Welcome to the Chiropractic Quality Assurance Commission Newsletter

Our newsletter’s purpose is to help inform the chiropractic community of issues related to Washington State chiropractic laws and the work of the Chiropractic Quality Assurance Commission (commission).

Message from the Chair – Gabe Smith, DC, DACBR

The commission is nearing the end of the first of five years in the pilot project. We’ve been working closely with many of the agencies within the Department of Health through workgroups made up of commission and staff members.

The work groups’ purpose is to determine more efficient and cost-effective ways to do business. The data that are developed from these encounters will be essential to the commission for putting together an operating agreement with the Department of Health. The pilot project has been a challenge but with our excellent support team, we’re progressing toward a successful completion.

A short time ago the commission sent out a notice to all licensed chiropractors asking for those who might be interested in serving on the commission to submit an application to the Governor’s Office. I encourage everyone to take a few minutes to review the requirements for commissioners, as well as the duties commissioners are expected to perform, and to apply for future positions as they become available. The chiropractic community is always in need of people who can serve on the commission to protect the public and to support chiropractic.

The information can also be found on the chiropractic website under a hyperlink titled “commission information.”

I hope you find this edition of the newsletter helpful. If you have any suggestions for topics you would like to know more about that pertain to the commission, please contact Leann Yount, program manager, or Billie Jo Dale, program representative, with your suggestions.
Welcome New Commission Staff Member

As part of 2SHB 1518, additional authority was given to the commission to include budget development, spending, and staffing. The commission created its first position under the pilot project as a health services consultant. 2

Billie Jo Dale started working with the commission on May 1, 2014. Ms. Dale has worked for the Department of Health since 1996 and has held various positions in many capacities. We’re excited to have her join our team. Please welcome Billie Jo.

Department of Health’s Washington Health Professional Services
John Furman, Executive Director, PhD, MSN, COHN-S

It is estimated that more than 22 million people in the U.S. abuse drugs or alcohol. Three million are classified with a dependence or abuse of both alcohol and illicit drugs, while 4 million are dependent on or abuse illicit drugs, but not alcohol, and 15 million are dependent on or abuse alcohol, but not illicit drugs (SAMHSA, 2008). Research indicates that health professionals generally misuse drugs and alcohol at nearly the same rate (10 to 15 percent) as the rest of the population. That means that one out of every 10 colleagues or co-workers are likely to be struggling with their use of drugs whether that be from alcohol, marijuana, prescribed medications, or other substances.

In the early 1980s many state legislatures, and licensing board and commissions, began recognizing the existence of substance use disorders in health professionals. They directed the creation of alternatives to the traditional disciplinary track, thereby recognizing substance use disorder as a chronic, progressive illness in the same light as diabetes or asthma, and taking a non-punitive approach to rehabilitation. In 1988 The Washington State Legislature passed 18.130.175 Revised Code of Washington stating that:

“It is the intent of the legislature that the disciplining authorities seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public. The legislature specifically intends that the disciplining authorities establish an alternative program to the traditional administrative proceedings against such health professionals.”

There are three alternatives to discipline monitoring programs approved by the Department of Health:

Washington Physicians Health Program (WPHP) was founded in 1986 by the Washington State Medical Association. The Department of Health contracts with the Physicians Health Program to provide services to medical and osteopathic physicians and to physician assistants, podiatrists, veterinarians, and dentists.

Washington Recovery Assistance Program for Pharmacy (WRAPP) was founded in 1983 by the Washington Pharmacists Association. The Department of Health contracts with this program to provide services with the pharmacy profession.

Washington Health Professional Services (WHPS) was first established as the Substance Abuse Monitoring Program in 1988. This program was in the Board of Nursing and was exclusive for nurses. In 1991, the program was expanded to other health professions, including chiropractors, and became known as WHPS.

