



Message from the Chair

Mimi Pattison, MD, FAAHPM Chair, Congressional District 6

Spring is the season of change, associated with ideas of rebirth, rejuvenation, renewal and regrowth. Regular visits to the Capitol Campus over the past few weeks have allowed us to enjoy the beauty as spring flowers burst forth their vibrant colors. Still, there are signs of change to be mindful of in areas outside of the changing season.

One area of change is the Commission itself. We have several current and upcoming vacancies for physician, physician assistant, and public members. I encourage you to apply on the Governor’s website and send your current CV to Julie.Kitten@doh.wa.gov if you would like to apply for appointment to the Commission by the Governor. Information about serving with the Commission is found on the [Membership page](#) of the website.

As you all are aware we have seen a transition in the Governor’s office, which has brought further changes for most of the agencies in the Executive Branch. One of those agencies is the Department of Health, within which the Medical Commission resides. We are grateful for the service provided by Secretary of Health Mary Selecky and the successes in public health, for which she has been a valuable advocate. The Commission is especially appreciative of her continued support in the pilot project and going forward to make the business model of the pilot permanent. Our best wishes to Secretary Selecky in her retirement.

With the retirement of Secretary Selecky comes the appointment of Secretary John Wiesman, who is from the Clark County Public Health Department. The Commission looks forward to collaborating with someone who has proven successes in Washington and a solid, inclusive vision for the health of this state. Congratulations Secretary Wiesman!

With the legislative session past initial cut off dates and fast approaching a second, I would like to give you what updates I can about our efforts. We have been busy attending hearings, providing testimony, and educating members of the legislature and Governor’s office on bills of interest or impact to the Commission. I have made more trips to Olympia than I would like to count, which can be difficult when trying to juggle a clinical schedule on top of a legislative session.

As of this writing, our bills making the pilot project permanent ([HB1518](#)) and request legislation modernizing licensure and training standards ([HB1409](#)) have successfully passed out of the House and are scheduled for hearing in the Senate the last week of March. Your Commission will be there to testify in support of the good work of the last four years and to lay the foundation of excellence in the years to come.

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Mission

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

While most of these meetings have been intended to educate the legislators, we as Commissioners have received an education ourselves and been informed of collaborative opportunities to shape the future of medical practice in Washington. While excited about these state-based opportunities for improvement, your Commission is actively engaged in determining the course of practice on a national scale too.

In April of this year, members and staff of the Medical Commission will attend the Federation of State Medical Boards (FSMB) [annual meeting in Boston, MA](#). At this meeting we will be participating in electing new FSMB leadership and learning in detail about a healthcare workforce in transition. We will be considering resolutions ranging from updated opioid policies to interstate licensure compacts, and telemedicine to maintenance of licensure to shortening undergraduate medical education requirements.

The full Medical Commission will consider these resolutions in advance of the FSMB annual meeting. I can assure you, the democratic voice of the Washington State Medical Commission will be represented in Boston.

Looking forward, we have started planning for the Commission's Educational Conference. The success of the conference last year has encouraged the Commission to build upon those experiences. This year the conference is October 2-3 at the Capitol Event Center in Tumwater. I encourage all who are interested to attend, learn, and share. The Commission website will have [more information](#) as we get closer to the conference.

SAVE THE DATES: October 2 and 3, 2013

In closing, I would again like to express my gratitude to my [fellow Commissioners](#) for their work and dedication during this time of testing and uncertainty. As practicing physicians they work to enhance the integrity of our profession and promote patient safety. They do this in the face of increased case loads and more litigation. Most of all, they do this in service without complaint. It is my privilege to serve with them and I am most honored to have served two terms as Chair of this Commission.

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Executive Director's Report

Maryella E. Jansen Executive Director

Currently, Commission leadership and staff are busy monitoring the 2013 Washington State Legislative Session by reviewing bills and providing written analysis on bills that have the potential to impact the practice of medicine in Washington State. This year the legislature is in a 105-day session that began January 14, 2013 and ends April 28, 2013, the last day allowed for regular session under the state constitution. Dr. Richard Brantner, First Vice Chair and Dr. William Gotthold, Second Vice Chair participated in telephone conferences with representatives from other boards and commissions to discuss bills that impact more than one profession. Several bills are moving through the legislative process to include recognizing telemedicine as a reimbursable service and funding the Prescription Monitoring Program (PMP) from the Medicaid fraud penalty account.

