



## Message from the Chair

The Medical Commission was recently honored by Administrators in Medicine at their annual meeting in Fort Worth, Texas. Maryella Jansen, Executive Director, and I had the privilege of accepting the Best of Boards award on behalf of the Commission. This award was given for the pain rule education package implemented by the Commission, which corresponded with the pain rules effective January 2, 2012.

We also had the opportunity to give a brief presentation on the highlights of our work. This work was well received by other boards and commissions and we had ample opportunity to network and dialogue with regulatory groups that are considering the development of their own state pain rules. I can assure you that the role of Washington State as a leader in the effort against opioid abuse is well recognized by influential figures on the national landscape. The meeting gave us ample opportunity to network with members from other boards and commissions, particularly in our region, but with members from all around the country as well.

Your Medical Commission was well represented at the Centennial meeting of the Federation of State Medical Boards (FSMB) meeting held in April in Texas. I attended along with Commissioners Ellen Harder, PA-C, Bill Gotthold, MD, Les Burger, MD, Maryella Jansen, Executive Director, Mike Farrell, Legal Manager and Micah Matthews, Research and Education Manager. The history and accomplishments of the Federation were celebrated in a festive, professional, and educational atmosphere.

Areas of educational focus ranged from the latest on the MCAT, medical school education, graduate medical education, maintenance of certification, preventing fraud abuse in CMS, opioid use and efforts at reducing deaths on a national level. On this last point, the attendees were

addressed by the Director of the Office of National Drug Control Policy, Gil Kerlikowske. We had the opportunity to meet privately with Director Kerlikowske and update him on our efforts in Washington State and share our recent award. He expressed his appreciation for the update and was pleased by the progress made by his former home state.

We had the additional opportunity to meet with the United States Surgeon General, Regina Benjamin, MD. This meeting represented a highlight for us, as Dr. Benjamin has been honored by multiple organizations, including the Holy See for her service to her community. In this meeting we shared our progress on the issue of opioid deaths and other issues of public health. Dr. Benjamin informed us of an upcoming initiative focusing on reducing youth access to prescription drugs, especially opioids. This message was reinforced by Director Kerlikowske in his address to the attendees.

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## Mission

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

We have received the first demographic surveys mandated by the legislature as part of the renewal process. Our response rate is well below what we had expected. I encourage you to take the time to complete the survey that you will receive with your license renewal notice. This information is critical as the state looks at work force needs into the future.

Our educational workshop will be held August 22 and 23 in Tumwater. Planning is being finalized and we are pleased with the program we will be presenting. Please see more detailed information in this newsletter on confirmed speakers and topics.

The Commission extends an invitation to any of you who would like to attend all, or a part of the workshop presentations. We encourage you at any time to attend a regular business meeting of the Commission to better understand the work we do and how we do it. We have had medical students, residents and fellows spend time with us this last year. It has proven to be a very valuable part of their education.

As many of you are aware in your personal practices, it is far too easy to exclusively look at internal issues and be neither aware or receptive to what is occurring outside of our particular part of the world. Just as being solely focused on one problem can lead to a misdiagnosis in the medical world, not opening up and reaching out can lead to poor business decisions at the Commission. To combat this, the Commission leadership and staff began an outreach program to other state medical boards, which we call Board to Board. This hour long phone conversation allows us to directly dialogue with others in our position who are typically facing similar issues despite their geographic or structural differences. With the program being underway for just under a year, we have conducted around 20 discussions, which have yielded valuable information. We are compiling this information, which we plan to make available once complete.

The staff is well settled in to our new work space in Tumwater as part of a Department of Health effort to consolidate and be more efficient. I want to share how proud I am of all that the staff has accomplished since the move. We continue to be busy with an increasing number of complaints. There were 173 in May alone. We remain committed and on track to perform intake and assessment of 100% of complaints within time lines. We all at the Commission are looking forward to summer and nice weather. We hope you will have the

opportunity to enjoy time away from busy practices and enjoy family, friends, and summer activities.

Sincerely,

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

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## Executive Director's Message

As of June 1, 2012 the Department of Health launched a redesigned and upgraded website. As part of this launch the Commission website has undergone a redesign as well. We are pleased with the results so far and hope that you will find the site easy to navigate, with the information you need readily available. The address for the Commission homepage ([www.doh.wa.gov/hsqa/mqac](http://www.doh.wa.gov/hsqa/mqac)) has not changed. However, all other web addresses have been changed in the process of this migration. If you have pages other than the Commission homepage bookmarked or favorited you will need to update your records

The structure and organization of the website has changed as well. By navigating to [www.doh.wa.gov](http://www.doh.wa.gov) you will notice a grey menu bar in the top half of the screen. By holding your cursor over the *Licenses, Permits, and Certificates* tab you will locate the pages for the Medical Commission. You will also notice that the Commission has four pages listed: Medical Commission, Medical Resources, Medical Licensing, and Commission Information. As part of the migration the pages for the Medical Commission were placed in these categories to help users better locate content.

