WASHINGTON

Medical Commission

Licensing. Accountability. Leadership.

Regular Meeting

January 14-15, 2021

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

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

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

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 1/7/21)
7-Jan										
2021 January		*Commission Meeting 1/14/2021*								
28-30 Jan	BARNETT, Julia A., MD	Non-BC Self-designated General Surgery	M2019-821	D. Jeffrey Burnham	Brewer/ Wright	Page Landstrom	A	Blye	VTC	**Yu; Hopkins; Small; Trescott Panel Complete - THANK YOU!**
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	
8-12 Mar	BAUER, William M., MD	BC- Internal Medicine	M2017-1115	Jennifer Smitrovich	Brewer	Berg	A	Kuntz	TBD	Curtis; Flugstad
18-19 Mar	OSTEN, Thomas J., MD	Non-BC; self-designated Family Medicine	M2018-68	James B. Meade, II	Bahm	Karinen	B	Blye	TBD	Curtis;
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*								
13-14 Apr	LEE, Gerald W., MD	BC- Internal Medicine	M2018-495	Jennifer Smitrovich Matthew Thomas	Anderson	Karinen	A	Herington	TBD	
19-20 Apr	WEBB, Chris R., MD	BC - Internal Medicine	M2018-81	D. Jeffrey Burnham	Pfluger	Glein	A	Wareham	TBD	
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	
2021 May		*Commission Meeting 5/14/2021*								
14-May	RUSSELL, Trent J., PA-C	Physician Asst.	M2020-687	Connie Elkins McKelvey	Pfluger	Berg	B	Blye	TBD	
27-28 May	ROMAN CABEZAS, Alberto, MD	BC- Internal Medicine	M2019-259	Kenneth S. Kagan	Bahm	Wolf	A	Blye	TBD	
2021 June		*NO COMMISSION MEETING THIS MONTH*								
18-Jun	HADUONG, Quan, MD	BC- Anesthesiology	M2020-495 M2020-657	Adam Snyder Mallory Barnes-Ohlson	Defreyn	Page Landstrom	L	Herington	TBD	
21-23 Jun	CRANE, Samuel C., MD	BC- Family Medicine	M2019-85	Carol Sue Janes Amy Magnano	Defreyn	Karinen	B	Herington	TBD	

Commission Meeting Agenda
January 14-15, 2021

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 – January 14, 2021

Closed Sessions

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

Open Session

12:30 pm **Cultural Agility: A Path Toward Overcoming Harmful Implicit Bias**
Byron Lambert, Director of the Equity and Inclusion Program
The Cross Cultural Health Care Program

Please join this meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/365822101

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/8699223161436972557
After registering, you will receive an email containing a link that is unique to you to join the webinar.

Consent Agenda
Items listed under the Consent Agenda are considered routine Policy Committee 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 Policy Committee Agenda.

Rescind the following interpretive statements due to their inclusion in the recent update of the physicians chapter 246-919 WAC:

- *IS 2006-02, Sexual Misconduct Rules Clarification: Gloves*
- *IS 2008-01, Licensing on Physician Applicants Who Have Not Practiced for an Extended Amount of Time*
- *MD2015-01-IS, Delegation of the use of laser, light, radiofrequency, and plasma devices as applied to the skin— regarding 'temporary absence of the delegating physician*
- *MD2016-01-IS, CME for MDs with Retired Active Licenses*

PO Box 47866 | Olympia, Washington 98504-7866 | Medical.Commission@wmc.wa.gov | **WMC.wa.gov**

Agenda Items	Presented By:	Page #:
Guideline – Communicating Test Results to Patients *Discussion of current guideline and possible revisions.*	Mike Farrell	31
Guideline – Time Critical Medical Information (TCMI)—"Passing the Baton." *Discussion of current guideline and possible revisions.*	Mike Farrell	33
Policy – Practitioners Exhibiting Disruptive Behavior *Periodic review of this policy and possible revisions.*	Mike Farrell	36

Friday – January 15, 2021

Open Session

8:00 am –9:30 am **Business Meeting**

Please **register** for this meeting at:
https://attendee.gotowebinar.com/rt/8992722397309017357
After registering, you will receive a confirmation email containing information about joining the webinar.

