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

Message from the Chair

Summer has drawn to a close and I hope all of you have had the opportunity to spend some time relaxing with family, friends, and your favorite recreational activities. The weather has been spectacular and the blue moon added its piece of joy. We all, I know, are thankful for the glorious country in which we have the privilege of living. Self care is a critical part of the practice of medicine for which we all must take personal responsibility.

The Commission has continued to be as busy as ever, with the total number of complaints still rising, 1,400 in fiscal year 2012, and a stable number of staff to deal with the workload. We took pause from our normal work duties at the end of August for our annual educational workshop—this year entitled: "Into the Future: Designing Better Patient Safety Systems". This two day workshop brought us a wealth of information on current issues with a focus on how they affect the disciplinary process. From Evidence Based Practice to Social Media to the Affordable Care Act, the top minds instructed attendees in the latest information and research. Jane Ballantyne, MD, Professor of Education and Research at the University of Washington, who graciously gave her time before traveling to a conference in Milan, Italy, spoke on managing the pain rules and the latest research on chronic opioid therapy.

Gary Kaplan, MD, CEO of Virginia Mason, spoke on patient safety and their systems approach using the Toyota production model. Margaret O'Kane, MHA, President of the National Committee for Quality Assurance, presented on protecting patients within and without systems and issued some patient focused challenges to your Commission.

Patrick O'Carroll, MD, RADM Assistant Surgeon General, USPHS Region X helped us further understand the Affordable Care Act and its interdependent parts. Stuart Freed, MD, Medical Director of the Wenatchee Valley Medical Clinic presented their program on management of chronic non cancer pain, which is starting its third year of operation. This is an impressive program with encouraging outcomes.

The workshop reading materials with these presentations are currently on the Commission website. We hope to have the videos of these presentations posted in the coming months. All of our presenters did a fantastic job and we thank them for their generous donation of time and knowledge.

We continue to collect demographic information. This is critical for state-based work-force planning. Please be sure to complete your survey at the time you renew your license or download it anytime from our website and follow the return instructions.

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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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I am proud to announce the Commission has implemented several innovations in the renewal process. The Commission is partnered with Veridoc, Inc. to provide immediate verification of licensure for our physicians (MDs only). Veridoc.org sends verifications to other state medical boards and is a one stop service for those applying to one or multiple states. This will join the Federation of State Medical Boards Uniform Application and Credentials Verification Service in our effort to shift to electronic licensing processes. Finally, as of September 17, those that hold a medical doctor or physician assistant license may renew their credentials online. With this enhancement, the Medical Commission licensing process is completely electronic, from application to renewal to verification. We are proud of the evolution the staff has accomplished in just over one year.

Portability of licensure is a national issue the Commission is watching closely. With the rise in telehealth applications as technology expands, we are seeing more focused efforts to streamline the licensure process and remove barriers to entry. The Medical Commission is in favor of removing barriers to entry in Washington, but not at the expense of patient safety or the high level of practice performed by our practitioners every day. In an effort to address the issue of barriers, the Commission is exploring legislation to update and reform licensure requirements. We should have more information regarding those efforts in the Spring 2013 newsletter.

We continue to look at the changing landscape surrounding the practice of clinical medicine with more focus on systems and process to support good outcomes. The issue for us is how this affects the disciplinary process for individual providers as we become more dependent on systems integration. We are studying *Just Culture* algorithms and how they could be applied to the business of the Commission.

The pain rules have now been in effect for nine months. We have yet to receive a complaint for failure to prescribe or under-prescribing. By contrast, the complaints coming to the Commission continue to be for over-prescribing and they tend to be from concerned family members or colleagues. We are encouraged by reports from Labor and Industries and DSHS of a decreasing number of unintentional opioid related deaths. Also, systems such as the University of Washington and Group Health are reporting a decrease in overall prescribing—hopefully a positive sign. While we cannot give direct credit for these decreases to the pain rules, our hope is that they act as positive reinforcement of best practices. The response from the medical community at large and our state medical board peers has been one of appreciation and emulation.

The Medical Commission continues its effort to educate the practitioners in Washington on issues ranging from the pain rule to office-based surgery to due process in medical discipline. If you or your practice would like a presentation or more information, please email Medical.Commission@doh.wa.gov.

