Medical Quality Assurance Commission
Update!
www.doh.wa.gov/hsqa/mqac
Vol. 2, Winter 2012

Message from the Chair

Mimi E. Pattison, MD, FAAHPM
Congressional District 6, Chair

Let me begin my message by extending to each of you all the best for you and your families in the new year. We have all survived the holiday season and are now settling in for another year. We will all be challenged with unprecedented changes in medicine this next year as health insurance reform unfolds.

What will the New Year bring for your Medical Commission? The most important answer to that question is the major milestone as we approach the official end of the Pilot Project mandated by 4SHB 1103, in the 2008 session law.

The decision was made to present the official report with four full years of valid, tested data to the Governor and Legislature in 2013. This will allow the Executive and Legislative branches of our state government to evaluate the patient safety impact of the pilot project on the Commission and to determine the operational structure of the Commission. It is an exciting time to be a part of this organization and view the results of staff innovation and collaboration with the appointed Commissioners.

It is the hope of the Medical Commission that the Governor and the Legislature will see the results of the pilot project for what it is: an unquestionable success in performance and process improvement. The staff is motivated and hard working. The Commissioners are highly engaged and the Commission as a whole is recognized by our peers and critics as innovative and national leaders in addressing complex issues such as pain management and appropriate discipline. I would like to take this opportunity to share with you a sample of the work being reported to the Governor and the Legislature.

The Medical Commission received national recognition for its work:

- The Administrators in Medicine Best of Boards Award 2012 for Pain Rules Education;
- Improved from 44th to 9th in Public Citizen's ranking of state medical boards.

The Medical Commission enhanced patient safety:

- Established rules governing the prescribing of opioids for chronic, noncancer pain;
- Developed a rule to protect the increasing number of patients undergoing office-based surgery;
- Created communication networks with stakeholder organizations to reduce medical errors.

The Medical Commission increased transparency:

- Crafted more clear, consistent, and transparent disciplinary orders;

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

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- Increased awareness and deterrence by distributing disciplinary actions through a listserv and the Commission newsletter;
- Designated time for public input at Commission business meetings.

The Medical Commission improved performance in its licensing and disciplinary processes:

- 99 percent of licenses issued were within timelines, to more expediently and effectively meet the demand for qualified health care providers;
- 99 percent of complaints reviewed by the Commission were within timelines, guaranteeing rapid response to patient complaints and potential consumer safety issues;
- 92 percent of opened complaints were investigated within timelines in the last fiscal year;
- Investigation backlog eliminated;
- 92 percent of legal cases acted on within timelines in the last fiscal year;
- 99 percent of disciplinary orders complied with sanction rules, resulting in consistent discipline.

These accomplishments validate the Medical Commission's new model and the pilot project. The result is a safer patient, a respected profession, and a modern medical board.

The pilot project has allowed the Commission to take an honest inventory of operations. The report is an ideal platform for the Commission to directly communicate with the Governor and the Legislature the pros and cons of the pilot model and address other potential issues. With this opportunity in mind, the Commission has made the following suggestion to the Governor and the Legislature: **make permanent the provisions of 4SHB 1103.**

The Medical Commission hopes that the Governor, the Legislature, and the Secretary of Health will see the wisdom in this action. The 1103 provisions of a dedicated staff and an executive director who is hired and employed directly by the Governor-appointed Commissioners, will better enable your Medical Commission to address the needs of patient safety and professional integrity in Washington.

In other news, the Pain Rules for opioid prescribing have now been in effect for a full year. The Commission has had the opportunity to directly educate over 3,500 providers in various settings.

More than 12,000 have downloaded the opioid dosing guidelines, and over 2,000 have passed the four-hour CME with a 98.2 percent success rate. There have been high marks for the quality of the CME.

Multiple systems across the state have their individual efforts directed at responsible opioid prescribing and management of chronic non-cancer pain. We are seeing reports of reduction in opioid prescribing from Group Health, the University of Washington, and Wenatchee Valley Medical Center. We know that the opioid prescribing curve parallels the unintentional death by overdose curve so feel encouraged that we will see trends in reduction of accidental opioid deaths.