The Department of Health submitted request legislation on behalf of the Commission regarding allopathic physician licensure requirements. Dr. Brantner and I testified before the House and Senate Health Care Committees. HB1409 passed the House of Representatives and is moving forward in the Senate.

Dr. Pattison, Chair, and Dr. Selinger, former Chair, testified on HB1518 to the House Health Care and Wellness Committee. Dr. Burger, Immediate Past Chair joined Drs. Pattison and Selinger to testify before the Senate Health Care Committee. The bill makes the Commission's current business model permanent. Additionally, the bill removes both the Medical and the Nursing Commission from the mandated pilot project which ends June 30, 2013 and provides for the Chiropractic Commission to participate in a 5-year pilot project.

At the time of this publication, the fate of the two bills rests with the Legislature. We remain confident that the bills are of benefit to medical regulation and will be passed by both houses of the Legislature and sent to the Governor for signature.

Role of a Commission Investigator

The Medical Commission currently employs a Chief Investigator, nine full-time Health Care Investigators and one part-time Health Care Investigator to conduct approximately 1,000 investigations a year from offices in Tumwater and Spokane. The Commission received approximately 1,400 complaints in 2012 from multiple sources including patients, their families and friends, mandatory licensee and facility reports, pharmacy reports, malpractice payments, out of state discipline, and other health care providers. Each complaint is assigned a case number and reviewed by a panel of the Commission at a weekly case management team meeting. Complaints are either authorized for investigation or closed if they do not allege a violation of the law or the standard of care.

Investigators also conduct compliance practice reviews for a majority of the 187 physicians and physician assistants currently under a Disciplinary Order or a Stipulation to Informal Disposition. Compliance practice reviews audit the physician's or physician assistant's practice to gather information which the Commission uses to evaluate compliance with their order or stipulation.

Complaints authorized for investigation are assigned to an investigator based on the nature of the complaint, the location of the event, and investigator caseloads. The Commission has six clinically trained investigators who are assigned the more complex standard of care investigations and compliance reviews. Clinical training, experience and knowledge are vital to the investigative process in many of the complex standard of care cases.

Investigators review each assigned complaint, review the Commission's authorization for any specific direction and review the physician's or physician assistant's (respondent) licensing and training history. The investigator gathers medical records, interviews the respondent, complainants, and witnesses, and gathers any additional information or evidence relevant to the allegation. All information gathered is organized in a report and forwarded to the Commission. During the investigation, investigators coordinate closely with staff attorneys and focus on information needed to evaluate the complaint and the medical care. Staff attorneys provide legal guidance throughout the process.

The role of an investigator is to objectively gather and provide the Commission all the relevant information on which the Commission can base an informed decision. The investigator is neither the investigator for the complainant or an advocate for the respondent.

The investigator is an unbiased fact gatherer. Investigators do not evaluate or make recommendations and play no part in the Commission's final decision. In addition to the records or information requested, complainants and respondents are always encouraged to provide any information they feel may be relevant to the allegation or any information which may help the Commissioners as they evaluate the case. Chief Investigator James H. Smith can be contacted a 360-236-2770 or at jim.smith@doh.wa.gov if you have any questions or comments.

IDENTITY THEFT/PMP WARNING

Physicians are encouraged to establish an account with the Washington State Prescription Monitoring Program (PMP) and monitor narcotics dispensed under their DEA registration.

In 2012, a physician called the Commission and advised that he was a victim of identity theft in another state. Among a multitude of identity theft issues, fraudulent narcotic prescriptions had been written using his DEA registration in that state. Since he has a Washington license, he inquired if the same may have occurred in Washington. The physician has since requested and received a new DEA registration. The physician was advised to check his PMP profile. Since he had not signed up with the PMP he was provided with the resources to sign up.

