November 12-13, 2020

Via GoToWebinar
1st Revised

WASHINGTON
Medical
Commission

Licensing. Accountability. Leadership.

2021 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

The meeting dates for 2021 have been approved. Due to the COVID-19 event, these meetings may be done virtually instead of in person. Updates to the meeting locations will be made available via our GovDelivery and our Event Calendar at https://wmc.wa.gov/calendar.

Dates	Location	Meeting Type
January 14-15	Virtual	Regular Meeting
March 4-5	Virtual	Regular Meeting
April 8-9	Virtual	Regular Meeting
May 13-14	Virtual	Regular Meeting
July 8-9	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
August 19-20	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
Sept 30-Oct 2	TBD	Educational Conference
November 18-19	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting

Association Meetings

Association	Dates	Location
Federation of State Medical Boards (FSMB) Annual Conference	TBA	TBA
WAPA Spring Conference	TBA	TBA
WSMA Annual Meeting	TBA	TBA
WAPA Fall Conference	TBA	TBA

Other Meetings

Program	Dates	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	TBA	TBA

Approved 2/28/2020

Updated: November 5, 2020

2022 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 13-14	TBD	Regular Meeting
March 3-4	TBD	Regular Meeting
April 14-15	TBD	Regular Meeting
May 26-27	TBD	Regular Meeting
July 7-8	TBD	Regular Meeting
August 25-26	TBD	Regular Meeting
October 6-8	TBD	Educational Conference
November 17-18	TBD	Regular Meeting

Association Meetings		
Association	**Dates**	**Location**
Federation of State Medical Boards (FSMB) Annual Conference	TBA	TBA
WAPA Spring Conference	TBA	TBA
WSMA Annual Meeting	TBA	TBA
WAPA Fall Conference	TBA	TBA

Other Meetings		
Program	**Dates**	**Location**
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	TBA	TBA
CLEAR Annual Conference	TBA	TBA
FSMB Board Attorneys Workshop	TBA	TBA

FORMAL HEARING SCHEDULE

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Hearing	Respondent	SPECIALTY	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location	Panel Composition (as of 11/2/20)
2-Nov										
2020 November		*Commission Meeting (via GTM) 11/12/2020*								
NONE AT THIS TIME										
2020 December		*(NO COMMISSION MEETING THIS MONTH)*								
3-4 Dec	OSTEN, Thomas J., MD	Non-BC; self-designated Family Medicine	M2018-68	James B. Meade, II	Bahm	Karinen	B	Blye	TBD	Roberts; Hopkins;
7-11 Dec	BAUER, William M., MD	BC - Internal Medicine	M2017-1115	Jennifer Smitrovich	Brewer	Berg	A	Herington	TBD	**Trescott; Flugstad; Blake Panel Complete - THANK YOU!**
8-Dec	WEBB, Chris R., MD	BC - Internal Medicine	M2018-81	D. Jeffrey Burnham	Pfluger	Glein	A	Wareham	TBD	Yu;
14-16 Dec	SCHULZ, Ona L., PA-C	Phys. Asst.	M2018-641	Elisabeth Leedom Rhianna Fronapfel	Anderson	Wolf	B	Kuntz	TBD	
2021 January		*Commission Meeting 1/14/2021*								
11-13 Jan	OLSON, Jon B., MD	BC-Anesthesiology	M2017-211	Michele C. Atkins	Brewer	Wolf	A	Herington	TBD	
27-Jan	HERMANN, Robert L., MD	Non-BC Self-designated Anesthesiology	M2018-712	Jessica M. Creager	Pfluger	Wolf	B	Herington	TBD	
2021 February		*NO COMMISSION MEETING THIS MONTH*								
8-11 Feb	BROWN, Michael C., MD	Non-BC Self-designated Family Medicine & Geriatric Medicine	M2019-245	Jessica M. Creager	Brewer/ Pfluger	Balatbat	A	Kuntz	TBD	
22-26 Feb; 1-2 Mar	ANTOCI, Valentin, MD	Non-BC Self-designated Orthopaedic Surgery	M2017-515	David H. Smith Marti J. McCaleb	Defreyn	Page Landstrom	B	Kuntz	TBD	
2021 March		*Commission Meeting 3/4/2021*								
8-Mar	JUTLA, Rajninder K., MD	BC-Anesthesiology & Pain Medicine	M2020-230	Pro Se	Anderson	Berg	A	Kuntz	TBD	
23-24 Mar	DAVIS, Scott O., MD	Non-BC Self-designated Family Medicine	M2020-419	Christopher J. Mertens	Pfluger	Wolf	B	Donlin	TBD	
25-Mar	STERLING, Ronald M., MD	Non-BC Self-designated Geriatric	M2019-998	Pro Se	Bahm	Page Landstrom	B	Blye	TBD	
29-Mar - 2-Apr	BRECHT, Kristine S., MD	BC - Family Medicine	M2019-94	Ketia B. Wick	Anderson	Wolf	B	Wareham	TBD	
2021 April		*Commission Meeting 4/8/2021*								
19-21 Apr	KIM, Jeong H., MD	BC- Internal Medicine	M2019-699	Jennifer Smitrovich	Bahm	Page Landstrom	A	Kavanaugh	TBD	
26-28 April	HAKKARAINEN, Timo W., MD	BC- Surgery	M2019-877	Katharine Brindley Michelle Q. Pham	Bahm	Wolf	A	Kavanaugh	TBD	

Commission Meeting Agenda
November 12-13, 2020

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead. The access links can be found below.

Thursday – November 12, 2020

Closed Sessions

8:00 am Case Reviews – Panel A
8:00 am Case Reviews – Panel B

Open Session

12:30 pm **Lunch & Learn: Outpatient Spine Surgery – Past, Present, and Future**
Commissioner Richard Wohns, MD

Please register for this webinar at:
https://attendee.gotowebinar.com/register/1767790807565379341

After registering, you will receive an email containing a link that is unique to you to join the webinar.

Closed Sessions

1:30 pm Case Reviews – Panel A
1:30 pm Case Reviews – Panel B

4:00 pm Policy Committee Meeting

Please register for this meeting at:
https://attendee.gotowebinar.com/rt/6462640587223505680
After registering, you will receive an email containing a link that is unique to you to join the webinar.

Agenda Items	Presented By:	Page #:
Guideline – Communicating Test Results to Patients *Discussion of current guideline and possible revisions.*	Mike Farrell	29
Senate Bill 6551 – International Medical Graduates License *Review of draft language. Request for feedback from committee.*	Micah Matthews	37

Friday – November 13, 2020

Open Session

8:00 am –9:30 am Business Meeting

Please register for this meeting at:
https://attendee.gotowebinar.com/rt/3215397921331273232
After registering, you will receive a confirmation email containing information about joining the webinar.

1.0 Chair Calls the Meeting to Order

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2.0 Housekeeping

3.0 Chair Report

4.0 Consent Agenda

Items listed under the Consent Agenda are considered routine agency matters and will be approved by a single motion without separate discussion. If separate discussion is desired, that item will be removed from the Consent Agenda and placed on the regular Business Agenda. — Action

4.1 Minutes – Approval of the August 21, 2020 Business Meeting minutes. — Pages 8-12

4.2 Agenda – Approval of the November 13, 2020 Business Meeting agenda.

5.0 New Business

5.1 **Open Public Meeting Act Presentation** — Training
Heather Carter, AAG — Pages 14-17

5.2 **Meeting Dates for 2023** — Action
Discussion of proposed meeting dates for year 2023. — Page 18

6.0 Old Business

6.1 **Committee/Workgroup Reports** — Update
The Chair will call for reports from the Commission's committees and workgroups.

Written reports begin on page 21

See page 23 for a list of committees and workgroups.

6.2 **Rulemaking Activities** — Update

Rules Progress Report provided on page 26.

6.3 **Lists & Labels Request** — Action
The Commission will discuss the requests received for lists and labels, and possible approval or denial of these requests. Approval or denial of these applications is based on whether the requestor meets the requirements of a "professional association" or an "educational organization" as noted on the application (RCW 42.56.070(9)).

- Optometric Physicians of Washington — Page 27

7.0 Public Comment

The public will have an opportunity to provide comments. ***If you would like to comment during this time, please limit your comments to two minutes. Please identify yourself and who you represent, if applicable, when the Chair opens the floor for public comment.***

8.0 Policy Committee Report

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on November 12, 2020. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented. — Report/Action Begins on page 29

9.0 Member Reports

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The Chair will call for reports from Commission members.

10.0 Staff Member Reports

The Chair will call for further reports from staff.

Written reports begin on page 41

11.0 AAG Report

Heather Carter, AAG, may provide a report.

12.0 Adjournment of Business Meeting

Open Sessions

9:45 am	Personal Appearances – Panel A Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/243475405	Page 51
9:45 am	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 52

Closed Sessions

Noon to 1:00 pm Lunch Break

Open Sessions

1:15 pm	Personal Appearances – Panel A Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/243475405	Page 51
1:15 pm	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 52

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (Commission) meetings. This agenda is subject to change. The Policy Committee Meeting will begin at 4:00 pm on November 12, 2020 until all agenda items are complete. The Commission will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on November 13, 2020 until all agenda items are complete. The Commission will take public comment at the Business Meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Business Meeting Minutes
August 21, 2020

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Virtual Meeting via GoToWebinar

Commission Members

James E. Anderson, PA-C
Toni Borlas, Public Member
Charlie Browne, MD
Jimmy Chung, MD, 2nd Vice Chair
Diana Currie, MD
Karen Domino, MD
Christine Blake, Public Member
Warren Howe, MD
April Jaeger, MD
Charlotte Lewis, MD
John Maldon, Public Member, Chair
Terry Murphy, MD
Alden Roberts, MD
Scott Rodgers, JD, Public Member
Theresa Schimmels, PA-C
Robert Small, MD
Claire Trescott, MD, 1st Vice Chair - Absent
Candace Vervair, Public Member
Richard Wohns, MD
Yanling Yu, PhD, Public Member

Commission Staff

Colleen Balatbat, Staff Attorney
Morgan Barrett, Director of Compliance
Jennifer Batey, Legal Support Staff Manager
Larry Berg, Staff Attorney
Amelia Boyd, Program Manager
Kayla Bryson, Executive Assistant
Jimi Bush, Director of Quality & Engagement
Sarah Chenvert, Performance Manager
Marisa Courtney, Licensing Lead
Melanie de Leon, Executive Director
Mike Farrell, Policy Development Manager
Gina Fino, MD, Investigator
Ryan Furbush, Paralegal
Rick Glein, Director of Legal Services
George Heye, MD, Medical Consultant
Mike Hively, Information Liaison
Jenelle Houser, Legal Assistant
Kyle Karinen, Staff Attorney
Shelley Kilmer-Ready, Legal Assistant
Becca King, Administrative Assistant
Richelle Little, Staff Attorney
Stephanie Mason, Public Relations & Legislative Liaison
Micah Matthews, Deputy Executive Director
Melissa McEachron, Director of Operations & Informatics
Joe Mihelich, Health Services Consultant
Marne Nelson, RN, Investigator
Freda Pace, Director of Investigations
Ariele Page Landstrom, Staff Attorney
Dawn Thompson, Informatics Technical Specialist
Sara Wibowo, Paralegal
Trisha Wolf, Staff Attorney
Gordon Wright, Staff Attorney

Others in Attendance

Alan Brown, MD, Pro Tem Commissioner
Chris Bundy, MD, Executive Medical Director, Washington Physicians Health Program
Heather Carter, Assistant Attorney General
Mary Curtis, MD, Pro Tem Commissioner
Katerina LaMarche, Washington State Medical Association
Cori Tarzwell, DOH Policy Analyst
Gregory Terman, MD, Pro Tem Commissioner

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1.0 Call to Order

John Maldon, Public Member, Chair, called the meeting of the Washington Medical Commission (Commission) to order at 8:00 a.m. on August 21, 2020.

2.0 Housekeeping

Amelia Boyd, Program Manager, gave an overview of how the meeting would proceed.

3.0 Chair Report

Mr. Maldon welcomed everyone to the meeting and introduced himself as the new Chair of the Commission.

Mr. Maldon stated that this will be the last meeting for Commissioners Warren Howe, MD and Candace Vervair, Public Member as they are both moving out of state. He opened the floor to the Commissioners to speak about Dr. Howe and Ms. Vervair. Following these speeches, both Dr. Howe and Ms. Vervair spoke about their time on the Commission.

Mr. Maldon praised Mike Hively, Information Liaison, for his continual assistance with technical issues.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the July 10, 2020 Business Meeting.

4.2 Agenda for August 21, 2020. The agenda was amended to add an item to the Policy Committee Report: WAC 246-919-010 through 246-919-770 – allopathic physicians rulemaking.

Motion: The Chair entertained a motion to approve the Consent Agenda as amended. The motion was seconded and approved unanimously.

5.0 Old Business

5.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet. There was nothing further to report beyond the written reports.

5.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. Ms. Boyd stated that the Commissioners would be voting on WAC 246-919-010 through 246-919-770 – allopathic physicians rulemaking as part of the Policy Committee report.

5.3 Lists & Labels Request

The following lists and labels requests were discussed for possible approval or denial. Approval or denial of these requests is based on whether the entity meets the requirements of a "professional association" or an "educational organization" as noted on the application (RCW 42.56.070(9)).

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- Spectrum Healthcare Resources

  Motion: The Chair entertained a motion to deny the request. The motion was seconded and approved unanimously.

- Telebehavioral Health Institute

  Motion: The Chair entertained a motion to approve the request. The motion was seconded and approved unanimously.

- Washington State University

  Motion: The Chair entertained a motion to approve the request. The motion was seconded and approved unanimously.

6.0 Public Comment

Chris Bundy, MD, Executive Medical Director, Washington Physicians Health Program provided comments about Ms. Vervair and Dr. Howe. He also congratulated Mr. Maldon for being elected Chair.

7.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on August 20, 2020:

Delegation of Signature Authority

Dr. Domino stated this document is updated each time a new Chair is elected and the revisions. She reported that the Committee recommended approval of the revised document.

> ***Motion:*** The Chair entertained a motion to approve the document with the noted revisions. The motion was approved unanimously.

Proposed Guideline – Medical Directors: Roles, Duties, and Responsibilities

Dr. Domino noted the suggested changes to the document made by the Committee that were different from the proposed document provided in the packet. She reported that the Committee recommended approval with the suggested changes.

> ***Motion:*** The Chair entertained a motion approve the guideline as presented. The motion was approved unanimously.

Communicating Test Results to Patients Guideline

Dr. Domino explained that the Committee suggested several revisions so this guideline will be revised and presented at a future meeting for discussion and decision.

Proposed Procedure – Reopening a Closed Case

Dr. Domino noted the suggested changes to the document made by the Committee that were different from the proposed document provided in the packet. She reported that the Committee recommended approval with the suggested changes.

> ***Motion:*** The Chair entertained a motion approve the procedure as presented. The motion was approved unanimously.

WAC 246-919-010 through 246-919-770 – allopathic physicians rulemaking

Dr. Domino asked Ms. Boyd to report on this item. Ms. Boyd explained that a hearing was held on Wednesday, September 30 but that there was not a quorum of Commissioners so it could not be

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approved. She went on to explain that the Commissioners saw this same language when they approved the second step in the rulemaking process, CR-102, and that the only change that was made was an "s" was removed from a word. She went on to explain that we received a comment for the rules hearing from an anesthesia association. That comment was not addressed as part of this rulemaking but a workgroup has been created to review the comment and decide if rulemaking should be recommended for the sections the comment is regarding. She stated that today the ask is that the Commission approve the language for permanent rule.

> ***Motion:*** The Chair entertained a motion approve the language for permanent rule. The motion was approved unanimously.

8.0 Member Reports

Theresa Schimmels, PA-C, thanked everyone for their sentiments regarding the passing of her mother.

9.0 Staff Reports

The reports below are in addition to those available in the packet.

Melanie de Leon, Executive Director reported that an engagement survey was put together by staff for staff and we received 42 responses out of 55. One result of the survey is that the staff would like to stay connected through virtual social get togethers. She stated that some of the plans are to read books together and have virtual lunches among other things.

Ms. de Leon went on to say that each Friday she sends an email out to all staff and she includes the Chair, Mr. Maldon, where she gives highlights of goings on with the staff for that week.

Ms. de Leon reported that she has been asked by the Federation of Chiropractic Boards to present on the Sexual Misconduct Analysis Review Team (or SMART) process that we use for sexual misconduct cases in October.

She stated she will be on two panels for the Federation of State Medical Boards. The first will be August 27 about the changes we have made to our licensing application regarding the mental health and substance abuse questions. The second will be September 10 regarding sexual misconduct.

Finally, she stated that a virtual town hall will be held soon for staff. One of the things that will be discussed is the replacement of our case and licensing database system that is to come on board in 2023.

Freda Pace, Director of Investigations thanked both Dr. Howe and Ms. Vervair for their service to the Commission.

10.0 AAG Report

Heather Carter, AAG, had nothing to report.

11.0 ADJOURNMENT

The Chair called the meeting adjourned at 8:51 am.

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Submitted by

Amelia Boyd, Program Manager

John Maldon, Public Member, Chair
Washington Medical Commission

Approved November 13, 2020

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New Business

Open Public Meetings Act, RCW 42.30

A Quick Guide for Washington Medical Commission Members

"*The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created*."
RCW 42.30.010

All Commission Meetings Must Be Open to the Public

- A meeting occurs when there are discussions, deliberations, reviews or evaluations of Commission business, whether or not a decision is made at that time.
- Whenever a quorum is present, comply with the OPMA. However, a meeting can occur even when there is not a quorum so be cautious of discussions in small groups.
- Subcommittees – Subcommittee meetings must be open to the public if the committee acts on behalf of the Board, conducts hearings or takes public comment.
- Watch out for email exchanges and social media – communications can become a meeting. Avoid the reply all button on emails.

Special and Regular Meetings

- Regular Meetings – schedule published yearly in the state register, all business may be discussed and agenda may be amended.
- Special Meetings – follow notice requirements and stick to agenda.

Voting

- No secret ballots.
- No proxy or substitute voting.

Executive Session

- Final action (e.g. a decision or vote) must be taken in open session even if the deliberations were in executive session.
- RCW 42.32.030 – Board must keep minutes and make available to the public (no minutes kept for executive session because content is disclosable).
- Very few purposes listed in the OPMA – RCW 42.30.110:
    - Public employment issues (state employees, not contractors)
    - Litigation and potential litigation with counsel (AAG only)

Meetings Not Subject to the OPMA

- Licensing and Disciplinary Proceedings under the Uniform Disciplinary Act.
- Matters governed by the Administrative Procedures Act.

OPMA – ELECTRONIC COMMUNICATIONS

PRACTICE TIPS

For Local Government Success

These practice tips are intended to provide practical information to local government officials and staff about electronic communications and requirements under the Open Public Meetings Act (OPMA), chapter 42.30 RCW. Electronic communications between members of an agency's governing body can implicate the OPMA, and these practice tips will help guide you in identifying and addressing key issues in this regard.* *For more information and resources visit* **www.mrsc.org/opmapra**.

1

An Email Exchange Can Constitute a Meeting

If you, as a member of the governing body (e.g., city council, board of commissioners, planning commission), communicate with other members of the governing body by email, keep in mind that email exchanges involving a majority of members of the governing body can constitute a "meeting" under the OPMA. This principle also applies to text messaging and instant messaging.

What types of email exchanges can constitute a meeting? If a majority of the members of the governing body takes "action" on behalf of the agency through an email exchange, that would constitute a meeting under the OPMA. Note that taking "action" under the OPMA can occur through mere discussion of agency business, and that any "action" may be taken only in a meeting open to the public. The participants in the email exchange don't have to be participating in that exchange at the same time, as a "serial" or "rolling" meeting can occur in violation of the OPMA. However, the participants must collectively intend to meet to conduct agency business.

Recommendations: As a member of the governing body, consider the following tips to avoid potential OPMA violations:

- Passive receipt of information via email is permissible, but discussion of issues via email by the governing body can constitute a meeting.
- An email message to a majority or more of your colleagues on the governing body is allowable when the message is to provide only documents or factual information, such as emailing a document to all members for their review prior to the next meeting.
- If you want to provide information or documents via email to a majority of members of the governing body, especially regarding a matter that may come before the body for a vote, have the first line of the email clearly state: "For informational purposes only. Do not reply."
- Unless for informational purposes only, don't send an email to all or a majority of the governing body, and don't use "reply all" when the recipients are all or a majority of the members of the governing body.
- Alternatively, rather than emailing materials to your colleagues on the governing body in preparation for a meeting, have a designated staff member email the documents or provide hard copies to each member. It's permissible, for example, for a staff member to communicate via email with members of the governing body in preparation for a meeting, but the staff member needs to take care not to share any email replies with the other members of the governing body as part of that email exchange.

2

Phone Calls and Voice Messages Can Constitute a Meeting

As with email exchanges, if a majority of the members of the governing body is taking "action" (see above) on behalf of the agency through phone calls or a voice mail exchange, that would constitute a meeting. Such a "telephone tree" occurs, for example, when members call each other to form a majority decision. As above, the calls and messages can constitute a serial or rolling meeting if the members collectively intend to meet and conduct agency business.

3

Key Consideration Related to Conferring to Call a Special Meeting

Under RCW 42.30.080, a special meeting (in contrast to a regular meeting) may be called at any time by the presiding officer of the governing body or by a majority of the members of the governing body. In order to give effect to this authority granted under RCW 42.30.080, we believe it's permissible for a majority of the members of the governing body to confer outside of a public meeting for the sole purpose of discussing whether to call a special meeting. This includes conferring for that purpose via phone, email or other electronic means.

4

Use of Social Media Can Implicate the OPMA

Question: If members of the governing body use social media (e.g., through a Facebook page or Twitter feed) to host a discussion about issues related to the agency, and the discussion includes comments from members of the governing body, could that violate the OPMA?

Answer: If the discussion includes comments from a majority of the members of the governing body, that discussion could constitute a public meeting under the OPMA. There's no authority under the OPMA regarding what would constitute adequate public notice – if that's even possible – for this kind of virtual meeting, so it's best to avoid this type of discussion on social media.

Recommendation: Social media can be an effective tool to solicit comments from the public, but social media shouldn't be used by your agency's governing body to collectively formulate policy.

5

Failure to Comply with the OPMA Can Be Costly

Violation of the OPMA can result in personal liability for officials who knowingly violate the OPMA and in invalidation of agency actions taken at a meeting at which an OPMA violation occurred. Attorney fees and court costs are awarded to successful OPMA plaintiffs. OPMA violations can also lead to a loss of public trust in the agency's commitment to open government.

*DISCLAIMER: These practice tips are meant to provide practical information to local government officials and staff about electronic records and requirements under the OPMA. The tips aren't intended to be regarded as specific legal advice. Consult with your agency's attorney about this topic as well.

May 2016

Proclamation 20-28.9

Open Public Meetings Act and Public Records Act

- 20-28.9 suspends identified OPMA provisions, expires October 1, 2020 at 11:59 pm.
- Focus is on reducing in-person contact.
- Prohibition on conducting a public meeting subject to RCW 42.30 unless:
  - (a) the meeting is not conducted in-person and instead provides an option(s) for the public to attend the proceedings through, at minimum, telephonic access, and may also include other electronic, internet or other means of remote access, and
  - (b) provides the ability for all persons attending the meeting to hear each other at the same time.
- In counties currently in Phase 3 of the Safe Start Plan may, at their option and in addition to hosting the remote meeting elements described above, include an in-person component to a public meeting provided they satisfy required meeting criteria.
- Proclamation 20-28 also suspends provisions of the Public Records Act, RCW 42.56.

Proposed – 2023 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 12-13	TBD	Regular Meeting
March 2-3	TBD	Regular Meeting
April 13-14	TBD	Regular Meeting
May 25-26	TBD	Regular Meeting
July 6-7	TBD	Regular Meeting
August 24-25	TBD	Regular Meeting
October 5-7	TBD	Educational Conference
November 16-17	TBD	Regular Meeting

Association Meetings		
Association	**Dates**	**Location**
Federation of State Medical Boards (FSMB) Annual Conference	TBA	TBA
WAPA Spring Conference	TBA	TBA
WSMA Annual Meeting	TBA	TBA
WAPA Fall Conference	TBA	TBA

Other Meetings		
Program	**Dates**	**Location**
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	TBA	TBA
CLEAR Annual Conference	TBA	TBA
FSMB Board Attorneys Workshop	TBA	TBA

January 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	1	2	3	4	5	6	7
2	8	9	10	11	12	13	14
3	15	16	17	18	19	20	21
4	22	23	24	25	26	27	28
5	29	30	31				

February 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5				1	2	3	4
6	5	6	7	8	9	10	11
7	12	13	14	15	16	17	18
8	19	20	21	22	23	24	25
9	26	27	28				

March 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9				1	2	3	4
10	5	6	7	8	9	10	11
11	12	13	14	15	16	17	18
12	19	20	21	22	23	24	25
13	26	27	28	29	30	31	

April 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
13							1
14	2	3	4	5	6	7	8
15	9	10	11	12	13	14	15
16	16	17	18	19	20	21	22
17	23	24	25	26	27	28	29
18	30						

May 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
18		1	2	3	4	5	6
19	7	8	9	10	11	12	13
20	14	15	16	17	18	19	20
21	21	22	23	24	25	26	27
22	28	29	30	31			

June 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
22					1	2	3
23	4	5	6	7	8	9	10
24	11	12	13	14	15	16	17
25	18	19	20	21	22	23	24
26	25	26	27	28	29	30	

July 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
26							1
27	2	3	4	5	6	7	8
28	9	10	11	12	13	14	15
29	16	17	18	19	20	21	22
30	23	24	25	26	27	28	29
31	30	31					

August 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
31			1	2	3	4	5
32	6	7	8	9	10	11	12
33	13	14	15	16	17	18	19
34	20	21	22	23	24	25	26
35	27	28	29	30	31		

September 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
35						1	2
36	3	4	5	6	7	8	9
37	10	11	12	13	14	15	16
38	17	18	19	20	21	22	23
39	24	25	26	27	28	29	30

October 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
40	1	2	3	4	5	6	7
41	8	9	10	11	12	13	14
42	15	16	17	18	19	20	21
43	22	23	24	25	26	27	28
44	29	30	31				

November 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
44				1	2	3	4
45	5	6	7	8	9	10	11
46	12	13	14	15	16	17	18
47	19	20	21	22	23	24	25
48	26	27	28	29	30		

December 2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
48						1	2
49	3	4	5	6	7	8	9
50	10	11	12	13	14	15	16
51	17	18	19	20	21	22	23
52	24	25	26	27	28	29	30
1	31						

1 Jan	New Year's Day
16 Jan	Martin Luther King Day
12 Feb	Lincoln's Birthday
14 Feb	Valentine's Day
20 Feb	Presidents Day
21 Feb	Mardi Gras Carnival
12 Mar	Daylight Saving (Start)
17 Mar	St. Patrick's Day
1 Apr	April Fool's Day
7 Apr	Good Friday
9 Apr	Easter
10 Apr	Easter Monday
5 May	Cinco de Mayo
14 May	Mother's Day
20 May	Armed Forces Day
28 May	Pentecost
29 May	Memorial Day
29 May	Pentecost Monday
14 Jun	Flag Day
18 Jun	Father's Day
4 Jul	Independence Day
4 Sep	Labor Day
11 Sep	September 11th
17 Sep	Citizenship Day
22 Sep	Native American Day
9 Oct	Columbus Day
16 Oct	Boss's Day
21 Oct	Sweetest Day
31 Oct	Halloween
5 Nov	Daylight Saving (End)
11 Nov	Veterans' Day
23 Nov	Thanksgiving
7 Dec	Pearl Harbor
25 Dec	Christmas Day
31 Dec	New Year's Eve

Calendar & Holidays

2023

Calendar-365.com

Old Business

WASHINGTON Medical Commission
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Committee/Workgroup Reports: November

Reduction of Medical Errors Workgroup – Chair: Dr. Chung Staff: Mike Farrell
A new page will be added to the WMC web site providing information on submitting a CRP certification report.

Annual Educational Conference Workgroup – Chair: Toni Borlas Staff: Jimi Bush
We have been holding regular webinars since the beginning of October. So far we have provided 273 category I CME credits between in person attendance and video views after the fact. Webinar recording are available on the Conference webpage. If you have additional suggestions for webinar topics, please let Jimi know. We also need a physician member to participate in the conference workgroup. The time commitment is minimal. If you would like to join us, please let Jimi know.

Commissioner Education Workgroup – Chair: None at this time Staff: Melanie de Leon
This committee will need to meet virtually to discuss plans and topics for the 2021 meeting calendar. Meeting notices for this meeting will go out after the November meeting.

Osteopathic Manipulative Therapy Workgroup – Chair: None at this time Staff: Micah Matthews
11/2/20: Workgroup will reconvene after 2021 legislative session to consider any legislative or policy impacts.

Health Equity Workgroup – Chair: Dr. Jaeger Staff: Micah Matthews
11/2/20: Workgroup held its first meeting. Minimal comments received on the sexual misconduct policy and rules. Workplan for next 12 months established and adopted.

Office-Based Surgery Rules Workgroup – Chair: Dr. Domino Staff: Mike Farrell
Meetings will be scheduled in 2021.

Healthcare Disparities Workgroup – Chair: Dr. Currie Staff: Melanie de Leon
Meetings will be scheduled in 2021.

Committees & Workgroups

WASHINGTON Medical Commission
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Executive Committee
John Maldon, Public Member, Chair
Dr. Trescott, 1st Vice Chair
Dr. Chung, 2nd Vice Chair
Dr. Domino, Policy Committee Chair
Dr. Roberts, Immediate Past Chair
Melanie de Leon
Micah Matthews
Heather Carter, AAG

Policy Committee
Dr. Domino, Chair (B)
Dr. Roberts (B)
Christine Blake, Public Member (B)
Jim Anderson, PA-C (A)
John Maldon, Public Member (B)
Scott Rodgers, Public Member (A)
Heather Carter, AAG
Melanie de Leon
Mike Farrell
Amelia Boyd

Newsletter Editorial Board
Dr. Currie
Dr. Chung
Dr. Wohns
Jimi Bush, Managing Editor
Micah Matthews

Legislative Subcommittee
Dr. Roberts, Chair
John Maldon, Public Member
Dr. Terman, Pro Tem Commissioner
Christine Blake, Public Member
Dr. Wohns
Melanie de Leon
Micah Matthews

Panel L
John Maldon, Public Member, Chair
Dr. Browne
Dr. Roberts
Christine Blake, Public Member
Dr. Chung
Theresa Schimmels, PA-C
Dr. Trescott
Dr. Barrett, Medical Consultant
Marisa Courtney, Licensing Supervisor
Ariele Page Landstrom, Staff Attorney
Micah Matthews

Finance Workgroup
Dr. Roberts, Immediate Past Chair, Workgroup Chair
John Maldon, Current Chair
Dr. Trescott, 1st Vice Chair
Dr. Chung, 2nd Vice Chair
Melanie de Leon
Micah Matthews
Jimi Bush

Annual Educational Conference Workgroup
Toni Borlas, Chair
Theresa Schimmels, PA-C
Dr. Domino
Jimi Bush, Organizer

Commissioner Education Workgroup
Dr. Domino
Dr. Chung
Dr. Roberts
Toni Borlas, Public Member
Scott Rodgers, Public Member
Dr. Terman, Pro Tem Commissioner
Melanie de Leon
Amelia Boyd
Jimi Bush

Updated: November 3, 2020

Committees & Workgroups

WASHINGTON Medical Commission
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Reduction of Medical Errors Workgroup
Dr. Chung, Chair
John Maldon, Public Member
Dr. Roberts
Dr. Domino
Dr. Jaeger
Christine Blake, Public Member
Scott Rodgers, Public Member
Melanie de Leon
Mike Farrell

Osteopathic Manipulative Therapy Workgroup
Dr. Roberts
Dr. Currie
John Maldon, Public Member
Micah Matthews
Michael Farrell
Amelia Boyd
Heather Carter

Health Equity Workgroup
Dr. Jaeger, Co-Chair
Dr. Roberts, Co-Chair
TBD, Public Member
Micah Matthews
Jimi Bush
Anjali Bhatt

Office-Based Surgery Rules Workgroup
Dr. Domino
Dr. Roberts
John Maldon, Public Member
Mike Farrell
Ariele Page Landstrom
Melanie de Leon
Amelia Boyd

Healthcare Disparities Workgroup
Dr. Currie, Chair
Dr. Browne
Dr. Jaeger
Christine Blake, Public Member
Melanie de Leon

Collaborative Drug Treatment Agreement Rulemaking Committee
Dr. Roberts, Chair
Dr. Chung
Dr. Small
John Maldon, Public Member
Melanie de Leon
Micah Matthews
Kyle Karinen, Staff Attorney
Amelia Boyd
Heather Carter, AAG

PQAC E-prescribing Rulemaking Committee
Christine Blake, Public Member
Dr. Browne
Dr. Small
Melanie de Leon
Amelia Boyd
TBD, Staff Attorney
Heather Carter, AAG

Stem Cells Rulemaking Committee
TBD, Chair
TBD
TBD, Public Member
Micah Matthews
Mike Farrell
Amelia Boyd
Heather Carter, AAG

Committees & Workgroups

WASHINGTON Medical Commission
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Opioid Prescribing – Patient Exemptions Rulemaking Committee
Dr. Roberts, Chair
Dr. Small
Dr. Terman
James Anderson, PA-C
Melanie de Leon
Mike Farrell
Amelia Boyd
Heather Carter, AAG

Telemedicine Rulemaking Committee
James Anderson, PA-C, Chair
Christine Blake, Public Member
Toni Borlas, Public Member
Dr. Small
Dr. Roberts
Dr. Lewis
Dr. Wohns
Dr. Jaeger
Dr. Lisa Galbraith, BOMS
Dr. Kim Morrissette, BOMS
Micah Matthews
Stephanie McManus
Mike Farrell
Amelia Boyd
Tracie Drake, Program Manager, BOMS

PA Chapter 246-918 WAC & HB 2378 Rulemaking Committee
James Anderson, PA-C, Chair
Theresa Schimmels, PA
TBD, Public Member
Melanie de Leon
Mike Farrell
Amelia Boyd
Heather Carter, AAG

SB 6551 – IMG Licensing Rulemaking Committee
TBD, Chair
TBD
TBD, Public Member
Micah Matthews
Ariele Landstrom, Staff Attorney
Marisa Courtney, Licensing Supervisor
Dawn Thompson
Becca King
Stephanie Mason
Rick Glein, Staff Attorney
Amelia Boyd
Heather Carter, AAG

Please note, any committee or workgroup that is doing any stakeholder work or getting public input must hold open public meetings.

WMC Rules Progress Report								Projected filing dates		
Rule	**Status**	**Date**	**Next step**	**Complete By**	**Notes**	**Submitted to RMS**	**SBEIS Check**	**CR-101**	**CR-102**	**CR-103**
Clinical Support MDs & PAs (formerly Technical Assistance)	Commission approved rescinding CR-102	1/17/2020	One more workshop	Unknown	Keep Osteo updated.			Complete	TBD	TBD
Chapter 246-919 WAC Update	CR-103 filed	10/21/2020	Rules made permanent	11/22/2020				Complete	Complete	Complete
Telemedicine	CR-101 filed	9/17/2019	Workshops	TBD	Keep Osteo updated.			Complete	TBD	TBD
Stem Cells	CR-101 Filed	4/21/2020	Workshops	TBD	Keep Osteo updated.	3/13/2020		Complete	TBD	TBD
Opioid Prescribing - LTAC, SNF patient exemption	CR-101 filed	3/26/2020	Workshops	TBD				Complete	January 2021	April 2021
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	January 2022	April 2022
Emergency Licensing Rules	Secretary Review	3/26/2020	File CR-105	TBD	Holding until proclamation is lifted.					
Chapter 246-918 WAC & HB 2378	CR-101 submitted for review	9/22/2020	Review	December 2020	Collaborate with Osteo on HB 2378			October 2020		
ESHB 1551 - HIV/AIDS	Expedited rulemaking approved	5/15/2020	File CR-105	January 2021						
SB 6551 - IMG licensing	CR-101 filed	8/6/2020	Workshops	TBD		6/5/2020		Complete	July 2021	December 2021

Updated: 11/5/2020

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

This is an application for approval to receive lists, not a request for lists. You may request lists after you are approved. Approval can take up to three months.

RCW 42.56.070(8) limits access to lists. Lists of credential holders may be released only to professional associations and educational organizations approved by the disciplining authority.

- A "professional association" is a group of individuals or entities organized to:
  - Represent the interests of a profession or professions;
  - Develop criteria or standards for competent practice; or
  - Advance causes seen as important to its members that will improve quality of care rendered to the public.
- An "educational organization" is an accredited or approved institution or entity which either
  - Prepares professionals for initial licensure in a health care field or
  - Provides continuing education for health care professionals.

☒ We are a "professional association" ☐ We are an "educational organization."

Kim Jones	4254550874	Opw@eyes.org
Primary Contact Name ⮥	Phone ⮥	Email ⮥

Susan Griffus	Www.eyes.org
Additional Contact Names (Lists are only sent to approved individuals) ⮥	Website URL ⮥

Optometric Physicians of Washington	91-6056476
Professional Assoc. or Educational Organization ⮥	Federal Tax ID or Uniform Business ID number ⮥

PO Box 1610	Woodinville, WA, 98072-1610
Street Address ⮥	City, State, Zip Code ⮥

Education

1. How will the lists be used? ⮥

Ophthalmologists

2. What profession(s) are you seeking approval for? ⮥

Please attach information that demonstrates that you are a "professional association" or an "educational organization" and a sample of your proposed mailing materials.

Email to: PDRC@DOH.WA.Gov
Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865
Fax to: PDRC - 360-586-2171

[signature]	10.20.20
Signature ⮥	Date ⮥

If you have questions, please call (360) 236-4836.

For Official Use Only

Approved: _____ _____ (5-year / one-time)
Denied: _____

Authorizing Signature: _____
Printed Name: _____
Title: _____ Date: _____

Policy Committee

Communicating Diagnostic Test Results to Patients

Introduction

Patients deserve to receive their test results and an adequate explanation of the results in a timely manner. The failure to do so can cause unnecessary worry and, in some cases, lead to serious consequences for the patient. It can also lead to a complaint to the Commission. Unfortunately, studies confirm the Commission's experience that many practices do not have good systems in place.[1]

In 2011, the Commission issued a guideline on the "Transmission of Time Critical Medical Information" focusing on practitioners' obligation to communicate critical test results to other practitioners. The Commission issues the~~i~~s~~e~~ guideline~~s~~ to assist practitioners to communicate test results directly to patients. The term "test results" in this guideline refers to diagnostic test results.

Guidelines

All practitioners should have an effective system that will ensure timely and reliable communication of test results to patients and appropriate follow up. While the system will vary depending on the type of practice, the Commission recommends that it be in writing and, at a minimum, contain the following elements:

1. Clear definitions to distinguish between test results that are routine and test results that are critical.
2. A mechanism by which the ordering physician is notified of the receipt of critical test results from the diagnosing physician.
3. A process to communicate the test results to the patient in a timely manner-- whether in writing, electronic, telephonic or in person-- that ensures the patient receives the test results.
    a. The communication should be in a format and in language that is easily understood by the patient.
    b. The practitioner should document in the medical record who made the communication, how the communication was made, and when the communication was made.
    c. The communication should comply with the privacy requirements of the Health Insurance Portability and Accountability Act and Washington State law.
4. Confirmation that the patient received the test results. Verification of receipt should be documented in the medical record.

[1] Elder N, McEwen T, Flach J, Gallimore J, Management of Test Results in Family Medicine Offices, *Ann Fam Med.* 2009 Jul;7(4):343-351. https://www.ncbi.nlm.nih.gov/pubmed/19597172

5. Clear instructions to the patient to enable the patient to contact the practitioner and ask questions about the test results and schedule a follow up appointment with the practitioner. The instructions should be documented in the medical record.
6. If the test results indicate that treatment may be necessary, the ordering practitioner should discuss potential options with the patient and initiate treatment.
7. When the ordering practitioner is unavailable, there must be a qualified designee who will assume responsibility to receive test results, notify the patient, and initiate appropriate clinical action and follow up.
8. The system should not depend solely on the attentiveness of human beings, but be backed up by technology that prevents test results from being missed, lost or inadequately communicated to the ordering physician or to the patient.

Resources

Communicating Test Results to Providers and Patients, Department of Veterans Affairs, Veterans Health Administration, VHA Directive 1088. October 7, 2015.
file://doh/user/fr/mlf1303/Desktop/1088_D_2015-10-07.pdf

Hanna D, Griswold P, Leape L, Bates D, Communicating Critical Test Results: Safe Practice Recommendations, Journal of Quality and Patient Safety, Feb 2005: Volume 31 Number 2, 68-80.
https://www.ncbi.nlm.nih.gov/pubmed/15791766

Number:	GUI2016-02
Date of Adoption:	November 4, 2016
Reaffirmed / Updated:	None
Supersedes:	None

Guideline

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Transmission of Time Critical Medical Information (TCMI)—"Passing the Baton"

Introduction

Effective communication is a critical component of medical care. Quality patient care requires that study results are conveyed in a timely fashion to those responsible for treatment decisions. Communication should:

(a) Be tailored to satisfy the need for timeliness;
(b) Encourage physician communication;
(c) Identify responsibility to inform the patient; and
(d) Minimize the risk of communication errors.

Various factors and circumstances unique to a clinical scenario may influence the methods of communication between those caring for the patient. Timely receipt of the report is as important as the method of and verification of delivery method.

The Washington Medical Commission emphasizes the responsibility of consultants and clinicians to identify and responsibly communicate TCMI in a timeframe and manner that assures the usefulness of the information for quality patient care.

This guideline also recognizes the shared responsibility of administrators, clinicians and interpreting physicians to design and use support systems to ensure and document the timely communication and receipt of TCMI.

Recommendation

Clinicians who provide TCMI should, in a collaborative fashion with their stakeholders, identify TCMI and establish transmission and verification policies for TCMI in order to assure timely care and patient safety. Communication of information is only as effective as the system that conveys the information. There is a reciprocal duty of information exchange. The referring clinician or other relevant health care provider also shares in the responsibility for obtaining results of studies ordered. Formulating transmission and verification of test results requires the commitment and cooperation of administrators, clinicians, and interpreting physicians. Providers should identify and communicate who will be responsible to inform the patient.

Guideline

Expedite delivery and verify receipt of TCMI

In reporting TCMI, the clinician should expedite the delivery of a TCMI (preliminary or final) in a manner that reasonably assures timely receipt and verification of transmission of the results.

Situations that may require non-routine communication

1. Findings that suggest a need for immediate or urgent intervention:
   Generally, these cases may occur in the emergency and surgical departments or critical care units and may include diagnostic evidence of a malignancy including new suggestive imaging findings, pneumothorax, pneumoperitoneum, or a significantly misplaced line or tube, critical time sensitive laboratory values, and pathology results that may represent critical or potentially life threatening medical information.

2. Findings that are discrepant with a preceding interpretation of the same examination and where failure to act may adversely affect patient health:

   These cases may occur when the final interpretation is discrepant with a preliminary report or when significant discrepancies are encountered upon subsequent review of a study after a final report has been submitted.

3. Findings, including imaging studies and laboratory results, that the interpreting physician reasonably believes may be seriously adverse to the patient's health and are unexpected by the treating or referring physician:

   These cases may not require immediate attention but, if not acted on, may worsen over time and possibly result in an adverse patient outcome.

Methods of communication

Communication methods are dynamic and varied. It is important, however, that non-routine communications be handled in a manner most likely to reach the attention of the treating or referring physician in time to provide the appropriate care to the patient. Communication by telephone or in person to the treating or referring physician or representative is appropriate and assures receipt of the findings. There are other forms of communication that provide documentation of receipt which may also suffice to demonstrate that the communication has been delivered and acknowledged. The system of communication must identify a responsible person and method to confirm that TCMI was received by an appropriate person involved with the patient's care and by the patient.

Documentation of non-routine communications

Documentation of communication of TCMI is best placed contemporaneously in the patient's medical record. Documentation preserves a history for the purpose of substantiating certain findings or events. Documentation may also serve as evidence of such communication, if later contested.

Patient communications

When multiple providers are involved, they should determine who will be responsible for communicating TCMI to the patient. That responsibility and fulfillment of it should be documented in the patient's record.

Number:	GUI2018-04
Date of Adoption:	November 15, 2018
Reaffirmed / Updated:	N/A
Supersedes:	MD2015-02; MD2011-05

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Transmission of Time-Critical Medical Information (TCMI) Between Practitioners and Communicating Test Results to Patients

Introduction

Communicating time-critical medical information (TCMI) is a crucial component of medical care. Diagnostic test results and other TCMI must be transmitted in a timely and error-free fashion to clinicians responsible for treatment decisions.[1] Equally as important, clinicians must timely communicate test results to patients so that patients can make informed decisions about their healthcare. Unfortunately, the Washington Medical Commission sees a breakdown of communication of TCMI all too frequently. Studies confirm that many practices do not have good communication systems in place.[2]

The Commission issues this guideline to assist practitioners to improve their systems and ensure that time-critical medical information is transmitted in a timely manner to assure patient safety.

Guideline

Transmission of TCMI to Other Providers—"Passing the Baton"

Clinicians who provide TCMI should collaborative with their stakeholders to identify TCMI and establish transmission and verification policies for TCMI in order to assure timely care and patient safety. Communication of information is only as effective as the system that conveys the information. There is a reciprocal duty of information exchange. The referring clinician or other relevant health care provider shares in the responsibility for obtaining results of studies ordered. The "baton" must be passed. Formulating transmission and verification of test results requires the commitment and cooperation of administrators, clinicians, and interpreting physicians. The clinician should expedite the delivery of a TCMI (preliminary or final) in a manner that reasonably assures timely receipt and verification of transmission of the results.

Clinicians must be aware that some situations will require non-routine communication of TCMI:

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[1] These guidelines are Informed by and consistent with the American College of Radiology Practice Guideline revised 2014.

[2] Elder N, McEwen T, Flach J, Gallimore J, Management of Test Results in Family Medicine Offices, *Ann Fam Med.* 2009 Jul;7(4):343-351. https://www.ncbi.nlm.nih.gov/pubmed/19597172

1. Findings that suggest a need for immediate or urgent intervention. Generally, these cases may occur in the emergency and surgical departments or critical care units and may include diagnostic evidence of a malignancy including new suggestive imaging findings, pneumothorax, pneumoperitoneum, or a significantly misplaced line or tube, critical time sensitive laboratory values, and pathology results that may represent critical or potentially life threatening medical information.
2. Findings that are discrepant with a preceding interpretation of the same examination and where failure to act may adversely affect patient health. These cases may occur when the final interpretation is discrepant with a preliminary report or when significant discrepancies are encountered upon subsequent review of a study after a final report has been submitted.
3. Findings, including imaging studies and laboratory results, that the interpreting physician reasonably believes may be seriously adverse to the patient's health and are unexpected by the treating or referring physician. These cases may not require immediate attention but, if not acted on, may worsen over time and possibly result in an adverse patient outcome.

Methods of communication

Communication methods are dynamic and varied. Non-routine communications must be handled in a manner most likely to reach the attention of the treating or referring physician in time to provide the appropriate care to the patient. Communication by telephone or in person to the treating or referring physician or representative is appropriate and assures receipt of the findings. There are other forms of communication that provide documentation of receipt which may also suffice to demonstrate that the communication has been delivered and acknowledged. The system of communication must identify a responsible person and method to confirm that TCMI was received by an appropriate person involved with the patient's care and by the patient.

Documentation of non-routine communications

Documentation of communication of TCMI is best placed contemporaneously in the patient's medical record. Documentation preserves a history for the purpose of substantiating certain findings or events. Documentation may also serve as evidence of such communication, if later contested.

Communicating Diagnostic Test Results to Patients

As essential as it is for practitioners to have effective systems to communicate TCMI to each other, it is equally important for practitioners to have an effective system that will communicate diagnostic test results—whether routine or critical—to patients in a timely and reliable manner and provide for appropriate follow up. While the system will vary depending on the type of practice, the Commission recommends that it be in writing and, at a minimum, contain the following elements:

1. Clear definitions to distinguish between test results that are routine and test results that are critical.
2. A mechanism by which the ordering physician is notified of the receipt of critical test results from the diagnosing physician.

3. A process to communicate the test results to the patient in a timely manner-- whether in writing, electronic, telephonic or in person-- that ensures the patient receives the test results.
    a. The communication should be in a format and in language that is easily understood by the patient.
    b. The practitioner should document in the medical record who made the communication, how the communication was made, and when the communication was made.
    c. The communication should comply with the privacy requirements of the Health Insurance Portability and Accountability Act and Washington State law.
4. Confirmation that the patient received the test results. Verification of receipt should be documented in the medical record.
5. Clear instructions to the patient to enable the patient to contact the practitioner and ask questions about the test results and schedule a follow up appointment with the practitioner. The instructions should be documented in the medical record.
6. If the test results indicate that treatment may be necessary, the ordering practitioner should discuss potential options with the patient and initiate treatment.
7. When the ordering practitioner is unavailable, there must be a qualified designee who will assume responsibility to receive test results, notify the patient, and initiate appropriate clinical action and follow up.
8. The system should not depend solely on the attentiveness of human beings, but be backed up by technology that prevents test results from being missed, lost or inadequately communicated to the ordering physician or to the patient.

Number: GUI2020-xx

Date of Adoption:

Reaffirmed / Updated:

Supersedes: MD2015-02; MD2011-05

WAC 246-919-XXX

Clinical Experience Limited License.

(1) The commission recognizes the barriers to the practice of medicine for international medical graduates in Washington and intends to create a limited license to allow these individuals to gain clinical experience.

(2) For purposes of this section, "approved facility or program" means the facility, clinic, educational program, or tuition-based training program at which the individual holding the clinical experience limited license is permitted to practice medicine and the commission has deemed acceptable.

(3) The commission may issue a clinical experience limited license to practice medicine in this state to an individual who:

(a) Is nominated to practice medicine at an approved facility or program for the purpose of gaining clinical experience prior to initiating a graduate medical training program;

(b) Completes an application on a form provided by the commission;

(c) Has graduated from a medical school outside the United States, Canada, or Puerto Rico;

(d) Presents proof of current Washington residency for at least two years;

(e) Is issued a certificate with an indefinite status from the Educational Commission for Foreign Medical Graduates (ECFMG);

(f) Creates and allows the commission full access to the following:

(i) ECFMG applicant profile;

(ii) American Medical Association practitioner profile;

(iii) Federation of State Medical Boards practitioner profile.

(g) Is not subject to denial of a license or issuance of a conditional license under chapter 18.130 RCW;

(h) Is physically and mentally capable of safely practicing medicine. The commission may require any applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical and/or mental capability to safely practice medicine.

(i) Submits a letter of nomination from a program director, medical leadership, or representative of the facility or program acceptable to the commission, at which the applicant intends to practice medicine.

(4) Nothing in this section may be construed as prohibiting the commission from requiring such additional information from applicants as it deems necessary. The issuance and denial of licenses are subject to chapter 18.130 RCW, the Uniform Disciplinary Act.

(5)(a) A person with a limited license issued under this section may practice medicine only in connection with the person’s duties at the approved facility or program and may not engage in any other form of practice. A person with a limited license issued under this section may practice only under the supervision and control of a physician licensed in this state, but such supervision and control may not be construed to necessarily require the personal presence of the supervision physician at the place where services are rendered.

(b) The letter of nomination described in subsection (3)(i) of this section must be submitted and signed or attested to by a physician licensed in this state who is contracted or affiliated with the facility or program. The letter must outline the general practice area or areas of the facility or

program in which the applicant will participate. Multiple letters of nomination for different sites and programs may be submitted with an application. Licenses may be amended with additional letters of nomination to add additional programs for clinical experience but this does not extend the expiration date of the license.

(6) A license issued under this section expires twelve (12) months after issuance of the license. The license may be renewed once at the request of the program or facility and at the discretion of the commission.

Staff Reports

Staff Reports: November 2020

Melanie de Leon, Executive Director

Staff continue to work from home and will most likely continue until spring or early summer. Our workload is beginning to return to pre-quarantine numbers, with slightly fewer complaints filed overall. We are using this time to review and update process maps and resolve cases that have been in the case disposition queue for some time.

We will be working with the DOH facilities group, along with all of DOH, to determine if we need to retain the same amount of office space in the future. As many staff members may continue to work from home for the bulk of their time even when we have the ability to return to our offices, our need for individual office cubicles may decrease.

Due to the pandemic, we will not be hosting a Commission retreat this year but will begin working on updating the strategic plan in the next few months. More information to follow on this endeavor.

Micah Matthews, Deputy Executive Director

Recurring: Please submit all Payroll and Travel Reimbursements within 30 days of the time worked or travelled to allow for processing. Request for reimbursement items older than 90 days will be denied. Per Agency policy, requests submitted after the cutoff cannot be paid out.

Recurring: I will be taking extended leave beginning November 16, 2020. Until my return, please contact the following staff based on issue area:

- Licensing including applications, renewals, and customer service: Marisa.Courtney@WMC.wa.gov
- Media and legislative issues: Stephanie.Mason@WMC.wa.gov
- Data requests, torts, and subpoenas for records: Melissa.McEachron@WMC.wa.gov
- WMC Compliance Program: Morgan.Barrett@WMC.wa.gov
- Education, CME, and data: Jimi.Bush@WMC.wa.gov
- Volunteer practitioner program, International Medical Graduate work group, or constituent issues: Rebecca.King@WMC.wa.gov
- Commissioner IT inquiries: Mike.Hively@WMC.wa.gov

Deferred Renewals

The Secretary of Health authorized an extension for those licensees who submitted a renewal by 9/30/20. This extension allowed practice up to 11/1/20 to cover DOH processing delays. To be clear, WMC Licensing experienced and currently has no delays in renewals or new applications. The total number of WMC licensees that appeared to take advantage of the deferral was roughly 3,200. To date, 800 of those have not renewed but have been encouraged to do so directly by email and mail. We have no way of knowing if those 800 intended to let their license lapse, but we are researching our standard non-renewal rates for

Micah Matthews, Deputy Executive Director - continued

comparison. We collaborated with WSMA, WAPA, and WSHA on arriving at a suitable plan for communication and policy steps.

Legislative Session

We are not running any bills this year. The session is supposed to be limited in scope and completely virtual which will bring challenges in how we can get our usual work done. Stephanie Mason will be lead for the WMC on the legislative session this year. Please contact her with any questions or concerns. Stephanie.Mason@WMC.wa.gov

Items of legislative interest in 2021 will be the budget and COVID related impacts, international medical graduate practice/license issues, and enabling telemedicine practice.

Budget

As hoped for, the September surge in renewals led to a sufficient backfill of funds to our account. We are now within 100% of predicted revenue as a result. Overall, we are slightly underspent due to reduced travel and meeting costs. This will likely be offset by increased costs for IT support and services as HealthTech converts the workforce over to more mobile friendly platforms such as Office 365. We should see moderate savings in those services next year as the non-cloud platforms are decommissioned and the charges for those supports end. We anticipate ending the fiscal year with a positive fund balance (reserve) and a positive account. More specific numbers may be provided closer to July 2021.

Amelia Boyd, Program Manager

Recruitment

The following Commissioner terms ended June 30, 2020:

- Congressional District 6 – Dr. Trescott's position, eligible for reappointment
- Congressional District 8 – Dr. Harrison's position, he moved out of state so he is no longer eligible for reappointment.
- Physician-at-Large – Dr. Domino's position, eligible for reappointment

The application deadline for the above positions was March 20, 2020. The Executive Committee has completed their review. Recommendations have been sent to the Governor's office.

We also have vacancies in the following positions:

- Congressional District 2
- Public Member

We are in the process of interviewing the applicants for Congressional District 2. The applications for the Public Member position will be reviewed soon.

Rules

We have 10 rulemaking efforts in progress. For more information, please see the Rules Progress Report in this packet.

Melissa McEachron, Director of Operations and Informatics

Demographics

Kudos to Nick Morris, our demographics and informatics specialist on completing the first comprehensive report featuring our demographic data, *Demographic Census - A review of the Medical Commission MD/PA Demographic Census* – which begins of page 53 of this packet. Nick's thorough and thoughtful approach to the report goes far beyond analyzing data gathered from January 1, 2018 through December 31,2019. He builds on the lessons we have learned since the census was first released in 2012 to provide a wide-angle view of our demographics program, while outlining options for improving the census itself. The report includes the following topics:

1. An overview of the demographic census, its purpose, and its history.
2. Highlights of some of the data collected.
3. Comments and feedback from our licensees.
4. Challenges or limitations to the census or the data, its impact on our goals, and actions taken.
5. Suggested changes to the census and noting which questions have incomplete data.
6. Recent projects to update or improve the census.
7. Future goals and efforts which include:
    - Design, build, and launch a new version of the census.
    - Update ILRS and the electronic census as needed to record data from the new census.
    - Implement auto-population of data into the future ILRS replacement.
    - Generate quarterly aggregate reports based on complete licensee data.
    - Complete all approved information requests in a timely manner.

Well done Nick!!

George Heye, MD, Medical Consultant

Nothing to report.

Morgan Barrett, MD, Medical Consultant

The Compliance Team will have 11 respondents appearing at this November meeting. Kayla Bryson has again kindly offered to serve as an interim Compliance Officer for Panel A. The Compliance Packet for this meeting was reviewed with an effort to eliminate bias without sacrificing precision and/or essential information. This will be a work in progress that Jimi and Anjali will be helping us accomplish. Meanwhile, Mike Kramer continues to assist anyone who asks for help and somehow keeps the day to day processes of Compliance moving forward…Thank you Kramer!

