

# Medical Quality Assurance Commission

# Update!

www.doh.wa.gov/medical

Vol. 6, Fall 2016

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## Message from the Chair

**Warren B. Howe, MD**

**Chair, Congressional District 2**

This being my first Update! column as Medical Quality Assurance Commission (the Commission) Chair, an introduction seems appropriate. My wife and I are originally from the East Coast, but have been happy Washingtonians for 45 years. After medical school at Washington University in St. Louis, a rotating internship in Philadelphia and three years as a Navy medical officer including time in Vietnam, I became one of the first residents in the then “new” specialty of Family Medicine at the University of Rochester. Looking for a climate similar to that in Western Scotland, where I’d been stationed on a submarine tender, we moved cross-country to Oak Harbor on Whidbey Island. There, for 21 years, I did full-spectrum family practice, including OB. I developed a strong interest in sports medicine and eventually moved to Bellingham and Western Washington University. For almost 20 years, I was the athletic team physician and a student health physician, practicing mostly musculoskeletal medicine. One interesting offshoot of my work in Bellingham was service on our county medical society’s grievance committee. Applying for appointment to the Commission seemed a logical extension of the grievance resolution work I did. Truthfully, I was a bit puzzled about what the Commission actually did, how it functioned, and how it related to my practicing colleagues. I was not appointed immediately, but shortly after my retirement from practice in 2011 my application surfaced again and I was appointed to an unexpired term in 2012, and then reappointed to a full term in 2015.

On joining the Commission I confronted a steep learning curve. Commission responsibilities and operations are defined in statute (RCW 18.71), amplified in rules (WAC 246.919-918), and follow policies and procedures that have evolved in response to those codes over the years; a new Commissioner must quickly understand it all. What I soon learned was that although one of the Commission’s duties, discipline, is highly visible (witness the section on “Legal Actions” in this issue of Update!), its other activities, which include licensing, rule-making and education, while less obvious, are probably of greater impact on the practice of medicine in our state. Relatively few physicians become the object of disciplinary activity, but all must be licensed, all are subject to rules and all benefit from explanations and education. In fact, a major Commission principle is that pursuit of those more obscure responsibilities, especially education, can reduce the need for disciplinary action.

The Commission is continually engaged in study of issues in medical regulation, seeking to improve its support of the profession while safeguarding the public. I recently reviewed and re-chartered the several committees and workgroups working under Commission auspices. These include: studying how physician/PA competence

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## Mission

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

can be most effectively and appropriately evaluated across the career spectrum; how equity in health care can be improved; how the public can better be made aware of and increase its engagement with Commission functions; and how evolving programs addressing the response to non-negligent medical errors, such as so-called Communication and Resolution Programs (CRP) may interface with the Commission's disciplinary work and ultimately promote greater patient safety. Recently, the Commission has evaluated and published guidelines on telemedicine, electronic medical records, use of opiates, reduction of medical errors, and communication with patients and families. Guidelines are reviewed repeatedly, with new ones added and obsolete ones updated or discarded as indicated. Every year, in October, the Commission sponsors a free educational conference touching on current issues in medical regulation, to which the public, and especially anyone reading Update!, is cordially invited. Those interested in delving into Commission activities in more detail, can visit the Commission's website at <http://go.usa.gov/xqq8x>. We understand and regret that navigating to, and within it is a bit difficult, but there is a lot of useful info there, once located. A goal during my term as chair is to inaugurate a much more robust and free-standing Commission website to further improve our abilities in communication and education as well as streamline the ability of the public to interact with the Commission.

As I assume the Chair, I am ever mindful of the Commission's outstanding staff. Their devoted efforts are responsible for the large quantity and high quality of work accomplished by the Commission. They see their work as more than a mere "job" and they simply cannot be thanked enough. Also, this "rookie" Chair is indebted to those who have preceded me, especially the immediate past Chair Dr. Michelle Terry and the former Chairs since my appointment to the Commission, Dr. Richard Brantner and Dr. Mimi Pattison. Their service has been dedicated and effective, with outstanding results, and I am humbled and challenged to stand in their footprints.

### Did you know?

You can complete your demographic census online!

The census is now required as part of your renewal process, but there is no need to wait until then to complete your census!

Please take a few minutes to complete the census so the workforce demographics is based on accurate data. Try it now: <http://go.usa.gov/2pkm>

## Executive Director's Report: Medical Commission - more than discipline. Melanie de Leon, JD, MPA Executive Director

When I tell practitioners that I work for the Medical Commission, I either get a quizzical look, followed by "Oh, and what do they do?" or a scowl, followed by, "All you people do is discipline". These responses tell me that most practitioners don't know much about us and for those that do, it was probably the result of a negative experience. I want to let you that the Medical Commission does more than discipline.