When the physician attempted to sign up he found that he already had a PMP account in Washington although no narcotics had been dispensed under his old DEA registration. Apparently the identity thief had sufficient personal information to sign up in Washington's PMP as the victim physician. One wonders why an identity thief would register with the PMP. Staff disabled the account, alerted law enforcement and are working on making the site more secure.

Physicians should [sign up with the PMP](#) and regularly check for dispensing under their DEA registration. The PMP is not only an excellent tool to monitor what is going on with your patients but you may be able to detect any fraudulent activity concerning your DEA registration. Any fraudulent activity should be reported to the DEA and to law enforcement.

Physician Assistant News

Athalia Clower, PA-C Physician Assistant

Ellen J. Harder, PA-C Physician Assistant

In February 2013, the Washington Academy of Physician Assistants (WAPA) introduced HB 1737 to the House Health Care & Wellness Committee chaired by Representative Eileen Cody.

Representatives from the Medical Quality Assurance Commission were present at this hearing and Dr. Richard Brantner (who was a PA before becoming a doctor) and Legal Unit Manager Mike Farrell testified about the concerns the Commission has regarding this bill.

The bill, for those not familiar with it, changes the number of PAs who may be supervised by one physician from three to five. It also included a timeline for the Department of Health (DOH) allopathic and osteopathic boards to process new practice plans.

We all know that the health care environment and we PAs, as a profession, are facing many challenges:

- To some employers, the fact that we need to be supervised is a perceived (financial and legal) encumbrance instead of an advantage, so they hire ARNPs (instead of hiring PAs);
- The way we may be supervised has evolved with the electronic medical record implementation;
- More physicians are being employed by large institutions instead of being independent practitioners; therefore their incentives to work with PAs have changed.

These are some of the issues we are facing as clinical physician assistants. Most certainly, there might be other concerns that **you** are facing during your daily work that others don't know about.

That is why the Medical Commission would like to hear from you and the physicians and administrators you work with about physician assistant practice concerns. The Commission wants to include all stakeholders and interested parties in frank discussions on how the Physician Assistant rules may be modified to enhance our

ability to continue providing healthcare in various settings in Washington State.

The Commission believes the way to enhance our versatility in the present healthcare environment is not by creating new laws which are very difficult to change, but to modify and improve the existing rules, which can allow for easier revisions in the future if needed.

Thank you in advance for your participation. We must remain mindful of our strong relationship with physicians, our commitment to provide high quality and affordable care to our patients, and the need to collaborate and be attentive to the financial and legal obligations that institutions face to remain viable.

Please e-mail your comments/concerns to: Medical.Commission@doh.wa.gov

Suicide Assessment Survey

Below is a hyperlink to the [Health Professions Survey](#). This survey is being conducted by the University of Washington to gather information about provider exposure to suicide education. The survey is intended to get input and feedback from healthcare professionals who are in the field.

- As part of the study, the University of Washington is attempting to gather information from licensed and certified professionals statewide regarding training, education and experience with suicide.
- Your input is an important component to this report.
- Please forward this link to other licensed and certified healthcare professionals that you know.
- Even if you feel that suicide prevention is not a part of your professional duties, we encourage you to fill out the survey because input from every healthcare professional is important.

Questions regarding the survey should go to University of Washington researchers Elaine Walsh and Carole Hooven. Their contact information is found on the first screen of the survey.

<https://catalyst.uw.edu/webq/survey/emwalsh/188377>

The survey will be available until April 1, 2013.
Thank you for helping with this valuable research.

Commissioner Spotlight: 2014 Terms

The Commission is recognizing members whose terms of appointment end in 2014.

Bruce G. Hopkins, MD

Congressional District 5

Dr. Bruce Hopkins sits on the Medical Commission representing Congressional District 5. He attended Drake University in Iowa and earned his medical degree from the University of Iowa, College of Medicine in 1970. Dr. Hopkins is board certified in obstetrics and gynecology, and has been practicing since 1974.

Dr. Hopkins has held several faculty positions at the University of Washington, Sacred Heart and Deaconess hospitals, where he taught residents and fellows in obstetrics and gynecology. He has also served as Chairman of Sacred Heart Medical Center.