As always, your feedback is encouraged. It is an honor to serve my second term as your chair in this exciting time of change and evolution.

Regards,

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

Teen Driving and the Role of Medical Providers

Motor vehicle crashes are the leading cause of death for young people age 15 to 24. In Washington State from 2006-2010, this age group lost 547 of their peers… that's over 51 deaths each year. Another 2,870 youth were injured badly enough to be hospitalized. Some of them incurred lifelong disabling injuries. The crash rate for teens is the highest among all drivers - they represent six percent of all drivers, yet account for about 14 percent of total crashes per million miles driven.

Medical care providers, especially pediatricians, have traditionally talked with teens and parents about the risk of drinking and driving, and the benefits of wearing seatbelts. Busier roads combined with higher use of technology have made driving more complicated. Healthcare providers have opportunities during well child and back to school visits to talk about the driving risks with new teen drivers and their parents. Below are a few sample questions developed by the Children's Hospital of Philadelphia that can help guide a medical provider's discussion:

- Is your teen demonstrating knowledge of the rules of the road and other proficiencies based on lessons learned in driver education classes?
- Are there any medical or physical issues (e.g., untreated seizures, significant uncorrected visual impairment, uncontrolled diabetes, amputation, concussion) that may prevent them from driving safely?

- Are there any behavioral or neuropsychiatric issues (e.g., drug dependence, depression, ADHD, intellectual disability) that may prevent them from driving safely?

More questions and related information for medical providers are available at:

http://www.chop.edu/professionals/childrens-doctor/articles/adolescent-medicine.html#questions

Additional information to support families is available at:

- www.teendriversource.org/support_parents
- www.aaafoundation.org
- www.allstatefoundation.org/teen-driving

Commissioner Spotlight: New Appointments

The Governor made three new appointments to the Commission in August 2012. We would like to take this opportunity to welcome the new Commission members and congratulate them on their appointment.

Mitchell Kahn, MD
District 2 (term expires June 2015)

Governor Gregoire appointed Dr. Mitchell Kahn to the Medical Commission in August 2012 for a four year term. He is board certified in Internal Medicine, Nephrology and Geriatrics. Dr. Kahn graduated from Columbia University's College of Physicians and Surgeons, where he also did his residency and fellowship and remained on the clinical faculty for two decades.

In 1998, Dr. Kahn became the director of Miller Health Care Institute for Performing Artists in New York, the largest and most comprehensive institute for performing arts medicine in the county. In 2006, Dr Kahn relocated to Bellingham where he practices primary care internal medicine. Dr. Kahn serves on the Board of Directors for both the Bellingham Festival of Music and the Skagit Opera.

Ronald Schneeweiss, MBChB
District 6 (term expires June 2013)

Governor Gregoire appointed Dr. Ron Schneeweiss to the Medical Commission in August 2012 to complete the term of a retiring Commissioner. He is an emeritus professor in the Department of Family Medicine at the University of Washington, where he has been on the faculty for the past 35 years. He served in various capacities including department chair from 1991-1998. He retired fully in 2012.

Dr. Schneeweiss received his medical degree from the University of Cape Town, South Africa and his internship and residency training in Family Medicine at the Tel Hashomer Hospital in Israel. Immigrating to the United States in 1974, he joined the faculty of the Medical University of South Carolina in Charleston for three years. University of Washington recruited him to Washington, where he has remained. Excited at the prospect of educating medical students and family practice residents, Dr. Schneeweiss is recognized as an effective teacher of clinical reasoning and general physical examination skills. His research focused on understanding the content and function of family medicine and primary care.

Dr. Schneeweiss is married, has three children and six grandchildren. His recreational interests include gardening, reading and singing in a chorale.

Michelle Terry, MD
Physician at Large, Seattle
(term expires June 2016)

Dr. Michelle Terry is a clinical associate professor of pediatrics at the University of Washington School of Medicine. She sees patients at Seattle Children's Hospital as a pediatric hospitalist where she teaches medical students and pediatric residents. Dr. Terry is also employed by the State of Washington as a medical consultant to the child and family social workers who arrange care for children who are dependents of the State (in foster care) through the Department of Social and Health Services, Children's Administration.