Aside from licensing all allopathic physicians and physician assistants in the state, we offer a host of other services, such as:

**Technical Assistance:** Did you know you can call with a question on the medical practice act? We are happy to help practitioners understand best practices in Washington.

**Speakers Bureau:** You can request the Medical Commission give a presentation at your event. We are happy to educate your audience on licensing, unravel the complaint process or discuss the rules or guidelines. We also attend association meetings to be available as a resource to the licensees.

**Annual Educational Conference:** We host an annual educational conference to discuss healthcare issues that interest patients and practitioners alike. This year's conference will be on October 6, 2016 at the Seattle Airport Marriott and is entitled,

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### Request a speaker from the Medical Commission

The Medical Commission actively conducts educational presentations around the state to educate the public and the licensees of Washington.

The Commission provides presentations to clinics, hospitals, training programs, medical societies, and other interested groups.

If you would like a speaker from the Medical Commission at your event or webinar, contact us!

Washington State Medical  
Commission Speaker's Bureau  
[Medical.Speakers@doh.wa.gov](mailto:Medical.Speakers@doh.wa.gov)  
Fax: 360-236-2795



“Reducing Medical Error through Understanding, Communication and Accountability”. You can receive 5 CME credits for attending this free conference (This activity has been approved for *AMA PRA Category 1 Credit*™). Register for it today at <http://goo.gl/OX6Pr1>!

**Guidelines and Interpretive Statements:** We publish formal guidelines and interpretive statements regarding issues that you may be facing, for example:

- If you use social media in or out of your practice – you may want to read our Professionalism and Electronic Media Guidelines MD2014-02.  
Link: <http://go.usa.gov/x2dcF>
- Communication was the root cause of 79 percent of sentinel events reported to the Joint Commission in 2015. Peruse our Guideline for Communication with Patients, Family, and the Health Care Team MD2016-04.  
Link: <http://go.usa.gov/xWqyC>
- If you authorize medical marijuana in your practice, check out our Medical Marijuana Authorization Guidelines MD2014-07.  
Link: <http://go.usa.gov/xDD7V>
- If you are using electronic medical records (and for that we sympathize), our Guideline for Physician and Physician Assistants’ Use of the Electronic Medical Record MD2015-09 may be helpful.  
Link: <http://go.usa.gov/x2dCH>
- If you are a PA and own a clinic, please read our PA Clinic Ownership Guideline MD2015-06.  
Link: <http://go.usa.gov/x2pST>

In all, the Commission has 19 published guidelines and statements.

**Rulemaking:** We make rules that help interpret and implement laws, such as:

- Use of laser, light, radiofrequency, and plasma devices as applied to the skin.
- Nonsurgical medical cosmetic procedures.
- Use of drugs or autotransfusion to enhance athletic ability.
- Sexual misconduct.
- Mandatory reporting.
- Pain management

You can find all of our rules in WAC 246-919 or at <http://go.usa.gov/x2dYd>

## Commission Rule-Making

### Daidria Underwood Program Manager

#### Suicide Prevention Training – Engrossed Substitute House Bill 1424

The CR-102 for allopathic physicians was filed with the Office of the Code Reviser on April 5, 2016 (WSR# 16-08-106) and the CR-102 for allopathic physician assistants was filed with the Office of the Code Reviser on May 4, 2016 (WSR# 16-10-106). These rule-making documents were filed pursuant to the requirements under Engrossed Substitute House Bill 1424 (Chapter 249, Laws of 2015), that require allopathic physicians, allopathic physician assistants and other health care providers to complete a one-time training in suicide assessment, treatment, and management to help lower the suicide rate in Washington State. The CR-102 hearing for allopathic physicians was held May 11, 2016. The draft rule language was not approved at that time. Supplemental CR-102s for both allopathic physicians and physician assistants are currently under review. Frequently asked questions regarding both of these draft rules can be found on our website at <http://go.usa.gov/cJ98G>

#### Maintenance of Licensure

The CR-103 to amend WACs 246-919-421, 430, 460, 470, repealing WAC 246-919-450, and adding WAC 246-919-422 was filed with the Office of the Code Reviser on July 22, 2016. The WSR # is 16-16-028. The Commission amended rules and adopted a new section of rule regarding license renewal and continuing medical education (CME) requirements to ensure continuing competency for allopathic physicians. These new rules will go into effect on August 23, 2016.

