Quality Assurance committee at Swedish, she applied and was then appointed to MQAC in 2005. She has found the experience to be both challenging and rewarding, and particularly appreciates the broad depth of expertise and dedication from the staff and fellow Commissioners. This experience has really helped her be a better practitioner.

Ellen J. Harder, PA-C (Physician Assistant, term expires June 2013)

Ellen Harder began her medical career working in an orthopedic office as the receptionist. However, her interest has always focused on the medicine and eventually she convinced the supervising physician to take her on as a PA in training. It was mid-1970 and at that time the

Oregon State Medical Board allowed informal training programs for PAs. Two years later she was licensed in Oregon as an Orthopedic PA but soon realized the need for more training. Ellen attended MEDEX NW and on graduation decided Family Medicine was her future. After three Family Medicine jobs, she joined the faculty of the MEDEX NW program and retired 12 years later. Between the Orthopedic, Family Practice and Faculty experience, Ellen has been in medicine for over 35 years.

Governor Gary Locke appointed Ellen to the Medical Commission in 2004 to finish out the term of a previous PA. This seemed to be a wonderful opportunity to give back to the profession. She has found the Commission interesting and challenging and served as Public Policy Chair for three years, which included serving on the Executive Committee.

Dr. Chelle Moat, a past chair, encouraged Ellen to apply for the seat on the National Commission of Certification of Physician Assistants with the Federation of State Medical Boards (FSMB). She is currently in her sixth year on that board, which has allowed her to be active with FSMB. Ellen considers it to have been an honor to serve on two committees for the FSMB and contribute to the profession of physician assistant on a national scale.

Since retiring from the University of Washington, she returned to Family Practice part time, primarily in a small rural health clinic in Belfair. She also volunteers at the Pierce County Juvenile Court as a Court Appointed Special Advocate (CASA), which she considers a fascinating and very worthwhile volunteer activity.

Mark L. Johnson, MD (District 2, term expires June 2013)

Dr. Mark Johnson grew up in Mount Vernon, Washington. After high school, he attended Yale University and pursued his medical degree from the University of Washington. He conducted his five year general surgical training in Seattle from 1974-1979, after which he returned to Skagit Valley Medical Center to practice with his father. Dr. Johnson has served on the Commission since 2008.

Mark has been married to his wife Jeanne for over 40 years and enjoys the benefits of having his three children and three grandchildren living nearby. In his free time, Mark takes part in fishing, skiing, racquetball, and water skiing. He also enjoys sculling through the early spring and fall at Big Lake.

Demonstrating Competency

*George Heye, MD
Medical Consultant*

It was a routine flight from Athens to Rhodes until the white knuckle approach. In spite of the violent wind skewing and tossing the 727 on the approach the captain slammed the wheels firmly to the ground and the grateful passengers drowned the engine scream with applause. Thank God, I thought, for Boeing and for whoever was at the controls.

Not so many years later I went under the knife to remove a growth that was threatening a vital organ. I nodded routinely as the surgeon rounded off the pre-op bad things can happen list with bleeding, paralysis, and death. When I woke up in the ICU full of donor blood and doing my best imitation of a Borg, I thanked God again for someone's excellent training and skill.

Recently I asked my retired 747 pilot brother how often did the company make you go back for testing, training etc. When flying as a second officer, he answered, we had to check out in the simulator every year. When flying as first officer, every six months. Every six months.

Time was when a doctor got through a post Flexner medical school and passed the licensing examination he was good to go for as long as he paid his license fees and stayed out of trouble with the state's Medical Board. In 1908, the specialty board concept was proposed as a way of confirming the extra training and skill of a doctor claiming to be a specialist. In 1933, four specialty boards and a group of other medical associations established an Advisory Board (the forerunner of the American Board of Medical Specialties (ABMS)) to oversee the examinations and certifications of the then existing boards. At that time obtaining certification was a onetime event and was for life. For life.