In the community, she serves as a board member for the state wide non-profit organization Child Care Resources, helping families find child care for their children, so parents can work outside the home. She also writes the "Ask Dr. Terry" blog for the Seattle based non-profit Children's Trust Foundation, helping all children get a great start in life. She received her AB from Stanford University and her MD from Baylor College of Medicine in her hometown of Houston, Texas. She completed her residency in pediatrics at the Seattle Children's Hospital joint program with the University of Washington. Dr. Terry is married and has three children.

The Washington Physicians Health Program Report

Charles Meredith, MD
Medical Director, WPHP

Utilization of Mental and Behavioral Health Services by Physicians

A recent article in the *British Medical Journal* (BMJ) explores how doctors access mental healthcare services and the barriers associated with physician self-care. Given the cultural expectation that doctors are consistently healthy people who treat sick patients, the transition to physician as patient is often challenging. This transition has been described as particularly difficult for physicians with mental illness.

Though more research is necessary, the recent BMJ article concludes that doctors frequently minimize or deny early signs of mental illness and their need for healthcare as a result of unrealistic expectations of themselves and each other. These expectations are rooted in perfectionism and unreasonably high standards and become maladaptive when applied to oneself. This is certainly consistent with what the clinical staff of the WPHP has observed over the last eight years in its attempts to engage and assist physicians and physician assistants coming to terms with mental health concerns. The WPHP has spent a great deal of effort to improve and support the accessibility of adequate mental and behavioral healthcare for healthcare providers in Washington, acknowledging that the health of our healers is as important as the health of their patients.

WPHP formally began taking referrals for healthcare practitioners with psychiatric and behavioral issues in 2004. Since that time, the number of referrals and clients being monitored for such conditions as major depressive disorder, bipolar illness, and disruptive behavior has steadily risen. In 2011, WPHP served 129% more behavioral health clients compared to 2007 figures. Thus far in 2012, WPHP has received 52 behavioral health referrals. These are referrals that are unrelated to substance abuse.

Typically, when WPHP receives a report of a behavioral health concern, WPHP's staff psychiatrist or mental health counselor performs an initial evaluation of the details and often invites the referred individual to meet with the WPHP clinical staff for an in-person assessment. During this visit, trained staff members explore the need for further clinical evaluation or treatment. If neither evaluation nor treatment is necessary at that time, WPHP provides endorsement that the practitioner can return to work. If additional formal evaluation or treatment is indicated, the WPHP clinical team works with the client to determine acceptably qualified options for mental healthcare evaluators and/or treatment providers. The confidentiality of individuals referred to WPHP is protected to the maximum extent provided by existing state and federal law.

Following successful completion of any indicated formal evaluation or treatment, the individual enters into a monitoring contract with WPHP for a variable length of time. During monitoring, WPHP confers with his or her treating mental healthcare provider(s) and provides advocacy with employers and other concerned parties as necessary.

Emerging research recommends education for medical students, practitioners in training, and physicians about distinguishing between stress, burnout, maladaptive coping, depression, and risk of suicide. Though physicians have the same prevalence and incidence of psychiatric illness as their patients, their suicide rate is significantly higher than that of the general population. Many experts believe this is due to the propensity of perfectionistic healthcare providers to avoid reaching out for support, as observed in the aforementioned BMJ article. WPHP staff members are trying to bring light to this ongoing problem and are available to provide educational presentations to your medical staff or medical group about the resources available to our state's healthcare providers suffering from these common behavioral illnesses.

If you or a colleague you know is experiencing a significant behavioral health concern, please call the Washington Physicians Health Program at 206-583-0127. WPHP staff members are available to provide support, advocacy, and advice about skilled and expert treatment services in your area

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

The Public Member: One Viewpoint

Frank Hensley
Public Member

Why are there six non-clinical public members on the Medical Commission? What do they do? What's the object? Okay, fair questions. While I can't speak for the Legislature's intent when they passed the law, it's a good bet that it wanted the public's (read that "patient's" or "consumer's") interest to be represented. And these six members take that responsibility very seriously.

