Medical Quality Assurance Commission
Update!
www.doh.wa.gov/medical
Vol. 4, Fall 2014

Message from the Chair

Richard D. Brantner, MD, FAAEM
Chair, Congressional District 10

Greetings from the Medical Commission as we transition into autumn. Like the seasons, the Commission is undergoing numerous changes. At the August meeting we bid farewell to the "Magnificent Seven" who helped shape the Commission into the robust patient safety centered organization it is today. Those leaving are Athalia Clower, PA-C, Bruce Cullen, MD, Terri Elders, LCSW, Tom Green, MD, Frank Hensley, Linda Ruiz, JD, and Leslie Burger, MD. We also bid farewell to our long time Executive Director, Maryella Jansen, who helped guide the Commission through the Pilot Project initiated by the legislature in 2008. She will now pursue the enjoyment of her well-earned retirement. We wish Maryella and the "Magnificent Seven" good luck in the next portion of their journeys and thank them for their contributions to the Commission and the state, most of which cannot be effectively measured but are appreciated by the Commission daily.

The changes to the Commission composition, both external and internal, are wide ranging. We say hello to three new public members, one PA, and three clinical members. I encourage you to read the Commissioner Spotlight column for additional information on our new appointments. We thank the Office of the Governor for the timely appointments. Additionally, the Commission senior management has had a near complete turnover due to retirements and transitions since November 2013. The most recent and notable is the appointment of our new Executive Director, Melanie de Leon, JD, MPA. Melanie comes to us from the Office of the Attorney General and the Executive Ethics Board. You can read more about her background and recent staffing changes in this edition of the Executive Director's Report.

Despite the disruption of new appointments and staff changes, your Commission is still hard at work. We near the completion of our Joint Operating Agreement negotiations with the Department of Health. Public Member and Policy Chair Mimi Winslow, JD, is proving more than capable in leading this important effort that will guide the operations of the commission in the coming years.

On the practice front, the Commission formally adopted Guidelines on the Practice of Telemedicine http://go.usa.gov/dG8. The guidelines can be viewed on the Commission policy webpage after they complete the Secretary review process. Dr. Howe, who chaired the effort, details the guideline in an article in this edition of the newsletter. I thank Dr. Howe for his leadership and guidance in this important effort. I am sure this guideline will lay a strong foundation for the Commission as the practice of medicine and the capability of its practitioners evolves.

Continued on page 2

In this issue

Mission

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

Message from the Chair continued from page 1

As per the usual, once one issue is dealt with many more arise to be addressed. The Commission is forming several working groups to grapple with the issues of Electronic Health Records (EHR/EMR), suicide prevention education, office based surgery rules, updating sexual misconduct definitions, and practitioner competence. I wrote about EHR in the previous issue and I thank those who submitted feedback. It was overwhelmingly positive and encouraging to know that the experience of the Commission on this issue is not an outlier, but a valid concern we as a medical community must address.

With regard to practitioner competence, the focus of this effort is to determine workable solutions to when an aging practitioner experiences decline in skills and abilities. We all know this happens to our colleagues as it will eventually happen to us. The concern of the Commission is how to prepare the practitioner population with best practices and tools to self-identify when these declines begin to occur and make reasonable adjustments to practice that prolongs the career while maintaining and even enhancing patient safety. Finally, when these issues come before us, the Commission seeks a solution that allows for dignity and respect to be maintained for the practitioner who shows a lifetime of excellence, but perhaps did not or cannot discern a decline in competence on their own.

These are large subjects that will require contributions from all sectors. We do not anticipate their completion in the near future. As in all things, the Commission strives to promote patient safety and enhance the integrity of the profession. I encourage all who are interested to attend our Policy Committee meetings and business meetings that are open to the public http://go.usa.gov/GZd. We hope to hear from you and incorporate good ideas for the improvement of the health care delivery system.

Save the Date!