1.0 Chair Calls the Meeting to Order

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 November 13, 2020 Business Meeting minutes. — Pages 9-12

4.2 Agenda – Approval of the January 15, 2021 Business Meeting agenda.

5.0 Old Business

5.1 **Committee/Workgroup Reports** — Update
The Chair will call for reports from the Commission's committees and workgroups. Written reports begin on page 13.

See page 15 for a list of committees and workgroups.

5.2 **Rulemaking Activities** — Update
Rules Progress Report provided on page 18.

5.3 **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)).

- University of Washington — Pages 19-22
- Public Health - Seattle and King County TB Control Program — Pages 23-30

PO Box 47866 | Olympia, Washington 98504-7866 | Medical.Commission@wmc.wa.gov | **WMC.wa.gov**

6.0 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.***

7.0 Policy Committee Report

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on January 14, 2021. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented.

Report/Action Begins on page 31

8.0 Member Reports

The Chair will call for reports from Commission members.

9.0 Staff Member Reports

The Chair will call for further reports from staff.

Written reports begin on page 39

10.0 AAG Report

Heather Carter, AAG, may provide a report.

11.0 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 45
9:45 am	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 46

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 45
1:15 pm	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 46

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 January 14, 2021 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 January 15, 2021 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
November 13, 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
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
Richard Wohns, MD
Yanling Yu, PhD, Public Member

Commission Staff

Jennifer Batey, Legal Support Staff Manager
Amelia Boyd, Program Manager
Kayla Bryson, Executive Assistant
Jimi Bush, Director of Quality & Engagement
Sarah Chenvert, Performance Manager
Melanie de Leon, Executive Director
Mike Farrell, Policy Development Manager
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
Nicholas Morris, Health Services Consultant
Marne Nelson, RN, Investigator
Freda Pace, Director of Investigations
Ariele Page Landstrom, Staff Attorney
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
Cori Tarzwell, DOH Policy Analyst

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 November 13, 2020.

2.0 Housekeeping

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

DRAFT

PO Box 47866 | Olympia, Washington 98504-7866 | Medical.Commission@wmc.wa.gov | WMC.wa.gov

3.0 Chair Report

Mr. Maldon welcomed everyone to the meeting.

Mr. Maldon stated that the Executive Committee decided that Commission meetings will continue to be virtual through the first quarter of 2021 and likely the second quarter as well.

Mr. Maldon reported he recently attended meetings with the Health Care Authority to discuss telemedicine, as well as visions and goals for our respective organizations.

Mr. Maldon spoke about the importance of the Commissioners completing their case assessments form. He called attention to new language on the form that suggests not mentioning a Respondent's gender, location of practice, or where they were trained. He then opened the floor for a discussion of this addition to the form.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the August 21, 2020 Business Meeting.

4.2 Agenda for November 13, 2020. The agenda was amended to add an item to the Policy Committee Report: Transmission of Time Critical Medical Information.

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

5.0 New Business

5.1 Open Public Meeting Act Presentation

Heather Carter, Assistant Attorney General, presented information on the Open Public Meetings Act.

5.2 Meeting Dates for 2023

Ms. Boyd presented the proposed meeting dates for 2023.

***Motion**:* The Chair entertained a motion to approve the proposed meeting dates for 2023. The motion was seconded and approved unanimously.

6.0 Old Business

6.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet. The below is in addition to the written reports.

Micah Matthews, Deputy Executive Director, reported that the Commission held an educational webinar on telemedicine on October 30, 2020 and encouraged everyone to watch the recording available on the Commission's website.

6.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. There was nothing further to report.