Do public members substitute their judgment for doctors' diagnoses or evaluate medical procedures? Decidedly not! Clinical judgments are made by qualified physician members or outside experts.

Then what do public members do? They act as reviewers on many of the complaints handled by the Commission that involve non-medical matters. Examples of these include instances of unprofessional behavior, boundary violations, criminal convictions, alcohol or chemical addiction, questionable license applications, sexual misbehavior and improperly kept medical records. Public members serve very capably as the primary reviewer on such cases.

Public members also sit on various panels that process the work of the Commission. They serve on hearings, which are similar to formal trials, where cases are presented in non-technical terms by attorneys. They participate on the Case Management Team, which initially determines whether a complaint indeed describes a violation, and so would merit a formal investigation and review. They also sit on the Policy Committee, which reviews the need for new or modified rules of policy statements.

And how do public members get along with the medical people on the commission? When I was first appointed, I frankly anticipated some friction between these groups. It never happened. There is an atmosphere of mutual respect.

Another question I've been asked is whether public members seek stiffer penalties for medical practitioners than their medical counterparts. I'm a hard-bitten retired military officer with a second career as a by-the-book auditor. To my surprise, I frequently find myself defending practitioners or arguing for leniency with the clinical members who have little tolerance for fellow practitioners who violate the law or accepted standards of care.

Role of Commission Staff Attorneys

Michael Farrell, JD
Legal Manager

The Commission employs five staff attorneys to help in each of the four areas of its mission: discipline, education, rule-making and education.

These attorneys are involved at all stages of the disciplinary process, ensuring that discipline of physicians and physician assistants is carried out in a fair manner consistent with due process. They provide guidance on the assessment of complaints, work with investigators on complex investigations, provide legal analysis and options on the appropriate course of action on each complaint, and assist Commission members in settling cases. The staff attorneys may also support the assistant attorneys general who handle contested hearings before the Commission and other litigation-related matters. Staff attorneys also work closely with the Commission's compliance officers to help ensure that licensees comply with orders.

Although staff attorneys may spend the majority of their time on disciplinary cases, they assist the Commission and its staff in other ways. They work with the licensing staff on difficult applications; assist the Commission in developing policy, guidelines, interpretive statements and rules; and are actively engaged in educating the medical profession and the public about the Commission's work.

The staff attorneys bring a wealth of experience to the work of the Commission, averaging 28 years of experience in legal practice. They fulfill a vital role to address the wide variety of questions and issues that arise during the course of Commission business. They reinforce the Commission's commitment to promote patient safety and to enhance the integrity of the medical profession.

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

Commission Case Reports: "TCMI"

Bruce Cullen, MD
Physician at Large

Case #1: A patient being treated with Coumadin had blood drawn in a physician's office and sent to a local laboratory for a coagulation panel. The results were returned to the office, reporting an abnormally elevated INR, but the office staff filed the results in the patient's chart without notifying the physician. The patient sustained a major GI bleed and required multiple days of hospitalization.

Case #2: A patient was admitted to the ER for possible appendicitis. A CT scan was taken which the ER physician read as negative for appendicitis and the patient was discharged home. When the scan was read later by a radiologist a suspicious mass was noted in the patient's kidney. Neither the ER physician nor the patient's primary care physician became aware of this finding. The patient died several months later of metastatic renal cell carcinoma.

Case #3: An intensivist placed an endotracheal tube in a patient with progressive respiratory failure. A routine chest x-ray was ordered to confirm proper placement. The intensivist was called away to care for another patient. The radiologist noted that the endotracheal tube was in a mainstem bronchus and called the ICU but did not ask to speak to the intensivist. Instead a message was left with the clerk who did not transmit the information immediately to the treating physician. The patient subsequently developed severe atelectasis in the non-ventilated lung.

Each of these cases illustrates a failure in the transmission of critical medical information (TCMI). It is important that non-routine clinical communications be handled in a manner most likely to reach the treating physician in time to provide appropriate care for the patient. When critical information must be transmitted, communication by telephone, or in person, directly to the treating physician is generally advocated, although other forms of communication can be utilized if prompt delivery, and receipt, of the information is assured. Ultimately, it is the responsibility of physicians, whether acting as a patient's primary care provider or as a consultant, to insure that critical information about the patient is properly transmitted, and received. A physician should not rely on "the system" to insure that critical information will be properly handled unless "the system" has identified a responsible person and method to insure that TCMI was sent and received by an appropriate person involved in the patient's care. In some situations, it may also be advisable to include the patient in the list of immediate recipients.