Rick Glein, Director of Legal Services

Staff Update: The Legal Unit welcomed its newest honorary staff member, Cole Emery Balatbat. Cole made her arrival on October 2, weighing in at 5 lbs., 7 oz. Congratulations to Colleen and the Balatbat family!

Summary Suspensions:

In re Eric R. Shibley, MD, Case No. M2018-443. On December 30, 2019, the Commission summarily restricted the medical license of Dr. Shibley. The Statement of Charges (SOC) alleges Dr. Shibley placed several patients at risk of over-sedation and overdose through his prescribing of controlled substances without documented legitimate medical justification despite known risk factors, against the advice of other providers, and despite a patient's desire to stop using controlled substances. The Commission also alleges inaccurate and delayed charting practices potentially jeopardizing continuity of care with other providers. Despite being restricted from prescribing controlled substances, Dr. Shibley prescribed controlled substances to 40 patients 72 times between January 2, 2020 and July 1, 2020. On August 18, 2020, the Commission served an Amended SOC and an Ex Parte Order of Summary Suspension which summarily suspended Dr. Shibley's medical license pending further disciplinary proceedings by the Commission. A hearing date on the merits of the Amended SOC has not yet been scheduled in this matter.

In re Trent J. Russell, PA, Case No. M2020-687. On October 15, 2020, the Commission summarily suspended the physician assistant license of Mr. Russell. The SOC alleges the Oregon Medical Board entered a Default Final Order and revoked Mr. Russell's license to practice as a physician assistant, finding that Mr. Russell failed to comply with the terms of Washington Physician Health Program (WPHP) and Oregon Health Professionals' Services Program monitoring agreements and engaged in dishonest conduct by attempting to provide a false urine sample for drug testing. A hearing has not yet been scheduled in this matter.

In re Paul E. Kaplan, MD, Case No. M2020-553. On October 15, 2020, the Commission summarily suspended the medical license of Dr. Kaplan. The SOC alleges the Medical Board of California entered into a Decision and Order wherein Dr. Kaplan surrendered his California license while under investigation for unprofessional conduct including negligence in the care of patients; excessive prescribing; prescribing of controlled substances without proper examination or medical indication; and failure to maintain adequate medical records. A hearing has not yet been scheduled in this matter.

In re Kang Lu, MD, Case No. M2019-822. On October 23, 2020, the Commission summarily suspended the medical license of Dr. Lu. The SOC alleges that on or about March 6, 2020, the Board of Registration in Medicine for the Commonwealth of Massachusetts (Board) issued a Final Decision and Order that revoked Dr. Lu's Massachusetts medical license. The Board's decision was based on Dr. Lu's false answers to the Board regarding criminal charges against him when he renewed his license in 2017 and 2019. A hearing has not yet been scheduled in this matter.

Orders Resulting from SOCs:

In re Stephen P. Markus, MD, Case No. M2018-94. Agreed Order. On June 5, 2019, the Commission filed a SOC alleging inappropriate business practices when Dr. Markus either knowingly participated in a scheme to order and bill unnecessary urine drug screens or, as a medical director, should have known of the scheme, or being deficient in his duty as a

medical director for the facilities with which he contracted if he did not know of the scheme. On August 14, 2020, the Commission filed an Amended SOC additionally alleging inadequate care of a patient. On August 21, 2020, the Commission approved an Agreed Order which includes restrictions on laboratories, medical director expansion, and supervising medical providers. Additionally, Dr. Markus agreed to a competency assessment; limitation on prescribing; Commission approval of new practice sites; completion of ethics courses and a prescribing course; practice reviews; a paper with peer group presentation; registration with the Prescription Monitoring Program; compliance with the pain management rules; personal appearances; and a fine of $15,000. Dr. Markus may petition for modification of the Agreed Order after two years of full compliance and petition to terminate after four years and successful completion of all terms and conditions.

In re Robert S. Norton, MD, Case No. M2019-368. Final Order (Waiver of Hearing). On October 3, 2019, the Commission summarily restricted Dr. Norton's medical license. Dr. Norton was restricted from performing surgery functioning as a primary surgeon. The Statement of Charges alleges Dr. Norton performed three gallbladder removal surgeries within an eight-day period, all of which resulted in serious common bile duct injuries. Dr. Norton waived his right to a hearing and the case was resolved without his further participation. On September 4, 2020, the Commission issued a Final Order restricting Dr. Norton from performing surgery functioning as a primary surgeon. In order to petition to terminate the practice restriction, Dr. Norton must successfully complete a clinical competency assessment program. Dr. Norton must also complete a CME and write a scholarly paper on the management of common bile duct injuries. Dr. Norton must pay a fine of $5,000 and make personal appearances. The duration of this Final Order is undetermined due to unknown recommendations of the clinical competency assessment evaluator.

In re Vrajesh Patel, MD, Case No. M2019-1006. Agreed Order. On March 10, 2020, the Commission filed a SOC alleging Dr. Patel was found guilty of three counts of Assault in the Second Degree, a Class B felony in Washington state, and found guilty of two counts of Class C felony harassment resulting in a sentence of 60 months of confinement. On October 2, 2020, the Commission accepted an Agreed Order which indefinitely suspends Dr. Patel's license. Dr. Patel may petition for modification once he has been released from prison; completes a multidisciplinary evaluation, following all recommendations of the evaluation; completes a clinical skills evaluation if he has been out of practice for more than two years; and completes an evaluation with WPHP, entering into a contract with WPHP if required. If the Commission grants a petition for modification, the Commission may impose restrictions or other sanctions it deems necessary to protect the public.

In re Roger B. Olsson, MD, Case No. M2017-527. Final Order. Dr. Olsson's license is restricted under a 2014 Agreed Order in which Dr. Olsson agreed to no longer treat chronic pain patients or prescribe opioids for chronic pain patients; limit prescribing opioids for acute pain; limit prescribing benzodiazepines for anxiety; and not provide prescriptions or medical care to family members except in emergent circumstances. On May 8, 2019, the Commission

Rick Glein, Director of Legal Services – continued

issued a Statement of Charges, along with an Ex Parte Motion for Order of Summary Action, alleging Dr. Olsson's practice with regard to prescription of hormones (including testosterone, a controlled substance) and evaluation and management of possible endocrinological conditions was outside the standard of care. On May 10, 2019, the Commission signed an Ex Parte Order of Summary Restriction which additionally restricted Dr. Olsson from prescribing hormones. A hearing was held in this matter on October 18, 2019. A Final Order dated October 20, 2020, found that Dr. Olsson committed unprofessional conduct and restricted him from prescribing opioids and hormones. Dr. Olsson must complete an evaluation of his internal medicine clinical skills; permit biannual practice reviews; attend personal appearances; and pay a fine of $10,000. Dr. Olsson shall be subject to monitoring by the Commission for a period of five years. The restrictions detailed in the 2014 Agreed Order remain in place.

Virtual Hearings:
In re Simon Elloway, MD, Case No. M2019-260. A SOC was filed on January 22, 2020, alleging Dr. Elloway is unable to practice with reasonable skill and safety. On August 6, 2020, the Commission summarily suspended the license of Dr. Elloway. The Commission authorized the summary suspension based on the results of a neuropsychological evaluation. A virtual hearing was held on August 27, 2020, regarding the merits of the SOC. A Final Order is expected to be issued by the Health Law Judge (HLJ) by the end of November 2020.*

In re Mohammad H. Said, MD, Case No. M2020-53. On May 12, 2020, the Commission summarily suspended the license of Dr. Said. The SOC alleges that Dr. Said suffers from a health condition that poses a substantial risk of impairment and is probably unable to practice with reasonable skill and safety. A virtual hearing was held October 7-8, 2020, regarding the merits of the SOC. A Final Order is expected to be issued by the HLJ by mid-January 2021.*

*The HLJ has 90 days after the conclusion of the hearing to issue a decision.

Freda Pace, Director of Investigations

CMT Sign up:
We have a few vacancies in January:

- 01/06 - 1 clinical vacancy
- 01/13 - 2 clinical vacancies
- 01/20 - 2 clinical vacancies
- 01/27 - 3 clinical vacancies

Thank you to all who have actively participated in this work. As Mr. Maldon stated in an earlier email, "the disciplinary portion of our work is complaint driven so CMT is where it all begins." Chris Waterman is your point of contact if you need assistance in the sign-up process or if you have any schedule conflicts requiring a last-minute change. He can be reached via email at: chris.waterman@wmc.wa.gov

Freda Pace, Director of Investigations – Continued

RCM Notification reminder:

The purpose for the RCM Notification is for the RCM(s) to work collectively with the investigator as a single unit – like the "buddy system". The job is to ensure that the work is finished and transferred effectively from one individual to the other. Because we need to move our investigations along, we ask that you respond to the investigator within 3 business days.

Prescription Monitoring Program (PMP):

Last summer (2019) the Department of Health (DOH) signed a three-year extension contract with Appriss for the continued operation of the Washington State Prescription Monitoring Program (PMP) system. As a part of this contract extension, DOH determined that an upgrade from the legacy system, RxSentry, to the newest platform, AWARxE, was necessary to ensure the continued operation of Washington's PMP system. On Tuesday, May 5, 2020, DOH officially went live with the PMP AWARxE platform.

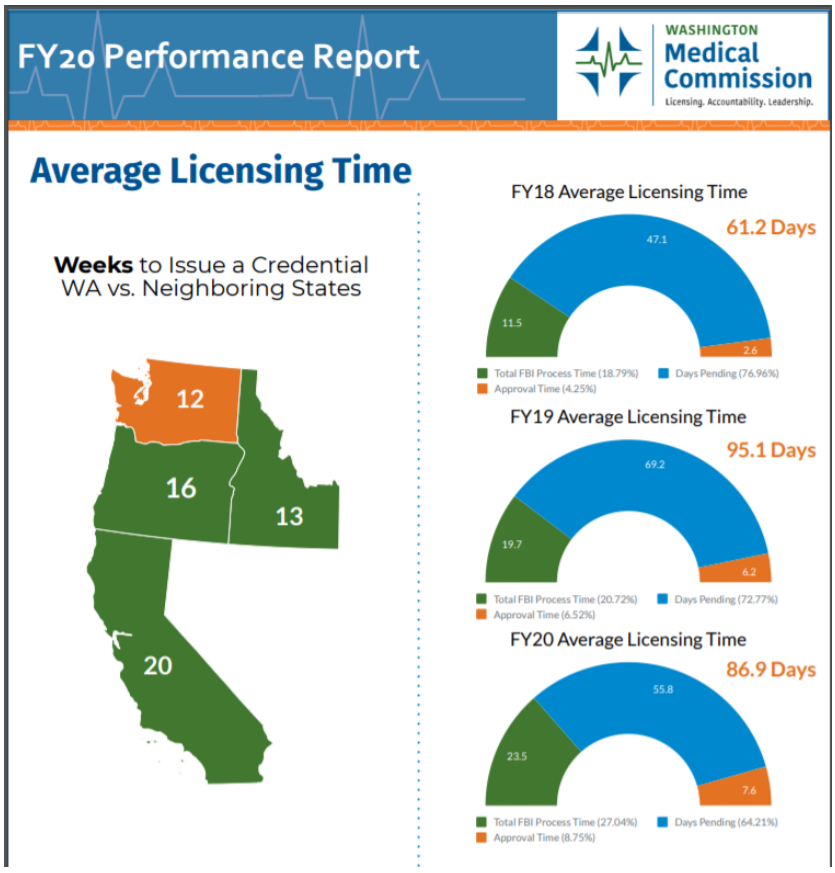
Mike Farrell, Policy Development Manager

I will serve as the chair for the health law section of the bar association for the upcoming year. The section puts on seminars and provides information for health law attorneys.

Jimi Bush, Director of Quality and Engagement

Performance

Sarah Chenvert, Performance Manager, completed the FY20 annual report. She updated the traditional report to incorporate more data visualization and new metrics. Review the report here and let us know if you have any feedback.



Jimi Bush, Director of Quality and Engagement – continued

Process Improvement

Anjali Bhatt, Business Productivity Manager, has facilitated and completed over 40 LEAN projects and process improvements, including helping the licensing unit implement a paperless process. If you touch a process that could use a fresh set of eyes and some improvement, let us know. She also holds a monthly "LEAN Communities of Practice" meeting where she educates the staff on a LEAN idea or methodology. If you are interested in participating, please let her know, and she will add you to the notification list.

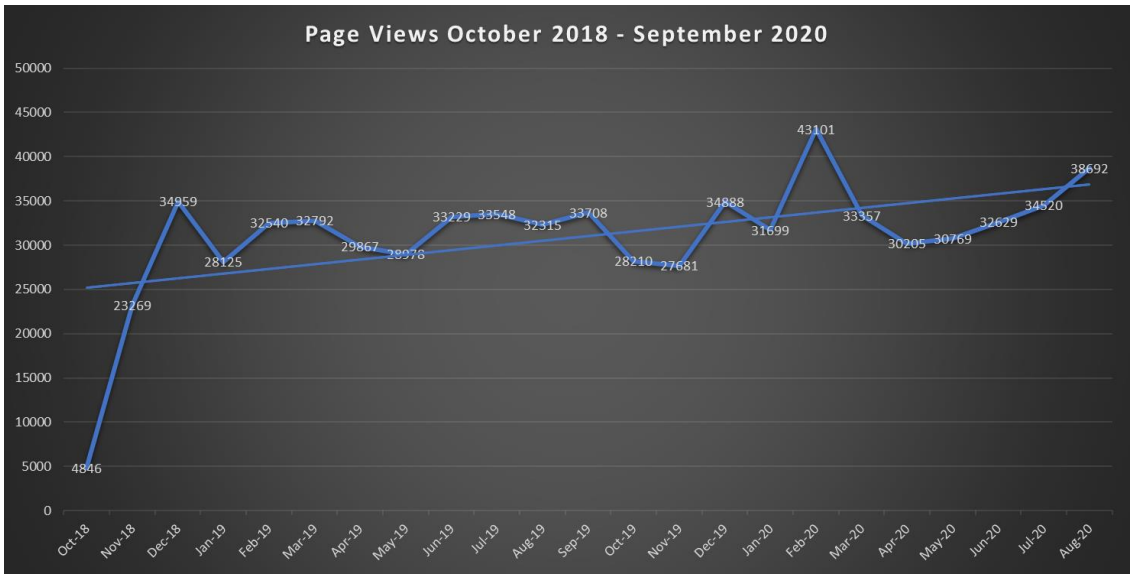
Engagement

Our fall newsletter focused on health disparities and had one of our highest engagement/click rates since we have been measuring newsletter engagement (August 2018). We had over 18,000 people view that newsletter.

We continue to schedule CME webinars in place of our annual conference. We have provided over 250 category I CME credits for in person events and views of our webinar recordings. If you have a suggestion for a topic or speaker, please let me know. We were also awarded a grant from the FSMB to continue this important work into 2021.

We want to continue to engage the public. One way we are doing this is by having "Coffee with the Commission" which is an informal 30-60 minute conversation about a pre designated topic. If you would like to participate or have a suggestion for a topic that would be of interest to the general population, please let me know. On January 13th 2021, our topic will be 2020 performance. I hope you will join us and that you encourage your circles and colleagues to join us in all our events. Let me know if you need resources to share these events.

We continue to see growth and engagement from our website. We have created online complaint forms, contact us forms and delegation agreements. On average we have seen 60% growth of unique visitors to our website since 2018. If you have a suggestion on how we could improve, please let us know.



Marisa Courtney, Licensing Manager

Total licenses issued from 8/11/2020- 10/31/2020 -669

Credential Type	Total Workflow Count
Physician And Surgeon County/City Health Department License	0
Physician And Surgeon Fellowship License	1
Physician And Surgeon Institution License	0
Physician And Surgeon License	457
Credential Type	**Total Workflow Count**
Physician and Surgeon License Interstate Medical Licensure Compact	94
Physician And Surgeon Residency License	28
Physician And Surgeon Teaching Research License	0
Physician And Surgeon Temporary Permit	6
Physician Assistant Interim Permit	4
Physician Assistant License	79
Physician Assistant Temporary Permit	0
Totals:	**669**

Information on Renewals: August Renewals: 62.19% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	19	19
MD	854	478	1332
MDFE	1	0	1
MDRE	0	21	21
MDTR	1	8	9
PA	136	77	213
	62.19%	**37.81%**	**100.00%**

September Renewals: 51.41% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	29	29
MD	861	779	1640
MDFE	0	1	1
MDRE	2	51	53
MDTR	3	7	10
PA	154	96	250
	51.41%	**48.59%**	**100.00%**

Marisa Courtney, Licensing Manager – continued

October Renewals: 52.91% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	52	52
MD	782	654	1436
MDRE	0	12	12
MDTR	3	3	6
PA	123	87	210
	52.91%	**47.09%**	**100.00%**

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Panel A
Personal Appearance Agenda

Friday, November 13, 2020

In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead.

Please join this meeting from your computer, tablet or smartphone:

https://global.gotomeeting.com/join/243475405

Panel Members: Jimmy Chung, MD, Panel Chair; James Anderson, PA-C; Charlie Browne, MD; Charlotte Lewis, MD; Yanling Yu, PhD, Public Member; Scott Rodgers, Pubilc Member; Robert Small, MD; Richard Wohns, MD; Alan Brown, MD, Pro-Tem; Mary Curtis, MD, Pro-Tem

Compliance Officer: Kayla Bryson

9:45am	**Lee C. Hein, MD** Attorney: Pro Se	M2016-407 (2016-2388 et al.) RCM: James Anderson, PA-C SA: Richelle Little
10:30am	**Andrew L. Kominsky, MD** Attorney: Pro Se	M2017-52 (2016-6722 et al.) RCMS: Charlotte Lewis, MD, Robert Small, MD SA: Ariele Page Landstrom
11:15 a.m.	**Susana J. Escobar, MD** Attorney: Robin J. Mar	M2019-256 (2018-10704 et al.) RCM: James Anderson, PA-C SA: Richelle Little
Lunch Break		
1:15 pm	**Dennis J. Kim, MD** Attorney: Pro Se	M2019-707 (2019-4455) RCM: Robert Small, MD SA: Larry Berg
2:00 pm	**Jonathon W. Freezer, MD** Attorney: Erin Healy Hammond	M2019-706 (2019-1585) RCMS: Yanling Yu, PhD Robert Small, MD SA: Trisha Wolf
2:45 pm	**Mark A. Maiocco, MD** Attorney: Pro Se	M2016-575 (2016-2565) RCM: Scott Rodgers, Public Member SA: Larry Berg

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

WASHINGTON Medical Commission
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Panel B

REVISED Personal Appearance Agenda

Friday, November 13, 2020

In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead.

Please join this meeting from your computer, tablet or smartphone:

https://global.gotomeeting.com/join/345525861

Panel Members: April Jaeger, MD, Panel Chair
Toni Borlas, Public Member
Diana Currie, MD
Karen Domino, MD
Christine Hearst, Public Member
John Maldon, Public Member
Terry Murphy, MD
Alden Roberts, MD
Theresa Schimmels, PA-C
Claire Trescott, MD

Compliance Officer: Mike Kramer

9:45am	**Mansel K. Kevwitch, MD** Attorney: Michele C. Atkins	M2019-816 (2019-365) RCM: **Alden Roberts, MD** SA: Trisha Wolf
10:30am	**Catherine A. Del Secco, PA-C** Attorney: Pro Se	M2019-70 (2018-8331) RCM: Toni Borlas, Public Member SA: Gordon Wright
11:15 a.m.	**Donald L. Slack, MD** Attorney: Christopher H. Anderson	M2019-502 (2018-12655) RCM: Theresa Schimmels, PA-C SA: Larry Berg
LUNCH BREAK		
1:15 pm	**Michael A. Chang, MD** Attorney: David A. Thorner	M2019-241 (2018-7100) RCM: Alden Roberts, MD SA: Ariele Page Landstrom
2:00 pm	**Julie E. Voss, MD** Attorney: Pro Se	M2019-507 (2018-16010) RCM: Theresa Schimmels, PA-C SA: Mike Farrell

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Demographic Census

A review of the Medical Commission MD/PA Demographic Census

Nicholas Morris

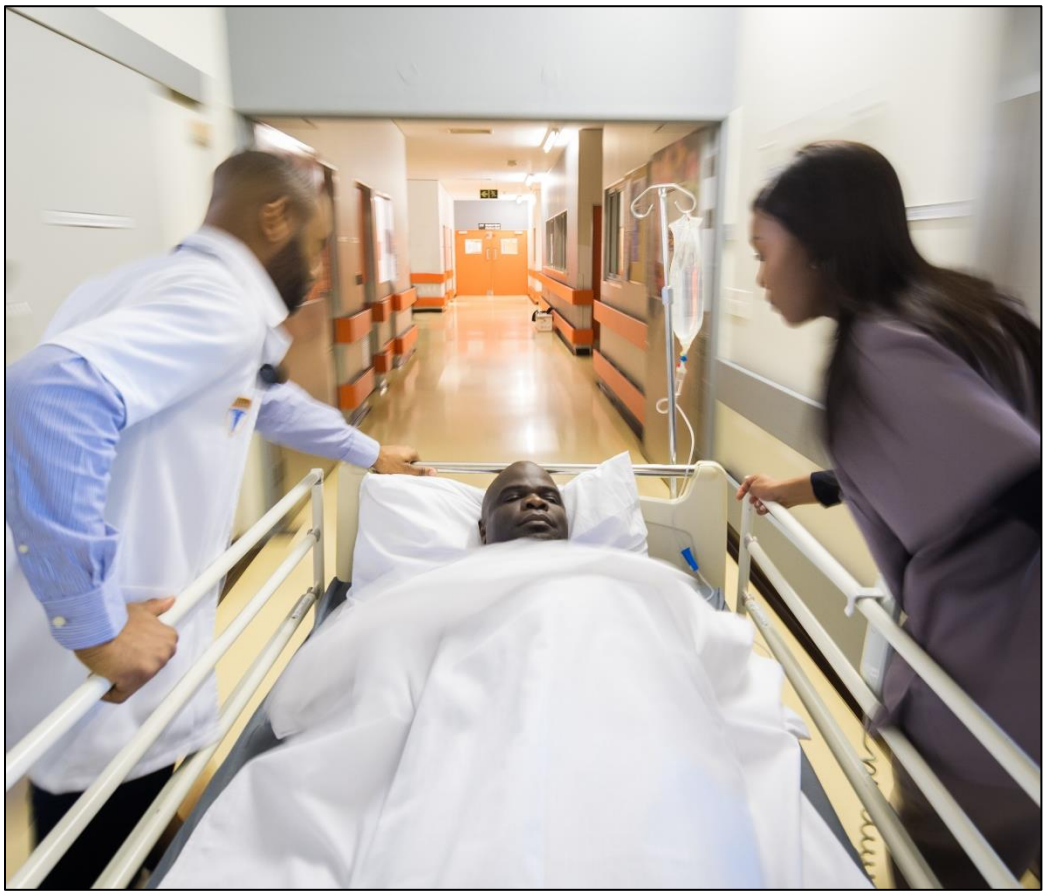
7/20/20

WMC.wa.gov

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Table of Contents

Tables, charts and graphs



Acronyms, initialisms, terms, and definitions

ABMS – American Board of Medical Specialties. A nationally recognized board that works in collaboration with twenty-four specialty boards to certify physicians.

CME – Continuing Medical Education. A requirement for license renewal. The exact requirements vary depending on the type of license.

Delegation Agreement – A joint agreement between a physician assistant and a sponsoring physician detailing the scope of practice, description of supervision, and list of services which the physician assistant provides. A physician assistant needs a delegation agreement to practice in Washington.

HELMS – Healthcare Enforcement Licensing and Modernization Solution. A committee currently working towards replacing the current ILRS program.

HSQA – Health Systems Quality Assurance. Regulates and supports health professionals, health professions, and health groups and programs. Reviews complaints and inspects facilities.

ILRS - Integrated Licensing and Regulatory System. Census data is entered and stored in this system and can be used to generate reports.

NCCPA – National Commission on Certification of Physician Assistants. The only organization in the United States that can certify physician assistants.

Opinio – The online survey tool used to build and run the electronic demographic census. Currently the primary means with which census data is collected.

RCW - Revised Code of Washington. A compilation of all laws enacted by the Legislature, and signed by the Governor, or enacted via the initiative process that are currently in force.

Retired Active – A credential status where the licensee can practice only in emergent or intermittent circumstances, may not receive compensation for health care services, and must renew every two years and report one hundred hours of continuing medical education.

UDL Field – User Definable License data fields. These cells record and store the demographic data. These are usually dropdown boxes or text boxes. The text boxes can be set to have a character limit or restricted to numbers depending on the type of data recorded.

WAC – Washington Administrative Code. A codified version of state regulations.

Executive summary

The Washington Medical Commission (Medical Commission) licenses allopathic physicians (MDs) and allopathic physician assistants (PAs) in Washington State, enforcing practice standards and professional conduct through discipline and education. In 2011, Washington State mandated under Senate Bill 5480 that the Medical Commission collect demographic data on physicians and physician assistants at the time of license renewal. The purpose is to provide a minimum dataset of aggregated workforce data on MDs and PAs as required under *The Federal Affordable Care Act* (ACA). House Bill 1485, which passed in July 2015, modified the RCW to require the licensee provide the information requested.

> *RCW 18.71.080(1)*
> *The commission shall request licensees to submit information about their current professional practice at the time of license renewal and the licensees must provide the information requested. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the commission.*
>
> *RCW 18.71A.020(4)*
> *…The commission shall request licensees to submit information about their current professional practice at the time of license renewal and the licensees must provide the information requested. This information may include practice setting, medical specialty, or other relevant data determined by the commission*.

The Medical Commission collects this information to better understand the state of the medical community in Washington, how we can better address access to healthcare in all areas of the state, and meet Washington's minimum dataset requirement. The census also serves as an insight to the specialty workforce of a specific region or zip code. We do not collect this information at the time of licensure.

This review will examine the important role the census plays and highlight some of the results of the data collected over the previous two years. This review includes the following:

1. An overview of the demographic census, its purpose, and its history.
2. Highlights of some of the data collected.
3. Comments and feedback from our licensees.
4. Challenges or limitations to the census or the data, its impact on our goals, and actions taken.
5. Suggested changes to the census and noting which questions have incomplete data.
6. Recent projects to update or improve the census.
7. Future goals and efforts which include:
    - Design, build, and launch a new version of the census.
    - Update ILRS and the electronic census as needed to record data from the new census.
    - Implement auto-population of data into the future ILRS replacement.
    - Generate quarterly aggregate reports based on complete licensee data.
    - Complete all approved information requests in a timely manner.

The aggregate report from January 2020 is the source for all data points, unless stated otherwise. This includes data collected from January 1, 2018 through December 31, 2019 representing 20,962 MDs and 2,888 PAs.

Overview of the demographic census

The demographic census provides useful data on the state of the medical community in Washington State. It assists in workforce and disaster planning, acquiring federal funding for underserved areas, in academic research, and education. All of these efforts improve the quality of care or patient safety. We have a general, but incomplete, picture of our licensee population and their practice settings.

A committee will review the census and significant changes are expected. This will include the addition of new questions and the alteration or removal of old ones. This report provides several recommendations to make the census more user-friendly and provide data that is more consistent and useful. This aim was for this third version of the census to launch in July 2020. Due to the COVID-19 shutdown, we had to delay the census update and there is currently no anticipated launch date.

While other issues persist, the greatest challenge to our efforts remains the participation rate. Even though mandated by the legislature and the requirement from the Medical Commission for licensees to attest that they completed the census, many do not participate. Efforts undertaken to improve the return rate include secondary follow-up contacts, and modifying the renewal card. These efforts have had only partial success and the return rate has rarely been over 80%. This limits the usefulness of the data, and the conclusions drawn from it. The secondary contact letter will have stronger language and a follow-up phone call may be included. If there is no reply, a referral for investigation and action is possible. The Medical Commission may take the important step of withholding renewal if the licensee does not participate. Efforts to have the electronic census auto-populate directly into ILRS have proven unfeasible but might be possible with the future replacement of ILRS.

Secondary contacts and quality checking will remain an important focus as we work towards full participation. We will continue to look for new ways to improve the census and the quality of the data. This will help us better address access to healthcare in all areas of Washington State.

How our census data is used

Data sharing agreements with other agencies

The Medical Commission currently has a data sharing agreement with the Office of Financial Management (OFM), the Office of Rural Health (part of the Department of Health's Health Systems Quality Assurance Division), and the Federation of State Medical Boards (FSMB). OFM uses our demographic data to aid in forecasting future workforce and disaster planning needs.

The Office of Rural Health supports health systems planning and development in rural and underserved areas. Clinics meeting the conditions for certification as a rural health clinic are eligible for enhanced Medicare and Medicaid reimbursement. Rural Health uses our data to help get federal funding for Medicaid in rural areas.

The Medical Commission reports its data to FSMB quarterly. This fulfills our requirement to provide data meeting the established minimum data set. FSMB compares our data to the data from other states. The FSMB census provided the basic design and questions used for our current census.

Information requests

Anyone can request census data through a public disclosure request. Redactions apply to the dataset. Some entities, such as the University of Washington, use our data for research purposes. Demographic data is not available to commercial entities.

Patient impact statements

As a courtesy, the Medical Commission provides patient impact statements to the Secretary of Health, and to the public information officers, prior to issuing a summary suspension order or imposing a restriction on a license. If the licensee worked in a rural area, had a rare specialty, or was a major prescriber of opioids in the area, the census can provide additional information for the statement. These statements assist Commissioners in determining the extent of the impact to the community.

Medical commissioner recruitment

The Medical Commission consists of thirteen physicians, two physician assistants, and six members of the public from each congressional district. The governor appoints these members under RCW 18.71.015 and the Medical Commission must recruit for these positions. Data from the census aids in the creation of a mailing list of practitioners from the desired district. Most recently, in March 2020, we created a mailing list to recruit a physician from the eighth congressional district.

Census history, data collection, and data integrity

History of the census

Since 2011, there have been two versions of the demographic census. The first version launched in February 2012 and ended in June 2016. The Medical Commission convened an advisory committee build both versions. Additional questions on retirement, pain management, and insurance expanded the scope of the census. The second version of the census launched in July 2016 (Appendix A and Appendix B) and has completed two renewal cycles. Licensees are required to complete the census at renewal. The Medical Commission included a hard copy of the census with all renewal notices prior to the summer of 2018. This practice ended as part of our efforts to go paperless. The electronic version, built using the Opinio survey software, is available on the demographics webpage. A fillable PDF version is also available.

Census data entry

The Integrated Licensing and Regulatory System (ILRS) is the database used to record demographic data and generate reports. All data entry is manual. Our goal is to enter all census forms into ILRS within one day of receipt. On average, we entered 201 MD and 28 PA forms per week over the previous two years.

Quality checking census data

Accuracy is an important part of data integrity. To ensure data accuracy, we individually review a random sample of one hundred census forms each week. Separately, we sort an ILRS generated excel spreadsheet displaying all entries. This makes certain errors such as typos, or blank cells easy to identify and correct.

Archiving the census forms

The electronic census delivers all census forms to our dedicated demographics email inbox. When combined into single PDF document, this automatically generates bookmarks in alphabetical order by name. This allows us to look up a specific census quickly and easily which is useful for quality checking. The retention period for hard copies is two years.

Quarterly aggregate reports

On a quarterly basis, we generate a report containing the data collected over the previous two calendar years matching the two-year renewal cycle. These public reports (Appendix C and Appendix D) are an aggregate summary of the data. No identifiable information is visible on these reports. These reports are available on their own dedicated webpage.

Recap of census history and data collection

The Medical Commission started collecting census data in 2012 as per our legislative mandate. The second (current) version of the census launched in July 2016 and has completed two renewal cycles. We collect most data electronically but manual entry is required. Quality checking to ensure data accuracy and integrity is continuous and rigorous. We generate an aggregate report of all the data collected over the previous two years at the end of each quarter. These reports are available to the public on the website.

Licensee population at a glance

The average practitioner

	MDs	PAs
Percentage Male to Female	62% / 38%	43% / 57%
Average age	52	44
Percentage who are millennials (born after 1982)	11%	32%
Percentage who earned their degree in Washington State	12%	30%
Percentage who reside in Washington	73%	84%
Percentage who practice in Washington*	77%	87%
Percentage who have retired from clinical practice	8%	2%
Percentage who plan to retire within 12 months*	4%	3%
Average weeks worked in a clinical setting in the last 12 months	34	38
Average total hours worked per week*	45	42
Percentage who practice telehealth/telemedicine	16%	11%
Percentage who claimed to work at least 40 hours per week	76%	72%
Percentage prescribing opioids to pts with chronic noncancer pain	26%	32%
Percentage with language interpretation services at their practice*	83%	85%
Percentage who speak a language other than English*	35%	23%
Percentage who treat patients through nontraditional therapies	5%	11%

**This question only applied to licensees who have not retired from clinical practice.*

Most common areas of practice

Licensees select their primary area of practice from a list of options provided. There is an option to check "Other" and write-in a specialty. Some checked two specialties. In these instances, the total includes both. The tables below reflects the ten most common primary practice specialties:

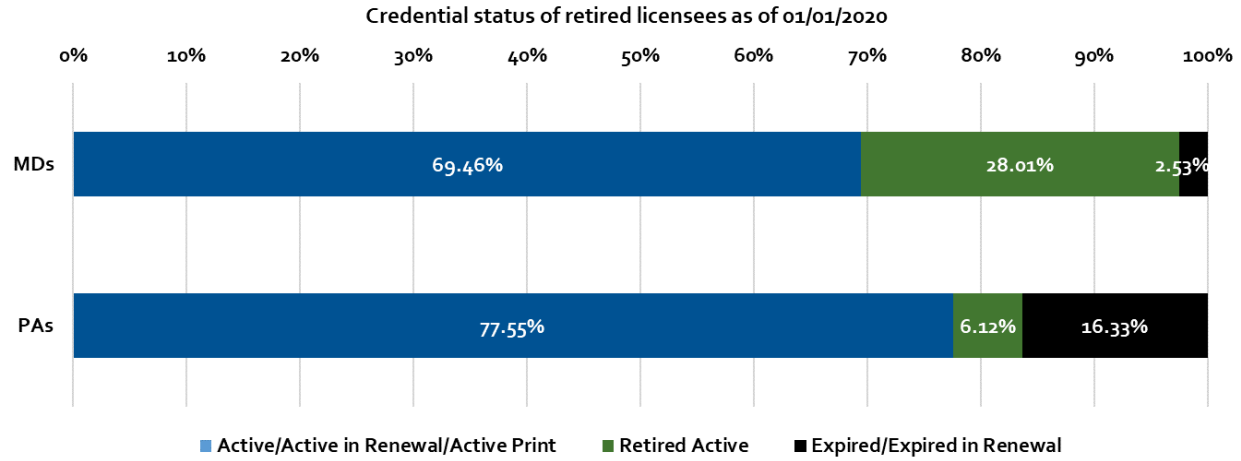
Physician Specialty	Percentage
Family Medicine	14%
Internal Medicine	13%
Radiology	7%
Anesthesiology	6%
Emergency Medicine	6%
Pediatrics	5%
Psychiatry	5%
Other	4%
Obstetrics and Gynecology	3%
Orthopaedic Surgery	3%

Physician Assistant Specialty	Percentage
Family Medicine	26%
Other	13%
Emergency Medicine	11%
Orthopaedic Surgery	11%
Internal Medicine	5%
Surgery	4%
Dermatology	3%
Occupational Medicine	3%
Cardiology	2%
Neurological Surgery	2%

The most common write-in answers were Medical Oncology and/or Hematology, Urgent Care, Sleep Medicine, Hospice and Palliative Medicine, Addiction Medicine, Pain Medicine, Sports Medicine, and Hospitalist. Of the specialties listed on the census, the least commonly checked ones were Colon and Rectal Surgery for MDs (37 total) and Pathology for PAs (none).

Retirement and credential status

The dataset revealed a number of licensees who claimed to be retired from clinical practice but maintain an active credential status. A retiring practitioner has the option of letting their license expire, maintain an active license, or converting it to retired-active status. A retired-active status allows licensees to practice in emergent or intermittent circumstances without compensation. Within this dataset, 1,742 MDs and 49 PAs (8.3% and 1.7% respectively) claimed to be retired. The chart below shows the credential status of these retired licensees.



Most practitioners who claimed to be retired from clinical practice choose to maintain the active credential status for their physician and surgeon license. Among those who do not, physicians usually converted it to the retired-active status, while physician assistants usually let their license expire.

Ethnicity of our licensee population

Licensees can select their race/ethnicity from a list of options or select the write-in option. Licensees may also decline to answer this question if they choose. The table below displays the results from the census compared to the population of Washington State as a whole (source: census.gov July 1, 2019).

Ethnicity	Physicians	Physician Assistants	General population
White alone	65.60%	78.15%	67.5%
Black or African American alone	1.87%	1.73%	4.4%
American Indian or Alaskan Native alone	0.24%	0.66%	1.9%
Asian alone	17.54%	5.85%	9.6%
Native Hawaiian / other Pacific Islander alone	0.23%	0.38%	0.8%
Hispanic alone	2.04%	3.39%	13.0%
Other alone	2.29%	1.00%	
Mixed	2.73%	3.05%	4.9%
Prefer not to answer	7.45%	5.78%	

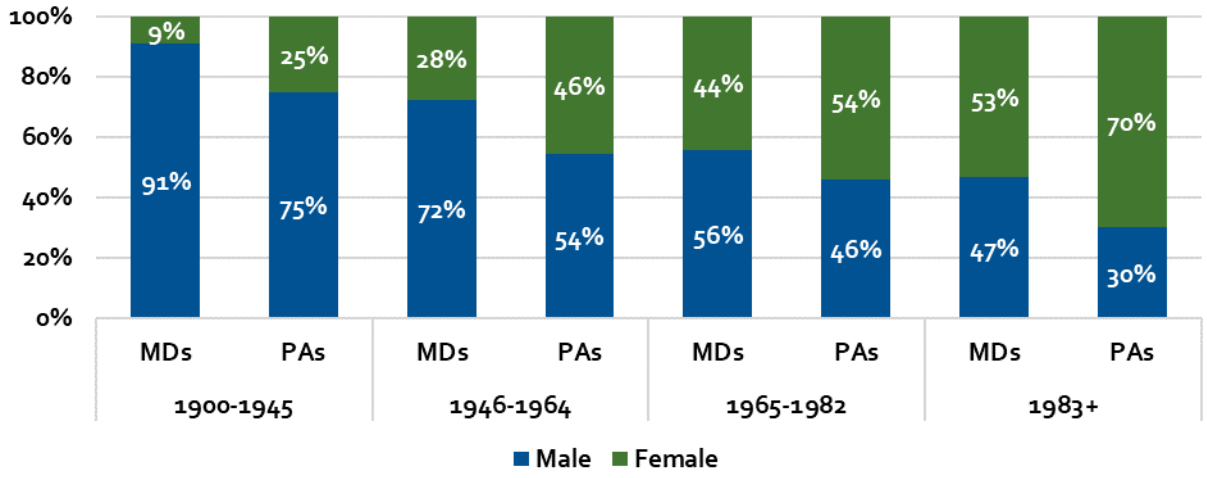
Practitioner count, characteristics, and rates by county

The table below lists the number of licensees in each county with at least one practice site, age, and gender.

Worksite county	Count		Average age		Male%		Female%	
	MDs	PAs	MDs	PAs	MDs	PAs	MDs	PAs
Adams	16	8	60.7	48.7	88%	50%	13%	50%
Asotin	43	9	56.5	42.4	84%	56%	16%	44%
Benton	360	91	52.0	45.4	68%	57%	32%	43%
Chelan	189	46	49.6	42.3	66%	43%	34%	57%
Clallam	142	32	53.9	46.2	63%	50%	37%	50%
Clark	1050	209	48.7	42.7	57%	39%	43%	61%
Columbia	9	1	51.9	65.7	78%	0%	22%	100%
Cowlitz	192	34	50.4	42.3	62%	29%	38%	71%
Douglas	11	8	52.9	44.4	64%	50%	36%	50%
Ferry	5	3	51.7	64.4	80%	67%	20%	33%
Franklin	77	25	53.5	46.4	81%	76%	19%	24%
Garfield	1	4	47.8	48.9	0%	100%	100%	0%
Grant	106	34	51.0	51.0	73%	62%	27%	38%
Grays Harbor	84	20	52.9	41.4	76%	45%	24%	55%
Island	61	10	58.1	46.7	77%	20%	23%	80%
Jefferson	48	13	57.2	48.5	58%	38%	42%	62%
King	7125	880	49.0	42.8	54%	34%	46%	66%
Kitsap	430	74	52.8	46.8	65%	45%	35%	55%
Kittitas	55	20	54.7	42.7	71%	50%	29%	50%
Klickitat	45	12	52.3	43.0	80%	42%	20%	58%
Lewis	119	34	52.3	42.0	74%	35%	26%	65%
Lincoln	6	2	59.0	49.9	83%	100%	17%	0%
Mason	47	13	50.1	49.2	64%	31%	36%	69%
Okanogan	57	15	55.5	48.6	81%	40%	19%	60%
Pacific	24	5	58.0	52.3	79%	40%	21%	60%
Pend Oreille	14	3	48.5	37.2	79%	67%	21%	33%
Pierce	1755	363	50.6	43.7	66%	47%	34%	53%
San Juan	32	2	56.5	50.9	66%	0%	34%	100%
Skagit	285	53	52.2	47.3	66%	43%	34%	57%
Skamania	3	1	59.0	59.1	67%	0%	33%	100%
Snohomish	1185	209	49.8	43.2	59%	44%	41%	56%
Spokane	1118	269	50.9	45.4	65%	51%	35%	49%
Stevens	34	13	51.3	42.3	65%	38%	35%	62%
Thurston	585	107	51.7	45.9	61%	53%	39%	47%
Wahkiakum	2	0	58.3	n/a	100%	n/a	0%	n/a
Walla Walla	147	16	54.7	45.7	83%	75%	17%	25%
Whatcom	327	57	53.2	43.9	69%	42%	31%	58%
Whitman	63	16	52.7	44.0	68%	44%	32%	56%
Yakima	347	78	52.8	43.7	69%	47%	31%	53%

Age and sex of our licensees

The oldest licensees are overwhelmingly male while the youngest are majority female. The chart below breaks down the licensees in the dataset by their year of birth and sex. New licensees of all credential types first issued in 2010 were 57.0% male and 43.0% female. By 2019, it was 53.3% male and 46.7% female. For all new licenses issued in the first half of 2020, the gender ratio is at near parity (50.6% male and 49.4% female).



Other notable data points

1. The youngest licensee is a 24-year-old PA and the oldest is a 98-year-old MD.
2. 18.5% of MDs and 6.4% of PAs are age 65 or older compared to 15.9% for Washington overall.
3. 18% of physicians earned their degree in a foreign country. India was the most common at 14.6%.
4. 87% of MDs said they are ABMS board certified and 96% of PAs said they were certified by NCCPA.
5. 2% of physician assistants indicated a certificate of added qualification (CAQ) from NCCPA.
6. Of those who have not retired, 4% of MDs and 3% of PAs said they plan to retire within 12 months.
7. On average, MDs sponsor one PA and PAs have six sponsoring MDs.
8. Both MDs and PAs have a 16% fluency rate in Spanish, the most for any foreign language.

Comments and feedback from licensees

Census open-ended comment box

The census contains an open-ended comment box, where licensees can share their concerns or comment about their practice on the census. A complete list of all the comments is available in Appendix E. Some comments do not fit into ILRS due to character limits. Most comments are copy/pasted with spelling and grammar errors often (though not always) corrected. Almost 3,600 licensees, or nearly 15% of the total dataset, left a comment on their census.

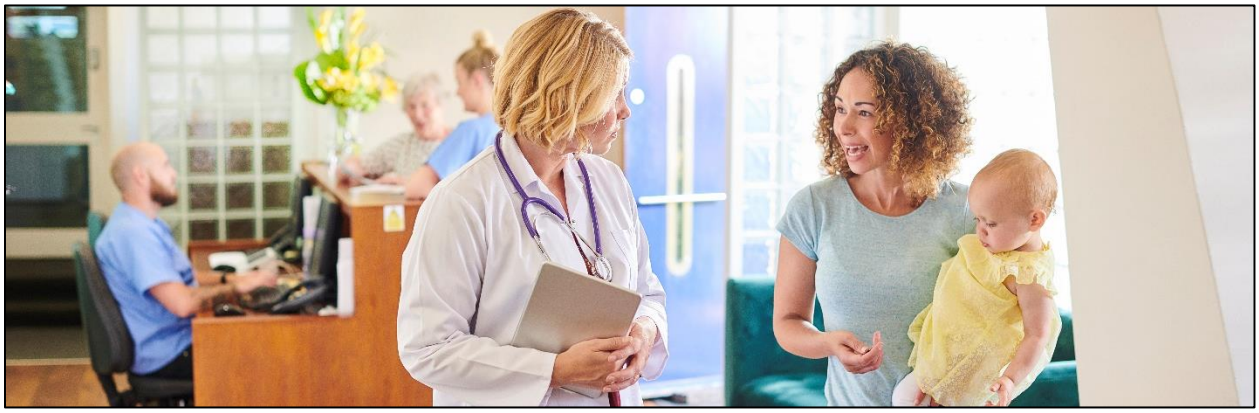
Some licensee offered suggestions directed at the State, the Medical Commission, or the census itself. Below is a selected example of these comments and suggestions for the Medical Commission to consider.

Comments or suggestions for the State or the Medical Commission

1. A Washington license should require a provider to care for patients with Medicaid and Medicare.
2. The state should help practices that want to stay independent of the big hospitals.
3. The state needs to do more to help practices trying to see patients on state plans
4. We should be able to provide telemedicine services in the nursing homes.
5. I would be happy to see more opioid prescribing best practices education.
6. Please expand coverage requirements for Telehealth.
7. A lot of retired physicians would like to reenter practice; but, don't know how

Comments or suggestions to improve the demographic census

1. This survey doesn't capture those that are practicing hospitalists.
2. You have no place to address practice of addiction medicine.
3. Difficult to answer questions as an administrator with a PA license. Most do not pertain.
4. I am a pathologist, so many of these questions were not applicable to me.
5. Question about narcotics is confusing because I prescript narcotics for post op pain as a surgeon.
6. I work .6 FTE. You should ask this question of everyone.
7. It is unclear what you mean by colleague in question 35.

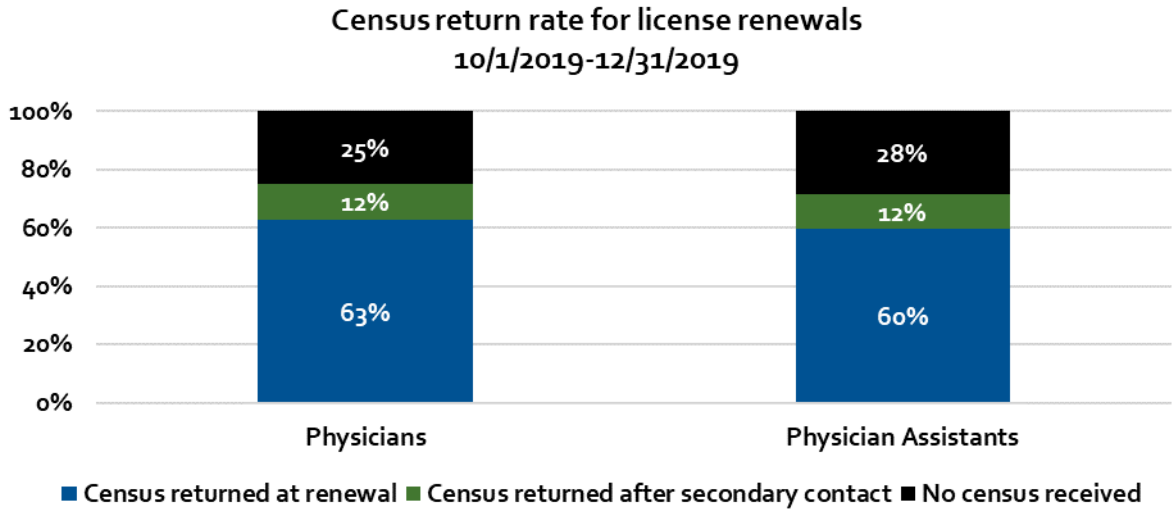


Challenges, effects on goals, and actions taken

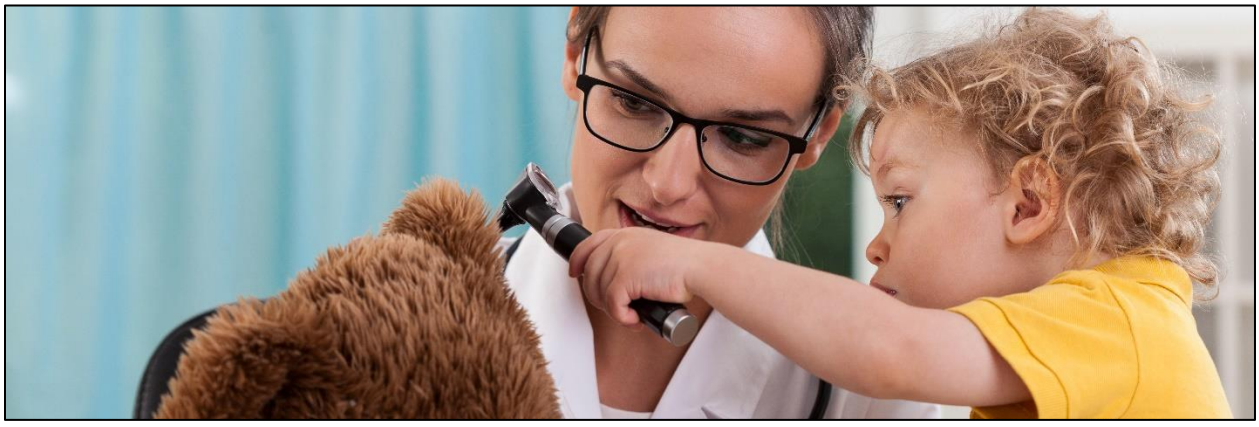
Census participation rate

The greatest challenge to the census is the low participation rate of 75% overall despite the legislative mandate and the requirement for licensees to attest that they completed the census.

Between October 1 2019 and December 31 2019, a total of 3,312 MDs and 470 PAs renewed their license. The Medical Commission received 2,683 MD and 371 PA forms during this time, averaging about 200 MDs and 29 PAs each week. The chart below shows the census return rate for licensees who renewed during this period.



Of those licensees who renewed their license during this period, about 60% returned a census with their renewal. An additional 12% came from follow-up contacts several weeks later. The remainder did not return a census. PAs had a slightly lower return rate than MDs. We need to increase the return rate to as close to 100% as possible. This will allow us to meet our minimum dataset requirements, and provide more information for workforce and disaster planning.



Efforts to increase the census return rate

Secondary contacts return rate

When a licensee fails to return a census, the Medical Commission sends a follow-up reminder, but takes no further action. An ILRS report generates a spreadsheet showing how many licensees renewed during a given period and the most recent census return date. Emailing occurs weekly.

The Medical Commission does not have a valid email address for all licensees. These licensees receive a hard copy letter instructing them to complete the census on the website. Secondary contacts typically occur two or three weeks after license renewal. The table below shows the results of the secondary contact efforts from October through December 2019.

Month of contact	Licensees contacted		Census forms returned		Return rate	
	MDs	PAs	MDs	PAs	MDs	PAs
October 2019	621	116	215	36	35%	31%
November 2019	508	84	189	29	37%	35%
December 2019	292	38	97	9	33%	24%
Totals	**1421**	**238**	**501**	**74**	**35%**	**31%**

Future changes to secondary contact efforts

We will strengthen the language in our follow-up letter and may include a follow-up phone call. We may also consider a referral for possible investigation or action. The Medical Commission may even take the drastic step of denying license renewal. The implementation of less drastic measures continues.

Impact of going paperless on the participation rate

The Medical Commission previously included a hard copy of the census with renewal notices. This ended in the summer of 2018 as part of our efforts to go paperless. One major drawback to this change was the overall drop in the return rate from 80% to 70%. This necessitated more follow-up contacts. The Medical Commission still mails hard copy renewal notices to licensees. These renewal notices instruct the licensee to fill out the census.

Licensees did not see the census instructions on the renewal card

The renewal card instructs licensees to complete the census. The low return rate shows this to be ineffective. We suspected that some licensees were not seeing the instructions on the renewal card (Appendix F).

Complete the required demographic census at our website: https://go.usa.gov/xUScK

Before you Continue:
If submitting by mail, be sure to complete the questions on the back of this form.

- **Online Renewal:** You may be able to renew your credential online (some restrictions apply; see website below).
- **Address Change:** Update your contact/ address information at **www.doh.wa.gov/cic**

Changes to the renewal card to increase the visibility of the census instructions

We made several changes to the renewal card to make the census instructions more visible (Appendix G). In August 2019, we created and inserted a new shortened link to the census, as the full link was too long to fit on the card. The instructions are now on the left side of the card under the line "Before you continue". Additionally, we removed the renewal instructions completely as these questions are no longer required. These changes took effect in November 2019 for both the MD and PA cards.

Before you Continue:

- **Demographic Census:** This is a requirement of renewal. Please complete: **www.wmc.wa.gov/demographics**
- **Online Renewal:** You may be able to renew your credential online (some restrictions apply; see website below).
- **Address Change:** Update your contact/address information at **www.doh.wa.gov/cic**

Impact of the changes to the renewal card on the return rate

As of March 2020, tentative data shows that these small changes resulted in an almost ten-point increase to the return rate. In October 2019, there was an average of 104 MD and 19 PA follow-up contacts each week. As of February 2020, it was just 85 MDs and 12 PAs per week. The table below shows the number of renewal notices printed in the last month of the old card and the first month of the new card, the licensees in those groups who renewed, and the return rate before our follow-up contacts.

Month	Renewal notices printed		Licenses renewed		Census forms received (before follow-up email)		Return rate	
	MDs	PA	MDs	PAs	MDs	PAs	MDs	PAs
October 2019	1263	175	1130	147	722	90	64%	61%
November 2019	1206	172	1075	152	821	95	76%	63%

These numbers demonstrate that some licensees were not seeing the census instructions on the renewal card. The impact of the changes was more noticeable with MDs. We will continue to look for ways to improve the layout of the instructions on the renewal card.

The fillable PDF is not compatible with some browsers

A fillable PDF version of the census is available on the demographics webpage. The Medical Commission created this for the convenience for our licensees, but some returned forms were blank. We learned that the fillable PDF is not compatible with all web browsers or mobile devices. Some users found that the form would open, but not be fillable. Internet Explorer works best, but those using Firefox or Chrome need to adjust their browser setting to open the PDF in Adobe Acrobat. Other browsers or mobile devices may be incompatible. We only receive a few of these each month. When we do, we reply to the licensee and ask them to fill it out again and re-send it. This has had limited success. The problem lies with Adobe and the internet browsers, so there is nothing the Medical Commission can do to fix it.

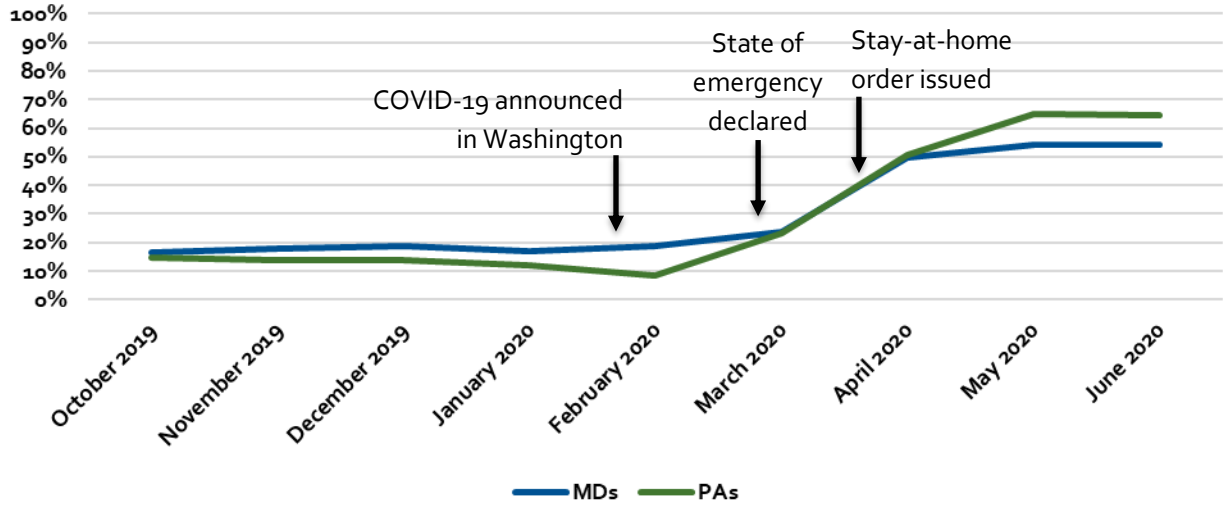
Impact of the COVID-19 pandemic on the census

The announcement of COVID-19 in Washington State occurred on January 21, 2020. The Governor proclaimed a State of Emergency on February 29 and issued a statewide stay-at-home order on March 23. In response to the pandemic, the Secretary of Health extended the license expiration dates and renewal fees for those licenses up for renewal from April 1 through September 30 2020. This extension allows our licensees to focus on providing healthcare while reducing the economic impact of the renewal fees on those unable to work. As shown in the table below, we experienced a drop in renewals, and thus census returns over the previous year.