Thomas M. Green, MD

Congressional District 9

Dr. Thomas Green has served on the Medical Commission since 2006. He graduated from the University of Washington School of Medicine in 1969, and has practiced orthopedic surgery at Virginia Mason since 1975. Previously, Dr. Green served as President of both the Washington State Orthopedic Association and the King County Medical Society.

Dr. Green received numerous honors throughout his career. He has received the Physician of the Year Award, the Outstanding Teacher Award and the Humanitarian Award in addition to others. Since 1974, Dr. Green has held several teaching positions at the University of Washington. He has spent several years teaching orthopedics in eastern Russia. Additionally, he has co-written nearly a dozen publications in medical journals.

Bruce F. Cullen, MD

Physician at Large

Dr. Bruce F. Cullen is an anesthesiologist who has served on the Medical Commission since 2006. Dr. Cullen obtained his MD degree at the University of California Los Angeles in 1966. He did his specialty training at the University of California San Francisco. He became board certified in 1971. Dr. Cullen has held numerous leadership positions including President of the American Board of

Anesthesiology, President of the International Anesthesia Research Society, Vice-President for Scientific Affairs of the American Society of Anesthesiologists, and Chairman of the Department of Anesthesiology at the University of California Irvine School of Medicine.

Dr. Cullen retired as an Emeritus Professor from the University of Washington School of Medicine in 2006 after being on faculty for more than 25 years. He served as Anesthesiologist-in-Chief at Harborview Medical Center from 1984-2006. Dr. Cullen has authored over 70 scientific articles, as well as multiple book chapters, and is a senior editor of the leading textbook of anesthesiology, entitled "Clinical Anesthesia."

Theresa J. Elders, LCSW

Public Member

Theresa Elders has been engaged in public service for fifty years since she began her career as an English teacher in California. She has been a social worker, a psychotherapist, and a member of the Peace Corps. During her time with the Peace Corps, she worked in Central America in child abuse prevention programs and in the Caribbean with pre-schools. She also was a consultant to orphanages, and for programs to prevent the spread of HIV.

Ms. Elders earned a BA in English from California State University and a MSW from UCLA. She worked for the Los Angeles County Department of Public Social Services in child abuse prevention, with an HMO as a psychotherapist and as director of a substance abuse recovery center. Additionally, Ms. Elders is a lifelong freelance writer and editor.

Linda A. Ruiz, JD

Public Member

Linda Ruiz is a former attorney for the U.S. Department of Health and Human Services. As an attorney, Ms. Ruiz led or supported cases arising within the department. Her duties included mediation and making oral arguments before Federal District Court and appellate judges. For ten years, Ms. Ruiz worked in the Medicare and Medicaid programs as a Director and later as a Regional Administrator. During this time, she developed a strategic approach to combating fraud and abuse in the program. More recently, she managed contracts for a computer system to process and pay Medicare claims. Ms. Ruiz is a graduate of the University of Utah and earned her J.D. from the University of North Carolina at Chapel Hill.

Commission Case Reports: Death from Patient Controlled Analgesia (PCA)

Bruce F. Cullen, MD Physician at Large

A 42-year old healthy woman underwent a knee replacement with general anesthesia. She was discharged home in the care of her family with a morphine PCA. Neither the surgeon nor the pharmacist who filled the patient's prescription recognized that the dose of morphine was excessive. The patient's family "helped" by pushing the PCA button for her and she soon fell asleep. The next morning the patient was found dead. The medical examiner determined that morphine overdose was the cause.

A 26-year old healthy male underwent an outpatient shoulder arthroscopic procedure with general anesthesia and an interscalene regional nerve block. The patient was discharged home comfortable but developed severe pain when the block wore off. This necessitated a visit to the emergency room for pain control. The attending physician wrote orders for a morphine PCA including an initial bolus, a relatively high basal infusion rate, and a high patient-controlled dose with a short lockout interval. The patient had a normal BMI and was opioid naive. Pulse oximetry and vital sign checks were ordered, however oximetry was not performed and the patient was not observed at an appropriate frequency. Ultimately, the patient was found unresponsive and could not be resuscitated. The cause of death was a morphine overdose.