#### Temporary Permits

A statement of inquiry CR-101 for WAC 246-919-390 and WAC 246-919-395 was filed with the Office of the Code Reviser on June 20, 2016. The WSR # is 16-13-106. The Commission is considering amending rules regarding temporary permits in order to be consistent with current practice, modernize language, and clarify requirements. A rules workshop is scheduled for September 7, 2016.

#### More Information

For continued updates on rule development, interested parties are encouraged to join the Commission’s rules listserv at: <http://go.usa.gov/dGB>

## PA News: NCCPA Core Medical Knowledge and Skills Meeting

### Theresa Schimmels, PA-C Physician Assistant Member

I recently had the honor of being selected as one of 56 physician assistants out of 7,000 PAs nationwide, to participate in the NCCPA (National Commission on Certification of Physician Assistants) Core Medical Knowledge workshop for the proposed Physician Assistant National Recertifying Exam (PANRE) model in Atlanta, Ga. Our task: to review NCCPA “Blueprint Disease and Disorder List” knowledge areas. In other words, we were there to determine the core medical knowledge and skills that should be assessed on recertification exams. So, let’s start at the beginning.

The NCCPA is the certifying body for physician assistants. It is an independent, not-for-profit organization. Passing the certifying exam allows a PA to have a “C” (for Certification), after PA on a name badge. It’s the equivalent of a physician passing a board exam. All states initially require PAs to have passed the NCCPA before they are licensed within that state. There have been 111,000 PAs certified by the NCCPA since 1975. As of December 31, 2015 there were 108,717 certified PAs in the U.S., 7,776 newly certified in 2015 alone. PAs are a fairly young profession, established in the early 1970s and young in age with 55 percent under the age of 40 years old, 67 percent female and 32 percent male, nationally.

So what is core? Core medical knowledge and skill include the essential foundational knowledge and cognitive skills required for PAs to provide safe and effective care for patients with a broad range of conditions and disorders, across the lifespan and across the spectrum of medicine. It’s not the totality of knowledge and skills required for ALL specialties, rather what remains after removing all the specific knowledge and skill that are unique to a particular specialty. Core should be “walking around” knowledge.

So we, in essence, removed the “fluff” and extra information you might see on a PANRE (initial certification exam) and concentrated on those items that would be relevant to a PA in practice after six years, depending on if you are in the new 10-year cycle or the older six year cycle as I am. These are items we determined to be:

1. Essential and critical to PA practice.
2. What you would expect PAs to know, regardless of specialty?
3. Knowledge and skill you would expect a PA to have to be able to transfer to ANY specialty area.

Since 2014, the NCCPA has been focused on a pivotal question: How can we maintain the generalist nature of the PA-C credential through a recertification model that serves the public interest and better reflects the current state of PA practice? The NCCPA recognizes that the knowledge and skill required to enter practice are somewhat different than those required to continue practice.

The model now under consideration:

- Improves the relevance and value of the assessment experience by addressing the content of the exam and the educational value of the recertification process;
- Maintains the integrity and appropriate rigor that the public and other stakeholders of this process expect;

So, what did we do? The NCCPA utilized methodologies in new ways that have been vetted with other experts in the testing industry. The purpose of the meeting was to take the conceptual definition of core medical knowledge and operationalize it. We moved this knowledge from the abstract to the concrete, pointing to a list of core knowledge and skills believed to exemplify the definition of core principals of PA practice.

It was hard work, with immediate data returns on how we all ranked skills as “core,” “undecided,” or “not core.” For example; is avascular necrosis core? Yes, it is. Is lichen planus core? No, it’s not. Is normal labor and delivery core? We decided it wasn’t but we did think that prenatal care was core. Discussion took place within groups of specialty PAs and primary care PAs, then we combined to evaluate and discuss again. Incredibly, those of us in specialty practice usually agreed with those in primary medicine practices.

So, what happens next? Over the next few months, NCCPA will use this data to start to change the core testing and updating the recertification exam process to reflect PAs’ clear movement outside primary care, while maintaining the generalist nature of the PA-C credential. This model is expected to take 5 years to implement with this meeting being the first of several to get the proposed guideline changes established. It’s an exciting process and one I was proud to be part of.

I thank the NCCPA for most of the above information taken from their presentations and their website. If you are interested in participating in the next steps of the process or would like more information, contact the NCCPA at [www.nccpa.net](http://www.nccpa.net).

Here is the NCCPA Fact Sheet: [www.google.com/search?q=DijCQM](http://www.google.com/search?q=DijCQM)

# Medical Commission Educational Conference 2016

## WHAT IS IT ?

The Medical Commission hosts an educational conference every year in place of a regular meeting.