In the old system a user would have to navigate to the Department of Health homepage, locate the Commission homepage and then the applications and forms page. Now a user can navigate directly to the licensing section of the Commission site from the Department of Health homepage. The new website will allow the Commission to be more responsive in its web presence and has already allowed us to provide more information about the work of the Commission to our web visitors. This was a large effort that spanned several months and we wish to thank the staff involved for their work and patience. If you have a question about the website or suggestion for content on the Commission web site, please let us know via email: [Medical.Commission@doh.wa.gov](mailto:Medical.Commission@doh.wa.gov).

Best regards,

Maryella E. Jansen  
Executive Director

## PA News

*Ellen Harder, PA-C  
Physician Assistant Member*

*Athalia Clower, PA-C  
Physician Assistant Member*

For PA's life is busy. Our schedules are packed with family, work, vacations, continuing medical education, reading materials, and other obligations. Although we are busy, we need to stay connected and involved in our profession's affairs. Legislation, policies, and regulations may be discussed, drafted, and even implemented, and often we are completely unaware. It is not because we do not care. It is because we are working hard taking care of our patients and because we are absorbed with labs, and work meetings. The PA members of the MQAC are taking advantage of this opportunity to communicate with our fellow PAs. We want to encourage you all to get involved in our work in your own community and at the State and Federal levels.

At the recent meeting of the Federation of State Medical Boards (FSMB) in Ft. Worth, Texas, there were two issues presented to the House of Delegates regarding Physician Assistants. The first was an amendment to the by-laws to allow the separate PA Boards to be affirmed as Affiliate Members of the FSMB. This passed without discussion.

The second issue was more controversial. A resolution was submitted to the House of Delegates by the Commission, to encourage all state boards to have a PA member with full privileges and power as the other members. This was robustly debated, but ultimately failed. Most of the discussion was around the difficulty and danger of opening the medical practice acts of most states. It was the first resolution on this subject to be presented to the House of Delegates and hopefully will rise again.

Dr. Humayun Chaudhry, DO, President and CEO of the Federation is very supportive and open to discussion with the National Commission on Certification of Physician Assistants (NCCPA) and American Academy of Physician Assistants (AAPA) as well as the current Physician Assistant Fellows. Katherine Adamson, PA-C, the NCCPA Director of External Affairs was a panel speaker on the Maintenance of Licensure at the FSMB meeting. This was well received.

The other highlight of the FSMB meeting was the presence of Regina Benjamin, MD, Surgeon General of the United

States. Admiral Benjamin has been a long time advocate of Physician Assistants and attended the PA Forum at the meeting. She has said many times, she would be unable to do what she does without the support of her PA. The Forum this year was the best attended in the history of the group. There were state board chairs and members with questions regarding PA issues in their own states. Ann Davis, PA-C of AAPA and Katherine Adamson, PA-C attended the forum as well. This was a very beneficial and exciting session.

On May 9<sup>th</sup>, Washington Association of Physician Assistants (WAPA) met with Medical Commission leadership in Tumwater to discuss issues relating to PA practice. The group agreed to establish a column for PAs in the quarterly newsletter and to continue to meet on a regular basis. This was a valuable and informative meeting.

We invite PAs to attend the Commission business meetings, enroll in the Prescription Monitoring Program (PMP), participate in the Pain Rules CME available on line, and stay informed about the AAPA and WAPA initiatives that are presented to legislators on our behalf.

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## Legislator Profile: Rep. Moeller

Representative Jim Moeller is the Democratic House representative for Washington District 49, a position he has held since 2002. He is currently Speaker Pro Tempore and serves on the Health Care & Wellness, Labor & Workforce Development, Rules, and Transportation Committees. Rep. Moeller earned his BS of Psychology from Washington State University in 1978. He then attended the Graduate School of Social Work at Portland University. He also attended the Mark Hatfield School of Government at Portland State University in 2000. He has worked as a Chemical Dependency Counselor with Kaiser Permanente for 27 years.

Rep. Moeller was instrumental in recognizing the dangers of opioids and their effect on Washington residents. His community of Vancouver was notably impacted by the operation of pain clinics that would later be investigated and shut down through the actions of the Department of Health. In response to the prescribing issues, Rep. Moeller helped pass ESHB 2876 in 2010, which required rule-making by five boards and commissions regarding the treatment of chronic noncancer pain with long acting opioids. The pain rule for the [Medical Commission](#) became effective January, 2 2012.