	April	May	June	Total
License renewals FY19	1484	1798	1490	4772
License renewals FY20	868	1168	1546	3582
Percentage change	**-41.5%**	**-35.0%**	**+3.8%**	**-24.9%**
Census returns FY19	1241	1051	1025	3317
Census returns FY20	695	850	918	2463
Percentage change	**-44.0%**	**-19.1%**	**-10.4%**	**-25.7%**

Most of the Medical Commission staff has been working from home since March 2020. The impact of the stay-at-home order on data entry was minor as almost all census forms received were already electronic. A staff member at the office scans and emails any hard copies to our inbox.

One notable effect of the pandemic on our licensee population has been an increase in the use of telemedicine. The chart below breaks down the percentage of licensees who practice telemedicine. The data points for each month represent the census forms received in that month, not the entire dataset.



Within a few months after the arrival of COVID-19 in Washington, telemedicine use among our licensees more than doubled to over 50%. It is not yet clear how much of this change is permanent.

Limited dataset to fulfill information requests

The Medical Commission receives information requests related to the census data. Most requests involve the count of licensees in a particular field. The licensee can select their specialty from a list of about thirty options. This provides consistent data, but not much detail. This can be a problem if the information request involves something specific. For example, in February 2020, a request came in from the Office of Communicable Disease Epidemiology (OCDE). They wanted to email information and resources relating to the 2019 novel corona virus to pathologists who conduct full-body autopsies. As we do not license by specialty, the census was the best way to determine which MDs are pathologists.

There were several problems with fulfilling this request. We could not identify all pathologists due to the 75% return rate. Furthermore, not all pathologists conduct full-body autopsies. As the census does not record that level of detail, only a broad list was possible.

Practitioners will often select whichever specialty on the census is closest to their actual one. This means that the census often does not capture the level of detail desired in the information request. Another issue is if the licensee has a specialty that overlaps with others. All of this makes filtering such a large dataset challenging. The unpredictable nature of future requests make it difficult to design the census around them.

Recap of challenges, effects on goals, and actions taken

The most significant challenge to our efforts is the return rate. Though mandated by the legislature, there is currently no enforcement mechanism for participation. Some licensees start the electronic census, but do not finish it. We can enter data from incomplete forms if it was nearly completed.

Efforts to increase the return rate include sending a follow-up email and modifying the layout of the renewal card to increase the visibility of the census instructions. Secondary contacts have roughly a 33% return rate while the changes to the renewal card resulted in about a 10% increase in returns. Overall, our return rate is about 75%. The secondary contact letter will use stronger language than before and may include a follow-up phone call. If there is no reply, a referral leading to possible investigation or action could result.

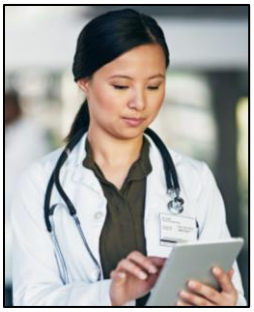
Due to compatibility issues between Adobe and some web browsers, the fillable PDF may not work properly for some users. We only receive a small number of these forms per month.

Information requests can present challenges, as the existing dataset is incomplete and does not always provide the level of detail the requestor hoped. For example, the existing checklist of specialties on the census is useful for collecting uniform data, but is less likely to capture small details or narrow specialties. This can make filtering for specific information difficult. Since we cannot predict what future requests will come in, it is difficult to design census questions with these requests in mind.

Other challenges over the last two years have either been resolved, or persist but are minor.

Suggested changes to the census

Add a question for licensees who do not see patients



A frequent comment from licensees is that many of the questions do not apply to them. Often, this is because they work in a non-clinical setting and do not see patients. The Medical Commission should consider adding a question asking if the licensee sees patients. The census could then filter out subsequent questions that would not apply. This would be similar to how the current census asks licensees to skip some questions if they are retired from clinical practice. These questions might include those concerning pain management, insurance, hospital privileges, or others determined by the Medical Commission. We should also consider if other questions, like pain management, or locum tenens need similar filters.

Specify whether to include practice sites outside Washington

We ask practitioners if they practice in Washington, their number of practice locations, and worksite addresses. Some practitioners outside Washington provide their worksite locations, while others do not. Some of them work in Oregon or Idaho, and could potentially provide medical care to Washington residents. The COVID-19 pandemic is accelerating the number of licensees practicing telemedicine. This makes it more important to decide whether to include worksites outside Washington. We should also indicate whether non-clinical sites should be included. Some licensees interpret this question as only applying to those who see patients. Locum practitioners also have trouble with this question as they have no fixed schedule. All of this gives us inconsistent data.

18. Do you currently practice in WA? ☐ Yes ☐ No

19. At how many locations do you provide patient care? _____

20. Approximately, how much time do you spend at each site in a given **month?**

	Location *(Street Address)*	City	State	Zip Code	Hours Per **Month**
Site (1)					
Site (2)					
Site (3)					

With physicians, we also ask for the number of hours spent at each worksite in a typical month. Some physicians say they work a total of 20 hours a month or less. While some may only work part-time, it is possible that some are reading the question as number of hours per *week*, as that is a more typical question on a survey. The evidence for this is that some physicians claim to work as many or more clinical hours per week (question 32) than per month at their worksites. The wording of this question is already simple and easy to understand, so no changes will likely resolve the issue.

Add the definition of retired-active to the census

We ask licensees who plan to retire within the next twelve months if they will convert to a retired-active status.

17. Upon retirement from clinical practice, will you convert your license to "retired active"?
☐ Yes
☐ No: Why will you not convert your license? _____

Some licensees wrote down that they did not know what retired-active means. A link to the WACs describing the retired-active license status is in the electronic census, but there is no description on the hard copy. The hard copy should provide the definition or cite the WAC for those licensees unfamiliar with the term.

Indicate whether to include on-call hours in the hours worked per week question

The census asks licensees for the total number of hours per week dedicated to various professional activities.

32. In a typical work week, indicate the average number of hours dedicated to the following professional activities:
- Clinical (not volunteer) _____/hours per week
- Research _____/hours per week
- Administration (committees, management) _____/hours per week
- Education (preceptor, clinical professor) _____/hours per week
- Volunteer Clinical _____/hours per week
- Other: Please describe _____ hours per week _____

About 4% of licensees claimed to work a hundred hours per week or more. Some of these may have a one-week on/one-week off schedule. They could also be including on-call hours in their totals. To get data that is more consistent, this question should clarify if on-call hours should count. The Medical Commission should also consider inserting an additional field to record on-call hours separately from the other categories.

Specify that referrals to nontraditional therapies should not count as treatment

The census ask if licensees treat patients with alternative/nontraditional medicine. About 5% of MDs and 11% of PAs said they did. Of these, about 13% of MDs and 16% of PAs said they only recommend or refer to these treatments, and do not perform these treatments themselves. Depending on how they interpret the question, practitioners who only refer might answer yes or no to this question. This gives us inconsistent data. The Medical Commission should clarify this question by stating that referrals alone should not count.

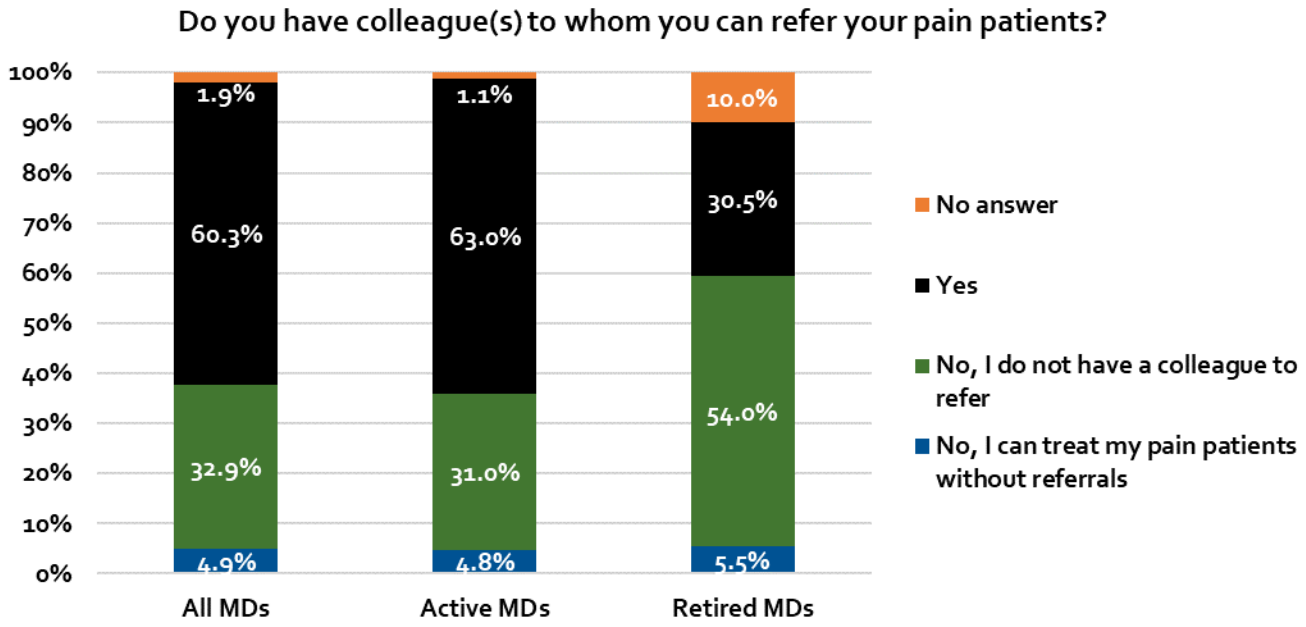
37. Do you treat patients through nontraditional therapies?
(e.g. complementary or alternative medicine, natural, homeopathic)
☐ No
☐ Yes: Please indicate which type. _____

Add an option for MDs who do not see pain patients

The census asks physicians if they have colleagues to whom they can refer their pain patients. The physician can choose from one of three answers. The Medical Commission should add the option "I do not see pain patients" to this question. It would provide retired and non-clinical physicians with an answer more reflective of their practice.

36. Do you have colleague(s) to whom you can refer your pain patients?
☐ No, I can treat my pain patients without referrals under WAC 246-919-945
☐ No, I do not have a colleague to refer.
☐ Yes: How many colleagues are available? _____

On the hard copy, some MDs wrote that they do not see pain patients and that none of the options fit their practice. These physicians did not check any of the three options, leaving us with no data. They are often maintaining a license after retirement, or working in a non-clinical setting. The electronic census requires the physician to select from the three available options before continuing. This forces these physicians to check an answer they feel does not describe their setting.



If the physician has colleagues to refer pain patients to, the census then asks how many such colleagues are available. About a quarter of these licensees left this field blank. Some said they refer to an outside facility, but did not know the number of physicians at those facilities. They often can only give the number of facilities instead. This mixture of numbers of colleagues and facilities creates a huge amount of uncertainty in the data, which limits its usefulness. The Medical Commission should consider whether to continue asking for this number, given that so many licensees do not know the answer.

Census questions with incomplete data

Licensees do not identify what percentage of their patients use Medicare, Medicaid, or Tricare

Licensees must indicate if they are accepting new patients covered by Medicare, Medicaid, and Tricare along with what percentage of their current patient population uses that insurance. Our data shows that many licensees who are accepting patients with these insurances do not identify a percentage or do not know what percentage of their patients are under these insurance types.

Are you accepting new patients covered by:

	Yes	No	I do not know	Percentage of your patient population that currently uses this insurance
28. Medicare	☐	☐	☐	%
29. Medicaid/ Apple Health	☐	☐	☐	%
30. Tricare	☐	☐	☐	%

The table below examines just those licensees who are accepting new patients covered by these insurance types and how many did not identify the percentage of their patients using it. For both credential types, almost half of licensees did not identify what percentage of their current patient population are using it. The incompleteness of the data limits the usefulness of the information. The decision to accept such patients is often in the hands of the employer and not the licensee. Some licensees may be unable to quickly determine what percentage of their patients use these insurance types and simply leave the field blank.

Licensee is accepting new patients under:	Percentage of current patient population not identified	
	MD	PAs
Medicare	44.7%	43.6%
Medicaid	45.0%	44.3%
Tricare	47.5%	44.9%

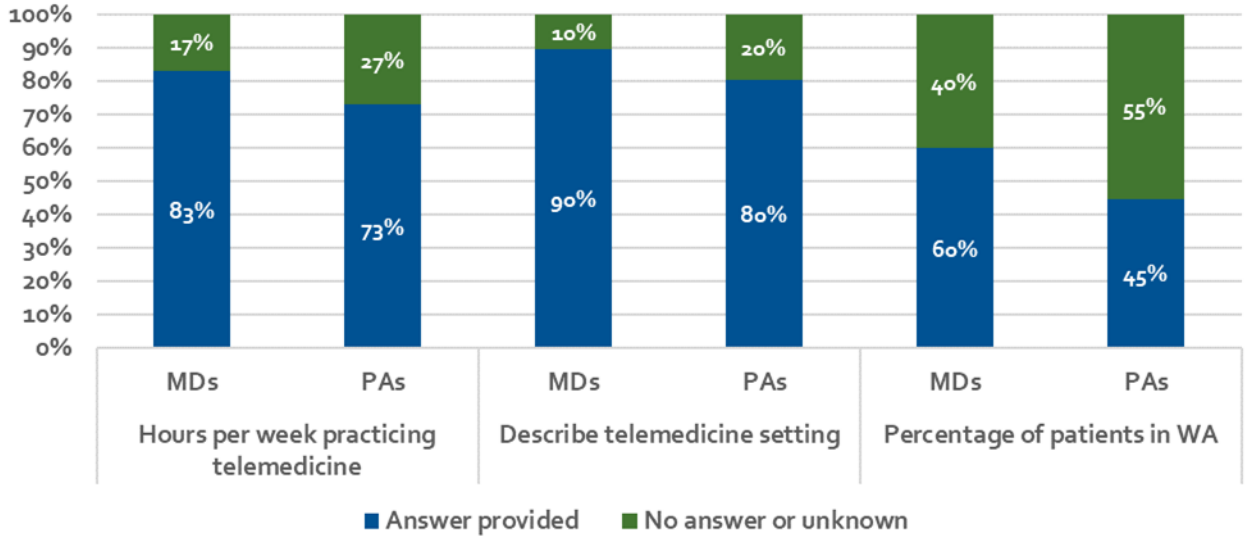
Licensees do not answer the telemedicine follow-up questions

The census asks licensees if they practice telemedicine and if so, to describe the setting, hours, and what percentage of telemedicine patients are in Washington. A significant percentage of licensees are unable to answer one or more of the follow-up questions. Most notably, a high percentage do not give us the percentage of their telemedicine patients in Washington. This may be because they have none, do not know, or may be unable to calculate the percentage.

RCW 41.05.700 defines Telemedicine as the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" does not include the use of audio-only telephone, facsimile, or email.

33. Do you provide telehealth / telemedicine services?
☐No
☐Yes: a) How many hours per week do you practice telehealth/telemedicine? _____
b) Please describe the setting in which you practice telehealth/telemedicine.
_____
c) What percentage of your telemedicine/telehealth population is provided to patients located in WA?_____%

The chart below shows the breakdown of how many licensees practicing telemedicine were unable to answer the follow-up questions.

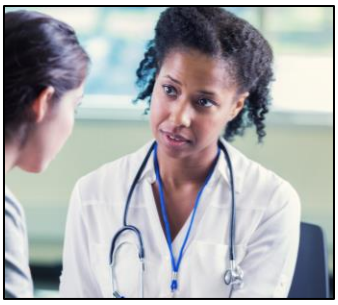


While this question is valuable, the data is incomplete. The Medical Commission should consider if any changes to the question would provide information that is more complete.

Recent projects to update or improve the census

Updating ILRS to accommodate changes to the census

The revised 2016 census added several new questions and re-ordered the existing ones. The User Definable License (UDL) fields are the cells in ILRS that record demographic data. These cells remained in the same order as the questions on the original census. This slowed down data entry.



In April 2019, the renumbering and reordering of the ILRS UDL fields was completed. The order of the questions in ILRS now matches the current census. This makes data entry quicker, easier, and less prone to error.

Updates to the pain management WACs cited on the census

Several questions concerning pain management have WAC citations. Effective January 2019, these WACs were updated and renumbered. Changes to the WACs affects how licensees answer these questions. Data collected prior to the renumbering is not directly comparable to data collected afterwards. Any assessment of the data for these questions needs to consider this. The data will not all be based on the same WAC language until 2021.

Physicians

35. Are you a certified pain management specialist?
☐ No
☐ Yes: Under what section of WAC 246-919-945 are you qualified as a pain management specialist?
☐ A ☐ B ☐ D ☐ E ☐ I do not qualify.

Physician Assistants

37. Have you completed the pain management CME as described in WAC 246-918-890(2)?
☐ No
☐ Yes

38. Are you exempt from the pain specialist consultation requirement in WAC 246-918-880, based upon one or more sets of criteria for exemption listed in WAC 246-918-890 ?
☐ No
☐ Yes

The language of the old WACs are in Appendix H.

New ABMS board certifications

Several times since the start of data collection in 2012, the American Board of Medical Specialties (ABMS) has approved several new board certifications. Updates to ILRS reflect these additions when they occur. The National Association on Certification of Physician Assistants (NCCPA) has announced no new certificates of added qualification for PAs since we added the question to the census in 2016. Monitoring of both websites for new certificates continues.

Future efforts and goals

Revising the census

A committee will review the census to determine its next incarnation. The new census had a planned launch in July 2020 but is now on hold due to the COVID-19 shutdown with no anticipated launch date. Some data is reaching the end of its usefulness and some information is already stored in other places. This third census will add new questions and alter or remove existing ones. Some suggested changes are in this report. Our aggregate reports will consist of two distinct datasets for two years after launch. Some data in the quarterly report will therefore, represent only some licensees for the first two years after launch. We can update the electronic census without disabling it. We will be able to launch the new electronic census at will.

Auto-populating licensee data

The Medical Commission is considering ways to auto-populate census data directly into ILRS. If achieved, this would reduce the workload, though manual entry for some questions may still be required. One issue with auto-population is that future changes to the census may be more difficult and time consuming to implement. Linking ILRS directly to the electronic census will complicate future updates to the census, as any adjustments will affect both. If building the questions directly into the renewal process proves impossible to implement, the Opinio survey tool would remain necessary. Future replacement of Opinio is not planned, but possible.

Ending printed renewal notices

The Medical Commission may end printed renewal notices as part of our effort to go paperless. The Healthcare Enforcement Licensing and Modernization Solution (HELMS) committee might choose a new database system that will allow us to send notices via email, instead of printing and mailing through the postal system.

Benefits of achieving a 100% census return rate

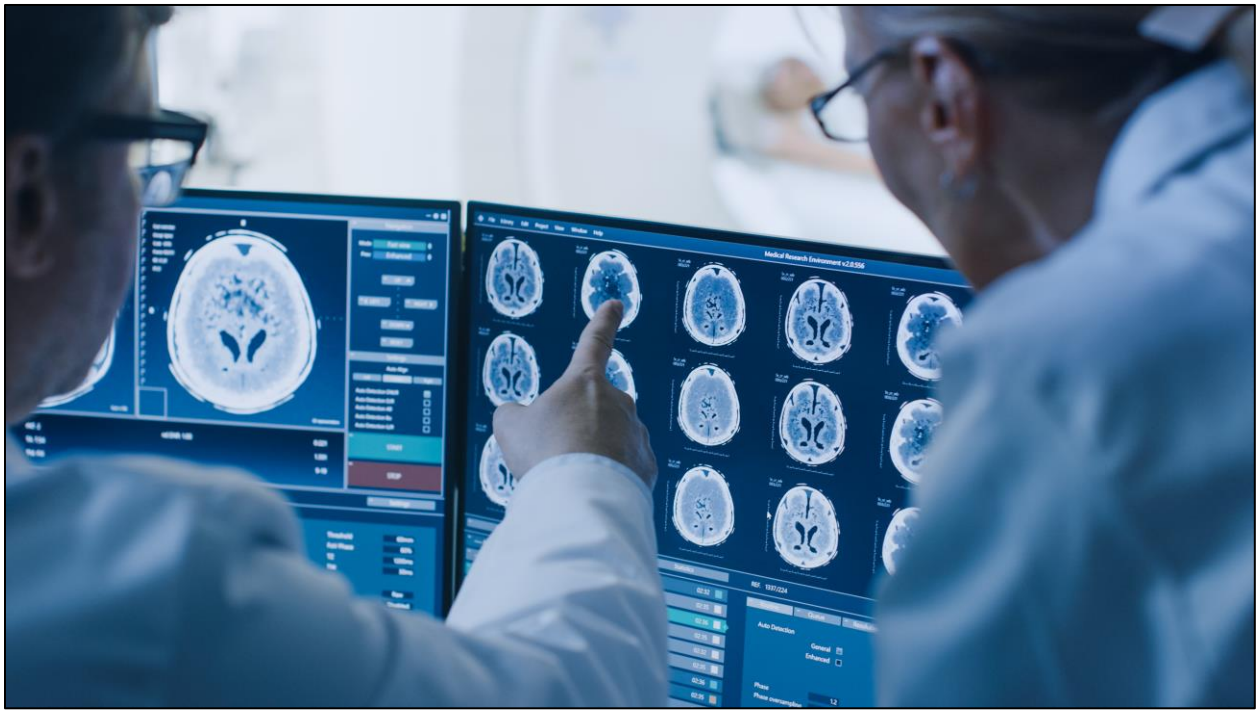
The census participation rate is approximately 75%. Efforts to increase the return rate include secondary contacts and modifying the renewal card. A complete dataset would be more useful for workforce and disaster planning efforts and for fulfilling information requests. It would also eliminate the need to devote time and effort to secondary contacts.

Goals

Achieve all of the following before 2022:

1. Design, build, and launch the new version of the census.
2. Update ILRS and the electronic census as needed to record data from the new census.
3. Implement auto-population of data into the future ILRS replacement.
4. Generate quarterly aggregate reports based on complete licensee data.
5. Complete all approved information requests in a timely manner.

Appendices



Physician Census for Workforce Planning

I: Physician Information

1. Last Name, Suffix (eg. Sr., Jr.) _____ 2. First Name _____ 3. Middle Name _____

4. Sex ☐Male ☐Female 5. Date of Birth (mm/dd/yyyy) _____/_____/_____

6. How would you classify your race/ethnicity? Please check all that apply.
☐White ☐Black or African American ☐Prefer not to answer
☐American Indian or Alaska Native ☐Asian ☐Other (Specify)_____
☐Native Hawaiian / other Pacific Islander ☐Hispanic

7. Do you have a DEA number? ☐Yes ☐No

8. NPI Number _____ ☐I do not have a NPI Number

9. Do you currently reside in Washington State? ☐Yes ☐No

10. Residence City _____ 11. Residence State _____ 12. Residence Zip Code _____

13. In what state did you obtain your medical degree? _____
☐I did not obtain my medical degree in the United States.
In which country did you obtain your medical degree? _____

14. Are you ABMS board certified?
☐No
☐Yes Specialty _____ Subspecialty _____

15. Have you retired from clinical practice?
☐Yes (Skip to question 31)
☐No

16. Do you plan on retiring from clinical practice in the next 12 months?
☐No (Skip to question 18)
☐Yes

17. Upon retirement from clinical practice, will you convert your license to "retired active"?
☐Yes
☐No: Why will you not convert your license? _____

II: Practice Information

18. Do you currently practice in WA? ☐Yes ☐No

19. At how many locations do you provide patient care?_____

20. Approximately, how much time do you spend at each site in a given **month?**

	Location *(Street Address)*	City	State	Zip Code	Hours Per **Month**
Site (1)					
Site (2)					
Site (3)					

21. Please indicate your current area of practice and area of any residency accredited by ACGME you have received.

Area of Practice	Principal	Secondary	Completed Accredited Residency / Fellowship
Adolescent Medicine	☐	☐	☐
Allergy and Immunology	☐	☐	☐
Anesthesiology	☐	☐	☐
Cardiology	☐	☐	☐
Child Psychiatry	☐	☐	☐
Colon and Rectal Surgery	☐	☐	☐
Critical Care Medicine	☐	☐	☐
Dermatology	☐	☐	☐
Emergency Medicine	☐	☐	☐
Endocrinology	☐	☐	☐
Family Medicine/General Practice	☐	☐	☐
Gastroenterology	☐	☐	☐
Geriatric Medicine	☐	☐	☐
Gynecology Only	☐	☐	☐
Infectious Diseases	☐	☐	☐
Internal Medicine (General)	☐	☐	☐
Nephrology	☐	☐	☐
Neurological Surgery	☐	☐	☐
Neurology	☐	☐	☐
Obstetrics and Gynecology	☐	☐	☐
Occupational Medicine	☐	☐	☐
Ophthalmology	☐	☐	☐
Orthopedic Surgery	☐	☐	☐
Other Surgical Specialties	☐	☐	☐
Otolaryngology	☐	☐	☐
Pathology	☐	☐	☐
Pediatrics (General)	☐	☐	☐
Pediatrics Subspecialties	☐	☐	☐
Physical Med. & Rehab.	☐	☐	☐
Plastic Surgery	☐	☐	☐
Preventive Medicine/Public Health	☐	☐	☐
Psychiatry	☐	☐	☐
Pulmonology	☐	☐	☐
Radiation Oncology	☐	☐	☐
Radiology	☐	☐	☐
Rheumatology	☐	☐	☐
Surgery (General)	☐	☐	☐
Thoracic Surgery	☐	☐	☐
Urology	☐	☐	☐
Vascular Surgery	☐	☐	☐
Other (Please Specify)			

22. For patient related activities, indicate your practice arrangement and size of group. Please check all that apply.

☐ Single Specialty Group: Size of physician group _____
☐ Multi-Specialty Group: Size of physician group _____
☐ Solo Practitioner
☐ Employee of a hospital or clinic
☐ State or Federal Employer
☐ Other: Please Describe _____

23. Is your primary clinical practice?

☐ Office based
☐ Hospital based
☐ Neither: Please explain _____

24. How many Physician Assistants do you sponsor?_____

25. Do you have hospital clinical privileges in WA?
☐No
☐Yes: List hospitals _____

26. Are interpretation services offered at your practice?
☐ No
☐ Yes: What languages are offered for interpretation (via phone, in person, staff etc.)? Please check all that apply.
☐English ☐Korean ☐French ☐Spanish ☐Russian ☐Mandarin Chinese ☐Do not know ☐Other _____

27. Do you speak any language(s), other than English, well enough to communicate with your patients?
Please check all that apply.
☐None ☐Korean ☐French ☐Spanish ☐Russian ☐Mandarin Chinese ☐Other _____

Are you accepting new patients covered by:

	Yes	No	I do not know	Percentage of your patient population that currently uses this insurance
28. Medicare	☐	☐	☐	%
29. Medicaid/ Apple Health	☐	☐	☐	%
30. Tricare	☐	☐	☐	%

31. In the past 12 months, how many weeks did you work or volunteer in a clinical setting? For example, if you work all year and take two weeks of vacation, you would work 50 weeks. _____

32. In a typical work week, indicate the average number of hours dedicated to the following professional activities:
- Clinical (not volunteer) _____/hours per week
- Research _____/hours per week
- Administration (committees, management) _____/hours per week
- Education (preceptor, clinical professor) _____/hours per week
- Volunteer Clinical _____/hours per week
- Other: Please describe _____ hours per week _____

RCW 41.05.700 defines Telemedicine as the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" does not include the use of audio-only telephone, facsimile, or email.

33. Do you provide telehealth / telemedicine services?
☐No
☐Yes: a) How many hours per week do you practice telehealth/telemedicine? _____
b) Please describe the setting in which you practice telehealth/telemedicine.
_____
c) What percentage of your telemedicine/telehealth population is provided to patients located in WA?_____%

34. Do you prescribe opioids for patients with chronic noncancer pain?
☐No
☐Yes: Please estimate the number of patients in the past month. _____

35. Are you a certified pain management specialist?

☐ No

☐ Yes: Under what section of WAC 246-919-945 are you qualified as a pain management specialist?

☐ A ☐ B ☐ D ☐ E ☐ I do not qualify.

36. Do you have colleague(s) to whom you can refer your pain patients?

☐ No, I can treat my pain patients without referrals under WAC 246-919-945

☐ No, I do not have a colleague to refer.

☐ Yes: How many colleagues are available? _____

37. Do you treat patients through nontraditional therapies?
(e.g. complementary or alternative medicine, natural, homeopathic)

☐ No

☐ Yes: Please indicate which type._____

Part III: Contact Information

Do you have any comments regarding your current practice you would like to share?

Please enter contact information should our office have questions

Name _____ Title_____

Phone Number _____ Email Address _____

Have you completed this census on behalf of another person? ☐ Yes ☐ No

Name of person completing this census _____

Name of person for whom this census was completed _____

Return to: Washington Medical Commission (WMC), PO Box 47866, Olympia, WA 98504

Questions: *Washington State Medical Commission-Demographics*
Email: Medical.Demographics@wmc.wa.gov or

SUBMIT

Website: http://www.wmc.wa.gov/Demographics

Certified Pain Management Specialist Per WAC 246-919-945:

A pain management specialist shall meet one or more of the following qualifications:

(1) If an allopathic physician or osteopathic physician:

(a) Is board certified or board eligible by an American Board of Medical Specialties-approved board (ABMS) or by the American Osteopathic Association (AOA) in physical medicine and rehabilitation, neurology, rheumatology, or anesthesiology;

(b) Has a subspecialty certificate in pain medicine by an ABMS-approved board;

(c) Has a certification of added qualification in pain management by the AOA;

(d) Is credentialed in pain management by an entity approved by the commission for an allopathic physician or the Washington state board of osteopathic medicine and surgery for an osteopathic physician;

(e) Has a minimum of three years of clinical experience in a chronic pain management care setting; and

(i) Has successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years for an allopathic physician or three years for an osteopathic physician; and

(ii) Has at least thirty percent of the allopathic physician's or osteopathic physician's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

Physician Assistant Census for Workforce Planning

I: Physician Assistant Information

1. Last Name, Suffix (eg. Sr., Jr.)_____ 2. First Name _____ 3. Middle Name _____

4. Sex ☐Male ☐Female 5. Date of Birth (mm/dd/yyyy) _____/_____/_____

6. How would you classify your race/ethnicity? (please check all that apply)
☐White ☐Black or African American ☐Other (Specify) _____
☐American Indian or Alaska Native ☐Asian ☐Prefer not to answer
☐Native Hawaiian / other Pacific Islander ☐Hispanic

7. Do you have a DEA Number? ☐Yes ☐No

8. NPI Number _____ ☐I do not have a NPI Number

9. Do you currently reside in Washington State? ☐Yes ☐No

10. Residence City _____ 11. Residence State _____ 12. Residence Zip Code _____

13. In what state did you obtain your physician assistant degree? _____
☐I did not obtain my physician assistant degree in the United States
In which country did you obtain your physician assistant degree? _____

14. Are you currently certified by NCCPA?
☐No
☐Yes: What is your NCCPA certificate of added qualification? _____
☐I do not have a certificate of added qualification

15. Have you retired from clinical practice?
☐Yes (Skip to question 33)
☐No

16. Do you plan on retiring from clinical practice in the next 12 months?
☐No (Skip to question 18)
☐Yes

17. Upon retirement from clinical practice, will you convert your license to “retired active”?
☐Yes
☐No: Why will you not convert your license? _____

II: Practice Information

18. Do you currently practice in WA? ☐Yes ☐No

19. Do you have an ownership interest in any practice? ☐Yes ☐No

20. Please Provide your Place of Practice *(Street address, city, state, zip code)*		Not Applicable
Primary		☐
Secondary		☐
Tertiary		☐
21. At how many remote sites do you practice? _____		
Site (1) address		☐
Site (2) address		☐
Site (3) address		☐

22. Please indicate your current area of practice

Area of Practice	Principal	Secondary	Sponsoring Physician's Specialty
Adolescent Medicine	☐	☐	☐
Allergy and Immunology	☐	☐	☐
Anesthesiology	☐	☐	☐
Cardiology	☐	☐	☐
Child Psychiatry	☐	☐	☐
Colon and Rectal Surgery	☐	☐	☐
Critical Care Medicine	☐	☐	☐
Dermatology	☐	☐	☐
Emergency Medicine	☐	☐	☐
Endocrinology	☐	☐	☐
Family Medicine/General Practice	☐	☐	☐
Gastroenterology	☐	☐	☐
Geriatric Medicine	☐	☐	☐
Gynecology Only	☐	☐	☐
Infectious Diseases	☐	☐	☐
Internal Medicine (General)	☐	☐	☐
Nephrology	☐	☐	☐
Neurological Surgery	☐	☐	☐
Neurology	☐	☐	☐
Obstetrics and Gynecology	☐	☐	☐
Occupational Medicine	☐	☐	☐
Ophthalmology	☐	☐	☐
Orthopedic Surgery	☐	☐	☐
Otolaryngology	☐	☐	☐
Pathology	☐	☐	☐
Pediatrics (General)	☐	☐	☐
Physical Med. & Rehab.	☐	☐	☐
Plastic Surgery	☐	☐	☐
Preventive Medicine/Public Health	☐	☐	☐
Psychiatry	☐	☐	☐
Pulmonology	☐	☐	☐
Radiation Oncology	☐	☐	☐
Radiology	☐	☐	☐
Rheumatology	☐	☐	☐
Surgery (General)	☐	☐	☐
Thoracic Surgery	☐	☐	☐
Urology	☐	☐	☐
Vascular Surgery	☐	☐	☐
Other (Please Specify)			

23. Is your primary clinical practice?
☐ Office based
☐ Hospital based
☐ Neither: Please explain _____

24. How many sponsoring physicians and alternates are in your practice? _____

25. How many delegation agreements have you listed as a participant? _____

26. On average, how often are your delegation agreements updated? (please select only one answer)
☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

27. For patient related activities, indicate your practice arrangement and size of group. (please check all that apply)
☐ Single Specialty Group: Size of medical group _____
☐ Multi-Specialty Group: Size of medical group _____
☐ Solo Practitioner
☐ Employee of a hospital or clinic
☐ State or Federal Employer
☐ Other: Please Describe _____

28. Are interpretation services offered at your practice?
☐ No
☐ Yes: What languages are offered for interpretation (via phone, in person, staff etc.) at your practice? (please check all that apply)
☐ English ☐ Korean ☐ French ☐ Spanish ☐ Russian ☐ Mandarin Chinese ☐ Do not know ☐ Other _____

29. Do you speak any language(s) other than English, well enough to communicate with your patients? (please check all that apply)
☐ None ☐ Korean ☐ French ☐ Spanish ☐ Russian ☐ Mandarin Chinese ☐ Other _____

Are you accepting new patients covered by:

	Yes	No	I do not know	Percentage of your patient population that currently uses this insurance
30. Medicare	☐	☐	☐	%
31. Medicaid/ Apple Health	☐	☐	☐	%
32. Tricare	☐	☐	☐	%

33. In the past 12 months, how many weeks did you work or volunteer in a clinical setting? For example, if you work all year and take two weeks of vacation, you would work 50 weeks. _____

34. In a typical work week, indicate the average number of hours dedicated to the following professional activities?
- Clinical (not volunteer) _____hours per week
- Research _____ hours per week
- Administration (committees, management) _____ hours per week
- Education (preceptor, clinical professor) _____ hours per week
- Volunteer Clinical _____ hours per week
- Other: Please describe _____ hours per week _____

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35. Do you provide telehealth / telemedicine?

☐ No

☐ Yes: a) How many hours per week do you practice telehealth/ telemedicine? _____

b) Please describe the setting in which you practice telehealth/ telemedicine

_____

c) What percentage of your telemedicine/ telehealth population is provided to patients located in WA?_____%

36. Do you prescribe opioids for patients with chronic noncancer pain?

☐ No

☐ Yes: Please estimate the number of patients in the past month _____

37. Have you completed the pain management CME as described in WAC 246-918-890(2)?

☐ No

☐ Yes

38. Are you exempt from the pain specialist consultation requirement in WAC 246-918-880, based upon one or more sets of criteria for exemption listed in WAC 246-918-890 ?

☐ No

☐ Yes

39. Do you have colleague(s) to whom you can refer pain patients?

☐ No

☐ Yes: How many?_____

40. Do you treat patients through nontraditional therapies? (e.g. complementary or alternative medicine, natural, homeopathic)

☐ No

☐ Yes: Please indicate which type_____

41. Part III: Contact Information

Do you have any comments regarding your current practice you would like to share?

Please enter contact information should our office have questions

Name _____ Title_____

Phone Number _____ Email Address _____

Have you completed this census on behalf of another person? ☐ Yes ☐ No

Name of person completing this census _____

Name of person for whom this census was completed _____

Return to: Washington Medical Commission, PO Box 47866, Olympia, WA 98504

Questions: *Washington Medical Commission-Demographics*
Email: medical.demographics@wmc.wa.gov or

Website: http://www.wmc.wa.gov/demographics

Submit

WAC 246-918-880: Consultation-Recommendations and requirements.

BACK TO QUESTION 38

(1) The physician assistant shall consider referring the patient for additional evaluation and treatment as needed to achieve treatment objectives. Special attention should be given to those chronic pain patients who are under eighteen years of age or who are potential high-risk patients.

(2) The mandatory consultation threshold is one hundred twenty milligrams MED. In the event a physician assistant prescribes a dosage amount that meets or exceeds the consultation threshold of one hundred twenty milligrams MED per day, a consultation with a pain management specialist as described in WAC 246-918-895 is required, unless the consultation is exempted under WAC 246-918-885 or 246-918-890.

(3) The mandatory consultation must consist of at least one of the following:

(a) An office visit with the patient and the pain management specialist;

(b) A telephone, electronic, or in-person consultation between the pain management specialist and the physician assistant;

(c) An audio-visual evaluation conducted by the pain management specialist remotely where the patient is present with either the physician assistant or a licensed health care practitioner designated by the physician assistant or the pain management specialist; or

(d) Other chronic pain evaluation services as approved by the commission.

(4) A physician assistant shall document each consultation with the pain management specialist.

WAC 246-918-890: Consultation—Exemptions for the physician assistant.

BACK TO QUESTION 37

The physician assistant is exempt from the consultation requirement in WAC 246-918-880 if one or more of the following qualifications are met:

(1) The physician assistant is a pain management specialist under WAC 246-918-895;

(2) The physician assistant has successfully completed a minimum of twelve category I continuing education hours on chronic pain management within the previous four years. At least two of these hours must be dedicated to substance use disorders;

(3) The physician assistant is a pain management physician assistant working in a multidisciplinary chronic pain treatment center or a multidisciplinary academic research facility; or

(4) The physician assistant has a minimum of three years of clinical experience in a chronic pain management setting, and at least thirty percent of their current practice is the direct provision of pain management care.

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Physician Demographic Census Aggregate Report

I - PHYSICIAN INFORMATION

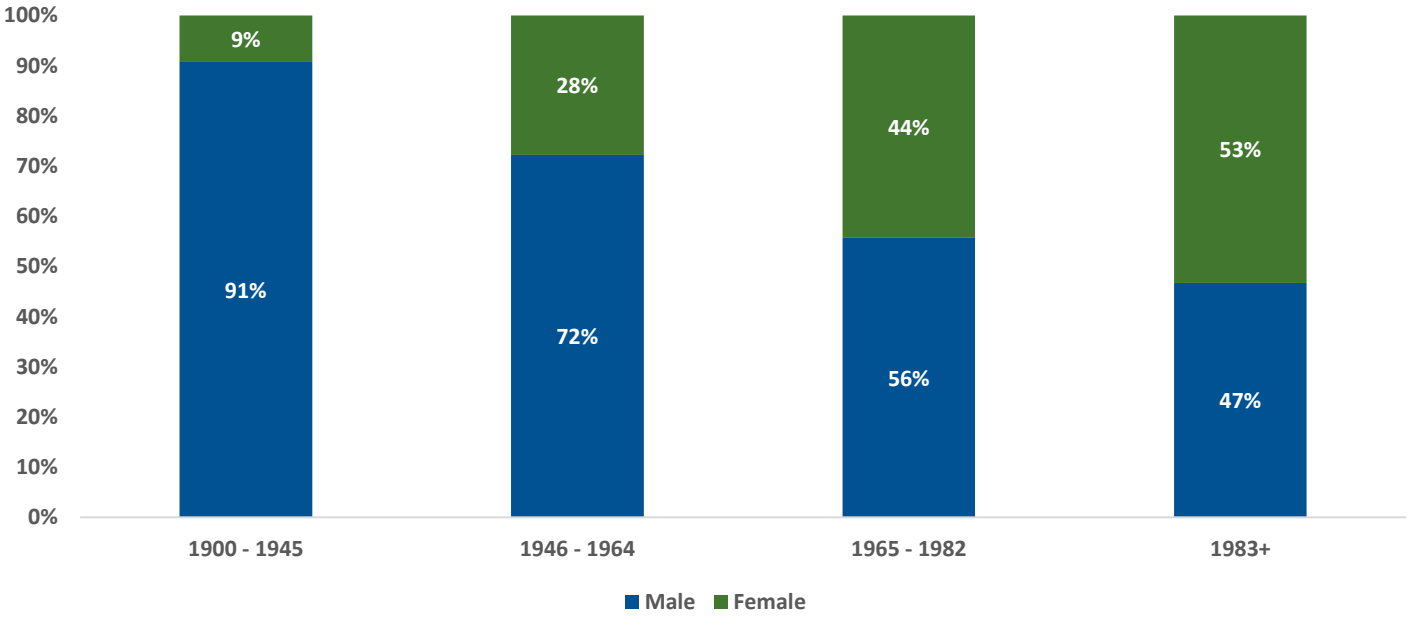
Census start date	1/1/2018
Census end date	12/31/2019
Created on	1/8/2020
Total Returns	20,962

Sex	Total		Active		Retired	
Male	13,049	62%	11,730	56%	1,319	6%
Female	7,913	38%	7,490	36%	423	2%
	20,962	100%	19,220	92%	1,742	8%

Age group and breakdown by sex

Date of Birth	Total	Percentage	Male	Male %	Female	Female %
1900 - 1945	912	4%	829	4%	83	0%
1946 - 1964	7,679	37%	5,545	26%	2,134	10%
1965 - 1982	9,974	48%	5,555	27%	4,419	21%
1983+	2,397	11%	1,120	5%	1,277	6%
Total	20,962	100%	13,049	62%	7,913	38%

Practitioners by sex and year of birth:



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6. How would you classify your race/ethnicity?*

	Total		Active		Retired	
White	14,247	68.0%	12,783	67%	1,464	84%
Black/African American	453	2.2%	433	2%	20	1%
American Indian/Alaskan Native	138	0.7%	129	1%	9	1%
Asian	3,916	18.7%	3,789	20%	127	7%
Native Hawaiian/other Pacific Islander	81	0.4%	78	0%	3	0%
Hispanic	645	3.1%	618	3%	27	2%
Other	536	2.6%	521	3%	15	1%
Prefer not to answer	1,565	7.5%	1,466	8%	99	6%

7. Do You have a DEA number?

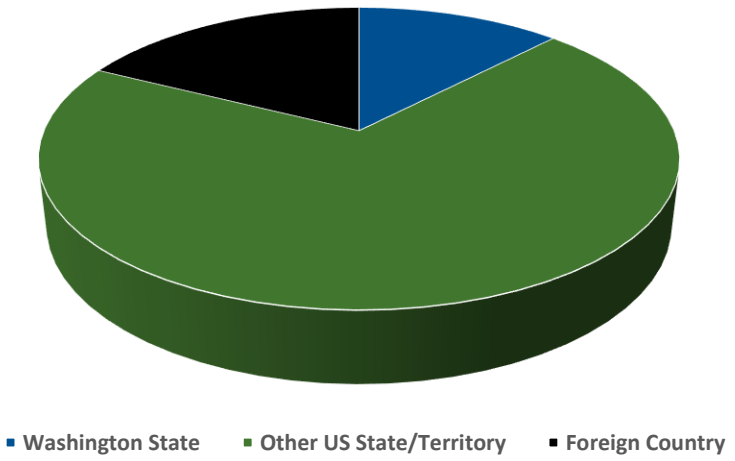
	Total		Active		Retired	
Yes	19,574	93%	18,386	96%	1,188	68%
No	1,388	7%	834	4%	554	32%

8. Do you currently reside in Washington State?

	Total		Active		Retired	
Yes	15,221	73%	13,813	72%	1,408	81%
No	5,741	27%	5,407	28%	334	19%

13. Where did you obtain your Medical Degree?

Washington State	2,578	12%
Other US State/Territory	14,686	70%
Foreign Country	3,698	18%
Unknown	0	0%



**Physicians may select multiple options*

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14. Are you ABMS Board Certified?

	Total		Active		Retired	
No	2,798	13%	2,469	13%	329	19%
Yes	18,164	87%	16,751	87%	1,413	81%

What are your ABMS Board Certifications*

General Medicine

Allergy and Immunology	82
Anesthesiology	1,151
Dermatology	261
Emergency Medicine	965
Family Medicine	2,811
Internal Medicine	4,029
Pediatrics	1,559
Physical Medicine and Rehab.	253

Radiology

Diagnostic Medical Physics	0
Diagnostic Radiology	1,254
Interventional Radiology	39
Medical Physics	0
Nuclear Medical Physics	0
Nuclear Medicine	72
Radiation Oncology	147
Therapeutic Medical Physics	0

Surgical

Colon and Rectal Surgery	32
Neurological Surgery	126
Obstetrics and Gynecology	753
Ophthalmology	340
Orthopaedic Surgery	586
Otolaryngology	239
Plastic Surgery	120
Surgery	638
Thoracic and Cardiac Surgery	109
Urology	195
Vascular Surgery	100

Psychiatry and Neurology

Neurology	429
Neurology/Child Neurology	43
Psychiatry	959

Pathology

Pathology - Anatomic	60
Pathology - Clinical	32
Pathology-Anatomic/Clinical	366

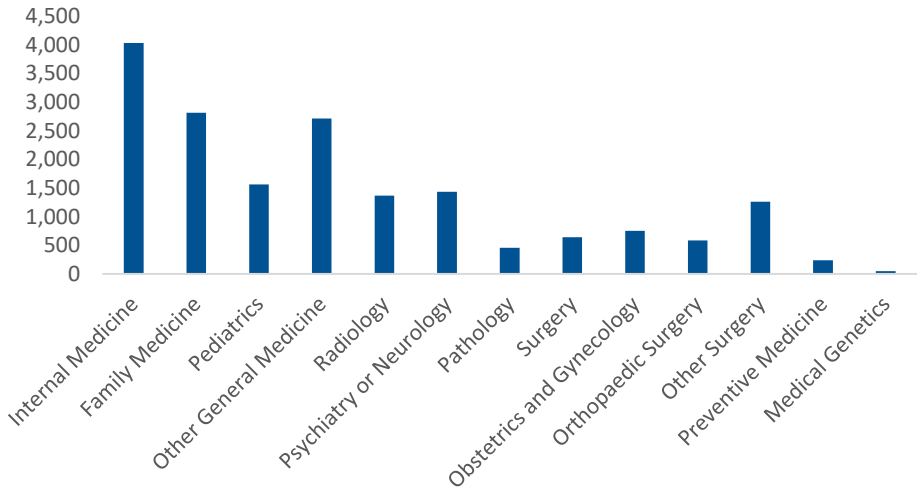
Preventive Medicine

Aerospace Medicine	23
Occupational Medicine	103
Public Health & Gen. Prev. Med.	111

Medical Genetics

Clinical Biochemical Genetics	5
Clinical Cytogenetics	3
Clinical Genetics	37
Clinical Molecular Genetics	5
Lab. Genetics and Genomics	0

General Medicine	11,111
Radiology	1,512
Surgical	3,238
Psychiatry and Neurology	1,431
Pathology	458
Preventive Medicine	237
Medical Genetics	50



**Physicians may select multiple options*

15. Have you retired from clinical practice?

No	19,220	92%
Yes	1,742	8%

DOB	No	Yes
1900-1945	49%	51%
1946-1964	85%	15%
1965-1982	99%	1%
1983+	100%	0%

Questions 16 - 31 are only answered by physicians who have not retired

16. Do you plan on retiring from clinical practice in the next 12 months?

No	18,443	96%
Yes	777	4%

17. Upon retirement from clinical practice, will you convert your license to "retired active"

No	299	38%
Yes	478	62%

II - PRACTICE INFORMATION

18. Do you currently practice in Washington?

Yes	14,804	77%
No	4,416	23%

19. At how many locations do you provide patient care?

0 or unknown	1,383	7%
1	11,234	58%
2	4,009	21%
3 or more	2,594	13%

20. Approximately, how much time do you spend at each site in a given month?

	Site 1	Site 2	Site 3
Over 250 hours	4%	0%	0%
200 - 250 hours	11%	1%	0%
100 - 200 hours	47%	9%	4%
Under 100 hours	38%	90%	96%
Total	100%	100%	100%

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Counties	Site 1	Avg Hrs/Mo	Site 2	Avg Hrs/Mo	Site 3	Avg Hrs/Mo	Total MDs in County
Northwest Washington							
Island	53	113	15	26	2	23	61
King	6,639	125	2,412	41	890	28	7,125
Pierce	1,545	142	603	45	266	36	1,755
San Juan	18	116	11	34	3	21	32
Skagit	219	127	89	45	26	30	285
Snohomish	916	123	360	40	138	32	1,185
Whatcom	297	116	97	38	40	37	327
Total	9,687	127	3,587	41	1,365	30	10,770
Southwest Washington							
Clallam	123	114	32	35	6	16	142
Clark	936	86	282	42	141	29	1,050
Cowlitz	133	105	60	31	11	22	192
Grays Harbor	56	137	26	42	10	25	84
Jefferson	41	102	10	49	2	40	48
Kitsap	366	125	129	45	63	23	430
Lewis	73	118	40	45	19	25	119
Mason	27	126	8	39	13	21	47
Pacific	17	87	4	34	2	6	24
Skamania	2	92	1	6	0	0	3
Thurston	469	119	211	48	63	28	585
Wahkiakum	1	30	0	0	1	20	2
Total	2,244	105	803	43	331	26	2,726
Central Washington							
Benton	301	136	101	46	30	17	360
Chelan	165	132	68	49	13	9	189
Douglas	10	90	1	8	0	0	11
Grant	60	136	43	33	15	24	106
Kittitas	34	106	17	32	6	12	55
Klickitat	33	88	12	38	3	8	45
Okanogan	41	329	23	30	7	13	57
Yakima	297	118	107	45	32	31	347
Total	941	134	372	43	106	20	1,170
Eastern Washington							
Adams	14	81	6	32	1	6	16
Asotin	32	103	10	32	7	62	43
Columbia	2	100	4	60	3	52	9
Ferry	4	105	2	72	0	0	5
Franklin	59	125	13	31	8	21	77
Garfield	1	120	0	0	0	0	1
Lincoln	2	78	5	74	2	45	6
Pend Oreille	8	129	7	28	0	0	14
Spokane	1,058	127	358	41	128	27	1,118
Stevens	24	127	12	42	5	14	34
Walla Walla	135	125	34	51	2	15	147
Whitman	48	109	19	31	8	18	63
Total	1,387	125	470	42	164	28	1,533
Grand Total	**14,259**	**124**	**5,232**	**42**	**1,966**	**29**	**16,199**

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21. Please indicate your current area of practice and area of residency accredited by ACGME you have received*

Area of Practice	Principal Practice	Principal Percentage	Secondary Practice	Secondary Percentage	ACGME Residency	ACGME Percentage
Adolescent Medicine	43	0%	64	0%	41	0%
Allergy and Immunology	77	0%	44	0%	79	0%
Anesthesiology	1,135	6%	122	1%	1,122	5%
Cardiology	467	2%	87	0%	453	2%
Child Psychiatry	141	1%	97	0%	218	1%
Colon and Rectal Surgery	37	0%	24	0%	42	0%
Critical Care Medicine	232	1%	257	1%	403	2%
Dermatology	267	1%	39	0%	256	1%
Emergency Medicine	1,099	6%	168	1%	949	5%
Endocrinology	134	1%	33	0%	145	1%
Family Medicine	2,742	14%	403	2%	2,739	13%
Gastroenterology	304	2%	56	0%	298	1%
Geriatric Medicine	94	0%	213	1%	153	1%
Gynecology Only	86	0%	26	0%	65	0%
Infectious Diseases	183	1%	84	0%	241	1%
Internal Medicine	2,594	13%	1,409	7%	3,947	19%
Nephrology	180	1%	39	0%	206	1%
Neurological Surgery	156	1%	33	0%	150	1%
Neurology	445	2%	82	0%	456	2%
Obstetrics and Gynecology	649	3%	226	1%	747	4%
Occupational Medicine	127	1%	52	0%	80	0%
Ophthalmology	345	2%	53	0%	329	2%
Orthopaedic Surgery	645	3%	114	1%	602	3%
Other Surgical Specialties	74	0%	81	0%	123	1%
Otolaryngology	221	1%	27	0%	217	1%
Pathology	440	2%	107	1%	444	2%
Pediatrics	1,075	5%	386	2%	1,496	7%
Pediatrics Subspecialties	544	3%	244	1%	655	3%
Physical Medicine and Rehab.	262	1%	31	0%	256	1%
Plastic Surgery	129	1%	33	0%	124	1%
Preventive Medicine/Public Health	67	0%	119	1%	97	0%
Psychiatry	940	5%	194	1%	995	5%
Pulmonology	211	1%	108	1%	286	1%
Radiation Oncology	155	1%	19	0%	145	1%
Radiology	1,328	7%	340	2%	1,265	6%
Rheumatology	99	1%	19	0%	101	0%
Surgery	522	3%	170	1%	646	3%
Thoracic and Cardiac Surgery	111	1%	22	0%	110	1%
Urology	204	1%	44	0%	193	1%
Vascular Surgery	103	1%	40	0%	114	1%
Other (e.g. Hospitalist)	807	4%	1,040	5%	338	2%
None	119	1%	12,689	65%	1,204	6%
Total	**19,593**		**19,438**		**22,530**	

**Some Physicians selected multiple fields*

22. For patient related activities, indicate your practice arrangement and size of group*

Single Specialty Group	4,745	25%
Multi-Specialty Group	4,550	24%
Solo Practitioner	1,410	7%
Employee of a Hospital or Clinic	7,163	37%
State or Federal Employer	2,039	11%
Other	1,539	8%

Group size	Single	Single %	Multi	Multi %
501 +	33	1%	1,055	23%
101 - 500	296	6%	1,284	28%
51 - 100	469	10%	518	11%
21 - 50	1,020	21%	423	9%
1 - 20	2,726	57%	759	17%
Unknown	201	4%	511	11%
Total	4,745	100%	4,550	100%

23. Is your primary clinical practice:

Office based	9,725	51%
Hospital based	7,889	41%
Neither	1,599	8%

24. How many Physician Assistants do you sponsor?

0	15,192	79%
1	1,966	10%
2	847	4%
3 or more	1,215	6%

25. Do you have hospital clinical privileges in Washington State?

All active licensees

Yes	11,883	62%
No	7,337	38%
Total	19,220	100%

Practices in Washington

Yes	11,266	76%
No	3,538	24%
Total	14,804	100%

Doesn't practice in Washington

Yes	617	14%
No	3,799	86%
Total	4,416	100%

**Physicians may select multiple options*

26. Are interpretation services offered at your practice?

No	3,360	17%
Yes	15,860	83%

If yes, what languages are offered for interpretation?

English	9,781	62%
Korean	9,819	62%
French	9,529	60%
Spanish	11,897	75%
Russian	10,207	64%
Mandarin Chinese	9,922	63%
Other	2,085	13%
Do not know	3,550	22%

27. Do you speak any languages other than English well enough to communicate with your patients?

Korean	225	1%
French	691	4%
Spanish	3,030	16%
Russian	198	1%
Mandarin Chinese	628	3%
Other	2,791	15%

28-30. Are you currently accepting patients covered by Medicare, Medicaid, Tricare?
Percentage of your patient population that currently uses this insurance

	Medicare				Medicaid				Tricare			
	Yes	No	Don't know	Total	Yes	No	Don't know	Total	Yes	No	Don't know	Total
Accepting	*58%*	*15%*	*27%*	*100%*	*54%*	*16%*	*30%*	*100%*	*45%*	*15%*	*40%*	*100%*
% of pts.												
67 - 100%	5%	2%	1%	4%	4%	1%	1%	3%	3%	0%	0%	1%
34 - 66%	19%	5%	4%	13%	11%	1%	2%	7%	1%	0%	0%	1%
1 - 33%	31%	12%	6%	21%	40%	18%	9%	27%	49%	11%	7%	27%
0 or unk	45%	81%	88%	62%	45%	80%	88%	64%	47%	88%	92%	71%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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All questions past this point are answered by all licensees

31. In the past 12 months, how many weeks did you work or volunteer in a clinical setting?

	Total		Active		Retired	
48 - 52 weeks	8,986	43%	8,898	46%	88	5%
40 - 47 weeks	4,968	24%	4,878	25%	90	5%
31 - 39 weeks	474	2%	452	2%	22	1%
1 - 30 weeks	2,579	12%	2,134	11%	445	26%
0 or unknown	3,955	19%	2,858	15%	1,097	63%

32. In a typical work week, indicate the average number of hours dedicated to the following professional activities

	Clinical		Research		Admin		Education		Volunteer		Other		Total	
	Act	Ret	Act	Ret	Act	Ret	Act	Ret	Act	Ret	Act	Ret	Act	Ret
>40 hrs	29%	1%	1%	1%	1%	3%	0%	0%	0%	1%	1%	2%	57%	10%
31-40 hrs	35%	1%	1%	1%	2%	3%	1%	0%	0%	1%	1%	3%	28%	10%
30 or less	30%	3%	19%	10%	56%	20%	38%	18%	6%	11%	5%	21%	12%	41%
0 or unk	7%	96%	79%	88%	41%	74%	61%	82%	94%	88%	94%	74%	3%	39%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

33. Do you provide telehealth/telemedicine services?

	Total		Active		Retired	
No	17,564	84%	15,870	83%	1,694	97%
Yes	3,398	16%	3,350	17%	48	3%

If yes, how many hours per week do you practice telehealth/telemedicine?