The Commission continues to receive complaints related to addiction and over-prescribing of opioids. We have yet to receive a complaint for failing to prescribe high doses of opioids. We have heard only anecdotal reports of limited access to pain specialists and are uncertain at this time if this has been made worse by the Pain Rules. Other states taking action on opioid deaths during the same time as Washington chose to focus on so-called pill mills. Through news articles and informal discussions with our national counterparts, we are beginning to see that strategy questioned, due to lack of results, in favor of the approach taken by Washington State. We are encouraged by the changing conversation in this state regarding a movement away from opioid issues in favor of meaningful discussions regarding treatment of persons with pain.

The Legislative Session has begun as of January 14, 2013. The Commission closely monitors all activity and provides information when asked. In addition to the pilot report discussed earlier in this column, your Medical Commission has put forward request legislation to reform physician licensure requirements to increase the healthcare workforce and submitted budget requests to fund educational outreach and technology upgrades, which will allow your Commission to operate more efficiently. The budget requests have been approved by the Office of Financial Management and are included in the Governor's 2013-2015 proposed budget (page 2): http://www.ofm.wa.gov/budget13/recsum/303.pdf

Again, I would like to share what a privilege it is be your Chair and have the opportunity to be a part of your Medical Commission during these unprecedented times in Washington State history.

NOTICE OF RECRUITMENT

February 2013

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

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

- One physician representing Congressional District 1
- One physician representing Congressional District 4
- One physician representing Congressional District 7
- One physician assistant member
- One public member

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

http://go.usa.gov/GZV

Please take the time to review the valuable information on Commission membership available at the above website. Applications, along with a current resume must be received by **March 31, 2013**.

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

The Washington Physicians Health Program Report

Why WPHP would not work without Confidentiality

Charles Meredith, MD
Medical Director

Initially founded by the Washington State Medical Association in 1986, the Washington Physicians Health Program (WPHP) was established to provide a formal and organized mechanism to intervene on and assist physicians thought to be impaired by medical illnesses such as substance dependence. It is estimated that WPHP has informally assessed several thousand physicians and physician assistants for fitness for duty concerns over the past 27 years. In that time frame, 1,061 individuals have enrolled in a monitoring agreement with WPHP. In other words, these 1,061 individuals were found to be at the threshold of "impairment" when they were first assessed by our clinical staff. After taking an emergent medical leave from their practice and completing intensive treatment, these individuals were able to enroll in an intensive monitoring agreement with WPHP and were endorsed to return to the practice of medicine.

At this time WPHP is actively monitoring 309 clients around the state who are under contract with our organization and are in firm recovery from their illness. Roughly 83% of these individuals are being monitored for an addictive illness, 16% for a psychiatric condition, and less than 1% for other chronic medical conditions that led to temporary inability to practice medicine.

While precise data does not exist to determine the "baseline" prevalence of physician "impairment," experts have often speculated that it may be as high as 2% (Hughes et al, 1992). Specific to alcohol abuse or dependence, recent studies reveal that the prevalence of these conditions is 14% among male surgeons and 26% among female surgeons throughout the United States (Oreskovich et al, 2012), although it is thought that the less serious condition of alcohol abuse was more prominent than dependence in these research participants.

In the state of Washington, any individual holding a license through the Department of Health is legally obligated to inform either the Medical Quality Assurance Commission (MQAC) or WPHP of any medical doctor or physician assistant who "may not be able to practice his or her profession with reasonable skill and safety due to a

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mental or physical condition" (WAC 246.16.235). A report to MQAC often generates a public investigation and can result in disciplinary action.

Alternatively, a report to WPHP almost always can and will remain confidential (WAC 246.16.210). Subsequently, most license holders concerned about the wellbeing of a colleague greatly prefer to fulfill their reporting obligation by contacting WPHP. The only situations in which a physician or physician assistant's participation cannot remain confidential are when there has been clear patient harm in the context of physician impairment, commission of sexual misconduct, or the individual of concern will not comply with WPHP's recommendations for intensive evaluation, treatment and emergent medical leave.

In 2011, 163 new cases were referred to WPHP. Of these, 13% were self-referrals, 6% came from a colleague or peer and 33% were made by a concerned employer. Despite the legal obligations outlined in WAC 246.16.235, anecdotally, most employers and concerned colleagues note they would not intervene in these situations by calling MQAC if a confidential and therapeutic alternative like WPHP ceased to exist. The thought of calling a disciplinary board when a colleague or employee needs help with an illness is simply too uncomfortable.