Health professionals come to WHPS in several ways. First is by self-referral. Health professionals who enter into WHPS in this manner and are successful in monitoring are not made known to their licensing authorities.
However, health professionals most commonly come to WHPS under what is called an in lieu of discipline agreement. This is the hallmark of an alternative to discipline monitoring programs. For those who have a substance abuse complaint filed against their license, the alternative agreement allows them to enter monitoring and to avoid any formal disciplinary action against their license. As long as they are successful in monitoring, the fact that a complaint was filed against their license will never be reflected on their license. The final way is entering WHPS under legal order.

The Uniform Disciplinary Act requires that all unprofessional conduct be reported to the Department of Health. However, when no patient harm has occurred, reports of unprofessional conduct or the inability to practice with reasonable skill and safety because of a mental or physical condition may be submitted to one of the approved alternative to discipline substance abuse monitoring programs. This is consistent with legislative intent. It allows employers and health professionals to fulfill their obligation by reporting directly to WHPS, or to one of the other programs.

WHPS provides the following services:

Case development; initial assessment and intake, treatment referrals, program participation contract development, and transition back to practice.

Monitoring; including random drug screening, advocacy in the work place and with regulatory entities, practice oversight, and participation in professional peer support groups.

Outreach and education; including participation in conferences, consultation to institutions, and professional organizations and practice groups.

The best way for health professionals to seek assistance from WHPS is to contact the program directly at 360-236-2880. This is the shortest road into treatment and recovery, and provides for the greatest degree of confidentiality.

A lack of knowledge about substance use disorders is a major risk factor for nurses and other health care professionals. WHPS is available to provide education and consultation, free of charge, to employers, organizations, staff members, and students about substance use disorders among health professionals and the program.

Please call or fax the form below to schedule a presentation.

We’re available to provide education and consultation free of charge to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to students is a valuable part of their education.
PILOT PROJECT COMPLAINT ALLEGATIONS AND COMPLAINT CATEGORY TRACKING

In an effort to analyze and focus on areas where the commission may need to increase education and awareness, provide technical assistance, and determine if rulemaking may be necessary, the commission has been tracking various complaint allegations and complaint categories. Following are the statistics that have been tallied since the pilot project began on July 1, 2013:

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Please fax this completed form to WHPS at 360-664-8588. Once we receive the request form, we will contact you to begin program arrangements. If you have questions or need assistance, please call us at 360-236-2880.
### Disciplinary Actions

The Washington State Department of Health revokes or suspends the licenses, certifications, or registrations of healthcare providers in our state. The Department of Health also has the authority to immediately suspend the credentials of people prohibited from practicing in other states.

The Department of Health’s Health Systems Quality Assurance division works with boards, commissions, and advisory committees to set licensing standards for more than 80 health care professions (e.g., medical doctors, nurses, counselors).

Information about healthcare providers is on the agency’s website. Select Provider Credential Search on the Department of Health home page (www.doh.wa.gov). The site includes information about a healthcare provider’s license status, the expiration and renewal date of his or her credential, disciplinary actions, and copies of legal documents issued after July 1998. You may also get this information by calling 360-236-4700. Consumers who think a healthcare provider acted unprofessionally are also encouraged to call and report their complaint.

The Chiropractic Commission has taken the following disciplinary actions, or withdrawn charges, against Washington State licensed chiropractors.

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Clark County:

February 2014: Permanently revoked the credential of chiropractor Kelly C. Smith (CH00002760). Smith’s license was suspended for one year on or about December 8, 2012 yet he continued to provide chiropractic care to patients at his clinic asking which were billed to insurance companies under an employee chiropractor’s national provider identifier and had an employee falsify treatment notes that they provided chiropractic care and not Kelly.

Thurston County:

February 2014: Entered an agreement with chiropractor David A. Camp (CH00002935) that will monitor his credential for at least three years. Camp must pay a $2,500 fine, provide informed consent documents to all patients, undergo counseling, complete continuing education in ethics, boundaries, and patient sensitivity, and pass an ethics and boundaries exam. Camp had a romantic and sexual relationship with a patient. He and the patient moved in together shortly after her final treatment session.