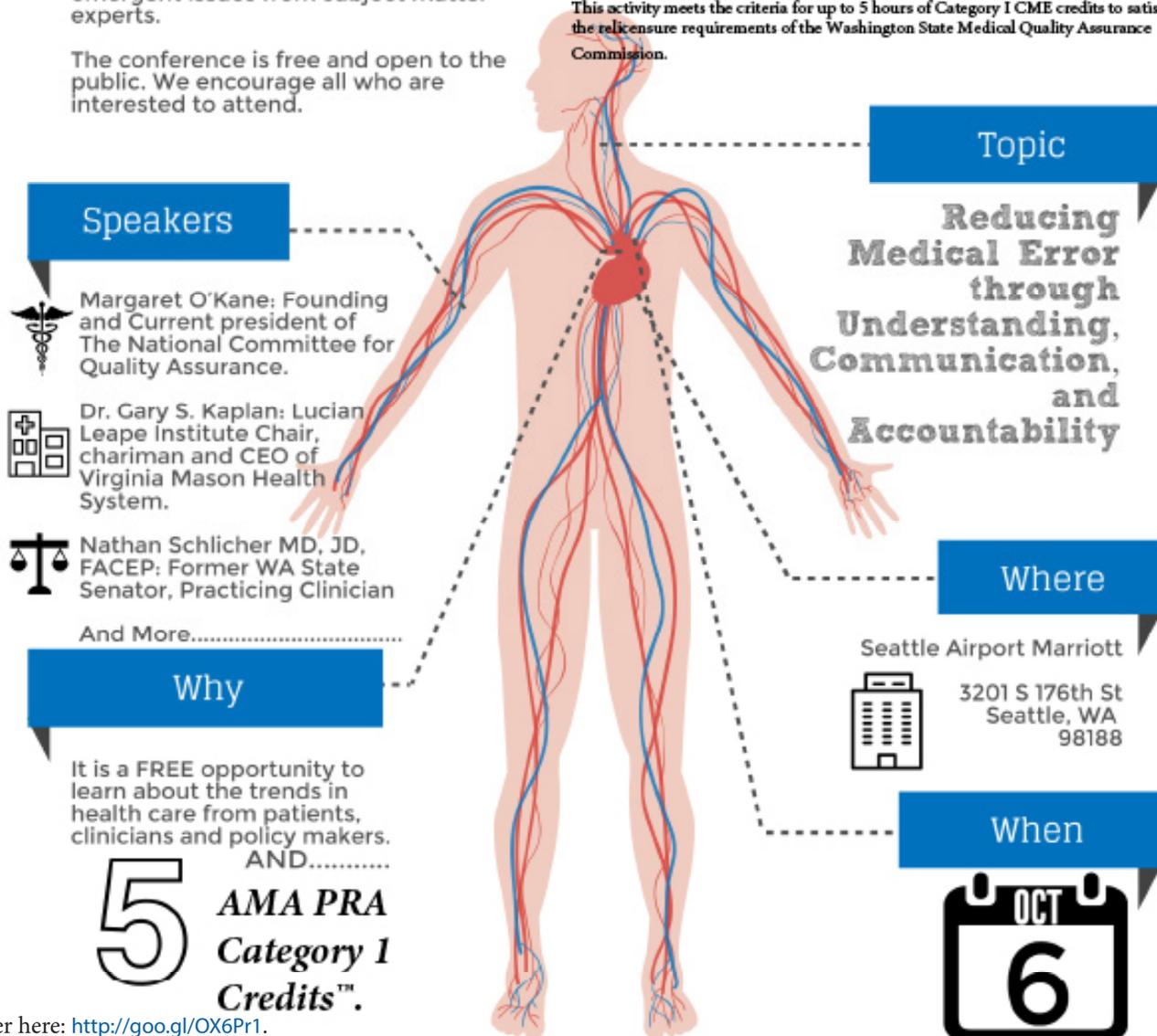
This conference serves as a time to educate commission members, practitioners, staff, and the public on emergent issues from subject matter experts.

The conference is free and open to the public. We encourage all who are interested to attend.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Washington State Medical Association and Washington State Department of Health. The WSMA is accredited by the ACCME to provide continuing medical education for physicians.

The WSMA designates this live activity for a maximum of 5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria for up to 5 hours of Category I CME credits to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Commission.



## Speakers



Margaret O'Kane: Founding and Current president of The National Committee for Quality Assurance.