## **Social Media and the New Frontier: Rediscovering Medical Professionalism**

*Theresa J. Elders, LCSW  
Public Member, Colville*

*Micah T. Matthews, MPA  
Research and Education Manager*

In 1965, Gordon E. Moore proposed that the number of transistors inexpensively placed on a circuit board would double every two years, thus doubling the performance of the circuit. Considering that man had yet to walk on the moon, this claim was bold but valid, based on observation of data from 1958 through 1965. Eventually this became known as Moore's Law, with a slight reduction in the interval from 24 to 18 months for the doubling factor to occur.

Four years later man journeyed to the moon in a craft whose guidance computer held only 72 kilobytes of memory made from metal rings and a thin copper wire weaved between them. For comparison, the iPhone 4 base model which you use to navigate to a restaurant or to settle a debate at a social function, has 16 gigabytes of memory. Put in simpler terms, your map application is 200,000 times more capable than what the Apollo astronauts were using.

The evolution and convenience of technology in our lives cannot be overstated. Seven years ago most of us were using the Nokia brick or a Blackberry if our employers were forward thinking, and the public mind had yet to consider the idea of a touchscreen phone for everyone. Common video calling for business or personal use seemed outlandish at that time. Today we have Nokia desperately looking for a business partner, and Blackberry is very likely to go bankrupt in the next twelve months.

The abilities of the technology at our disposal often outstrip the existing infrastructure, whether that is cellular or hardline data connections. We are in the midst of an impressive expansion of capabilities and application in so many areas of life that the mind boggles when considering the rate of change in the last five years alone.

As with all advancements in convenience, there are new pitfalls, which present us with complex choices. It is rare to be present in these times of extreme evolution and at the same time be aware of the change, but here we are. Just as the task of navigating to the store has been reduced to a series of taps on a screen, so too is the ability to blur

the lines of professionalism when it comes to the physician-patient relationship.

In April of this year representatives of the Medical Commission attended the Federation of State Medical Boards (FSMB) annual meeting in Fort Worth, TX. One area of interest that was clearly shared by all attendees was the impact of social media and technology on every aspect of medical practice and also on medical regulation. Much of the discussion focused on current trends. In short, there are no hard rules yet. Applicants for the US Match are encouraged to delete their social media profiles completely to avoid any biasing in their placement. Many university students do this or change their names to Chinese symbols in efforts to fly under the radar that is Google during admission periods to medical school.

Attendees shared anecdotal stories from regulators and employers about boundary issues between patients and providers. The problem is not uncommon, and in many cases stems from issues of unfamiliarity with social media functional norms and problematic nomenclature. Just as one would not publicly "poke" a patient or "like" their swimwear or "share" a patient proclamation of needing mental help in a clinical exam setting, providers should be wary of doing the same actions in a social media setting.

Those examples aside, the news is not all negative. With advancements in technology and infrastructure come advancements that benefit both practitioner and patient. Radiologists have been benefiting from store and forward technology for decades. As a profession, real time diagnostic technologies, high definition video links, and even mobile video platforms for mentoring will become common experiences for many of you. In both the urban and rural areas these are daily tools that enhance and extend your practice.

These are great evolutions in care and accessibility, but they must be respected for both their power of utility and their power of destruction. Currently, the Medical Commission has an Internet use policy adopted in 1997. In 2012, FSMB released model guidelines on social media, which can be found [here \(http://fsmb.org/pdf/pub-social-media-guidelines.pdf\)](http://fsmb.org/pdf/pub-social-media-guidelines.pdf). While not focusing on the related subject of application in practice or telehealth, there are many examples given for determining proper use of social media as a medical professional. The Medical Commission encourages you to take the time to read and consider the model guidelines.

The FSMB asserts that it has developed its policy to

## The Washington Physician Health Program Report

By Gary Carr, MD  
Medical Director, Washington Physicians Health Program

### New ASAM and FSMB Policies Support MQAC Mission

Nearly forty years ago the American Medical Association (AMA) and the Federation of State Medical Boards (FSMB) called on individual states to develop programs to assist “impaired” physicians. Since that time, 46 states have developed Physician Health Programs (PHPs) and the remaining four are in the process of doing so. In 1990, state Physician Health Programs joined together to form the Federation of State Physician Health Programs (FSPHP). Since that time PHPs have continued to evolve and mature around the vitally important work they do, developing a mature infrastructure and stable funding sources while expanding the scope of their services. During the pioneering days of PHPs, all were focused on physicians with addictive illness. Today, 85% of state PHPs follow professional groups in addition to physicians. Additionally, programs now assist those with a number of potentially impairing illnesses including psychiatric illness (87%), problematic behavior resulting from personality disorders (75%), and sexual boundary issues (68%). PHPs also assist with evaluating cognitive disorders and physical disorders such as multiple sclerosis and chronic pain.