The Achilles heel of that position was not lost on the doctors involved in the certification process. By 1936 they were discussing re-registration at stipulated intervals, but only discussing it. In 1940 the Commission on Graduate Medicine published a report which contained the following:

“Many persons argue that certification of a specialist indicates that he is up-to-date and competent at the time of examination but that does not prove that he continues indefinitely thereafter to be competent and aware of all important new knowledge in his field. This is obviously true and, as the certifying Boards become established and

as they complete the examination of the large group of physicians already practicing the specialties, they may find it desirable to issue certificates that are valid for a stated period only.”

Scroll ahead to 1969. The Family Practice and Internal Medicine Boards adopted policies on recertification. The process was mandatory for the family practitioners but optional for the internists. As the years passed more and more ABMS Boards mandated time limited certification, the last Board coming on-line in 2006. Most Boards chose a certification cycle of ten years with a few (Family Medicine, Ob/Gyn, Pediatrics) opting for shorter cycles. Between 2000 and 2010, all Boards initiated programs that would demonstrate the continuing competency of their members. Those programs however, remained optional for the doctors holding lifetime certificates.

Historically, state medical boards screened and licensed applicants with their own examinations. About forty years ago, national examinations became the norm and states welcomed a system that was reliable, secure, impartial, and relatively inexpensive. In recognition of the growing complexity of medicine and the value of ever expanding specialization, the states gradually wrote into their licensing laws additional years of required training. The Boards however never made ABMS certification a requirement for licensure thus creating a two-tier system of certified and non-certified doctors. Legislatures direct Medical Boards to assure continuing competency. Just how they are supposed to do that in a system they only partially control is left up to each Board.

Boards have a fairly limited tool kit: licensing requirements, continuing education, policies, and reactive discipline. It is reassuring when a doctor comes on line with an ABMS certification. But what if that certification is expired? Also what should a Board do with a doctor holding a lifetime ABMS certification that has chosen not to attempt a recertification exam, even if failing the exam would not jeopardize the certification? And what about the doctor who has never held ABMS certification, who may have been licensed a few or many years, and who to a Board's knowledge has never been tested in any objective manner since becoming licensed? Should a Board continue to renew a license not knowing what a doctor is currently doing or what is his current skill level?

To a large degree Medical Boards depend on the professionalism of licensed doctors to self regulate, especially through peer review in hospitals, large employer organizations, practice groups, medical societies, and

other voluntary groups such as surgical outcomes groups. This varied peer network however can still miss the isolated or solo practice doctor who has no hospital privileges, or the doctor who has a license but is no longer clinically involved with patients.

It is now seventy years since the Commission on Graduate Education addressed the desirability of limited certifications. Medical Boards are in a political and economic climate keen on efficiency and accountability. For some years now many doctors and educators have been addressing revalidation at the national level. Still a work in progress, an initial blueprint proposes self-directed CME, objective testing every so many years, and actual practice improvement reviews which include patient feedback. The ABMS with its maintenance of certification programs has already developed the medical equivalent of a flight simulator. How well revalidation programs fit the disparate groups both in and outside the ABMS purview remains to be seen.

Not all physicians are welcoming of this move towards a mandatory revalidation. Concerns are the time expended in preparation, the cost, the relevancy of the examination to the individual doctor's practice, and fear of failure. On the other hand, clinical skills tend to decline over time, most physicians do not examine their own performance data, and, as designed, revalidation can demonstrate where a doctor's practice might improve. The fact that such a mandatory process does not already exist would probably come as a surprise to many outside the profession.

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Medical Commission Wins National Excellence Award

The Washington State Medical Commission has been recognized by the Administrators in Medicine (AIM) organization for its educational efforts. The award recognizes the efforts put forward by the Commission in response to the legislatively mandated pain rules regarding long acting opioids and chronic non-cancer pain. The Commission developed many tools that are available online for the patient, provider, and legal sectors.