Dr. Gary S. Kaplan: Lucian Leape Institute Chair, chairman and CEO of Virginia Mason Health System.



Nathan Schlicher MD, JD, FACEP: Former WA State Senator, Practicing Clinician

And More.....

## Why

It is a **FREE** opportunity to learn about the trends in health care from patients, clinicians and policy makers. **AND.....**

**5** *AMA PRA Category 1 Credits™*.

## Topic

**Reducing Medical Error through Understanding, Communication, and Accountability**

## Where

Seattle Airport Marriott  
3201 S 176th St  
Seattle, WA  
98188

## When



Register here: <http://goo.gl/OX6Pr1>.

For more information, visit our website <http://go.usa.gov/36s2e>.

## Washington Physician Health Program (WPHP) Report: What is Resilience and Where Can I Get Some?

**Chris Bundy, MD, MPH**

**Medical Director, WPHP**

I am sitting at my home computer working on completing this article by the deadline. My six year-old wants to play Pokémon and my 8-week old is inconsolable. I want to write about physician wellness and some of the things WPHP is doing to promote it. Yet the fact is, like many of you, I am over-committed and struggling to balance multiple competing responsibilities, almost always feeling as though I am compromising something. How can I credibly promote wellness when, at times, I feel as though my own wellness is in need of tending?

I'd like to tell you that I have it all together, perfectly balancing my home, work, community, and self-care responsibilities. But the truth is that balance is a myth that perpetuates the idea that there are those who have it all figured out and that we (the unbalanced) are somehow just not measuring up. As a psychiatrist, I am fortunate enough to have spent countless hours in therapy with patients who, by external appearances, seem to have it all together. What I have learned is that appearances can be deceiving. Few folks, if any, have "it" figured out and just about the time we start to think we are getting ahead of the curve, life doles out another challenge. One thing that seems to matter in negotiating the tension created by the competing demands faced by busy physicians is the extent to which they are able to build something called resilience.

What is resilience? Howe defined it as the ability to survive in and thrive on adversity. Characteristics of the resilient include self-efficacy, persistence, ability to manage one's emotions and engage support, learning from difficulties, and finding meaning in challenges [1]. Epstein defined it as the ability to respond to stress in a healthy way, with minimal psychological and physical cost [2]. Resilient individuals "bounce back" after challenges and grow stronger as a result. Unlike less changeable psychological factors such as temperament, resilience is a dynamic trait that can be learned, nurtured, and developed over time. Effective strategies to promote physician resilience seem to involve physicians getting together to learn new skills and share their experiences.

WPHP has been offering programs for the past two years that capitalize on these strategies. Currently our core wellness programs use principles of Mindfulness-

Based Stress Reduction (MBSR) and Compassion Cultivation Training (CCT) in group settings of professional peers. These empirically validated approaches have been shown to increase resilience, decrease burnout, and improve satisfaction in health care professionals.

For 30 years, WPHP has been the state's provider recovery support program, with the primary responsibility of intervening on healthcare providers who are potentially or actively impaired by addictive or psychiatric illness to the degree that the safety of their medical practice is threatened. Why then, would WPHP expand our scope by offering programs designed to foster resilience and reduce burnout in health care professionals? The answer is threefold. First, healthy doctors give better care. Numerous studies suggest that doctors who suffer from burnout, distress, and job dissatisfaction have more medical errors, lower patient satisfaction and treatment adherence, and suboptimal treatment outcomes compared to their healthier peers. We simply can't be serious about patient safety, quality, access to care, and patient satisfaction while ignoring the physical and psychological needs of our doctors. Second, distress and burnout are correlated with a number of more serious health conditions including depression, suicide, and substance use disorders. We want to assist physicians before they develop more significant problems. Finally, we want to be part of a culture change in medicine, already underway, that supports physician wellness as an important professional value and a responsibility shared by medical educators, health care institutions, and individuals.

To these ends, WPHP has a number of wellness opportunities you may wish to take advantage of in the coming months. As summer winds to a close and the kids head back to school, now is a great time to consider investing a little time in yourself. Check out the Wellness page of our website ([www.wphp.org](http://www.wphp.org)) for more information or go directly to the links below to register. I know I would benefit from some more resilience this coming year and I hope you will too!

1. Howe, A., A. Smajdor, and A. Stockl. Towards an understanding of resilience and its relevance to medical training. *Med Educ*, 2012. 46(4): p. 349-56.
2. Epstein, R.M. and M.S. Krasner. Physician resilience: what it means, why it matters, and how to promote it. *Acad Med*, 2013. 88(3): p. 301-3.

