



Message from the Chair

Michelle Terry, MD Chair, Physician at Large

As a pediatrician, I endorse primary prevention as the most important resource to prevent potentially challenging outcomes, because nearly all prevention strategies are better than most proposed remedies. I would like to share some proactive updates in the Medical Commission’s four mission areas of **licensing, policy, education and discipline**. It is our charge to protect the citizens of Washington by assuring that quality health care is provided by licensed physicians (MDs) and physician assistants (PAs).

As of August 2015 we have approximately 20,000 active MD licensees and approximately 2,500 PA licensees in our state, with 2,230 new MD licenses and 361 new PA licenses granted in the last year alone. We now collect demographic data on licensees at the time of renewal which help guide the state of Washington’s planning for future health care needs.

The Medical Commission’s Policy Committee has been hard at work evaluating existing policies and guidelines, in addition to developing new ones. Most recently, agenda items have included the development of guidelines for accurate documentation and use of an electronic health record; use of social media in regard to medical practice; and telemedicine. Guideline reviews include the appropriate use of the internet in medical practice and the appropriate completion of death certificates. In addition, the Health Equity Committee has garnered information regarding disparities in health care and has produced a webpage (<http://go.usa.gov/36tne>) of resources.

Our annual educational conference is scheduled for September 30th and October 1st at the Doubletree Hotel in Tukwila/Seattle, WA. We are pleased to have national speakers present on communication and its impact on patient safety. In addition to our conference, we are also pleased to offer a new educational service: the Medical Commission’s Speaker Bureau (<http://go.usa.gov/3Fb3P>). In this model, a regional medical commissioner, accompanied by members of the Medical Commission’s legal and/or administrative staff can be scheduled to make presentations and answer questions at regional medical societies and hospital staff meetings.

The Medical Commission continues its work to help the profession reduce medical errors. Through collaboration with the Foundation for Health Care Quality, the Commission is in the process of evaluating proposed communication and resolution programs, with the goal of developing a state-wide system to disseminate the lessons learned from case analyses. The Commission is committed to its statutory mandate, (Regulation of Health Professions, Uniform Disciplinary Act, RCW 18.130), however the preliminary analysis of these efforts may indicate a potential opportunity to proactively reduce the occurrences of medical errors and enhance patient safety, which is consistent with its mission.

In recognition of all of our efforts, the Medical Commission continues to win accolades. Our previous commission chair, Richard Brantner, MD is the recipient of the Council on Licensure, Enforcement & Regulation (CLEAR) Consumer Protection award, which recognizes an individual who has innovatively contributed to enhancing a broader public understanding of regulatory issues with respect to consumer and public protection, and citizen advocacy. I congratulate him for this award and thank him for his leadership.

I am honored to serve as chair of your commission, and I look forward to your ideas and input to make sure that Washington continues as a leader in medical regulation as it relates to patient safety.

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Mission

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

Executive Director's Report

Melanie de Leon, JD, MPA

Executive Director

Julius Caesar once said, "Experience is the teacher of all things," and I am very happy to say that we have recently recruited a wealth of experience with some new staff appointments.

First, I'd like to welcome Dr. Morgan Barrett as our new Clinical Consultant whose main duties are to manage our compliance program and provide practitioners with technical assistance when needed. Morgan Barrett, MD, MPH, is a physician with 9 years of administrative and clinical practice experience in urgent care / occupational medicine and public health, and 14 years of clinical practice experience in radiation oncology. He completed a BA in psychology at Emory University, a Master of Public Health in policy and management at Johns Hopkins University, and earned his medical degree at the Medical College of Georgia. He is a member of the American College of Radiation Oncology, the American Society for Radiation Oncology, and the American Public Health Association.

Michelle Teed, JD, will be joining us as the new Director of Legal Services on September 1st. She graduated from Willamette University School of Law, with an undergrad degree in industrial management and accounting. She has been with the Attorney General's Office since 2012, working complex litigation in Medicaid fraud and most recently in the Antitrust Division. She was also an assistant attorney general in Texas working Medicaid fraud cases. Prior to that, she worked as the Chief of Enforcement for the state of Oregon Division of Finance and Corporate Securities.