Evidence from other states that have recently established confidential intervention programs such as WPHP demonstrate this phenomenon. The West Virginia Health Professionals Program (WVHPP) was established in November 2007 as a confidential healthcare provider recovery program. Prior to that, all intervention and monitoring of recovering providers was performed by the West Virginia Board of Medicine (WVBOM). Despite the fact that the prevalence of physician impairment is thought to hover around 2%, the WVBOM was aware of and monitoring *only* 5 recovering physicians in the entire state. Presumably there were more than 5 physicians in the state at the time suffering from addiction or other impairing illnesses who were continuing to practice while hiding their disease. By the end of their first year, the WVHPP had identified and enrolled 20 such physicians. By the end of their fifth year of existence, they were actively monitoring 112 such physicians – a 2,240% increase compared to the WVBOM's enrollment five years prior.

Established in 1991, the Alabama Physician Health Program received 34 referrals for help in its first year and 254 the following year - an exponential increase compared to the low number of previously impaired physicians known to and being publicly monitored by the Alabama State Board of Medical Examiners. In retrospect, there were clearly a number of concerned peers and employers willing to refer an impaired colleague once a confidential and non-disciplinary intervention program such as APHP was established.

The Mississippi Professionals Health Program (MPHP) was permitted to establish a confidential track for eligible healthcare professionals in 1998. Prior to this development, they received an average of 20 referrals per year, all of which came from the Mississippi State Board of Medical Licensure (MSBML). Subsequently, in 1997, MPHP was monitoring only 30 physicians recovering from an impairing illness such as addiction. In their first year of offering a confidential track, MPHP received roughly 110 new referrals, 80% of which came from the community as opposed to from the MSBML. This 367% increase in referrals indicates that many individuals were unwilling to self-refer or refer a colleague or employee for help unless there was some assurance that the physician would have an opportunity to protect his or her license and return to work once they were safe to do so. By 2003, the MPHP was monitoring roughly 120 recovering physicians under an active contract, a 400% increase in just five years. As in Alabama, creation of a confidential program in Mississippi greatly improved that state's ability to identify and intervene in situations of potential physician impairment.

Recently, the state of Georgia did not have a physician monitoring program until the creation of the Georgia Professional Health Program in early 2012. A comparison between Georgia and Alabama in 2009 revealed that although Georgia had 42% more licensed physicians (18,422) than did Alabama (10,518), Alabama was monitoring a significantly higher number of physicians with potentially impairing illnesses (270) through the APHP than were being monitored in Georgia (132) by the Georgia Composite Medical Board. Because of the existence of a confidential support program like the APHP, 52 physicians in Alabama came forward in 2009 for help, compared to 30 in the larger state of Georgia. Per 1,000 licensees, that is 4.95 impaired physicians in Alabama being intervened on per year, compared to only 1.63 in Georgia.

It is logical to conclude that because of the existence of a confidential intervention program like APHP, Alabama had more success with early identification of and intervention on physician impairment in 2009 than did Georgia. Likewise, in 2009 patients in the state of Georgia

likely had more exposure to medical care by potentially impaired providers than did their counterparts in Alabama.

Our own experience in Washington is consistent with those in the states described above and is confirmed by Dr. David. Dr. David's colleagues had no idea he had been addicted to prescription opioids and benzodiazepines for several years. In fact, Dr. David was serving as Chief of Staff of his eastern Washington single specialty group when he picked up the phone and called WPHP. Filled with shame about his addiction, he decided he had had enough and that there had to be a better way.

His wife had asked him several times over the past few months if he was "taking something," as he had become quite distant from her and their children. "Nodding off" under the influence of pain pills while watching a TV program on a Sunday afternoon, he finally told his wife about his addiction when she asked why he couldn't stay awake.