A natural and healthy tension can exist between state regulatory agencies and physician health programs. Regulatory agencies exist to license qualified professionals and protect the public. PHPs exist to support the early identification, evaluation, treatment, and monitoring of potentially impaired healthcare professionals thereby contributing to public safety while preserving valuable members of the medical community.

In the early days of PHP work the commonly used phrase used to refer to professionals with addiction or psychiatric illness was “impaired physician.” This unfortunately conveyed the message that illness is the same as impairment. It is not. That pejorative term has created a great deal of misunderstanding and caused significant problems for our colleagues in early recovery. We now recognize that “illness” and “impairment” exist on a continuum with the illness typically predating functional impairment, often by many years. The goal of PHPs is to intervene with colleagues before an illness becomes impairing. In addition, once a physician has been

appropriately treated, any functional “impairment” that existed should be resolved.

In recent years the American Society of Addiction Medicine (ASAM) has examined the issue of healthcare professionals with potentially impairing illness. In April 2011, ASAM adopted a set of 11 new public policies that define its position on such matters as: illness versus impairment; discrimination; coordination of care; credentialing; confidentiality; public disciplinary action; public safety; specialty boards and professional societies; and relapse. A 12<sup>th</sup> policy related to mandatory administrative and legal reporting requirements is in development. These policies bring together the knowledge that has been gained through thirty five years of work and experience with this population and are supported by well-designed outcome studies such as the study by Domino and colleagues of Washington Physicians Health Program clients and the Blue Print Study. Those interested may read ASAM’s Policies at their website by visiting <http://www.asam.org/advocacy/find-a-policy-statement/-in-Category/Categories/policy-statements/licensed-professionals-with-addictive-illness>.

Concurrent with the work accomplished by ASAM, in 2010 the Federation of State Medical Boards (FSMB) formed a task force of representatives from a number of state medical boards, evaluation/treatment professionals, and FSPHP physician health experts to update FSMB policies and make recommendations to state licensing boards on issues related to healthcare professionals with potentially impairing illness. The work of the task force culminated in the “Policy on Physician Impairment” adopted by the FSMB Board of Directors in April 2011. This new and important policy makes clear that the mission and goals of the FSMB, the FSPHP, the AMA, the ASAM, and the American Academy of Addiction Psychiatry (AAAP) align in many ways. The document makes a distinction between “functional impairment” and “potential impairment” and defines other commonly used terminology. The new FSMB policy is progressive in supporting confidential referrals and encourages boards to develop a non-disciplinary track for cases of potentially impairing illness that come to their attention. The policy maintains public safety as the paramount priority while supporting PHP goals of early identification, intervention, and effective evaluation and treatment with accountable monitoring and support. The policy defines state of the

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**Contact Dr. Carr and WPHP**

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[gcarr@wphp.org](mailto:gcarr@wphp.org)

[www.wphp.org](http://www.wphp.org)

## Commission Case Reports: Violations of Patient Privacy

*Bruce Cullen, MD  
Physician at Large*

A patient weighing 300 lbs. was admitted to a busy emergency room with complaints of shortness of breath. After examining the patient, the physician did not close the exam room door and crossed the hall to begin dictating her observations. The patient overheard the physician commenting on his obesity and considered the remarks disparaging and did not like them being made in public.

Another patient was being seen in a primary care clinic for symptoms of a urinary tract infection with a purulent vaginal discharge. A physician assistant saw the patient and verbally presented his findings to the supervising physician outside the exam room door, using the patient's name. The patient was offended that others may have heard of her problem.

In recent months a number of complaints have been submitted to the Commission regarding physicians who have allegedly violated patient confidentiality by discussing sensitive health care information within ear shot of non-medical personnel or other patients. The Commission views blatant violations of patient privacy as unprofessional conduct and may invoke disciplinary action.

The Commission understands that in today's production-based models speed and accuracy are emphasized. Nevertheless, practitioners should be sensitive to the privacy concerns of the patient when discussing patient care with other personnel. While no provider intentionally wants to disclose sensitive information, we must remember to safeguard the privacy of the patient to the best of our ability.

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## Save the Date: Annual Workshop

- **Who:** Medical Commission and the public
- **What:** Annual Educational Workshop  
Updates and Info: <http://go.usa.gov/v13>
- **When:** August 22 & 23, 2012 from 8am-5pm
- **Where:** Capital Event Center/ESD 113 in Tumwater
- **Why:** To educate the Commission and attendees on medical issues of local and national importance

## Administrative Actions: January 1, 2012 – March 31, 2012

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

### Formal Actions

Addison, John H., MD (MD00018359) (Mercer Island, King County, WA)

Stipulated Findings of Fact, Conclusion of Law and Agreed Order, January 12, 2012. Respondent permitted a physician licensed in another state, but not licensed in Washington, to practice medicine in his office. The Commission reprimanded Respondent and required him to develop a protocol designed to verify employees have appropriate licensure and write a paper explaining how his employment of the unlicensed physician violated state law. The Commission found that Respondent completed the terms of the Order and terminated the Order on April 5, 2012.