I am also pleased to announce that Jim McLaughlin, JD, is our new Supervising Staff Attorney. Jim has been with the Medical Commission throughout the pilot project and has worked as a staff attorney for 11 years. His experience in medical discipline cases is vast, and he is recognized as our pain management expert. Prior to his coming to Department of Health, he prosecuted health practitioner cases as an AAG.

But wait...there's more...

Michael Yorgensen, PA-C and Tami Klewicki-Boadamer, RN are our new clinical investigators. They both join the investigations team with years of clinical experience. Michael is a military veteran, where he spent many years as a medical non-commissioned officer and PA-C for the Special Forces. Tami recently relocated from Arizona where she was the RN Care Manager for a regional medical center.

In addition to these new staff recruitments, I am proud to announce that all of the Commission's field investigators have successfully completed the Certified Medical Board Investigator training provided by the Administrators in Medicine. This certificate program is specifically designed for state medical and osteopathic board investigators and provides comprehensive, subject specific education and training for our investigators.

Our goal is provide you with the best service, shortest wait times and most knowledgeable staff possible to accomplish our critical mission.

Did you know?

You can complete your demographic census online!

The Commission has been asked to develop demographic data on our healthcare providers. We will be asked for the results by State and Federal policy makers, and other interested parties, as they make decisions about the future structure of the medical workforce. The census is now required as part of your renewal application, but there is no need to wait until then to complete your census! It can now be completed online.

Please take a few minutes to complete the demographic census so the decisions made about your future work environment can be based on accurate data.

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

PA News

Theresa M. Schimmels, PA-C, DFAAPA Physician Assistant Member

Welcome and a happy end of the summer! With all the wildfires this summer, it's been rough to get outside do much playing in the smoky air, especially here in eastern Washington. A big thank you goes out to all the volunteers and paid members of the community who have helped with fire preparedness, actual fighting of fires, and those who have donated time or money to the communities in our state that have been devastated by the fires. Our hearts go out to those that have lost homes, property, and worse yet those whose lives were taken.

Our topic this month is simple: representation. What does that word mean to you? Do you know what representation means on your state medical board? The goal of this article is to try and help you to understand the importance of having physician assistant (PA) representation on the board.

Currently, 14 states have physician assistants representation on state medical boards: Alaska, Colorado, Georgia, Maine, Maryland, Michigan, Montana, New Hampshire, New Jersey, New Mexico, Vermont, Washington, West Virginia, and Wyoming. A recently passed North Carolina law has added a 15th state to the mix. So, why is this important?

State medical boards usually oversee both medical doctors and physician assistants, and having a PA on the board brings an additional perspective. We are advocates for the PA profession as we work to educate commissioners and other parties as to how PAs really practice, not just what is on paper or what is expected. As active participants in the rule-making processes, we can give an inside view of what a PA brings to a practice and often explain the sometimes complex relationships between the supervising physician and physician assistant. We bring our own life experience as well as medical knowledge to case presentations and hearings, as do all the other members of the commission, but sometimes with what I'll call a "PA flair". We are another part of the "team", helping to enhance the integrity of the PA and medical profession as a whole, as we promote patient safety in the medical care received by residents of our state.

Although you did not choose us to represent you, as in an election, all members of the commission are governor appointees, meticulously evaluated through a painstaking process prior to selection. There are multiple applicants with each open position. Your current PA representatives, Jim Anderson, PA-C and I, hope we are doing the best job we can as we represent you, the Physician Assistants of our lovely state.

If you are interested in serving on the commission in a medical or public member position, please contact MQAC at medical.commission@doh.wa.gov or check our website at www.doh.wa.gov/medical

Docinfo Tool Provides Consumers Physician Licensure, Disciplinary Data

A free online resource from the Federation of State Medical Boards (FSMB) provides consumers with physician disciplinary, licensure and medical specialty information. FSMB has launched an online resource to provide consumers with background information on the more than 900,000 actively licensed physicians in the United States.