Out of State - Alberta:

March 2014: Reinstated the chiropractor credential of David A.C. Hall (CH00033869). His credential was suspended in 2005 in connection with alcohol abuse; closing his practice without notifying his patients, referring them to other providers, or offering to give them their files. He also has two criminal convictions

Commission Composition

The commission is made up of 11 chiropractors and three public members all appointed by the governor. Commissioners may serve two four-year terms.

The governor appoints all members. Members are appointed to one four-year term and are eligible to apply for a second four-year term upon successful completion of the first term.

To qualify, chiropractic applicants must:

- Be a citizen of the United States,
- Live in Washington,
- Have been licensed as a chiropractor in Washington for at least five years,
- Not be under a disciplinary order, and,
- Not hold office in a professional chiropractic association.

To qualify, public member applicants must:

- Be a citizen of the United States,
- Live in Washington,
- Not be a member of any other healthcare licensing board or commission,
- Not have a fiduciary obligation to a facility rendering health services regulated by the commission, and,
- Not have a material or financial interest in the rendering of health services regulated by the commission.
The commission meets six times a year at Department of Health offices in Tumwater or Kent. 
http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Chiropractor/CommissionMeetings.aspx

Members are paid $250 per day or $31.25 hourly and are reimbursed for travel expenses and meals. Commission members also take part in disciplinary hearings, disciplinary case reviews, and application reviews.

If you are interested in applying for a position on the commission, or in learning more about commissioner duties, please read the information on the website
http://www.doh.wa.gov/hsqa/Professions/Chiropractic/default.htm or contact the program manager at 360-236-4856 or leann.yount@doh.wa.gov or Billie Jo Dale, program representative, at 360-236-2868 or billiejo.dale@doh.wa.gov

For more information, please see the chiropractic website at: 
http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Chiropractor/CommissionInformation.aspx

You may complete an application from the following link: https://fortress.wa.gov/es/governor/boardsapplication

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**Department of Health News – Health Reform**

**The Patient Protection and Affordable Care Act**

The Patient Protection and Affordable Care Act (ACA) is the most comprehensive national health reform legislation enacted in decades. Along with improving healthcare access and quality, the ACA’s goal is to help our health system continue to move its focus from treating disease to preventing disease.

The Washington State Department of Health plays an important role in disease prevention, and in helping to build healthier communities. Our agency works to ensure the quality of our health system, and provides the data and information necessary for research and resource planning. We also provide funding and technical assistance to partner organizations working on key prevention issues. To learn more about our role, see www.doh.wa.gov/healthreform or see related pages on this site:

- Department of Health Activities
- Washington State Activities

**Affordable Care Act Law**

The Affordable Care Act was passed by Congress and then signed into law by the president on March 23, 2010. On June 28, 2012, the Supreme Court rendered a final decision to uphold the health care law. Read more at http://www.hhs.gov/healthcare/rights/law/index.html

**Glossary**

Many terms in the Affordable Care law may be new and confusing. Use these resources to help you understand concepts included in the Affordable Care Act:

- Health Systems Transformation Glossary of Terms (PDF) (printer friendly)  
- http://www.healthreformgps.org/glossary/  
- http://kff.org/glossary/health-reform-glossary/
Overview Information

- **Healthcare.gov** - Regulatory and policy information about the new Health Insurance Marketplace for individuals, families and small businesses.
- **HHS.gov (U.S. Dept. of Health and Human Services)** - Affordable Care Act brochures and educational presentations for a variety of audiences. Includes testimonials and videos.
- **CMS.gov (Centers for Medicare and Medicaid Services)** - Fact sheets and frequently asked questions from the Center for Consumer Information and Insurance Oversight.
- **Focus on Health Reform (PDF, Kaiser Family Foundation)** - Summary of the law, and changes made to the law by subsequent legislation. Focuses on provisions to expand coverage, control health care costs, and improve health care delivery system.

Dispelling the myths


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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 [leann.yount@doh.wa.gov](mailto:leann.yount@doh.wa.gov).