Chan, Alfred H., MD (MD00019718) (Lakewood, Pierce County, WA)

Findings of Fact, Conclusions of Law and Final Order of Default, January 6, 2012. Respondent failed to cooperate with an investigation. After Respondent failed to respond to a Statement of Charges, the Commission suspended Respondent's license to practice medicine in the state of Washington.

Garcia, Jose A. Jr., MD (MD00011694) (Tacoma, Pierce County, WA)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, February 23, 2012. Respondent failed to comply with a Commission order. Respondent agreed to a 30-day suspension followed by a probationary period during which he will comply with the Commission's rules governing office-based surgery, adequately supervise ancillary personnel, obtain the patient's consent to permit others to observe surgery, maintain adequate anesthesia records, and pay a fine.

Geier, Mark R., MD (MD60041602) (Maryland)

Findings of Fact, Conclusions of Law and Final Order (Waiver of Hearing), January 13, 2012. Respondent had his license to practice medicine in the state of Maryland suspended. After Respondent waived his right to a hearing in the state of Washington, the Commission suspended his license.

Johnson, Donald R., MD (MD00038058) (Coupeville, Island County, WA)

Findings of Fact, Conclusions of Law and Final Order of Default (Failure to Respond), January 13, 2012. Respondent closed his practice without informing patients or making arrangements to provide their medical records, failed to cooperate with the investigation, and physically assaulted his domestic partner. After Respondent failed to respond to a Statement of Charges, the Commission revoked Respondent's license to practice medicine in the state of Washington.

Lanzer, William L., MD (MD00022061) (Bellevue, King County, WA)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, January 12, 2012. Respondent violated a contract with the Washington Physician's Health Program. The Commission suspended Respondent's license.

Maul, Casey J., PA (PA10004310) (Brush Prairie, Clark County, WA)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, February 23, 2012. Respondent surrendered his license to practice as a physician assistant in the state of Oregon. Respondent agreed to a suspension of his license to practice as a physician assistant in the state of Washington.

Mockovak, Michael E., MD (MD00040602) (Renton, King County, WA)

Findings of Fact, Conclusions of Law and Final Order, March 31, 2012. Respondent was convicted by jury in King County Superior Court of the Crime of Solicitation to Commit Murder in the First Degree, Attempted Murder in the First Degree, Conspiracy to Commit Theft in the First Degree, and Attempted Theft in the First Degree. Following a hearing, the Commission permanently revoked Respondent's license to practice medicine.

Schubert, Ronald, MD (MD00038272) (Tacoma, Pierce County, WA)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, February 23, 2012. Respondent engaged in sexual misconduct and other boundary violations with a patient. Respondent agreed to a probationary period during which he his practice is restricted to male patients, take an ethics course, maintain appropriate boundaries with patients, enter into psychotherapy, submit to practice audits, appear before the Commission annually, and pay a fine.

Sonneland, John E., MD (MD00004987) (Spokane, Spokane County, WA)

Findings of Fact, Conclusions of Law and Final Order of Default, February 27, 2012. Respondent allegedly is unable to

practice with reasonable skill and safety by reason of a mental or physical condition. After Respondent failed to respond to a Statement of Charges, the Commission suspended his license to practice medicine in the state of Washington.

### **Informal Actions**

Akpamgbo, Jane F., MD (MD00042028) (Medical Lake, Spokane County, WA)

Stipulation to Informal Disposition, February 23, 2012.

Respondent allegedly prescribed medications via the Internet to persons whom she did not examine or interview and without keeping records. Respondent does not admit to unprofessional conduct. Respondent agreed to a 42-month probationary period during which she will take an ethics course, write a paper on the importance of establishing a physician-patient relationship prior to prescribing medication, and prescribe medication only to persons with whom she has first established a physician-patient relationship.

Austin, Wayne W., MD (MD00004528) (Bellingham, Whatcom County, WA)

Stipulation to Informal Disposition, January 12, 2012.

Respondent allegedly signed a two-year contract with Rite Aid Pharmacies agreeing to supervise 141 of Rite Aid's pharmacists pursuant to a collaborative drug therapy agreement, but did not monitor the pharmacists as was required. Respondent does not admit to unprofessional conduct. Respondent agreed to a practice restriction whereby he would not supervise pharmacists in the future, and would write a paper on the responsibilities of a physician supervising pharmacists.