The Docinfo physician search tool (www.docinfo.org) draws data from the FSMB's Physician Data Center, the nation's most comprehensive database of physician licensure and disciplinary information.

The tool is easy to use. Consumers simply enter their physician's name and state to receive a report including this information:

- Whether or not the physician has been disciplined by a state medical board
- States in which the physician is actively licensed
- Medical school
- Location information (City, State)
- Specialty Certification information (provided by the American Board of Medical Specialties and the American Osteopathic Association)

If a medical board has sanctioned a physician, the report will provide a link to the appropriate state medical board website.

A Common Thread

George Heye, MD

Medical Commission Medical Consultant

My first assignment out of internship brought me to Greece in August of 1972 to help open an American military dependents' home-porting clinic. Some three years later it was anchors aweigh as the political winds sent our destroyers elsewhere and the clinic went into close mode. It wasn't until then that the clinic administrator mentioned the "file", a standard manila folder containing letters of complaint that had come into the clinic since it had opened. "What complaints?" was the stunned reply from the three staff doctors to which the administrator replied: "Don't worry, I took care of them". He would never actually share the file with us but I still remember that blow to the gut feeling of having been unwittingly shielded from something that, unpleasant as it might have been, I should have been part of. If my patients were unhappy with something I did or am doing I should know about it so I can address the issue, whatever it is.

There will always be complaints and being complained about will never be a pleasant experience. Complaints spoil your day, foul your sleep and potentially threaten your livelihood. An acute appendix would probably be more welcomed. But what about the complainant? I suspect it is not easy for most people to write such letters. One first has to have an unpleasant experience that just can't be ignored. Finding no relief by telling a friend or relative, the complainant finally resorts to writing. This takes planning, effort and the prolonged reliving of the painful event. As unpleasant as a complaint letter may be to the doctor or PA, there has already been considerable angst under someone else's bridge.

Complaints drive the disciplinary aspect of MQAC. Every month the Commission's intake desk processes approximately a hundred complaints and mandated reports. A weekly review by a group of Commissioners separates the cases into those that appear to be a violation of the medical practice act (Uniform Disciplinary Act [UDA]) from those that do not. Roughly 40% do not make the UDA cut. The remaining 60% are investigated after which, a second larger group of Commissioners decide which cases merit action (about 7%). These cases eventually show up in the legal actions section of Update!

So 93% of cases are closed at the first or second review. What happens to these closed cases/complaints? They go off to archives (picture the final scene of the 1st Indiana Jones movie). Excepting the 7% of cases that end up summarized in this newsletter, you will most likely never hear of or see anything of the 93% of complaints that are closed without action.

I will never know what the complaints in Greece were about or whether they even involved me, but I wish I did know. The Navy was never sued over my practice there so I presume the issues if any were of a minor nature. Some years later while working at the Naval hospital in Naples, Italy I did get a card from a family with several children that had been re-assigned back to the states. Their youngest had been born at the Naples hospital and was about 6 months old when they returned to the contiguous United States (CONUS). The note thanked me for the care I provided their children and mentioned that the youngest was diagnosed with a dislocated hip at thirteen months of age. Sinking feeling. In training I had seen a number of infants with dislocatable hips and was usually careful to check leg length, skin creases, range of motion. A Sinking feeling but resolution to do better, pay closer attention etc. Even feeling bad, I was glad to have that information. I think it helped make me a better physician.