## WPHP Wellness Opportunities

October 28, 2016

### Wellbeing 2.0 – For Health Care Professionals (in partnership with Virginia Mason Medical Center)

This one-day event will explore a variety of evidence-based tools and practices that busy physicians can apply in the course of their practice to promote renewable resilience and better patient outcomes. It will feature nationally and internationally recognized experts in physician wellbeing, resilience, and satisfaction. Approved for 7 AMA PRA Category 1 CME Credits.

Registration (\$195): [VirginiaMasonCME.org](http://VirginiaMasonCME.org)

### Seattle Mindfulness-Based Stress Reduction Workshops and Classes (in partnership with Mindfulness Northwest).

The Mindfulness for Healthcare Professionals is designed to promote mental health by engaging the mind and the body through experiential learning. The course is adapted from Jon Kabat-Zinn's Mindfulness-Based Stress Reduction. As defined by Dr. Zinn, "Mindfulness is paying attention, on purpose, to the present moment, non-judgmentally." Mindfulness is an excellent antidote to the stresses of a modern medical practice as it invites us to stop, breathe, observe, and connect with one's inner experience.

Fall	Winter	Spring
Meeting Mindfulness Workshop: Sunday October 9, 9 a.m. – 4 p.m.. Mindfulness for Healthcare Professionals: Five Session Program. • Sundays, 6 p.m.- 8:30 p.m. October 23 - November 20	Meeting Mindfulness Workshop, Sunday January 8, 9 a.m. – 4 p.m. Mindfulness for Healthcare Professionals: Five Session Program. • Sundays, 6 p.m. - 8:30 p.m. January 29 – February 26.	Meeting Mindfulness Workshop, Sunday April 23, 9 a.m. – 4 p.m. Mindfulness for Healthcare Professionals: Five Session Program. • Sundays, 6 p.m.- 8:30 p.m. May 7 - June 11.
Workshop registration (\$150): <a href="http://goo.gl/z8bvkC">http://goo.gl/z8bvkC</a>	5-week program registration (\$250): <a href="http://goo.gl/blyf6e">http://goo.gl/blyf6e</a>	Classes are open to health care professionals and their spouses/partners.

### Compassion Cultivation Training (CCT)

Compassion Cultivation Training is an eight-week course designed to develop the qualities of compassion, empathy and kindness for oneself and others. The course, developed by a team of contemplative scholars, clinical psychologists and researchers at Stanford University, combines traditional contemplative practices with contemporary psychology and scientific research on compassion and is offered in a secular presentation.

- CCT class at Center for Child and Family Well-being, University of Washington, Thursdays Sept 22 through November 10, 6:30-8:30 p.m.  
Registration (\$275, discounts available): <http://depts.washington.edu/ccfwb/events/163>
- CCT class at Swedish Hospital, First Hill campus, Mondays Sept 26 through November 14, 4:30-6:30 p.m.  
Registration (\$325): <https://goo.gl/OmnOEn>
- CCT at Providence Regional Health Center - Everett  
CCT classes offered to Providence health care providers only. No fee.  
Contact Diane Hetrick ([dianehetrick@gmail.com](mailto:dianehetrick@gmail.com)) for more information about class time/location.

## Legal Actions

### May 1 - July 31, 2016

Below are summaries of interim suspensions and final actions taken by the Commission. Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders are not listed.

We encourage you to read the legal document for a description of the issues and findings. All legal actions are updated quarterly and can be found with definitions on the Commission website: <http://go.usa.gov/bkNH>

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
<b>Summary Actions</b>				
Holt, Eric E. MD00047247 Out of State	Summary Order	05/16/16	License suspension by the Louisiana State Board of Medicine Examiners.	Summary Suspension.
Li, Frank D. MD00049251 King	Summary Order	07/04/16	Failure to effectively manage patients with non-cancer chronic pain.	Summary Suspension.
Tangredi, Raymond P. MD60248946 Out of State	Summary Order	07/18/16	Stipulation to withdraw from the practice of medicine by the Oregon Medical Board.	Summary Suspension.
<b>Formal Actions</b>				
Berg, Tracy A. MD00032615 Spokane	Agreed Order	05/17/16	Failure to recognize developing sepsis, respiratory and renal failure; performing a procedure that was not indicated and failure to document reasoning in clinical records.	Course work, written research papers, peer group presentation, practice reviews, personal appearances, and \$1,500 fine.
Clark, James E. MD00030484 King	Second Agreed Order	05/26/16	Failure to comply with Commission order regarding health concerns.	Voluntary non-practice agreement and terms for reinstatement.
Doerfler, Eric A. MD00029233 Clark	Agreed Order	05/17/16	Failure to effectively manage patients with non-cancer chronic pain and failure to adequately supervise other personnel treating those same patients.	Course work, written research paper, practice reviews, personal appearances, and \$2,000 fine.
Finnigan, Kevin B. PA10005138 Grays Harbor	Agreed Order	05/18/16	Failure to comply with Commission order.	Voluntary Surrender.
Hamill, John W. MD00040582 Cowlitz	Final Order	06/27/16	Failure to effectively manage patients with non-cancer chronic pain.	Restriction from prescribing controlled substances with possible modification after course work, written research paper, and consultation with PMP. Practice reviews, personal appearances, and \$4,000 fine.
Haverly, Jackson L. MD00030718 King	Final Order of Default (Failure to Respond)	07/01/16	Inappropriate prescribing practices and failure to respond to Statement of Charges.	Indefinite Suspension.