The award, Best of the Boards 2012, will be accepted by Dr. Pattison, Chair of the Commission and Maryella Jansen, Executive Director at the AIM awards ceremony in Fort Worth on April 25, 2012.

NOTICE OF RECRUITMENT

The Department of Health (DOH) is currently accepting applications to fill 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 congressional district openings listed below are based on the final redistricting plan approved by the Washington State Redistricting Commission on January 1, 2012. The Commission has openings for:

- One physician representing Congressional District 2
- One physician representing Congressional District 6
- One physician representing Congressional District 7
- One physician representing Congressional District 8
- One physician at-large

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 on the Commission, along with a link to the governor's application is available on the Commission's website at <http://www.doh.wa.gov/hsqa/MQAC/members.htm>. Applications, along with a current resume must be received by April 20, 2012.

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

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: <https://bit.ly/WADoHcredsearch>

The Washington Physician Health Program and You

*Gary D. Carr, MD, FAAFP, FASAM
Medical Director WPHP*

It is an honor to have been selected as Medical Director of the Washington Physician Health Program (WPHP). Having worked in this field for 15 years I am acquainted with most of the state physician health programs nationally, and am pleased to report to you that WPHP is continually recognized as an exemplary program. Much of that success is due to the outstanding work of my predecessors, Drs. Lynn Hankes and Mick Oreskovich. Our success is also a result of the vision, leadership, and proactive stance of the Medical Quality Assurance Commission, the Washington State Medical Association and our other stakeholders.

State Law requires all licensed professionals to report a colleague if there is concern regarding “impairment” – the inability to practice with reasonable skill and safety. One’s duty to report is met by contacting either the Medical Commission or WPHP. WPHP hopes you’ll make that referral to us. We are available to Washington Physicians (MD and DO), Physician Assistants, Podiatrists, Dentists, and Veterinarians. Our program assists with all potentially impairing illnesses including alcohol and substance use disorders; psychiatric illnesses; behavioral issues; stress and burnout; cognitive deterioration; and some physically impairing issues.

Our mission is to help our fellow professionals through formal evaluation, treatment, monitoring, and earned advocacy, and I am pleased to report we have a very successful track record. For instance, 82% of the professionals with addictive illness under contract with WPHP complete five years of monitoring without relapse. For those that do have a brief relapse, 75% have only one.

The American Medical Association has said that at some point in their career as many as 30% of physicians may have a potentially impairing illness. The goal of WPHP is to assist our colleagues with illness before its inevitable progression to overt “impairment.”

WPHP is partially funded through a surcharge on medical license renewal fees, and we are available for any individual with concerns that a practitioner may be in need of assistance. Please call on us should you have questions about WPHP and its services or need a CME program on physician health. If you are concerned about a colleague, please call. Staff members are available for confidential referrals. Your call may save a career – more importantly, it may save a life.

Commission Care Reports: Proper Use of the Electronic Medical Record

*Bruce Cullen, MD
Physician at Large*

Poor medical record keeping by physicians is a common issue confronted by the Commission. Until recently, disciplinary actions usually revolved around records, which were incomplete or illegible. Nowadays, practitioners are increasingly relying on the electronic medical record (EMR). The EMR permits recording of clinical notes that are legible and generally more complete. That is good. However, physicians must be careful not to misuse this technical innovation.

One example of misuse of the EMR is to have all entries in the report of a physical examination automatically filled out, or “pre-populated”, with expected (normal) results. The theoretical intent is to permit the physician to change only those fields where abnormal findings were observed. However, the implication from use of pre-populated entries is that the physician did, indeed, perform all steps in the physical exam. The physician should only make entries for those aspects of the exam that were actually performed. If the physician did not perform a part of the examination where a field has been “pre-populated”, that becomes a false and misleading record and, if the physician consequently is being excessively compensated by patients and/or third-party payers as a result of this information, that could be considered fraudulent.

Another example of misuse of the EMR is to “cut” and “paste” information from one patient visit to another. The Commission has observed that some physician’s notes on the EMR appear to be identical from one patient encounter to the next. It is impossible to determine what, if anything was unique to a particular patient visit.