That day, Dr. David called WPHP to schedule an appointment in the next 24 hours. Immediately after meeting with WPHP clinical staff, he contacted his clinic to inform them he was going on immediate medical leave, and, at WPHP's direction, admitted himself to a treatment center nationally renowned for treating healthcare providers suffering from active addiction. He returned to work with WPHP's endorsement several months later after successfully completing his recommended inpatient substance abuse treatment program and enrolling in WPHP's ongoing monitoring program. After completing his five-year monitoring agreement with WPHP, he asked to continue to be monitored rather than be discharged from the program as scheduled. He reported that the structure and accountability provided by his involvement with WPHP been too helpful in his recovery to end his participation. Thus he continues in his seventh year of monitoring with WPHP today.

Shortly after entering treatment, Dr. David began to understand what a huge commitment sobriety can be, and he began to have second thoughts about his new journey. He might have left prematurely if he could have done so, but "I knew I needed your endorsement that I was safe to work again" so he stuck it out and ultimately discovered the joy of a life in recovery.

If a confidential support program such as WPHP did not exist, Dr. David cannot envision himself having instead contacted his peers, his employer, or the MQAC, potentially putting his medical license in jeopardy. He does not know if he would have sought treatment on his own or simply elected not to do anything about his disease and kept practicing. But he is certain that no one in his situation in the state of Washington would ever self-refer for help if their confidentiality from discipline could not be maintained by a program like WPHP.

In summary, experiences in multiple states including our own consistently demonstrate that the absence of a confidential and therapeutic program such as WPHP *would be a significant barrier* to early identification and intervention of physician impairment. Eliminating confidentiality would inhibit safe medical care for the patients of our state.

Contact Dr. Meredith and WPHP
800-552-7236
cmeredith@wphp.org
www.wphp.org

Suicide Education and Prevention Survey

Alyson R. Kohl, MA
ESHB 2366 Study Project Manager

Suicide is one of the major leading causes of death among our youth, men in many age groups as well as the elderly and military personnel/veterans. Washington State is attempting to find interventions to prevent suicides in our state. Currently a new law RCW 43.70.422 requires certain healthcare professionals to attend suicide prevention training every six years. Allopathic physicians and physician assistants are not included in the current legislation.

However, the law also requires that the Department of Health conduct a study regarding suicide education and prevention. The University Of Washington School Of Nursing was awarded the research project through a competitive bid process. As part of the study an online survey will be conducted in order to gain input from all healthcare providers. The survey will be open during the months of February and March and should take less than 10 minutes to complete. The link will be https://catalyst.uw.edu/webq/survey/emwalsh/188377; however, it is not yet active. A notification will be sent out through the list-serves and provider associations in February when the link is active. We encourage you to pass this link onto other providers you may know as input from all healthcare professions is a vital part of this study.

Information from the Executive Director

Maryella E. Jansen
Executive Director

As of November 1, 2012, licensing and application fees for Medical Doctors and Physician Assistants have changed due to a reduction in the $25.00 yearly Heal WA fee. The fees to access the University of Washington Library System (HEAL-WA.org) have been reduced to $16.00 per year. You will pay $18.00 less over a two year renewal cycle.

The reduced application/renewal fees are as follows:

- MD Application: $491.00
- MD Renewal: $657.00
- PA Application: $116.00
- PA Renewals: $202.00

MD and PA renewals fees can now be paid on line. You are encouraged to use this new service to expedite the renewal of your license.

Additionally, at the time of renewal, take the time to complete the Demographic Census. In the near future we will be offering the ability to complete the census electronically. More information on those advancements will be forthcoming in the next edition of *Update!*

Commission Vacancies

The Medical Commission has multiple opportunities to serve the public and the profession.

Current Vacancies

- Congressional District 4-physician
- Congressional District 7-physician

Upcoming Vacancies (June 2013)

- Congressional District 1-physician
- Physician Assistant Member
- Public Member

You can more information and apply through our website: http://go.usa.gov/GZV

Physician Assistant News

Athalia Clower, PA-C
Physician Assistant

Ellen J. Harder, PA-C
Physician Assistant

Happy New Year! Exciting times are ahead of us. The field of medicine is ever-evolving and we ought to remain focused on our patients and their health, while learning and adapting to new regulations, technological enhancements, new genome advances, political agendas, and an ever-changing world, among many other variables that affect our daily lives.

We believe as physician assistants we must eliminate the health barriers that exist between the haves and the have-nots. Although finances play a huge part of the equation, accurate information and timely knowledge hold the key to a healthy future.