Lietzke, Christiana M., MD60423996 Out of State	Final Order of Default (Failure to Respond)	06/14/16	Indefinite Suspension by the North Carolina Medical Board due to health concerns.	Indefinite Suspension.
Maiocco, Mark A. MD00034907 Yakima	Agreed Order	06/28/16	Unable to safely practice due to health concerns.	Indefinite Suspension and terms for reinstatement.
Mennella, Scott F. MD00022793 Skagit	Final Order of Default (Failure to Respond)	06/21/16	Failure to comply with Commission order.	Indefinite Suspension and terms for reinstatement.
Shlifer, Susan J. MD00035541 Kitsap	Amended Agreed Order	06/27/16	Substandard patient care and documentation.	Indefinite Suspension and terms for reinstatement.
Thysell, Frederick J. MD00024540 Yakima	Agreed Order	05/17/16	Failure to effectively manage patients with non-cancer chronic pain.	Course work, written research paper, practice reviews, personal appearances, and \$2,500 fine.
<b>Informal Actions</b>				
Ast, Robert A. MD00042077 Kitsap	Informal Disposition	05/16/16	Alleged: Failure to fully assess or treat patient for possible head bleed or bacterial meningitis.	Course work, written research paper, and \$1,000 cost reimbursement.
Brown, Eric T. MD00047077 Walla Walla	Informal Disposition	06/24/16	Alleged: Failure to properly manage post-operative emergency room patient with complications.	Course work, written research paper, practice reviews, personal appearances, and \$500 cost reimbursement.
Grande, Lucinda A. MD00048881 Thurston	Informal Disposition	06/28/16	Alleged: Diversion and use of a controlled substance to relieve pain.	Ethics course, personal appearances, Commission approval of any research study or project, and \$500 cost reimbursement.
Levy, Sarah A. MD00026551 King	Informal Disposition	06/29/16	Alleged: Failure to properly diagnose and manage a spinal cord and root nerve injury, in a patient with pre- existing complications and to timely refer the patient to a specialist.	Course work, written research papers, personal appearances, and \$1,000 cost reimbursement.
McKenna, John I. MD00031703 Spokane	Informal Disposition	06/29/16	Alleged: Failure to ensure that a patient was promptly informed of test results.	Written office protocol, practice reviews, personal appearances, and \$500 cost reimbursement.
Peixotto, John H. MD00026694 Pierce	Informal Disposition	06/28/16	Alleged: Self prescribing of a controlled substance and failure to maintain appropriate patient records.	Written research paper, and \$1,000 cost reimbursement.
Raskind, Daniel S. MD00040552 King	Informal Disposition	05/17/16	Alleged: Failure to cooperate with a Commission investigation.	Written research paper, peer group presentation, and \$500 cost reimbursement.

Practitioner	Order Type	Date	Cause of Action	Commission Action
Rudolph, Rebecca MD00033168 King	Informal Disposition	06/06/16	Alleged: Medical condition affecting ability to treat patients.	Restriction from treating patients with opportunity to request modification in the future.
Sahai, Animesh MD00045559 Benton	Informal Disposition	05/18/16	Alleged: Leaving a foreign object in a patient's body after performing a procedure.	Written research paper, and \$1,000 cost reimbursement.
Swift, J. David MD00024401 Kitsap	Informal Disposition	05/17/16	Alleged: Failure to ensure that medical assistants obtain required health care licenses.	Written office protocol, written research paper, personal appearances, and \$1,000 cost reimbursement.
Toshani, Nadia A. MD60025821 Benton	Informal Disposition	06/28/16	Alleged: Prescribing of methadone for treatment of addiction without appropriate federal registration.	Course work, written research paper, peer group presentation, limitation on prescribing methadone for treatment of addiction, practice reviews, personal appearances, and \$1,000 cost reimbursement.
Zielinski, Xavier J. MD00025568 Spokane	Informal Disposition	05/17/16	Alleged: Failure to properly administer epidural injection.	Surrender of license.