The use of the EMR to generate information about events that do not reflect actual examinations, observations, and verbal discussions with patients, or events that do not represent services rendered specific to a patient visit, is a violation of the standard of care and could result in disciplinary action by the Commission.

Contact Dr. Carr and WPHP

800-552-7236
gcarr@wphp.org
www.wphp.org

Administrative Actions: October 1, 2011 – December 31, 2011

Below are summaries of interim suspensions and final actions taken by the Commission last quarter. We did not list Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders. You can find all orders using the provider credential search tool: <https://bit.ly/WADoHcredsearch>.

Formal Actions

Allen, Paul L., MD (MD00009164) (Kenmore, King County, WA)

Findings of Fact, Conclusions of Law and Final Order (Waiver of Hearing). Respondent is unable to practice with reasonable skill and safety due to a mental condition. After Respondent waived his right to a hearing, the Commission suspended Respondent's license to practice medicine in the state of Washington. November 18, 2011.

Buekers, Karl S., MD (MD00048008) (FL)

Findings of Fact, Conclusions of Law and Final Order (Waiver of Hearing). Respondent was placed on probation by the California Medical Board after prescribing medication via the Internet without an appropriate medical examination or medical indication. After Respondent waived his right to a hearing, the Commission suspended Respondent's license to practice medicine in the state of Washington. November 18, 2011.

Chen, Louis C., MD (MD60201014) (Seattle, King County, WA)

Findings of Fact, Conclusions of Law and Final Order of Default (Waiver of Hearing). Respondent was arrested and charged with aggravated first degree murder. After Respondent waived his right to a hearing, the Commission suspended Respondent's license to practice medicine in the state of Washington. November 16, 2011.

Eagan, Susan J., MD (MD00049436) (Poulsbo, Kitsap County, WA)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order. Respondent had a social relationship with a patient, prescribed narcotic pain medication to the patient, failed to keep records of her treatment of this patient, and self-prescribed controlled substances. Respondent agreed to a probationary period during which she will practice in a Commission-approved setting such as an office-based group setting, hospital setting or a

multiprovider practice setting, take a boundaries course, and submit to monitoring. October 19, 2011.

Informal Actions

Barchiesi, Robert MD (MD00020428) (Steilacoom, Pierce County, WA)

Stipulation to Informal Disposition. Respondent allegedly failed to conduct a physical examination appropriately and spoke to patients in a way that embarrassed patients. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will use a chaperone when examining female patients in any state of undress, complete a course on boundaries, record-keeping, and submit to chart audits. December 7, 2011.

Bunin, Alan MD (MD00010954) (Bellevue, King County, WA)

Stipulation to Informal Disposition. Respondent allegedly failed to maintain a medical record for a patient. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will keep contemporaneous and legible medical records and retain such records for ten years from the patient's last visit, complete a CME course on record-keeping, and submit to chart audits. November 17, 2011.

Brown, Daniel M., MD (MD00041952) (Olympia, Thurston County, WA)

Stipulation to Informal Disposition. Respondent allegedly violated drug laws. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will maintain compliance with the WPHP. November 17, 2011.

Finnerty, Robert U., MD (MD00019475) (Tacoma, Pierce County, WA)

Stipulation to Informal Disposition. Respondent allegedly failed to conduct appropriate PSA tests on a patient. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete CME courses on benign prostatic hyperplasia and prostate cancer diagnostics, write a paper, and submit to chart audits. November 17, 2011.

Johnson, Ellis W., MD (MD00023663) (Kalama, Cowlitz County, WA)

Stipulation to Informal Disposition. Respondent allegedly failed to maintain an adequate medical record of a patient. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will keep legible and complete medical records, use a SOAP charting format, maintain a log of medication samples he provides, complete a CME course on record-keeping, and submit to chart audits. November 17, 2011.