PCA is commonly used for postoperative pain control. It allows the patient to administer pain medicine without having to wait and to choose only to administer it when needed. When the patient experiences pain he/she presses a button attached to a device which administers an intravenous bolus of opioid (commonly morphine). The patient is prevented from self-medicating too frequently by the machine having a preset lockout interval. Additionally, if prescribed, the patient may receive a background, or basal, continuous infusion of opioid.

The primary complication of PCA is sedation and respiratory depression from opioid overdose. Ordinarily this complication is rare because the patient cannot dose themselves if they are sedated. However, overdose can occur if the self-administered dose of drug is too high, if the lockout interval between doses is too short, or if the

basal infusion rate is too high. Patients with co-morbidities such as obesity, sleep apnea, and cardiac or pulmonary disease are at an increased risk for complications from PCA. It should be obvious that administration of PCA boluses by anyone other than the patient is absolutely contraindicated. When prescribing PCA for use at home it is particularly important to carefully instruct the patient and family as to appropriate use of the technique and to ensure that everyone fully understands the potential complications of its use.

The incidence of deaths from PCA is not known but there are many reports in the literature, and this Commission has reviewed several cases in the past year. As illustrated by the above cases, the administration of opioids by PCA requires dosing of opioids that is specifically individualized to each patient, and frequent monitoring of the patient to detect early signs of overdose. The above two patients were both healthy and their deaths could have been prevented.

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>

Expert Reviewers Needed

The Medical Commission is seeking physicians to review records to determine whether care was within accepted and prevailing standards in the state of Washington. This service is critical to the Commission's ability to assess complaints in a timely manner. This may include providing expert testimony in an administrative proceeding before a panel of Commission members. If you are interested in providing expert reviews, please contact Legal Unit Manager Michael Farrell at: michael.farrell@doh.wa.gov or at 509-329-2186.

Legislator Profile:

Randi Becker

Senator, Legislative District #2

Senator Randi Becker has represented the second legislative district since 2009. She is originally from Enumclaw, and attended Green River and Highline community colleges. She began her career as a flight attendant, became a realtor and eventually a medical receptionist. Working her way up, she became administrator of a multi-million dollar surgical center in Puyallup. Senator Becker has also worked for Good Samaritan Hospital, and started multiple clinics, including an obesity surgical practice, a urology clinic, and an urgent care center.

Senator Becker is the Chair of the Senate Health Care Committee. Additionally, she sits on the Higher Education Committee, the Rules Committee and the Ways & Means Committee. Senator Becker lives outside Eatonville with her husband, Bob. Together, they have two adult children and three grandchildren. Randi's interests include many outdoor activities, as well as painting and working with stained glass.

New Medical Assistant Law

The 2012 legislature passed a bill that creates four medical assistant credentials in Washington State: medical assistant-certified, medical assistant-registered, medical assistant-phlebotomist, and medical assistant-hemodialysis technician. This law is codified as chapter 18.360 RCW with an effective date of July 1, 2013. These new medical assistant credentials will replace existing health care assistant certifications. The Department of Health will not issue health care assistant credentials after July 1, 2013.

Allopathic physicians, osteopathic physicians, podiatric physicians, and allopathic physician assistants, osteopathic physician assistants, advanced registered nurse practitioners, naturopaths, optometrists, and registered nurses, may supervise medical assistants. To learn more about the health care assistant to medical assistant transition process, please visit the [medical assistant homepage](#).

Administrative Actions:

October 1, 2012 – January 31, 2012

Below are summaries of interim suspensions and final actions taken by the Commission last quarter. We did not list Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders. You can find all orders using the provider credential search tool: <http://go.usa.gov/VDT>

Formal Actions

Bearup, John T., PA (PA10001768)

(Selah, Yakima County)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, November 20, 2012. Respondent acknowledged the evidence was sufficient for the Commission to find that Respondent engaged in sexual misconduct with three subordinate co-workers who were also patients. Respondent agreed to voluntarily surrender his license to practice as a physician assistant.