	Total		Active		Retired	
Over 40 hrs	135	4%	134	4%	1	2%
31 - 40 hrs	405	11%	401	12%	4	8%
10 - 30 hrs	508	14%	499	15%	9	19%
Under 10 hrs	1,990	55%	1,754	52%	19	40%
0 or unknown	577	16%	562	17%	15	31%

What percentage of your telehealth/telemedicine population is provided to patients in Washington?

	Total		Active		Retired	
67 - 100%	1,003	30%	983	29%	20	42%
34 - 66%	145	4%	144	4%	1	2%
1 - 33%	884	26%	881	26%	3	6%
0 or unknown	1,366	40%	1,342	40%	24	50%

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34. Do you prescribe opioids for patients with chronic noncancer pain?

	Total		Active		Retired	
No	15,412	74%	13,761	72%	1,651	95%
Yes	5,550	26%	5,459	28%	91	5%

If yes, Please estimate the number of opioid patients in the last month

	Total		Active		Retired	
Over 100	464	2%	463	8%	1	1%
11 - 100	1,467	7%	1,453	27%	14	15%
1 -10	3,004	14%	2,968	54%	36	40%
0 or Unk	615	3%	575	11%	40	44%

35. Are you a certified pain management specialist?

	Total		Active		Retired	
No	20,600	98%	18,872	98%	1,728	99%
Yes	362	2%	348	2%	14	1%

Under what section of WAC 246-919-945 are you qualified as a pain management specialist*

	Total		Active		Retired	
A	261	72%	250	72%	11	79%
B	67	19%	66	19%	1	7%
D	40	11%	40	11%	0	0%
E	23	6%	22	6%	1	7%
I do not Qualify	49	14%	47	14%	2	14%

36. Do you have colleague(s) to whom you can refer pain patients?

	Total		Active		Retired	
No, I can treat w/o referrals	1,023	5%	928	5%	95	5%
No colleagues to refer	6,900	33%	5,959	31%	941	54%
Yes	12,648	60%	12,116	63%	532	31%
No answer	391	2%	217	1%	174	10%

If yes, How many colleagues are available?

	Total		Active		Retired	
Unknown	2,579	20%	2,502	21%	77	14%
1	2,142	17%	2,032	17%	110	21%
2	2,563	20%	2,423	20%	140	26%
3	1,558	12%	1,508	12%	50	9%
4+	3,806	30%	3,651	30%	155	29%

37. Do you treat patients through nontraditional therapies?

	Total		Active		Retired	
No	19,832	95%	18,129	94%	1,703	98%
Yes	1,130	5%	1,091	6%	39	2%

Have you completed this census on behalf of another person?

	Total		Active		Retired	
Yes	848	4%	836	4%	12	1%
No	20,114	96%	18,384	96%	1,730	99%

**Physician may select more than one option. Section E was added effective 1/1/19*

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Physician principal area of practice and counties with practice sites - Northwest Washington

	Island	King	Pierce	San Juan	Skagit	Snohomish	Whatcom	Total
Adolescent Medicine		22	4					**26**
Allergy and Immunology		33	8			9	2	**52**
Anesthesiology	1	414	130		24	59	28	**656**
Cardiology		173	40	1	13	31	7	**265**
Child Psychiatry		65	21	2	2	3	3	**96**
Colon and Rectal Surgery		19	4		1	6		**30**
Critical Care Medicine		100	22		2	9	2	**135**
Dermatology	2	109	18		3	21	5	**158**
Emergency Medicine	7	317	123	9	14	86	18	**574**
Endocrinology		60	12		2	9	2	**85**
Family Medicine/General Practice	7	870	218	11	43	212	75	**1436**
Gastroenterology		126	27	2	4	17	10	**186**
Geriatric Medicine		43	3	1		6	1	**54**
Gynecology Only		35	10			8	1	**54**
Infectious Diseases		115	8		2	9	1	**135**
Internal Medicine (General)	9	916	243	2	40	170	35	**1415**
Nephrology		64	18		4	7		**93**
Neurological Surgery		68	6			6	3	**83**
Neurology		183	34		2	24	4	**247**
Obstetrics and Gynecology	5	219	59	1	7	47	8	**346**
Occupational Medicine		33	9		4	11	2	**59**
Ophthalmology		127	33		11	28	12	**211**
Orthopaedic Surgery	3	201	61		10	31	10	**316**
Other Surgical Specialties	1	28	5			3		**37**
Otolaryngology		88	23		5	13	5	**134**
Pathology	1	162	21		2	15	9	**210**
Pediatrics (General)	4	409	113	1	19	88	11	**645**
Pediatrics Subspecialties	1	332	64			14	1	**412**
Physical Med. & Rehabilitation		112	29		2	20	1	**164**
Plastic Surgery		67	12		1	6	4	**90**
Preventive Med/Public Health		14	3			3	1	**21**
Psychiatry	3	406	69	2	9	35	18	**542**
Pulmonology		104	21		3	8	3	**139**
Radiation Oncology		47	12		6	7	4	**76**
Radiology	6	329	110		16	62	16	**539**
Rheumatology	1	47	6		1	8	1	**64**
Surgery (General)	6	160	61		12	25	8	**272**
Thoracic and Cardiac Surgery		34	13			4	1	**52**
Urology		72	20		5	9	4	**110**
Vascular Surgery		36	8			7	1	**52**
Other (e.g. Hospitalist, Admin.)	4	338	50		14	43	10	**459**
None or Unknown		28	4		2	6		**40**
Total	**61**	**7125**	**1755**	**32**	**285**	**1185**	**327**	**10770**

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Physician principal area of practice and counties with practice sites - Southwest Washington

	Clallam	Clark	Cowlitz	Grays Harbor	Jefferson	Kitsap	Lewis	Mason	Pacific	Skamania	Thurston	Wahkiakum	Total
Adolescent Medicine		1	1			3			1		1		**7**
Allergy and Immunology		8	2			2					3		**15**
Anesthesiology	4	48	6	4		21	7		1		32		**123**
Cardiology	5	34	4	5	1	12	1	1			13		**76**
Child Psychiatry		4	1	2		1	3		1	1	4	1	**18**
Colon and Rectal Surgery		2		1									**3**
Critical Care Medicine		12	1			4	1				8		**26**
Dermatology	3	16	3		1	7					10		**40**
Emergency Medicine	12	51	12	18	4	25	11	8	9		27		**177**
Endocrinology		4				5		1			3		**13**
Family Medicine/General Practice	33	123	30	14	12	83	19	8	6	1	120		**449**
Gastroenterology	1	18	2			4	2				10		**37**
Geriatric Medicine	1	8	2			2	1			1	3		**18**
Gynecology Only		8									3		**11**
Infectious Diseases		10				2					3		**15**
Internal Medicine (General)	22	138	29	10	9	67	20	11	2		81	1	**390**
Nephrology	1	16	2		1	5					8		**33**
Neurological Surgery		9				3		1			7		**20**
Neurology	1	32	3	1		4	1				7		**49**
Obstetrics and Gynecology	3	70	3	1		15	2	2			19		**115**
Occupational Medicine		4	1	1		8		1			8		**23**
Ophthalmology	5	30	4		2	18	6				14		**79**
Orthopaedic Surgery	2	35	4	2		19	3	2			22		**89**
Other Surgical Specialties		1				2							**3**
Otolaryngology	1	15	2			6					4		**28**
Pathology	1	19	5			7	4		1		6		**43**
Pediatrics (General)	7	75	13	7	1	21	7	4	1		30		**166**
Pediatrics Subspecialties	1	36	4			2	1				15		**59**
Physical Med. & Rehabilitation		6	1		1	3	2				3		**16**
Plastic Surgery		5				1					3		**9**
Preventive Med/Public Health	1	5			1	1	1						**9**
Psychiatry	4	38	10	2	6	13	5	3			24		**105**
Pulmonology	2	24	3			3					6		**38**
Radiation Oncology	2	7	1	4	1	5	4				7		**31**
Radiology	6	39	15	5		17	12	2	1		27		**124**
Rheumatology		5	2			2					2		**11**
Surgery (General)	5	27	10	4	3	8	3				14		**74**
Thoracic and Cardiac Surgery		4				4					1		**9**
Urology	4	14	5	1	1	5					9		**39**
Vascular Surgery	2	4	1			4					4		**15**
Other (e.g. Hospitalist, Admin.)	12	45	10	2	4	15	3	3	1		22		**117**
None or Unknown	1					1					2		**4**
Total	**142**	**1050**	**192**	**84**	**48**	**430**	**119**	**47**	**24**	**3**	**585**	**2**	**2726**

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Physician principal area of practice and counties with practice sites - Central Washington

	Benton	Chelan	Douglas	Grant	Kittitas	Klickitat	Okanogan	Yakima	Total
Adolescent Medicine	1			1	1		1	2	**6**
Allergy and Immunology	2	1		2			1	2	**8**
Anesthesiology	17	12	1					16	**46**
Cardiology	6	2		2	1	3		10	**24**
Child Psychiatry	2	1						3	**6**
Colon and Rectal Surgery	1								**1**
Critical Care Medicine	8	1		1	1			5	**16**
Dermatology	2	5		1	1		1	3	**13**
Emergency Medicine	21	26	1	24	4	10	13	31	**130**
Endocrinology	1						1	1	**3**
Family Medicine/General Practice	35	20	7	24	12	12	16	52	**178**
Gastroenterology	8	2		1		1	1	6	**19**
Geriatric Medicine	1	1						1	**3**
Gynecology Only	1						1	1	**3**
Infectious Diseases	6			1					**7**
Internal Medicine (General)	53	33	1	8	5	2	1	50	**153**
Nephrology	6							4	**10**
Neurological Surgery	3			1	1			4	**9**
Neurology	9	4		1		1	1	4	**20**
Obstetrics and Gynecology	11	4		2	4		2	22	**45**
Occupational Medicine	5					1		1	**7**
Ophthalmology	8	3	1	1	3		3	5	**24**
Orthopaedic Surgery	19	10		4	4		3	9	**49**
Other Surgical Specialties	3	2							**5**
Otolaryngology	3	6					2	5	**16**
Pathology	3	2				1		1	**7**
Pediatrics (General)	31	9		8	3			30	**81**
Pediatrics Subspecialties	17	4		3				7	**31**
Physical Med. & Rehabilitation	3	4		2	2			4	**15**
Plastic Surgery	2	1						1	**4**
Preventive Med/Public Health	1	1							**2**
Psychiatry	8	4		1	1	1		8	**23**
Pulmonology	6	2		1	1			3	**13**
Radiation Oncology	5	2		1				5	**13**
Radiology	18	6		5	4	10	5	14	**62**
Rheumatology	2	1		1			1	2	**7**
Surgery (General)	8	8		3	2	2	2	8	**33**
Thoracic and Cardiac Surgery	1	1						2	**4**
Urology	3	3		2	3		1	5	**17**
Vascular Surgery	4							6	**10**
Other (e.g. Hospitalist, Admin.)	14	8		4	2	1	1	12	**42**
None or Unknown	2			1				2	**5**
Total	**360**	**189**	**11**	**106**	**55**	**45**	**57**	**347**	**1170**

WASHINGTON Medical Commission
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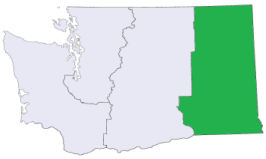
Physician principal area of practice and counties with practice sites - Eastern Washington



	Adams	Asotin	Columbia	Ferry	Franklin	Garfield	Lincoln	Pend Oreille	Spokane	Stevens	Walla Walla	Whitman	Total
Adolescent Medicine					1				2				**3**
Allergy and Immunology		1											**1**
Anesthesiology		1			6			1	60		8		**76**
Cardiology		2					1		36	3	5	2	**49**
Child Psychiatry		1							6			1	**8**
Colon and Rectal Surgery									2				**2**
Critical Care Medicine					1				14		1	1	**17**
Dermatology		1							14		3	1	**19**
Emergency Medicine	2	2	4	1	4	1	1	3	59	9	14	8	**108**
Endocrinology							1		8		2		**11**
Family Medicine/General Practice	8	8	2	4	14		3	5	146	12	21	17	**240**
Gastroenterology		2			2				22		2		**28**
Geriatric Medicine	1				1				6				**8**
Gynecology Only									8				**8**
Infectious Diseases		1			2				3				**6**
Internal Medicine (General)		7	3		11				163	3	28	10	**225**
Nephrology		1			2				15	1	1		**20**
Neurological Surgery									8		1	1	**10**
Neurology					1				31		4	1	**37**
Obstetrics and Gynecology	2	2			4				31		2	2	**43**
Occupational Medicine					2				11		1		**14**
Ophthalmology		1			1				32	1	4	2	**41**
Orthopaedic Surgery		3			2			1	44	1	4	7	**62**
Other Surgical Specialties									10				**10**
Otolaryngology					2				14		2		**18**
Pathology		1							11				**12**
Pediatrics (General)	1				3				57		4	4	**69**
Pediatrics Subspecialties									48				**48**
Physical Med. & Rehabilitation					1				22		4		**27**
Plastic Surgery		1			1				7		1		**10**
Preventive Med/Public Health					1				1				**2**
Psychiatry	1				2			1	54	1	4		**63**
Pulmonology		1			1				8		3	1	**14**
Radiation Oncology									13		1		**14**
Radiology					6				47		8	2	**63**
Rheumatology					1				6				**7**
Surgery (General)	1	4			1			2	20	2	6	1	**37**
Thoracic and Cardiac Surgery								1	10				**11**
Urology		1			3				8		4	1	**17**
Vascular Surgery									6				**6**
Other (e.g. Hospitalist, Admin.)		2			1				50	1	9	1	**64**
None or Unknown									5				**5**
Total	**16**	**43**	**9**	**5**	**77**	**1**	**6**	**14**	**1118**	**34**	**147**	**63**	**1533**

WASHINGTON Medical Commission
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III - SECONDARY CONTACTS

MDs who did not return a census form were emailed with a PDF copy of the census attached. Those without a valid email address were sent a hard copy. Secondary contacts are usually made approximately three to four weeks after license renewal.

Secondary contact returns as of 1-1-2020

Month	Contacts	Returns to Date	Return Rate
October	621	212	34%
November	508	187	37%
December	292	91	31%
Total	1421	490	34%

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Physician Assistant Demographic Census Aggregate Report

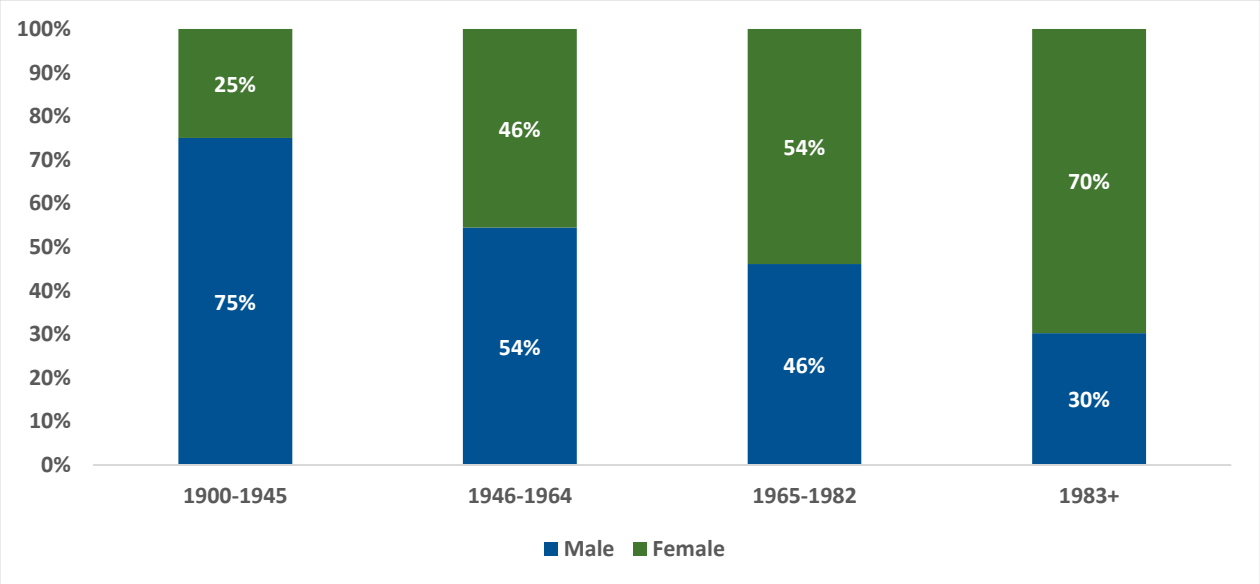
I - PHYSICIAN ASSISTANT INFORMATION

Census start date	1/1/2018
Census end date	12/31/2019
Created on	1/8/2020
Total Returns	2,888

Sex	Total		Active		Retired	
Male	1,238	43%	1,216	43%	22	45%
Female	1,650	57%	1,623	57%	27	55%
Total	2,888	100%	2,839	100%	49	100%

Age group and breakdown by sex

Date of Birth	Total	Percentage	Male	Male %	Female	Female %
1900 - 1945	8	0%	6	0%	2	0%
1946 - 1964	610	21%	332	11%	278	10%
1965 - 1982	1,348	47%	621	22%	727	25%
1983+	922	32%	279	10%	643	22%
Total	2,888	100%	1,238	43%	1,650	57%



6. How would you classify your race/ethnicity?

	Total		Active		Retired	
White	2,339	81.0%	2,298	81%	41	84%
Black/African American	58	2.0%	56	2%	2	4%
American Indian/Alaskan Native	40	1.4%	39	1%	1	2%
Asian	198	6.9%	196	7%	2	4%
Native Hawaiian/other Pacific Islander	16	0.6%	16	1%	0	0%
Hispanic	133	4.6%	131	5%	2	4%
Other	34	1.2%	34	1%	0	0%
Prefer not to answer	167	5.8%	165	6%	2	4%

7. Do You have a DEA number?

	Total		Active		Retired	
Yes	2,769	96%	2,736	96%	33	67%
No	119	4%	103	4%	16	33%

9. Do you currently reside in Washington State?

	Total		Active		Retired	
Yes	2,421	84%	2,378	84%	43	88%
No	467	16%	461	16%	6	12%

13. Where did you obtain your Physician Assistant Degree?

Washington State	873	30%
Other US State/Territory	2,013	70%
Foreign Country	2	0%
Unknown	0	0%

14. Are you currently certified by NCCPA?

	Total		Active		Retired	
No	117	4%	107	4%	10	20%
Yes	2771	96%	2,732	96%	39	80%

If yes, what is your NCCPA certificate of added qualification?

	Total		Active		Retired	
Cardiovascular/Thoracic Surgery	5	0%	5	0%	0	0%
Emergency Medicine	29	1%	29	1%	0	0%
Hospital Medicine	4	0%	4	0%	0	0%
Nephrology	3	0%	3	0%	0	0%
Orthopaedic Surgery	10	0%	10	0%	0	0%
Pediatrics	3	0%	3	0%	0	0%
Psychiatry	8	0%	7	0%	1	3%
None	2,826	98%	2,671	98%	38	97%

15. Have you retired from clinical practice?

No	2,839	98%
Yes	49	2%

Questions 16 - 32 are only answered by licensees who have not retired

16. Do you plan on retiring from clinical practice in the next 12 months?

No	2,760	97%
Yes	79	3%

17. Upon retirement from clinical practice, will you convert your license to "retired active"

No	26	33%
Yes	53	67%

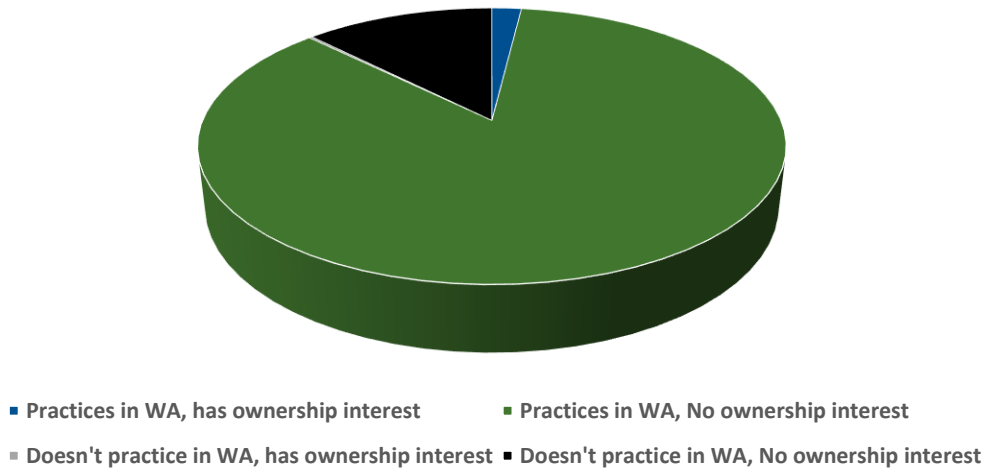
II - PRACTICE INFORMATION

18. Do you currently practice in Washington?

Yes	2,480	87%
No	359	13%

19. Do you have an ownership interest in any practice?

Yes	61	2%
No	2,778	98%



20. Place of Practice and Remote Sites

Counties	Site 1	Site 2	Site 3	Remote 1	Remote 2	Remote 3	Total PAs in County
Place of Practice in Northwest Washington							
Island	8	1		3		1	10
King	803	129	28	140	68	43	880
Pierce	321	61	16	38	19	15	363
San Juan	2						2
Skagit	46	12	3	12	3	2	53
Snohomish	158	38	6	45	13	8	209
Whatcom	50	10	2	6	2	1	57
Total	1388	251	55	244	105	70	1,574
Place of Practice in Southwest Washington							
Clallam	32	2		5			32
Clark	172	58	29	31	16	5	209
Cowlitz	21	8	2	4	3		34
Grays Harbor	16	4		5	1		20
Jefferson	9	3		2			13
Kitsap	67	7	3	5	3		74
Lewis	24	12		5	2		34
Mason	11	1		3			13
Pacific	4	1	1	3	1		5
Skamania	1						1
Thurston	87	25	3	23	12	3	107
Wahkiakum							0
Total	444	121	38	86	38	8	542
Place of Practice in Central Washington							
Benton	72	23	3	22	5	1	91
Chelan	42	4	1	4	1	1	46
Douglas	6			1			8
Grant	25	4	1	9	1	2	34
Kittitas	17	1	1	6	1		20
Klickitat	9	4		4	1		12
Okanogan	13	3		3			15
Yakima	75	13	2	17	3		78
Total	259	52	8	66	12	4	304
Place of Practice in Eastern Washington							
Adams	7			2		1	8
Asotin	4	4	1				9
Columbia	1						1
Ferry	3			1			3
Franklin	19	2	5	2	4	1	25
Garfield	2	1		1	2		4
Lincoln	1	1		1			2
Pend Oreille	3			2			3
Spokane	251	39	11	34	9	5	269
Stevens	9	3	1	4	1		13
Walla Walla	15		1				16
Whitman	13	2	1	3	1		16
Total	328	52	20	50	17	7	369
Grand Total	**2,419**	**476**	**121**	**446**	**172**	**89**	**2,789**

At how many remote sites do you practice?

0 or unk	2,302	81%
1	333	12%
2	102	4%
3 or more	102	4%

22. Please indicate your current area of practice and that of your sponsoring physician

Area of Practice	Principal Practice	Principal Percentage	Secondary Practice	Secondary Percentage	Sponsoring Physician	Sponsoring Physician %
Adolescent Medicine	7	0%	16	1%	3	0%
Allergy and Immunology	7	0%	4	0%	8	0%
Anesthesiology	3	0%	1	0%	18	1%
Cardiology	67	2%	15	1%	63	2%
Child Psychiatry	1	0%	3	0%	3	0%
Colon and Rectal Surgery	3	0%	10	0%	6	0%
Critical Care Medicine	26	1%	24	1%	29	1%
Dermatology	89	3%	12	0%	75	2%
Emergency Medicine	318	11%	154	5%	328	11%
Endocrinology	13	0%	3	0%	12	0%
Family Medicine	759	26%	174	6%	676	22%
Gastroenterology	57	2%	16	1%	52	2%
Geriatric Medicine	16	1%	10	0%	16	1%
Gynecology Only	14	0%	4	0%	13	0%
Infectious Diseases	8	0%	6	0%	10	0%
Internal Medicine	152	5%	90	3%	194	6%
Nephrology	8	0%	4	0%	7	0%
Neurological Surgery	67	2%	12	0%	60	2%
Neurology	14	0%	3	0%	15	0%
Obstetrics and Gynecology	30	1%	5	0%	36	1%
Occupational Medicine	83	3%	38	1%	60	2%
Ophthalmology	1	0%	2	0%	2	0%
Orthopaedic Surgery	313	11%	85	3%	289	9%
Otolaryngology	26	1%	9	0%	23	1%
Pathology	0	0%	0	0%	0	0%
Pediatrics	34	1%	33	1%	49	2%
Physical Medicine and Rehab.	21	1%	8	0%	21	1%
Plastic Surgery	14	0%	11	0%	16	1%
Preventive Medicine/Public Health	4	0%	21	1%	6	0%
Psychiatry	35	1%	16	1%	43	1%
Pulmonology	12	0%	6	0%	12	0%
Radiation Oncology	5	0%	1	0%	4	0%
Radiology	19	1%	6	0%	17	1%
Rheumatology	6	0%	2	0%	4	0%
Surgery	106	4%	25	1%	100	3%
Thoracic and Cardiac Surgery	46	2%	12	0%	43	1%
Urology	37	1%	9	0%	36	1%
Vascular Surgery	32	1%	3	0%	28	1%
Other (e.g. Hematology, Oncololgy)	377	13%	138	5%	188	6%
None	55	2%	1887	66%	482	16%
Total	**2885**	**100%**	**2878**	**100%**	**3047**	**100%**

23. Is your primary clinical practice:

Office based	1,804	64%
Hospital based	827	29%
Neither	208	7%

24. How many sponsoring physicians and alternates are in your practice?

0 or unknown	164	6%
1	788	28%
2 - 5	1,178	41%
6 - 10	365	13%
11 - 20	212	7%
More than 20	132	5%

25. How many delegation agreements have you listed as a participant?

0 or unknown	349	12%
1	1,938	68%
2	398	14%
3 or more	154	5%

26. On average, how often are your delegation agreements updated

Weekly	17	1%
Monthly	26	1%
Quarterly	101	4%
Semiannually	74	3%
Annually	2,261	80%
No Answer or Unk	360	13%

27. For patient related activities, indicate your practice arrangement and size of group*

Single Specialty Group	1,001	35%
Multi-Specialty Group	555	20%
Solo Practitioner	99	3%
Employee of a Hospital or Clinic	1,141	40%
State or Federal Employer	235	8%
Other	155	5%

Group size	Single	Single %	Multi	Multi %
501 +	13	1%	63	11%
101 - 500	11	1%	67	12%
51 - 100	38	4%	68	12%
21 - 50	189	19%	47	8%
1 - 20	639	64%	150	27%
Unknown	111	11%	160	29%
Total	1001	100%	555	100%

**Practitioners may select more than one answer*

28. Are interpretation services offered at your practice?

No	435	15%
Yes	2,404	85%

If yes, what languages are offered for interpretation?

English	1,514	63%
Korean	1,480	62%
French	1,423	59%
Spanish	1,836	76%
Russian	1,591	66%
Mandarin Chinese	1,463	61%
Other	325	14%
Do not know	538	22%

29. Do you speak any languages other than English well enough to communicate with your patients?

Korean	19	1%
French	32	1%
Spanish	446	16%
Russian	36	1%
Mandarin Chinese	21	1%
Other	152	5%

30 - 32. Are you currently accepting patients covered by:
Percentage of your patient population that currently uses this insurance

	Medicare				Medicaid				Tricare			
	Yes	No	Don't know	Total	Yes	No	Don't know	Total	Yes	No	Don't know	Total
Accepting	*59%*	*10%*	*31%*	*100%*	*54%*	*13%*	*33%*	*100%*	*48%*	*10%*	*42%*	*100%*
% of pts.												
67 - 100%	6%	1%	2%	4%	5%	0%	1%	3%	4%	0%	1%	2%
34 - 66%	20%	3%	4%	14%	14%	1%	3%	9%	1%	0%	1%	1%
1 - 33%	30%	7%	8%	21%	37%	10%	9%	24%	50%	8%	9%	28%
0 or unk	44%	89%	86%	61%	44%	89%	87%	64%	45%	92%	90%	69%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

All questions past this point are answered by all licensees

33. In the past 12 months, how many weeks did you work or volunteer in a clinical setting?

	Total		Active		Retired	
48 - 52 weeks	1,598	55%	1,592	56%	6	12%
40 - 47 weeks	474	16%	474	17%	0	0%
31 - 39 weeks	72	2%	70	2%	2	4%
1 - 30 weeks	355	12%	342	12%	13	27%
0 or unknown	389	13%	361	13%	28	57%

34. In a typical work week, indicate the average number of hours dedicated to the following professional activities

	Clinical		Research		Admin		Education		Volunteer		Other		Total	
	Act	Ret	Act	Ret	Act	Ret	Act	Ret	Act	Ret	Act	Ret	Act	Ret
>40 hrs	21%	2%	0%	0%	0%	2%	0%	0%	0%	0%	0%	2%	41%	14%
31-40 hrs	52%	8%	0%	0%	1%	2%	1%	0%	0%	0%	1%	2%	44%	16%
30 or less	21%	2%	11%	12%	37%	20%	23%	18%	3%	10%	6%	18%	11%	20%
0 or unk	6%	88%	89%	88%	62%	76%	76%	82%	97%	90%	93%	78%	4%	49%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

35. Do you provide telehealth/telemedicine services?

	Total		Active		Retired	
No	2,575	89%	2,527	89%	48	98%
Yes	313	11%	312	11%	1	2%

If yes, how many hours per week do you practice telehealth/telemedicine?

	Total		Active		Retired	
Over 40 hrs	1	0%	1	0%	0	0%
31 - 40 hrs	11	0%	11	4%	0	0%
10 - 30 hrs	47	2%	47	15%	0	0%
Under 10	169	6%	168	54%	1	0%
0 or unk	85	3%	85	27%	0	0%

What percentage of your telehealth/telemedicine population is provided to patients in Washington?

	Total		Active		Retired	
67 - 100%	105	34%	105	34%	0	0%
34 - 66%	10	3%	10	3%	0	0%
1 - 33%	54	17%	54	17%	0	0%
0% or unk	144	46%	143	46%	0	0%

36. Do you prescribe opioids for patients with chronic noncancer pain?

	Total		Active		Retired	
No	1,971	68%	1,928	68%	43	88%
Yes	917	32%	911	32%	6	12%

If yes, Please estimate the number of opioid patients in the last month

	Total		Active		Retired	
100 +	144	16%	143	16%	1	17%
51 - 99	21	2%	21	2%	0	0%
26 - 50	72	8%	72	8%	0	0%
1 - 25	563	61%	561	62%	2	33%
0 or unk	117	13%	114	13%	3	50%

37. Have you completed the pain management CME as described in WAC 246-918-890(2)?*

	Total		Active		Retired	
No	1,226	42%	1,196	42%	30	61%
Yes	1,662	58%	1,643	58%	19	39%

38. Are you exempt from the pain specialist consultation requirement in WAC 246-918-880 based upon one or more sets of criteria for exemption listed in WAC 246-918-890?*

	Total		Active		Retired	
No	2,288	79%	2,252	79%	36	73%
Yes	600	21%	587	21%	13	27%

39. Do you have colleague(s) to whom you can refer pain patients?

	Total		Active		Retired	
No	834	29%	801	28%	33	67%
Yes	2,054	71%	2,038	72%	16	33%

If yes, how many?

	Total		Active		Retired	
0 or unk	319	16%	315	15%	4	25%
1	365	18%	363	18%	2	13%
2	367	18%	364	18%	3	19%
3	276	13%	276	14%	0	0%
4	135	7%	135	7%	0	0%
5 or more	592	29%	585	29%	7	44%

40. Do you treat patients through nontraditional therapies?

	Total		Active		Retired	
No	2,571	89%	2,523	89%	48	98%
Yes	317	11%	316	11%	1	2%

Have you completed this census on behalf of another person?

	Total		Active		Retired	
No	2,823	98%	2,774	98%	49	100%
Yes	65	2%	65	2%	0	0%

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*These WACs were modified and renumbered effective 1/1/19

Physician Assistant principal area of practice and counties with practice sites - Northwest Washington

	Island	King	Pierce	San Juan	Skagit	Snohomish	Whatcom	Total
Adolescent Medicine		4	1					**5**
Allergy and Immunology		1			1		1	**3**
Anesthesiology		1	1					**2**
Cardiology		21	3		4	4	2	**34**
Child Psychiatry		1						**1**
Colon and Rectal Surgery		1						**1**
Critical Care Medicine		13	4			3		**20**
Dermatology	1	28	9		4	5	1	**48**
Emergency Medicine		87	62		3	26	7	**185**
Endocrinology		8	1			3		**12**
Family Medicine/General Practice	7	162	76	2	9	55	10	**321**
Gastroenterology		13	6		1	2	3	**25**
Geriatric Medicine		6	1			1	1	**9**
Gynecology Only		6				2		**8**
Infectious Diseases		7						**7**
Internal Medicine (General)	1	40	25		3	7	2	**78**
Nephrology		1						**1**
Neurological Surgery		43	3			1	1	**48**
Neurology		9	2					**11**
Obstetrics and Gynecology		12	4			1		**17**
Occupational Medicine		18	12		5	5	5	**45**
Ophthalmology					1			**1**
Orthopaedic Surgery		111	41		7	26	4	**189**
Otolaryngology		13	5			1		**19**
Pathology								
Pediatrics (General)		8	5		1	3		**17**
Physical Med. & Rehabilitation		4	2					**6**
Plastic Surgery		9	2				1	**12**
Preventive Med/Public Health			1					**1**
Psychiatry		14	2		1	3	1	**21**
Pulmonology		4	2					**6**
Radiation Oncology		3						**3**
Radiology	1	7	7			2	2	**19**
Rheumatology			1		1			**2**
Surgery (General)		32	26		4	16	3	**81**
Thoracic and Cardiac Surgery		12	6			5	3	**26**
Urology		8	5		2	5	2	**22**
Vascular Surgery		8	7			1	2	**18**
Other (e.g. Hematology, Oncology.)		158	39		5	31	6	**239**
None or Unknown		5	2		1	1		**9**
Total	**10**	**878**	**363**	**2**	**53**	**209**	**57**	**1572**

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Physician Assistant principal area of practice and counties with practice sites - Southwest Washington

	Clallam	Clark	Cowlitz	Grays Harbor	Jefferson	Kitsap	Lewis	Mason	Pacific	Skamania	Thurston	Wahkiakum	Total
Adolescent Medicine													
Allergy and Immunology		2	1										**3**
Anesthesiology													
Cardiology		6	1			2			1		1		**11**
Child Psychiatry													
Colon and Rectal Surgery							1				1		**2**
Critical Care Medicine				1									**1**
Dermatology	3	5				4					4		**16**
Emergency Medicine	2	21	6	6		12	10				14		**71**
Endocrinology													
Family Medicine/General Practice	14	66	12	1	7	25	10	10	2	1	40		**188**
Gastroenterology	2	8									2		**12**
Geriatric Medicine	1	1			1								**3**
Gynecology Only	1	3											**4**
Infectious Diseases													
Internal Medicine (General)	2	9	4	6	2		2				1		**26**
Nephrology		2				1					1		**4**
Neurological Surgery		4				1					2		**7**
Neurology											1		**1**
Obstetrics and Gynecology		1									1		**2**
Occupational Medicine						5					2		**7**
Ophthalmology													
Orthopaedic Surgery	2	25	1	2	2	7	3				11		**53**
Otolaryngology		1				1					1		**3**
Pathology													
Pediatrics (General)	2	3					1				1		**7**
Physical Med. & Rehabilitation		3									1		**4**
Plastic Surgery		1				1							**2**
Preventive Med/Public Health													
Psychiatry		1	2			1	1	1	1		2		**9**
Pulmonology		1				1							**2**
Radiation Oncology													
Radiology		1											**1**
Rheumatology											1		**1**
Surgery (General)		6	1		1	1	2				2		**13**
Thoracic and Cardiac Surgery		4				2							**6**
Urology	1	1									1		**3**
Vascular Surgery		4				2							**6**
Other (e.g. Hematology, Oncology.)	2	29	6	4		8	4	2	1		15		**71**
None or Unknown		1									2		**3**
Total	**32**	**209**	**34**	**20**	**13**	**74**	**34**	**13**	**5**	**1**	**107**		**542**

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Physician Assistant principal area of practice and counties with practice sites - Central Washington

	Benton	Chelan	Douglas	Grant	Kittitas	Klickitat	Okanogan	Yakima	Total
Adolescent Medicine									
Allergy and Immunology	1							1	**2**
Anesthesiology									
Cardiology		4		1			1	3	**9**
Child Psychiatry									
Colon and Rectal Surgery									
Critical Care Medicine	1								**1**
Dermatology	2							3	**5**
Emergency Medicine	13			5	2	4	1	8	**33**
Endocrinology	1	1		1				1	**4**
Family Medicine/General Practice	9	13	4	16	9	5	11	36	**103**
Gastroenterology	2	2						1	**5**
Geriatric Medicine	1								**1**
Gynecology Only	1				1			2	**4**
Infectious Diseases									
Internal Medicine (General)		7	1	4		2		2	**16**
Nephrology	1								**1**
Neurological Surgery		2		1					**3**
Neurology									
Obstetrics and Gynecology	4				2			1	**7**
Occupational Medicine	10	2		3	1			3	**19**
Ophthalmology									
Orthopaedic Surgery	11	5		1	4		1	9	**31**
Otolaryngology	1								**1**
Pathology									
Pediatrics (General)	3	1	1						**5**
Physical Med. & Rehabilitation		1							**1**
Plastic Surgery									
Preventive Med/Public Health	1								**1**
Psychiatry	1					1		4	**6**
Pulmonology		1		1				1	**3**
Radiation Oncology	1								**1**
Radiology									
Rheumatology	2								**2**
Surgery (General)									
Thoracic and Cardiac Surgery	3								**3**
Urology	2	1							**3**
Vascular Surgery	1								**1**
Other (e.g. Hematology, Oncology.)	19	5	2	1	1		1	3	**32**
None or Unknown									
Total	**91**	**45**	**8**	**34**	**20**	**12**	**15**	**78**	**303**

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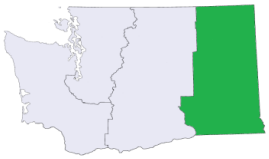
Physician Assistant principal area of practice and counties with practice sites - Eastern Washington



	Adams	Asotin	Columbia	Ferry	Franklin	Garfield	Lincoln	Pend Oreille	Spokane	Stevens	Walla Walla	Whitman	Total
Adolescent Medicine												1	**1**
Allergy and Immunology													
Anesthesiology													
Cardiology	1								8			1	**10**
Child Psychiatry													
Colon and Rectal Surgery									1				**1**
Critical Care Medicine									4				**4**
Dermatology		1			1				8	1	1		**12**
Emergency Medicine		1		1	4	1	1		26	2		1	**37**
Endocrinology									3				**3**
Family Medicine/General Practice	7	4	1	2	8	2	1	2	61	8	4	7	**107**
Gastroenterology									10				**10**
Geriatric Medicine									1				**1**
Gynecology Only									1				**1**
Infectious Diseases									1				**1**
Internal Medicine (General)					2	1		1	14	1	3	1	**23**
Nephrology									1				**1**
Neurological Surgery									5		1	1	**7**
Neurology									3				**3**
Obstetrics and Gynecology									3				**3**
Occupational Medicine					2				6				**8**
Ophthalmology													
Orthopaedic Surgery		2							38		1	1	**42**
Otolaryngology					1				1				**2**
Pathology													
Pediatrics (General)									6	1	1	1	**9**
Physical Med. & Rehabilitation									4		2		**6**
Plastic Surgery													
Preventive Med/Public Health									1				**1**
Psychiatry											1		**1**
Pulmonology									1				**1**
Radiation Oncology													
Radiology									1				**1**
Rheumatology									1				**1**
Surgery (General)		1							6				**7**
Thoracic and Cardiac Surgery									9				**9**
Urology					1				4				**5**
Vascular Surgery									5				**5**
Other (e.g. Hematology, Oncology.)					6				36		1	2	**45**
None or Unknown											1		**1**
Total	**8**	**9**	**1**	**3**	**25**	**4**	**2**	**3**	**269**	**13**	**16**	**16**	**369**

III - SECONDARY CONTACTS

PAs who did not return a census form were emailed with a PDF copy of the census attached. Those without a valid email address were sent a hard copy. Secondary contacts are usually made approximately three to four weeks after license renewal.

Secondary contact returns as of 1-1-2020

Month	Contacts	Returns to Date	Return Rate
October	115	36	31%
November	83	29	35%
December	38	8	21%
Total	236	73	31%

Medical Commission MD and PA Census Comments

01/01/2018 – 12/31/2019

Comments are broken up into category, arranged alphabetically, and numbered

Please use the bookmark feature for navigation

Comments directed towards the Medical Commission	
1	A $2.50 "convenience fee" for license renewals is a scam.
2	A washington license should require a provider to care for patients with Medicaid and Medicare
3	Awaiting MQAC final from DOH. I have a pending application to St Francis Hospital
4	Concerned with the lack of available pain specialists in the are that actually decrease opioid doses
5	Do not give, sell, or distribute any of this information
6	Do WA State inmates need to have PMP check for new opioid prescriptions?
7	don't make me do this again
8	Hope to see more WA telemedicine clients in the future.
9	How do you not have all this info? Been licensed for 35 years
10	I am changing my medical license to retired active as of this year
11	I am hearing impaired. WMC has deemed ADA entitled protection as "mental illness"!
12	I am in the process of changing my status to a retired active physician license right now.
13	I am updating my work address
14	I am working through issues with the medical commission.
15	I enjoy serving on the Medical Commission
16	I love working here in WA. If I can ever assist on the WA Medical Commission, I'd love to do so.
17	I missed my chance to renew my license because of this requirement. I need to see my patient
18	I will be dropping my license the next cycle due to the cost. Volunteering/working part time
19	I won't renew my WA license due to the lack of a telemedicine option. I can't recoup my costs.
20	I would be happy to see more opioid prescribing best practices education.
21	I'm surprised this survey did not ask about the "Death with Dignity" process
22	just retired- plan to do volunteer/charity work only. reduced renewal rate for this would be great
23	Lot of time on this renewal!!!!
24	Mandate coverage for "nontraditional" pain management to truly end the opioid epidemic
25	Medical license is too expensive at $657.00!!
26	MOC + CME WA onerous.MOC Modules= 25 hrs work-award 6 hrs CME.If maintain MOC= satisfies state CME.
27	More and more and more paperwork - waste of time
28	MQAC conducting campaign to reduce opioid prescribing
29	MQAC is doing a poor job. I will tell a member why if they would contact me.
30	Needs more oversight by your commission
31	New laws concerning opioids have curtailed my ability to care for my patients. All but 3 of my patients have had to find new providers or pay high fees to see pain management
32	None **name change due to marriage: Margaret Leschen Naunheim --> Margaret Naunheim Huston
33	Pain management regarded as drug dealing. Who will take care of people with chronic pain when we all quit?
34	Pain Management. Consultation is still not required for patients under 120 mg MED to expand on 36. Currently this is an area of practice I would love to quit, as the requirements are high
35	Pass on my thanks to the legislature for doing their best to put private practices out of business.
36	Please contact me regarding pain management CME.
37	Please do your part to reduce documentation burden. Like this demo. Survey. Ask is this information available elsewhere? Absolutely critical to repeat here? etc
38	Please expand coverage requirements for Telehealth
39	Please recognize the ABCS as a legitimate specialty board, despite the fact that the ACGME.
40	Re opioids: We have resources to guide us in weaning patients on high-risk medications.
41	Reduce the medical malpractice burden. why the 99 character limit
42	Renewing my license so I can return to part time work when my mother, who is in hospice, expires
43	Required documentation in order to practice has become onerous

44	Retired in June, answered per prior to retirement. No response to email and calls to WMC.
45	Rules and regulations and prior authorizations take up time that can be devoted to patient care
46	Save this information and allow us to update it each time we renew license.
47	Shouldn't you save this information? My demographics don't change much.
48	Thank you for all you do!
49	Thank you for your help in completing this form.
50	The legislature is hostile to medicine. This has prompted me to retire early
51	Thorough medical records not being provided to foster parents. Central registry needed for prescribing controlled substances
52	Time for state of WA to recognize AAPS as a valid board certifying body. Along with its subsidiary board - BCEM and other subsidiary boards
53	Too many surveys
54	Under current WACs, I can treat pain patients < 120 MEDs. If above, refer to local pain clinics.
55	We are physicians: NOT "providers"
56	We are trying to help with the opioid epidemic with strict opioid prescribing limits
57	We should be able to provide telemedicine services in the nursing homes.
58	What does the DOH do with the census info?
59	What is retired active category?
60	Would be great to be able to check "no change' rather than completing yearly
61	Would help to get better payment for services from state and federal payers
62	Would like to convert to retired active status now
63	Would like to have renewal date adjusted to my actual birthday
64	You should include Hospice and Palliative Care Specialty in your questionnaire
65	Your "survey"Âsteals time from patients. It's unvalidatable & you've no idea what it means.
66	Your question about "how many patients" was unclear. How many patients what?
67	Your survey is not relatable to a hospital based practice
68	Currently practicing OR but will be apply for a position in WA upon renewal of my license
69	Eastern State Hosp clinical privileges ended in Sep 2018. Submitted application for MD license renewal in Aug 2018, granted Sep 2018.
70	I have retired from clinical practice since September 2017 and do not see or treat any patients. Will not renew.
71	I was board certified in ABEM from 1995-2015 and did not renew my certification after that
72	Not currently practicing. In process of renewing board certification.
73	Recently retired, but plan to renew my medical license
74	Retired 2 months ago. renewing my license "just in case". May not renew it when it expires next
75	Administrative, electronic, and regulatory requirements make me look forward to retiring
76	Current regulations seem to discourage rural primary care
77	I spend all my time due to regulatory, insurance and clerical tasks forced upon me.
78	I spend too much time doing EHR at home. Big problem for doctors.
79	I spend too much time on the EMR/computer
80	I'm getting KILLED with paperwork, regulations, prescription and imaging authorizations.
81	Use of opioids in correctional care is tightly regulated
82	No rx for controlled substances via telemedicine

	Comments about the demographic census or question(s)
1	#35-36 I may be. I took an 8 hour pain course but am unfamiliar with what the exact WAC#'s are for what I did.
2	#36 Pain Patients are referred to Seattle Children's Hospital Pain Clinic for management
3	*deleg agree - 1 is as a volunteer *review the deleg agree - it remains the same - is not reviewed
4	100% of my practice is Hospice and does not fit the traditional questions asked here
5	60% Native American
6	90% of this form is info already accessible to WSMC or contained in other forms you require
7	99 character limit is TOO short
8	99 character limit without on screen counter (internet explorer) is waste of time!!
9	99 character limit? can't say much. Call me if you want to hear about practicing pain medicine
10	99 characters insufficient for meaningful comment
11	99 characters isn't enough. I tried. Could not even complete an idea here.
12	A 99 character limit on comments is ridiculous
13	A lot of this is not answerable for EM physicians. I guessed some answers
14	All of my practice in WA is via telemedicine, so some of these questions are not applicable
15	annoying to have do this to renew, more annoying to enter address & phone TWICE during survey.
16	Answered Medicaid for private practice. 4 hrs/wk of volunteering is in a clinic that welcomes mostly Medicaid patients
17	As a Hospitalist I see Medicare, Medicaid, Tricare and prescribe narcotics (not chronically)
18	As a pathologist, I do not prescribe any drugs including opioids.
19	As a Pathologist, I do not see or treat patients for pain
20	As a pathologist, I do not see patients.
21	As a radiologist, some of the questions in this census questionnaire don't make sense
22	As an anesthesiologist I administer opioids but do not prescribe them.
23	As county health officer I don't see patients
24	As I do NOT treat patients many of your questions are of no validity
25	Attempted to answer this to best of my ability, but I mainly do casual work in Oregon
26	Board Cert Addiction Med; ABAM; Update board '19; ABPM. Use principles w pain/addiction pts.
27	Board certification from the Royal College of Physicians&Surgeons in the UK and Canada.
28	Board certified by the American Board of Oral and Maxillofacial Surgery
29	Board Certified in Hospice and Palliative Medicine - trained re use of opioids for NMP
30	Board certified in Nuclear Medicine an ABMS specialty. Unable to select that particular specialty
31	Boards in Pain Medicine 2004
32	bogus survey required for license renewal further wastes my time
33	Call me I cannot describe what I do here.
34	Census does not provide appropriate response options for MDs who are not in clinical practice
35	Change character limits if you want meaningful comments
36	Community hospital: inpatient, outpatient, indigent Medicare Medicaid but I don’t know per cent
37	Currently interviewing/finalizing a new position. Most questions are hard to answer given that fact.
38	Currently licensed and practicing in Idaho so data provided does not pertain to Washington practices.
39	Did not complete the insurance question because I work for the VA, and we can only see Veterans
40	Difficult to answer questions as an administrator with a PA license. Most do not pertain.
41	Difficult to estimate practice locations, hours, etc due to locum tenens variability
42	Do not recommend medicine..... Cannot answer question in 99
43	Do not treat chronic pain patients, that option not available in previous questions
44	Do not understand why oncology is not listed as a type of practice
45	Emergency medicine is hard to fit into this framework, particularly the 40h workweek
46	ER so many questions did not apply to me.