Feedback from patients can be invaluable. I can't help feeling that there is a treasure of sorts in the MQAC archives, that there is something important to be learned from patients' complaints. Following on that, I searched a recent year of case summaries to see if I could extract something of value. I looked for cases involving the broad subject of communication. A week and hundreds of summaries later I had accumulated 90 cases which, without too much imagination seemed to run this common thread. Fortunately, human activity being repetitive, five useful recognizable patterns emerged:

Office staff issues: phone calls, confidentiality, courtesy etc.	10
Basic sharing of information: with patient's, family; critical info.	11
Patients unhappy being discharged from a practice:	13
Informed consent issues: too little or wrong information etc:	22
Bedside manner, professionalism issues: rudeness etc:	34

Complaints do not necessarily reflect what actually occurred between a provider and patient but they do reflect the patient's perception. The provider may come away from the MQAC complaint experience with simply a feeling of relief or the fleeting thought that you can't please everyone. However there is always the chance of a positive residual effect. The complainant may have a harder time letting go, especially if the case is closed without action. Although many write that just airing their complaint provided a sense of satisfaction that someone has listened to them and perhaps as a result others may not have to endure what they went through. Maybe the "no action" cases hold messages more useful than the much less common, but headline grabbing, high dollar malpractice issues or Medicare fraud issues. Explaining an exam while doing it, asking the patient to repeat instructions as they understood them, or talking with an elderly patient's son or daughter are not big ticket items, but complainants tell us these things are important to them. Hearing what is important to our patients should be important to us and to our profession.

Stay Informed!

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

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

The Medical Commission educational conference is fast approaching!

September 30th and October 1st 2015

Our annual educational 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 year we will be focusing on
Communication: The Way to Patient Safety

Please complete the registration form found at <http://go.usa.gov/36s2e>

Category I CME Will Be Available

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 Medical Commission. The WSMA is accredited by the ACCME to provide continuing medical education for physicians.

The WSMA designates this live activity for a maximum of 10 *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 10 hours of Category I CME credits to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Commission.

Know before you go!

- Where: Doubletree Suites – Southcenter
16500 Southcenter Pkwy
Seattle, WA 98188
- Parking rates are \$6 if you will be staying at the hotel and \$8 if you will be commuting. We encourage you to carpool and explore public transit options. A free hotel shuttle is provided from the Seattle-Tacoma Airport.
- In an effort to be eco-friendly, all speaking materials and conference information will be in electronic format. Materials will be posted at <http://go.usa.gov/36s2e> toward the end of September.

If you would like more information or have questions, please contact: Jimi Bush at Jimi.bush@doh.wa.gov

WPHP Report

Compassion Cultivation Training: Can This Help us With Burnout?

Charles Meredith, MD

Defined as a triad of depersonalization, emotional exhaustion and low personal accomplishment, researchers have known for years that healers are more vulnerable to the phenomenon of “burnout” than are people in other occupational fields. In fact, extensive survey data from the membership of the American Medical Association identified the prevalence of burnout in practicing physicians in the U.S. to be 46%.¹

Research has consistently shown that hours worked, number of patient visits/day, and call frequency are all positively correlated with prevalence of burnout.² Individuals experiencing significant burnout describe feeling demoralized by their workplace and their limited abilities to treat patients with limited resources, limited interventions, and limited support. They describe feeling emotionally drained by their work, with nothing left over to invest in their professional and personal relationships. Finally, they also describe losing touch with their natural empathy or their ability to see the patient in front of them as a person rather than as a clinical problem to quickly solve.

If burnout continues long term, some think it can become a risk factor to disillusionment so severe it can precipitate premature retirement.³ Burnout has also been correlated with an increased likelihood of experiencing comorbid major depressive disorder or an alcohol use disorder⁴, with increased likelihood of experiencing an episode of significant suicidal ideation⁵ and with increased medical error rates.⁶

So what can we do about it? Many believe that common-sense interventions to improve work-life balance can be protective. Experts cite making sure that we use our vacation time is important. It is also important to set limits around our schedules as opposed to over-extending ourselves when asked to take on increased professional obligations. Maintaining a regular exercise routine, scheduled time with family and a regular sleep cycle are key as well. But what about external resources for doctors who feel these things are out of their control?