Bramwell, Steven T., MD (MD00012900) (Kirkland, King County, WA)

Stipulation to Informal Disposition, February 23, 2012.

Respondent allegedly performed arthroscopic surgery on the wrong knee of a patient. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will engage in a root cause analysis and submit it to the Commission, submit written procedures to prevent wrong-site surgery, make a presentation to a peer group, and submit to practice reviews.

Cote, Cynthia L., MD (MD00026531) (Maple Valley, King County, WA)

Stipulation to Informal Disposition, January 12, 2012.

Respondent allegedly prescribed controlled substances for herself and treated family members without keeping records. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which she will not self-prescribe, not treat family members except in emergency situations, and will take a boundaries course.

Davis, Jason L., MD (MD00046375) (Puyallup, Pierce County, WA)

Stipulation to Informal Disposition, January 12, 2012. Respondent had pleaded guilty to the federal crime of accepting an illegal salary as an officer of the United States Government from an outside source. Respondent does not admit to unprofessional conduct. In his sentencing, the US District Court judge requested that the Commission recognize the federal sentence in determining Respondent's sanction. Respondent agreed to a probationary period during which he will take an ethics course.

Harris, Geoffrey W., MD (MD00019848) (Seattle, King County, WA)

Stipulation to Informal Disposition, January 12, 2012. Respondent allegedly misdiagnosed a patient with benign polymyalgia rheumatica instead of temporal arteritis, resulting in bilateral blindness. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will write a paper on PMR, an analysis of what he believed caused his misdiagnosis, and submit to practice audits.

Jones, M. Gwendolyn, PA (PA10004952) (Seattle, King County, WA)

Stipulation to Informal Disposition, January 12, 2012. Respondent allegedly wrote or called in prescriptions for friends and family members, none of whom were patients; worked without an approved practice plan, failed to cooperate with the investigation, and violated drug laws. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which she is restricted from treating family members except in emergency circumstances, and agree to take an ethics course, make a presentation to her peers, submit to practice reviews, and appear before the Commission annually.

Levy, William H., MD (MD00021325) (Seattle, King County, WA)

Stipulation to Informal Disposition, February 23, 2012. Respondent allegedly provided substandard care to a patient. Respondent does not admit to unprofessional conduct. Respondent retired from the practice of medicine and agreed to surrender his license.

Ortiz, Carlos G., PA (PA10001047) (Seattle, King County, WA)

Stipulation to Informal Disposition, February 23, 2012. Respondent allegedly had his employment terminated by the Pierce County Sheriff's Department for violating the Sheriff's Department Manual. Respondent does not admit to unprofessional conduct. Respondent agreed to surrender his license.

Peterson, Dale J., MD (MD00040686) (Walla Walla, Walla Walla County, WA)

Stipulation to Informal Disposition, February 23, 2012. Respondent allegedly failed to stabilize an emergent medical condition, cauda equina syndrome, in a patient in the emergency department. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete relevant CME and submit to practice audits.

Renna, Jeffrey C., PA (PA60133630) (Oregon)

Stipulation to Informal Disposition, February 23, 2012. Respondent allegedly prescribed medication to his former girlfriend without keeping a medical record and without notifying her primary care physician; prescribed medication in the name of his girlfriend, but took the medication himself; and threatened to retaliate against the complainant. Respondent does not admit to unprofessional conduct. Respondent agreed to a one-year probationary period during which he will take an ethics course, cause his supervisor to submit quarterly performance evaluations to the Commission, and appear before the Commission in one year.

Taylor, Lynn E., MD (MD00045190) (Florida)

Stipulation to Informal Disposition, February 23, 2012. Respondent allegedly touched female co-workers inappropriately. Respondent does not admit to unprofessional conduct. Respondent agreed not to practice medicine in the state of Washington, not to renew his license when it expires in September 2012, and to take a boundaries course.

Vance, David D., MD (MD60192684) (Graham, Pierce County, WA)

Stipulation to Informal Disposition, February 23, 2012. Respondent allegedly violated a drug law. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which must maintain compliance with a monitoring contract with the Washington Physicians Health Program.

Varnavas, Gus G., MD (MD00047726) (Yakima, Yakima County, WA)

Stipulation to Informal Disposition, February 23, 2012. Respondent allegedly abused alcohol. Respondent does not admit to unprofessional conduct. Respondent agreed to a five-year probationary period during which he will comply with a WPHP monitoring contract and appear before the Commission annually.

Williams, Daniel B., MD (MD00022823) (Alabama)

Stipulation to Informal Disposition, January 12, 2012.  
Respondent was disciplined in the state of Alabama.  
Respondent does not admit to unprofessional conduct.  
Respondent agreed to a probationary period during which he will submit quarterly reports of his compliance with the Alabama order, and comply with other requirements if he practices medicine in the state of Washington.