DRAFT

PO Box 47866 | Olympia, Washington 98504-7866 | Medical.Commission@wmc.wa.gov | **WMC.wa.gov**

6.3 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)).

- Optometric Physicians of Washington

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

7.0 Public Comment

There were no public comments.

7.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on November 12, 2020:

Guideline – Communicating Test Results to Patients

Dr. Domino explained that this document is similar to the below TCMI guideline and that a Commissioner had asked if these two documents could be combined. Dr. Domino went on to say that Mike Farrell, Policy Development Manager, attempted to combine the two and the combined document was available for review in the meeting packet. She explained that there are essential differences between the documents, so the Committee recommended keeping them separate. She explained the amendments that were made by the Committee for this guideline.

Addition: Guideline – Transmission of Time Critical Medical Information (TCMI)—"Passing the Baton"

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.

Both of the above guidelines will be reviewed at a future meeting.

Senate Bill 6551 – International Medical Graduates License

Dr. Domino explained that this item was informational and related to rulemaking the Commission is completing on Senate Bill 6551. She explained that comments on this rulemaking can be submitted to medical.rules@wmc.wa.gov. She went on to say that the committee for this rulemaking needs members.

8.0 Member Reports

Theresa Schimmels, PA-C, asked for input on the benefits, risks, side effects, and alternatives regarding teaching residents, physician assistant, and medical students during COVID-19 for a newsletter article she is working on.

9.0 Staff Reports

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

Melanie de Leon, Executive Director thanked the Commissioners and staff for their patience while we have changed all our meetings to the virtual environment. She reported that the Licensing Unit has gone completely paperless during the pandemic.

PO Box 47866 | Olympia, Washington 98504-7866 | Medical.Commission@wmc.wa.gov | WMC.wa.gov

DRAFT

Micah Matthews, Deputy Executive Director reported that he will be out on extended leave and directed the Commissioners to the list of contacts in his written report.

Mr. Matthews thanked Dr. John Scott and 98point6 for presenting at our educational webinar on Telemedicine in October.

He directed the Commissioners to the Demographic Census report in the packet. He asked that they read the Executive Summary. He highlighted that Nick Morris, Health Services Consultant, was the staff who completed the report.

10.0 AAG Report

Heather Carter, AAG, had nothing to report.

11.0 ADJOURNMENT

The Chair called the meeting adjourned at 9:20 am.

Submitted by

(signature on file)

Amelia Boyd, Program Manager

(signature on file)

John Maldon, Public Member, Chair
Washington Medical Commission

Approved January 15, 2021

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.

DRAFT

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Committee/Workgroup Reports: January 2021

Reduction of Medical Errors Workgroup – Chair: Dr. Chung
Staff: Mike Farrell

We are working on a webinar to describe the Commission's support for Communication and Resolution Programs, and certification of events.

Annual Educational Conference Workgroup – Chair: Toni Borlas
Staff: Jimi Bush

We are continuing to provide CME for our licensees.

Our past events are available for CME on demand on our webpage. Events include:

- 2020-2021 Flu Updates Webinar
- CDC Immunization Updates 2020 Webinar
- COVID-19 Vaccine Safety Webinar
- Immunization Requirements Webinar
- LGBTQ+ Healthcare Needs
- Safety First: The Importance of Interpreters & Translated Documents in Preventing Patient Harm
- Transforming Primary Care for Lesbian, Gay, Bisexual, and Transgender People: A Collaborative Quality Improvement Initiative
- UW Studies COVID-19 Presence to Inform Smart Policy Decisions

Upcoming CME events

- Achieving Health Equity for Black Moms and Babies: TBD
- The Future of Communication and Resolution Programs: TBD
- Opioid Prescribing: What you need to know for 2021: TBD

Please let Jimi know if you have a suggestion for an upcoming CME topic.

Commissioner Education Workgroup – Chair: None at this time
Staff: Melanie de Leon

Surveys will be sent out to Commissioners to develop a list of topics for upcoming Lunch & Learn sessions in next 2 weeks.