Bostanjian, Ella Y., MD (MD60039274)

(Edmonds, Snohomish County)

Stipulated Findings of Fact, Conclusion of Law and Agreed Order, November 16, 2012. Respondent acknowledged the evidence was sufficient for the Commission to find that she failed to comply with a prior Stipulation to Practice Under Conditions. Respondent agreed to probation for twelve months, to complete an ethics course and continuing medical education consisting of a live family medicine board review course, to have another physician to serve as her mentor, to pay a fine and to submit to practice reviews.

Chan, Kimberly H., MD (MD00046109)

(Tacoma, Pierce County)

Findings of Fact, Conclusions of Law and Final Order of Default (Failure to Appear) January 14, 2013. Following a default hearing, the Commission found Respondent failed to comply with a Stipulation to Informal Disposition and engaged in misrepresentation of facts to the Commission, and suspended Respondent's license indefinitely.

Chau, Patrick K., MD (MD00030053)

(Vancouver, Clark County)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, November 20, 2012. Respondent, who is on probation and his license restricted under a previous Commission Order, acknowledged the evidence was sufficient for the Commission to find that Respondent maintained substandard patient records and engaged in substandard prescribing practices. Respondent agreed to probation, to be restricted from prescribing any

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controlled substance, to be restricted from practicing forensic medicine or provide evaluations for court-related proceedings, to practice medicine under the active supervision of a preceptor physician, to complete an ethics course, to complete all aspects of the June 2011 Center for Personalized Education for Physicians Educational Intervention Plan, to submit to practice reviews, and to appear before the Commission on an annual basis.

Choi, Duk K., MD (MD00039157)
(New York)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, December 5, 2012. On November 10, 2011, the Commission suspended Respondent's license to practice as a physician and surgeon. This was based on Respondent's license suspension in Pennsylvania. Respondent agreed that his Washington license would remain suspended until he can file a petition to the Commission after submitting proof that his license to practice medicine in the state of Pennsylvania is no longer suspended.

Garrison, Thomas E., MD (MD00045764)
(Arizona)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, November 19, 2012. The Medical Board of California revoked Respondent's license after a contested hearing by the Medical Board of California for unprofessional conduct in his duties as the medical director of four clinics by failing to adequately supervise individuals practicing in those clinics, aiding and abetting the unlicensed practice of medicine, and aiding and abetting the unlicensed corporate practice of medicine. Respondent agreed to surrender his Washington license and permanently retire from the practice of medicine.

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

Findings of Fact, Conclusions of Law and Final Order of Default (Failure to Respond), October 10, 2012. Following a default hearing, the Commission found that Respondent failed to cooperate with an investigation and revoked Respondent's license.

Perry, John C., MD (MD00025747)
(Kennewick, Benton County)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, November 27, 2012. Respondent acknowledged that the evidence is sufficient for the Commission to find that he recruited a general surgeon to perform a pelvic lymphadenectomy on one of Respondent's patients, even though the surgeon had not performed that surgery for several years. A specialist later diagnosed the patient's cancer as a uterine sarcoma. The lymphadenectomy recovered only one lymph node, which resulted in inadequate staging of the patient's uterine cancer. Although Respondent had diagnosed the patient with a high-grade uterine malignancy, during the month following the patient's surgery Respondent did not refer the patient to an oncologist for a consultation for adjuvant therapy. After the patient self-referred to an oncologist, the diagnosis was changed to a uterine sarcoma. Respondent agreed to probation for 34 months, to refer and arrange a consultation with a gynecological oncologist for all patients with gynecological cancer within seven days of diagnosis, to undergo a psychological evaluation and to comply with recommendations for therapy, to meet with a coach once a month for a minimum of two years, to submit to practice reviews, and to appear before the Commission every six months.

Shibley, Eric R., MD (MD60108064)
(Tulalip, Snohomish County)

Stipulated Findings of Fact, Conclusions of Law and Agreed Order, November 20, 2012. Respondent acknowledges that the evidence is sufficient for the Commission to find that he recorded inaccurate details of a patient's vital signs and physical examination. Respondent agreed to probation for two years, to complete an ethics course, to complete a minimum of ten hours of continuing medical education in record keeping, and to appear annually before the Commission.