For more information regarding proper TCMI, physicians should review the Commission's guidelines on the subject which are available online at:

http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission/MedicalResources/PoliciesGuidelinesandRules.aspx

Commission Vacancy: District 4

The Medical Commission has a vacancy for a physician to represent congressional district 4. This recruitment closes on September 30, 2012. You can read the the recruitment notice on our website:

http://go.usa.gov/74D

Online renewal available for Physicians and Physician Assistants

As of September 17, 2012, Physicians and Physician Assistants may renew online.

The Medical Commission is pleased to announce the arrival of online renewals for physicians and physician assistants licensed with the Commission. Online renewal is not available for limited license types at this time.

There are several steps to follow to renew your credential. Complete instructions are at the link below. We accept VISA, MasterCard, debit, and electronic check payments with a $2 convenience fee for the use of the online renewal system. The credential holders will receive a payment receipt page at the end of the process which they can print. If successful, the license update in the agency's licensing system will take place immediately. You should receive your new credential within ten (10) business days.

For additional information and instructions please visit our website at: http://www.doh.wa.gov/LicensesPermitsandCertificates/MedicalCommission/MedicalLicensing.aspx. To verify the status of a credential, please use our provider credential search page at https://fortress.wa.gov/doh/providercredentialsearch/

Administrative Actions: April 1, 2012 – June 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

Adams, Brandon L.W., MD (MD00026765)
(Seaview, Pacific County, WA)

Stipulated Findings of Fact, Conclusion of Law and Agreed Order, May 17, 2012. Respondent has a physical condition that interferes with this ability to practice medicine with reasonable skill and safety. Respondent surrendered his license.

Aflatooni, Lila ., MD (MD00024955)
(Bremerton, Kitsap County, WA)

Stipulated Findings of Fact, Conclusion of Law and Agreed Order, April 5, 2012. Respondent failed to comply with the record-keeping requirements of a Stipulation to Informal Disposition dated April 23, 2009. Respondent also failed to treat a pregnant patient's high blood pressure. The patient was diagnosed the next day with severe preeclampsia. Respondent agreed to surrender her license before December 31, 2012, and, in the meantime, she will not treat pregnant patients.

Earl, David T., MD (MD00028611)
(Moses Lake, Grant County, WA)

Findings of Fact, Conclusions of Law and Final Order, April 23, 2012. Following a hearing, the Commission found that Respondent provided substandard care to several patients and engaged in misrepresentation in his documentation of patient consultations and evaluations. The Commission placed Respondent's license on probation for five years and required him to fully cooperate with a clinical skills assessment in the Center for Personalized Education for Physicians program, take an ethics course, appear before the Commission every six months, obtain a practice monitor, and pay a fine.

Jones, Nila G. MD (MD00040656)
(Woodland, Cowlitz County, WA)

Stipulated Findings of Fact, Conclusion of Law and Agreed Order, May 30, 2012. Respondent surrendered her license to practice medicine in the state of Oregon. Respondent agreed to a two-year probationary period during which she will complete CME in documentation of patient encounters, submit to practice reviews, request medical directors for locum tenens assignments to submit reports to the Commission, appear before the Commission annually, notify the Commission of changes in employment, and pay a fine.

May, April A., PA-C (PA10004379)
(Benton City, Benton County, WA)

Stipulated Findings of Fact, Conclusion of Law and Agreed Order, June 28, 2012. Respondent failed to comply with a Commission order dated July 8, 2004, and tested positive for benzodiazepines. Respondent agreed to an indefinite suspension of her license

Singh, Sawraj MD (MD00024891)
(Ellensburg, Kititas County, WA)

Findings of Fact, Conclusions of Law and Final Order, April 3, 2012. Following a hearing, the Commission found that Respondent performed 247 removals of skin lesions or other skin tissue from patients when it was not medically necessary. These acts constituted moral turpitude, negligence, abuse and misrepresentation. The Commission permanently revoked Respondent's license.