Last November the Commission participated in a conference with the Federation of State Medical Boards (FSMB) regarding Board Certification. The goal is to gain understanding of and know-how about data and skills that we can use in our daily work with patients. The NCCPA provided information on several issues:

- Rolling out Specialty Certificates of Added Qualifications (CAQs), based on work, CME, and case study reviews: cardiovascular and thoracic surgery, orthopedic surgery, emergency medicine, psychiatry, pediatrics and hospital medicine.
- Ten-year certification cycle to replace six-year certification.
- Self-assessment tools.

Through all the changes and innovations happening both around and within us, may each one of us continue to provide excellent and compassionate care, one patient at a time. As a group, may we continue to support each other and our profession. Please feel free to contact us through email (Medical.Commission@doh.wa.gov) with your ideas and concerns for 2013.

Commission Case Reports: Allegations of Sexual Misconduct

Bruce F. Cullen, MD
Physician at Large

A 38-year-old woman with complaints of back pain was seen by a physiatrist in his office examination room. The patient complained that she was embarrassed and offended during the exam. When examining her thoracic spine the physician pulled up her shirt and exposed her breasts (she was not wearing a bra), and while examining her lower spine he exposed her buttocks and perineum.

The physician adamantly denied any prurient intent during the exam and stated that he had asked for, and received, the patient's permission to partially disrobe her for the examination. However, he admitted that he did not offer the patient a gown prior to the exam, and there was no chaperone present.

In these situations the Commission has considerable difficulty deciding what action to take regarding a patient's complaint. There was no witness present. After considering the lack of corroborating evidence, the physician's detailed description regarding the need to partially disrobe the patient in order to undertake a proper exam of the spine, and the fact that the physician had no previous complaints regarding an allegation of sexual misconduct, the Commission elected not to take action against the physician.

Complaints filed by persons alleging sexual misconduct by physicians are considered seriously and fully investigated by the Commission. Physicians are advised to take every conceivable step to avoid being named in such complaints. If the Commission does take action against a physician for a transgression, the consequences for the physician can be extreme. Even if the physician's license is not revoked and he or she is only placed on probation, there may be significant additional (unintended) consequences. Those could include the potential for the physician to lose his/her board certification, loss of hospital privileges, withdrawal from third party payer reimbursement panels, and difficulty in securing future employment.

Caution should be exercised when examining a patient of the opposite sex whenever there is the slightest possibility that the patient may interpret exposure or palpation of "sensitive" areas as inappropriate. Prior to the examination the patient should be offered the opportunity to disrobe in private and to put on a gown. It is also important for the physician to verbally inform the patient what he or she is about to do, and why, during the course of the exam. Finally, use of a chaperone during an exam is encouraged. Not only will this likely make the patient feel more comfortable, but should a complaint be filed testimony by a chaperone who witnessed an examination would assist the Commission considerably in deciding whether or not to take action against a physician.

For information as to what is considered sexual misconduct by a physician, please refer to Section 246-919-230 of the Washington Administrative Code.

Commissioner Spotlight: New Appointments

The Governor made a new appointment to the Commission in December 2012. We would like to take this opportunity to welcome the new Commission member.

Warren B. Howe, MD
District 2 (term expires June 2015)

A native of Bellingham, Dr. Howe is a graduate of the Washington School of Medicine in St. Louis, Missouri. He completed his internship at the Philadelphia General Hospital and his residency at University of Rochester. He is board certified in Family Medicine and Sports Medicine with over 40 years of experience in his field. Dr. Howe recently retired after 19 years as the team physician for Viking athletics and the student health center at Western Washington University but continues to volunteer his time in sports medicine at local schools and the WIAA.

Dr. Howe was appointed to fill a recently vacated position in Governor Gregoire's final appointment to the Commission. Dr. Howe, who served in the U.S. Navy, and wife Hedy have two grown daughters, Elizabeth and Sarah.

Departures

The Commission extends its sincere thanks to departing members Mitchell Kahn, MD and Ronald Schneeweiss, MCChB. Your service to Washington State and your profession is appreciated.