Wenberg, Kenneth F., (MD00025365)
(Oregon)

Following a hearing, the Commission found that Respondent failed to comply with a Commission order dated June 3, 2010 by failing to provide proof that he completed the required continuing medical education. The Commission kept Respondent's license on probation and required him to notify the Commission of current and future employment in the health care field, to have the medical director submit quarterly performance evaluations, to submit quarterly declarations, and to complete a course in records and documentation.

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Informal Actions

Boomer, Stacey N., PA (PA10005143)

(Elma, Grays Harbor County)

Stipulation to Informal Disposition, January 14, 2013. Respondent, who treated a patient in the emergency department, allegedly on two subsequent occasions called in refill prescriptions for the patient at the patient's request without seeing the patient in the emergency department and without maintaining a medical record for the patient. Respondent also allegedly called in prescriptions for antibiotics and an inhaler for family members or friends. Respondent does not admit to unprofessional conduct. Respondent agreed to probation, to take an ethics course, reimburse costs of \$1000, and to comply with the Commission's prescribing rule for certified physician assistants.

Brown, Sally L., PA (PA60002097)

(Tieton, Yakima County)

Stipulation to Informal Disposition, January 15, 2013. Respondent's documentation of patient histories, review of systems, and physical examinations were allegedly substandard. Respondent does not admit to unprofessional conduct. Respondent agreed to probation for two years, to have a minimum of fifty percent of her patient charts reviewed by a supervising physician, to have her supervising physician submit quarterly reports, to complete a continuing medical education course on record-keeping, to reimburse costs of \$1000, and to appear before the Commission.

Griffiths, Gene L., MD (MD00048142)

(Yakima, Yakima County)

Stipulation to Informal Disposition, October 10, 2012. Respondent allegedly ordered an unreasonably high dose of narcotics to a patient after outpatient arthroscopic shoulder surgery that resulted in opioid overdose. Respondent does not admit the allegations. Respondent agreed to probation, to complete a course on the management of acute post-operative pain and the use of patient-controlled analgesia devices, to write a paper, to reimburse costs of \$1000, and to make a presentation to his peers and colleagues.

Goyet, Amanda N., PA (PA60099489)

(Medical Lake, Spokane County)

Stipulation to Informal Disposition, January 14, 2013. Respondent allegedly wrote prescriptions for legend and Schedule II drugs for a family member using a hospital prescription pad when she was no longer employed at the hospital and her family member was never a patient there, wrote prescriptions for a family member while employed at a clinic without her sponsoring physician's knowledge, and failed to maintain a medical record of her treatment of the family

member. Respondent does not admit to unprofessional conduct. Respondent agreed to probation for at least twelve months, to undergo an evaluation with Washington Physicians Health Program, to take an ethics course, to reimburse costs of \$500, to comply with the Commission's prescribing rule for Certified Physician Assistants, and to appear before the Commission.

Habenicht, Tei, PA (PA10004580)

(Bremerton, Kitsap County)

Stipulation to Informal Disposition, January 14, 2013. Respondent suffered a head injury in October 2003 and allegedly gave a patient opioids at the patient's home. Respondent does not recall the visit. Respondent's supervising physician observed that Respondent had issues recalling patient encounters and concerns regarding Respondent's memory and judgment following her head injury. Respondent does not admit to unprofessional conduct. Respondent agreed to probation, to have a neuropsychological evaluation and not to practice as a physician assistant without the approval of the Commission following the evaluation, and to complete a course in medical ethics or in practitioner-patient boundaries.

Hiles, Stacey L., MD (MD60021347)

(Kent, King County)

Stipulation to Informal Disposition, January 14, 2013. Respondent allegedly did not keep adequate medical records of her treatments of patients, did not maintain a medication list and did not record medication refills for chronic pain patients in a manner that could reasonably be determined by review of her records. Respondent does not admit to unprofessional conduct. Respondent agreed to probation for one year, to take a course in medical record keeping and a course in opioid prescribing, to submit to practice audits, to include in her medical records a problem list, a medication list, and clear documentation of all medications prescribed and refilled, and to ensure that records of chronic pain patients comply with the Commission's pain management rules.