47	Filled survey out based on past and expected future practice
48	Florida practice remote interpretation only, but no patient communication, so not telemedicine.
49	give me more characters so I can provide meaningful feedback
50	Here, PMDs takes care of chronic pain issues, not sure of the total number.
51	Hospital based practice employed by hospital--many questions not applicable
52	Hospitalist - non-cancer opioid pain?
53	Hours I listed are for WA only; I work primarily in CA
54	Hours worked in each location are just patient contact hours. Much more time is spent on EMR and non office based care management work. We do perform home visits for our patients
55	how many patients in last month question 110 = # of pts seen at the clinic
56	I "prescribe" opiates only in an acute care setting. I do not write home prescriptions.
57	I already stated that I do not practice clinically any longer. Why do you keep asking this?
58	I am a forensic pathologist. Many other these questions do not apply to my practice.
59	I am a hospitalist so the pain prescribing questions may be non applicable but I wasn't sure
60	I am a hospitalist. Most of these questions are not applicable.
61	I am a medical oncologist - could not find the category in the census list
62	I am a pathologist and a lot of these questions are not pertinent/do not give a relevant option.
63	I am a pathologist and do not see patients
64	I am a pathologist and do not see patients.
65	I am a Pathologist and many of the questions do not apply
66	I am a pathologist who does epidemiology research and never prescribes drugs.
67	I am a Pathologist, so I do not prescribe pain medication or see patients.
68	I am a pathologist, so I don't provide direct patient care beyond diagnostic work.
69	I am a pathologist, so many of these questions were not applicable to me.
70	I am a radiologist and I engage in diagnosis, not treatment, and I don’t manage pain
71	I am a researcher but maintain my license as a physician. Certain responses did not allow N/A
72	I am currently doing IMEs. Thus, a number of the questions aren't really completely applicable
73	I am currently in residency and I answered the questions based on my current practice
74	I am doing locum tenens work Questions in surveys and license renewals don't apply.
75	I am in non-clinical setting. The prior questions about pain tx and referral are not applicable
76	I am not practicing; some of the questions didn't apply, answered my practice pattern 5 yr ago
77	I am retired, some of these questions do not give a chance to reflect this designation
78	I am still in the job application process, so some of these questions were not applicable
79	I answered questions based on my practice as a radiologist.
80	I answered the best possible. I'm the Chief Medical Officer of a pharmaceutical. No patient care.
81	I currently Practice in AZ, but will be moving full time to WA for full time practicing starting in March 2020. Questions asked were regarding my current practice and anticipated practice as saw fit.
82	I currently practice in NM, some answers may not be applicable for demographics in WA
83	I do administrative medicine for the federal government
84	I do clinical service management, education, and case review in Washington.
85	I do Compensation and Pension occupational health for veterans
86	I do comprehensive psychiatric evaluations but currently provide no psychiatric care.
87	I do disability evaluations but do not treat pain, etc.
88	I do disaster/international medicine
89	I do emergency room medicine
90	I do ER only in WA at Tri-State Hospital
91	I do Family Medicine at CHC of Snohomish County, Everett College, Full time

92	I do IMEs one week a month for WA L&I. No other medical activities
93	I do IMEs only
94	I do IMEs only
95	I do in home wellness exams for Signify Health. I do not prescribe or treat.
96	I do locum assignments and have done many of them in the state of Washington
97	I do locum positions, presently I am in between assignments
98	I do locum tenens GI clinical work in several states
99	I do locum tenens physiatry work where needed
100	I do locum Tenens shifts as needed basis
101	I do locum tenens so my amount of clinical practice and location can change.
102	I do locum tenens work in WA State. I am also clinical asst. prof. at Dell Med School in Austin.
103	I do locum tenens work, so I do not have my own patient panel
104	I do Locum Tenens. In fact, I may be working at a State Hospital in Washington
105	I do locum tenens. Last worked in WA in Nov 2018. I spent past 3 months working in ME
106	I do Locum work only
107	I do locums but not curretly
108	I do locums coverage one weekend per month in Pullman, WA
109	I do locums so I cannot accept patients as my own
110	I do locums tenens in 10 states.
111	I do no clinical medicine.
112	I do not accept insurance and practice direct primary care
113	I do not actively practice in WA and have no active DEA license for WA.
114	I do not have a clinical practice. It was hard to answer many questions.
115	I do not have any pain patients as a Diagnostic Radiologist, nor do I prescribe any opiates.
116	I do not practice in the state of WA and this census is an unnecessary burden
117	I do not prescribe pain meds. There should be a not applicable box to check about pain meds
118	I do not see patients
119	I do not see patients
120	I do not see patients in my practice--see biopsies/surgical specimens only (pathologist).
121	I do not see patients or do any clinical work.
122	I do not see patients. I have never had a DEA license and do not prescribed medications.
123	I do not see patients. I only provide EEG services for different hospitals.
124	I do not see patients-I am a full time Health Officer, and the public is my patient
125	I do not treat patients at all. My work consists of reviewing and analyzing medical records.
126	I do not treat patients for chronic pain
127	I do not treat patients with chronic pain in my practice.
128	I do not treat patients, I am a pathologist.
129	I do not treat patients. I provide diagnostic locum tenens radiology services only.
130	I do only Independent Medical Exams for Labor & Industries.
131	I do only locum tenens work without the United States, currently most of my work is in Boise, ID
132	I do prescribe short courses of narcotics for postoperative pain and am licensed to do so
133	I do primarily Administrative Medicine as an EMS Medical Director and Consultant.
134	I do social security evaluations through MDSI, a company that contracts directly with DSHS/SSA
135	I do the items listed in 20. less than once a year now
136	I don't "see" patients, only patient specimens.
137	I don't do any clinical care & maintain my license for volunteer work at the UW Human Subjects IRB.
138	I don't generally have chronic pain patients in pediatrics and certainly no patients on opioids

139	I don't give opioids to pts. Only once have done this while pt waiting to be seen by pain mgmt.
140	I don't have a clinical practice. Should skip most Qs.
141	I don't treat chronic daily headaches with opiates
142	I don't treat patients any more but I am not retired. I have "claimants" but not patients.
143	I have no idea what you consider my clinical practice - CUMG
144	I just started at my new position and I am not sure of several of the questions asked her
145	I just started in March, 2018 and cannot answer many questions.
146	I just started work at this practice so much of this questionnaire does not apply
147	I made mistake-only see one pain pt but see 200 total pt per month
148	I may have mailed this census in already, but not certain. Doing online license renewal today.
149	I only care for hospitalized newborns, so pain referral has never come up
150	I only started last month, so my experience is quite limited. Most of my answers are guesses.
151	I only work in the hospital, so many of the previous questions are not applicable to my practice.
152	I perform Locum Tenens assignments so it is difficult to accurately answer the census.
153	I practice in Oregon. These "demographic" questions are out of place in renewing a license.
154	I retired from active practice in 2016 so the prior several questions do not apply
155	I think this questionnaire is a total waste of time. This mandatory census should repealed.
156	I treat pain in an NICU. I'm not sure how to answer your questions.
157	I work .6 FTE. You should ask this question of everyone
158	I work as a hospitalist so many of these questions are not applicable.
159	I work as an OB laborist- many questions don't pertain
160	I work as an ob/gyn hospitalist, so many of the previous questions don't make sense to answer.
161	I work exclusively in newborn nursery in WA so I think a lot of these questions are not relevant
162	I work full time as a hospitalist with varied schedule, I am unsure how to report # of weeks worked
163	I work in clinical research, so a lot of these questions do not apply to me.
164	I work in teleradiology. Unsure if that meets definition of telemedicine.
165	I’m a new grad, renewing (for another $650) before I even start work. I don’t know the answers
166	I’m an OB hospitalist so some of these questions don’t quite fit this type of job.
167	If one is retired from clinical practice, most of the following questions are not applicable.
168	I'm a critical care physician and some of the pain questions may not be completely applicable
169	I'm a fellow. This survey pertains little to me
170	I'm a Kaiser Permanente physician so lots of these questions are ones I can't answer
171	I'm an er doctor and these questions aren't all directed at me in a logical way
172	I'm in a fellow so the questions don't all apply directly
173	I'm just starting (only Employee orientation) so I can't speak to a lot of these questions yet.
174	I'm retired for goodness sakes. Why all the questions?
175	I'm retired, do not plan to do clinical medicine unless a catastrophe occurs and I am begged to help. I do not know what question 17 means. You can call me to explain at 5418686875
176	Impossible to make meaningful/relevant comments with 99 character limit.
177	In Interest of physician wellness please consider discontinuation of this type of paperwork. I's be interested in a questions regarding improving healthcare not my race and retirement.
178	It is difficult to exactly answer many of these questions as they don't apply well to inpatient practice only
179	It is hard to fit into a questionnaire what I do.
180	It is unclear what you mean by colleague in question 35.
181	Left practice 3/19. Start new position in 5/19. Answers pertain to most recent experience.
182	Locumn tenums so hard to answer questions
183	many of the questions are not applicable to emergency medicine

184	Many of these questions are extremely difficult to answer for hospital based subspecialists
185	Many of these questions do not apply to my job as an OB Hospitalist
186	Many of these questions don't apply - I'm a radiologist
187	Many questions are N/A to emergency medicine shift work. The survey should be updated.
188	Medical Genetics is an ABMS specialty with ~ 50 ACGME programs. Add it to your list.
189	Medicare % includes % who may have used medicare Tricare % reflects Tricare as part
190	most of these questions are not applicable to an anesthesia group practice
191	Most of this is not applicable for inpatient critical care practice
192	Much of this survey does not pertain to my practice as a pathologist
193	My comments are based on previous practice.
194	My practice is in Laboratory Medicine, so many of the questions in the survey do not apply
195	NA is because I am not currently seeing patients. Have just interviewed for a position in a clinic.
196	No, except it's silly to make a pathologist fill out this questioneer
197	No, this feels like a waste of time and an invasion of my privacy
198	Not allowing me to type
199	Not applicable due to not practicing since 1/2018.
200	Not at all, this survey is long enough as it is
201	Not enough room for comment
202	Not sure if # of pts in last month referred to total pts or pain pts on opioids.
203	Not sure if I have an NPI Number? you can call practice manager Julie Zemanek and ask. 253-627-6172
204	Not sure of how many PAs are in the group, that was a guess
205	occupational medicine too many questions
206	on maternity leave which is why not more weeks in practice this year.
207	Pain consultants are available for procedural intervention only, not for medication management in most cases, except for suboxone referrals
208	Pain prescriptions are for surgical pain
209	Pain questions less applicable to pediatric patients
210	Paper work and prior authorizations are a horrific burden. This survey is too long
211	Pathologist not applicable
212	Pathologist, not always fit the survey. Lab director. Temporary surgical pathology vacation coverage.
213	Please add Hospice and Palliative Medicine to your list of ABMS approved medical specialties
214	question #20 should have an N/A option - retired from clinical practice
215	Question 14 about working in a clinical setting this was as a hospital chaplain
216	Question 20: 502 W. 4th Avenue, Toppenish, WA 98948 - 20 hours per month Question 36: As diagnostic radiologist I am not a primary care provider and do not have "pain patients" to refer.
217	Question about narcotics is confusing because I prescript narcotics for post op pain as a surgeon
218	question regarding someone to refer for pain Rx should have an additional choice of not applicable
219	Questions are very adult patient/provider focused
220	questions regarding hours: I'm only on "on call" status, so I had to estimate.
221	Radiology doesn’t really fit into this survey
222	Recent grad. Much not applicable.
223	Refer for acupuncture
224	Retired 1/31/18, so answers pertaining to clinical practice relate to January 2018
225	retired and did not know how to answer the pain questions
226	Retired physician: Privately don't have the required PDF which has a cost per month which I do not use. Use Microsoft word. Please broaden the ability to fill out these surveys for those of us retired
227	Several questions do not apply to my practice as a locums

228	Several questions do not apply to the practice of emergency medicine.
229	Shorten your demographic survey
230	Should include Medical Oncology and Hematology as area of practice. Electronic records have made patient care much more difficult by taking 2-3x as long for documentation
231	Some demographic questions do not make sense for all specialties (ie Pathology)
232	Some numbers are estimate especially regarding insurance coverage
233	Some of the answers I did not know but it forced me to put something, so I estimated
234	Some of the questions in this survey don't have an accurate answer for my type of practice.
235	Some of these questions are not applicable because I practice telemedicine exclusively
236	Some of these questions are not applicable to my practice.
237	Some portions of this survey are not relevant to my practice as a radiologist.
238	some questions don't apply but can't opt out. Data from this questionnaire will be wrong
239	Some questions hard to answer as locums-am returning to WA in Oct working for Kaiser in Olympia
240	Sometimes prescribe small amounts of opioids for patients- these are one-time, short prescriptions.
241	Stop the Survey madness. The surveyors are onerous fine mongers who care little for patients
242	Suggest adding "clinical research" to question 21
243	Survey doesn't apply well to my practice as a hospitalist. Please allow opt out for questions PRN
244	Survey is listed for WA where I volunteer. I work much more in an Oregon commercial practice
245	Survey question on chronic pain are difficult for hospice physician
246	Survey should stop after asking if out of state, which should be the first question.
247	Surveys add no measurable value
248	Terrible survey, not applicable to all specialties. Did my best.
249	Terribly designed survey. Stupid character limit prevents giving details
250	Text limit is 99 characters. Can't process everything.
251	Thank the charity of the Franciscan network for accepting of Medicaid's low rates
252	The # of hours booked to work is fewer than hours actually worked. Answering is not simple
253	The 99 character limit prevents me from anything meaningful.
254	The answers to the Census questions are based on my current clinical practice in Chicago, IL
255	The entire questionnaire does not actually apply to my practice.
256	The last few questions pertains to those doing clinical practice. I do not
257	The ones in the chronic pain clinic?
258	The prior questions on pain management are not applicable - I no longer see patients
259	The questions answered were about my practice at the Southern Arizona VA
260	The remote sites listed are managed under my Alaska State license
261	The VA has a pain clinic we can refer patients to.. so wasn't sure how to put a number on that.
262	There is something wrong with this survey. I am fully retired.
263	These are 4 physician but also 3 nurse practitioners in our group. Please update question 22
264	These question do no apply prasely to radiology. I answered the questions to the best of my ability.
265	these questions do not help me sleep
266	This census is time consuming and redundant
267	This census is too complicated
268	This character limit is entirely too restrictive. you really do not care about my current practice
269	This comment box is too small.
270	this form does not capture my work well. I oversee psychiatric services thru out the states prisons
271	This is a tedious time wasting census for someone who answers the very first question as RETIRED!
272	This is a useless census for locums physicians; you get useless data
273	This is a waste of time

274	This is an abusive, burdensome survey
275	This is intrusive and should be optional
276	This just adds to the administrative burden/burnout of MDs.
277	This questionnaire has questions that are difficult to answer for my specialty.
278	This seems inappropriate
279	This sucks!!
280	This survey contains info the state of WA already has. Waste of time.
281	This survey doesn't capture those that are practicing hospitalists.
282	This survey is getting too long
283	This survey is meaningless when applied to locums. The practice details vary widely each job
284	This survey is not really applicable to an anesthesiology practice.
285	This survey is ridiculous
286	This survey is ridiculous
287	This survey is such a waste of my limited time. Please be thoughtful
288	This survey is terrible. There should not be a 99 character limit on this box.
289	This survey is too long
290	This survey is too long
291	This survey needs work. Questions were difficult to answer or could be gathered via other means
292	This was not good use of time - as i said earlier I practice in TEXAS, NOT Washington
293	This was waste of my time
294	Too Long. Several Questions Not Applicable.
295	Too much time wasted on surveys
296	Uncertain on some of these answers regarding size of practice / patient populations
297	Unclear if I completed this correctly, I am usually a teaching hospitalist when clinical
298	Unsure how many colleagues do pain medicine.
299	US Grad. Picked Zimbabwe to be obvious. Could not find US on dropdown
300	Use of EHR and filling out paperwork/surveys like this is the worst part of medical practice
301	VA has primary care, comprehensive pain management, etc. for pain referrals.
302	We are a hospital based OB hospitalist practice - several of these questions don't apply to us
303	We do not treat chronic pain or refer to pain specialists, rather, recommend referral through primary care
304	We have a large Medicare/caid population I just donâ€™t know the %and that is why I answered 0.
305	What a waste - I tried, but was told "free text too long"
306	What good would come of any comments
307	Why do I have to enter information that you already have?
308	Why do I have to enter my name and address when you have my license, and npi number?
309	Why is Interventional Radiology not an option in the list of specialties?
310	Yes, but 23 words were over limit
311	Yes, but you clearly are not interested. 99 characters to describe my whole practice life. Wow.
312	Yes, I do have constructive comments regarding my current practice. (99-character text limit)
313	You don't allow me enough space to tell you of our urgent needs.
314	You don't offer enough characters, too bad.
315	You have all my info, why do I need to enter it in again?
316	You have no place to address practice of addiction medicine
317	You really need better answers for Hospitalists to answer for this survey.

Comments about the medical field in general	
1	No gynecologist wants to be a pain specialist just to give out narcotics or make it 30% of our practice.
2	Addiction Medicine is a great field
3	Administrative and electronic medical records requirements are overwhelming.
4	Administrative burdens from Medicare, insurers etc are becoming a big issue. Reimbursements keeps going down and unlimited mandates are becoming oppressive
5	Aided and abetted by state medical board. Health insurance companies ripped heart out of medicine.
6	Appreciate program with WA state that provides malpractice coverage when docs do volunteer care
7	ARNPs/PAs should not have independent practice.They should also be more regulated.
8	As a pain specialist, I can not "take over" opioids of thousands of patients being fired or abandoned by their PCP's because of opioid rules. This creates significant anger.
9	As a retired practitioner, it is difficult to ever volunteer, as most free clinics require that one must have malpractice insurance
10	as CMS reimbursements decrease it will be increasingly difficult to practice my profession
11	Bureaucracy overhead eliminated ability to see Medicaid & may have to stop Medicare to survive
12	Bureaucratic and EMR burden is daunting and takes away from patient care
13	Burnout
14	Burnout and massive requirement for documentation in the electronic record
15	Can't take pain patients due to regulation burden.Tx for making WA more miserable, geniuses.
16	Cash pay based practice, I work in hair restoration only come to Washington on as needed basis
17	Change laws allowing hospitals to charge a "facility fee" in addition to professional fee - level the playing field
18	Changing populations to employees of a health system in upcoming month
19	Chemical dependency
20	Corporate medicine (CHI) is ruining the practice of medicine
21	Corporate run healthcare is garbage.
22	Difficult to maintain independence of small practice with merger/monopolies of bigger health systems. CHI has a virtual monopoly in Kitsap County
23	Difficult to maintain solo practice in the current system
24	DOC Offender Health Plan is inadequate, and minimizes psychiatry. It violates the 8th amendment.
25	Doctorâ€™s fees does not make us survive in this kind of set up
26	Documentation and payer requirements are overly burdensome and not good for patients
27	ED doc - I take all patients & insurance. Please fix the lack of Psychiatric beds in Washington
28	EMisnow burdened w/other physician's castoffs NowGeriatric & PsychBoarders have become insurmountable
29	Emtala requirements for emergency rooms are not balanced by any kind of reimbursement or minimum insurance payment
30	EPIC computer system is misery to work with. Opioid prescribing regulations are too restrictive
31	Epic is awful. Too much time is taken from learning more pediatrics, from my family.
32	Even though I'm completely retired from active practice I'm disturbed by the magnitude of the current opioid crisis. I personally 7yrs ago was placed on too high a dose.
33	Every few weeks some poorly functioning computer program is added. Burn-out is prevalent.
34	Everyone, nurses and doctors are burnt out
35	Family medicine need payment reform to get more FPs
36	For years I have lamented over the numbers of patients that come to me on chronic narcotics
37	Forces against independents: Kaiser, Swedish, etc. forcing out, reimbursement from Medicaid
38	Genetics in medicine is undervalued and poorly understood.
39	Getting increasingly difficult to run Private Practice.
40	Getting more and more tough to practice medicine
41	Giant hospital based groups are pushing independent doctors out of healthcare
42	Gov interference continues to slow us down

43	Harborview Medical Center provides exceptional and outstanding care for WA state
44	Harborview/UW seems to provide great care to its patients.
45	hard to continue practice as a solo family physician
46	Hard to maintain a solo practice drowning in regulations. Local Ed's only refer within their own health systems reducing # of patients
47	Hard to work with patients who seek opioids
48	Healthcare Reform is important. Don't get rid of it
49	Healthcare should be a right, not a privilege!
50	high percentage of morbidly obese
51	High physician burnout rate here
52	Hold a WA state license for possible locums work
53	home-based model of urgent/ primary care services; chief clinical officer with markets in 5 states
54	How can NP's practice independently in any capacity with inadequate, inferior non-MD/DO training?
55	How many unfunded mandates can be tolerated ? Do employed physicians really have the freedom ?
56	I am deeply troubled by the corrupt, corporate paper shufflers and administrator types
57	I support a single payer system
58	I would like to see more support from Healthcare Organizations for Integrative Medicine modalities
59	if I had my way would not prescribe any opioids whatsoever.
60	I'm leaving the traditional insurance model of reimbursement, it is killing primary care
61	In the ED we are required by federal law to see everyone regardless of their ability to pay
62	Inadequate clinical staff and support staff to meet patient needs.
63	Inadequate rheumatology services, unequal distribution of Tricare and Molina
64	Incentives are to produce a limited set of performance
65	Increase work needed for documentation and computer use and decrease time for patient interaction
66	Increased volumes and retiring partners, resulting in increasing workloads
67	Increasing complexity and electronic paperwork
68	Increasing political pressure to reduce or eliminate the use of benzos is counter to my experience.
69	Infectious disease is growing and I help in educating the community
70	Insurance companies more obstructionistic to patient care than facilitating care.
71	Insurance companies profiting by creating opiate policies
72	Insurance makeup estimated. Office size 1 clinic only unsure of entire agency size.
73	Insurances should not be gate keepers and prevent access to testing and treatment. I have just dropped all insurances because refuse to enable them.
74	It can be difficult to get patients in for pain management consultation with some insurance.
75	It is made nearly impossible at times by insurance companies.
76	It is surprising to see how many providers prescribe hormones, so unnecessary!
77	It would be great to have more psychiatrists in our community.
78	It would be nice if there were more pain specialists and if patients could get in to see them.
79	It's getting harder to be a solo practitioner because of all the paperwork
80	It's hard to keep accepting new medicaid patients due to poor reimbursement.
81	lack of mental health beds in WA
82	Let's look at Rural Healthcare with MD's- how to sustain with current rules and regulations
83	Lots of computer work, working more seeing less pts
84	Love my job. We need more outpatient primary care providers! There will be no one to take care of me when I retire
85	Low Medicaid reimbursement leads to unavailable care for kids
86	Many doctors are quitting, but many would return if we went to a Single Payer system like the rest of the world.
87	Many of my chronic pain/opiate patients have been on medications for longer than I have been here.

88	Many physicians like myself are working in non-clinical jobs/professions.
89	Maori MHS. Published 2 book chapters, 4 more/books in process, maintain website for veterans
90	Marginalized by institutional employers of primary care
91	Matching proposed surgeries with the Washington Labor and Industries Guidelines for Qualis Health.
92	Medicare and Medicaid pay way to little to run our clinic appropriately
93	Medicare grossly underpays anesthesia.
94	Medicine is very stressful, the expectations are changing with relation to hospital administrators
95	Mental health and addiction treatment services are insufficient
96	Mental health care is underserved and we are depending on primary care to provide care.
97	More pain management options in the area would be helpful
98	More paperwork, oversight and regulation and less satisfactory time with patient
99	More state support for UWMC. We have sickest pts in the state, but we are in the red.
100	Most colleagues no longer encourage their children to go into medicine. This is a HUGE change!
101	Narcotic prescribing limited to post surgical May practice in Washington state in the future
102	Narcotic use for acute pain from surgery or fractures, not chronic ongoing pain.
103	narcotic, alcohol addicts, homeless people in Lakewood are big barriers to patient care
104	NBPAS board certification should be recognized by state and by insurance companies
105	Need active license to see patients in haiti
106	Need assistance with regs and paperwork in small office
107	Need for pain specialists willing to take on challenging patients is acute
108	need increased access to Behavioral Health services for patients in south Seattle
109	Need more admin time
110	Need more funding for competitive MA salaries to hire/retain qualified MAs to better our serve pts
111	Need more inpatient psych facilities. These pts routinely stay in our ED for days, even weeks!
112	Need more pain specialists in Walla Walla
113	Need more time for administration/paper work.
114	Need recognition of MD degree in order to volunteer
115	Need support for chronic opioid use, psychiatry, and chronic benzodiazepine use
116	Need to start a Save The Physician campaign.
117	Need to take a closer look at the operations of rural hospitals in WA and how they interact with physicians.
118	Non pharmacological therapies for chronic pain are difficult to access
119	Non-profit hospital providing care to all regardless of ability to pay or citizenship status
120	Not enough space. Burnout rate high.
121	Not responsible for opioid epidemic
122	Obama care brought on lots of wasted time and effort that does NOT improve patient quality
123	Occ Med Surveillance, CDL & job required exams & certs only- company or paid only- no insurance
124	Offer incentives to physicians work for rural and underserved areas
125	Outdated EMR. Feel like work for coders and insurance company not patients.
126	Overworked, burned out. Even non profits hospitals main goal/aim to maximize profits.
127	Pain colleagues always too busy to see new patients. Need more
128	Pain colleagues are overwhelmed - wait is 6 months or more.
129	Pain specialists often do not take Medicaid which is quite problematic.
130	Physician burn out. Insurance companies need to cover non-opioid options for treating pain
131	Physician burnout due to unrealistic demands of today's EMR expectations
132	Physician burnout is the single most relevant issue facing healthcare today
133	Physician in FM are overworked, No say in patient's care. Quantity over the quality of care
134	Physicians are data entry techs. Anesthesiologists are made to AT THE SAME time as delivering care.

135	Physicians have no freedom of speech with administrators, extremely limited rights.
136	Physicians in community settings are often underpaid, which is why they leave.
137	Please change telemed regs to allow store & forward. Preventing me from WA telemed
138	Poorly reimbursed, excessive call coverage
139	Practice is more burdensome - regulatory, audits. Patients demanding.
140	Practicing medicine is hard.
141	Prescribed medications are the reason for 85% of hospitalizations in Geriatric patients
142	Primary Care is becoming more challenging than ever. Burn out for doctors is real
143	Primary care is hard and undervalued
144	Primary care is in a terminal state.
145	Primary care needs ways to support physicians from inbox overload, which can contribute to burnout.
146	Prior authorization paperwork should be reimbursable. Any attorney would get $50 for paperwork
147	Prior authorization requirements are a certain obstacle to providing patient care.
148	Prior authorizations are getting out of hand
149	Private practice surgery/medicine is being destroyed by corporate medicine. Let's talk.
150	Psychiatry continues to be under served in our state
151	quality of medicine is deteriorating year by year with control by insurance companies
152	Referral for alternative medicine is not streamlined and needs to be better
153	Regulatory rules on pain management caused pain specialists to leave practice and primary providers to refuse pain medications
154	Retail medicine is awful and seeing patients in 15 minute appointments is BEGGING for malpractice
155	Ricky's law has been almost impossible to implement in my hospital.
156	Running a small private practice is no longer sustainable.
157	Rural health care setting in Clallam county with patients from 12y/o to 86y/o
158	Rural health clinics need more support from HCA/DOH, WA gov. More training & funding to meet higher requirements
159	Rural healthcare is failing. We have been crippled by Cerner EMR.
160	Rural medicine is grossly under compensated and appropriate care can be very difficult to access.
161	Rural Pediatrics is financially unsustainable
162	Rural practice has limited resources and requires you to function at the limits of licensure.
163	Rural primary care is dying. I can't take it anymore. Sad to leave this community
164	Rural setting, manage multiple specialty
165	Sad and Pathetic in quality care decline beginning with manages care and now corporate control of medicine and physicians past 25 years. Good luck to all.
166	Small practices squeezed out of market by large "systems" which are reimbursed at higher rates
167	So much paper/computer work less time for patients
168	South King county is in need of increased mental health, behavior health and psychiatric services.
169	State needs to investigate amphetamines and opioids
170	State's mental health system is poor. Harms non-mental health patients in the ED
171	States need to recognize telemedicine as different and teleradiology specifically
172	Still not enough mental health resources in Pierce county for both insured and Medicare patients
173	Strengthen the doctor patient relationship
174	Telemedicine saves patients and insurers both time and money and is very useful
175	Telephonic medicine is amazing, working with Home Health team.
176	The "Marcus Welby (like my Grandfather) profession" is going bcz of govt. Glad I will be out soon
177	The B&O tax increase on physician offices is a travesty.
178	The billing and malpractice bureaucratic overhead time- including EMR etc will make me quit soon.
179	The bureaucratic load seems to increase steadily.

180	The demands of electronic medical records decrease the time which can be spent with patients and result in less efficient patient care and medical records that are often meaningless
181	The Department of State does not use delegation agreements with supervising physicians
182	The Everett Clinic is growing, so I am not sure how many providers are currently in our group
183	The Indigo model is disappointing. Our patients deserve more.
184	The poor needs more access to health care
185	The state mental health system is in shambles
186	The state needs more funding for hospital-based dentistry and oral surgery.
187	The state should help practices that want to stay independent of the big hospitals
188	The state should improve pay to support the viability of small practices Call me if you care
189	The Vancouver clinic does not see their fair share of Medicaid and Medicare patients and dumps them on other community providers
190	The Veteran population is unique in its burden of chronic disease and the burden of trauma
191	There are few too many pain specialists to refer in my area.
192	There are inadequate resources for chronic pain.
193	There isn't enough funding for research
194	This hospital system hasn't started change from FFS to PPF, and quality is below average.
195	This state needs more practices like this one! I'm new to WA.
196	Too many hours are spent on paperwork. Too many regulations making practice difficult.
197	Too many insurance hassles contributes to burnout
198	Too many new government rules/ regulations
199	Too many patients to take care of
200	Too much computer clerical work
201	Too much computer work, coding-takes away from time with a patient. Enough so that I am retiring
202	Too much paperwork
203	Too much paperwork
204	Too much paperwork
205	Too much paperwork. Not enough actual patient care and healing per total time spent
206	Too much time is being taken with EHR
207	Too much time with electronic records
208	Unfair playfield, hospital physicians receive higher reimbursements
209	Un-reimbursed activities, mainly prior authorizations, are a time-consuming, needless activity.
210	Urology is under manned and a critical need
211	Very happy with hospital system in central Washington
212	WA DOH should make a formalized process for triaging stroke patients in the state
213	WA law seems increasingly antagonistic to physicians
214	WA noncompete contracts for physicians reduces access to care. I am out 2 yrs after leaving UW.
215	WA pts are pleased with the service. Referred to ER, PCP, Urgent Care, if necessary
216	WA state needs optimal team practice laws in place to improve access to care.
217	WA State needs to ensure physicians have a clear understanding of medical marijuana
218	WA state paying for my prof. liability insurance and license allows me to volunteer
219	Washington is a very nice state to live and work
220	Washington should work to stop the denial of Bariatric Surgery by insurers
221	We are getting beaten and destroyed. Time to put Physicians first.
222	We are going way too fast in primary care to do a good job.
223	We are overwhelmed with doing prior authorizations for even generic medications prednisone, lidocaine patches and then all biologics.

224	We have many post acute surgical patients in our facility who need pain control during rehab.
225	We have no funding for years 2 and 3 of pediatric subspecialty training
226	We must increase access reduce barriers to care for underserved patients
227	We need legislative relief from health insurers capricious prior auths and coffer burgeoning greed
228	We need more beds dedicated to the care of violent and agitated patients.
229	We need more doctors in critical managerial positions e.g. CEO's, COO's
230	We need more help for addiction medicine treatment
231	We need more pain management specialist
232	We need more pediatric pain specialists! the wait list at children's hospital is about 9 months
233	We need single payer health care
234	We want to be able to care for the general Medicare population, but as a private practice, Medicare reimbursement is poor we cannot afford to provide care
235	Would appreciate more support in reducing practice restrictions imposed by insurance companies
236	Would like more access to alternative therapy such as acupuncture for patients
237	Would like more hospitals to refer to in the state of Washington.
238	Would love to provide telemedicine services if insurance would pay for this
239	Concerned about the impact of noncompete clauses on freedom of patient choice in WA
240	Does not receive enough recognition nor is it recognized as a specialty
241	Huge lack of adult ADHD specialists in WA means that population is substantially underserved
242	Limited behavioral health for patients with opioid addiction
243	There are only 6 adult psychiatrists in Spokane. New patient appointment is often several months.
244	There is a great need for pain management and psychiatric services on the Olympic peninsula
245	There is a need of 16 Urologists to cover the population, & we have only 6

	Additional information or clarification about the licensee's practice
1	1 administrative
2	1 y off from Locum tenen nocturnalist to hike across Eastern - Western Europe Mexico Colombia
3	1. At times I will do precepting 2. The PA's in our office is shared by all MD's
4	1/2 time pediatrician @ Native American (FQHC) clinic; patients are Medicaid or no insurance.
5	100% admin. with clinical duties when deployed: condition of my service while on active duty
6	100% administration
7	100% administrative
8	100% Emergency Medicine based practice. We take all patients.
9	100% Locum Tenens
10	100% of my work is surgical based
11	100% practice is with physician health program
12	100% retired
13	100% Telemedicine, Infectious Disease Consultations
14	100% teleradiology practice. Do not prescribe medications. Do not treat anyone.
15	16 years in post acute long term care worked in as many as 6 facilities in the past now only 1
16	2nd job is doing in-home health assessments
17	3 weeks a year are spent in East Africa providing primary medical care to refugees and the poor
18	300 bed tertiary care hospital oncology center. 8000 surgical specimen and 500 cytology specimen
19	4 MD practice: we refer to SVA Pain & Rehab Med for assistance w/pain mangment
20	5 years of experience in endocrinology as a physician assistant and now have transitioned to Ob-Gyn/MFM to work in the field of pregnancy and diabetes management. I'm also a registered dietitian
21	50% time at Medicaid mental health center, 50% time solo practitioner private practice
22	6 months a year primary practice at U of AZ, professor of palliative medicine.
23	8 years exclusively an EMS Physician, no direct patient care.
24	80 % subspecialty practice in Musculoskeletal radiology
25	80% locums critical care physician, remainder is moonlighting 100% critical care.
26	80% of my practice is in pediatric dermatology and 20% in adult general dermatology
27	87% research, 13% clinical, all inpatient Peds ID consult service
28	98point6 is in Washington. Physicians are in any state and give primary care to patients remotely.
29	A board-certified EMS specialist, I make routine 911, mass gathering & disaster responses
30	a good integrated blend of acute care and preventive strategies
31	A large hospital, as part of a larger university hospital system
32	A lot less paperwork and bureaucracy. Let me concentrate on patient care
33	A Multispeciality radiology practice
34	A pleasant place to work
35	A specialty clinic providing cutting-edge, non-surgical treatments for knee pain and injuries
36	ABEM certified
37	ABP board certified in Pediatrics and Peds Cardiology, wanted to clarify
38	Academic at UTHSC, Memphis. Academic VA
39	Academic based practice
40	Academic center, currently a trainee in fellowship
41	Academic Faculty at UW, mainly research and administration with a small amount of care duties
42	Academic Hepatopancreatobiliary Surgery
43	Academic medical center
44	Academic medical center based
45	Academic neuroradiology

46	Academic practice
47	Academic practice at UW Physicians - teaching and patient care in my two subspecialties
48	Academic work: reviewing manuscripts & central imaging for Children's Oncology Group research
49	active duty in South Korea for one year, ending about August. Then transfer back to Travis AFB, CA
50	Active Duty Military
51	Active duty military
52	Active duty military
53	Active duty military practice Level 2 Trauma Center
54	Active duty pediatric orthopedist
55	Active Duty Physician - based in Fort Campbell, KY but practicing telehealth in Washington
56	Active Duty US ARMY board certified Diagnostic Radiologist
57	Acute Care Surgeon
58	Added burdens of documentation, I dropped pt hours and am losing satisfaction, may retire early
59	Addiction Medicine
60	Addiction Medicine Fellowship graduated, will sit for board exam this year.
61	Administration for a longitudinal care program
62	Administrative leadership in an organization that assesses quality performance in oncology
63	Administrative medicine
64	Administrative only. No clinical practice. No patients.
65	Administrative physician - CMO for large multi-state corporation
66	Administrative practice concerning noise induced hearing loss
67	Administrative role, Clinical Quality Care Manager, Population Health Quality Systems
68	Administrative work only, no clinical work.
69	Adolescent Medicine provided in a community clinic setting
70	Adolescent practice only
71	Advanced neurosurgical care
72	Advise individuals. Review specific Orthopaedic problems.
73	Advisory and overseas (Guatemala)
74	After private practice in Tacoma for 29 years -- In 198 moved to AK and shortly thereafter started locum tenens. For most of the last 19 year sI worked (OK, CA, FL, PA , WA) as a locum.
75	Age management also entails physical fitness training
76	AGEs, look it up "adverse global experiences" with the quotes
77	Alaska Tribal Health System
78	All chronic pain patients are followed by Pain Management specialists
79	all evidence based
80	All I do now is online interpretation for a vascular lab. I do not have a clinical practice. I work part-time, about 10 hours per week
81	All of my patients are on hospice, and have opiates available. Board cert in Hospice/Palliative.
82	all opioid prescriptions I write are for inpatient/perioperative pain management
83	All the patients seen are with medical students, medicine residents and/or dermatology residents.
84	all vrp
85	All work volunteer plus conference lectures on skin care, burns and anatomy research.
86	Almost entirely administrative currently
87	Almost no clinical work except verbal advisory to co workers
88	Almost retired Clinical Work, x rare phone. I carry liability coverage. No Rx's/no studies ordered
89	also do cosmetic dermatology
90	Also participate in a Suboxone MAT for substance use disorders

91	Also work at Adolescent residential treatment facility.
92	Although retired I may elect to return to active practice and want to keep my options open
93	am a new graduate, now employed by a large multispecialty hospitalist group.
94	Am a traveler and fill in where needed
95	Am associate of WPMG/ KP. I work per diem with Swedish hospitalist group.
96	am between clinical practices. I am doing forensic consults, not patient care.
97	Am currently retired
98	Am Fam Med Boarded Diplomat, I work 100% in our Urgent Care Walk-in Dept at The Everett Clinic
99	am mainly hospital based psychaitrist seeing mainly involuntary patients.
100	am Med= Board Accredited specialty and not =GenPract. I am an extremely proud FP, I am not GP
101	Am retired. Still have WA state valid license/fees paid through 12/31/2021
102	Am strictly a volunteer. I work with the Mommy and Me free health clinic, it is a mobile clinic
103	am the laboratory director for a CLIA laboratory that supports cancer clinical trials.
104	Am transitioning to a PACE program exclusively geriatrics
105	Anesthesia critical care practice
106	Anesthesia is reimbursed by Medicaid less than what I pay my mechanic per hour. I am trying to phase out of clinical medicine due to many factors
107	Anticipate treatment of pts with OUD with Suboxone (waivers in 2019) with FM residents
108	Applying for hospitalist position; currently between jobs
109	Applying for position at two volunteer sites. Approved at Christ community free clinic and spent one evening orienting there. Applying at PCHS and awaiting reply
110	Approximately 30% Medication Assisted Treatment with buprenorphine/naloxone
111	ARNPs and MAs serve patients who have difficulty getting out of their home situation.
112	As a contracted hospitalist, I see all admitted patients whether they have insurance or not.
113	As a Hospitalist I do not treat chronic pain long term, only a week supply at discharge
114	As a locum physician, my hours vary. I have no patients of my own.
115	As a MD, I am usually to obtain rapid appointments for patients with serious/life threatening illness rather than months (kudos to Virginia mason)
116	As a pathologist/laboratorian I am a provider-facing physician, not patient-facing.
117	As a surgeon I prescribe opioid pain medications postoperatively only
118	As an academic physician, I do 6-8 weeks inpatient consult service only.
119	As an anesthesiologist I treat many patients acutely for pain in the perioperative arena
120	As an emeritus professor at SCH I work one day a week seeing patients, teaching and writing.
121	As an ER doc, I prescribe short courses of opiates, dispensing only 2-3 day supplies.
122	As an ER doctor, I and my colleague are forced to volunteer.
123	As an HPM specialist I routinely prescribe opioids for cancer pain at end of life
124	As clinical faculty I hope to one day be able to teach all if these in an allopathic setting
125	As I noted, I am retired from clinical practice
126	As Medical Director I review requests for authorization of coverage for 'medical necessity'.
127	As noted earlier, I am RETIRED
128	As of 4/23/19, retired from clinical medical practice www.proanoassociates.com
129	Assistant Clinical Professor, MSU College of Osteopathic Medicine, Emergency Medicine
130	Assoc Prof U of Barcelona Med School Certification MSK Ultrasound EFSUMB and EULAR
131	At 63, no longer working in the OR c an anesthesia gp.; & am transitioning to clinical consulting
132	At completion of my current position, Physician Adviser, I intend employment in Washington.
133	At Kaiser Permanente
134	At my full-time place of work, the patients are civil commitments or placed as NGRI and committed by guardians. I also cover the SVP units patients committed as sexually violent predators

135	At our clinic we have complementary services like massage, acupuncture, reiki
136	At our practice we have a focus on MIS techniques for abdominal wall reconstruction
137	At our service we are only prescribing pain medication for pts truly in need of such tx
138	Available for coverage in inpatient setting
139	Available to work at Urgent Care if needed on temporary basis
140	Awaiting credentialing at MultiCare Deaconess North Emergency Center
141	basically I see oncology and hematology patients.
142	Basically retired and occasionally medical consult for associates
143	Basically retired from the clinical practice of neuroradiology. Have academic projects.
144	Becoming much too rushed
145	Beginning clinic practice again since moving to Washington
146	Between residency and practice, took boards, do not know results, have not started hospitalist job
147	Blood Center-we provide therapeutic procedures with an MD order. We provide no ongoing care.
148	Body Imaging including CT, MR, US and body intervention.
149	Both inpatient care and outpatient visits; my time is split 50/50.
150	breast imaging subspecialist practice
151	Breast radiologist temporarily working in Wenatchee as they await additional permanent
152	Building at this time.
153	Building my practice as a new family medicine practitioner in the state of WA.
154	Buprenorphine trained with additional DEA number
155	Burden of paperwork is too high, which limits my ability to see more patients!
156	Burn out is significant and will retire sooner than originally planned
157	Burned out and stopped clinical practice, retired
158	Busy academic state of the art medical facility
159	busy but fulfilling
160	Busy Family Practice, Full spectrum, geriatric local population
161	Busy practice with adults and geriatric patients some adolescents and kids too
162	Busy practicing thoracic surgeon
163	C&P exams
164	Can't retire soon enough
165	Cardiology fellow in training
166	Care and advice to family and friends
167	Challenging State Hospital work with very dedicated staff
168	Challenging.
169	Change of name from Digestive Health Specialists to Washington Gastroenterology
170	Changing to locum status 4/11/18
171	Chief Medical Office of an ACO (Colorado Community Care Alliance LLC)
172	Chief Medical Officer of Mercy Hospital of Folsom
173	child abuse practice
174	chronic management in the setting of end-of-life
175	Chronic pain is managed by primary care team
176	Chronic pain management is a burden that makes me dislike my job
177	Chronic pelvic pain and bladder pain are conditions I see but I do not use narcotics.
178	Civil Servant at Madigan Army Medical Center, Army Veteran
179	Clinic and hospital based practice in Otolaryngology/Rhinology/Head and neck surgery
180	Clinic provides free services; education affiliation with SPU for training nurse practitioners
181	Clinic pts are all over 65 yrs with ave age over 75. Opioid use minimal and closely monitored.

182	Clinical Associate Professor WSU College of Medicine. Time spent on research teaching, writing
183	Clinical care provided at the Seattle VA Medical Center exclusively for veterans
184	Clinical Consultant for an FDA test for MRD determination in ALL and MM
185	Clinical practice 70% general surgery 30% surgical oncology
186	clinical practice half a day a week. Medical director for a managed health care plan full time.
187	Clinical professor at UW Dept of Psychiatry and a Training Analyst at the Seattle Psychoanalytic Society and Institute
188	Clinical professor, dept. of psychiatry - UC Irvine. Senior faculty, new center for psychoanalysis. Have second home in Port Townsend
189	Clinical research conducting clinical trials in biotech company
190	Clinical research in pharmaceutical industry full time
191	Clinical UW faculty USDHHS Cmdr/Supv Medical Officer Supervise PA See mobile clinic patients
192	Clinical: Shoulder Hip Knee. Surgical: Arthroscopy & Total Joint Replacement Hip Knee
193	Combined integrative care approach. Medical director for ALVA ATC addiction services
194	Community Health Care so far is the most caring institution that I have worked at.
195	Community Health Center
196	Community Health Center
197	Community Health Center
198	Community Health Center Large number of pts uninsured and/or not qualifying for ACA
199	Community Health Clinic - FQHC
200	Community Health Clinic, definitely could use more funding We serve majority no income
201	Community hospital anesthesia practice: OB, Bread and butter OR, Critical Care ICU
202	Complete Inpatient hospitalist practice
203	Completed Canadian Board Certification (FRCPC) American Board of Radiology Eligible
204	Completed FP residency in Seattle, am in MI completing a Derm residency and hope to return to WA to combine the 2.
205	Completed my Infectious Diseases fellowship in 2012. Shifted to Liverpool school of tropical medicine, now based in Uganda. Want to retain my WA license for locum tenens
206	Completed Residency 7/2018, interested in building a private practice in Occupational Medicine
207	Completing Anesthesia Residency going to ACGME pain fellowship in WA
208	Completing fellowship towards new employment
209	Complex academic practice
210	Complex chronically ill patients, substance use, poor mental health access. Lack of addiction tx
211	Complex hip and knee joint reconstruction and revision replacements.
212	Complex wound management
213	Concierge Geriatric Practice- Personal home care physician
214	Conflict with not prescribing chronic pain med
215	Considering part time Emergency Medical practice in WA if health status improves
216	Considering retiring
217	Considering unretiring
218	Consult and treat patients with possible sleep apnea
219	Consult for biotech and medical device companies on protocol development, data analyses
220	Consult in Port Angeles 5 days/month
221	Consult overseas medical missions Consult expat evacuation and care
222	Consultant in pain medicine
223	Consultant in the biopharma industry
224	Consultant only, no direct care
225	Consultative child and adolescent psychiatrist co-located in a large org pediatric clinic
226	Consulting-medical in nature for technology company without medical care.

227	Contact Katrina Lane for any additional remote location addresses
228	Continue to work hard to service our patients in a small busy community hospital as a hospitalist
229	Contract physician providing acute orthopedic care with privileges in MA, WA and OR
230	Conversion to EMR in the past 6 months has made my work life balance downturn. I have long term pts for 25 years and can only see 50% of them. Can't get more than 1 day off per week
231	Co-owner of vision center. Practice general optometry and neuro-ophthalmology
232	Costa Rican National Government Health Services, Free Social Security
233	Creating a Tribal Integrative medicine Wellness Center
234	Critical access hospital
235	Current academic practice in NC. Plan to start academic practice of rheumatology at UW in 2020
236	Current fellow
237	Current Neurosurgical practice treating post surgical pain in the global period. Will refer patients to pain management clinics or primary care if further pain medication is required
238	Current non-surgical office based, but between clinical outpatient assignments.
239	Current PGY4 at University of Washington
240	Current practice covers individuals from over 23 different nations
241	Current practice in AK - looking to do Locum in WA and relocate in the next 1-2 years
242	Current practice is 100% dedicated to the treatment of vein disease.
243	Current practice is consultative and academic. I have no direct patient contact
244	Current practice is locum tenens coverage only
245	Current practice of Pediatric surgery as part of the SMG pediatric specialty care group.
246	Current resident
247	Current Rheumatology fellows
248	Currently "retired" after a career at Madigan, but alert to opportunities
249	Currently a fellow at the UWMC; All applies to UWMC clinical work
250	Currently a GI fellow at UW
251	Currently a hand surgery fellow
252	Currently a per diem provider at Concentra. planning to do a fellowship starting from July 2019.
253	Currently a resident
254	Currently a resident in General Surgery in Canada and I'm moving to Washington in July
255	Currently am disability but hoping to return to part-time clinical practice
256	Currently an active duty military PA with plans for future employment after military retirement
257	Currently between jobs, due to start 9/30/2019
258	Currently between practices
259	Currently changed practice, so low hours this year as I took time off.
260	Currently Chief Medical Officer with Dignity Health in California. I am currently undecided whether or not I will ever participate in clinical practice again. Currently 100% Administration.
261	currently clinical faculty at Elson S Floyd College of Medicine
262	Currently completing breast surgical oncology fellowship in CA
263	Currently disabled and only work rarely supervising a PA in botox injections at a local spa
264	Currently do administrative work, will be assuming clinical PA for the VA position
265	Currently doing .5 FTE of clinic medicine and .5 FTE of administrative work
266	Currently doing administrative medicine, no clinical practice
267	Currently doing chronic pain CME requirement. Most Medicare patients see physician
268	Currently doing locum tenens while exploring practice arrangements
269	Currently doing locums assignments half time.
270	Currently doing part time Urgent care

271	Currently Emergency Room based
272	Currently enrolled in ACGME-approved fellowship program.
273	Currently faculty at Family Medicine Residency Spokane.
274	Currently finishing family medicine residency in CO and will be starting an OB fellowship in WA
275	Currently full time administration: Executive Director, Regional Medical clinical informatics
276	Currently helping a mission clinic which serves patients from Guam and other Pacific islands.
277	Currently I am on medical disability and I am not practicing as a physician assistant
278	Currently I practice in NM and am in the process to move to WA
279	Currently I primarily practice in Oregon. I can moonlight to cover care for clinics in Washington
280	Currently I work as an Ob Laborist
281	Currently in a pain medicine fellowship at Columbia University (NYC)
282	Currently in an Army Medical facility operating under the DOD and DOA guidelines
283	Currently in fellowship
284	Currently in fellowship
285	Currently in Fellowship (Gastroenterology) with plans to move to Washington in July,2019.
286	Currently in fellowship training in Buffalo, NY.
287	Currently in my Pain Fellowship at the University of Washington
288	Currently in residency training, joining a practice in the Autumn of 2019 in the Seattle Area
289	Currently in subspecialty fellowship (Neuroimmunology)
290	Currently in the process of closing the Tacoma Location
291	Currently in transition to a new company in which I will be providing telemedicine health services.
292	Currently in transition to an new employer, starting in 1-2 months
293	Currently in volunteer-only practice to allow for concurrent work in technology transfer
294	Currently job searching
295	Currently limited to clinical research
296	Currently living and practicing in Connecticut; relocating to Washington within the next year
297	Currently living and working in California.
298	Currently moving towards retirement August 2018.
299	Currently not employed as we moved here from Texas. Plan to volunteer at the Free Olympia Clinic.
300	Currently not in active practice
301	Currently not practicing clinical medicine
302	currently not practicing clinically, but, have maintained credentials
303	Currently not practicing in WA
304	Currently not working
305	Currently not working but choose to maintain my credentials in case I am able to return to work or volunteer again
306	Currently not working by choice. Have not had good experiences concerning contracts, pay, and management. Retired army.
307	Currently not working, plan on returning to work in community health center in next 12 months
308	Currently not working. Start part time
309	Currently on 1 year sabbatical
310	Currently on a maternity leave, hence the zero patients in the last month
311	Currently on an extended maternity leave, planning high risk obstetrics fellowship in July 2020
312	Currently on Family Medical Leave
313	Currently on medical leave
314	Currently on medical leave due to cancer treatment. Plan on resuming practice within several months
315	Currently on medical leave due to rheumatoid arthritis
316	currently on medical leave. Was working Locum Tenens before.

317	Currently on sabbatical until 6/18
318	Currently practice out-of-state.
319	Currently practice with a Naturopath who does provide alternative pain therapies and referrals.
320	Currently practicing in California in small rural town
321	Currently practicing in NY State. I plan to move to WA in 1-2 years
322	Currently practicing urgent care. Please have it listed as a primary specialty
323	Currently providing Locum Tenens clinical practice through a Medical Staffing Company.
324	Currently providing locum tenens services at Oregon State Penitentiary
325	Currently pursuing MPH, took 6 mths off, now full time. Living in Rwanda will return to WA.
326	Currently recruiting for an NP
327	Currently retired
328	Currently retired and not employed. Considering return to work with a Health Plan.
329	Currently retired, living out of state
330	Currently retired. I've not a practice here, but expect to volunteer in the future
331	Currently retired. Would like WDOH to considered retired status and reduced fee.
332	Currently seeing 100% behavioral health patients
333	Currently serving in the Navy as backfill, upcoming deployment and locums work
334	Currently taking a break from clinical practice; may resume teaching
335	Currently teaching and not working clinically, may seek clinical employment in the future.
336	Currently training in Integrative Medicine
337	Currently transitioning from multi-provider clinic setting
338	Currently transitioning into clinical practice, between jobs at this time
339	currently transitioning to nonclinical practice
340	Currently unemployed in Oklahoma City
341	Currently unemployed. Seeking employment with VA and/or military hospital
342	currently volunteering abroad through NGO, plan to continue practicing in WA Sept 2019!
343	Currently Work as Nephrologist at Yakima, Also go to 5 different Davita Dialysis clinics
344	Currently work in research/ biotech industry.
345	Currently work in urgent care only
346	Currently work strictly urgent care w/ no long term management or pain. I have cme, just not 12 hrs
347	Currently working as a locums internist while completing an MPH at the University of Washington
348	Currently working as an hourly locums
349	Currently working in Chicago and moving to the Seattle-area in 1 month.
350	currently working in hospital as surgical PA
351	Currently working in Inpatient medicine.
352	Currently working in the LSU healthcare network. Considering some locums work in WA state (in 2019 or 2020)
353	Currently working on disaster medicine planning for local community county + for west coast general aviation response plan WCGARP + Starting to work
354	Currently working part time emergency medicine at only one location.
355	Currently, I am recovering from surgery. This coming November, I will start to evaluate patients for pain issues.
356	Currently, I do not have any active IOM contracts in Washington.
357	Currently, my work is administrative only.
358	Currently, we work as neuro hospitalists with neurosurgery patients
359	DaVita MD GRP,ABQ,NM 81719.Last job:Lovelace SpecClin,311 W Country Club Rd, Roswell, NM 9117
360	Deciding whether to continue clinical practice, admin or retire over the next year;
361	Department of Veterans Affairs Spinal Cord Injury Physician
362	Department of Veterans Affairs: Hematology-Oncology treatments all hospital based

363	Depending on locum assignment, the ratio of Medicare and Medicaid and private carriers vary
364	Designated CLIA director of transfusion service lab; occasional oversight of apheresis procedures
365	Developing integrative clinic for a community health center
366	developing tribal clinic poised to offer care to the general population in a rural setting
367	Developmental pediatrics
368	Diagnostic Imaging Practice
369	Diagnostic Radiologist, active duty, US Army, within the federal/military health system.
370	differential dx for our colleagues for musculoskeletal conditions and treatment, without opioids.
371	Dir. of Quality Improvement for a WA MCO
372	Direct Primary Care
373	Direct Primary Care clinic Hood River OR. Hospice Director in Washington
374	Director of the GI Feeding and Growth clinic.
375	Disability retirement, hope to go back to work asp.
376	Disease diagnosis
377	Diversified practice: clinical office based, neurohospitalist, and intermittent teleneurology
378	Do assessments of Medicare Advantage insurance members, recommend follow-up with their primary physicians as appropriate
379	do EM, teach medics also
380	Do fill in for vacation coverage for my group
381	Do not deliver pt care
382	Do not have an outpatient practice; not accepting new patients
383	Do not have my own opioid patients, will do refills for colleagues, only with verification.
384	Do not love conventional practice. Work is in a clinical research facility. No patient care per se outside of clinical trials
385	Do not need to be board certified for my job, will expire in 2019 and I will not recertify
386	do not practice in WA
387	Do not practice or refer pain patients.
388	do not prescribe any type of treatments. I do disability and compensation exams only.
389	do not treat patients. I do Independent Medical Evaluations for OR, WA, AL and ID
390	Documentation and coding going to lead me to early retirement
391	DOD and DOS independent contractor and as a Reservist
392	doing a fellowship in critical care
393	Doing Clinical research studies for new drugs developed by pharmaceutical companies full time
394	Doing competency restoration in Oregon State Hospital with multidisciplinary team
395	Doing Locum T now, last work at NWMS 6/15. Plan part time job P Townsend 6/18
396	Doing locum tenens, retiring in 2 months, working only 40 days a year.
397	doing Locums Hospitalist work, currently at Roseburg, Or VA, but also at PRH.
398	Doing outpatient consultative cardiology only and will continue with some patient experience coaching
399	Don't currently practice in WA
400	Dr. DeEtta Gray provides general dermatology for all ages. She also performs cosmetic dermatology procedures, as well as, dermatology and laser surgery
401	Eastern State Hospital is an excellent place for a psychiatrist to work.
402	Eating disorder focus
403	EHR for me is pretty good. CMS paperwork and requirements (Oxygen Rx, DME et al) is intolerable.
404	EHRs make practice distasteful, inefficient and harms patients. Worst change in medicine ever
405	Electronic medical records are going to cause me to retire at least 5 years earlier
406	Emergency Medicine only
407	Emergency Medicine only

408	Emergency Medicine provides a safety net . Don't handcuff providers with balanced billing
409	Emergency Medicine, Single Hospital, ST John Medical Center
410	Emergency Physicians have to treat pain, sometimes chronic
411	Emergency setting
412	Emphasis on care of patients with substance use disorders.
413	Emphasize more on preventive healthcare through the admin support behind the scene
414	Employed 3 days a week as the only child psychiatrist in my local area.
415	EMRs have made the practice of medicine onerous and detract from patient care and relationships
416	Encourage walking, yoga, and/or tai chi for patients with chronic pain and/or balance problems.
417	Endocrinology faculty at the University of Nebraska and also have telemedicine clinics in Iowa.
418	Endovascular procedures
419	Enjoy consultation. You can look at my book "Communication with and on behalf of patients"
420	Enjoy practicing in an academic environment like UW
421	Enjoy seeing patients and caring for them
422	enjoy working in the six Kaiser Permanente Urgent Care clinics.
423	Enjoy working part time as a capper to my career
424	Enjoying doing IME's
425	Enjoying the practice
426	Entirely uncompensated work, almost entirely through the Sequim Health and Wellness Center
427	Essentially retired
428	Essentially retired, but continue my license in the course of caring for my family and urgent care of visiting musicians from Portland baroque orchestra. Occasionally prescribe antibiotics
429	essentially Urgent Care; same company as CityMD in Seattle area
430	Everyone practice anesthesia in our group. They have good understanding of my sub-specialty role.
431	eviCore healthcare is a health utilization management company
432	Evidence Based Care for Cognitive Disorders
433	evolving practice with unstable staffing
434	Excellent Acute Care Center at Kaiser
435	Excellent and very professional group of physicians and midlevels
436	Excellent practice
437	exclusively preoperative consultation
438	Executive physician (CMO) of a large community health center (37 clinic)
439	Extremely busy hospitalist service
440	Family doctor currently employed as federal employee working primarily in public health/epidemiology
441	Family doctor who now has a consultative practice in Functional/Integrative Medicine
442	Family medicine residency within larger hospital system with pain mgmt consults available
443	Family practice is really more like internal medicine in our town, I rarely see a patient under 18.
444	fast paced oncology clinic treating all of south sound
445	FDA Medical Officer
446	Federal position with the Indian Health Service
447	Federal/Military Medical practice
448	Federal/VA hospital
449	federally qualified community health center
450	Federally Qualified Health Center - PCHS
451	Fee for service small business offering Botox, dermal filler. I have obtained CME necessary to do these procedures
452	fellow for craniofacial surgery will start july 1 2019
453	Fellow in ACGME accredited program

454	Fellowship at Seattle Children's Hospital
455	Fellowship trained in minimally invasive gastro-esophageal and hepatic-pancreto-biliary surgery
456	Few consultants that come to the SNF however their services are limited and they do not come frequently.
457	FHQC
458	Filling in for a 4 month maternity leave and will be starting a fellowship in July 2019 at TFM
459	Fitness for duty evaluations for U.S. Army Soldiers
460	Float physician - no patient panel. Hepatitis C treatment provider (UW Project ECHO).
461	float provider
462	FM 20yrs; taught 15yrs; retired 2010. Since 2000, practice in rural Alaska. Volunteer abroad 2020
463	Focus in administrative running my primary care practice and medical consults for eating disorders
464	Focus on adoption and foster care
465	Focus on bio/psycho/social approaches for improved functioning, minimum meds and side-effects
466	Focus on diabetes reversal.
467	Focusing on men's health, vasectomy
468	For 6 years I have been the medical director for the NFL disability board
469	For more information re: the specifics of the practice, talk with the main office in Chehalis, WA
470	For most of last 2 years, I worked in forensic psychiatry dealing with acutely ill patients from jails
471	For the last three years I have been doing locums work. Each assignment ranging from 6-9 months.
472	For the past eight years I have been doing locum tenens assignments in WA, AZ and Oregon
473	Forensic Medicine requires current medical knowledge
474	Fortunate to be able to work part time I would not be physically able to practice full time
475	Founded cancer support group in 1993
476	FP with obstetrics
477	FQHC
478	FQHC
479	FQHC
480	FQHC (+ LLC for private specialty practices) possible
481	FQHC community center site
482	FQHC, most patients are eligible for Medicaid or medicare, or they are on a sliding scale
483	Frequent medical cases of office based care, but by phone from my home for a TelaMedicine company
484	FT-VA hospitalist. ER to pay loans from private family practice. Retire 2 years
485	Full retirement January 5, 2017.
486	full time emergency medicine
487	Full time hospital based emergency department PA
488	Full time occupational medicine consultant for work-related conditions. No direct patient care
489	Full time, busy urgent care clinic associated with multi-specialty group practice and hospital
490	Full-time employed vascular neurohospitalist in NV. No outpatient practice or retirement plans.
491	Full-time hospital administrator and consultant for clinical ethics
492	Full-time traditional hospitalist (7 on, 7 off)
493	Fully retired
494	Fully retired
495	Fully retired
496	Fully retired but do some free consultation for people in need
497	Fully retired from clinic, but part-time to help cover Emergency Department & Inpatient Hospitalist
498	Fully retired from practice
499	fully retired involved in hospital wellness committee.
500	Fully retired unless something comes up. Currently FL resident, but spend time in WA

501	Gastroenterology, Internal Medicine
502	General Cardiology Practice at Kaiser Permanente
503	General endocrine
504	General orthopedics with emphasis on total hips and knees as well as trauma
505	George E. Wahlen Department of Veterans Affairs Medical Center Sleep Medicine Clinic
506	Glad to be onboard! Profession + Vocation = Mission
507	Glad to be retired
508	Going back to residency June 2019, took some time off from Wound care since Dec 2018
509	Going forward will only accept voluntary non-compensated service.
510	Good group, very professional
511	Good practice
512	Good practice
513	good working hours
514	Graduated last august, started work end of November (hence 28 weeks of work, for past 7 months)
515	Graduating radiology resident. Fellowship next year, UW.
516	Graduating residency in 6 weeks
517	Great anesthesiology practice in Seattle, we work hard and do what's best for our patients.
518	Great hospital
519	Great hospital and practitioners
520	Great practice
521	Great practice, lots of providers with good connection to specialists to refer to.
522	Great practice.
523	Great primary care practice
524	Group has no direct patient contact. We provide remote intra-operative neuro-monitoring
525	Had decreased work hours due to my 9-year old son special needs
526	Had to sell my practice as couldn't compete with salaries Hospitals/HMO's were offering top pay
527	Half time family medicine, half time public health officer
528	Half time retired half of my work is evaluating veterans for the VA through VES Services
529	Happily retired
530	Happy practicing medicine
531	Happy with my current practice in an academic medical center
532	Have a bipolar research subspecialty from Mass General
533	Have a very successful practice for 30 years
534	Have an active license to practice pathology but have not worked for several years
535	Have been credentialing with the Spokane VAH clinic -- anticipate work begin in Nov 2019.
536	Have been working in Walla Walla as a WSP (DOC) psychiatrist, now have small suboxone clinic in PF, Idaho
537	Have couple of state licenses working as locum hospitalist
538	Have not started there yet.
539	Have not yet started practicing in Washington state
540	Have over time reduced my elective surgery practice to contribute to overall management of medical staff
541	have telemedicine available to patients in form of BH, Neurology- stroke program and hospitalist
542	Have very few chronic pain patients for whom I am doing the Rx. Most pts are referred to and managed by Water's Edge Pain Clinic.
543	Haven't started practicing in WA yet.
544	Head of the Neonatal Department Pediatric Pulmonology and Pediatrician.
545	Healthforce Partners provides medical support for fishing boats and other sea going vessels as well as several other companies including Amazon and several heavy construction companies. There is no di