Khurana, Rahul MD (MD00046271) (ID)

Stipulation to Informal Disposition. Respondent allegedly entered into a Stipulation with the Idaho State Board of Medicine requiring Respondent to undergo a drug and alcohol evaluation and comply with recommendations. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will maintain compliance with the WPHP. November 17, 2011.

Melamed, David M., MD (MD00031564) (NM)

Stipulation to Informal Disposition. Respondent allegedly entered into an Order with the New Mexico Medical Board in which he acknowledged making false statements regarding his service in the Navy, and regarding academic positions and achievements. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete an ethics course and notify and appear before the Commission if he intends to practice in Washington. November 17, 2011.

Qureshi, Mohammad Z., MD (MD00009965) (AZ)

Stipulation to Informal Disposition. Respondent allegedly surrendered his license to practice medicine in the state of Arizona. Respondent does not admit to unprofessional conduct. Respondent agreed to surrender his license to practice medicine in the state of Washington. November 17, 2011.

Silbergeld, Janet J., MD (MD00029009) (Seattle, King County, WA)

Stipulation to Informal Disposition. Respondent allegedly performed a wire-guided surgical biopsy in the wrong site of a patient's breast. Respondent does not admit to unprofessional conduct. Respondent agreed to a

probationary period during which she will keep submit a written protocol designed to prevent wrong-site wire-guided biopsies, write a paper, and submit to chart audits. November 17, 2011.

Definitions:

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.

Health Advisory: Unintentional Overdose Deaths Associated with Methadone and Other Opioids

Washington is among those states with the highest rate of opioid-related deaths in the U.S. This now exceeds both motor-vehicle accidents and firearms as the leading cause of injury-related deaths. Prescribers need to be aware of the potential for death and life threatening side effects in patients taking methadone, morphine, fentanyl, oxycodone and other opioids. Healthcare providers need to be knowledgeable about the specific opioid's indication, dosing, pharmacology, pharmacokinetics and toxicities before prescribing these dangerous drugs.

At the direction of Washington Medicaid's Drug Utilization Review Board, the Health Care Authority and the Department of Labor and Industries have produced an advisory statement recommended for all prescribers of long acting opioids with special attention on Methadone available at: <http://go.usa.gov/UAS>.

Legislator Profile: Rep. Eileen Cody

Representative Eileen Cody has served the Washington State House of Representatives since 1994 as the representative from District 34. Her legislative priorities are assuring quality care and access to health care for all Washingtonians, protecting workers' rights, creation of family wage jobs, and ensuring quality public education for all Washington's youth. Rep. Cody is the current Chair of the House Health Care and Wellness Committee and serves on the House Ways and Means Committee and the Health and Human Services Appropriations Committee.

Eileen moved to Seattle in 1978 after completing her Associate in Nursing in 1976 from the College of Saint Mary and her Bachelor of Science in Nursing in 1977 from Creighton University. She is a registered nurse who specializes in rehabilitation at Group Health Cooperative, where she has been employed since 1978. Eileen is involved with many community activities including:

- Multiple Sclerosis Association – Advisory Board Member
- Association of Rehabilitation Nurses – Former Washington State President
- International Organization of MS Nurses
- National Academy for State Health Policies
- Women's Political Caucus

Eileen lives in west Seattle with her husband Tom, an architect, their dog Jolly, and two cats.

Bills impacting healthcare in Washington State

[HB 1311](#) Improving health care in the state using evidence-based care.

[HB 1595](#) Regarding graduates of foreign medical schools.

[HB 2493](#) Concerning the taxation of cigarettes and other tobacco products.

[HB 1183](#) Regarding institutions of higher education prohibiting hospitals or physicians from entering into agreements to provide clinical rotations or residencies to certain medical students.

[HB 1099](#) Regulating certain dental professions.

[HB 2475](#) Regarding the scope of practice of health care assistants.

[HB 1286](#) Creating the medical flexible spending account.

[HB 1103](#) Concerning health professions.