October 1-2, 2014 in Tumwater,

Medical Commission Educational Conference

Free and open to all. CME available. Copies of Dr. White's book "Seeing Patients: Unconcious Bias in Health Care" will be provided to attendees while supplies last. http://go.usa.gov/jZUT

Executive Director's Report

Melanie de Leon, JD, MPA
Executive Director

Hello! I wanted to introduce myself to you and tell you how very pleased and excited I am to be the new Executive Director. I bring with me an eclectic blend of work and life experiences that will serve me well in this position.

As a brief introduction, I spent 13 years as a Manpower and Management Engineering Officer in the US Air Force, performing duties much like those of an industrial engineer. After 13 years, I transitioned out of the military to return home to Tacoma and spent the next six years working for a local software manufacturing company, eventually working my way up to running one of the manufacturing facilities. During this time, I completed law school and joined the Attorney General's Office in August 2001 as an Assistant Attorney General (AAG). As an AAG, I represented many state agencies, including several health practitioner boards and commissions for the Department of Health. In 2007, I worked as a Staff Attorney on cases for this Commission. In 2008, Attorney General Rob McKenna appointed me to be the Executive Director for the state's Executive Ethics Board where I worked for over six years.

I came on board August 1st and since that time, we have had several other staff changes that I want to highlight: Micah Matthews is now the Deputy Executive Director, Mike Farrell is our new Policy Manager and Teresa Landreau is our new Legal Unit Manager.

I want to say thank you and farewell to our outgoing Commissioners, Leslie Burger, MD, Athalia Clover, PA-C, Bruce Cullen, MD, Theresa Elders, LCSW, Thomas Green, MD, Frank Hensley, and Linda Ruiz, JD – you truly were the "Magnificent Seven." I also want to welcome our newly appointed Commissioners, James Anderson, PA-C, Toni Borlas, Charlie Browne, MD, Bruce Hopkins, MD, John Maldon, Robert Small, MD, and Yanling Yu, Ph.D. Thank you so much for taking time out of your busy lives to help us improve patient safety and enhance the integrity of the medical profession. I look forward to working with you!

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 disciplinary action.

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

Commission Case Reports

Bruce Cullen, MD
Commissioner Pro Tem

End of Life Care (continued)

In a previous issue of the Newsletter a case was presented of a morbidly ill patient with widely metastatic cancer who died three days after discharge from the hospital. The Commission was concerned that her physicians inappropriately subjected the patient to overly aggressive therapy and did not fully appreciate the patient's wishes that she be allowed "to go home." The patient's daughter filed a complaint with the Commission because she felt that she had not been fully informed about the gravity of her mother's status while in the hospital. As true in many of the cases that come before the Commission, the major failure in this case involved ineffective communication between the physician(s), patient and family.

One of the primary interests of the Commission is to become more transparent in its deliberations and to educate physicians regarding issues of concern. That is why the Newsletter is published, and why it includes these case reports. Many of the subjects considered in these reports are complex, including issues surrounding end of life care. Determination of what is appropriate standard of care in each circumstance can be controversial.
The Commission was pleased to receive thoughtful, constructive letters from Doctors Kincaid and Brecher regarding end of life care and the decision was made to publish their views.

Dear Editor,

I am terribly reluctant to criticize someone I respect as much as Dr. Bruce Cullen, someone who has played a significant role in my professional development. But I find it terribly disturbing when a powerful entity with punitive powers such as MQAC demonstrates such confidence in "Monday morning quarterbacking" such gray area doctor-patient interactions as end of life discussions with a patient who is "offended by the discussion." As an anesthesiologist and critical care physician, I spend a significant amount of time having these talks with patients and their families. The conversations are challenging and sometimes not well-received even when handled with skill and attention. When I read that the patient's daughter argued that she had not been "informed that her mother was dying," I am reminded of the numerous family members I have seen reject the frank statements by me and other physiciansof the seriousness of their loved one's illness, and I cannot be confident that the hospitalist in the case report had failed in his or her responsibility to the patient, or rather that the patient and family had been unwilling to accept the truth of the patient's disease.