546	Heavily geriatric with large percentage residing in nursing and assisted living type facilities
547	Heavily involved in development/implementation/management of disease outcome monitoring/management software; one of the most advanced practices in the country in this
548	Help client release unconscious blocks to diet/lifestyle changes. Focus-autoimmune conditions
549	high quality care for underserved
550	Hired by CHI Franciscan Medical Group 9/2019, after graduating residency 6/2019. New practice
551	his is an IDTF with hours in the evening for pre-scheduled sleep testing.
552	HMO
553	Hope to open satellite office in Walla Walla
554	Hope to retire in 2 years, FYI. Have a great day!
555	Hope to serve as medical director of medical spa
556	Hoping medical condition will improve that I can volunteer in limited capacity
557	Hoping to transition practice to primarily addiction medicine rather than internal medicine
558	Hospice benefit
559	Hospice Medical Director
560	Hospital
561	Hospital and clinic based consultative practice
562	Hospital and Clinic mixed ID practice, option available is either but no option for mixed practice
563	Hospital and clinic run very well, especially compared to my last practice at major university.
564	Hospital anesthesiologist
565	Hospital based clinic at a Level 1 trauma center
566	Hospital based consult psychiatry to emergency dept and med/surg inpatients
567	Hospital based Emergency Medicine doctor.
568	Hospital based Emergency Medicine only
569	Hospital based fellowship training
570	Hospital based geropsychiatric practice
571	Hospital based imaging services since 1988.
572	Hospital based medicine. Admitting and rounding on patients admitted to hospital
573	Hospital based neonatologist so some of the items do not pertain.
574	Hospital based NICU and obstetric delivery room management of newborns. Normal newborn care
575	Hospital based only
576	Hospital based outpatient wound center
577	Hospital based practice
578	hospital based with existing protocols
579	Hospital based, academic, subspecialty practice
580	hospital based, inpatient care surgical care
581	Hospital based. Critical care and pulmonary consultation
582	Hospital declared bankruptcy, due to that I will be moving possibly to CA or another site in WA
583	hospital focused practice only
584	Hospital medicine
585	Hospital Medicine
586	Hospital Medicine at primarily Providence Sacred heart medical center for Kaiser patients
587	Hospital medicine is very busy and challenging.
588	Hospital Medicine practice
589	Hospital-based only. Neurocritical care and neurohospitalist. Opioids are only given in-house
590	hospital-based. RX opioids for acute pain or those w chronic pain already on opioids
591	Hospitalist

592	Hospitalist
593	Hospitalist
594	Hospitalist
595	Hospitalist
596	Hospitalist
597	Hospitalist
598	Hospitalist at IHS facility, in future plan to locums other hospitalist work
599	Hospitalist at Providence Regional Medical Center Everett (Internal Medicine)
600	Hospitalist at the VA hospital in Spokane.
601	Hospitalist for a military level 1 trauma center.
602	Hospitalist medicine
603	Hospitalist medicine
604	Hospitalist- opioid prescribing limited following discharge until able to follow up with PCP
605	Hospitalist practice
606	Hospitalist practice
607	Hospitalist practice
608	Hospitalist Practice only
609	Hospitalist practice, also support consulting nurse service
610	Hospitalist shouldn't be admitting/involved with all type of patients.
611	Hospitalist work 12 hour shifts avg day 14 hours due to complexity of aging pt/ software
612	Hospitalist working .7FTE
613	Hospitalist, employed by The Everett Clinic (now part of Optum), working at Providence Everett.
614	Hospitalist, self-employed locum tenens, mostly night shifts
615	Hospitalist. prescribe opioids only for pt's with acute pain or due for contract meds
616	HPM is extensive pain/sx training. I provide multimodal mgmt to ill pts. this is not recognized here
617	Hyperbaric med Consultation practice part time for diving&hyperbaric emergencies. DMAT CDR, NDMS.
618	I accept new Patients. I do not treat patients with addiction, dementia, development, of with any legal issues. The age group of the patients is between 17 and 77.
619	I admit and treat acutely ill patients in the hospital setting
620	I advise lab testing on pain management guideline committees
621	I also see patients in AVN Medicine in OR as the state surgeon and flight surgeon
622	I also suggest diet, exercise, and the use of good ergonomics for preventing and treating pain
623	I also teach physician wellness on the side of my clinical duties.
624	I also work for QTC Medical Group 24 hours per week providing disability exams.
625	I am 100% administrative
626	I am 100% Informatics at this point, but plan to return to some clinical practice soon.
627	I am 100% research at the Fred Hutch Cancer Center. I do not see patients with chronic pain.
628	I am 3rd year hematology-oncology fellow at UW and the Fred Hutch in Seattle
629	I am a "supplemental" provider- I float into practices during extended absences.
630	I am a breast imaging radiologist. I do not have pain patients. I never write prescriptions
631	I am a call center provider for my group. Members can call 24/7 if they are having health issues.
632	I am a cardiothoracic anesthesia fellow. Will be returning to Canada to practice.
633	I am a chief hospitalist with 50 % clinical and 50 % administration duties.
634	I am a chief medical officer with a health plan, 100% administrative work
635	I am a clinical pathologist. I do not provide direct patient care
636	I am a consultant and my workload varies depending on clients' needs
637	I am a current fellow at UW-Seattle but have been doing research over past year through fellowship

638	I am a director for 35 APC. I spend about 36 hours per month in the same setting
639	I am a faculty physician for a family medicine residency program
640	I am a fellow in Addiction Psychiatry at the VA Seattle Puget Sound.
641	I am a fellow in critical care medicine.
642	I am a fellow in Echocardiography at West Roxbury VA Medical Center
643	I am a fellow in pediatric otolaryngology at Seattle Children's hospital.
644	I am a Forensic Pathologist I work in a Medical Examiner's Office
645	I am a forensic pathologist, I don't prescribe any medications or treat any illnesses.
646	I am a full time administrator, but have a small amount of clinical time
647	I am a full time CMO, leaving clinical practice 3/2017.
648	I am a full time hospitalist
649	I am a full time physician executive. I do not see or care for patients.
650	I am a full-time home-based virtual medical director for a health plan
651	I am a full-time Hospitalist. I moved to Oregon in October 2017 to practice at PeaceHealth
652	I am a fulltime LOCUM hospitalist physician
653	I am a full-time medical director for Molina Healthcare of Washington
654	I am a full-time professor in a PA program in UT and volunteer 3 hours a week at a free clinic
655	I am a future residency grad who has not yet begun practice in washington state
656	I am a general surgery resident at the University of Washington
657	I am a geriatrician, and Hospice physician as well as internist, with many palliative care patients
658	I am a GME fellow training in congenital cardiac surgery.
659	I am a health services researcher who oversees clinical trials, that have clinical care components
660	I am a hematology/oncology fellow.
661	I am a hospice physician, most of our patients are prescribed opioids
662	I am a hospital-based trauma, acute care surgeon, surgical critical care.
663	I am a hospitalist
664	I am a hospitalist
665	I am a hospitalist
666	I am a hospitalist
667	I am a hospitalist
668	I am a hospitalist
669	I am a hospitalist
670	I am a hospitalist and do not have a primary care panel.
671	I am a hospitalist and enjoy my job
672	I am a hospitalist at the Seattle VA, I only practice inpatient medicine.
673	I am a hospitalist at Virginia Mason Medical Center
674	I am a hospitalist that provides 24 hour coverage at Rural facilities.
675	I am a hospitalist.
676	I am a hospitalist. I do not do outpatient pain management.
677	I am a hospitalist. I work nights and other admitting shifts most of the time
678	I am a Kaiser Physician and practice 100% clinical Ep
679	I am a licensed ND (Naturopathic Doctor) in the state of Oregon but not in the state of Washington.
680	I am a local locum tenens MD for the Legacy system so I do not manage any pain patients long-term.
681	I am a locum physician
682	I am a locum provider for Swedish and my schedule can vary greatly from month to month
683	I am a locum provider performing occasional shifts for coverage of absent providers.
684	I am a locum tenens doctor covering for vacationing doctors

685	I am a locum tenens physician
686	I am a locum tenens physician now after 30 years in private practice
687	I am a locum tenens physician practicing Emergency Medicine
688	I am a locums
689	I am a locums
690	I am a locums family physician- not sure of and for many q's
691	I am a locums provider
692	I am a locums provider so my work schedule and work locations can be variable.
693	I am a locums provider who lives in Oregon and travels to Washington once a month for work.
694	I am a Medical Director with United HealthCare. I am no longer in active clinical practice.
695	I am a medical education consultant for a non-profit foundation
696	I am a Medical Examiner
697	I am a medical officer in the federal DHHS & am in the process of transitioning to a practice in WA
698	I am a medical resident at UW Medical Center
699	I am a medical student and work as a PA occasionally, generally less than 2x/mont
700	I am a member of Northwest Permanente.
701	I am a microsurgery fellow in Australia. I have not practiced in WA since graduation.
702	I am a military surgeon
703	I am a neonatologist and limit my practice to inpatient care
704	I am a Neonatologist.
705	I am a new graduate and start with my clinic mid-August.
706	I am a new hospitalist at Tacoma General.
707	I am a nocturnist so practice habits unusual
708	I am a nocturnist. solely hospital based medicine, prescriptions are only for inpatient use.
709	I am a pain fellow. I have some low dose opioid non cancer chronic patients. We are weaning many.
710	I am a part time medical director for Premera Blue Cross. I have no clinical practice.
711	I am a part-time medical consultant for the Spokane Disability Determination Services.
712	I am a pathologist.
713	I am a pathologist. I do not see patients directly
714	I am a pediatric anesthesiologist and I work only at Shriners Hospital for Children in Spokane WA
715	I am a per diem contract part time outpatient practice gynecologist
716	I am a physician practicing as locum tenens. The demographics and the needs of the populations
717	I am a Regional Medical Officer with the US Department of State.
718	I am a rehired retiree at University of Washington Medical Center working 1 day per week
719	I am a research scientist doing cancer research for Kite Pharma (a Gilead company)
720	I am a resident
721	I am a resident at UW.
722	I am a retired physician
723	I am a Seattle Children's-employed regional pediatric hospitalist.
724	I am a semi retired physician working about 6 months a year in several states.
725	I am a solo MD anesthesiologist with 3 independent CRNAs, all hospital employees.
726	I am a still a resident. My first job in WA starts in 8/18.
727	I am a Suboxone provider
728	I am a surgeon and so my narcotic prescriptions are for my post op Surgical patients.
729	I am a surgeon, and try to limit my opioid prescribing to the acute post surgical period
730	I am a team physician for our local university and have a CAQ in Sports Medicine
731	I am a tele radiologist located in SC

732	I am a Teleradiologist. I am contracted with Rapid Radiology, Inc. (Rogers, AR)
733	I am a transfusion medicine physician, employed by Blood Systems, Inc. out of Scottsdale, AZ.
734	I am a Urologic Oncologist (approximately 80-90% of my practice is Uro-onc)
735	I am a urology "hospitalist" and work 1 long week end each month.
736	I am a UW Geriatric Medicine Fellow and practice in both inpatient and outpatient settings
737	I am a VA physician.
738	I am a volunteer faculty member in Thoracic Radiology at UWMC.
739	I am a Workers Comp consultant.
740	I am active duty military
741	I am active duty Military and my patient population are active duty Soldiers only.
742	I am Active Duty military and only work in this setting
743	I am actively getting credentialed to volunteer in San Diego
744	I am actively involved with an early cancer detection Biotech startup company.
745	I am actually retired and doing per diem work for the Franciscan Medical Group
746	I am also doing Addiction Medicine with Suboxone
747	I am an academician, leading the UW Dept. of Global Health
748	I am an Active Duty Coast Guard member currently stationed outside of WA State
749	I am an active duty PA in the Coast Guard. I treat only active duty patients.
750	I am an active duty radiologist in the Army. I moonlight as a contract and teleradiologist.
751	I am an anesthesiologist. My prescriptions for opioids are in the hospital setting only
752	I am an assoc med dir perf utiliz rev serv administratively for a care mgmt cofrom my home in NV.
753	I am an Assoc med director performing utilization review service admin from WV for a care MGMT CO
754	I am an associate medical director performing utilization review administratively from Colorado.
755	I am an educator/researcher; limited time in direct clinical practice
756	I am an Emergency Medicine Doctor. Take all insurance
757	I am an Emergency Physician. My Prescribing practices are for acute pain
758	I am an employee of The Johns Hopkins University School of Medicine.
759	I am an Executive for CHI Franciscan Health
760	I am an independent contractor for the state of Washington
761	I am an Independent Medical Examiner for the Washington State Department of Labor and Industries.
762	I am an OB Hospitalist and do not do gynecology.
763	I am an OB/GYN hospitalist, so all of my clinical encounters are hospital-based, only.
764	I am an obstetrical Hospitalist working only in hospital without any clinic or personal patients.
765	I am an overnight hospitalist and I do not prescribe opiates on discharge.
766	I am around great colleagues
767	I am assisting military veterans in your state with their compensation and pension examinations
768	I am at an onsite clinic for a business. I only see the employees of the business.
769	I am awaiting an association with VA Puget Sound to work regularly in tele dermatology
770	I am based in Idaho office where I have practiced since 1986.
771	I am basically a full-time administrator
772	I am basically retired and am working only locums at Kaiser Permanente Bartel clinics
773	I am beginning fellowship in pulmonary/CC
774	I am between jobs
775	I am board certified but through the American Board of Family Medicine, not ABMS
776	I am board certified in hospice and palliative medicine. That qualifies for pain MGT, I assume.
777	I am busy and happy with my job
778	I am certified in NADA acupuncture (auricular only acupuncture)

779	I am Chief Medical Officer for a telepsychiatry practice named Forefront TeleCare
780	I am clinically inactive the past year but I have remained active in teaching
781	I am completely retired from practice
782	I am completing my fellowship and will soon begin practicing in Washington state.
783	I am considering leaving clinical medicine due to burnout
784	I am constantly getting CME to stay up on various medical issues. Although retired, I volunteer at a local school and occasionally go on overseas medical missions.
785	I am creating an airway focused practice with a practice in Idaho and in Washington
786	I am current applying for privileges at PeaceHealth St Joseph's Hospital in Bellingham, WA to provide orthopaedic trauma coverage
787	I am currently a first year Child/Adolescent Psychiatry fellow at Seattle Children's.
788	I am currently a Hospitalist at Highline Medical Center.
789	I am currently a locums provider
790	I am currently a radiology resident at Virginia Mason.
791	I am currently a research fellow at the Geriatric Research and Clinical Education Center at the VA
792	I am currently a stay-at-home mom. Not currently practicing.
793	I am currently Active Duty in the US Navy and work at the White House Medical Unit.
794	I am currently completing a fellowship in Hospice and Palliative Medicine
795	I am currently developing a never before combination of an ACEI/statin for Veterans
796	I am currently doing business management consulting and working as Chief Medical Officer
797	I am currently doing locums until my medical license application in Vermont is approved.
798	I am currently employed by PMG and have a congenial cohesive group of colleagues to work with.
799	I am currently in Radiology residency training. Year 4 of 5
800	I am currently in residency and will be graduating in july 2018
801	I am currently in the middle of transitioning practices from Pennsylvania to Washington state.
802	I am currently in transition from occasional locums to part time-GYN practice.
803	I am currently not in active practice
804	I am currently not practicing
805	I am currently not practicing but plan to return to practice in the next year
806	I am currently not practicing but want to keep options open for future.
807	I am currently not seeing patients, to serve as a stay-at-home parent, on 9/30/15.
808	I am currently not working due to a medical disability. My practice has been sold to Providence.
809	I am currently on sabbatical
810	I am currently practicing abroad, but intend to return to Washington and work in the next 2 years
811	I am currently practicing in Alaska but will be starting in Kennewick WA on April 1, 2019
812	I am currently practicing in California but keep my license active in Washington as I have a home there and may return to practice in the future.
813	I am currently practicing in Massachusetts, but it is likely I will be returning Portland area
814	I am currently re-locating my practice, and am self-employed as a legal expert.
815	I am currently retired
816	I am currently seeking full time employment as a primary care physician.
817	I am currently taking a break from working to be with my young children.
818	I am currently taking time off
819	I am currently teaching anatomy, physiology and pathology and am studying human movement science and the knowledge base in the fitness and exercise world. I am now a certified personal trainer
820	I am currently the chief medical officer of the Muckleshoot Indian Tribe. I do not see patients in this role.
821	I am currently unemployed
822	I am currently unemployed and seeking employment

823	I am currently unemployed and seeking full-time employment
824	I am currently working as outpatient locum tenens about 2/3 - 3/4 time
825	I am currently working for Confluence Health to teach and precept PAs and ARNPs (Advanced Practice Providers: APPs). I only see a rare patient when patient volume dictates. Most of my time is spent ..
826	I am currently working full time in MA, but keeping license in WA in case I return.
827	I am currently working in biotechnology leading clinical trial design and research
828	I am currently working in Fairbanks, AK in a hospital with limited outpatient resources.
829	I am currently working locum tenens due to being dx with cancer.
830	I am currently working overseas for the Federal government on a part time basis
831	I am currently working per diem
832	I am DATA waived physician for Medication Assisted Treatment
833	I am DATA2000 certified but credentialed to prescribe only for the Department of Defense.
834	I am DATA2000 certified. Three of my 8 patients became addicted elsewhere due to chronic pain
835	I am director or clinical research at Merck, a pharmaceutical
836	I am discontinuing chronic narcotics for noncancer pain
837	I am doing fellowship in advanced GI and minimally invasive surgery in Swedish First Hill
838	I am doing locum tenens work overseas, but maintain a permanent residential address in WA
839	I am doing Locum Tenens work since July of 2018
840	I am doing program suboxone, and other opiate antagonists/partial agonists but not done yet.
841	I am doing significant amounts of administrative work now as chief medical officer for St Lukes
842	I am employed as a Locums Physician by Confluence Health System assigned to their Omak, WA clinic.
843	I am employed my providence medical group and work as a rheumatologist.
844	I am enjoying taking care of rehab inpatient
845	I am entirely per diem in urgent care
846	I am faculty at the Tacoma Family Medicine Residency Program
847	I am full time academics w/no patient care at this time.
848	I am full time executive physician and fill in at clinics about twice a month,
849	I am full time Medical Director of a Medicaid MCO and see Swedish primary care patients on weekends
850	I am full-time pharma clinical development physician
851	I am fully retired and doubtful if I ever do volunteer medical practice
852	I am fully retired from clinical medicine
853	I am grateful for the privilege of being a Psychiatrist
854	I am happy making house calls and conducting a preventive health care assessments and help them.
855	I am happy working at the VA hospital
856	I am hospital based. Mostly in the ICU
857	I am in a fellowship
858	I am in a group practice and my colleagues care for my patients when I am not available
859	I am in a hospital based physician and can refer to patients in a hospital setting if needed.
860	I am in a large Radiology group encompassing many hospitals for Diagnostic Radiology.
861	I am in a neonatal ICU with varying levels of acute pain as well as NOWs
862	I am in a non-patient care oriented position.
863	I am in a semi-retired situation, working only part-time
864	i am in a tertiary care practice working part-time.
865	I am in administrative medicine at this time
866	I am in an executive role at Swedish and only see limited numbers of patients
867	I am in an organization (Kaiser) who employs multi sub specialty physicians.
868	I am in craniofacial medicine, a little known pediatric subspecialty.

869	I am in hospitalist program, we have 1week on and 1 week off
870	I am in my last year of residency at University of Washington, slated to graduate June 2020
871	I am in practice with a pain medicine specialist. I work 3 days a week and he works 5 days a week.
872	I am in process of looking at doing Locums in WA and other states
873	I am in process of returning to work.
874	I am in public health. I work at the Centers for Disease Control, a federal institute.
875	I am in the process of working at Snoqualmie as a Sleep specialist.
876	I am in transition to a new practice
877	I am interested in being of service to the Latina community.
878	I am interested in resuming work in WA after caring for my ill husband, and elderly parents
879	I am involved in a mostly high risk obstetrical practice actively involved with an MFM group
880	I am just starting my current practice so I am still learning about it.
881	I am largely, but not fully, retired.
882	I am leaving administration and primary care to do urgent care later this month.
883	I am leaving this group and pursuing a new practice soon
884	I am licensed to treat with Buprenorphine
885	I am likely to retire in the next 12-18 months, relocate to WA and do medical volunteer work
886	I am living/practicing in New Zealand.
887	I am locum and telemedicine doctor only
888	I am locum physician, mainly work in ER setting.
889	I am locum tenens for a national nursing home company
890	I am looking for a job.
891	I am looking forward to retirement as it is not the profession I joined 30+ years ago.
892	I am med director of large retirement center and nursing home
893	I am medical director addiction medicine residential program
894	I am medical director for an agency serving a largely homeless population
895	I am Medical Director of a hospital based outpatient advanced wound care and hyperbaric center
896	I am mostly retired and perform Cardiology outreach for Virginia Mason in Juneau, AK
897	I am mostly retired but plan to continue to do locums work one week at a time, 6-8 weeks per year.
898	I am mostly retired, but still do vacation relief for my group
899	I am MRC Volunteer, STB instructor, hosp. ethics committee. Not much clinical.
900	I am new to KPWA and really enjoy practicing as part of a large, integrated group.
901	I am new to my current position, having worked locum tenens in CA during 2018
902	I am new to the current practice
903	I am no involved in treatment or referral for treatment of pain patients
904	I am no longer performing surgery and my current practice is mainly orthopedic consultations.
905	I am no longer practicing in Washington state, as I have moved to CA for fellowship.
906	I am not actively seeing patients as I am a medical director at a vaccine company
907	I am not clinically active but work solely on Quality & Safety in OBGyn
908	I am not currently actively practicing
909	I am not currently in clinical practice. I am a medical director for Cigna Healthcare.
910	I am not currently practicing
911	I am not currently practicing and have not been for years while I raise my children.
912	I am not currently practicing and haven't decided whether to return to practice in the future
913	I am not currently practicing but am actively looking for appropriate clinical positions.
914	I am not currently practicing in WA.
915	I am not currently practicing in Washington so my comments were on my practice location in Alaska.

916	I am not currently practicing medicine, but am current with CME and board certification.
917	I am not currently practicing medicine, but I want to keep my license current.
918	I am not currently practicing. I am taking a leave while raising my daughter.
919	I am not fully retired although I do only locums work now.
920	I am not fully retired, work as needed, hours vary. Most recent work at BHR in Olympia.
921	I am not in any clinics to see patients. I help care for them only in the OR setting
922	I am not in clinical practice
923	I am not in clinical practice. I have maintained a retired active license to keep options open and serve in a emergency situations.
924	I am not in practice. I teach. Not formally retired.
925	I am not practicing currently
926	I am not practicing currently
927	I am not practicing direct patient care at this time.
928	I am not practicing medicine or prescribing
929	I am not practicing since I serve as Chair of a basic science dept at UW
930	I am not practicing, but like having a current (retired) medical license. I am up to date with CME
931	I am not seeing patients in a clinic but rather I am a medical monitor for clinical research trials.
932	I am now all administrative but may have a clinical practice in the future.
933	I am now practicing out of state.
934	I am now working part time
935	I am on a 6 month sabbatical, i will decide next year if i will return to medicine
936	I am on an extended maternity leave. I plan to return to practicing medicine October 1.
937	I am on-call as a second person for histories and physicals for MEPS
938	I am one of a few dermatologists who cares for a large number of Medicaid/state-insured patients
939	I am open to alternative approaches; I MYSELF do not provide them but refer to local providers.
940	I am part of a psychiatric crisis team primarily in King County plus several traditional clinics.
941	I am part time because of child care and eldercare responsibilities
942	I am practicing Family Medicine in Shanghai China, will return to the Pacific Northwest in 2020
943	I am practicing primarily collaborative behavioral health care
944	I am prescribing fewer opiates significantly
945	I am presently job searching in Washington State.
946	I am presently on a medical leave, because I have cancer. It is not clear if I will return to clinical practice or not, so it was difficult filling out this questionnaire.
947	I am presently practicing locum tenens general cardiology.
948	I am presently working part time in Guatemala for International Planned Parenthood and other NGOs
949	I am primarily a hospitalist and also do virtual medicine work.
950	I am primarily a Laborist
951	I am primarily admin at this point.
952	I am primarily an academic clinician researcher.
953	I am probably going to go back to part time ER work, in Washington and or AZ
954	I am reducing my clinical practice and gradually increasing my teaching, research and writing
955	I am restricted to give no medical orders, advice, opinions to workers comp. claimants (Oregon)
956	I am retired
957	I am retired
958	I am retired
959	I am retired
960	I am retired

961	I am retired
962	I am retired
963	I am retired
964	I am retired
965	I am retired
966	I am retired
967	I am retired
968	I am retired active
969	I am retired active, lecture to residents for 3 weeks each July. I do not see patients.
970	I am retired and do not practice medicine.
971	I am retired and perform healthcare management consulting
972	I am retired and perform only occasional general medical care without charge for my services
973	I am retired and work fill in on as needed basis.
974	I am retired but debating if I will continue or not.
975	I am retired but maintain an active interest in medicine and read and attend CME meetings.
976	I am retired but maintain my active status in case of emergency
977	I am retired but may do some volunteer clinical work this year.
978	I am retired but may return to active practice at some time
979	I am retired but open to volunteering occasionally. board certification runs out next year
980	I am retired but write an occasional prescription
981	I am retired for 5 years, but may want to volunteer if the right opportunity appears
982	I am retired from clinical medicine, and now work for an MCO
983	I am retired from clinical practice
984	I am retired from clinical practice
985	I am retired from Clinical Practice (effective May 4, 2018)
986	I am retired from clinical practice so am not treating patients or referring them to others.
987	I am retired from clinical practice.
988	I am retired from clinical practice. I currently teach and carry on basic research.
989	I am retired from medical practice an have no patient care obligations. I maintain an "Active/Retired" medical license in Washington State only.
990	I am retired from seeing patients
991	I am retired from seeing patients; just working administratively, so no contact with patients
992	I am retired from surgery but work full time as a telecommuter for Qualis Health, a national non-profit.
993	I am retired in Spain
994	I am retired since mid 2014
995	I am retired, but would like to retain my license.
996	I am retired.
997	I am retired.
998	I am retired.
999	I am retired. I do not practice medicine
1000	I am retiring from the military this year and starting practice in WA at the end of the year
1001	I am retiring from VA by 9/15/18
1002	I am retiring this year
1003	I am returning to do some locum work in the next several months.
1004	I am satisfied
1005	I am satisfied with my hospitalist work I am doing
1006	I am scheduled to begin a locum position in Seattle next week for 3 months

1007	I am semi retired
1008	I am semi retired working locums jobs 2-5 months a year in urgent care clinics
1009	I am semi-retired
1010	I am semi-retired
1011	I am semiretired working locums in urgent care setting
1012	I am semi-retired, but still working 1 day per week
1013	I am semi-retired, do locum tenens part-time.
1014	I am serving in the US Air Force.
1015	I am so blessed to do what I do, and work where I work
1016	I am starting a non-accredited Microsurgery fellowship at University of Washington on 7/1/18
1017	I am strictly in the OR as a First Assist
1018	I am stroke fellow at Boston Medical Center will start my job in Spokane WA in 07/2018
1019	I am subject matter expert for aetna in pain medicine and anesthesiology
1020	I am taking care of people with cancer or blood problems
1021	I am telemedicine only. I do not admit patients
1022	I am the Acute Care Surgeon for a 3 surgeon group.
1023	I am the Associate Program Director in a Family Medicine Residency Program
1024	I am the CEO of a biotech company. I see patients 1/2 day per week to keep up skills and teach.
1025	I am the lead physician in a community clinic collaboration with a community mental health agency practicing primary care for those patients being seen for chronic mental illness.
1026	I am the Medical Director and also provide Clinical Care at Saint Joseph Medical Center.
1027	I am the medical director of functional restoration pain programs at Veterans Affairs Puget Sound
1028	I am the Pacific County Health Officer. Note: I did not find a NPI # on the search site
1029	I am the program director for a newly accredited family medicine residency program.
1030	I am the Program Director of a Family Medicine Residency
1031	I am the program director of a family medicine residency program
1032	I am the senior member of a 4 man orthopedic group, hospital based.
1033	I am training in REI, but will keep my WA license active as I plan to return to WA state
1034	I am transitioning back to doing hospitalist medicine full time in the near future.
1035	I am traveling doctor serving underserved areas in the country
1036	I am trying to refer the chronic non-cancer pain patient's to pain management specialists.
1037	I am typically involved in pain management for patients during the acute post-op period
1038	I am very happy to be participating in the VRP program and it is a shame more retiring professionals are unaware of it's advantages. Combined with teaching at community health care clinic.
1039	I am willing to work with Native American health system if called and if possible for me to do so.
1040	I am working as a Neurologist at the Memphis VA medical center currently.
1041	I am working as an emergency room psychiatrist and consult liaison
1042	I am working as hospitalist for Kaiser Permanente at 0.5 FTE
1043	I am working at role I clinic in theater as a sole provider.
1044	I am working at University of Florida health system/Shands hospital
1045	I am working both inpatient and outpatient clinical setting , I do preceptorship to DO students
1046	I am working half time and doing mostly clinic work in breast health and diagnostic radiology.
1047	I am working in California and will start part time work in Swedish Medical Center from Jan 2019
1048	I am working in digital health, public health communications and digital health innovation
1049	I am working Locum Tenens in Lincoln City, ending my assignment on 9/28/18
1050	I am working locum tenens in search of a new permanent job
1051	I am working on a proposal to provide acupuncture services to inpatients in our hospitals.

1052	I am working on the Nisqually Indian Reservation
1053	I am working part time in 3 dermatologists office providing Zoft radiation treatment for skin cancer.
1054	I am working urgent care with Kaiser in Salem, Oregon, but I take back up shifts in Washington.
1055	I anticipate a gradual tapering of my practice over the next several years
1056	I appreciate the opportunity to treat patients with limited income in Washington State. Thank you
1057	I attempt to have a holistic approach to treating my patients.
1058	I attempted this but it would not allow.
1059	I attend all the MB Outreach clinics (in NW Washington) in addition to Tacoma)
1060	I attend on the inpatient infectious diseases consult service at Harborview Medical Center.
1061	I became a paraplegic in 2008, and have practiced non-operative orthopedics ever since
1062	I care for and deliver obstetrics patients and perform C-sections when necessary.
1063	I ceased clinical practice 12/31/2017.
1064	I changed employment on 8/26/19. My new position doesn't currently include clinical activity.
1065	I consider being able to practice medicine to be a great privilege.
1066	I consider my practice clinical as I do medical-legal evaluations each week.
1067	I consider my practice one of the few remaining independent practices in the Olympia area
1068	I cont o/p chronic pain opioid plans and refer pt back to primary opioid prescriber for further f/u
1069	I continue to work in EMS supervising and teaching paramedics
1070	I currently am an urgent care physician for Kaiser and have no patient panel
1071	I currently am based in the UK and return to WA to work about 2 to 3 months per year.
1072	I currently am not involved in direct patient care.
1073	I currently am retired from medical practice but teach first and second year medical students.
1074	I currently do independent medical examinations regarding orthopaedic surgery complaints or questions regarding orthopedic surgery inquiries
1075	I currently do not prescribe any medications. I only conduct exams for Veteran's
1076	I currently have 2 delegations. I will be terminating the one with Dr. Frost
1077	I currently have no WA clinic but will (Vancouver at satellite clinic for my hospital, OHSU) soon.
1078	I currently manage clinical trials. I want to be able to return to clinical practice
1079	I currently only teach mindfulness which is not considered the practice of medicine.
1080	I currently practice clinical precision medicine at UWMC.
1081	I currently practice in Alaska. I am a Washington State resident and maintain a WA license.
1082	I currently practice part-time in a hospital in Calgary as an Anatomical Pathologist.
1083	I currently work as a locum tenens at Kaiser, mostly in one location. I don't have my own patients
1084	I currently work at Kaiser Urgent Care clinics. I am an Urgent Care PA.
1085	I currently work for McChord AFB. I work in deployment health.
1086	I currently work full time in informatics in a different state (Tennessee).
1087	I currently work in Ethiopia until Nov 2018 - then will start as an OBGYN in Toppenish, WA.
1088	I currently work in industry, but to keep up with clinical skills I work 2 weeks a year
1089	I currently work part time as a healthcare IT consultant
1090	I currently work part-time at the Spokane MEPS 1-3 days weekly or 7-21 hours weekly
1091	I desire to keep my license for Locum Tenons purposes
1092	I develop and assess digital technology tools for patients with respiratory disease
1093	I did get my "x" License so I could Rx suboxone if needed.
1094	I do inpatient telemedicine. Opioid meds prescribed are inpatient only
1095	I do inpt peds call 1:7 newborn and emergency city wide call and rounding for the newborns
1096	I do Internal Medicine and Aviation Medicine for the Navy.
1097	I do mostly acute care surgery

1098	I do non-operative Orthopaedics
1099	I do not change or initiate outpatient chronic pain medications.
1100	I do not current provide locum Tenens services in Washington.
1101	I do not currently have a practice.
1102	I do not currently practice chronic pain management. I practice operating room anesthesiology
1103	I do not currently practice clinical medicine, I might in the next 24 months
1104	I do not currently practice onsite or via telemedicine in WA state
1105	I do not currently see patients - I only do clinical research
1106	I do not deliver patient care, but I do IME and record reviews
1107	I do not do outpatient medicine. I am a hospitalist with northwest permanente in Oregon.
1108	I do not have a clinical practice. I work for a care management company performing utilization review administratively.
1109	I do Not have a current practice. However in the past, while practicing I was seeing patients 30 hrs /wk and had admin time approx. 5 hrs /wk not including paperwork time.
1110	I do not have my own panel of patients. I do the Medicare Annual Wellness Visits for our (Providence) Medicare Advantage patients
1111	I do not initiate narcotics for chronic non cancer pain
1112	I do not initiate opioid treatment on patients with non-malignant pain.
1113	I do not physically practice radiology in the state of Washington.I provide teleradiology services for 2 sites in Washington. (Columbia Basin Hospital in Ephrata and Family Healthcare of Ellensburg
1114	I do not practice clinical medicine, I only provide disability assessments
1115	I do not practice in WA
1116	I do not practice in WA State. this data is for my practice in NE
1117	I do not practice in WA. I prescribe morphine for diagnostic studies in Nuclear Medicine
1118	I do not practice in Washington state
1119	I do not practice in Washington State. I live and work in Arizona
1120	I do not prescribe any pain medication in my role as an endocrinology PA
1121	I do not prescribe opiates. I am a Radiologist.
1122	I do not prescribe opioids for chronic pain. I did complete opioid training through the VA.
1123	I do not provide direct patient care but am employed as the CMO of an managed care organization
1124	I do not provide direct patient care, I perform Compensation & Pension exams for the VA.
1125	I do not provide direct patient care.
1126	I do not treat chronic pain patients outside of the OR setting.
1127	I do part time hospitalist work at Providence St. Peter Hospital of 24-48 hours per month.
1128	I do phone triage. I am trying to decide if they need an urgent visit to their home
1129	I do policy research for global health
1130	I do prescribe opioid for patients postoperatively only but no patients that have chronic pain. My Rx policy is that I will only prescribe opioid for 4-6 weeks postoperatively (depending on procedure)
1131	I do primary care at a free clinic in Tucson, AZ, during the winter 1/2 of the year (Nov-Apr).
1132	I do serve some patients residing in WA state whose specimens are sent to my laboratory.
1133	I do some per diem and volunteer work
1134	I do spend a portion of my clinical work attending on the acute pain service.
1135	I do teaching to primary care providers in Washington State in issues related to Autism.
1136	I do treat some palliative care pts with narcotics for dyspnea
1137	I do Urgent care and locums
1138	I do volunteer orthopaedics overseas, almost annually
1139	I don't have my own patients I work in a drop in clinic
1140	I don't have my own patients. I cover for other doctors while they're on sabbatical
1141	I don't intend to return to clinical practice; I may volunteer in the future.

1142	I don't start at Allemore until 10/1/2018.
1143	I don't start patients on chronic opioid therapy(COT) for noncancer pain and keep COT >60MED
1144	I employ three colleagues who provide ND and acupuncture services for my patients
1145	I end up doing primary care and pain management due to severe lack of practitioners
1146	I engage in charity health care in Cambodia
1147	I enjoy keeping up in medicine and do CMS because of current life/time. I spend half my time in Walla Walla.
1148	I enjoy my clinical practice and provide the highest quality surgical care.
1149	I enjoy my practice
1150	I enjoy my practice in Marysville immensely. It is serving the community.
1151	I ENJOY PRACTICING WITH MY GROUP.
1152	I enjoy providing care for veterans, it is a privilege.
1153	I enjoy Telemedicine to one hospital only in Wenatchee.
1154	I enjoy what I am doing
1155	I enjoy what I am doing at this level of practice
1156	I enjoy working in Neurosurgery and hospital based medicine.
1157	I enjoy working in the current practice
1158	I exclusively practice medicine in Tanzania as a teaching attending physician
1159	I finished my contract as an Army psychiatrist in October and will be traveling until June.
1160	I focus a lot on nutrition.
1161	I focus on lifestyle and behavior/stress management to optimize health
1162	I follow the decisions the physicians or physiatrist make on pain medications for the patients.
1163	I function as a surgical assist and mentor for new patients and do some quality review work
1164	I got tired of 12-14 hour full days and 10 hour half days
1165	I have "retired" from civilian practice and returned to active duty in the USAF
1166	I have 2 chronic pain patients who were stared on narcotics years ago by Oregon Health Science University pain management clinic. I have not been able to find another provider to transfer them to.
1167	I have a Clinical Professor Appointment from UW Medicine/ID
1168	I have a limited medical practice at a nonprofit pregnancy medical clinic.
1169	I have a naturopathic physician in my group who treats patients as well.
1170	I have a suboxone waver
1171	I have a surgical practice. I prescribe narcotics for postoperative pain and for kidney stone pain
1172	I have a unique hybrid role as a hospitalist and a complex care coordinator in supportive housing.
1173	I have a very non traditional role as a PA.
1174	I have a WA state license to do Locums in the future.
1175	I have accepted a job with the Oregon Psychiatric Access Line, and will begin 2/4/19.
1176	I have alternative (CAM) therapies available within my practice
1177	I have an active license and am board certified. I have been doing administrative medicine for ten years. I am planning a clinical reintegration program through my group to return to primary care
1178	I have been 1/2 time, no surgery or call for 2 years.
1179	I have been a family doctor for 24 years now. My job is now barely tolerable
1180	I have been a medical consultant to the SSA Division of Disability Determination, State of Washington, for approximately 10 years since retiring from clinical practice, teaching and research
1181	I have been at The Everett Clinic for 30 years
1182	I have been currently waiting for my legal papers and visa to start the position at UW.
1183	I have been full for the last 2 years.
1184	I have been in biotechnology and drug development since 2001
1185	I have been in practice in Sunnyside for over 30 years and enjoy life

1186	I have been in the same practice for almost 7 years
1187	I have been mostly off work the past year due to my child's serious medical issues
1188	I have been practicing forensic orthopedics for 17 years consisting only performing IMEs
1189	I have been retired for the past 11 months although I am maintaining my license for possible future return to practice.
1190	I have been unemployed and will be starting a new job with Rainer Anesthesia, newly credentialed
1191	I have been working full time in CA and I have planned to move WA in the next year or so
1192	I have been working on decreasing symptoms of burnout after 33 years of working in state hospitals and community mental health centers.
1193	I have began certification training as a medical research investigator
1194	I have concerns about Sunnyside Hospital
1195	I have continued opioid or suboxone treatment for in pts who are already on opioids
1196	I have DEA exemption to prescribe buprenorphine which I do primarily for pregnant patients
1197	I have hospital privileges at one hospital in WA due to requirements, but do not practice in WA.
1198	I have inherited an old practice with patients already on chronic pain meds, narcotics and others on benzo who I have tapered off successfully and referred others to pain specialists
1199	I have inherited many patients on opioids/benzos who I am working to wean off these medications.
1200	I have interviewed in a few facilities, but have not yet signed a contract.
1201	I have just moved to WA and am waiting to start my job.
1202	I have just retired from practice and do not plan active practice after this.
1203	I have just started a new position after not working for 2 years
1204	I have just started my first job as PA at University of Washington.
1205	I have mostly geriatric pts but also integrate complementary therapy I practice
1206	I have moved to but not started working yet in Washington state
1207	I have never actually practiced in Washington, but am currently inquiring into positions there.
1208	I have no clinical duties, and have had none since 2011
1209	I have no practice
1210	I have no practice background in Washington State prior to starting employment with Jefferson Healthcare on Jan 8, 2018.
1211	I have no specific comments. I have practiced medicine for more than 20 years
1212	I have no specific plans to return to clinical practice but maintain my license
1213	I have not retired from clinical practice, however, I am currently not in clinical practice.
1214	I have not seen or treated patients since 2012. I now work for a health insurance company
1215	I have not started practice yet. I will start in September 2019.
1216	I have not started practicing yet. I start my position at the end of February 2020
1217	I have not started working at any location yet, as I am a PA that recently graduated
1218	I have not started yet
1219	I have only 2 clinical patients whom I do not charge. I read studies for enitites in Texas
1220	I have only started practicing in Washington in the past couple of months.
1221	I have practiced correctional medicine for some time now. The challenges are significant, but the rewards of attending these underserved population are also significant. We correctional clinicians ...
1222	I have provided IME's in the state of Washington through Mitchell-MCN consulting since 2017.
1223	I have reduced my practice to working about 1.5 weeks per month.
1224	I have retired
1225	I have retired but wish to retain my license
1226	I have retired effective February 6, 2019
1227	I have retired from active practice. I may do volunteer office based work only
1228	I have retired from clinical practice but have remained active in medical ethics.
1229	I have retired from fulltime practice, but may seek part time work in the future.

1230	I have retired from regular practice and now provide hospice care and locums
1231	I have slow down considerably due to age. But still want to serve, if I can
1232	I have specialized in the care of persons with epilepsy in the state of Washington since 1987.
1233	I have Suboxone waiver and provide MAT. I work in a FQHC
1234	I have taken an extended maternity leave for over 1 year.
1235	I have the best job in the world
1236	I have worked for Group Health--now Kaiser-- since completing my family medicine residency
1237	I hope in the future pain doc can prescribe pain meds to pts not refer back to pcp
1238	I hope to study acupuncture in the next year
1239	I inherited a large # of pts on opioids, many also on benzos
1240	I intend to being to offer telemedicine services this year
1241	I intend to seek part-time employment in WA in 1-2 years, so I will keep my license active.
1242	I interact at this time with only family members and friends.
1243	I join TVC 3/11/2019. Previous practice in Oregon with independent contracting for TVC x 6 months
1244	I just recently retired from research.
1245	I just retired 12 months ago. Completely
1246	I just started my 1st job out of fellowship on 9/1/2019
1247	I just started my practice on 10/10/19
1248	I just started this job in January
1249	I just started this month and looking forward to building my practice.
1250	I left my last clinical practice 6/30/19
1251	I left my practice in January and moved it of state
1252	I left pain management in WA for Rehabilitation Care at a SNF facility and EMG/ NCV practice in WY.
1253	I like my practice, I like helping patients
1254	I like to work at my current practice
1255	I like to work in outpatient setting
1256	I limit my hours of office practice due to admin tasks clinical practice generates
1257	I limit my practice to medical legal consultation
1258	I limit my work to consultation. I do not have an office. My prior patients call me for advice.
1259	I love it!
1260	I love my current practice
1261	I love my workplace and colleagues
1262	I love patient care I dread electronic systems that may make me quit early
1263	I love the hospital at which I practice.
1264	I love working at PacMed - I feel well supported to do my job as a pediatrician
1265	I mainly do research and consult on very specialized patients. (with conguital anomalie)
1266	I maintain my clinical license in WA and CA
1267	I maintain my Washington license but am currently practicing in Idaho under my Idaho license
1268	I manage chronic pain without opioids. ABPM certified. Buprenorphine waivered
1269	I manage the Hospital Medicine program at Swedish and I am launching a Hospital at Home program.
1270	I may do volunteer abroad
1271	I may have to work at the secondary address listed but I have never had to do this yet
1272	I may return to humanitarian/volunteer practice in the next w 2 years
1273	I mostly do research, but volunteer for the Rotacare Clinic
1274	I mostly work at an alaskan native hospital in Bethel, Alaska.
1275	I moved to Washington and have not accepted a position yet

1276	I moved to Washington several years ago, After obtaining a license, I began my search for a position in an outpatient setting.However, I experience a number of health issues that needed to be address
1277	I need pain specialists who will consult on opiod treated patients without me begging
1278	I no longer have an office practice. I provide hospitalist services for our clinic patients
1279	I no longer initiate narcotic treatment for patients. Very limited refills when on call for others.
1280	I no longer practice
1281	I no longer prescribe controlled substances.
1282	I no longer see patients. I'm a consultant for the Federal Government
1283	I no longer see patients...admin practice only
1284	I no longer see pts but provide advice to physicians regarding complications of HCT.
1285	I no longer volunteer at the House of Charity, so I will have 0 hours starting this year.
1286	I now do IME exams in Washington State. No active practice
1287	I now work for insurance company; have not worked clinically for many years.
1288	I now work part-time as an independent medical examiner
1289	I occasionally volunteer in educational activities at UWSOM.
1290	I offer Anesthesia based Pain management services, with overlapping mental health issues
1291	I offer circumcisions and frenotomies and specialize in early neonatal care.
1292	I only do consulting in the form of independent medical exams
1293	I only do consults predominantly through the Department of Labor and Industries
1294	I only do hospital consults in WA. I would not be prescribing any outpatient treatments, only in the hospital. I have no outpatients in WA.
1295	I only do IMEs in WA, but I have a clinical practice in OR that I spend 40 hours per week at.
1296	I only do intraoperative monitoring remotely.
1297	I only do locum tenens assignments - temporary traveling job
1298	I only do volunteer work with the homeless and students
1299	I only do volunteer work, mostly with PAACS in Africa or disaster relief at a hospital in IRAQ
1300	I only give opiod pain medication to my acute post surgical patients.
1301	I only manage inpatients in the ICU and floors
1302	I only practice as a first assist in the OR under direct supervision of the MD.
1303	I only prescribe a short course of opioid medication for acute pain. chronic pain is referred
1304	I only provide consultative services to businesses
1305	I only see patients under workers compensation or for employer requested exams
1306	I only take care of children who are inpatients with cancer or blood disorders
1307	I only volunteer for those activities for which I am comfortable I can help.
1308	I only work as a volunteer at this time, one dat weekly in clinic. I also volunteer to give community lectures on chronic kidney disease for Puget Sound Kidney Centers System 4-5 times/year.
1309	I only work in AK currently. No current working in WA
1310	I only work in the operating room. I do not prescribe medications
1311	I only work part time and am taking a sabbatical starting 7/2017 to 7/2018
1312	I oversee a health plan and some health plan participants reside in other states.
1313	I panel shared with my supervising physician so I am refilling opioids under his supervision
1314	I perform IME exams for labor and industries. Also expert witness for medical legal purposes
1315	I perform IME’s for two agencies
1316	I perform IMEs and L and I work. I rarely prescribe medications and do no clinical work otherwise
1317	I perform IMEs primarily at the request of attorneys representing injured workers.
1318	I perform interventional pain procedures
1319	I perform medicolegal examinations in Washington State

1320	I perform Surveillance exams only. I do not prescribe treatment plans or medications.
1321	I plan to move to Washington State in the next year
1322	I plan to perform Independent Medical Exams for workman's compensation
1323	I plan to resume physician volunteer work in the next 2 mos
1324	I plan to start a solo pediatric sports medicine practice, or join an existing practice.
1325	I plan to work in a locums tenens and/or volunteer capacity
1326	I practice 0.6 FTE in Oregon
1327	I practice 100% hospital medicine in the Swedish Hospital system
1328	I practice acute care and trauma surgery in Longview
1329	I practice addiction medicine within Kaiser Permanente Northwest.
1330	I practice adult cardiac surgery, focusing on heart failure & less invasive surgery
1331	I practice anatomic pathology (surgical pathology and cytology) full time in a hospital setting
1332	I practice at the Veterans Administration Health Care System
1333	I practice clinically in Utah. I do Telemedicine in Washington.
1334	I practice colorectal surgery
1335	I practice conservative pain management and do not have any patients on 90+ MEQ per day.
1336	I practice cosmetic medicine at a Med Spa.
1337	I practice dermatopathology full time and I do not currently have any referrals from WA state except occasional consults.
1338	I practice Direct Primary Care as defined in RCW 48.150.010
1339	I practice executive health, occupational medicine, and aerospace medicine
1340	I practice family med w OB w non-accredited OB fellowship.
1341	I practice full time in MA and do ~3 weeks per year of hospital locum tenens work in WA.
1342	I practice general cardiology, with interests in ischemic heart disease and CHF.
1343	I practice general OBGYN and am employed by the Providence Medical Group Seaside OR
1344	I practice hospital based Emergency Medicine.
1345	I practice in a lot of places more than 3 - kidney center, hospital, and clinic
1346	I practice in a private tissue bank which does not generally work directly with patients.
1347	I practice in a rural health clinic and we have a difficult time recruiting new family physicians.
1348	I practice in an outpatient Kaiser Radiation Oncology Clinic in Portland,Oregon
1349	I practice in an outpatient setting at Yellowhawk Tribal Health Clinic in Pendleton, Oregon
1350	I practice in California but may practice in WA
1351	I practice in corrections.
1352	I practice in hospital medicine in Portland, OR but take care of Washington residents.
1353	I PRACTICE IN NORTH IDAHO IN AN URGENT CARE..WE HAVE MANY PATIENTS WHO LIVE OR WORK IN WASHINGTON
1354	I practice in OR & transport critically ill patients from WA as part of an ECMO transport team
1355	I practice in Pennsylvania
1356	I practice in the primary care float pool to balance clinic with my other roles.
1357	I practice in Veterans Health Administration.
1358	I practice in WI, but am maintaining my WA license incase future plans bring me back to WA
1359	I practice Inpatient Palliative Care
1360	I practice Intra Operative Monitoring from my home via the internet
1361	I practice intra operative monitoring only. I do not see patients, nor go into any hospitals
1362	I practice Intraoperative Neuromonitoring via telemedicine
1363	I practice locum tenens.
1364	I practice locums hospital medicine in small rural hospitals in WA, OR, CA, MT, ND and NM.
1365	I practice medicine in Idaho
1366	I practice Occ Med 100% & take only WA L&I insurance.

1367	I practice only emergency medicine
1368	I practice out of state in a remote and private location with no physical address
1369	I practice palliative care.
1370	I practice part time
1371	I practice Pathology. I have no direct patient contact.
1372	I practice Pediatric endocrinology
1373	I practice primarily cardiovascular and thoracic anesthesiology at an acute care facility.
1374	I practice primarily in OR but maintain WA licensure bc we have patients in dialysis units in WA
1375	I practice radiology at hospital site(s), and teleradiology from my offices.
1376	I practice telemedicine in the state of Washington through Teladoc
1377	I practice telemedicine on the AmWell OCG platform, providing care to WA pts.
1378	I practice teleradiology only. The referring physician receive the radiology report, and act on it.
1379	I practiced in WA from 1998 to just this last month; I may practice there again soon
1380	I prescribe a opioids often as I am a hospice and palliative medicine physician at Kaiser
1381	I prescribe chronic opioids for about 2 patients/mon 10-15 mg/day morphine eq.
1382	I prescribe methadone and buprenorphine in an outpatient setting.
1383	I prescribe methadone/bup for opiate addiction tx specifically, not to tx pain.
1384	I prescribe opiods for acute pain following surgery
1385	I prescribe opioids for acute pain management after surgery
1386	I prescribe opioids for palliative care patients- non-cancer.
1387	I prescribe opioids for post operative pain
1388	I prescribe very few opioid prescriptions and usually only for acute exacerbations of chronic problems or acute issues
1389	I prescribed morphine for NAS infants and various procedures, but not for outpatient
1390	I presently work 6 days per month at 4 different clinics in WA. Centralia, Olympia, Lakewood and 3 days each month at a clinic in Poulsbo, WA. I perform IME disability evaluation per DSS.
1391	I previously was Principal Investigator in my research laboratory at the Benaroya Research Institute. Although I retired and am no longer employed there, SEE CENSUS FOR REMAINDER
1392	I primarily do trauma/surgical critical care.
1393	I primarily practice in Oregon for Kaiser
1394	I primarily work as a full time Emergency Physician with the Indian Health Service in North Dakota
1395	I primarily work education through simulation for crisis resource management.
1396	I primarily work in an inpatient hospital setting and I am in the process of opening a private practice to incorporate Telehealth and ongoing outpatient care.
1397	I prove cross cover at night.
1398	I provide addiction medicine services also
1399	I provide care for hospitalized patients
1400	I provide education in functional medicine and nutrition, cannabinoid and cannabimimetic science
1401	I provide evidence based, non-surgical, obesity medicine treatment.
1402	I provide free care to all of my patients who have Medicare
1403	I provide integrated behavioral healthcare in a primary care setting for Swedish.
1404	I provide intermittent trauma coverage
1405	I provide medical services only at a local free clinic. Trinity Neighborhood Clinic.
1406	I provide occasional locums
1407	I provide occasional part time clinical laboratory consultation
1408	I provide Pediatric Critical Care and Sedation outside Operating room.
1409	I provide second opinions when the patient and doctor are stumped
1410	I provide telemedicine services in WA state currently.