Osteopathic Manipulative Therapy Workgroup – Chair: None at this time
Staff: Micah Matthews

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
Licensing. Accountability. Leadership.

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 10, 2020

Committees & Workgroups

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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
Yanling Yu, 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
Yanling Yu, Public Member
Micah Matthews
Mike Farrell
Amelia Boyd
Heather Carter, AAG

Committees & Workgroups

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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	TBD	Keep Osteo updated.			Complete	TBD	TBD
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.			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 filed	11/19/2020	Workshops	April 2021	Collaborate with Osteo on HB 2378			Complete	May 2021	September 2021
ESHB 1551 - HIV/AIDS	CR-105 filed	12/23/2020	File CR-103	March 2021						March 2021
SB 6551 - IMG licensing	CR-101 filed	8/6/2020	Workshops	TBD				Complete	July 2021	December 2021

Updated: 1/5/2021

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."

Frederick P. Rivara, MD, MPH	206-799-7961	Fpr@uw.edu
Primary Contact Name ⮥	Phone ⮥	Email ⮥
		Www.hiprc.org
Additional Contact Names (Lists are only sent to approved individuals) ⮥		Website URL⮥
University of Washington		
Professional Assoc. or Educational Organization ⮥	Federal Tax ID or Uniform Business ID number ⮥	
Box 359960, 325 Ninth Ave,	Seattle WA 98104	
Street Address ⮥	City, State, Zip Code ⮥	

We intend to do a survey of a random sample of clinicians to determine if they know about three currently available ways to reduce firearm suicides among their patients: extreme risk protection orders, the Washington State do not sell law, and the availability of sites for voluntary temporary storage of firearms outside of the home.

1. How will the lists be used? ⮥

Physicians, social workers, psychologists

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 ⮥ Date ⮥

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

For Official Use Only Authorizing Signature: _____

Approved: _____ _____ Printed Name: _____
5-year one-time
Denied: _____ Title: _____ Date: _____

Proposed mailing materials

Cover letter

Dear colleague,

I am writing to request your participation in a short survey. As you may know, firearm injuries are an important problem in the state of Washington. In 2018, the CDC reported that over 800 people died from firearm injuries in the state, and 75% of these deaths were firearm suicides.

We are conducting a survey of a random sample of clinicians in the state to better understand the degree to which some tools that can be used to reduce firearm injuries and deaths from suicide are known and actually used. This will help us in determining the best way to disseminate information on this issue.

The survey is confidential, and all data will only be used and reported in the aggregate in which no individual will be able to be identified. Your participation is of course completely voluntary. I do hope that you will join us in this important survey.

Thank you very much. If you have any questions, please feel free to email me at fpr@uw.edu.

Sincerely yours,

Frederick P. Rivara, MD, MPH
Professor and Vice Chair, Department of Pediatrics
Adjunct Professor, Department of Epidemiology
University of Washington

Proposed questions on the survey

1. What is your profession
    a. Physician
    b. Psychologist
    c. Nurse
    d. Social worker
2. Do you work in
    a. Private practice
    b. For an academic medical center
    c. For a hospital system
    d. Other_____

3. Do you know about the Washington State Extreme Risk Protection Order ("red flag") (ERPO) law?
    a. Yes
    b. No
4. If yes, do you know if it has ever been used by or with any of your patients?
    a. Yes
    b. No
5. Have you ever advised a family to seek an ERPO for a patient?
6. Do you know about the Washington State Do Not Sell Law in which a person can voluntarily place themselves on the list of prohibited to be sold a firearm to protect themselves in times of crisis?
    a. Yes
    b. No
7. If yes, have you have counseled a patient or their family to be listed on this?
    a. Yes
    b. No
8. Do you know about the list of places (hiprc.org/firearms) where individuals can voluntarily have firearms temporarily stored so as to protect people in the home at times of crisis?
    a. Yes
    b. No
9. If yes, have you ever given this information to a patient or family?
    a. Yes
    b. No

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."