Informal Actions

Aflatooni, Godhrat A., PA (PA10001932)
(Bremerton, Kitsap County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent allegedly failed to treat a pregnant patient's high blood pressure. The patient was diagnosed the next day with severe preeclampsia. Respondent allegedly did not adequately document the visit and was not wearing a name badge identifying himself as a physician assistant when a Commission investigator came to his office. Respondent does not admit the allegations. Respondent agreed to surrender his license before December 31, 2012, and, in the meantime, he will not treat pregnant patients and will comply with specific record-keeping requirements.

Anderson, Stephen B., MD (MD00012590)
(Bellevue, King County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent administered preoperative oral antibiotics to a patient within one hour of a facelift procedure, but allegedly failed to provide intravenous antibiotics one hour before surgery to prevent infection. Respondent does not admit the allegations. Respondent agreed to two-year probationary period, was given credit for taking remedial education and for developing an office protocol regarding appropriate preoperative administration of antibiotics, and agreed to submit to practice audits.

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Administrative Actions continued from page 7

Ballard, Leslie J., MD (MD00038863)
(Chico, California)

Stipulation to Informal Disposition, June 28, 2012. Respondent had conditions placed on her license by the Medical Board of California. Respondent does not admit the allegations. Respondent agreed to three-year probationary period and must comply with the California order, including educational and clinical training recommendations of the Physician Assessment and Clinical Education program.

Bryant, Tanya I., MD (MD00044245)
(Edmonds, Snohomish County, WA)

Stipulation to Informal Disposition, June 28, 2012. Respondent allegedly agreed to serve as a mentor for another physician who was under a Commission order. Respondent submitted quarterly reports to the Commission, but allegedly did not prepare the reports, allegedly did not perform her mentoring duties, and allegedly signed the reports without reading them. Respondent does not admit the allegations. Respondent agreed to a probationary period during which she will take an ethics course and pay a cost reimbursement. Respondent completed the ethics course, paid the costs and was released from the Stipulation to Informal Disposition on July 13, 2012.

Clark, James Eric, MD (MD00030484)
(Mercer Island, King County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent allegedly abused alcohol. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will comply with a WPHP monitoring contract, pay costs, and appear before the Commission annually.

Clark, Michael S., MD (MD00039466)
(Seattle, King County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent allegedly failed to maintain appropriate professional boundaries by providing medical care at the residences of two patients, allegedly failed to keep contemporaneous records of prescriptions for medication, and allegedly accepted personal gifts from a patient. Respondent does not admit the allegations. Respondent agreed to a three-year probationary period during which he will take an ethics course, maintain compliance with a WPHP contract, appear before the Commission annually, and pay a cost reimbursement.

Dunnington, David A., MD (MD00017629)
(Arlington, Snohomish County, WA)

Stipulation to Informal Disposition, May 17, 2012. Respondent allegedly failed to provide appropriate pain management for two patients. Respondent does not admit the allegations. Respondent agreed to a probationary period during which he will develop a written protocol identifying history and physical factors and a non-exclusive list of other events that will trigger mandatory random drug screening of patients, cooperate with Commission practice reviews, develop a pain management contract, appear before the Commission annually, and pay a cost reimbursement.

Finnigan, Kevin, PA-C (PA10005138)
(Puyallup, Pierce County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent allegedly suffered an alcohol-related relapse. Respondent does not admit the allegations. Respondent agreed to a probationary period during which he will comply with a WPHP monitoring contract, pay costs, and not practice until he receives an endorsement from WPHP and undergoes a neuropsychological examination.

Fofie, Anita E, MD (MDRE.ML20009130)
(Vancouver, B.C., Canada)

Stipulation to Informal Disposition, May 17, 2012. Respondent allegedly self-prescribed controlled substances. Respondent does not admit the allegations. Respondent's license is expired and she resides outside the state. Respondent agreed that if she returns to Washington and applies to renew her license, she will submit a written petition to the Commission, personally appear before the Commission, and enroll in the WPHP.