Keay, Brian, MD (MD00028964)

(Yelm, Thurston County)

Stipulation to Informal Disposition, October 15, 2012. Respondent allegedly failed to provide copies of patient medical records when requested by three patients. Respondent does not

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admit the allegations. Respondent agreed to probation, to develop and submit a protocol for timely responding to requests for copies of health care information, to reimburse costs of \$400.00, and to submit to practice reviews.

Newkirk, Wallace A., (MD00044164)
(Quincy, Grant County)

Stipulation to Informal Disposition, October 10, 2012. Respondent allegedly did not provide the level of on-site physician supervision to a physician assistant that was required by the approved practice plan for more than two years. Respondent does not admit the allegations. Respondent agreed to probation for two years, to reimburse costs of \$500, and that if he returns to the practice of medicine he will not supervise physician assistants without approval of the Commission.

Moss, Norman W., Jr., MD (MD00008347)
(Yakima, Yakima County)

Stipulation to Informal Disposition, October 12, 2012. Respondent allegedly prescribed Methadone to a patient who was non-compliant with Respondent's attempts to manage the patient's addiction. Respondent does not admit the allegations. Respondent decided to retire from practice and agreed to surrender his physician license.

Mulligan, Thomas G., MD (MD00030216)
(Seattle, King County)

Stipulation to Informal Disposition, October 10, 2012. Respondent allegedly implanted the wrong size lens in two cataract surgery patients. Respondent does not admit the allegations. Respondent agreed to probation, to write a paper, to make a presentation on wrong-person surgery to a peer group, to notify the Commission if a serious reportable event occurs in his practice, to reimburse costs of \$1000, and to submit to practice reviews.

Shear, Stephanya B., MD (MD60010601)
(Virginia)

Stipulation to Informal Disposition, October 10, 2012. Respondent allegedly made a misstatement on her application for a license to practice medicine in North Carolina. Respondent sought to withdraw her application. North Carolina notified Respondent that she could not withdraw the application and that the application was denied. Respondent does not admit the allegations. Respondent's Washington medical license has expired. She agreed that if she seeks to renew her Washington medical license she will reimburse costs of \$250 and complete a course in medical ethics.

Song, Donald H., MD (MD00026796)
(Tacoma, Pierce County)

Stipulation to Informal Disposition, October 9, 2012. Respondent allegedly did not explain the procedure or wear gloves for an ultrasound pelvic examination procedure. Respondent does not admit the allegations. Respondent agreed to probation, to reimburse costs of \$500, and that if he returns to the practice of medicine he will appear before the Commission.

Stoop, Daniel H., MD (MD00032086)
(Spokane, Spokane County)

Stipulation to Informal Disposition, January 10, 2013. Respondent allegedly provided substandard chronic pain management to a patient, failed to provide his physician assistant with adequate supervision, and participated in substandard care of a second patient. Respondent does not admit to unprofessional conduct. Respondent agreed to probation, to undergo a skills assessment by the Center for Personalized Education for Physicians, to reimburse costs of \$1000, to maintain a medication list in each patient chart, and to appear before the Commission.

Withdrawal

Anderson, Steven B., MD (MD00012590)
(Bellevue, King County)

Withdrawal of Stipulation to Informal Disposition, January 10, 2013. The matter is closed on reconsideration with a determination of no violation of the standard of care.

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 2,221 new licenses
- Received 1,400 complaints/reports
- Investigated 1,008 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 February 22, 2013 business meeting the Commission approved/updated the following policies:

- MD2013-03 Self-Treatment or Treatment of Immediate Family Members
- MD2013-05 Mandatory Investigations
- MD2013-06 Protocol for Pro-Tem Appointments for Medical Specialties Purposes
- MD2013-04 Referral of Sexual Misconduct Cases
- (Rescinded)MD2009-03 Cite and Fine for Failure to Produce Records

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 is 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
April 4-5	Regular Meeting	Puget Sound Educational Service District (PSESD) Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057
May 16-17	Regular Meeting	Department of Health 310 Israel Rd SE 152/153 (DOH) Tumwater, WA 98501
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
- Email:** 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

Washington State Medical Commission Newsletter–Spring 2013
 Micah Matthews, Managing Editor: micah.matthews@doh.wa.gov