When the Commission "opined" that the "whole" patient was not addressed, did the Commission consider that the "whole" patient was perhaps failed by a pervasive culture of denial of the inevitability of death, perhaps even by an oncologist who offered hope in palliative chemotherapy to a 70 pound 76 year old woman with widely metastatic colon cancer? Or did the Commission instead hang all the blameon a busy hospitalist who does not have the history of a well-established doctor-patient relationship (as the oncologist undoubtedly did), yet must care for the patient when she is nearest to death?

This case report ultimately fails to be useful to the physician in the trenches who deals with death and dying on a daily basis. What I took away from it is that I should spend more time developing a template for the end of life discussion that I enter into the chart so that it satisfies the after-the-fact scrutiny of a body such as MQAC, rather than that I should work toward improving the way I conduct these discussions in the future. And that is a sad commentary on the state of medicine at this time.

M. Sean Kincaid, MD

President, Washington State Society of Anesthesiologists

CEO, Matrix Anesthesia

Dear Editor,

I want to thank Dr. Bruce Cullen for his Case Report review of "End of Life Care" in the Medical Commission Newsletter - Summer 2014. His point that all physicians have a responsibility to make and document appropriate medical recommendations about end of life care is a valid one. It is important to remember that the key is to match treatment recommendations to patient goals.

There were issues discussed in this case report that merit further comment. Why was the oncologist "readying" his patient for additional palliative chemotherapy?

Case Reports continues on page 4

Case Reports continued from page 3

The patient had Stage IV disease, a very poor functional status, significant wasting, and severe anemia. Did he and his patient ever discuss goals of care? Was the patient or her daughter well informed by the oncologist of the patient's diagnosis and prognosis? Why didn't the oncologist consider a recommendation against further chemotherapy? Could a suggestion of providing comfort, dignity, and respect and allowing a respectful death been considered?

Additionally I was hoping that Dr. Cullen would make mention of the role and value of Palliative Medicine providers. Although all of us, as caring providers can provide palliative care, this specialty, which focuses on the patient's goals of care and symptom management, often involves an interdisciplinary team to help with physical, psychosocial, and spiritual issues, as well as offer family support. Providing on-going education to our provider and nursing colleagues may also help focus on care of the "whole" patient and possibly reduce the number of end of life care complaints. I look forward to more commentary and case discussions regarding these issues.

David B. Brecher, MD, FAAFP FAAHPM

Did you know?

You can complete your demographic census for renewal online!

The Commission has been asked to develop demographic data, and we will be asked for the results by State and Federal policy makers, and other interested parties, as they make decisions about the future structure of the medical workforce. We have roughly a 60 percent response rate to our census. Please take a few minutes to fill out the demographic questionnaire so the decisions made about your future work environment can be based on accurate data.

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

Commissioner Spotlight

2014 Appointments

Bruce Hopkins, MD
Congressional District 5

The Medical Commission is pleased to announce that the Governor reappointed Dr. Bruce Hopkins to represent the fifth congressional district. His new term expires in June 2018.

Robert Small, MD
Congressional District 9

Dr. Robert Small has been with the Medical Commission since 2009 serving as Pro Tem and a consultant. With his appointment, Dr. Small represents the ninth Congressional District, replacing Dr. Green. Dr. Small earned his medical degree from the University of Pennsylvania in 1977 and completed a residency in Psychiatry and a fellowship in Child and Adolescent Psychiatry at Letterman Army Medical Center. He has been board certified in Psychiatry since 1983, and is a Fellow of the American Psychiatric Association.
As Medical Director for Behavioral Health at Premera Blue Cross and LifeWise Health Plans, Dr. Small has responsibilities for a combined 1.6 million members. He also works at McKesson Health Solutions developing support tools for psychiatric and chemical dependency services. Dr. Small has served in the Army Medical Corps, achieving the rank of Lieutenant Colonel and earning the Army Commendation Medal and the Meritorious Service Medal.

Charlie Brown, MD
Physician at Large

Dr. Charlie Brown is one of the two new physicians to join the Medical Commission. He brings with him a wealth of experience and a strong commitment to patient safety. He graduated from UCLA and has been board certified in Obstetrics and Gynecology since 2001. He is a fellow at the American College of Obstetricians and Gynecologists, and a mentor at the UW School of Medicine. Dr. Brown has been the recipient of numerous honors over the years, including being twice selected as one of the country's top Ob/Gyn physicians by the Consumers Research Council of America. In his free time, he enjoys studying astronomy and spending time with his puppy, Delilah.