Recently the Washington Physicians Health Program (WPHP) has piloted multiple workshops to equip healthcare providers with increased coping skills, improving their resilience and limiting their susceptibility to burnout. The most empirically validated of these interventions is physician

mindfulness. Growing research shows that learning and implementing the practice of mindfulness meditation can combat and prevent the development of burnout in healthcare providers.⁷

The WPHP “Mindfulness for Healthcare Professionals” course is designed to promote mental health by engaging the mind and the body through experiential learning. Loosely adapted from Jon Kabat-Zinn’s Mindfulness-Based Stress Reduction, it incorporates five behavioral components: breathing awareness, body scan, walking meditation, eating meditation, and yoga. WPHP’s next offering is in mid-September 2015.

Based on emerging research suggesting beneficial effects on resilience in health care providers, WPHP will also offer a trial workshop in Compassion Cultivation Training (CCT) in early October 2015. CCT draws originally from compassion practices found in Tibetan Buddhist traditions. Although prior mindfulness training is unnecessary, this workshop builds on mindfulness practices to improve well-being and tolerance of challenging feelings, situations and individuals.

CCT has been in high demand by both populations of clinicians and patient groups in California. Individuals working in high stress environments or with high stress problems outside of their direct control report benefit from CCT workshops, including trauma victims, PTSD patients, cancer support community groups, hospice staff, and various physician groups in southern California. While less studied than mindfulness in direct relationship to burnout, CCT seems to be accruing evidence suggesting it may be of some benefit to interested individuals experiencing frustration with a sense of loss of control over their environment in healthcare.

Space is limited for these offerings. To register, please contact Jason Green, WPHP Wellness Program Director, at (206)-583-0127 or at wellness@wphp.org.

Mindfulness and CCT are designed to reduce stress and improve general mental health. Neither eliminates life’s pressures, but they can help health professionals respond to pressures in a calmer manner that benefits one’s mind and body. We hope to add additional course offerings in 2016. Please check our website periodically for updates.

WPHP Wellness Programs Fall 2015

Mindfulness for Healthcare Professionals

Five-week course on Thursday evenings from 6pm to 8:30 p.m. and one Saturday 9 a.m. to 4 p.m.

Dates:

9/10/15, 9/17/15, 9/24/15, 10/3/15 (Saturday), 10/8/15
720 Olive Way, Seattle WA

Mindfulness is designed to reduce stress and improve general mental health. Mindfulness does not eliminate life's pressures, but it can help health professionals respond to pressures in a calmer manner that benefits heart, head and body.

Course cost: \$175

To register, please visit:

<http://mindfulnessforhealthcareprofessionals.eventbrite.com>

Compassion Cultivation Training (CCT)

Eight-week course on Monday evenings from 6 p.m. to 8 p.m.

Dates:

10/5/15, 10/12/15, 10/19/15, 10/26/15, 11/2/15, 11/9/15,
11/16/15, 11/23/15
720 Olive Way, Seattle WA

CCT combines traditional contemplative practices with contemporary psychology and scientific research. Through instruction, exercises, daily meditation, mindfulness, and in-class interaction, participants strengthen qualities of compassion, empathy, and kindness. Learn how to train your mind to intentionally choose compassionate thoughts and actions and develop skills that help you relate to others—and yourself.

Course cost: \$175

To register, please visit:

<http://compassioncultivationtraining.eventbrite.com>

One-Day Mindfulness Retreat

Saturday from 9am to 4pm

Date: 10/24/15

UW South Lake Union, 815 Mercer Street, Seattle WA

Workshop for those who have taken a mindfulness course and are looking to re-engage and refresh their practice, or for those new to mindfulness and meditation.