Washington State Physician Census

Leslie M. Burger, MD
Congressional District 3
Immediate Past Chair

In 2010, the Washington State legislature passed a law requiring the Medical Quality Assurance Commission to develop and implement a survey instrument to acquire demographic information about its licensees at the time of license renewal. Through a collaborative effort with physician organizations and other stakeholders, a census form was developed and in the spring of 2012 it was implemented. The commission had long wanted such a tool to better understand the practice of licensees for the purposes of education and improving patient safety and health care quality. The state likewise has a need for such information for disaster planning and work force development.

Presently, the census form is mailed to licensees with their renewal notice. Since September, 2012, license renewal can be accomplished online. It is anticipated that in the not too distant future, the census form will also be online and part of the online renewal process.

The commission has received approximately 4,000 responses thus far. The number continues to grow significantly each month, and it is hoped that over the course of the two year renewal cycle the census data will approach 100 percent. Of the responses thus far received:

- 70% of the licenses are male, 30% female.
- 14% are 65 years of age or older.
- 4% of the total are retired
- 24% of licensees do not practice in Washington State.
- 92% completed an ACGME approved residency program.
- 90% are certified in a specialty recognized by the American Board of Medical Specialties

As we develop more data, we will share it with you in the MQAC Update. The commission strongly encourages you to complete the census in a timely manner. We welcome your comments as we move forward with this project.

Did you know?

The Commission publishes case studies based on complaints we receive. We send these to all Washington hospitals and publish them on our website.

Try it now: http://go.usa.gov/rMVG

Administrative Actions: July 1, 2012 – September 30, 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

Hovey, Charlotte E., MD (MD00036921) (Florida)
Findings of Fact, Conclusions of Law and Final Order of Default (Failure to Respond), July 16, 2012. Following a default hearing, the Commission found that Respondent entered into an Interim Cessation of Practice Agreement with the Colorado Medical Board and, after Respondent failed to respond to a Statement of Charges, indefinitely suspended Respondent's license to practice in Washington.

Pierson, Jeffrey S., MD (MD00041338) (Oregon)
Stipulated Findings of Fact, Conclusion of Law and Agreed Order, August 24, 2012. Respondent acknowledged the evidence was sufficient for the Commission to find that Respondent had a sexual relationship with a patient, provided substandard care to the patient, conspired with the patient to commit fraud, pleaded guilty to the crime of Conspiracy to Defraud the United States, and surrended his license to practice medicine in Oregon. Respondent agreed that his license would be placed on probation for four years, practice in a group of at least two other physicians, employ a chaperone when he treats female patients, submit to practice reviews, undergo therapy, complete a professional boundaries course, pay a fine, and appear before the Commission annually.

Sahai, Animesh MD (MD00045559) (Richland, Benton County)
Stipulated Findings of Fact, Conclusion of Law and Agreed Order, August 24, 2012. Respondent maintained substandard patient records and the medical records do not support Respondent's recorded diagnoses. Respondent agreed that his license would be placed on probation for three years, he would complete continuing medical education on documentation and charting of patient encounters, make a presentation to his staff on the importance of documentation, complete an ethics course, write a paper, submit to practice reviews, pay a fine, and appear before the Commission annually.

Informal Actions

Bourne, Randolph B., MD (MD00047603)
(Edmonds, Snohomish County)
Stipulation to Informal Disposition, August 24, 2012. Respondent allegedly performed a D&C on a patient for a suspected ectopic pregnancy, found no evidence of an ectopic pregnancy and proceeded with a laparoscopy and finding a large right ovarian mass, which he attempted to remove, but due to ovarian bleeding, ended up removing the entire right ovary. Sometime after the surgery, Respondent viewed an ultrasound report showing a uterine pregnancy with a visible yolk sac. Respondent allegedly breached the standard of care by failing to review the ultrasound prior to taking the patient to surgery, and by failing to convey the results of the ultasound to the patient so that she could make an informed decision. Respondent does not admit the allegations. Respondent agreed that his license would be placed on probation for two years, he would prepare a protocol to ensure that ultrasounds are received and reviewed prior to surgery, complete CME in diagnosing ectopic pregnancy and when to operate with such a diagnosis, write a paper, pay costs, and submit to a practice review.