James Anderson, PA-C
Physician Assistant Member

James Anderson is the newest Physician Assistant to join the Medical Commission. Mr. Anderson graduated from the University of Washington in 2000 where he currently works. His career has focused on the underserved and the ethical obligations of medical providers. He has supervised other PAs at Seattle Children's, treated substance abuse at Swedish, and provided pain management services at Harborview. Mr. Anderson has made addiction and pain medicine a central part of his career. As a PA, he has reviewed opioid prescribing behaviors and has given lectures on opioid dependence.

Toni Borlas
Public Member

Ms. Toni Borlas is one of the three new public members of the Commission. She is a graduate of the University of Washington where she earned a B.A. in Political Science. Toni has held several positions in operations management in the Healthcare industry. Most recently, she has served as Director of Client and Support Services at CellNetrix Pathology and Laboratories. As a patient advocate, Toni brings both valuable insight and a strong desire to make a difference in people's lives.

John Maldon
Public Member

John Maldon is a graduate of Western Washington University where he earned a B.A. He has a strong interest in patient safety. John brings a wealth of experience to the Commission. He has been involved in risk management or medical malpractice for over forty years. Most recently, John served as Executive Director of Risk Management at Group Health Cooperative where he advised physicians on risk and managed malpractice claims.

Yanling Yu, Ph.D.
Public Member

Yanling Yu is a senior scientist at the University of Washington where she earned a Ph.D. in Physical Oceanography. She has devoted much of her career to investigating arctic sea ice and ocean circulation. As a co-investigator for NASA and the NSF, she has worked on research projects, reviewed proposals and has co-authored multiple publications for peer-reviewed scientific journals.

Stay Informed!

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

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

Volunteers Needed

Free clinic on October 23-26

A Seattle King County clinic with Remote Area Medical will take place October 23-26 at Key Arena. Equipment and supplies, parking, and meals are provided. If fully staffed by volunteers, the event expects to provide free services to 1,000 patients per day. The event needs both medical professionals and non-medical support volunteers.

To Volunteer

First, please go to www.ramvolunteers.org to complete your primary registration. Afterward, please go to www.surveymonkey.com/s/SupplementalVolunteerRegistration to provide some additional information that will be helpful to Seattle King County Clinic organizers. Both online processes are relatively brief.

Did you know?

The Commission publishes case studies based on complaints we receive. We send these to the Washington State Hospital Association and publish them on our website to share best practices.

Try it now: http://go.usa.gov/dG8

Guideline Introduction: Telemedicine

Warren Howe, MD
Congressional District 2

A new Guideline, titled "Appropriate Use of Telemedicine," was forwarded for Secretary review by the Commission at its June meeting. It sets out the Commission's interpretation of how electronic health practice is to be conducted and regulated according to existing state statute. This brief article will summarize the Guideline, whose full text will be found on-line at http://go.usa.gov/dG8.

In its Guideline, the Commission recognizes Telemedicine as a rapidly evolving medical practice entity and so asserts general principles which can be applied now and to future technology as it evolves. Telemedicine is defined as the practice of medicine using technology, usually electronic, between a practitioner in one location and a patient in another location; it is recognized as a practice tool, and not a separate form of medicine. The Guideline goes on to define terms, including: "practice of medicine" and "practitioner-patient relationship" as they relate to Telemedicine. These definitions are critical to the determination of whether or not a specific electronic interaction between practitioner and patient requires licensure of the practitioner and is allowed by statute.

In general terms, the Guideline can be summarized as expressing that a practitioner using Telemedicine to practice medicine on patients in Washington must be licensed to practice medicine in Washington, and that practitioners practicing Telemedicine in Washington will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery.