Workshop cost: \$85

To register, please visit:

<http://mindfulnessretreat.eventbrite.com>

References:

1. Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. *Arch Intern Med.* 2012;172(18):1377-1385.
2. Balch CM, Shanafelt TD, Dyrbye LN, Sloan JA, Russell TR, Bechamps GJ, Freischlag JA. Surgeon Distress as Calibrated by Hours Worked and Nights on Call. *J Am Coll Surg.* 2010; 211:609-19.
3. Sharma A, Sharp DM, Walker LG, Monson JR: Stress and burnout among colorectal surgeons and colorectal nurse specialists working in the National Health Service. *Colorectal Dis.* 2008; 10:397– 406.
4. Oreskovich MR, Kaups KL, Balch CM, Hanks JB, Satele D, Sloan J, Meredith C, Buhl A, Dyrbye LN, Shanafelt TD. Prevalence of alcohol use disorders among American surgeons. *Arch Surg.* 2012 Feb;147(2):168-74.
5. Dyrbye LN, Thomas MR, Massle S, Power DV, Eacker A, Harper W, Duming S, Moutler C, Szydlo DW, Novotny PJ, Sloan JA, Shanafelt TD. Burnout and Suicidal Ideation among US Medical Students. *Ann Intern Med.* 2008 Sept 2;149(5):334-341.
6. West CP, Tan AD, Habermann, TM, Sloan JA, Shanafelt TD. Association of Resident Fatigue and Distress With Perceived Medical Errors. *JAMA.* 2009 Sept 23/30;302(12):1294-1300.
7. Krasner MS, Epstein RM, Beckman H. Association of an educational program in mindful communication with burnout, empathy and attitudes among primary care physicians. *JAMA.* 2009;302(12):1284-1293.

WPHP Wellness Programs are open to any physician, dentist, veterinarian, physician assistant, or podiatrist. No past or current involvement with WPHP is necessary. Spouses and partners are also encouraged to attend. For more information, please email wellness@wphp.org.

Do you have ideas or suggestions for future Commission newsletters? Is there something specific that you think we should address or include?

Please submit suggestions to:

jimi.bush@doh.wa.gov

Legal Actions

May 1st, 2015 – July 31st, 2015

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	Order Type	Date	Commission Action
Formal Actions			
Ritter, Kenneth J. MD00037180 Pierce	Agreed Order	5/14/15	Use speech dictation system charting, surrender license by 12/31/15.
Noll, Elizabeth A. MD00028718 King	Agreed Order	5/14/15	Practice restriction, multi-disciplinary evaluation, boundaries course, fine.
Bernick, Steven J. MD60206990 Kitsap	Agreed Order	5/14/15	Chaperone requirement, boundaries course, multi-disciplinary evaluation, fine, maintain a patient log.
Dry, Gavin M. MD00035648 King	Agreed Order	06/25/15	Five years' probation, WPHP contract, coursework, fine.
McDonnell, Jessop M. MD00024539 Ohio	Agreed Order	6/25/15	Voluntary surrender.
Young, Philip A. MD00044851 King	Interim Agreed Order	6/30/15	Restricted from administering anesthesia.
Informal Actions			
Warwick, Susan E. MD00029213 King	Stipulation to Informal Disposition	5/14/15	Protocol, root/cause analysis, paper.
Walker, Franklin D, MD00026933 Kitsap	Stipulation to Informal Disposition	5/14/15	License surrender.
Tingstad, Edwin M. MD00037180 Whitman	Stipulation to Informal Disposition	5/14/15	Paper, fine.
Supple, Kelly Anne MD60364670 New York	Stipulation to Informal Disposition	5/14/15	Voluntary surrender.
Bergstrom, Jake MD00020595 King	Stipulation to Informal Disposition	5/14/15	Coursework, fine, not permitted to treat family or friends.

Legal Actions (Continued)

Practitioner	Order Type	Date	Commission Action
Lee, Laurence M. MD00031250 Skagit	Stipulation to Informal Disposition	5/14/15	Coursework, paper, fine.
Yang, Hoyeol MD00036684 Benton	Stipulation to Informal Disposition	5/14/15	Paper, fine.
Lloyd, Deborah B. MD00045960 Skagit	Stipulation to Informal Disposition	5/14/15	License surrender.
Hendryx, Rebecca MD00045960 Thurston	Stipulation to Informal Disposition	5/14/15	Coursework, paper, fine.
Saw, Eng C. MD00015093 California	Stipulation to Informal Disposition	6/25/15	Permanent practice restrictions. License expired.
Kaiser, Jeffrey P. MD00045513 King	Stipulation to Informal Disposition	06/25/15	Protocol and fine. Terms met and released from STID 7/28/15.
Ekin, Scott T. MD00037347 Kitsap	Stipulation to Informal Disposition	06/25/15	Paper, EMR documentation plan, coursework, fine.

