Medical Quality Assurance Commission Strategic Plan
2011 - 2013

**Mission**

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

**Vision**

Advancing the optimal level of medical care for the people of Washington State.

**Values**

- We make fair, objective, and informed decisions in licensing and disciplinary actions.

- We earn the public’s trust by being transparent and accountable.

- We rely on evidence-based data and we look to health-based outcomes to determine our effectiveness.

- We encourage collaboration through mutual respect and direct, effective communication.

- We strive for innovation and continuous improvement in all our processes.

- We promote a rewarding and supportive work environment.
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Goal #1: Promote Patient Safety.

Objective 1: Ensure practitioners are qualified and current.

Strategy 1: Strengthen the process for issuing or denying licenses to physicians and physician assistants.
   PM 1 Issue licenses within 14 days of receiving all documents.
   PM 2 Issue a Notice of Decision within 30 days of the commission’s decision to deny an application or to grant a license with conditions.

Strategy 2: Ensure and maintain competency of providers.
   PM 1 Require 200 hours of CME from physicians every four years and 100 hours of CME from physician assistants every two years as part of the renewal process, auditing results as necessary.

Objective 2: Improve complaint processing.

Strategy 1: Reduce the timeframe from the receipt of a complaint to the service of a Statement of Charges or a Statement of Allegations, or the closure of a case without action.
   PM 1 Complete the intake and assessment step within 21 days.
   PM 2 Complete the investigation step within 170 days.
   PM 3 Complete the case disposition step within 140 days.

Strategy 2: Reduce the backlog of cases.
   PM 1 Reduce open cases in the investigation step that are over 170 days.
   PM 2 Reduce open cases in the case disposition step that are over 140 days.

Strategy 3: Refer appropriate sexual misconduct complaints to the Secretary of Department of Health (DOH) in a timely and efficient manner in accordance with RCW 18.130.062 (Substitute House Bill 1103).
   PM 1 Transfer appropriate complaints to the Secretary within 14 days.

Objective 3: Maintain fair and consistent discipline.

Strategy 1: Improve consistency of sanctions in commission’s orders.
   PM 1 Ensure Agreed and Final Orders and Stipulations to Informal Disposition comply with the sanction rules.
Objective 4: Improve the performance of providers.

Strategy 1: Improve the compliance monitoring process.
PM 1 Monitor rates of licensed physicians and physician assistants monitored by the commission or by Washington Physicians Health Program (WPHP).
PM 2 Monitor rates of relapse of WPHP participants by license and specialty.

Strategy 2: Monitor effectiveness of current disciplinary procedures.
PM 1 Study rate of disciplinary recidivism among practitioners.

Strategy 3: Assist the health care system in reducing medical errors.
PM 1 Study trend of complications from office-based surgery since the September 2010 adoption of office-based surgery rule.
PM 2 Study rate of wrong-site surgery, wrong-patient surgery, and wrong-procedure surgery after the commission began taking consistent action in such cases.

Objective 5: Address emergent issues.

Strategy 1: Take appropriate and timely action to promote patient safety.
PM 1 Improve timeliness of rules development and implementation.

Goal # 2: Clearly communicate the nature of our work to the public.

Objective 1: Provide widely available sources of information to all public stakeholders.

Strategy 1: Establish and maintain effective communication with the legislature.
PM 1 Prepare and send annual report to legislature.
PM 2 Prepare and send five-year project report to legislature (2013).
PM 3 Post all reports on the commission website in the publications section.
PM 4 Invite participation and attendance from all legislative offices in the commission meetings.
PM 5 Conduct annual legislative education session.

Strategy 2: Educate and inform the public and professionals about our work.
PM 1 Expand educational outreach presentations.
PM 2 Publish a quarterly newsletter that details recent actions and profiles current issues facing the commission and the profession.
Goal #3: Enhance operations to improve service.

Objective 1: Ensure adequate funding.

Strategy 1: Maintain adequate revenues and reserves.
PM 1 Monitor operating expenditures versus actual budget.

Objective 2: Focus on personnel development.

Strategy 1: Maintain adequate personnel.
PM 1 Monitor completed investigations versus number of investigators.
PM 2 Monitor cases assigned to staff attorneys versus the number of staff attorneys.
PM 3 Monitor workload standard as established by the Joint Legislative Audit Review Committee (JLARC) and reviewed by the commission and department of health annually.

Objective 3: Enhance customer experience through automation.