The licensure requirement extends to all Telemedicine practitioners who treat or prescribe to Washington patients, including those who do so through online service sites. The Guideline specifically indicates that the very narrow licensure exemption for practitioners temporarily in Washington provided in RCW 18.71.030(6) does not apply to Telemedicine practice.

The Guideline recognizes that Telemedicine, by definition, does not involve direct, in-person contact between the patient and practitioner but does require that a definite patient-practitioner relationship be part of the Telemedicine interaction, and specifies that the parameters of the practitioner-patient relationship in Telemedicine should mirror those expected for similar in-person medical encounters. Based on that requirement, "treatment, including prescriptions, based solely on (patient completion of) a questionnaire does not constitute an acceptable standard of care." Appropriate informed consent for the Telemedicine interaction by the patient is mandated, including understanding of the technologies being used, agreement that they are appropriate for the circumstances, and knowledge of the practitioner's credentials.

There must be an appropriate history and evaluation prior to any Telemedicine care, including prescriptions, being rendered, recognizing that allowances must be made to deal with the absence of physical contact between practitioner and patient. The Guideline requires that the practitioner must recognize that not all patient situations are appropriate for Telemedicine, and specifies the need to pursue alternative methods of care in those circumstances. However, "the Telemedicine practitioner may provide any treatment deemed appropriate for the patient, including prescriptions, if the evaluation performed is adequate to justify the action taken."

Just as with more traditional encounters, practitioners providing Telemedicine services must document the encounter appropriately and completely. The records should be permanent and available to or on behalf of the patient and other practitioners, and appropriate security and confidentiality of the record must be maintained.

The Guideline allows for the prescribing of medications "at the professional discretion of the practitioner." Telemedicine prescriptions entail the same professional accountability as prescriptions incident to an in-person contact, and no legitimate prescriptions allowed in traditional medical practice are disallowed in Telemedicine practice. The Guideline specifies that "especially careful consideration should apply before prescribing DEA-controlled substances, and compliance with all laws and regulations pertaining to such prescriptions is expected," and the Commission will undoubtedly view such prescriptions with particularly careful scrutiny.

In developing this Guideline the Commission recognizes that Telemedicine is likely to assume an increasingly important role in patient care in the future, and that it is a useful tool that can provide important benefits to patients, including increased access to healthcare, access to healthcare professionals that are not available in the patient's home community, rapid availability of patient records, and a potential reduction in the cost of healthcare

delivery. Practitioners involved in Telemedicine, or contemplating such involvement are strongly urged to review the Guideline carefully once they are formally adopted. By adopting this proactive position regarding Telemedicine's use and regulation in Washington, the Commission takes another step in fulfilling its mission to promote patient safety and enhance the integrity of the medical profession.

The WPHP Report

By Charles Meredith, MD
Medical Director

Physician "Impairment" part one: Who do I call? When do I call? Why do I call?

Q: What is impairment?

A: Impairment is not a disease, but a functional state. Various disease and physical states can cause brief or sustained impairment in one's ability to practice medicine safely. Examples of such physical states include severe sleep deprivation, or delirium from an infectious illness or metabolic illness such as unstable diabetes. Untreated addiction, severe depression or a severe bipolar mood state can cause more prolonged impairment and recurrent unacceptable risks to patient safety. On the other hand, a physician who has been stable for years on adequate maintenance treatment for recurrent depression is by no means automatically impaired.

Q: How common is impairment?

A: No one knows the true prevalence of physician impairment. We have some ideas of the prevalence of various behavioral states that can cause impairment if left untreated, but none of us really know the actual prevalence of impairment. Estimates suggest 1-2% of health care providers may fall into the category of impairment at some point in the course of a year.

While we know that roughly 10% of males in US society will meet the diagnostic criteria for alcohol dependence at some point in their lifetime, we know less about physicians. In terms of alcohol use, the best data available indicates that 14% of US male surgeons met criteria for alcohol abuse *or* alcohol dependence in the last year, while 26% of US female surgeons met these diagnostic criteria. (The diagnostic instruments used did not distinguish between alcohol abuse versus alcohol dependence). By comparison, 7% of our country's overall population met criteria for alcohol abuse or dependence in the past year. While some specialties such as dermatology have even higher rates of alcohol use than do surgery and some are a bit lower, this gender disparity appears to hold across specialties.