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.

A Letter to the Commission

Dear Dr. Gotthold:

I am writing this letter after reading your article entitled Electronic Health Records from the summer edition of Medical Quality Assurance Commission Update.

I agree with your statement: “documentation is inaccurate because it is driven by templates and automatic completion of various sections”.

I am a retired pediatrician and I did not use electronic medical records in my practice. However, after I retired, I did locum tenens for the military. All their records were electronic. The other physicians used templates but I typed my H&P. I had a suspicion that their detailed records contained information that was never done during the patient visits.

This tendency to embellish electronic medical records proved correct when I had the opportunity to review my records after two medical visits and a procedure. The physician had written a complete physical on me when all he looked at was one area of my body. This happened on two visits. To make matters worse, he did not note an important finding which he would have picked up by doing an actual exam.

I don't know if this documentation was done for quickness or profit. After talking with other people in the medical field, I feel this practice is widespread.

Thank you in advance for your attention to this matter.

Sincerely,

Dr. F.

Request a Commissioner!

The Medical Commission actively conducts educational presentations around the state to educate the public and the licensees of Washington State. 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 to present via webinar, contact us!

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

Commission Rule-Making

Daidria Pittman Program Manager

Sexual Misconduct – Allopathic Physicians

The CR-102 regarding WAC 246-919-630, Sexual Misconduct related to allopathic physicians, is in the review process. A hearing is tentatively scheduled for November 4, 2015.

Sexual Misconduct – Allopathic Physician Assistants

The CR-102 regarding WAC 246-919-630, Sexual Misconduct related to allopathic physicians, is in the review process. A hearing is tentatively scheduled for November 4, 2015.

Safe and Effective Analgesia and Anesthesia Administration in Office-Based Surgical Settings

The CR-101 to revise WAC 246-919-601(5) was filed on March 11, 2015 (Washington State Register (WSR) #15-07-033). The Commission will consider revising WAC 246-919-601(5) to eliminate the list of entities and instead identify the criteria the Commission will use to approve entities that facilities must be accredited or certified by before surgery may take place. Draft language for this rule is in process.

Suicide Prevention Training – Engrossed Substitute House Bill 1424

The CR-101 for allopathic physicians was filed with the Office of the Code Reviser on October 6, 2014 (WSR# 14-21-030) and the CR-101 for allopathic physician assistants was filed with the Office of the Code Reviser on August 17, 2015 (WSR# 15-17-076). These were filed to create a new section to establish continuing education and training requirements for suicide assessment, treatment, and management. These rulemakings were filed pursuant to the requirements under Engrossed Substitute House Bill 1424 (Chapter 249, Laws of 2015), that requires 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.

Maintenance of Licensure

The CR-101 to revise WAC 246-919-421 through 470 was filed with the Office of the Code Reviser on February 23, 2015. The Commission is considering developing rules establishing requirements for allopathic physicians to engage in professional development to ensure continuing competency. The WSR # is 15-06-014. A stakeholder workshop was held on May 13, 2015. Draft language for this rule is in process.