[HB 1637](#) Creating the revised uniform anatomical gift act.

Citizens Advocacy Center Annual Meeting

Mike Farrell, JD
Legal Unit Manager

I attended the annual meeting of the Citizen Advocacy Center in Washington, DC, on October 20-21, 2011. The CAC is a non-profit organization dedicated to supporting public members serving on health care boards. The focus of the conference was improving the process for disciplining health care providers. There was strong emphasis on making the process more transparent, providing more information to consumers, and increasing consumer participation in what is seen as a confusing and complex disciplinary process.

Lisa McGiffert of Consumer's Union, which publishes Consumer Reports, gave the keynote address. She said Consumers Union has a "Safe Patient Project," that aims to provide consumers with more information on health care providers and hospitals. They seek to increase accountability and transparency and provide information on hospital infection rates, medical errors and drug safety.

Other speakers repeated the theme that there is a strong movement to provide more information to consumers about the work of state medical boards and the health care system in general. Several states reported on efforts to become more consumer-friendly.

The Medical Commission has a strong commitment to accountability and transparency in the disciplinary process:

- In 2009, the Commission made its orders more clear and transparent by including a section on the Commission's analysis of the sanction guidelines
- The Commission disseminates its legal actions via a listserv, in this newsletter, and on the Department of Health web site
- Commission meetings are open to the public and its investigative files are public records
- The Commission takes public comment at its committee meetings and now accepts public comment at business meetings
- The Commission is currently reviewing its communication with complainants and licensees, and is exploring additional ways to become more transparent and consumer friendly

When is a Health Care Provider Required to Report another Health Care Provider?

Mike Farrell, JD
Legal Unit Manager

Washington law requires a health care provider to report another provider to the Department of Health when he or she has actual knowledge that:

- There is a gross misdemeanor or felony conviction in a criminal proceeding;
- There is a final decision by a health care institution, employer, health care service contractor, disability insurer, professional review organization, civil court, or other governmental agency that a license holder has committed unprofessional conduct; or
- The other health care provider may not be able to practice the profession with reasonable skill and safety due to a mental or physical condition. If there is no patient harm, the report may be made to an approved impaired practitioner program instead of the department.

A healthcare provider is also required to self-report whenever one of those conditions occur, plus whenever he or she is disqualified from participation in the federal Medicare or Medicaid program.

All reports must occur within 30 days of actual knowledge of the information that must be reported.

A health care provider does not have to report when he or she is:

- A member of a professional review organization as provided in WAC 246-16-255;
- Providing health care to another provider and that person does not pose a clear and present danger to patients; or
- Part of a federally funded substance abuse program or approved impaired practitioner or voluntary substance abuse program and the health care provider is participating in treatment and does not pose a clear and present danger to patients.

Though not mandated by law, the Medical Commission encourages physicians and physician assistants to report a concern about another health care provider's conduct that does not involve a criminal conviction or a final decision by any entity listed above. For the full text of the law, please see [WAC 246-16-200 to 270](#).

Reminder: Prescriptions Must Have Two Signature Lines

The Commission wishes to remind practitioners about the law regarding signatures on prescriptions. [RCW 69.41.120](#) requires:

- All written prescriptions shall have two signature lines at opposite ends on the bottom of the form. Under the line at the right side shall be clearly printed the words "DISPENSE AS WRITTEN". Under the line at the left side shall be clearly printed the words "SUBSTITUTION PERMITTED".
- The practitioner must communicate instructions to the pharmacist by signing the appropriate line.
- For oral prescriptions, the practitioner or the practitioner's agent must tell the pharmacist whether a therapeutically equivalent generic drug may be substituted.

Pharmacy Board inspectors have found a significant number of prescriptions--many generated electronically--lack two signature lines. The Commission urges physicians and physician assistants to ensure that clinics, particularly those using EMRs, comply with this requirement. A pharmacist may refuse to fill a prescription that does not meet these requirements.