1411	I provide tele-psychiatric consultation to patients admitted to ER or medical/surg inpatient.
1412	I provided nutritional and GI health care for patients with GI symptoms
1413	I recently constructed a new medical clinic and ASC. I expect the new facility to be operational in the second quarter of 2020. Dr LEster Sauvage and I formed the Hope Heart Institute in 1968 where ov
1414	I recently started this job and inherited many patients with pain on chronic opioid therapy
1415	I recently took the American Board of Pain Medicine certification exam, results are pending.
1416	I refer to PT, massage, and recommend alternative options like chiropractic and acupuncture.
1417	I relocated in May 2019 and anticiate working here as locum tenens surgeon soon in 2020.
1418	I research prostate cancer
1419	I resent busywork eg: excessive record keeping, getting prior authorizations for generic drugs
1420	I reside here but work telemedicine for North Dakota Human Services
1421	I retain my license as testimonial to my life. I have medical skills that could help for a regional catastrophe.
1422	I retired 11/30/2016. I am interested in returning to practice as a volunteer.
1423	I retired 12/31/2017 and I am working per diem, maximum 60 days per year
1424	I retired 5 days ago
1425	I retired as a Hospitalist with Kaiser. I will still do some volunteer work and some Locums work
1426	I retired earlier in 2019. I prescribed narcotics then but not since retirement.
1427	I retired from active practice in pulmonary medicine @ 3 years ago. I just recently began to see primary care patients for the Olympia Free Clinic. I just recently let my DEA number/permit lapse.
1428	I retired from active practice on 1/31/2019
1429	I retired from CA in 3/2017. Minimal shifts offered since in WA & health issues
1430	I retired from clinical practice on July 4th. I work 8-10 hours in administration.
1431	I retired from full practice at the Walla Walla clinic on 9/30/2018. I volunteer as a clinical associate professor for Pacific Northwest University of Health Sciences --- mentoring 3rd year DO medical
1432	I retired from fulltime outpatient work in August 2018- may do locum jobs
1433	I retired from performing surgery in Jan. 2017. I work part-time doing non-surgical procedures.
1434	I retired from regular pediatric practice in April, 2015 and have worked part time as a relief physician since then.
1435	I retired in November but I may do Locums. I am currently looking into doing Medical Missions.
1436	I retired in the USCG x 30 years an now serve the VA patients for almost 3 years now.
1437	I retired Jan 5, 2018. I will continue to obtain the necessary CME.
1438	I retired March 2018, but hope to maintain licensure
1439	I retired on July 1, 2019
1440	I run a clinical research program at a Cancer Center. I do not see patients
1441	I run a direct primary care practice
1442	I see only hospice and palliative patients, so pain patients are exempt from the dose limits
1443	I see only neonatal patient up to age 4 months in the hospital setting.
1444	I see opioid addiction patients and treat with suboxone.
1445	I see pts from WA who are admitted to Kaiser Sunnyside, so prescribe meds that they may fill in WA
1446	I seldom prescribe opioids to chronic exacerbation of pain.
1447	I semi-retired in 2017. In 2019 will be increasing my hours this year.
1448	I serve a very necessary role at my rural health clinic where it is hard to get specialists to see my patients.
1449	I serve as Adjunct Assistant Professor of Emergency Medicine at the Oregon Poison Center, OHSU
1450	I serve the DDA as a Medical Director reviewing care and performing administrative duties.
1451	I specialize in Down syndrome medicine
1452	I specialize in pain management.
1453	I specialize in women's health.
1454	I spend 4-5 hours per day reading medical literature and updating the physicians in our group on studies most applicable to our practice. I seldom see patients myself but instead serve and as recourse

1455	I spend a half day every week as hospice medical director and providing palliative care services
1456	I start work 11/1/18, so I am not yet certain of the particulars of my clinical practice
1457	I still do a few weeks/year of Hospitalist work with Emcare in California
1458	I still enjoy clinical practice very much and am good at it. I am satisfied with my current practice
1459	I still like what I do
1460	I stopped locum tenens to care for my wife.Hiatus too long. Hope to practice anti-aging Medicine.
1461	I supervise genetic counselors who work in Washington.
1462	I take care of patients who do not have a doctor or I cover the clinic doctor's patients when in the hospital
1463	I teach at the UW family medicine residency.
1464	I teach CRP and other communication skills classes to Residents and other Providers
1465	I tend to treat families and look at the physical as well as mental issues.
1466	I terminated my employment or retired as of 10/12/2018
1467	I thought I was active retired status
1468	I trained at National Jewish Hospital in Denver and have kept up my interest in asthma care
1469	I travel to Washington only to perform IME's.
1470	I treat acute on chronic pain in the inpatient setting, not chronic pain per se.
1471	I treat children beginning around age 4 to adults age 65.
1472	I treat chronic non-cancer pain with buprenorphine. I am a part-time County Health Officer
1473	I treat many Washington L and I patients
1474	I treat only acute Ortho injury & acute post surgical pain only in Pediatrics.
1475	I treat patients nearing end of life - Hospice and Palliative Care
1476	I treat patients with addictions as well as general psychiatry
1477	I treat pelvic pain but I leave the prescribing of chronic narcotics to their PCP.
1478	I tried but nothing meaningful can be expressed in 99 space, or was that the intent
1479	I tried to practice at a free clinic but resigned due to inadequate funds
1480	I truly enjoy providing this service to my community
1481	I truly enjoy this practice.
1482	I try to use a holistic approach and encourage spiritual, mental, physical and social health
1483	I use my license for family Rx when an emergency arises or to renew med that family's physician originally Rx
1484	I use opioid meds only post surgery
1485	I use telemedicine to work for Care Oncology Clinic , Health Clinics, LLC
1486	I use the resources (such as interpretation) and referral patterns of the sponsoring facility.
1487	I utilize the paradigm of biopsychosocial approach in evaluating and treating my patients
1488	I volunteer 2-3 evenings per month at our local free clinic. I love doing this as having practiced in this community for 38 years, it is a small way to give back and provide care for those in need.
1489	I volunteer administrative services for the PICC and bill DSHS for care of Medicaid neonates
1490	I volunteer as a surgeon for 2 to 3 months each year in a hospital in Cameroon
1491	I volunteer at a free clinic and appreciate WAâ€™s encouragement of volunteerism through VRP.
1492	I volunteer at a free clinic and as a medical consult under the DWDA of Washington state
1493	I volunteer at Kijabe Hospital in Kenya
1494	I volunteer teaching services at UW Med 2-3 days per month and perform IMEs one day per week at multiple locations
1495	I volunteer to teach residents in occupational medicine at University of Washington
1496	I volunteered in the SKC Medical clinic and for 4 weeks in Hargeisa, Somaliland
1497	I want to have the ability to volunteer or help in medicine if needed and called to help
1498	I was in Interventional Radiology, the only narcotics given were day of procedure.
1499	I was laid off in retaliation for voicing serious concerns in my previous workplace
1500	I was practicing in WA in a clinic x10 years and just switched to telemedicine

1501	I was treated unprofessionally in my WA practice. I elected to leave the state.
1502	I will be Active Duty USAF in 7/2018. I will complete residency in June and take Boards in the fall
1503	I will be doing some volunteer clinical practice probably next year.
1504	I will be leaving Georgia to return to WA state in late February 2018. I plan to be in full time practice in WA for the remainder of my career.
1505	I will be leaving my current practice December 31, 2019
1506	I will be opening a psychiatric private practice in 2019.
1507	I will be retiring in August 2018
1508	I will be starting my practice in August of 2018.
1509	I will be starting my practice in Keizer, Oregon 6/18/18 at 5940 Ulali Dr NE, Keizer, OR, 97303
1510	I will be teaching as a volunteer in Africa in 2020 and volunteering for Shriners Hospital.
1511	I will be working in Spokane at Inland Neurosurgery and Spine Associates starting 6/1
1512	I will graduate from fellowship in June 2018 and start working in Wenatchee, WA in late July 2018
1513	I will join my practice starting in September. Further details can be elucidated once I start.
1514	I will likely return to clinical practice in WA in the future.
1515	I will prob never practice in WA state again, primarily because of low reimbursement
1516	I will retire early due to EHR burdens
1517	I will retire in 20 months
1518	I will retire within 10 years and as soon as I can
1519	I will start working in Washington State in October 2018.
1520	I will stop providing chronic opioid pain management this year.
1521	I will stop to office practice 12/31/19;will have limited hospital practice for 12-24 mos.
1522	I wish I did not need to spend so much time charting
1523	I wk pt time at CV Wound Care Ctr, follow 4 NH pts and work as a hospitalist for Sound Phys at CVH
1524	I work 0.5 FTE
1525	I work 1-3 days a month as locum
1526	I work 2 days a week as a psychiatrist at Behavioral Health Resources in Olympia
1527	I work 2 days a week in Avista Employee Clinic. On call locum for Kaiser usually 2-3 days/month
1528	I work 3-6 hours at Free Clinic of Southwest WA, Vancouver, WA. on a as needed basis
1529	I work a King County Jail
1530	I work a small side job at 98point6 independent of current job at LFP
1531	I work administration only.
1532	I work as a clinical trial researcher
1533	I work as a contract emergency room physician, don't manage chronic pain
1534	I work as a covering hospitalist when ever they need me. Thank you
1535	I work as a Critical Care ICU doctor t write out patient opioids. Locum tenens. No outpatient rx
1536	I work as a float physican within Providence primarily in primary care but do occasional immediate care shifts. I do not have a dedicated panel of patients. I have not practiced in WA in about 1 year.
1537	I work as a Hospital
1538	I work as a Hospitalist
1539	I work as a hospitalist
1540	I work as a hospitalist and don't have a office practice
1541	I work as a Hospitalist and feel honored to serve my community for a better health care
1542	I work as a hospitalist only taking care of inpatients in a hospital setting
1543	I work as a hospitalist so I prescribe opioids for acute pain
1544	I work as a hospitalist, and is a fulfilling job, with its own set of challenges

1545	I work as a hospitalist, so while I am full time I typically work 80 hours one week, then none the rest, this averages out to be about 40 hours per week with 2 weeks of "vacation" per year, your surve
1546	I work as a Hospitalist.
1547	I work as a hospitalist. I'm not attached to any clinic or other services.
1548	I work as a laborist. Hospital setting only.
1549	I work as a locum tenens
1550	I work as a locum tenens physician
1551	I work as a locum tenens physician. I have worked in Spokane 4 weeks this year.
1552	I work as a Medical Contractor for WA DSHS where I adjudicate applications for SS Disability.
1553	I work as a nocturnalist in hospital setting
1554	I work as a PA in Vascular Surgery. The narcotics I prescribe are for post operative pain
1555	I work as a Regional Medical Officer for the Federal gov, I cover health units in 5-10 countries.
1556	I work as an active duty Navy physician at an overseas military hospital in Japan.
1557	I work as an attending for inpatient Psychiatric patients in a 150 bed hospital
1558	I work as an insurance company medical director.
1559	I work as an MRO Physician in the Federal Drug Testing program; in FMCSA, FAA, FTA, etc.
1560	I work as locums provider for Neighborcare Health
1561	I work as the Dean of WSU Elson S Floyd College of Medicine.
1562	I work at a community mental health center and serve mostly people who have Medicaid.
1563	I work at a Federally Qualified Community Health Center
1564	I work at a medication assistance treatment facility for opioid use disorder
1565	I work at a Methadone Treatment Center
1566	I work at a military hospital in Germany with the DoD
1567	I work at a native American health center
1568	I work at a Residential Habilitation Center for the State, using clinical pharmacists.
1569	I work at a rural mission hospital in Malawi Africa
1570	I work at a veteran's administration Hospital in Fresno, CA
1571	I work at an on-site work place clinic at a refinery only.
1572	I work at an Urgent Care in New Zealand
1573	I work at an urgent care setting and do not provide chronic pain management.
1574	I work at Kaiser
1575	I work at Kaiser in a location in Portland and see Patients from WA in my office and telemedicine
1576	I work at Kaiser Olympia Medical Center ENT Department
1577	I work at Kaiser which covers the needed providers and administrative functions
1578	I work at multiple sites for an urgent care company. Demographics depend on which site I am at.
1579	I work at one clinic of a larger group FQHC
1580	I work at Seattle Children's Hospital as a pediatric palliative care physician
1581	I work at the CA in California in Outpatient primary care
1582	I work at the Microsoft on-site health center for employees, spouses and dependents age 13+.
1583	I work at the VA and with FM residents on occasion at the Spokane Teaching Health Clinic and SHMC.
1584	I work at the VA hospital. We accept Veterans who may have Medicare, Medicaid, or Tricare.
1585	I work at the VA--in my experience, it is an excellent place for clinicians to practice
1586	I work at work site clinics, we do Occupational Health and some simple urgent care
1587	I work clinically and am serving as Interim Chair in our Department.
1588	I work exclusively in an ICU setting. I prescribe opiates for pain related to critical illness only
1589	I work exclusively in Urgent Care
1590	I work for a 2 doc independent clinic which will be closing 4/30/18

1591	I work for a large corporation and don't know the extent of our pt population or resources
1592	I work for an international non profit 501-C3 and spend most of my time overseas.
1593	I work for as a PA for Medicaid as a clinical program manager and do not see patients.
1594	I work for Evicore Healthcare a care mgmt. co who performs utilize rec serv admin
1595	I work for Kaiser EPRO (critical labs, consulting nurse questions, and repatriation
1596	I work for Kaiser Permanente
1597	I work for Kaiser Permanente Northwest
1598	I work for Kaiser. I refer to acupuncture, etc but do not provide it myself
1599	I work for KP in Salem Oregon Washington license for virtual/phone work but no Washington patients
1600	I work for low income community health center.
1601	I work for Northwest Permanente.
1602	I work for NW Permanente and provide telehealth services to KP members in Washington
1603	I work for the Department of State. I take care of Foreign Service Officers and their families
1604	I work for the FDA reviewing neurological medical devices.
1605	I work for the Indian Health Service
1606	I work for the Navy at Naval Branch Health Clinic Everett
1607	I work for the state as a consultant to the foster care system
1608	I work for the University of Washington, Division of Gastroenterology.
1609	I work for the VA.
1610	I work for the VA. My role is in primary care mental health integration (PCMHI)
1611	I work for the Veteran's Administration
1612	I work for the Washington Permanente Medical Group
1613	I work for the Washington State Penitentiary, and must follow their guidelines for opioids.
1614	I work for US ARMY
1615	I work for WA State DDS doing chart review for disability determination as a consultant. I see no patients and write no Rx. I see the daily results of opioids Rx which are a disaster
1616	I work for Washington Permanente Medical Group Half clinical, half admin/education role practice
1617	I work for ZOOM+Care as a medical director
1618	I work full time as a hospitalist, do some locum work as a hospitalist. I participate in medical missions which is voluntary
1619	I work full time in MN, still do locums in Seattle, plan to move back at some time
1620	I work full time Locums ER. I do not do any clinical medicine.
1621	I work in a behavioral health clinic treating military servicemembers at Madigan Medical Center
1622	I work in a busy ED. We have a large psychiatric population with limited resources available.
1623	I work in a busy mission hospital in Southern Africa.
1624	I work in a community health center. We see all patients regardless of ability to pay.
1625	I work in a federal health care system- Department of Veterans Affairs
1626	I work in a federally regulated methadone treatment facility.
1627	I work in a high-volume multispecialty anatomic and clinical laboratory.
1628	I work in a hospital based setting as a hospitalist
1629	I work in a hospital based setting. I enjoy taking care of hospitalized patients
1630	I work in a hospital. I call palliative care. Or refer to pain mgmt.
1631	I work in a large organization with multiple specialists & physicians who share many patients.
1632	I work in a procedural role and teach
1633	I work in a retail based minor urgent care
1634	I work in a school-based clinic in a high school. We see high school & middle school students.
1635	I work in a state prison

1636	I work in a suburb outside of Beijing China. I see expats mostly
1637	I work in a tribal clinic.
1638	I work in a Walgreens providing immediate care.
1639	I work in a walk-in/urgent care setting that is still under "Family Practice."
1640	I work in AK, but live in WA. I volunteer 1 wk/yr at Camp Orkila in WA.
1641	I work in an emergency room for pediatrics
1642	I work in an employer sponsored clinic.
1643	I work in an inpatient hospice unit, and primarily take care of Hospice Patients.
1644	I work in an RTC and use opioids (buprenorphine) when treating an OUD.
1645	I work in an Urgent Care capability
1646	I work in an urgent care setting
1647	I work in an urgent care setting, at multiple sites.
1648	I work in both Urgent Care and Emergency Department
1649	I work in cardiothoracic surgery
1650	I work in family medicine residency program
1651	I work in Federal Public Health. Am in clinic at a VA for a half-day 2-3 times/month.
1652	I work in head and neck surgery which is a sub specialty of otolaryngology
1653	I work in inpatient psychiatry only.
1654	I work in PA academics
1655	I work in peds gastroenterology and peds rheumatology, as well as infusion management services
1656	I work in research administration at the NIH, where I use my medical degree and knowledge daily.
1657	I work in retail clinic
1658	I work in several states as a locum.
1659	I work in specialized hospital based medicine and surgical subspecialty.
1660	I work in state physician health program & don't provide care.
1661	I work in the Level III NICU setting as a Locum Neonatologist.
1662	I work in the PICU and don't refer for things like chronic pain
1663	I work in the primary care setting. Most of our patients are Medicare age.
1664	I work in the Urgent Care. I do not prescribe opioid's for chronic pain at all
1665	I work in urgent care
1666	I work in urgent care
1667	I work in Urgent Care but didn't see that as an option so I selected Emergency Medicine.
1668	I work in Urgent Care Centers
1669	I work in urgent care with limited diagnostic capabilities.
1670	I work in Urgent Care.
1671	I work in various emergency departments
1672	I work in WA about 2 weekends per month for a 63 hour shift
1673	I work locum tenens. I have not worked in Washington state in 2019 yet but I may work there later
1674	I work most of the time in Florida but sometimes in Washington State
1675	I work off site as described above at DYS which is a adolescent substance use rehab facility 4 hours per week. I provider primary care services to this population when needed.
1676	I work on a mobile x-ray unit performing modified barium studies. I do not prescribe medications
1677	I work on an Indian Reservation
1678	I work on an Indian Reservation at a tribal clinic
1679	I work on the Lummi Indian Reservation at our Opiate Treatment Program.
1680	I work only in a walk-in clinic (where I've worked for ten years now)
1681	I work only part time and the hours vary each month

1682	I work overseas in disaster relief - the above med helps people in refugee camps who are stressed.
1683	I work part time as a locum providing vacation coverage at Yellowhawk Tribal Health Center
1684	I work part time as a regular locum as I was getting burned out at my previous practice
1685	I work part time for Hospice of Spokane
1686	I work part time in a practice share. It works well.
1687	I work part time, 15hrs per week as a wound care specialist
1688	I work part time.
1689	I work part-time for emergency medicine assoc. Peacehealth Southwest WA in Vancouver
1690	I work per diem
1691	I work per diem primary care and walk in clinic for Olympic Medical Center
1692	I work primarily as a preceptor in a Family Medicine Residency Program.
1693	I work solely for the DOD as a civilian at Madigan Army Medical Center - JBLM
1694	I work solely for the DOD as an Attending Physician in the Dept of EM at MAMC
1695	I work solely in a hospital as a consultation psychiatrist teaching medical students and residents.
1696	I work strictly locums, Currently with only HealthPoint in Seattle area
1697	I work too hard
1698	I work what we call fast track in the emergency room --the quicker ER patients
1699	I work with an excellent group of clinicians and nurses at St. Francis Hospital
1700	I work with Doctor on Demand, a nationwide telemedicine service
1701	I work with teleradiology
1702	I would like to continue my current practice of 2/3 days per month.
1703	I would like to volunteer in a clinic but the need for a supervising physician makes it difficult.
1704	I’m retired
1705	Iâ€™m a Hospitalistâ€”full time. I do cardiac stress testing, 16 hours/week.
1706	ID in MultiCare Auburn Medical Center. Clinical patient care.
1707	Idaho's largest private family practice/urgent care group
1708	IHS facility
1709	IHS hospital; full scope family medicine outpatient, inpatient, ED & OB
1710	I'm a clinical informaticist - I am not currently seeing patients (although I have not retired)
1711	I'm a clinical professor at UCSD and teach surgical dermatology & motts surgery. I also teach preceptees from around the world in surgery. I also run several international skin surgery meetings and le
1712	I'm a hospitalist at the VA
1713	I'm a medical consultant/contractor to SSA disability program
1714	I'm a pain MD,tired of maintaining pts on opioids, but referred patients expect to remain indef
1715	I'm a PGY4 psychiatry resident but I also do moonlighting
1716	I'm a Professor of medicine at UW, with clinical activities are at the Seattle VA Hospital.
1717	I'm a radiologist. I don't have pain patients.
1718	I'm a radiology resident at UW.
1719	I'm a resident
1720	I'm a Sports Medicine Physician at Hall Health Clinic, UW student health clinic
1721	I'm a Suboxone prescriber. Opioid rx only for acute pain. Chronic pain pts are referred.
1722	I'm an assoc. med director and chief over radiology services for evicore healthcare.
1723	I'm an independent contractor with licenses in Washington, Alaska and California
1724	I'm clinical professor of pediatrics emeritus at the UW In retirement my practice is exclusively is volunteer faculty for the sub specialty residency in developmental and behavioral pediatrics at MAMC
1725	I'm covering as a research fellow with Pediatric gen surg @ SCH. This is NOT independent practice.
1726	I'm currently getting credentialed to provide telemedicine psychiatry coverage for Providence

1727	I'm currently involved in case review for MEDQAC
1728	I'm currently maintaining my medical license in WA state although I do not currently use it
1729	I'm currently retired!
1730	I'm currently serving a mission for The Church of Jesus Christ of Latter-day Saints
1731	I'm doing locum Tenens right now, between jobs.
1732	I'm doing locums in Sequim
1733	I'm finding it increasingly more difficult to run a small private practice.
1734	I'm focused on population health strategies and value based care initiatives.
1735	I'm fully retired practice. I travel, think, vote, write, and publish (self) books. I enjoy life and pray a lot.
1736	I'm grateful to be able to volunteer here with the support of Washington State.
1737	I'm in Urgent Care and left Primary Care because of the incredible amount of administrative work.
1738	I'm just precepting and lecturing part time
1739	I'm just starting in Wyoming.
1740	I'm not a pain specialist; I only manage acute peri-operative pain. I do not manage chronic pain
1741	I'm not employed full time, retired, in 3-26-18. Now will only work as a locums tenens PA
1742	I'm not practicing currently
1743	I'm retired
1744	I'm retired
1745	I'm retired but wish to maintain my license for volunteer in future
1746	I'm retired, but supervise psych residents.
1747	I'm retired, so I have no pain patients whom I would need to refer
1748	I'm retired. Involved in Medical Reserve Corp. for emergencies and occasional international medical programs
1749	I'm retiring from my solo office practice of 19 years, at the end of this month.
1750	I'm seeing numerous patients in an urgent care setting
1751	I'm slowing down some in my outpatient practice. I'm no longer accepting new patients for medication management of chronic pain
1752	I'm the president and founder of Sig-X which has programs in 50 countries
1753	I'm volunteering in Nicaragua beginning in July for a few months
1754	I'm working as a locums but will be hired as of Jan 1
1755	IME - excellent way to provide service to claimants/businesses, and keep me current
1756	IME work at this juncture
1757	IMEs are nonclinical work with a medical license but I may resume clinical work.
1758	In addition to my practice in clinics, I also see inpatient consults at two hospitals.
1759	In at lease 2-3 years I have had at least 2 joint replacements and hernia repair. I left Ohio and am recovered enough to see more active work
1760	in fellowship for 1 year
1761	In fellowship program so not fully employed physician yet. Graduate in June 2018. Doing nationwide job search.
1762	In fellowship training
1763	In Florida, difficult to get patients seen by pain doctors.
1764	In June 2017 I retired from my practice in Cle Elum after 40 years. I am currently precepting at the local family medicine residency which requires an active license and DEA. I may re enter
1765	In leadership and management role, as a CMO, maintain minimal amount of clinic practice
1766	In practice since 1980s serving the needs of patients to improve their quality of life, physical, mental and spiritual
1767	In process of setting up contracts with hospitals in Washington for our ROP telemedicine project
1768	In the future, my practice will be limited to performing SS Disability Examinations
1769	In the past 5 years, the skills necessary to meet the needs of my patient population have changed. I've had to acquire better behavioral health skills to deal with the epidemic of anxiety and depress
1770	In training in radiology residency at Virginia Mason

1771	In transition; was Swedish ExecMD. Just finished sabbatical. New at ICHS; patient care starts soon
1772	In WA my practice is limited to medical/legal expert opinions, and occational binding arbitration examinations foe the Board of Industial Insureance Appeals.
1773	In WA State I am retired active.
1774	In WA, my company oversees occupational health clinics at employer sites
1775	In WA,I only do telemed. For the opioid ?, I RX pain meds for acute pain in the hospital only
1776	Independent Medical Examinations
1777	Indian American traditional medicine with prescribed hospital medications do occur
1778	Indian Health Service
1779	Indian Health Service employee/federal government
1780	Indian Health Services
1781	Inherited most of my higher dose opioid users when Seattle Pain Clinic closed.
1782	Inpatient based only
1783	Inpatient complex pain management & outpatient chronic pain clinic substitute support
1784	Inpatient hospital medicine only
1785	Inpatient hospital medicine only
1786	Inpatient hospitalist practice
1787	Inpatient setting only. I do not discharge patients. I do not prescribe outpatient opiates.
1788	Inpatient, critical care medicine only.
1789	Instruct at massage therapy vocational school, consult in curriculum, health risk application of massage
1790	Integrated health system
1791	Integrative medicine , anti inflammatory diet , supplements
1792	Intensive Outpatient Program treating adults and adolescents
1793	Internal medicine hospitalist employed by Everett Clinic; contracted by PRMCE
1794	Interpret imaging studies in asbestos cases as a Federal Government certified B-Reader
1795	Interventional Cardiology specializing in structural heart interventions (TAVR, mitral, LAA)
1796	Interventional Pain management
1797	Interventional pain management, with a minimal emphasis on medication management
1798	Involved in planning Family Practice CME for County and State FPs
1799	It has been an eyeopening experience to provide care at the Spokane House of Charity Medical Clinic.
1800	It is a residency program in Family Medicine
1801	It is a small group practice offering service in community pediatrics
1802	It is a true privilege being able to improve the lives of Washington state residents
1803	It is an emergency department we treat everyone.
1804	It is an Urgent Care Clinic
1805	It is becoming increasingly difficult to remain viable as a small independent practice.
1806	It is difficult to estimate some of these numbers because the percentages vary over time.
1807	It is good practice
1808	It is limited to telemedicine patients and very limited in patient numbers.
1809	It is locum tenens but a regular recurring assignment to the same place.
1810	It is painful, busy, many elderly, a lot of alcohol abuse
1811	It is robust
1812	It is well organized clinic for tri-cities population in WA state.
1813	It's a great practice dedicated to high quality patient care
1814	It's a great practice. Very cooperative staff.
1815	It's an occupational medicine practice. Work related injuries and illness.
1816	It's been an honor

1817	its changed a lot in 40 years!
1818	it's great
1819	I've been doing locums in FP for 12 years. I plan to retire at the end of June 2018. I may continue to do volunteer work
1820	I've continued my license for possible overseas volunteer work
1821	Jail practice only
1822	Job is Addiction Med & pts live onsite. I cont. current narcotics scripts but don't ever start.
1823	Job search for past several months. Start UW 6/19
1824	Job Title of Computer Educator Next Gen EHR and Practice Management (Nonclinical)
1825	Just began a new position
1826	just completed a fellowship/had a baby and am taking a maternity leave
1827	Just completed residency. Will be board certified soon.
1828	Just do teleradiology
1829	Just finished locum Urology at Providence Olympia and plan to go back in January 2019
1830	Just finishing residency- will be ABMS board certified soon
1831	Just getting started
1832	Just moved back to US from NZ.
1833	Just moved to WA from NJ and looking for work
1834	Just providing surgery assisting skills
1835	Just retired I'm looking for volunteer activities.
1836	Just started at this new job, still in the orientation phase.
1837	Just started locums position in primary care on 1/8
1838	Just started telemedicine- may grow w new reimbursement codes. We serve UW neighborhood clinics
1839	Kaiser
1840	Kaiser Permanente
1841	Kaiser Permanente
1842	Kaiser Permanente
1843	Kaiser Permanente
1844	Kaiser Permanente doctor in Salem, OR
1845	Kaiser Permanente Great place to work We provide quality care for medicaid medicare populations.
1846	Kaiser Permanente Washington
1847	Kaiser Permanente, not happy, staff stressed providers leaving
1848	Keeps me very busy
1849	Kidney Transplant specialist
1850	KPNW employee
1851	KPWA, fantastic place to be a clinician and leader....
1852	L&I IME part-time
1853	Lactation medicine/support. Pretravel health consults for pediatric patients
1854	Large cancer hospital, nuclear medicine
1855	Leaving current practice in July 2018 Joining a practice in Bellevue in September 2018
1856	Left clinical practice early 1/2019 and currently in nonclinical role
1857	Left primary care 1 year ago. EPIC decreased joy of primary care
1858	License in WA strictly to provide coverage PRN<3d/yr. I will not have active practice in WA
1859	Like our system, salaried, no incentive to do more procedures
1860	Limited by medical condition to volunteer in non clinical position only.
1861	Limited recommendation of herbal supplements
1862	Limited to dysphagia consultations and physician assessment
1863	Limited to ICU

1864	Limited to Naval shipyard patients covered by OWCP or there own private medical insurance.
1865	limited to teaching at local medical college
1866	Locum doc. Hoping to move home to WA
1867	Locum for Pediatric Surgery, schedule varies month to month, always 24 hours of call
1868	Locum physician at Barstow Community Hospital
1869	Locum provider
1870	Locum tenens
1871	Locum tenens anesthesiologist in Washington, have worked over 30 years in the same Idaho hospital
1872	Locum tenens multiple locations, mostly in California
1873	Locum tenens only
1874	Locum tenens only
1875	Locum tenens only
1876	Locum tenens only, radiation oncology
1877	Locum tenens physician
1878	Locum tenens physician only
1879	Locum tenens providing services as best I can to rural Washington State patients.
1880	Locum tenens to WA state options remain open to keep my license active
1881	Locum tenens work
1882	Locum tenens. Highly variable dates and places
1883	Locum Tenons Emergency Room provider
1884	Locum work. I hold 6 licenses over the country
1885	Locums
1886	Locums hospitalist in North Carolina for time being
1887	locums intermittent volunteer probable teaching this year
1888	Locums practice of surgery in multiple sites in multiple states
1889	Locums provider at Kaiser Permanente working part-time
1890	locums tenens transition to telemed numerous states
1891	Long hours with still satisfaction
1892	Long term care and subacute rehab medical director and hospitalist.
1893	Longstanding credentialed pain practitioner through AAIPM. Published Author
1894	Look forward to practicing in Washington in the future
1895	Looking fan meaningful volunteer of opportunities with zero liability risks
1896	Looking forward to retiring.
1897	lots of after hour admin work
1898	Love diagnostic/emergency radiology
1899	Love it
1900	Love my current job as a part-time preceptor of residents at a Family Medicine residency.
1901	love my current practice
1902	Love my job
1903	Love working for the Everett Clinic x 15 yrs. Able .Wish we treated VA px again.
1904	low risk OB without C-sections, adult and pediatric inpatient and newborn nursery care
1905	Madigan Army Medical Center
1906	Madigan hospital, active duty soldiers
1907	Main practice is Home Based Palliative Care involved with symptom management and goals of care
1908	Mainly retired
1909	Maintain my license to do active volunteer work
1910	Maintained medical license as "license to touch" as a Healing Touch Certified Practitioner/Instructor

1911	Maintaining certification with NCCPA and state license since I may return to clinical practice in a few years
1912	Maintaining my retired credential so I can volunteer and to be available for emergencies
1913	Majority administration
1914	Majority of my patients are military veterans
1915	Majority of practice is outpatient but hospital care ~ 10-20% of our practice
1916	managing pain patients has become quite cumbersome
1917	many different departments collaborating together, can also refer to the patient's paneled PCP
1918	maxillofacial surgery - dental specialty but I practice the medical side of this specialty
1919	may be interested in starting pain services in Eastern Washington next year
1920	MBBS from India self-title as MD because of "MD number" on WA license. Not honest
1921	Medical Administrator
1922	Medical Director Cleft Palate & Social Pediatrics & Associate Professor UBC
1923	Medical Director CMHC Texas Tech. NCCHC-P certified. FACEP grandfather clause, active
1924	Medical Director Medicaid/Medicare/Molina/IMC
1925	Medical problems forced LOA in 2018. recently returned to work. only in a mentoring capacity
1926	Medically retired in 2017 because of vision loss due to end-stage glaucoma
1927	Medicare given to newly arrive from Myanmar (BURMA)
1928	Menopause specialist
1929	Mentoring MD's, ARNP's, PA's, ND, and DNP's
1930	Mercy Watch started 10 months ago we presently serve homeless group in Snohomish county.
1931	Middle of the road general ENT practice
1932	Might retire (stop seeing patients clinically) in the next two years
1933	military
1934	Military Active Duty
1935	Military at medical school in MD; part time hospitalist in Goldendale WA
1936	Military healthcare system
1937	Military orthopedic surgeon at Walter Red National Military Medical Center, Bethesda, MD
1938	Military PA
1939	Military physician seeing active duty and eligible beneficiaries including VA patients.
1940	Military practice
1941	Most is in CO. I do forensic evaluations only in WA.
1942	Most of my clinical time is with refugees on the Greek island of Lesvos
1943	Most of my role is CEO. Rarely help with training in the field or cover for another clinician.
1944	most patients are on time and has regular follow up.
1945	Most supportive hospital and position I have ever had
1946	Mostly administrative
1947	mostly administrative work now
1948	Mostly adult psychiatry-a few residual pain mgt patients-process of tapering overall practice
1949	mostly due locums now
1950	Mostly geriatric
1951	Mostly high risk Obstetrical practice with Perinatologist and OB hospitalist
1952	Mostly I work in addiction medicine. I occasionally fill in for some offices doing primary care.
1953	Mostly practice in TX
1954	Mostly practice obesity medicine, weight loss
1955	Mostly retired but not sure I will stay retired
1956	mostly retired x for volunteer activity
1957	Mostly work academic job

1958	Moved from WA to TX
1959	Moved to Poland. Will work as primary care provider in Poland.
1960	Moved to WA 2/18. Closed office in CA 1/18. Cont. to do video visits. Will see pts in WA in 2019
1961	Moving back to WA summer 2018
1962	Moving back to western WA in 2018
1963	Moving from current practice location end of month. New address and position is pending.
1964	Moving into Washington State after completion of residency.
1965	MSK radiology fellow at the University of Washington
1966	much of my practice includes remote visits such as house calls in addition to in-office visits.
1967	Multicare care
1968	Multicare has been great for the Spokane Community.
1969	Multicare pays overtime to FT providers. I work 0.8FTE and will never qualify. Unfair treatment.
1970	multidisciplinary care to patients; functional restoration and discontinuance
1971	Multiple Sclerosis causes chronic pain- in individuals not responsive to non-opiod medications we do use opiates as a last resort for their chronic pain. We do often refer outside of our group practic
1972	Multi-specialty with multi-location I plan to decrease FTE
1973	My 3-provider single-specialty clinic closed 2/9/18. I start full time at Swedish next week.
1974	My Care is based in the pediatric emergency medicine department
1975	My chronic opioid prescribing is to patients formerly treated by my now retired colleague.
1976	My clinical practice is all voluntary
1977	My clinical practice is currently on hiatus due to a chronic illness in a family member (my son has a brain disorder with evolving symptoms)
1978	My clinical practice is doing home health assessments on medicare advantage plan patients
1979	My clinical practice is in Oregon. I only do Ethics Consultations at Legacy Salmon Creek Hospital
1980	My credentials are in retirement at Madigan Army Medical Center, Tacoma, WA 98341
1981	My current clinical practice is all volunteer
1982	My current license is retired active as May 1 on rare occasions be asked for medical advice or assistance. I do not however have any active practice.
1983	My current medical practice is located in Alaska except supervising on PA in WA
1984	My current position covers 2 hospitals for acute care surgery and trauma
1985	My current practice is a conventional pediatric practice
1986	my current practice is a float physician and I don't carry a panel.
1987	My current practice is almost exclusively limited to electrodiagnostic medicine
1988	My current practice is an academic subspecialist as a pediatric epileptologist.
1989	My current practice is inpatient only. Planning to incorporate office based obesity medicine soon
1990	My current practice is Orthopedic/Sports Medicine
1991	My current practice is with Correctional Health Services, Rikers Island, New York
1992	My current work is 70-75% research (bench scientist) and 20-25% clinical nephrology.
1993	My delegation agreement was approved but a couple weeks later my contract was terminated.
1994	My employer PCHS has a policy that restricts the use of opioids for non-cancer pain
1995	My focus is newborn/NICU care + some consults for acute pediatric patients in ER
1996	My last day of employment in WA was 3/31/17. My last day of employment in CA was 1/15/18. New job in AZ starts on 4/1/18.
1997	My last locums assignment in Washington was in Yakima in 2016
1998	My license restriction was lifted on 5/24/18 and I have just completed applications for ABFM and DEA certifications - results pending
1999	My main practice is Interventional Cardiology
2000	My main practice is surgical oncology

2001	My name is Marvin D. Seppala, MD and I am the chief medical officer for Hazelden Betty Ford Foundation. I oversee 15 of our clinical sites, but to not provide direct clinical care at this time.
2002	My office is based in OR, but I have a WA license as I have the potential to see the rare PT who travels from WA.
2003	My office Ob/Gyn is located in Alexandria Egypt
2004	My office provides comprehensive, compassionate, evidence based obgyn care.
2005	my opioid prescriptions are limited quantities for postop or postpartum pain
2006	My opioids are used when all other measures fail and I check Map/ppmp
2007	My PA and I feel it is a privilege and great responsibility to provide up to date care to the members of our community. We are dedicated to helping with the opioid crisis as much as we can. Thank you
2008	My practice consists of patients who have cancer related pain.
2009	My practice currently to immediate family for diagnosis and referral recommendations
2010	My practice focuses on imaging guided therapy for urologic disease and interventional radiology
2011	My practice focuses on late complications of hematopoietic stem cell transplantation
2012	My practice includes 3 other physicians, two of whom are UW fellows
2013	My practice includes general, obstetric, and regional and neuraxial anesthesia and MAC
2014	My practice is 100% hospital based ED.
2015	My practice is 100% with Hospice Patients and prescribing of opioids is only to this population.
2016	My practice is closed due to high patient volume, but 2 of my partners are taking new patients
2017	My practice is devoted to aviation medical exams and assisting my colleagues in surgery
2018	My practice is diverse and covers many disciplines
2019	My practice is employee health
2020	My practice is entirely in a hospital setting on a consult service for palliative care
2021	My practice is exclusively administrative
2022	My practice is exclusively home based Hospice and Palliative Medicine.
2023	My practice is exclusively in hospital Neonatology.
2024	My practice is in California, not in Washington state.
2025	My practice is in palliative care and hospice medicine.
2026	My practice is limited on a contractual basis with Social Security to perform psychiatric disability evaluations for them approx. 6/weeks - one hour each. My contract does not entail treatment and is
2027	My practice is limited to assisting in surgery. No direct patient contact inside the clinic
2028	My practice is limited to hospitalized patients thus I have no chronic patients
2029	my practice is limited to Mohs Micrographic Surgery, biopsies, excisions for skin cancer
2030	My practice is limited to pre-travel consultation services for military beneficiaries
2031	My practice is limited to skin cancer, excision of and Mohs micrographic surgery.
2032	My practice is mainly telemedicine
2033	My practice is now confined to locum tenens
2034	My practice is public health and there is very little individual-level healthcare involved.
2035	My practice is satisfying but the work load is excessive
2036	My practice is solely assisting in the operating room. I do not see patients outside of the OR
2037	My practice is Urgent Care, not primary care
2038	My practice is very focused on transplantation
2039	My practice limited to stress tests for outpatients at my hospital. No prescriptions
2040	My practice provides STD screening services, using CDC guidelines and protocols.
2041	My practice varies depending upon my locums employer, over all.
2042	My prescription of opioids is to treat opioid use disorder, not pain
2043	My primary job is in Public Health. I see patients in hospital ID consultation 1 weekend per month
2044	My primary job is to do Medicare wellness visits on occasion I will see simple express care type patients as my schedule will allow. I do not do chronic care management or more complex urgent care pat

2045	My primary practice is in OR, but occasionally float to campuses/clinics in WA
2046	My private practice is focused on reproductive psychiatry and women's mental health.
2047	My private practice merged with our local hospital clinic network, and we are now hospital owned
2048	My responses with respect to pain treatment with opioids relate to my Oregon practice/licensure.
2049	My solo practice is a Direct Primary Care practice
2050	My team cares provide end of life care.
2051	My time is 100% administrative. I am the CMO for 4 FQHCs and 3 Public Health Clinics.
2052	My WA License to provide Neurointerventional Locums. I have not had an assignment there yet.
2053	My WA practice is reading CT, MR, US, etc. for patients who live in Washington state.
2054	My wife is incapacitated and I'm her full time caregiver without any remuneration. Volunteer only
2055	My work environment is satisfactory
2056	My work in Washington State is limited to tele-hospitalist services only
2057	Myself and my clinic have a large practice of Buprenorphine patients for both medication assisted treatment. You should be tracking this
2058	Narcotics are prescribed for post surgical patients.
2059	Navy
2060	Nearing retirement working 3 days/week
2061	Nearing retirement. Work occasionally
2062	Nearly full time hospitalist for adult medicine patients including critical care
2063	Neonatal intensive care
2064	Neonates
2065	Neurohospitalist
2066	New (<1yr) sole proprietorship/PLLC doing locums and global health
2067	New at this practice, started June 2019
2068	New Direct Primary Care clinic opened July2018 here in Moscow ID
2069	New patients are all advised that pain management is not available at this office and will be referred outside this practice to specialists. Existing pain patients have been patients for years
2070	New practice, have been in practice in state of WA x2months
2071	New to Kaiser.
2072	New to practice just started at my new location this week
2073	Next epidemic, stimulant use patients
2074	Next year (2020) I plan to retire completely
2075	No chronic pain management. several providers have X license
2076	No clients seen as patients -- medical navigation or chart review only
2077	No clinical practice - all academic
2078	No clinical practice. Medical director SKI PATROL, OEC certified, AHA CPR instructor
2079	No clinical/direct patient care. I review records for SSA disability claims
2080	No current employment, may do some consulting
2081	No current practice
2082	No direct patient care in Washington State. Utilization management only.
2083	No direct patient care. I work for U.S. FDA in Silver Spring, MD (100% administrative duties).
2084	No direct patient contact
2085	No Duty To Submit
2086	No EMR
2087	No face-to-face patient contact. 100% of my time is spent in indirect care - provider out coverage for 28 MDs/PAs/ARNPs and 10 residents
2088	no limits

2089	No longer in clinical practice. Currently a physician executive
2090	No need for Washington license as i practice in Salem.
2091	No onsite practice - all done remotely from home in Idaho
2092	No opioid prescribing activity in WA. Telehealth only for WA; all F2F care in NH
2093	No patient contact
2094	No practice for money. Keep license because I worked hard to get it.
2095	No practice in WA state at present
2096	No RX opioids unless my supervising md is out of the office and his patients need care
2097	No, except to state again that I do not have direct patient care.
2098	No, I am a retired physician
2099	no. I have a great supervising physician.
2100	No. I retired from practice.
2101	Non clinical government position
2102	None at this time. I mostly volunteer at this time.
2103	None. Currently on leave from practice as my spouse recently died.
2104	None. Electronic records have increased the workload significantly
2105	None. I have not yet started at this position
2106	Northwest Permanente
2107	Northwest Skin Specialists is a small dermatology practice in Seattle established 15 years ago
2108	Not active since Jan '19. Moved to WA Apr '19. Will not be clinically active again until Nov
2109	Not actively practicing
2110	Not an active clinical practice. I do some consulting, coaching of physician execs, some teaching and lectures and lots of reading about health care and policy.
2111	Not caring for patients in Washington thus far
2112	Not currently employed
2113	Not currently in clinical practice.
2114	Not currently in clinical practice. I have a non-clinical position as Medical Director
2115	Not currently practicing
2116	Not currently practicing
2117	Not currently practicing
2118	Not currently practicing
2119	Not currently Practicing Family Medicine
2120	Not currently practicing in US
2121	Not currently practicing in Washington
2122	Not currently practicing.
2123	Not currently working, but am going to begin a new position in anticoagulation very soon
2124	Not currently working.
2125	Not employed. Locums type practice in or out patient
2126	Not enough nursing/hospital support in the ER
2127	Not enough time with patients. Electronic medical record complicated and time consuming
2128	Not in active practice and have not done any clinical work in the last year
2129	Not in active practice, in biopharmaceutical. Trying to arrange volunteer clinical practice
2130	Not in active practice. Do not treat chronic pain patients.
2131	Not in clinical practice
2132	Not in clinical practice
2133	Not in practice - research and consulting only
2134	Not in practice any longer --- Retired

2135	Not in practice, may be in future
2136	Not open to public; patients are the Hanford workforce.
2137	Not practiced since 2006
2138	Not practicing
2139	Not practicing
2140	Not practicing
2141	Not practicing at this time
2142	Not practicing clinical medicine
2143	Not practicing currently
2144	Not practicing currently. Used to be the best job ever. Still grieving
2145	Not practicing in WA state - kept license
2146	Not practicing now.
2147	Not working as PA (in Biotech now).
2148	Not working as PA just like to keep license current
2149	Not working at this time
2150	Nursing home practice started recently
2151	NWP has asked that we maintain a WA license to offer telemedicine to WA residents
2152	Ob Hospitalist
2153	OB hospitalist work 6 24 hr shifts/month. Strict opioid Rx measures Work for IHC
2154	OB Laborist
2155	Obesity Medicine
2156	Obs medicine is a very short stay and we often do not have chronic pain patients.
2157	Obstetric hospitalist
2158	Occasional locums tenens
2159	Occasional Locums Tenens in Washington St.
2160	Occasionally consult with patients and or Physicians
2161	Occupational medicine and urgent care practice at Waste Treatment Plant, Hanford Nuclear Site
2162	October 2018 I moved from full time to supplemental now work about 2 weeks a month
2163	Office & cash based, elective care for aesthetic & functional medicine services and procedures
2164	Office based but I do a considerable amount of Emergency Work at Legacy Emanuel Medical Center
2165	Office based practice
2166	Office setting better described as hospital-based, large outpatient clinic
2167	Officially retired from full-time practice 5/31/17. Hope to be fully retired within the next year.
2168	Olympia Buprenorphine Clinic, 1 day/week. Occasionally for colleagues who need office coverage
2169	On clinical staff at multispecialty practice; seeing patients but no longer paneled
2170	On leave of absence due to work environment and a non-compete. Plan return to practice in 2019
2171	On medical leave
2172	On sabbatical, sold my clinic in 2017.
2173	Once a month, I assist workers file L&I for industrial noise induced hearing impairment
2174	One employee 1h 1st visit. Use portal not phone calls, no miscommunication or waste of time.
2175	One of the very few independent family practice clinics in the state
2176	Only 2 weeks in
2177	Only ADHD. Used tele-med to Ak, Az, SD & Spain & from Paris & Japan. No current pts using this.
2178	Only do telepsychiatry. In past also did disability evaluations in person & might again
2179	Only here for 1 year for husband's medical training, then will return to Salt Lake City, UT.
2180	Only medical activity is volunteer teaching and caring for patients one day a month
2181	Only narcotics prescribed are for post op acute pain.

2182	Only now returning to clinical after stopping in March
2183	Only practice for Department of Defense beneficiaries.
2184	Only practice in state of WA is with the military
2185	Only prescribe medications for inpatients--no outpatient opioid prescriptions
2186	Only prescribe opiates for inpatient.
2187	Only prescribe opioids in the setting of Palliative care, End of Life in the NH hospice in the home
2188	Only see patients in Idaho as urgent care provider. I don't prescribe in Wa
2189	Only teaching rheumatology fellows at the University of Washington
2190	Only work part-time as an assistant surgeon
2191	ON-SITE bone scan, ob/gyn ultrasound - incl. interp, recommendations for referring providers
2192	Opened new location.
2193	Opiate-analgesia is prescribed only for post-procedural acute pain management
2194	opiates for non-cancer if they are on chronically and can't be stopped during hospital stay
2195	Opioid management remains my most difficult area of practice.
2196	Opioid prescribing limited -indication - stimulated stem cell collection.
2197	Opioid Rx only on discharge from hospital (inpatient rehab unit). Rarely in outpatient setting
2198	Opioids are prescribed acutely only. (3 days)
2199	Opioids for acute pain only. If needed longer than a couple weeks refer to pain management
2200	Opioids I prescribe are for post op surgical patients
2201	Opioids provided within context of an opioid treatment program or office based buprenorphine
2202	Oral & Maxillofacial Surgery Clinic
2203	Orthopaedic clinic work as consultant no meds or procedures.
2204	Orthopedic surgeon with fellowship in sports medicine knee and shoulder former physical therapist/athletic trainer
2205	Orthopedic Surgery with focus on Foot and Ankle
2206	Orthopedics
2207	our clinic is an occupational health services. We see work injuries only.
2208	Our group has trouble recruiting and retaining Anesthesiologists and CRNA's.
2209	Our group is looking to start a Telemedicine service for WA state residents.
2210	Our organization and our clinic is #1 in an active program to reverse the opioid crisis (in a pilot program)
2211	Our practice has a patient-centered, team-oriented, multidisciplinary approach to patient care
2212	Our practice is collegial and supported by administration
2213	Our practice is part of UWMC
2214	Our system highly utilized and monitored state mandated opioid recommendations
2215	Our teledermatology practice is limited to the treatment of anti-aging and acne
2216	Our urban group has no Medicaid limits - with no federal help and 70% Medicaid, it is tough!
2217	Outpatient family Practice
2218	Outpt occ med, UC, ltd prim care, immigration PEs for Canada, Australia, New Zealand
2219	Over worked and under paid
2220	overseas military facility
2221	Overwhelmed with paperwork, computer/documentation requirements
2222	Overworked and under paid
2223	Own 3 private practices performing MRI, CT, X-ray and intervention pain management
2224	paid below market value.
2225	Paid teaching position at VA do IME and legal cases
2226	Pain management for cancer patients
2227	Pain medication is prescribed in conjunction with surgery or c-sections
2228	Pain Patient: Referral back to their referring Provider to manage

2229	Pain rehabilitative self-care approach with biopsychosocial model
2230	Palliative Care Clinic practice focused on Oncology patients
2231	Part of a large multidisciplinary integrated group that functions extremely well
2232	Part time and expect to fully retire in 2 years
2233	Part time anesthesiology in an eye clinic. I don't have pain patients, nor do I want any.
2234	Part time health official for Walla Walla and Columbia counties and provide consultation to staff
2235	Part time in primary care, part time caring for children with medical complexity
2236	Part time per diem fill in when needed in a primary care IM clinic that is closing 1-31-2018. Next year 2018 plans unknown now.
2237	Part time surgical practice, and Red Cross Volunteer
2238	Part time urgent care , 3 to 4 days every month
2239	Part time, semi retired pathology practice, all in the state of Alaska.
2240	Part time, semi-retired
2241	Partially retired / work in a priority care setting treating pts who come from hospital
2242	partially retired, working locum tenens as a clinician, 0.2 FTE appointment teaching online courses
2243	Part-time locum for Kaiser Permanente
2244	Part-time locum tenens is the majority of my practice
2245	Part-time on-call physician to supervise rad onc patients on treatment.
2246	Part-time volunteer
2247	Part-time. Only work two days per month
2248	Pathologist
2249	Pathologist with no direct patient care
2250	Pathology across state lines
2251	Pathology...most of this is NA
2252	Patient & peer education in Endocannabinology and cannabis science
2253	patient care to WA is telephone or video, or in clinic in Clackamas
2254	Patients that I am prescribing narcotics for are post-operative C-section patients only.
2255	Patients who need a doc, are unable to travel, or for whom time is critical are referred to me.
2256	Pediatric anesthesiologist: manage inpatients for pain . A few have chronic non-cancer pain.
2257	Pediatric Critical care medicine - Work in PICU
2258	Pediatric Emergency Dept
2259	Pediatric emergency medicine
2260	pediatric hospitalist
2261	Pediatric hospitalist, no pain treatment beyond acute care
2262	Pediatric Ortho at Shriners Hospital for Children
2263	pediatric otolaryngology university of washington
2264	Pediatric Surgeon part of a larger group in large health system
2265	Pediatric through geriatric, gynecologic, obstetric, psychiatric, & substance use care
2266	Per diem work
2267	Per-diem MD, no current chronic pain management
2268	Performing intakes for VA Puget Sound. Pain patients receive short term bridge medications only
2269	performing physical exams for US government who determines degree of disability
2270	PHACF, PO pts requiring transient narcotics, 10-15% chronic pain pts requiring LT therapy
2271	Phone consultative service at 360 399 5621. A cash charge per call. Website at leonardmedical.com
2272	physical disability evaluations
2273	Plan to become active retired soon
2274	plan to join Swedish Medical Center on January 27, 2020

2275	Plan to move back to WA. Not sure whether I'll practice for pay there.
2276	Plan to retire from full time practice in Wisconsin and move to Washington state and work part time.
2277	Plan to retire in 2 years
2278	Plan to retire in next 18 months.
2279	Plan to return to clinical practice within this year (2019).
2280	Plan to volunteer for Seattle Arena free clinic
2281	Planning retirement 2021-2022
2282	Planning to enroll in pain management CME this next month and complete by 3/16/19.
2283	Planning to set up telemedicine option this year
2284	Planning to start employment in at St Clare Hospital in Lakewood, about September 2, 2019
2285	Planning to take pain CME in next month
2286	please call for more information 509 539 1137
2287	Poor administrative leadership
2288	Possible I will resume work as a surgical assistant which is needed locally.
2289	Practice 100% functional medicine- minimal medications used
2290	practice as family medicine provider with multiple specialty provider
2291	Practice at UWMC and Seattle Children's from 1986-2016 and still care for some Washington patients from my new practice at University Texas in Houston.
2292	Practice confined to private practice radiology interpretation.
2293	Practice currently inactive; I have a child with Autism requiring my full-time care.
2294	Practice exclusively as an OB hospitalist
2295	Practice has become increasing difficult due to the administrative / computer work.
2296	Practice in Cleveland past 6 years. Plan to practice in WA sometime in 2019 or 2020
2297	Practice in Hawaii only now. to employment in Washington at some point in the future
2298	Practice in OR Kaiser, provide telehealth to WA patients
2299	Practice involves postmortem examination of remains - as a forensic pathologist/medical examiner
2300	Practice is academic group of geriatricians
2301	Practice is becoming more burdensome with prior authorization for meds, procedures and referrals.
2302	Practice is focused exclusively on workers comp claims for both LNI and other third-party payers
2303	Practice is interventional pain management, spinal diagnostics, and regenerative medicine
2304	Practice is limited to Emergency Medicine only
2305	Practice is limited to urgent care medicine
2306	Practice is part of a local healthcare system with multiple clinics in the area
2307	Practice is primarily inpatient Hospitalist work
2308	Practice is telemedicine urgent care only, no controlled substances are prescribed
2309	Practice limited mohair restoration
2310	Practice limited to consultation for clinical research
2311	Practice limited to dermatopathology
2312	Practice limited to office, no surgical practice.
2313	Practice limited to oral and maxillofacial surgery
2314	Practice limited to skin cancer, excisions of mono micrographic surgery
2315	Practice limited to supervising fellows at Harborview med center
2316	Practice limited to the treatment of Hansen's Disease and research in the same field
2317	Practice manages all aspects of bariatric surgery including primary and revisional operations
2318	Practice of ayurvedic medicine is primarily through Bastyr University
2319	Practice on-hold to take care of family.
2320	Practice only addiction medicine at this time

2321	Practice only as locum tenens in Washington state
2322	Practice outpatient vascular neurology
2323	Practice places Physicians NP's & PA's in hospitals & post acute settings in USA
2324	Practice that is dedicated to the treatment of sinus disease only. Not general ENT
2325	Practice will be moving in early June. New address: 441 30th St, Astoria, OR, 97103
2326	Practiced hair restoration exclusively for 13 years
2327	Practicing only Obstetrics/high risk OB/director of midwifery service
2328	precepting only,no direct pt. care
2329	Presently I mainly give coverage for vacations for colleagues
2330	Presently out of country
2331	Presently retired but may do some consulting work.
2332	Presently retired, but hoping to begin volunteer work in the near future
2333	Primarily a administrator/oversight physician for in-home provider
2334	Primarily Administrative role with occasional clinic work
2335	Primarily administrative, not treating patients. We have options for pain management, MAT, OTP
2336	Primarily clinic based pulmonology with in patient consultations and procedures
2337	Primarily consultation to health care industry, providers, 3rd party payers
2338	primarily dementia
2339	Primarily locums work at present
2340	Primarily Medicare - over 70 years of age.
2341	Primarily Occupational Medicine practice
2342	primarily research, all clinical activity is hospital based
2343	Primarily work on Oregon for Kaiser, but required to keep a license in WA
2344	Primary clinical work is at LHJ TB clinic. Cover at WWU Student Health Center
2345	Primary focus is epilepsy
2346	Primary hospitalist
2347	Primary occupation is teaching attending / core faculty member of a family medicine residency.
2348	Primary palliative/hospice medicine. Back up for primary care for pain management. Completed 19 hours of addiction medicine CME
2349	Primary work is administrative for a payer. Clinical work is as volunteer faculty preceptor.
2350	Primary work is as medical director
2351	Prison
2352	Private cash-based practice, not accepting insurance
2353	Private multispecialty allopathic practice
2354	Private practice anesthesiology, hospital based.
2355	Private single-specialty group, hospital based care at Providence St. Peter Hospital.
2356	Procedural/surgical clinical practice
2357	Program director for CT Surgery residency programs
2358	Prospective Reviewer for cardiovascular services
2359	Protect primary care physicians from employers
2360	Provide endocrinology care only.
2361	Provide locums work
2362	Providence St. Mary's is an outstanding place to work
2363	Providing home health and wellness visits
2364	Providing the best patient care as possible
2365	Psychiatry resident at UW
2366	Public health only, not clinical health care

2367	Public Health STD Clinic, associated with Harborview Medical Center and UWMC
2368	Public health, preventive med. & healthcare research & practice consultation & primary care.
2369	Pulmonary/critical care
2370	Pure hospitalist
2371	quit WA office job - now doing telemedicine onl
2372	Radiologist Diagnostic Practice
2373	Radiology group private practice
2374	Raising fees on practitioners is wrong, especially those that willingly treat Medicaid patients
2375	rarely had to Rx narcotics Wait do it at all now to healthcare law changes
2376	Rarely practice in WA. Mostly cover ill call for urgent care clinic shifts
2377	Read exams remotely for about 52 hospitals.
2378	Recently fully retired from active practice. Volunteer providing MAT to opioid dependent patients
2379	Recently licensed in WA, soon to begin working in a telemedicine capacity.
2380	Recently lost job-not my fault-Looking for work, in & outside of healthcare, may retire
2381	Recently moved from traditional primary care at Kaiser to our Urgent care clinics and a Suboxone practice at our primary care which I am continuing.
2382	Recently moved to Washington state and looking for work
2383	Recently relocated to WA state and have not started working yet.
2384	Recently resigned. I'm am searching for an advanced heart failure transplant opportunity
2385	recently retired
2386	Recently retired
2387	Recently retired -4 months
2388	Recently retired- consider part time work
2389	recently retired, am doing occasional locums at my prior practice
2390	Recently retired. May do volunteer clinic work in future. Learning about it from friends of mine.
2391	Recently started position as a clinic instructor at the University of Washington as of 07/01/2018.
2392	Recently started working locums tenens, as I continue as a Medical Officer in the US Army Reserve.
2393	Recovering from extensive back surgery. If I recover adequately, I may return to medical practice.
2394	Recovering from illness
2395	Red Cross Volunteer & do Military Medical Assessments.
2396	Refer children to primary care provider for ongoing pain management
2397	Refer to Complimentary such as Chiropractic, acupuncture, massage, nutrition
2398	Refugee population in Israel
2399	regs,Ins environ,EMR,forcing docs to retire early.HATE working for groups(UW)leave state(non-comp
2400	Remote medical practice occupational care and evaluation.
2401	res ipsa loquitur
2402	Research in molecular diagnosis Primarily literature and possible commercial at this time.
2403	Research in Osteoporosis and Endocrinology and Informatics Development in Imaging
2404	Residency program in Orthopaedics
2405	Resident physician training in Fl. Will be working in Washington upon completion of training
2406	resident teaching clinic in South King County. majority of kids low income
2407	Responsibility limited to clinical laboratory administration and operation. No direct patient care
2408	Responsible for the oversight/care of patients on hospice, but I am not the PMD.
2409	Restrictive covenants (Non-Compete Agreements) severely limit by job choices
2410	Retire in 99 days
2411	Retired
2412	Retired

2413	Retired
2414	Retired
2415	Retired
2416	Retired
2417	Retired
2418	Retired
2419	Retired
2420	Retired
2421	Retired
2422	Retired
2423	Retired
2424	Retired
2425	Retired
2426	Retired
2427	Retired
2428	Retired
2429	Retired
2430	Retired
2431	Retired
2432	Retired
2433	Retired
2434	Retired
2435	Retired
2436	Retired
2437	Retired
2438	Retired
2439	Retired
2440	Retired
2441	Retired
2442	Retired - not practicing
2443	Retired 08/2018
2444	Retired 3/1/2018
2445	Retired 6 months ago
2446	Retired 7/10/18
2447	Retired academic pediatrician who only does volunteer work
2448	Retired active in-state
2449	Retired Active, I do mission trips abroad
2450	Retired Active. Not in practice currently.
2451	Retired after a career working abroad, both clinical and public health .
2452	Retired and giving advice and also volunteerism in summer camps or homeless centers
2453	Retired and not currently active since treatment for lymphoma.
2454	Retired and only provide teaching and administration work
2455	Retired and volunteer at 2 local free clinics about 1/2 or 1 day per week.
2456	Retired as of 12-31-17 "Free at last - free at last"
2457	Retired at age 54: Multiple sclerosis and burned out by EMR snafus and insurance company battles for patients
2458	Retired at the end of October 2016. Considering possible part time of volunteer work.
2459	Retired August 1, 2018