Physician and Physician Assistants by County

15,719 MD and PA in-state licenses are represented

County	MD	PA
Adams	7	3
Asotin	30	1
Benton	325	48
Chelan	226	38
Clallam	131	27
Clark	683	118
Columbia	10	3
Cowlitz	126	14
Douglas	30	8
Ferry	5	2
Franklin	67	12
Garfield	1	2
Grant	50	21
Grays Harbor	52	14
Island	98	18
Jefferson	89	10
King	6581	541
Kitsap	438	54
Kittitas	38	10
Klickitat	20	7
Lewis	62	18
Lincoln	11	6
Mason	29	7
Okanogan	40	14
Pacific	8	2
Pend Oreille	7	5
Pierce	1301	191
San Juan	29	7
Skagit	254	33
Skamania	8	2
Snohomish	722	110
Spokane	1041	175
Stevens	32	13
Thurston	561	81
Wahkiakum	0	1
Walla Walla	150	20
Whatcom	411	53
Whitman	45	6
Yakima	315	63
Out of State	4,489	

Medical Commission Vital Statistics

- 21 members: 13 MDs, 2 PAs, 6 public members;
- 45 staff, \$14.8 M biennial budget
- 31,000 licensed physicians and physician assistants
- 99.6% of complaints processed on time in FY 2015
- 83% of investigations completed on time in FY 2015
- 88.5% of legal cases completed on time in FY 2015
- 98% of orders complied with sanction rules

Actions in Fiscal 2015

- Issued 2,587 new licenses;
- Received 1,476 complaints/reports;
- Investigated 815 complaints/reports;
- Issued 73 disciplinary orders;
- Summarily suspended or restricted 11 licenses;
- Actively monitoring 192 practitioners;
- 42 practitioners completed compliance programs.

Medical Commission Meetings 2015

Date	Activity	Location
Sept. 30-Oct. 1	Educational Conference	DoubleTree Southcenter 16500 Southcenter Pkwy Tukwila, WA 98188
November 5-6	Regular Meeting	Puget Sound Educational Service District (PSESD), 800 Oakesdale Ave SW Renton, WA 98057-5221

Medical Commission meetings are open to the public

Other Meetings

Washington State Medical Association (WSMA)	Annual Meeting Sept. 26-27, 2015	Spokane, WA
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Medical Quality Assurance Commission
 PO Box 47866
 Olympia, WA 98504-7866

The law requires each practitioner to maintain a current name and address with the department. Please submit address changes and appropriate documentation for name changes to:
medical.commission@doh.wa.gov

Medical Commission Contact Information

- Applications:** A-L 360-236-2765
M-Z 360-236-2767
- Renewals:** 360-236-2768
- Complaints:** 360-236-2762
medical.complaints@doh.wa.gov
- Complaint Form:** <http://go.usa.gov/dGT>
- Legal Actions:** <http://go.usa.gov/DKQP>
- Compliance:** 360-236-2781
- Investigations:** 360-236-2759
- Fax:** 360-236-2795
- Email:** medical.commission@doh.wa.gov
- Demographics:** medical.demographics@doh.wa.gov
- Website:** www.doh.wa.gov/medical
- Public Disclosure:** PDRC@doh.wa.gov
- Provider Credential Search:** <http://go.usa.gov/VDT>
- Listserv Sign-up Links:**
 - Minutes and Agendas: <http://go.usa.gov/dGW>
 - Rules: <http://go.usa.gov/dGB>
 - Legal Actions: <http://go.usa.gov/dGK>
 - Newsletter: <http://go.usa.gov/dGk>

Medical Commission Members

- Michelle Terry, MD– Chair
- Mark Johnson, MD– 1st Vice Chair
- Warren B. Howe, MD– 2nd Vice Chair
- James E. Anderson, PA-C
- Toni Borlas
- Charlie Browne, MD
- William M. Brueggemann, Jr., MD
- Michael T. Concannon, JD
- Bruce G. Hopkins, MD
- Charlotte W. Lewis, MD
- John Maldon
- Peter K. Marsh, MD
- Kathleen O’Connor
- Mimi E. Pattison, MD
- Alden W. Roberts, MD
- Theresa M. Schimmels, PA-C
- Robert H. Small, MD
- Mimi Winslow, JD
- Yanling Yu, PhD

Update! Editorial Board

- Bruce Hopkins, MD
- Mimi Winslow, JD
- William Brueggemann Jr., MD
- James Anderson, PA-C

Washington State Medical Commission Newsletter–Fall 2015

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