In regards to dependence or abuse of drugs other than alcohol or nicotine, roughly 2.8% of our country's overall population met criteria for these illnesses. Solid comparative data is not available for physicians.

Bipolar mood disorder is very treatable, but along with major depressive disorder and some severe anxiety disorders, can cause functional impairment in a physician's sustained ability to practice medicine safely. Bipolar mood disorder strikes 1-3% of our population in the US, while major depressive disorder will strike roughly 15-20% of us at some point in our lifetime, and is more frequent in females. There is no evidence suggesting that these conditions are any less prevalent in physicians than they would be in other segments of society.

Q: Do I really have to call someone, if I am worried about a colleague who may be impaired?

A: Per language in the Washington Administrative Code (WAC 246-16-235), if you hold a clinical license through DOH and you have knowledge "that another license holder may not be able to practice his or her profession with reasonable skill and safety due to a mental or physical condition," *you are legally and ethically obligated* to make a report for the safety of your colleague, and for the safety of the patients they treat.

Q: Whom do I call, if I am worried that a colleague is impaired?

A: If your colleague is an MD or a PA, you can fulfill your obligation by calling one of two agencies. You can call the Medical Quality Assurance Commission, or you can make a report to the Washington Physicians Health Program at 1-800-552-7236. Someone at WPHP is available to take your call 24 hours per day, 365 days per year.

Legal Actions

May 1, 2014 - July 30, 2014

Below are summaries of interim suspensions and final actions taken by the Commission last quarter. Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders are not listed.
We encourage you to read the legal document for a description of the issues and findings. (***Due to a temporary technical issue we will not be linking to the order documents as we have done in the past. We regret the inconvenience.-Ed.)*** All legal actions are updated quarterly and can be found with definitions on the Commission website: http://go.usa.gov/DKQP

Practitioner	Type of Action	Date	Cause of Action	Commission Action
Formal Actions				
Melamed, David M. (MD00031564) Albuquerque, NM	Agreed Order	**5/15/14**	Respondent failed to cooperate with a Commission investigation and failed to comply with an informal resolution by prescribing controlled substances without satisfying prerequisites.	Respondent may not renew his expired license until after 2016 at which time he will be required to re-apply for licensure and meet certain prerequisites.
Heimbach, David M. (MD00013777) Kula, HI	Agreed Order	**5/15/14**	Respondent misrepresented himself as an unbiased burn expert to the public, state legislators and news media when in fact he had a financial interest in the chemical manufacturing industry.	Surrender of license.
Neravetla, Shantanu R. (MDRE.ML.60229618) King County	Hearing Order	**5/20/14**	The commission finds Respondent cannot practice medicine with reasonable skill and safety.	Respondent must undergo a psychological evaluation and comply with recommendations prior to renewal.
Angerbauer, Steven R. (MD60234433) Salt Lake City, UT	Agreed Order	**6/26/14**	Respondent examined and treated a patient outside a clinical setting and prescribed pain medication in violation of the Commission's pain management rules.	Ethics course; boundaries course; record-keeping course; opioid prescribing course; maintain medication list, problem list in each patient record; $1500 costs; and, if license is renewed, comply with pain management rules and register with the PMP.
Le, Hieu T. (MD00043784) Snohomish County	Waiver Order	**6/26/14**	Respondent found guilty in U.S. District Court of Distribution of Oxycodone in violation of federal law.	License revoked.
Moffett, Erin L. (PA60275063) Mesa, AZ	Default Order	**6/26/14**	The Arizona Regulatory Board of Physician Assistants prohibited Respondent from practicing in Arizona.	Indefinite suspension.