New Commission Website

Beginning May 2012 the Washington State Department of Health will be launching a redesigned website.

- This redesign will have the Medical Commission content organized under the Licenses section.
- This process has given the Medical Commission the opportunity to organize its information in a more logical format.
- If you are having trouble locating our information, please [email](#) or call: 360-236-4700.

Medical Commission Vital Statistics

- The Commission is currently participating in a 5-year pilot project to measure performance and efficiency.
- 21 members: 13 MDs, 2 PAs, 6 public members.
- 39 staff, \$11M biannual budget.
- The Commission currently licenses 28,797 physicians and physician assistants.
- 90% of investigations completed on time in 2010.
- Reduced investigative aged-case backlog by 75%.
- Reduced legal aged-case backlog by 50%.
- Followed legislatively-mandated disciplinary sanction rules in 99% of disciplinary orders.

Actions in Fiscal 2011

- Issued 2540 new licenses
- Received 1164 complaints/reports
- Investigated 731 complaints/reports
- Issued 84 disciplinary orders
- Summarily suspended or restricted 13 licenses
- Actively monitoring 171 practitioners

Policy Corner

At the February 24, 2012 Business Meeting the Commission approved the following policies:

- MD2012-01 – Practitioners Exhibiting Disruptive Behavior (new)
- MD2012-02 – Complainant Request for Reconsideration – Closed Cases (revised)
- MD2012-03 – Complainant Opportunity to be Heard Through an Impact Statement (new)
- MD2012-04 – Reducing Medical Errors: Developing Commission Case Studies for Hospitals and other Entities (new)

To view the most current policies and guidelines for the Commission, please visit our website:

<http://1.usa.gov/MQACpolicies>

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 will be updated quarterly on the Commission website and may be found at the following web address:
<http://1.usa.gov/RecentMDPA>

Medical Commission Meetings 2012–2013

Date	Activity	Location
April 5-6, 2012	Regular Meeting	Puget Sound Educational Service District (PSESD) Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057
May 17-18, 2012	Regular Meeting	Department of Health (DOH) – Point Plaza East 310 Israel Rd Rms 152/153 Tumwater, WA 98501
June 28-29, 2012	Regular Meeting	PSESED
August 22-24, 2012	Workshop	Capitol Event Center ESD 113 6005 Tyee Dr. SW Tumwater, WA 98512
October 4-5, 2012	Regular Meeting	PSESD
November 15-16, 2012	Regular Meeting	DOH
January 10-11, 2013	Regular Meeting and WPHP Report	PSESD

Other Meetings

Federation of State Medical Boards	Annual Meeting April 26-28, 2012	Fort Worth, TX
Washington State Medical Assoc.	Annual Meeting Sept. 15-16, 2012	Tacoma, WA

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/Renewals:	A-L	360-236-2765
	M-Z	360-236-2767
Continuing Education:		360-236-2766
Complaints:		360-236-2762
Complaint Form:		http://bit.ly/MDPAcomplaints
Discipline:		360-236-2764
Investigations:		360-236-2770
Fax:		360-236-2795
E-mail:		medical.commission@doh.wa.gov
Demographics:		medical.demographics@doh.wa.gov
Website:		http://doh.wa.gov/hsqa/MQAC
Public Disclosure:		PDRC@doh.wa.gov
Provider Credential Search:		https://bit.ly/WADoHcredsearch
Listserv Sign-up Links:		
Minutes and Agendas:		http://bit.ly/MQACminutes
Rules:		http://bit.ly/MQACruleslist
Legal Actions:		http://bit.ly/MQAClegal
Newsletter:		http://bit.ly/MQACnewsletters

Medical Commission Members

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

Bruce J. Andison, MD
 Leslie M. Burger, MD
 Athalia Clower, PA-C
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 Ellen J. Harder, PA-C
 Susan M. Harvey, MD
 Frank M. Hensley
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 Peter K. Marsh, MD
 Linda A. Ruiz, JD
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