Chen, John C., MD (MD00035600)
(Seattle, King County)
Stipulation to Informal Disposition, August 24, 2012. Respondent allegedly provided substandard care to a patient with a post-operative infection. Respondent allegedly mis-diagnosed the infection as a MRSA infection, failed to consult with an infectious disease specialist, and failed to send the patient to the hospital when renal failure continued to worsen. Respondent does not admit the allegations. Respondent agreed that his license would be placed on probation for two years and that he would complete CME on antibiotics and their side effects, write a paper, pay costs, and submit to practice reviews.

Coleman, Scott R., PA (PA10005096)
(Idaho)
Stipulation to Informal Disposition, August 24, 2012. Respondent allegedly had his license to pracctice medicine in Idaho restricted. Respondent does not admit the allegations. Respondent agreed that his license in Washington would be placed on probation, that he would comply with the Idaho order, undergo a substance abuse evaluation if he returns to Washington, and appear before the Commission if he renews his license.

Collins, Raquel M., MD (MD00042267)
(Florida)
Stipulation to Informal Disposition, August 24, 2012. Respondent allegedly performed an on-the-table bowel preparation and emergent bowel resection after which the appendiceal tie placed by Respondent came off, causing a bowel leak into the abdomen, leading to a fistula, ileus, and sepsis. Respondent does not admit the allegations. Respondent agreed that her license would be placed on probation for 36 months, write a paper on managing the acute surgical abdomen and indications for performing an intra-operative bowel preparation, submit reports to the Commission about her practice every six months, maintain a log of surgeries performed, pay costs, and submit to practice reviews.

Desaveur, Brandi J., PA (PA10005083)
(Spokane, Spokane County)
Stipulation to Informal Disposition, August 29, 2012. Respondent allegedly forged a document that she submitted to her employer indicating she was certified by the National Commission on Certification for Physician Assistants when she was aware her certification had expired. Respondent reported to the Commission that the NCCPA revoked her certification. Respondent does not admit the allegations. Respondent agreed that her license would be placed on probation for two years, complete an ethics course, write a paper, pay costs, and appear before the Commission annually.

Duran, Wayne M., MD (MD00020201)
(Auburn, King County)
Stipulation to Informal Disposition, September 5, 2012. Respondent allegedly assumed responsibility for monitoring a 72-year old patient's Coumadin regimen. During the course of adjusting the Coumadin dosage based on lab results, Respondent determined a need to decrease the dosage. Respondent directed his office assistant to contact the patient, the communication was not adequately transmitted to the patient. The patient died from an intra-cranial bleed. Respondent does not admit the allegations. Respondent agreed that his license would be placed on probation for two years, write a paper, develop a protocol for the timely transmission of critical medical information, pay costs, and submit to practice reviews.

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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

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Hawkins, Richard S., (MD00013862)
(Tacoma, Pierce County)
Stipulation to Informal Disposition, August 24, 2012. Respondent allegedly provided substandard care to a patient by prescribing excessive pain medication despite evidence the patient was receiving pain medication from other physicians, obtaining pain medication over the Internet, and driving under the influence of pain medication. Respondent does not admit the allegations. Respondent agreed that his license would be placed on probation for 54 months, complete CME in pain management, write a paper, make a peer-group presentation, pay costs, and submit to practice reviews.

Rosales, Joseph G., MD (MD00046241)
(Seattle, King County)
Stipulation to Informal Disposition, August 29, 2012. Respondent's electronic medical record software generated a visit note that incorrectly indicated that a full examination, including an examination of the heart and lungs, was performed on a patient's initial visit to see Respondent for chemotherapy,. Respondent failed to correct this error in the medical records. This error was perpetuated in the chart notes for seven subsequent visits. The "physical exam" section for each of these eight visits contained a verbatim description of the examination described in the note of the initial visit. The medical record system has been adjusted to avoid this error in the future. Respondent does not admit the allegations. Respondent agreed that his license would be placed on probation until he completes an ethics course.