Knowles, Richard D. (MD00042903) Clark County	Agreed Order	**6/26/14**	Respondent prescribed testosterone and human growth hormone (HGH) for patients involved in bodybuilding without a medically justified diagnosis.	Three years probation; restricted from prescribing steroids other than prednisone; shall not possess testosterone or other steroids at office or at home; will not supervise a PA that owns the clinic where Respondent works; course work in treatment of hypogonadism, record keeping, and ethics; paper; $5,000 fine; practice reviews; compliance appearances.
Brammer, Gregory (MD00037500) Pierce County	Default Order	**6/26/14**	The Texas Medical Board suspended Respondent's license, Respondent convicted of Harassment (Bodily Injury).	Five years suspension minimum with conditions upon reinstatement.
Hodges, Wallace R. (MD00015517) King County	Agreed Order	**6/26/14**	Respondent mismanaged a patient's chronic pain in numerous respects, including prescribing pain medications when the patient was exhibiting signs of misuse, abuse or diversion.	Permanent restriction from prescribing controlled substances and psychotropic medication for treatment of psychiatric and substance abuse disorders; must coordinate psychiatric care for patients when needed; surrender of DEA registration; practice reviews; $2,000 costs; compliance appearances.
Hutsinpiller, Molly (MD00033833) Spokane County	Default Order	**6/30/14**	Utah suspended Respondent's license.	Indefinite suspension.
Kohler, Erik P. (MD00028438) Eagle River, AK	Hearing Order	**7/2/14**	Alaska placed conditions and restrictions on Respondent's license.	Probation; 20 hours CME; proof of board certification; compliance with CME rules.
Informal Actions				
Wood-McClure, Julie R. (MD00043863) Whatcom County	Informal Disposition	**5/15/14**	**Alleged**: Respondent's hospital privileges suspended for drinking alcohol at work.	Comply with WPHP contract; $800 costs; compliance appearances.
Putnam, William S. (MD00027338) Snohomish County	Informal Disposition	**5/15/14**	**Alleged**: Respondent cannot practice medicine with reasonable skill and safety.	Surrender of License
Lucianna, Mark A. (MD00012929) Snohomish County	Informal Disposition	**5/15/14**	**Alleged**: Respondent kept pre-signed blank prescription forms in a locked box for staff access, some of which were used for unauthorized prescriptions.	Ethics course; office plan for issuing authorized prescriptions; practice review; $1000 costs; compliance appearances.

Legal Actions continued from page 9

Imkamp, Evert-Jan M. (MD00025066) King County	Informal Disposition	**6/26/14**	**Alleged**: Respondent failed to diagnose a small subarachnoid hemorrhage in a patient's right parietal lobe in a CT study.	Develop and submit peer review plan for over read of CT scans with written reports; $800 in costs.
Parada, Gregory (MD60021611) Pierce County	Informal Disposition	**6/26/14**	**Alleged**: Respondent failed to meet the standard of care by failing to perform a complete history and physical before prescribing methadone.	Coursework on methadone prescribing; course on recordkeeping; paper on risks of methadone treatment.
Reinke, Curtis D. (MD00036884) Thurston County	Informal Disposition	**6/26/14**	**Alleged**: In caring for a chronic pain patient, Respondent failed to meet the standard of care and failed to comply with the pain rules.	Probation; course in opioid prescribing; verify new and current patients in PMP; $1,000 costs; practice reviews.
Obeng, Mabel K. (MD60141544) King County	Informal Disposition	**6/26/14**	**Alleged**: Respondent failed to meet the standard of care as described in the rules on the use of lasers for skin treatment.	Paper on the risks of laser hair removal; restriction on oversight of clinics that use a device designated as a prescription device; ensure all employees are working within scope.
King, Ronald L. (PA10004115) Clark County	Informal Disposition	**6/26/14**	**Alleged**: Respondent failed to report in a timely manner the onset of his supervising physician's threatening behavior and inappropriate prescribing of testosterone, HGH and human chorionic gonadotropin.	Probation; ethics course; Respondent will not have any relationship with his supervising physician that impacts the supervisor's ability to oversee practice; $1,000 costs; supervising physician to submit quarterly reports.
Singer, Robert S. (MD00011443) King County	Informal Disposition	**6/26/14**	**Alleged**: Respondent was found guilty of Solicitation to Commit a Violation of the Uniform Controlled Substances Act (USCA), failure to maintain records, and possession of hydrocodone	Surrender of License
Starkweather, Roger J. (MD00016428) Chelan County	Informal Disposition	**6/26/14**	**Alleged**: Respondent did not provide adequate pain control and handled the patient in a manner that increased her pain then verbally yelled at the patient in a condescending tone and rude manner.	Obtain assessment from WPHP to evaluate mental health and behavioral issues; $1,000 costs; chief medical officer to make reports regarding performance.
Lee, David T. (MD00034070) Clark County	Informal Disposition	**6/26/14**	**Alleged**: In caring for a chronic pain patient, Respondent failed to meet the standard of care and failed to comply with the pain rules.	Paper on proper monitoring of the quality of patient care; pain management course; maintain registration with the PMP; $1,000 costs; comply with pain management rules.