Wood, Sue M., MD (MD00011229) (Seattle, King County, WA)

Stipulation to Informal Disposition, January 12, 2012.  
Respondent's medical management of and medical recordkeeping for her patients allegedly were inadequate.  
Respondent does not admit to unprofessional conduct.  
Respondent agreed to surrender her license to practice medicine.

In the last newsletter, we incorrectly stated the allegations concerning a Respondent. The Respondent requested that we publish a corrected summary:

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

Stipulation to Informal Disposition, November 17, 2011.  
Respondent allegedly performed a single wire localization using the wrong side grid, thereby wire-localizing 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.

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.

## Commission Pilot Project and 1103 Performance Measures

As part of a legislative requirement, the Commission negotiated performance measures with the Department of Health. These measures covered everything from investigation and complaint timelines to tracking resources such as staffing and budget. The details of these measures can be found in the [Medical Commission Strategic Plan \(http://go.usa.gov/v1c\)](http://go.usa.gov/v1c). Some highlights are:

- 100 percent of licenses are approved and issued within 14 days of receiving all documents, with well over 95 percent of these being issued in two days or less
- 100 percent of complaints are processed within 21 days, with a majority being assessed in 14 days or less
- Over the last five quarters 87-95 percent of investigations have been completed below timelines
- Over the course of the pilot project the backlog of investigations over timelines has been eliminated
- Investigations over timelines make up less than two percent of open investigations
- Over the last five quarters 90-96 percent of legal cases have been completed below timelines
- Over the course of the pilot project the backlog of legal cases has been reduced by 26 percent
- Over the course of the pilot 99 percent of the orders issued by the Commission have conformed to the sanction schedule guidelines, which makes the discipline performed by the Commission clear and consistent
- The Commission has operated under budget for the entire duration of the pilot project

We encourage you to get involved by attending Commission meetings, speaking during the public comment periods, and contacting the Commissioner representing your [congressional district \(http://go.usa.gov/dFP\)](http://go.usa.gov/dFP). If you have questions please email them: [Medical.Commission@doh.wa.gov](mailto:Medical.Commission@doh.wa.gov)

### 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/VDT>*

encourage physicians to protect themselves from unintended consequences of such practices and to maintain the public trust by:

- Protecting the privacy and confidentiality of their patients
- Avoiding requests for online medical advice
- Acting with professionalism
- Being forthcoming about their employment, credentials and conflicts of interest
- Being aware that information they post online may be available to anyone, and could be misconstrued

In May 2012 the Medical Commission agreed to designate a committee to examine the FSMB recommendations and to work with its Policy Committee to determine whether the Commission should elect to adopt the guidelines for use in Washington State with physicians and physician assistants. The committee will include Richard D. Brantner, MD, Commission 1<sup>st</sup> Vice Chair, Theresa J. Elders, LCSW, Public Member, Micah T. Matthews, MPA, Research and Education Manager and Suzanne L. Mager, JD, Staff Attorney.

The Commission has received complaints in recent months pertaining to a number of alleged misuses of social networks including:

- Online misrepresentation of credentials on LinkedIn and other programs
- Inappropriate requests to “friend” on Facebook
- Solicitation of intimate partners on Craig’s List
- HIPPA violations
- Posting insulting, derogatory or demeaning comments on Facebook about former patients
- Inappropriate posting of photographs of patients undergoing surgical procedures
- Misleading advertising

Complaints received related to social media usage are reviewed, investigated and presented to Commission panels for determination, just as all allegations of violations of law.

Professionalism is defined as the competence or skill expected of a professional. Whether fair or not, medical professionals are expected to hold to certain boundaries with their patients. Patients will soon come to expect a standard of care utilizing emerging technologies for both convenience and efficiency. Video consults are rapidly gaining popularity in rural areas for the purposes of mental health visits and to simply determine if a trip into

town is needed for that odd looking diaper rash.

Facebook, Google+, YouTube, blogs and Twitter; all are being used by medical professionals for everything from establishing a web presence to promotion of a practice to acting as a medical resource to established patients.

Even with the changing nature of medical practice due to evolutions in technology, we must continue to look toward the future while dealing responsibly with the present. On May 25, nearly forty-three years after the Apollo moon landing, a privately built spacecraft docked with the International Space Station (ISS). This craft is powered by three redundant computer systems, each with computing capacity that is many millions of kilobytes more than what the Apollo mission possessed. It is no small surprise that the founder of the recent space effort comes from the social technology sector and rode its recent evolution to great success. While pleased with his company’s most recent effort to reach the ISS, he made it very clear that his goal is Mars, and not just a visit to prove we could get there.