Gendron, Blake P., MD (MD00022124)
(Fircrest, Pierce County, WA)

Stipulation to Informal Disposition, June 20, 2012. Respondent allegedly is unable to practice medicine with reasonable skill and safety due to a medical condition. Respondent does not admit the allegations. Respondent agreed to retire from the practice of medicine and to surrender his license.

Hao, Adoracion B., PA-C (PA10002064)
(Renton, King County, WA)

Stipulation to Informal Disposition, May 17, 2012. Respondent allegedly wrote illegible prescriptions, wrote prescriptions on a pad that listed her name but did not state that she is a physician assistant, signed prescriptions without putting "PA" after her name, failed to wear a name badge identifying herself as a physician assistant, and signed medical records without indicating she was a physician assistant. Respondent does not admit the allegations. Respondent agreed to a four-year probationary period during which she will ensure that she properly identifies herself as a physician assistant, review and become familiar with the laws governing physician assistants and write a paper detailing that she understands these laws,

ensure that her supervising physician is on-site at Respondent's clinic on 80% of the days of each week that Respondent practices, cooperate with Commission practice reviews, appear before the Commission annually, and pay costs.

Harrison, Howard F., MD (MD00035347)
(Yakima, Yakima County, WA)

Stipulation to Informal Disposition, June 28, 2012. Respondent allegedly possessed controlled substances without a prescription. Respondent does not admit the allegations. Respondent agreed to a probationary period of at least two years during which he will comply with the requirements of a court order in the criminal proceeding, complete treatment and monitoring required by the WPHP, pay costs, and appear before the Commission annually.

Hedmann, Shaun MD, (MD00034892)
(Portland, OR)

Stipulation to Informal Disposition, May 17, 2012. Respondent entered into a voluntary limitation with the Oregon Medical Board. Respondent does not admit the allegations. Respondent agreed to a probationary period during which he agreed not to practice cardiology with the exception of reading echocardiograms, and to pay a cost reimbursement.

Hennessy, Derek C., PA-C (PA10004720)
(Spokane, Spokane County, WA)

Stipulation to Informal Disposition, May 17, 2012. Respondent allegedly used the wrong antibiotic in treating a patient with puncture wounds after having been gored by a bull, and allegedly failed to recognize an aggressive infection the next day that required immediate hospitalization. Respondent does not admit the allegations. Respondent agreed to a two-year probationary period during which he will complete CME, submit to practice reviews, and pay costs.

Hirschaurer, Jeffrey S., MD (MD00026197)
(Spokane, Spokane County, WA)

Stipulation to Informal Disposition, June 28, 2012. Respondent allegedly performed spinal surgery at the wrong level. Respondent does not admit the allegations. Respondent agreed to a two-year probationary period during which he will submit develop copies of protocols implemented at each hospital or facility at which he operates designed to prevent wrong-site surgery, write a paper on wrong-site surgery and how he has implemented changes into his practice to prevent wrong-site surgery, make a presentation to a peer group, report serious reportable events to the Commission, submit to practice reviews, and pay costs.

Ho, Ralph T., MD (MD00038438)
(Reno, NV)

Stipulation to Informal Disposition, June 28, 2012. The North Dakota Medical Board entered an order placing conditions on Respondent's license including requiring him to obtain an alcohol evaluation. Respondent does not admit the allegations. Respondent agreed to a probationary period during which he will comply with the requirements of the North Dakota order.

Johnson, Alan K., MD (MD00021143)
(Snoqualmie, King County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent's demeanor and language allegedly made some of his patients feel uncomfortable, demeaned and/or coerced. Respondent does not admit the allegations. Respondent agreed to a three-year probationary period during which he will complete a boundaries course, submit to practice reviews, appear before the Commission annually, and pay costs.

Kooiker, John Elbert MD (MD00018680)
(Olympia, Thurston County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent allegedly is no longer able to practice with skill and safety due to his declining physical condition and cognitive ability. Respondent does not admit the allegations. Respondent retired from the practice of medicine and surrendered his license. (This physician is not to be confused with Jon C. Kooiker, MD, of Olympia, whose license is in good standing.)