Medical Commission Vital Statistics

- 21 members: 13 MDs, 2 PAs, 6 public members;
- 39 staff, $14.8M biennial budget;
- 29,866 licensed physicians and physician assistants;
- 99% of licenses issued on time in 2014;
- 99% of complaints processed on time in 2014;
- 90% of investigations completed on time in 2014;
- 89% of legal cases completed on time in 2014;
- 99% of orders complied with Sanction Rules.

Actions in Fiscal 2014

- Issued 2,290 new licenses;
- Received 1,488 complaints/reports;
- Investigated 909 complaints/reports;
- Issued 70 disciplinary orders;
- Summarily suspended or restricted 11 licenses;
- Actively monitoring 181 practitioners;
- 48 practitioners completed compliance programs.

Policy Corner

At the most recent business meetings the Commission approved/updated the following:

- Endorsing Just Culture Principles for the Reduction of Medical Error.

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 on our website: http://go.usa.gov/dG0

Medical Commission Meetings 2014

Date	Activity	Location
October 1-3	Educational Conference	Capital Event Center ESD 113 6005 Tyee Road SW Tumwater, WA 98512
November 6-7	Regular Meeting	Puget Sound Educational Service District (PSESD), Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057-5221

All Medical Commission meetings are open to the public

Other Meetings

Washington State Medical Assoc.	Annual Meeting Sept. 20-21, 2014	Seatac, WA
Administrators in Medicine (AIM)	Annual Meeting April 22, 2015	Ft. Worth, TX
Federation of State Medical Boards	Annual Meeting April 23-25, 2015	Ft. Worth, TX

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
Legal Actions:		http://go.usa.gov/DKQP
Compliance:		360-236-2781
Investigations:		360-236-2759
Fax:		360-236-2795
Email:		medical.commission@doh.wa.gov
Demographics:		medical.demographics@doh.wa.gov
Website:		www.doh.wa.gov/medical
Public Disclosure:		PDRC@doh.wa.gov
Provider Credential Search:		http://go.usa.gov/VDT
Listserv Sign-up Links:		
Minutes and Agendas:		http://go.usa.gov/dGW
Rules:		http://go.usa.gov/dGB
Legal Actions:		http://go.usa.gov/dGK
Newsletter:		http://go.usa.gov/dGk

Medical Commission Members

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

James E. Anderson, PA-C
Toni Borlas
Charlie Browne, MD
William M. Brueggemann, Jr., MD
Leslie M. Burger, MD
Michael T. Concannon, JD
Jack Cvitanovic
Bruce G. Hopkins, MD
Warren B. Howe, MD
Mark L. Johnson, MD
Charlotte W. Lewis, MD
John Maldon
Peter K. Marsh, MD
Mimi E. Pattison, MD
Theresa M. Schimmels, PA-C
Robert H. Small, MD
Mimi Winslow, JD
Yanling Yu, PhD

Update! Editorial Board

Bruce Cullen, MD (Pro Tem)
Theresa Elder, LCSW (Pro Tem)
Thomas Green, MD (Pro Tem)
Linda Ruiz, JD (Pro Tem)

Washington State Medical Commission Newsletter–Fall 2014
Micah T. Matthews, MPA, Managing Editor: micah.matthews@doh.wa.gov

DOH 658-002 September 2014