Strategy 1: Utilize appropriate technology.
PM 1 Establish online license renewals and initial applications.
PM 2 Implement an automated phone system that provides essential information and directs callers to the appropriate staff member.

Goal #4: Establish and enhance effective internal and external relationships.

Objective 1: Establish and maintain partnerships to enhance public safety and education.

Strategy 1: Improve the relationship between the staff, commission, and professional organizations.
PM 1 Increase commission members and staff participation in relevant community organizations and county medical societies.

Strategy 2: Improve working relationships with Department of Health service units.
PM 1 Service unit satisfaction rating.

Strategy 3: Strengthen the relationship between the commission and the University of Washington Medical School (UWMS).
PM 1 Representatives from the commission address the student body annually.
Medical Quality Assurance Commission Strategic Plan  
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PM 2 Invite faculty from UWMS to appear before the commission annually.
PM 3 Invite UWMS students to attend commission meetings.
PM 4 Establish an elective in medical regulation for UWMS students.
PM 5 Invite UWMS cooperation in relevant research efforts by the commission.

Goal #5: Anticipate the medical personnel needs of Washington State.

Objective 1: Use data to maintain a forward-looking strategic focus.

Strategy 1: Obtain reliable data to make informed strategic decisions.

PM 1 Gather demographic information consistent with the emerging HHS national data set as part of the renewal process.
PM 2 Populate a database to assist federal, state, and local entities in making informed decisions on health care access and other issues.
PM 3 Gather feedback from licensees regarding perception and satisfaction of commission processes and procedures.

Strategy 2: Maintain a forward-looking and pro-active Strategic Plan.

PM 1 Review and adjust the strategic plan every 18 months.
PM 2 Seek new outcome-based measurements to determine commission effectiveness.
## Medical Quality Assurance Commission Strategic Plan
### 2011 - 2013

### Commission Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Ends</th>
<th>Commission Position</th>
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<tbody>
<tr>
<td>Frederick Dore, MD, Silverdale</td>
<td>6/2011</td>
<td>Congressional District 1</td>
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<tr>
<td>Mark L. Johnson, MD, Mount Vernon</td>
<td>6/2013</td>
<td>Congressional District 2</td>
</tr>
<tr>
<td>Leslie M. Burger, MD, Vancouver</td>
<td>6/2014</td>
<td>Congressional District 3</td>
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<tr>
<td>William Gotthold, MD, Wenatchee 2nd Vice-Chair</td>
<td>6/2012</td>
<td>Congressional District 4</td>
</tr>
<tr>
<td>Bruce G. Hopkins, MD, Spokane</td>
<td>6/2014</td>
<td>Congressional District 5</td>
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<tr>
<td>Mimi Pattison, MD, Gig Harbor Chair</td>
<td>6/2012</td>
<td>Congressional District 6</td>
</tr>
<tr>
<td>Susan Harvey, MD, Seattle</td>
<td>6/2013</td>
<td>Congressional District 7</td>
</tr>
<tr>
<td>Thomas M. Green, MD, Seattle</td>
<td>6/2014</td>
<td>Congressional District 8</td>
</tr>
<tr>
<td>Richard Brantner, MD – Olympia 1st Vice-Chair</td>
<td>6/2015</td>
<td>Congressional District 9</td>
</tr>
<tr>
<td>Bruce Andison, MD</td>
<td>6/2012</td>
<td>Physician At Large Position</td>
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<tr>
<td>Bruce Cullen, MD, Redmond</td>
<td>6/2014</td>
<td>Physician At Large Position</td>
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<tr>
<td>Anjan Sen, MD, Richland</td>
<td>6/2015</td>
<td>Physician At Large Position</td>
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<tr>
<td>Peter Marsh, MD, Lakewood</td>
<td>6/2015</td>
<td>Physician At Large Position</td>
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<tr>
<td>Ellen Harder, PA-C, Gig Harbor</td>
<td>6/2013</td>
<td>Physician Assistant Member</td>
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<tr>
<td>Athalia Clower, PA-C, Pasco</td>
<td>6/2014</td>
<td>Physician Assistant Member</td>
</tr>
<tr>
<td>Michael T. Concannon, JD, Seattle</td>
<td>6/2013</td>
<td>Public Member</td>
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<tr>
<td>Theresa Elders, MSW, Colville</td>
<td>6/2014</td>
<td>Public Member</td>
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<td>Mimi Winslow, JD, Seattle</td>
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<td>Linda Ruiz, JD, Seattle</td>
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### Management Staff

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