2460	Retired but do locum tenens 1 to 3 days monthly
2461	Retired but getting boarded for wilderness medicine, no hospital work.
2462	Retired but may go back to work on limited part-time basis
2463	Retired but would like to keep licence active
2464	Retired clin gen surg 1998 to be f/t Med Dir @ Regence BS (1998-2009) & CGI Federal (2009-Prsnt)
2465	Retired due to the inc in the admin non-proven non-clinical requirements that reduce quality care
2466	Retired except as Cancer Liaison Physician January 1, 2018
2467	retired except for volunteer work
2468	Retired for health reasons
2469	Retired from active clinical practice 7/6/2018
2470	Retired from active practice, but work on a locums basis
2471	Retired from active practice; ABFM certification lapsed December 2017
2472	Retired from all clinical activity December 31, 2016
2473	Retired from clinical medicine but may consider ancillary or volunteer role
2474	Retired from clinical medicine in 1/19. Work exclusively as a physician advisor
2475	Retired from clinical medicine. Teach part time at WSU medical school
2476	Retired from clinical neurosurgical practice
2477	Retired from clinical otolaryngology and do only surgical assisting
2478	Retired from clinical practice
2479	Retired from clinical practice
2480	Retired from clinical practice
2481	Retired from clinical practice
2482	Retired from clinical practice - Surgeon assist only
2483	Retired from clinical practice 2011. Retired from all medical practice 2017
2484	Retired from clinical practice 5/31/17. Now teaching public health at the University of Washington
2485	Retired from clinical practice 7/31/17
2486	Retired from clinical practice but consult and teach
2487	Retired from clinical practice but could consider return on part-time basis.
2488	Retired from clinical practice currentl
2489	Retired from clinical practice in 2017
2490	Retired from clinical practice. Inspect outpatient ambulatory surgery centers
2491	Retired from full time administration and practice 18 months ago, now half time CMO in a CHC.
2492	retired from full time practice. Now work locums tenens in WA, OR and Montana
2493	Retired from fulltime clinical practice 8/31/2019 planning to practice part-time as locum tenens
2494	Retired from full-time practice at Kaiser. Have continued to work part time at Kaiser in a "locums" capacity
2495	Retired from Group Health in Olympia in 2011. Locums since then.
2496	Retired from group practice if 26 years on 2/2018. Want to keep license current for occasional part time or locums opportunities in WA
2497	Retired from medical practice
2498	Retired from medicine Winter 2019, teaching A&P at TCC. I am keeping my license & ABOG up to date.
2499	Retired from my medical group but considering working in voluntary clinics
2500	Retired from Navy in July 2018 and started at Cascade Valley Hospital in September 2019
2501	Retired from practice. Teaching medical students(undergraduate medical education)
2502	retired from regular practice now doing locums 2 days per month
2503	Retired from the US Air Force, now working only part time at the local VA in Walla Walla
2504	Retired from VA 3/31/19. Took remainder of 2019 off. Start locum tenens in MT Jan 2020
2505	Retired gastroenterologist still very active in the GI community (meetings, CME, advocacy)

2506	Retired in December 2016. Medical Director Surgical Services Confluence Health. Assist in the OR.
2507	Retired in WA as of 1/1/2018. All my patient records are available through Kaiser Permanente
2508	Retired June 2017 but will continue to CME to keep options open for one more cycle
2509	Retired last yr from UC Davis
2510	Retired March 31, 2019 from YVFWC (Farmworkers Clinic) No ongoing direct patient care. No call schedule clinical work as surgical assistant at Sunnyside Astria. Volunteer Life options in Sunnyside & G
2511	Retired MD license for occl. teaching opps. in military & possibility of need in emergency care
2512	Retired now
2513	Retired October 2017
2514	Retired Orthopedic Surgeon volunteering at ortho clinic for Providence IM Residency program.
2515	Retired past year
2516	Retired since May 18, 2018
2517	Retired surgeon, I work part-time as a consultant for the OMD at L&I
2518	Retired surgeon. Teach ortho exams and casting techniques, preceptor in Ortho clinic
2519	Retired this year
2520	retired this year- burnout!
2521	Retired, and have chosen not to pursue any locums work
2522	Retired, but considering volunteer work
2523	Retired, but doing volunteer work
2524	Retired, but may return to part time in WA & AZ
2525	Retired, had extensive CME on addiction medicine, psychiatry, and chronic pain.
2526	Retired, just provide local as needed medical advice transport to local medical facilities
2527	Retired, not practicing.
2528	retired, only doing volunteer work at a shelter
2529	Retired, possibly enter active practice at a later date
2530	Retired, volunteer at local clinic and with Red Cross occasionally
2531	Retired, volunteer uncompensated missionary work only.
2532	Retired, would like to do volunteer work
2533	Retired.
2534	Retired.
2535	Retired. Currently live in Kansas but plan to return to WA
2536	Retired. No current practice exists
2537	Retired. Occasionally MD's with whom I have worked in the past call me with questions.
2538	Retired. Occasionally teach medical students. Occasionally care for family or friends
2539	Retired. Some foreign med volunteering
2540	Retired. Volunteer medical director for emergency service QRU
2541	Retired. Volunteer provider
2542	Retired/Active status - available for voluntary response to wide-spread emergency or disaster
2543	Retirement is great!
2544	retirement is wonderful
2545	Retiring 3-31-18. Have been at Urgent Care for last 2 years
2546	Retiring 4/2018
2547	Retiring because quality of care is no longer determined by doctors but by accountants and IT people
2548	Retiring from active duty within the year
2549	Retiring from USAF, not planning to practice
2550	Retiring from working for Providence
2551	Retiring in 7 months. Electronic medical records has sapped all the energy I have

2552	Retiring next year. I cannot take it anymore. Interference from the legislature, pharmacies, insurance co, drug co, etc. Can't practice quality medicine. War against doctors. can't take it anymore!!!
2553	returning in a couple years to work in Rural Emergency Departments part time.
2554	Rewarding
2555	Russell L. Legg, MD, is an interventional pain management physician
2556	Satisfied
2557	School based medical practice
2558	Sea Mar CHC provides care to underserved and uninsured populations.
2559	Seattle Children's has all specialties.
2560	See comments attached to saved file
2561	seeing 21 patients and teaching 3 residents and a student compromises patient care and teaching
2562	Seeking employment
2563	Seeking opportunity
2564	Self care approach. Pain relief not the primary goal. Opiates are not the indicated treatment
2565	Semi retired but I do intermittent locums work at Kaiser Permanente for outpatient psychiatry
2566	Semi- retired medical oncologist
2567	Semi retired, reduced practice
2568	Semi-retired
2569	Semi-retired
2570	Semi-retired
2571	Semi-retired
2572	Semi-retired
2573	Semi-retired - work 2-8 days/month
2574	Semiretired MD providing locum tenens coverage in AK and volunteer MD service in Everett.
2575	Semi-retired working hourly locum for Kaiser 1-2 days a week
2576	Semi-retired, do locum tenens and international medical volunteering
2577	Semi-retired. Practicing very part-time.
2578	Serve as volunteer in 2 vision improvement organizations in Seattle area.
2579	Service at a mission hospital in Kenya
2580	Services at the clinic are broad: acupuncture/naturopathy/rehab/ psych etc not provided by me
2581	Serving Veterans w complex medical problems. Teaching UW NP students. Supervising NPâ€™s in ER/UC
2582	Severe psychiatric shortage.
2583	Shortage behavioral health providers in Okanogan county. Pain specialist is 4-6 hour drive away
2584	Simply enjoying retirement. Try my best to keep up with medicine, especially new developments.
2585	Since 12/1/17 I have decreased my practice to 2 days a week
2586	Since the death of my son in October 2017, I have limited myself to half time work
2587	Skagit pediatrics is a great place: good people, top-notch medicine, and great patients.
2588	Skilled nursing facilities
2589	Slowly retiring to a career of Volunteer Service
2590	SMART TEAM LEAD PHYSICIAN FOR MASON AND GREYS HARBOR COUNTIES PROGRAM
2591	so far so good
2592	Solely pediatric anesthesia in a group practice Invited anesthesia conferences 2-5 year
2593	Solo practice that works for the benefit of our patients
2594	Solo practitioner private practice
2595	Solo urology practice. Share call with all community urologists
2596	Spend 5 months in Albuquerque, NM where I am on faculty of the UNM Medical School
2597	Spine pain

2598	Split between hospitalist and emergency dept. side income from telemedicine
2599	Split practice between hospitalist and nephrology
2600	Split time between and clinic and laborist, perform all gyn surgeries in OR
2601	Sports medicine fellowship trained
2602	Stable rheumatology practice since 1987
2603	Standard Otolaryngologic practice with interest in laryngology
2604	Start at UW 7/2018
2605	Start date 9/17/2018.
2606	Start job next week. Currently working locum job in CA, which ends this week.
2607	Started this month
2608	Starting medical director of opiate use disorder clinic for Spokane Regional Health District
2609	State Surgeon and MEDCOM Commander, California Army National Guard
2610	Staying at home with son. Volunteered at LRMC prior/No jobs. Work upon return to USA in Feb2019.
2611	Still a resident in a large hospital
2612	Still great
2613	Strictly hospital based, so treatment of chronic pain involves continuation of outpatient regimen
2614	Strive to practice integrative medicine with goal to keep costs down. We do direct patient care
2615	subspecialty in minimally invasive gynecologic surgery
2616	Subspecialty practice is in neurocognitive and neuroimmunological diseases.
2617	Subspecialty trained in surgical retina and uveitis (both were 2 year fellowships).
2618	Superior quality patient care.
2619	Surgeons can refer to pain specialists as needed. My practice is ambulatory surgery clinic.
2620	Surgical Sports Medicine/Orthopedic practice
2621	Swedish is not a good place to work at
2622	Swedish/Providence system employee
2623	Symptomatic management of chronic conditions within the scope of PMR
2624	take care of chronically ill patients who have not had success with traditional medicine approaches
2625	Take care of patients in Bone Marrow transplant, most of my prescriptions for opioids are related to their chronic pain.
2626	Taken a sabbatical not sure if I will return
2627	Taking a break from clinical practice but may resume in future
2628	Taking a break to care for family members. Son had leukemia and my mom has been severely ill
2629	Teach occasionally at WWAMI program at University of Idaho
2630	Teaching and educating patients to keep wellness and early diagnosis and prevention
2631	Teaching Pulmonary, Cardiology, and Sports Medicine fellows. Exercise testing with patients.
2632	Telemedicine
2633	telemedicine for women's health and restorative reproductive medicine
2634	Telemedicine physician with Kindred Healthcare for practice in Kindred Hospitals.
2635	Telemedicine Urgent Care consults, no controlled substances are prescribed
2636	Tele-radiologist I do not exclude the possibility of locums in the distant future.
2637	Teleradiology
2638	Teleradiology
2639	Tele-radiology
2640	Teleradiology only
2641	Teleradiology, hospital based.
2642	Temporarily “retiring” for personal reasons. Plan return to practice; maintain currency thru CME
2643	Temporarily retired
2644	Temporarily retired from active practice. Engaged in a clinical lab in an administrative role.

2645	Temporarily working locums tenens in radiation oncology
2646	Temporary hiatus
2647	The 30 years I spent in a scientifically competitive environment at the NIH motivated me to keep abreast with scientific advances
2648	The acupuncture helps greatly for the chronic pain
2649	The administrative burden of a practicing doctor is becoming more and more
2650	The amount of time needed for documentation means I can see far fewer patients than otherwise
2651	The CICU at Boston Children's Hospital provides excellent care to children with heart disease
2652	The community based mental health clinic "access to care" has become a sham to allow able bodied, non mentally ill clients to seek disability using resources for truly needy ill patients.
2653	The current practice utilizes an app or website for all communication.
2654	The EMR has magnified the time and work to care for patients
2655	The majority of my time is spent in Clinical Informatics activities.
2656	The nearest certified pain clinic is over 150 miles from our clinic. We do a lot of consultation with them for pain patients
2657	the only opioid I prescribe for chronic pain is buprenorphine.
2658	The only opioids I currently prescribe are to patients s/p surgical procedure.
2659	The only patients that would currently receive opioids in my practice are hospitalized patients.
2660	The pain medications that I prescribe are limited and primary for post operative pain
2661	the past year doing locums/perdiem interventional pain or hospice.
2662	The patients that I prescribe noncancer related pain medication to treatment of postoperative pain
2663	The physicians in our practice/ model of my team allow a lot of PA autonomy.
2664	The power of healing and a positive outlook is discussed.
2665	The practice of medicine is getting harder and harder.
2666	The practice only treat Occupational Injuries
2667	the rx of pain meds is for sedation for patients that are in the ICU
2668	The setting is rural
2669	The Vancouver Clinic is a great place to work
2670	The Volk v. DeMeerleer ruling of 2016 has made it untenable to see patients at risk of violence.
2671	There are complementary options for pain. I refer and recommend supplements when appropriate.
2672	There are very few colleagues in pain management who will consider treating the recovered addicts "in remission"
2673	Third world volunteer clinical practice, nation of Kiribati
2674	This is a direct pay practice that does not bill insurance
2675	This is a new employee health clinic at Scientific institute with well adults
2676	This is a new job for the past 3 months, when I moved to WA state, and has been good
2677	This is a very difficult practice situation with minimal support and highly complex patients
2678	This is an expensive hobby!
2679	This is an outstanding practice that provides me great rewards professionally.
2680	This is highly, but not completely, redundant with the osteopathic PA process
2681	This is in Illinois.
2682	This is my 40th year of practice and I still enjoy it as much as when I started
2683	too burdensome all the extra work
2684	Too busy searching for more partners
2685	Totally retired
2686	Traditional Anesthesia practice
2687	trained for 3 months with pain management specialty this year
2688	Transition from full time to part time (20 hrs/wk) effective 5/1/18
2689	Transition to a DPC practice within 1 year

2690	Transitioned from the military; now working opportunities in medical practice.
2691	Transitioned this year from private practice
2692	Transitioning
2693	Transitioning to telemedicine
2694	Treat many chronic pain patients with goal to improve function and maintain quality of life using minimal effective dose
2695	Treat only fam
2696	TRFM, PSC in E.WA is the only private practice since I started in this area 21 years ago.
2697	Tried to volunteer my services to organizations. As a specialist, no one was interested.
2698	Typical VA practice
2699	UMass sites also include teleradiology for UMass Clinton, Leominster and Marlborough
2700	Under paid, over worked in family practice
2701	under resourced, both healthcare provider and access to facilities and procedures
2702	Undergoing board certification process. American Board of Anesthesiology Advanced Exam passes 1/2019. Awaiting testing of applied (oral and OSEC) exam in 3/2020
2703	Underserved Clinic with out the ability to refer since I am not Prim Care Prov
2704	Understaffed and insufficient primary care doctors
2705	Unemployed at this time
2706	Unemployed.
2707	University practice at children's hospital
2708	Urban family medicine with no OB
2709	Urgent care
2710	urgent care
2711	Urgent Care and Occupational Medicine
2712	Urgent care only no primary care. Medical director so mostly admin now
2713	Urgent Care practice needs to be added to practice setting
2714	Urgent Care practice only
2715	Urologic oncology, academic practice currently
2716	US Navy currently stationed in Guam.
2717	UW / SCCA / VA / Harborview Heme/Onc Fellow
2718	UW Ortho, university setting
2719	VA based practice -- will be implementing telemedicine for primary care providers of the next year
2720	VA complex panels in PC and Women's Health, + inpatient rotations
2721	VA disability rating exams. No treatment or referrals. Personal providers manage conditions
2722	VA practice
2723	Value of passing life long earned experience to receptive participants
2724	Valve based or pay-for-performance will kill the profession of medicine eventually
2725	VAMC
2726	Vascular surgery, I only manage predictable post operative pain, per guidelines
2727	Very busy and every other night call for 16 years
2728	Very busy cardiac EP practice. Partner moved 6 months ago, recruiting replacement currently
2729	Very busy every day
2730	very difficult to find pain specialists to treat my patients
2731	Very enjoyable
2732	Very few of my chronic pain patients are able to be seen by a pain management specialist due to insurance acceptance problems
2733	very good multi-speciality practice
2734	Very grateful to be in the position I am in and staff that I work with

2735	Very happy with my practice
2736	Very happy with my practice
2737	Very happy with my practice!
2738	Very integrated. I love my practice
2739	Very part-time due to being a mother
2740	Very rewarding-helping patients receive new kidney transplants
2741	Very satisfying to help families raise resilient children and to work in Kaiser Permanente
2742	Very supportive practice
2743	very well structured
2744	Virginia Mason for last 12+ months. Jefferson Healthcare to start in 1/2019
2745	Volunteer - Free Clinic
2746	Volunteer activity has been only with overseas outreach and education
2747	Volunteer as medical interpreter for Korean immigrants
2748	Volunteer at a Mission in Terre Blanche, Haiti for a week twice a year
2749	Volunteer at end of life and with homeless in assessment/screening to make referrals to care
2750	Volunteer director of local free clinic
2751	Volunteer for End of Life Washington
2752	Volunteer monthly in local Free Clinic. We do not prescribe narcotics or opiates
2753	Volunteer one half day a month at a free clinic, The Free Clinic of Southwest Washington.
2754	Volunteer only for community and state
2755	Volunteer only, no chronic pain patients
2756	WA state resident working temporarily in AZ and will be returning to WA state
2757	WADOC HS paid by WA-no outside insurance. No EMR available to us
2758	Waivered Suboxone prescriber. Interested in helping expand this in Pierce Cnty.
2759	Walk-in
2760	Want to learn alternate medicine
2761	Want to maintain license to provide locum support to my former practice
2762	Was ABMS Cert'd, now NBPAS Spend 10-20%clinical time at Dialysis Units off campus
2763	Was just hired by NW Perm 6wk ago, have mostly been orienting; don't have much info to share yet.
2764	Was on medical leave due to cancer diagnosis
2765	Was terminated effective today
2766	We also do Workers Comp and Auto Injury patients
2767	We are 3 physicians employed by hospital to provide inpatient palliative medicine consults
2768	We are a Direct Pay or Concierge Practice
2769	We are a free clinic and do not prescribe controlled substances
2770	We are a physician owned corporation practicing as a multispecialty group
2771	We are a primary care practice in Fremont Seattle, serving children to elderly.
2772	We are a rural health clinic
2773	We are a small private clinic specializing in family medicine and sleep medicine
2774	We are boarding psychiatric patients for days to weeks in the ED before they can be placed.
2775	We are conservative - we prefer to treat the source of the pain rather than mask it with meds.
2776	We are extremely busy and we are overwhelmed and our compensation continues to go down
2777	We are limited by types of non-traditional modalities for pain control in the inpatient setting
2778	We are only plastic surgery practice on on the Eaststide who provides reconstructive microsurgery.
2779	We are Pediatricians, with special interest in management of ADHD and its co-morbid conditions
2780	We are some of the only pediatricians in Tacoma that take Coordinated Care and Amerigroup Medicaid.
2781	we are still establishing ROP services in Washington State.

2782	We do not have students year-round, so the average hours per week of instruction is skewed.
2783	We do obstetric anesthesia and cardiothoracic aesthesia
2784	We don't have pain management specialists but tend to refer patients primarily to 2 local clinics.
2785	We don't treat chronic pain, we are a walk-in-clinic.
2786	We focus entirely on cancer care and blood disorders
2787	We have a great working environment
2788	We have a team providing mental health services which is very helpful
2789	We have an acupuncturist provider onsite
2790	We have an inhouse counselor.
2791	We have an unusual health model: We do not bill or use insurance. Our business has contracts with companies, who wish onsite medical care, & they pay a contracted price.
2792	We have psychiatric patients in our hospital waiting for placement in a psych facility
2793	We help PCPs minimize risks of opioids and provide alternative non-opioid options for chronic pain.
2794	we integrate western and Eastern medicine practice in our office
2795	We monitor patients with monthly required clinic visits and physical exams
2796	we only see Medicaid patients who are students at UW. we take no new medicaid
2797	We only treat acute, post operative pain for the required 6 weeks
2798	We practice nephrology at clinic, hospital, and dialysis centers.
2799	we prescribe suboxone
2800	We primarily focus on providing locum hospitalist coverage and telemedicine service.
2801	We provide a great service
2802	We provide acupuncture and biofeedback
2803	We provide Advanced Heart Failure services to an underserved community.
2804	we provide great service in a rural setting
2805	We provide pediatric primary care for infants, children, adolescents, and young adults. We also provide walk-in urgent care services 7 days a week
2806	WE PROVIDE PWEIOWERATIVE CLINICAL CERVICES
2807	We provide state of the art care in one of the best teaching hospitals in the country
2808	We provide TeleMedicine to Stroke victims.
2809	We provide TMS for treatment resistant depression on a consultation basis only
2810	We read mammography/breast ultrasound studies for practices across the US.
2811	We refer chronic pain patient to pain service affiliated with our hospitals.
2812	We see L&I patients
2813	We specialize in the care of Chronic Spinal Cord Injury patients
2814	We take care of various: age, obgyn needs, Ethnicities, socioeconomic status
2815	We treat large number of medicare, medicaid, no-pay; drug, alcohol, diabetes problems.
2816	We welcome everyone into our practice
2817	We will be offering Telemedicine in 2019
2818	We work hard!
2819	Weaning down and off patients on chronic narcotics. Family medicine private practice
2820	Weeks of practice lower in last 12 months due to maternity leave
2821	Well organized with good support staff and very collegial
2822	We're in the process if obtaining privileges within WA at hospitals to provide teleneurology services
2823	When frustration is electronica medical record this will probably cost me to retire prematurely
2824	When we move to WA state I would be interested in serving as volunteer for patients in need or teaching
2825	Whole-Person Care addressing physical/emotional/mental/spiritual health.
2826	Wildfire destroyed town last year, clinic closed.

2827	Will be consulting only on whether a patient should go to an ER or wait to schedule an appointment with their primary care giver.
2828	Will be retiring end of December (1 month) reason for not accepting new patients
2829	Will be starting general surgery practice at Yakima Regional in Aug/Sep 2018
2830	Will be transitioning to part time practice.
2831	will be working in Arizona at end of year, need WA license for AZ license
2832	Will complete Opioid training
2833	Will probably work part time in next year
2834	Will retire at the end of Dec 2018
2835	Will retire in 2020
2836	Willing to provide volunteer/charity if requested to.
2837	Winding down with an eye towards retirement. Primary care is difficult road and not as enjoyable anymore
2838	Winding down. Expect to end practice in 2018.
2839	Wish government would start to fund primary care in a way that would enable us to take more than 20% medicare/medicaid
2840	Wish I could retire
2841	Within 9 months we may stop obstetrics in our hospital because of recruiting difficulties
2842	Wonderful place to work; great camaraderie; planning to work here until I retire
2843	Work 100% administrative for a managed care organization that manages Apple Health
2844	Work as a float with Kaiser Oregon, so physical office can change but time in clinic is the same.
2845	Work as a full time hospitalist
2846	Work as a hospitalist
2847	Work as a hospitalist and am the director of the inpatient hospitalist group.
2848	Work as a medical director for an insurance company
2849	Work as a surgical assistant
2850	Work as fellow
2851	work as hospital based nephrologist in my current position, I changed my job in June 2019
2852	Work as hospitalist in a locums capacity in CA, OR, and WA
2853	Work as instructor and teacher in simulation settings at Swedish medical center facilities
2854	Work as locum for now. will be starting full time in CA by Jan
2855	Work as locum tenens MD for Neighborcare Health-Vashon. No continuity care at this time.
2856	Work as volunteer consultant in newborn care to LMICs
2857	Work at Alaska neurology center in Anchorage. I commute back and forth
2858	Work at Kaiser Permanente Tanasbourne, Hillsboro, OR. Provide coverage for KP in Vancouver, WA.
2859	Work at multispecialty medical center; +suboxone license for addiction treatment
2860	Work at Northwest Permanente
2861	work at OHSU 80+ hours per week. I keep my WA license so I may move back to WA at some point.
2862	Work at PacMed Beacon Hill and work 2-3x per week in Renton for Saturday clinic
2863	Work at the VA teaching hospital and clinic.
2864	Work for a community health organization and as part time hospitalist and cover ED
2865	Work for Alaska Native Tribal Health consortium
2866	work for an insurance company, I volunteer for NM Medical School admissions committee .
2867	Work for Kaiser Permanente in Occupational Medicine. Refer patients for alternative medicine treatment.
2868	work for Kaiser System, integrated with several subspecialties
2869	Work for Northwest Permanente
2870	Work for small VA clinic just across WA border in Idaho
2871	Work for the VA - it is nice

2872	Work for the VA. We manage multiple panels of patients at time
2873	Work for the Veterans Affairs and Department of Navy
2874	Work for UW in Urgent Care
2875	work for Veterans Affairs
2876	Work full time as a faculty member in a family medicine residency training program
2877	Work full time in medical informatics
2878	Work harder every year for less compensation and higher expenses. Dying.
2879	work in a managed care setting.
2880	Work in a practice that primarily focuses on Functional rehabilitation for Chronic pain @ VA
2881	work in a private practice but hold several state licenses. I still do some locums work
2882	Work in an academic setting and therefore educational and clinical work occur concurrently
2883	Work in Neurodevelopmental Clinic at Seattle Children's Hospital
2884	Work in Portland but wish to maintain WA license. Work in GI and don't manage chronic pain
2885	Work in state health department with no clinical responsibilities at this time.
2886	work in the ED/Urgent care, use of narcotics is mostly geared towards acute injury treatment.
2887	Work in urgent care clinics
2888	Work in urgent care, treat only acute pain. Provide 2--3 days opioid meds. Do not take care of chronic pain.
2889	Work limited to screening and review data for Federal Employees only.
2890	Work load unbearable given excessive demands of ed ,state & private companies
2891	Work long hours every other week probable retirement in 2019
2892	Work on inpatient floors for Hematology/Oncology only
2893	Work part time as a consultant (FDA trials, training) and as a volunteer instructor
2894	work parts of the year with mostly Hispanic populations in rural WA and in rural S. Cal.
2895	Work perdiem in urgent care, telemedicine with telemedicine companies
2896	Work sporadically due to a cancer diagnosis and may retire soon still under determination. My oncologist. My desire would be to continue working if possible. However that is depending on my condition
2897	work two weeks at a time taking call at Virginia Mason Memorial.
2898	work very part time NWPC. applied to work at a volunteer clinic in Oregon City, Oregon
2899	Work with a very hard working group who strive to improve the quality of care provided to our patients
2900	Work with pharmacists who specialize in pain management. get help if needed
2901	Work with Washington Permanente Medical Group
2902	Worked most of my 30+ years as a contracted emergency physician. For years, I had a solo family medicine clinic and other clinics have been locums, general, or ambulatory clinics
2903	Workers comp patients only
2904	Working 30 days/year
2905	Working about 40% of full time now. Plan to retire by mid-September
2906	Working as a locum tenens physician at NeighborCare Health.
2907	Working at several locations doing locum tenens work through an agency.
2908	Working at the VA- Disability examiner and Employee Health
2909	working for a health insurance company
2910	Working for company that contracts MDs to provide in-home health assessments (no prescribing).
2911	Working for Kaiser Permanente so practice is structured and guided by organization guidelines
2912	Working for WA DDS is equivalent to an ongoing residency program in adult medicine
2913	Working in an Urgent Care/Walk-In Clinic
2914	Working in Hospital as Hospitalist (Locum tenen)
2915	Working in med-legal reviews and admissions with WSU school of medicine
2916	Working in Papua New Guinea

2917	Working in US Navy on Marine Corps base in Japan.
2918	Working mostly in Oregon, rarely float to Washington Clinics
2919	Working on a wilderness medicine fellowship; certifying in travel/ tropical medicine
2920	Working on developing remote medicine apps, so really more in a sabbatical from clinical practice
2921	Working per diem since January 2018
2922	Working very part-time for Y program
2923	Would be nice to have a vacation days.
2924	Would provide locum in WA State with the IHS in future, time permitting
2925	www.washingtonforensicsservices.com

Online Renewal Available!

You may be able to renew your credential for this profession online (some restrictions apply; see website referenced below). **NOTE**: There is a convenience fee to use online services.

We accept VISA, MasterCard and ACH (electronic check) payments for online renewal.

Two login steps are needed in order to renew your license online. To get started:

- At **www.doh.wa.gov/hsqa/Renewals.htm**, find online renewal information and instructions.
- Login 1 - Secure Access Washington (SAW) - Your SAW service code is **7472**
  - New users must create an account. Previous users must use their existing SAW login ID and password. SAW's login ID and password are separate from the Department of Health's.
  - Call the CTS Service Desk at 1-888-241-7597 if you have issues with your SAW account.
- Login 2 – Department of Health HSQA Online Services application
  - Your Department of Health online renewal user ID is:
  - Your Department of Health password is your Social Security number (No dashes or spaces).
  - Call the Medical Commission at 360-236-2750 for Department of Health HSQA Online Services support.

Online renewal is optional. You may still renew by mailing this notice, along with a check or money order, to the address listed below. You may also renew in person at our Tumwater location.

Complete the required demographic census at our website: https://go.usa.gov/xUScK

Before you Continue:
If submitting by mail, be sure to complete the questions on the back of this form.

Department of Health Contact Info
Mailing Address:
Department of Health
PO Box 1099
Olympia, WA 98507-1099
Call: 360-236-2750
Email: **medical.commission@doh.wa.gov**
Website: **www.wmc.wa.gov**

- **Online Renewal:** You may be able to renew your credential online (some restrictions apply; see website below).
- **Address Change:** Update your contact/ address information at **www.doh.wa.gov/cic**
- **Name Change:** Has your name changed recently? Send us a certified marriage certificate, divorce decree or court order showing your name change. Include your previous names as well.
- For more information please go to: **www.wmc.wa.gov/licensing/renewals**

NOTICE TO RENEW
Return with Payment

Return Immediately: Do not let your credential expire; make sure the Department of Health receives your renewal before your license expiration date. It is a violation of the law to practice without a current license and you may be subject to disciplinary action.

Washington State Department of Health

PAYABLE IN U.S. FUNDS

Expiration Date	Amount Due
PAY LATE AMOUNT BELOW IF PAID AFTER	

Your CE due date is: CE Hours: **200**

I attest that I have completed, or will complete by my license expiration date, the Physician Demographic Survey.

I hereby certify that I have met all Continuing Education requirements, if due, which I will document to the WMC upon request.

Signature_____

Date_____

To process your renewal, you must answer all questions below by selecting "Yes" or "No". If you have renewed your license before, answer the questions covering the period of time that has elapsed since you last renewed your license. If this is the first time you have renewed this license since it was issued, answer the questions covering the period of time that has elapsed since the date of issuance of the license. If you answer "Yes" to any of the questions below, please attach a detailed explanation.

1. Do you have a medical condition which in any way currently impairs or limits your ability to practice your profession with reasonable skill and safety? YES ◯ NO ◯

"Medical Condition" includes physiological, medical, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, sleep disorder, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

You may answer "No", to question #1, if the behavior or condition is already known to the Washington Physician Health Program (WPHP). "Known to WPHP" means that you have informed WPHP of your behavior or condition and you are complying with all of WPHP's requirements for evaluation, treatment, and/or monitoring. If "Yes", you must submit detailed information to the Commission that will allow the Commission to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Commission.

Note: If you answered "Yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or not renewed. The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this renewal application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your renewal application may be denied.

2. Since you last renewed, have you, for any reason, been accused of misconduct, unreliability, neglect of work, or failure to meet professional responsibilities? YES ◯ NO ◯

3. Since you last renewed, has any health profession license, certification, registration or permit you hold or have held been denied, surrendered, disciplined or are formal charges pending in any state? YES ◯ NO ◯

4. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? YES ◯ NO ◯

5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state? YES ◯ NO ◯

6. Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? YES ◯ NO ◯

7. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline-or have you resigned in lieu of discipline or termination?. YES ◯ NO ◯

8. Since you last renewed, have you been excluded from being a Medicare or Medicaid provider? YES ◯ NO ◯

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Online renewal is optional. You may still renew by mailing this notice, along with a check or money order, to the address listed below. You may also renew in person at our Tumwater location.

Before you Continue:

• **Demographic Census:** This is a requirement of renewal. Please complete: **www.wmc.wa.gov/demographics**

Department of Health Contact Info
Mailing Address:
Department of Health
PO Box 1099
Olympia, WA 98507-1099
Call: 360-236-2750
Email: **medical.commission@wmc.wa.gov**
Website: **www.wmc.wa.gov**

• **Online Renewal:** You may be able to renew your credential online (some restrictions apply; see website below).

• **Address Change:** Update your contact/address information at **www.doh.wa.gov/cic**

• **Name Change:** Has your name changed recently? Send us a certified marriage certificate, divorce decree or court order showing your name change. Include your previous names as well.

• For more information please go to: **www.wmc.wa.gov/licensing/renewals**

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Washington State Department of Health

PAYABLE IN U.S. FUNDS

Due Date	Amount Due
PAY LATE AMOUNT BELOW IF PAID AFTER	

Your CE due date is: CE Hours: **200**

I attest that I understand and have complied with all of my mandatory reporting requirements. I further attest that I have completed the Physician Demographic Census and have met all Continuing Education requirements and will provide documentation to the WMC upon request.

Signature_____
Date_____

Changes to the cited WACs in the demographic census

WAC 246-919-945~~863~~

Pain Management Specialist—Chronic pain.

A pain management specialist shall meet one or more of the following qualifications:

(1) If a physician or osteopathic physician:

(a) Is ~~B~~board certified or board eligible by an American Board of Medical Specialties-approved board (ABMS) or by the American Osteopathic Association (AOA) in physical medicine and rehabilitation~~, rehabilitation medicine~~, neurology, rheumatology, or anesthesiology;~~ or~~

(b) Has a subspecialty certificate in pain medicine by an ABMS-approved board; ~~or~~

(c) Has a certification of added qualification in pain management by the AOA; ~~or~~

(d) Is credentialed in pain management by an entity approved by the commission for an allopathic physician or the Washington state board of osteopathic medicine and surgery for an osteopathic physician;

(e) Has a minimum of three years of clinical experience in a chronic pain management care setting; and

~~A minimum of three years of clinical experience in a chronic pain management care setting; and~~

i. Has successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years for an allopathic physician or three years for an osteopathic physician; and ~~Credentialed in pain management by an entity approved by the Washington state medical quality assurance commission for physicians or the Washington state board of osteopathic medicine and surgery for osteopathic physicians; and~~

ii. Has at least thirty percent of the allopathic physician's or osteopathic physician's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic. ~~Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years for physicians or three years for osteopathic physicians; and~~

~~iii. At least thirty percent of the physician's or osteopathic physician's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.~~

WAC 246-918-890~~812~~

Consultation—Exemptions for the physician assistant—Chronic pain.

The physician assistant is exempt from the consultation requirement in WAC 246-918-880~~810~~ if one or more of the following qualifications are met:

(1) The ~~sponsoring~~ physician assistant is a pain management specialist under WAC 246-918-895~~813~~; ~~or~~

(2) The ~~sponsoring physician and the~~ physician assistant has successfully completed a minimum of twelve category I continuing education hours on chronic pain managment~~,~~ within the previous four~~last two~~ years.~~, a minimum of twelve continuing education hours (Category 1 for physicians) on chronic pain management, with a~~At least two of these hours must be dedicated to substance use disorders~~long-acting opioids; ~~or~~

(3) The physician assistant is a pain management physician assistant~~practitioner~~ working in a multidisciplinary chronic pain treatment center~~,~~ or a multidisciplinary academic research facility; or.

(4) The physician assistant has a minimum of three years of clinical experience in a chronic pain management setting, and at least thirty percent of their current practice is the direct provision of pain management care.

WAC 246-918-88010

Consultation—Recommendations and requirements—Chronic pain.

(1) The physician assistant shall consider, and document the consideration, referring the patient for additional evaluation and treatment as needed to achieve treatment objectives. Special attention should be given to those chronic noncancer pain patients who are under eighteen years of age, or who are atpotential high-risk patients for medication misuse, abuse, or diversion. The management of pain in patients with a history of substance abuse or with comorbid psychiatric disorders may require extra care, monitoring, documentation, and consultation with, or referral to, an expert in the management of such patients.

(2) The mandatory consultation threshold for adults is one hundred twenty milligrams morphine equivalent dose (MED)(oral). In the event a practitioner physician assistant prescribes a dosage amount that meets or exceeds the consultation threshold of one hundred twenty milligrams MED (orally) per day, a consultation with a pain management specialist as described in WAC 246-918-895813 is required, unless the consultation is exempted under WAC 246-918-885811 or 246-918-890812. Great caution should be used when prescribing opioids to children with chronic noncancer pain and appropriate referrals to a specialist is encouraged.

(3a) The mandatory consultation mustshall consist of at least one of the following:

ai. An office visit with the patient and the pain management specialist;

ii. A telephone consultation between the pain management specialist and the physician assistant;

biii. An telephone, electronic, or in-person consultation between the pain management specialist and the physician assistant; or

civ. An audio-visual evaluation conducted by the pain management specialist remotely, where the patient is present with either the physician assistant or a licensed health care practitioner designated by the physician assistant or the pain management specialist; or

d. Other chronic pain evaluation services as approved by the commission.

(4b) A physician assistant shall document each mandatory consultation with the pain management specialist. Any written record of the consultation by the pain management specialist shall be maintained as a patient record by the specialist. If the specialist provides a written record of the consultation to the physician assistant, the physician assistant shall maintain it as part of the patient record.

(3) Nothing in this chapter shall limit any person's ability to contractually require a consultation with a pain management specialist at any time. For the purposes of WAC 246-918-800 through 246-918-813, "person" means an individual, a trust or estate, a firm, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

CERTIFICATION OF ENROLLMENT

SENATE BILL 5480

62nd Legislature
2011 Regular Session

Passed by the Senate February 18, 2011
YEAS 45 NAYS 2

President of the Senate

Passed by the House April 11, 2011
YEAS 91 NAYS 5

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 5480** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

Secretary of State
State of Washington

SENATE BILL 5480

Passed Legislature - 2011 Regular Session

State of Washington 62nd Legislature 2011 Regular Session

By Senators Conway and Keiser

Read first time 01/26/11. Referred to Committee on Health & Long-Term Care.

AN ACT Relating to physician and physician assistants license renewal requirements; amending RCW 18.71A.020; and reenacting and amending RCW 18.71.080.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 18.71.080 and 2009 c 492 s 5 and 2009 c 403 s 2 are each reenacted and amended to read as follows:

(1)(a) Every person licensed to practice medicine in this state shall pay licensing fees and renew his or her license in accordance with administrative procedures and administrative requirements adopted as provided in RCW 43.70.250 and 43.70.280.

(b) The commission shall request licensees to submit information about their current professional practice at the time of license renewal. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the commission.

(c) A physician who resides and practices in Washington and obtains or renews a retired active license shall be exempt from licensing fees imposed under this section. The commission may establish rules governing mandatory continuing education requirements which shall be

met by physicians applying for renewal of licenses. The rules shall provide that mandatory continuing education requirements may be met in part by physicians showing evidence of the completion of approved activities relating to professional liability risk management. The number of hours of continuing education for a physician holding a retired active license shall not exceed fifty hours per year.

(2) The office of crime victims advocacy shall supply the commission with information on methods of recognizing victims of human trafficking, what services are available for these victims, and where to report potential trafficking situations. The information supplied must be culturally sensitive and must include information relating to minor victims. The commission shall disseminate this information to licensees by: Providing the information on the commission's web site; including the information in newsletters; holding trainings at meetings attended by organization members; or ((~~through~~)) another distribution method determined by the commission. The commission shall report to the office of crime victims advocacy on the method or methods it uses to distribute information under this subsection.

(3) The commission, in its sole discretion, may permit an applicant who has not renewed his or her license to be licensed without examination if it is satisfied that such applicant meets all the requirements for licensure in this state, and is competent to engage in the practice of medicine.

Sec. 2. RCW 18.71A.020 and 2009 c 98 s 2 are each amended to read as follows:

(1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as a physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the commission and within one year successfully take and pass an examination approved by the commission, if the examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the applicant meets all other requirements. Physician assistants licensed by the board of medical

examiners, or the medical quality assurance commission as of July 1, 1999, shall continue to be licensed.

(2)(a) The commission shall adopt rules governing the extent to which:

(i) Physician assistant students may practice medicine during training; and

(ii) Physician assistants may practice after successful completion of a physician assistant training course.

(b) Such rules shall provide:

(i) That the practice of a physician assistant shall be limited to the performance of those services for which he or she is trained; and

(ii) That each physician assistant shall practice medicine only under the supervision and control of a physician licensed in this state, but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician or physicians at the place where services are rendered.

(3) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the physician assistant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of fifty dollars per year shall be charged on each license renewal or issuance of a new license to be collected by the department and deposited into the impaired physician account for physician assistant participation in the impaired physician program. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the commission and is eligible to take the examination approved by the commission;

(b) That the applicant is of good moral character; and

(c) That the applicant is physically and mentally capable of practicing medicine as a physician assistant with reasonable skill and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as a physician assistant.

(4)(a) The commission may approve, deny, or take other disciplinary action upon the application for license as provided in the Uniform Disciplinary Act, chapter 18.130 RCW.

(b) The license shall be renewed as determined under RCW 43.70.250 and 43.70.280. The commission shall request licensees to submit information about their current professional practice at the time of license renewal. This information may include practice setting, medical specialty, or other relevant data determined by the commission.

(c) The commission may authorize the use of alternative supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

(5) All funds in the impaired physician account shall be paid to the contract entity within sixty days of deposit.

--- END ---

Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

SB 5480

Brief Description: Concerning submission of certain information by physicians and physician assistants at the time of license renewal.

Sponsors: Senators Conway and Keiser.

Brief Summary of Bill

- Requires physicians and physician assistants to submit demographic information to the Medical Quality Assurance Commission when renewing their licenses.

Hearing Date: 3/9/11

Staff: Jim Morishima (786-7191).

Background:

The Medical Quality Assurance Commission (MQAC) licenses, establishes professional standards for, and disciplines physicians and physician assistants. Both physicians and physician assistants must renew their licenses every two years on forms approved by the MQAC. Neither physicians nor physician assistants are licensed by specialty and the MQAC does not currently collect information on the nature of their practices.

Summary of Bill:

The MQAC must request physicians and physician assistants to submit information about their current professional practice at the time of license renewal. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the MQAC.

Appropriation: None.

Fiscal Note: Available.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

HOUSE BILL REPORT
SB 5480

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to physician and physician assistants license renewal requirements.

Brief Description: Concerning submission of certain information by physicians and physician assistants at the time of license renewal.

Sponsors: Senators Conway and Keiser.

Brief History:
Committee Activity:
Health Care & Wellness: 3/9/11, 3/21/11 [DP].

Brief Summary of Bill

- Requires physicians and physician assistants to submit demographic information to the Medical Quality Assurance Commission when renewing their licenses.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 11 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hinkle, Assistant Ranking Minority Member; Bailey, Clibborn, Green, Harris, Kelley, Moeller and Van De Wege.

Staff: Jim Morishima (786-7191).

Background:

The Medical Quality Assurance Commission (MQAC) licenses, establishes professional standards for, and disciplines physicians and physician assistants. Both physicians and physician assistants must renew their licenses every two years on forms approved by the MQAC. Neither physicians nor physician assistants are licensed by specialty and the MQAC does not currently collect information on the nature of their practices.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill:

The MQAC must request physicians and physician assistants to submit information about their current professional practice at the time of license renewal. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the MQAC.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill is critically important to help the state plan for its future medical needs. Currently there is no way to tell how many physicians are actually practicing, where they are practicing, their specialties, or whether they are practicing out-of-state. This bill will help the state collect this information in a timely manner. The bill fits nicely with the idea of a medical home and will help planning efforts related to the implementation of federal health care reform.

(Opposed) None.

Persons Testifying: Senator Conway, prime sponsor; Lisa Thatcher, Washington State Hospital Association; Leslie Burger, Medical Quality Assurance Commission; and Carl Nelson, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying: None.

FINAL BILL REPORT
SB 5480

C 178 L 11
Synopsis as Enacted

Brief Description: Concerning submission of certain information by physicians and physician assistants at the time of license renewal.

Sponsors: Senators Conway and Keiser.

Senate Committee on Health & Long-Term Care
House Committee on Health Care & Wellness
House Committee on Health & Human Services Appropriations & Oversight

Background: The Medical Quality Assurance Commission (Commission) establishes and monitors qualifications for licensure of physicians and physician assistants, and enforces practice standards and professional conduct through discipline and continuing education. Physicians and physician assistants renew their licenses on a two-year cycle, in accordance with Commission rules, and on a form approved by the Commission.

Summary: The Commission must request licensees to submit information about their current professional practice at the time of license renewal. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the Commission.

Votes on Final Passage:

Senate	45	2
House	91	5

Effective: July 22, 2011.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1485

Chapter 252, Laws of 2015

64th Legislature
2015 Regular Session

FAMILY MEDICINE RESIDENCIES--HEALTH PROFESSIONAL SHORTAGE AREAS

EFFECTIVE DATE: 7/24/2015

Passed by the House April 20, 2015
Yeas 95 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 13, 2015
Yeas 44 Nays 0

BRAD OWEN

President of the Senate

Approved May 14, 2015 11:11 AM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1485** as passed by House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

May 14, 2015

Secretary of State
State of Washington

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1485

AS AMENDED BY THE SENATE

Passed Legislature - 2015 Regular Session

State of Washington 64th Legislature 2015 Regular Session

By House Appropriations (originally sponsored by Representatives Haler, Cody, Schmick, Shea, Zeiger, Tarleton, Tharinger, and Riccelli)

READ FIRST TIME 02/27/15.

AN ACT Relating to family medicine residencies in health professional shortage areas; amending RCW 70.112.020, 70.112.060, 18.71.080, 18.71A.020, 18.57.050, and 18.57A.020; reenacting and amending RCW 70.112.010; adding new sections to chapter 70.112 RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** It is the intent of the legislature to increase the number of family medicine physicians in shortage areas in the state by providing a fiscal incentive for hospitals and clinics to develop or expand residency programs in these areas. The legislature also intends to encourage family medicine residents to work in shortage areas by funding the health professional loan repayment and scholarship program.

NEW SECTION. **Sec. 2.** A new section is added to chapter 70.112 RCW to read as follows:

(1) Each family medicine residency program shall annually report the following information to the department of health:

(a) The location of the residency program and whether the program, or any portion of the program, is located in a health professional shortage area as defined in RCW 70.112.010;

(b) The number of residents in the program and the number who attended an in-state versus an out-of-state medical school; and

(c) The number of graduates of the residency program who work within health professional shortage areas.

(2) The department of health shall aggregate the information received under subsection (1) of this section and report it to the appropriate legislative committees of the house of representatives and the senate by November 1, 2016, and November 1st every even year thereafter. The report must also include information on how the geographic distribution of family residency programs changes over time and, if information on the number of residents in specialty areas is readily available, a comparison of the number of residents in family medicine versus specialty areas.

Sec. 3. RCW 70.112.010 and 2010 1st sp.s. c 7 s 41 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advisory board" means the family medicine education advisory board created in section 6 of this act.

(2) "Affiliated" means established or developed in cooperation with the schools of medicine.

((~~(2) "Family practice unit" means the community facility or classroom used for training of ambulatory health skills within a residency training program.~~))

(3) "Health professional shortage areas" has the same definition as in RCW 28B.115.020.

(4) "Residency programs" ((~~mean[s]~~)) means community-based ((~~family practice~~)) residency educational programs in family medicine, either in existence or established under this chapter and that are certified by the accreditation council for graduate medical education or by the American osteopathic association.

((~~(4)~~)) (5) "Schools of medicine" means the University of Washington school of medicine located in Seattle, Washington; the Pacific Northwest University of Health Sciences located in Yakima, Washington; and any other such medical schools that are accredited by the liaison committee on medical education or the American osteopathic association's commission on osteopathic college accreditation, and that locate their entire four-year medical program in Washington.

Sec. 4. RCW 70.112.020 and 2012 c 117 s 426 are each amended to read as follows:

(1) There is established a statewide medical education system for the purpose of training resident physicians in family ((~~practice~~)) medicine.

(2) The deans of the schools of medicine shall be responsible for implementing the development and expansion of residency programs in cooperation with the medical profession, hospitals, and clinics located throughout the state. The ((~~chair of the department of family medicine in the~~)) schools of medicine shall ((~~determine where affiliated residency programs shall exist;~~)) support development of high quality, accredited, affiliated residency programs, giving consideration to communities in the state where the population, hospital facilities, number of physicians, and interest in medical education indicate the potential success of the residency program and prioritizing support for health professional shortage areas in the state.

(3) The medical education system shall provide financial support for residents in training for those programs which are affiliated with the schools of medicine and shall establish positions for appropriate faculty to staff these programs.

(4) The schools of medicine shall coordinate with the office of student financial assistance to notify prospective family medicine students and residents of their eligibility for the health professional loan repayment and scholarship program under chapter 28B.115 RCW.

(5) The number of programs shall be determined by the board and be in keeping with the needs of the state.

Sec. 5. RCW 70.112.060 and 1975 1st ex.s. c 108 s 6 are each amended to read as follows:

(1) The moneys appropriated for these statewide family medicine residency programs shall be in addition to all the income of the ((~~University of Washington and its~~)) schools of medicine and shall not be used to supplant funds for other programs under the administration of the schools of medicine.

(2) The allocation of state funds for the residency programs shall not exceed fifty percent of the total cost of the program.

(3) No more than twenty-five percent of the appropriation for each fiscal year for the affiliated programs shall be authorized for

expenditures made in support of the faculty and staff of the schools of medicine who are associated with the affiliated residency programs and are located at the schools of medicine.

(4) No funds for the purposes of this chapter shall be used to subsidize the cost of care incurred by patients.

(5) No more than ten percent of the state funds appropriated for the purposes of this chapter may be used for administrative or overhead costs to administer the statewide family medicine residency programs.

(6) The family medicine residency network at the University of Washington shall, in collaboration with the schools of medicine, administer the state funds appropriated for the purposes of this chapter.

NEW SECTION. **Sec. 6.** A new section is added to chapter 70.112 RCW to read as follows:

(1) There is created a family medicine education advisory board, which must consist of the following eleven members:

(a) One member appointed by the dean of the school of medicine at the University of Washington school of medicine;

(b) One member appointed by the dean of the school of medicine at the Pacific Northwest University of Health Sciences;

(c) Two citizen members, one from west of the crest of the Cascade mountains and one from east of the crest of the Cascade mountains, to be appointed by the governor;

(d) One member appointed by the Washington state medical association;

(e) One member appointed by the Washington osteopathic medical association;

(f) One member appointed by the Washington state academy of family physicians;

(g) One hospital administrator representing those Washington hospitals with family medicine residency programs, appointed by the Washington state hospital association;

(h) One director representing the directors of community-based family medicine residency programs, appointed by the family medicine residency network;

(i) One member of the house of representatives appointed by the speaker of the house; and

(j) One member of the senate appointed by the president of the senate.

(2) The two members of the advisory board appointed by the deans of the schools of medicine shall serve as chairs of the advisory board.

(3) The cochairs of the advisory board, appointed by the deans of the schools of medicine, shall serve as permanent members of the advisory board without specified term limits. The deans of the schools of medicine have the authority to replace the chair representing their school. The deans of the schools of medicine shall appoint a new member in the event that the member representing their school vacates his or her position.

(4) Other members must be initially appointed as follows: Terms of the two public members must be two years; terms of the members appointed by the medical association and the hospital association must be three years; and the remaining members must be four years. Thereafter, terms for the nonpermanent members must be four years. Members may serve two consecutive terms. New appointments must be filled in the same manner as for original appointments. Vacancies must be filled for an unexpired term in the manner of the original appointment.

NEW SECTION. **Sec. 7.** A new section is added to chapter 70.112 RCW to read as follows:

The advisory board shall consider and provide recommendations on the selection of the areas within the state where affiliate residency programs could exist, the allocation of funds appropriated under this chapter, and the procedures for review and evaluation of the residency programs.

Sec. 8. RCW 18.71.080 and 2011 c 178 s 1 are each amended to read as follows:

(1)(a) Every person licensed to practice medicine in this state shall pay licensing fees and renew his or her license in accordance with administrative procedures and administrative requirements adopted as provided in RCW 43.70.250 and 43.70.280.

(b) The commission shall request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This

information may include practice setting, medical specialty, board certification, or other relevant data determined by the commission.

(c) A physician who resides and practices in Washington and obtains or renews a retired active license shall be exempt from licensing fees imposed under this section. The commission may establish rules governing mandatory continuing education requirements which shall be met by physicians applying for renewal of licenses. The rules shall provide that mandatory continuing education requirements may be met in part by physicians showing evidence of the completion of approved activities relating to professional liability risk management. The number of hours of continuing education for a physician holding a retired active license shall not exceed fifty hours per year.

(2) The office of crime victims advocacy shall supply the commission with information on methods of recognizing victims of human trafficking, what services are available for these victims, and where to report potential trafficking situations. The information supplied must be culturally sensitive and must include information relating to minor victims. The commission shall disseminate this information to licensees by: Providing the information on the commission's web site; including the information in newsletters; holding trainings at meetings attended by organization members; or another distribution method determined by the commission. The commission shall report to the office of crime victims advocacy on the method or methods it uses to distribute information under this subsection.

(3) The commission, in its sole discretion, may permit an applicant who has not renewed his or her license to be licensed without examination if it is satisfied that such applicant meets all the requirements for licensure in this state, and is competent to engage in the practice of medicine.

Sec. 9. RCW 18.71A.020 and 2011 c 178 s 2 are each amended to read as follows:

(1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as a physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the commission and within one year successfully take and pass an

examination approved by the commission, if the examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the applicant meets all other requirements. Physician assistants licensed by the board of medical examiners, or the medical quality assurance commission as of July 1, 1999, shall continue to be licensed.

(2)(a) The commission shall adopt rules governing the extent to which:

(i) Physician assistant students may practice medicine during training; and

(ii) Physician assistants may practice after successful completion of a physician assistant training course.

(b) Such rules shall provide:

(i) That the practice of a physician assistant shall be limited to the performance of those services for which he or she is trained; and

(ii) That each physician assistant shall practice medicine only under the supervision and control of a physician licensed in this state, but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician or physicians at the place where services are rendered.

(3) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the physician assistant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of fifty dollars per year shall be charged on each license renewal or issuance of a new license to be collected by the department and deposited into the impaired physician account for physician assistant participation in the impaired physician program. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the commission and is eligible to take the examination approved by the commission;

(b) That the applicant is of good moral character; and

(c) That the applicant is physically and mentally capable of practicing medicine as a physician assistant with reasonable skill

and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as a physician assistant.

(4)(a) The commission may approve, deny, or take other disciplinary action upon the application for license as provided in the Uniform Disciplinary Act, chapter 18.130 RCW.

(b) The license shall be renewed as determined under RCW 43.70.250 and 43.70.280. The commission shall request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, or other relevant data determined by the commission.

(c) The commission may authorize the use of alternative supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

(5) All funds in the impaired physician account shall be paid to the contract entity within sixty days of deposit.

Sec. 10. RCW 18.57.050 and 1996 c 191 s 36 are each amended to read as follows:

(1) The board may establish rules and regulations governing mandatory continuing education requirements which shall be met by physicians applying for renewal of licenses. Administrative procedures, administrative requirements, and fees for applications and renewals shall be established as provided in RCW 43.70.250 and 43.70.280. The board shall determine prerequisites for relicensing.

(2) The board must request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the board.

Sec. 11. RCW 18.57A.020 and 1999 c 127 s 2 are each amended to read as follows:

(1) The board shall adopt rules fixing the qualifications and the educational and training requirements for licensure as an osteopathic physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the board and within one year successfully take and pass an examination

approved by the board, providing such examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the applicant meets all other requirements. Physician assistants licensed by the board of osteopathic medicine as of July 1, 1999, shall continue to be licensed.

(2)(a) The board shall adopt rules governing the extent to which:

(i) Physician assistant students may practice medicine during training; and

(ii) Physician assistants may practice after successful completion of a training course.

(b) Such rules shall provide:

(i) That the practice of an osteopathic physician assistant shall be limited to the performance of those services for which he or she is trained; and

(ii) That each osteopathic physician assistant shall practice osteopathic medicine only under the supervision and control of an osteopathic physician licensed in this state, but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physicians at the place where services are rendered. The board may authorize the use of alternative supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

(3) Applicants for licensure shall file an application with the board on a form prepared by the secretary with the approval of the board, detailing the education, training, and experience of the physician assistant and such other information as the board may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of twenty-five dollars per year may be charged on each license renewal or issuance of a new license to be collected by the department of health for physician assistant participation in an impaired practitioner program. Each applicant shall furnish proof satisfactory to the board of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the board and is eligible to take the examination approved by the board;

(b) That the applicant is of good moral character; and

(c) That the applicant is physically and mentally capable of practicing osteopathic medicine as an osteopathic physician assistant

with reasonable skill and safety. The board may require any applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical and/or mental capability to safely practice as an osteopathic physician assistant.

(4) The board may approve, deny, or take other disciplinary action upon the application for a license as provided in the uniform disciplinary act, chapter 18.130 RCW. The license shall be renewed as determined under RCW 43.70.250 and 43.70.280.

(5) The board must request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the board.

Passed by the House April 20, 2015.
Passed by the Senate April 13, 2015.
Approved by the Governor May 14, 2015.
Filed in Office of Secretary of State May 14, 2015.

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