Moslin, Pamela J., MD (MD00034185)
(Olympia, Thurston County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent allegedly made inappropriate treatment decisions, and provided inadequate medication management and inadequate documentation. Respondent does not admit the allegations. Respondent agreed to a three-year probationary period during which she will undergo a clinical skills assessment at the Center for Personalized Education for Physicians. Until she receives the assessment and completes the recommendations, she is restricted to performing independent medical examinations which do not involve treatment evaluations or recommendations.

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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Schneeweiss, Daniel N., MD (MD00027174)
(Mercer Island, King County, WA)

Stipulation to Informal Disposition, April 5, 2012. Respondent allegedly obtained controlled substances for personal use. Respondent does not admit the allegations. Respondent agreed to a probationary period of at least five years during which he will enter into a contract with the WPHP, abstain from personal use and possession of controlled substances, advise all employers of the Stipulation, appear before the Commission annually, and pay costs.

Schulze, Paula L., MD (MD00021853)
(Tacoma, Pierce County, WA)

Stipulation to Informal Disposition, June 28, 2012. Respondent allegedly failed to diagnose a pulmonary embolism. Respondent does not admit the allegations. Respondent agreed to a three-year probationary period during which she will take CME in deep vein thrombosis and in record keeping; write a paper on deep vein thrombosis and pulmonary embolisms; dictate or type notes in a SOAP format; implement an office policy on chart reviews, documenting vital signs and evaluation of patients by staff; submit to practice reviews; and pay costs.

Scott, Michael James, Jr., MD (MD00003487)
(Seattle, King County, WA)

Stipulation to Informal Disposition, June 28, 2012. Respondent allegedly treated two family members in their homes and did not keep records. Respondent does not admit the allegations. Respondent surrendered his license.

Selden, Ellen M., MD (MD00041580)
(Prosser, Benton County, WA)

Stipulation to Informal Disposition, June 29, 2012. Respondent allegedly is not able to practice with reasonable skill and safety due by reason of chemical dependency. Respondent does not admit the allegations. Respondent voluntarily surrendered her license.

Spalek, Nina MD (MD00021620)
(Renton, King County, WA)

Stipulation to Informal Disposition, May 17, 2012. Respondent allegedly failed to adequately supervise a physician assistant. Respondent does not admit the allegations. Respondent agreed to a practice restriction prohibiting her from supervising physician assistants and to pay costs.

Trevino, Rodolfo N., MD (MD00048467)
(Inchelium, Ferry County, WA)

Stipulation to Informal Disposition, May 17, 2012. Respondent allegedly failed to follow the recommendation of an ophthalmologist to refer a patient to a retinal specialist. Respondent does not admit the allegations. Respondent agreed to a three-year probationary period during which he will take CME in record keeping, timely prepare and maintain adequate medical records, submit to practice reviews, submit to practice reviews, and pay costs.

Youngstrom, Eric A., MD (MD00015269)
(Yakima, Yakima County, WA)

Stipulation to Informal Disposition, May 9, 2012. The Alaska Medical Board issued an order placing Respondent under monitoring for three years based on Respondent's entry into inpatient treatment for alcoholism. Respondent does not admit the allegations. Respondent voluntarily surrendered his 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 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 28,730 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 June 29, 2012 Business Meeting the Commission approved no new policies:

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

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 2012–2013

Date	Activity	Location
October 4-5, 2012	Regular Meeting	Puget Sound Educational Service District (PSESD) Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057
November 15-16, 2012	Regular Meeting	Department of Health (DOH) – Point Plaza East 310 Israel Rd Rms 152/153 Tumwater, WA 98501
January 10-11, 2013	Regular Meeting and WPHP Report	PSESD

Other Meetings

Federation of State Medical Boards	Annual Meeting April 18-20, 2013	Boston, MA

All Medical Commission meetings are open to the public

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

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

Medical Commission Contact Information

Applications:	A–L	360-236-2765
	M–Z	360-236-2767
Renewals:		360-236-2768
Complaints:		360-236-2762
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
Mark L. Johnson, MD
Mitchell Kahn, MD
Peter K. Marsh, MD
Linda A. Ruiz, JD
Ronald Schneeweiss, MB, ChB
Michelle Terry, MD
Mimi Winslow, JD

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

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