Shook, David E., MD (MD00043485)
(Tacoma, Pierce County)
Stipulation to Informal Disposition, August 24, 2012. Respondent, a radiologist, reviewed films of a woman who came to the emergency department after hearing a popping while exercising and with a stabilizing plate attached to the neck area of her spine. The x-rays showed a loose screw lying to the side of the plate on the patient's cervical spine. Respondent mentioned the screw in his report, but did not mention it as a significant finding in the conclusion portion of the report that was sent to the emergency department physician. Respondent did not document that he called the physician or took any other action to bring this to the attention of the physician. Respondent does not admit the allegations. Respondent agreed that his license would be placed on probation for two years and that he would write a paper, develop a protocol to ensure the timely communication of critical medical information, make a peer-group presentation, pay costs, and submit to practice reviews.

Twe, Sui M., (MD00016879)
(Kent, King County)
Stipulation to Informal Disposition, August 24, 2012. Respondent allegedly prescribed pain medications to a number of patients and failed to adequately manage and treat these patients, prescribed Zoloft without seeing and evaluating the patient, failed to adequately supervise a medical assistant, and accepted unused medications from patients and gave them to patients who could not afford them. Respondent does not admit to the allegations. Respondent agreed that her license would be placed on probation for three years, that she would be permanently restricted from treating chronic noncancer pain with opioids, submit a protocol on the proper disposal of unused and expired medications, personally evaluate every patient for whom she is prescribing medication at least every six months, use the SOAP format in charting patient encounters, complete a professional boundaries course, submit to practice reviews, pay costs, and appear before the Commission annually.

Wahl, William H., MD (MD00009215)
(Seattle, King County)
Stipulation to Informal Disposition, September 12, 2012. Respondent allegedly provided medical cannabis authorizations in a clinic that also provided medical cannabis, a violation of state law. Respondent does not admit the allegations. Respondent agreed that his license would be placed on probation for three years and would be restricted from authorizing medical cannabis.

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.

Medical Commission Vital Statistics

- The Commission is currently participating in a 5-year pilot project to measure performance and efficiency
- 21 members: 13 MDs, 2 PAs, 6 public members
- 39 staff, $14.7M biannual budget
- The Commission currently licenses 29,108 physicians and physician assistants
- 99.8% of complaints processed on time in 2012
- 92% of investigations completed on time in 2012
- 92% of legal cases completed on time in 2012
- Reduced investigations over timelines by 99%
- Reduced legal aged-case backlog by 74%
- Followed legislatively-mandated disciplinary sanction rules in 99% of disciplinary orders

Actions in Fiscal 2012

- Issued 2221 new licenses
- Received 1400 complaints/reports
- Investigated 1008 complaints/reports
- Issued 93 disciplinary orders
- Summarily suspended or restricted 11 licenses
- Actively monitoring 181 practitioners
- 48 practitioners completed compliance programs

Policy Corner

At the January 11, 2013 Business Meeting the Commission approved/updated the following policies:

- MD2013-01 Review procedure for *Update!*, the quarterly newsletter of the Medical Commission
- MD2013-02 Whistleblower Protection

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

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

Please submit suggestions to:
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 2013

Date	Activity	Location
February 21-22	Regular Meeting	Department of Health 310 Israel Rd SE, 152/153 (DOH) Tumwater, WA 98501
April 4-5	Regular Meeting	Pugest Sound Educational Service District (PSESD) Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057
May 16-17	Regular Meeting	DOH
June 27-28	Regular Meeting	PSESD
August 22-23	Regular Meeting	DOH
October 2-4	Educational Conference	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512
November 14-15	Regular Meeting	PSESD

Other Meetings

Federation of State Medical Boards	Annual Meeting April 18-20, 2013	Boston, MA
Washington State Medical Association	Annual Meeting Sept. 28-29, 2013	Spokane, WA

All Medical Commission meetings are open to the public

Washington State Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

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

Medical Commission Contact Information

Applications:	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
Compliance:		360-236-2781
Investigations:		360-236-2770
Fax:		360-236-2795
E-mail:		medical.commission@doh.wa.gov
Demographics:		medical.demographics@doh.wa.gov
Website:		http://go.usa.gov/dGj
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

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

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
Frank M. Hensley
Bruce G. Hopkins, MD
Warren B. Howe, MD
Mark L. Johnson, MD
Peter K. Marsh, MD
Linda A. Ruiz, JD
Michelle Terry, MD
Mimi Winslow, JD

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Micah Matthews, Managing Editor: micah.matthews@doh.wa.gov

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