What must be remembered is how we arrived in the present and how we will travel to the future. The answer is professionalism and maintaining that expected standard for the medical profession, regardless of platform or situation. Similarly, medical practitioners must adapt to the changing landscape of available technology, but realize that regarding the practice of everyday medicine, eventually we are headed to Mars and beyond. “Thrusters on full...”

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WPHP Report continued from page 5

art evaluation and treatment modalities for healthcare professionals and refers to FSPHP guidelines for effective PHP continuing care and monitoring services.

The FSMB new policy states, “**Boards and PHPs can support each other through developing relationships based on mutual respect and trust. When this occurs, the public benefits. A highly trained licensee who is safely rehabilitated is an asset to the medical community, the state and the public.**” Citizens of Washington State are fortunate to enjoy a system whereby the Medical Quality Assurance Commission and the Washington Physician Health Program have developed a highly effective and symbiotic relationship, as embodied by both ASAM and FSMB policies.

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## 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
- 37 staff, \$14.7M biannual budget
- The Commission currently licenses 28,797 physicians and physician assistants
- 99.8% of complaints processed on time in 2011
- 88% of investigations completed on time in 2011
- Reduced investigative aged-case backlog by 94%
- 87% of legal cases completed on time in 2011
- Reduced legal aged-case backlog by 26%
- Followed legislatively-mandated disciplinary sanction rules in 99% of disciplinary orders

### Actions in Fiscal 2011

- Issued 2540 new licenses
- Received 1430 complaints/reports
- Investigated 1025 complaints/reports
- Issued 84 disciplinary orders
- Summarily suspended or restricted 13 licenses
- Actively monitoring 171 practitioners

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## Policy Corner

At the May 17, 2012 Business Meeting the Commission approved no new policies:

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

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**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](mailto: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://go.usa.gov/dG0>

## Medical Commission Meetings 2012–2013

Date	Activity	Location
June 28-29, 2012	Regular Meeting	Puget Sound Educational Service District (PSESD) Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057
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	Department of Health (DOH) – Point Plaza East 310 Israel Rd Rms 152/153 Tumwater, WA 98501
January 10-11, 2013	Regular Meeting and WPHP Report	PSESD

## Other Meetings

Washington State Medical Assoc.	Annual Meeting Sept. 15-16, 2012	Tacoma, WA
Federation of State Medical Boards	Annual Meeting April 18-20, 2013	Boston, MA

*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](mailto:medical.commission@doh.wa.gov)

**Medical Commission Contact Information**

<b>Applications:</b>	A–L	360-236-2765
	M–Z	360-236-2767
	PA's	360-236-2771
<b>Renewals:</b>		360-236-2768
<b>Complaints:</b>		360-236-2762
<b>Complaint Form:</b>		<a href="http://go.usa.gov/dGT">http://go.usa.gov/dGT</a>
<b>Discipline:</b>		360-236-2764
<b>Investigations:</b>		360-236-2770
<b>Fax:</b>		360-236-2795
<b>E-mail:</b>		<a href="mailto:medical.commission@doh.wa.gov">medical.commission@doh.wa.gov</a>
<b>Demographics:</b>		<a href="mailto:medical.demographics@doh.wa.gov">medical.demographics@doh.wa.gov</a>
<b>Website:</b>		<a href="http://go.usa.gov/dGj">http://go.usa.gov/dGj</a>
<b>Public Disclosure:</b>		<a href="mailto:PDRC@doh.wa.gov">PDRC@doh.wa.gov</a>
<b>Provider Credential Search:</b>		<a href="http://go.usa.gov/VDT">http://go.usa.gov/VDT</a>
<b>Listserv Sign-up Links:</b>		
Minutes and Agendas:		<a href="http://go.usa.gov/dGW">http://go.usa.gov/dGW</a>
Rules:		<a href="http://go.usa.gov/dGB">http://go.usa.gov/dGB</a>
Legal Actions:		<a href="http://go.usa.gov/dGK">http://go.usa.gov/dGK</a>
Newsletter:		<a href="http://go.usa.gov/dGk">http://go.usa.gov/dGk</a>

**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
- Michael T. Concannon, JD
- Bruce F. Cullen, MD
- Jack V. Cvitanovic
- Theresa J. Elders, LCSW
- Thomas M. Green, MD
- Ellen J. Harder, PA-C
- Susan M. Harvey, MD
- Frank M. Hensley
- Bruce G. Hopkins, MD
- Mark L. Johnson, MD
- Peter K. Marsh, MD
- Linda A. Ruiz, JD
- Anjan K. Sen, MD
- Mimi Winslow, JD

**Washington State Medical Commission Newsletter–Summer 2012**  
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