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

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

**Stipulation to Informal Disposition (STID)** — a document stating allegations have been made, and containing an agreement by the licensee to be subject to sanctions, including terms and conditions to resolve the concerns raised by the allegations.

**Ex Parte Order of Summary Suspension** — an order summarily suspending a licensee's license to practice. The licensee will have an opportunity to defend against the allegations supporting the summary action.

## Medical Commission Meetings 2016

Medical Commission meetings are open to the public

Date	Activity	Location
October 5-7	Educational Conference	Seattle Airport Marriott 3201 South 176th Street, Seattle, WA 98188
November 3-4	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA 98512
Other Meetings: October 1-2	Washington State Medical Association Annual Meeting	Seattle, WA

# Medical Commission Vital Statistics

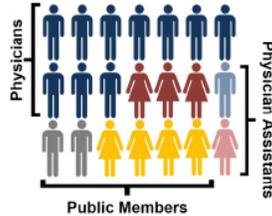
## Who we are:

The Medical Commission is made up of 21 Commissioners and 48 staff members with a biennial budget of \$14.8 M.

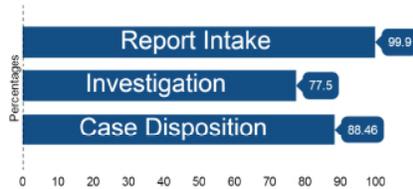
The Medical Commission Serves

**32,136**

Physician and Physician Assistant Licensees



## Processes Completed within Timeframes



## Fiscal Year 2016 (FY16) by the numbers



Commission to protect the public by assuring quality healthcare is provided by physicians and physician assistants. The Medical Commission has a responsibility to the public to be transparent and accountable. We publish the names of the physicians and physician assistants in our “Legal Actions” so that we can continue our responsibility to the public.

## Q: Can I obtain a copy of my medical records from the Medical Commission?

A: Unfortunately, no. The Medical Commission does not retain patient medical records. Your medical practitioner should provide copies when requested. Under RCW 70.02 a patient may request in writing a copy of his/her medical records and providers may charge a reasonable administrative fee for copying medical records. The health care provider must provide a copy of the records no later than 15 working days after receiving the written request. Read WAC 246-08-400 (<http://go.usa.gov/xDgSA>) for more information on health care provider fees.

## Q: Does the Medical Commission offer CME?

A: Yes. Once a year the Medical Commission hosts a free educational conference that offers credits for CME. This year, the conference will be held on October 6 in Seattle (see page 5 for more information). There are also Pain Management CME courses available for little or no cost on the Medical Commission’s pain management webpage <http://go.usa.gov/3tGyA>

# Q&A with the Medical Commission You asked, we answered

## Q: What is a retired active license and why would I need one?

A: A “retired active” status on a license would allow an individual to practice in the state of Washington, in a volunteer, intermittent, or emergency practice. An individual with this status could not work for compensation. Some retired physicians decide to change the status to “retired active” so that they can volunteer their services and still have prescriptive authority. The cost is less than a regular “active” license. Someone with this status would still have to complete 100 hours of CME every 2 years. You can review the requirements and form to request this status on our website: <http://go.usa.gov/xDYCd>

## Q: As a PA, can I perform a procedure if my supervising physician does not perform that procedure?

A: The short answer is no. WAC 246-918-055 (4) states that a physician assistant’s scope of practice may not exceed the scope of practice of the supervising physician. Meaning, the physician assistant cannot perform tasks and procedures that are not consistent with the supervising physician’s specialty or usual and customary practice.

## Q: Why are the physician names published in your newsletter?

A: It is the purpose and responsibility of the Medical



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)

### Washington State Medical Commission Newsletter–Fall 2016

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		<a href="mailto:medical.complaints@doh.wa.gov">medical.complaints@doh.wa.gov</a>
<b>Complaint Form:</b>		<a href="http://go.usa.gov/dGT">http://go.usa.gov/dGT</a>
<b>Legal Actions:</b>		<a href="http://go.usa.gov/DKQP">http://go.usa.gov/DKQP</a>
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<b>Website:</b>		<a href="http://www.doh.wa.gov/medical">www.doh.wa.gov/medical</a>
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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>

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 Alden W. Roberts, MD– 2nd Vice Chair

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