Katie Budd	206-639-8850	Cbudd@kingcounty.gov
Primary Contact Name ↴	Phone ↴	Email ↴

Katelynne Gardener Toren		https://kingcounty.gov/depts/health/communicable-diseases/tuberculosis.aspx
Additional Contact Names (Lists are only sent to approved individuals) ↴		Website URL↴

Public Health - Seattle and King County TB Control Program	91-6001327
Professional Assoc. or Educational Organization ↴	Federal Tax ID or Uniform Business ID number ↴

325 9th Avenue, Box 359776	Seattle, WA 98104
Street Address ↴	City, State, Zip Code ↴

I am a Project/Program Manager at Public Health - Seattle and King County. This request is to support a research project to identify the level of community provider knowledge about latent tuberculosis infection, barriers to reporting complete and accurate information when reporting tuberculosis disease, and to identify ways we can support community providers to improve public health and patient outcomes. We will be surveying the groups of people listed in questions 2, ideally via email. The survey is voluntary. We are requesting the name, address, phone, fax, and, if available, email address for the groups in question 2. All information will be kept safe and confidential, on password protected computers. It will not be used for commercial purposes.

I am available to answer any questions you may have. Thank you for your time and consideration.

1. How will the lists be used? ↴

MD, DO, NT, ARNP, PA, RN, LPN, MT

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 ⮥ Date ⮥

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

For Official Use Only

Approved: _____ _____ Authorizing Signature: _____
5-year one-time

Printed Name: _____

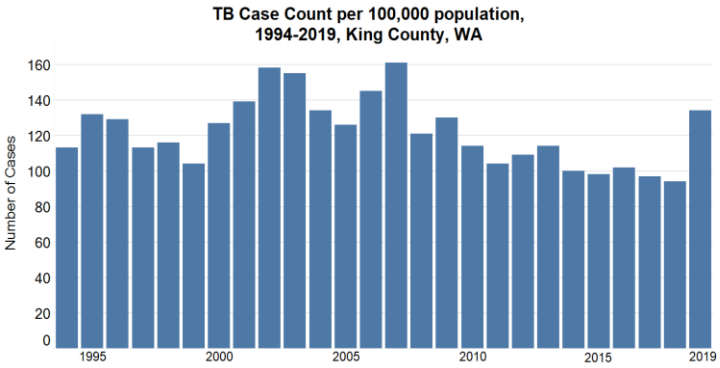
Denied: _____ Title: _____ Date: _____

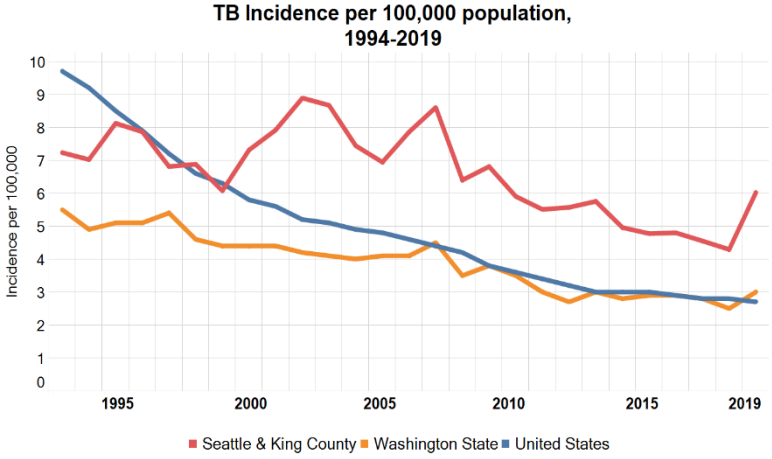
Public Health
Seattle & King County

TUBERCULOSIS

Seattle & King County, Washington, 2019

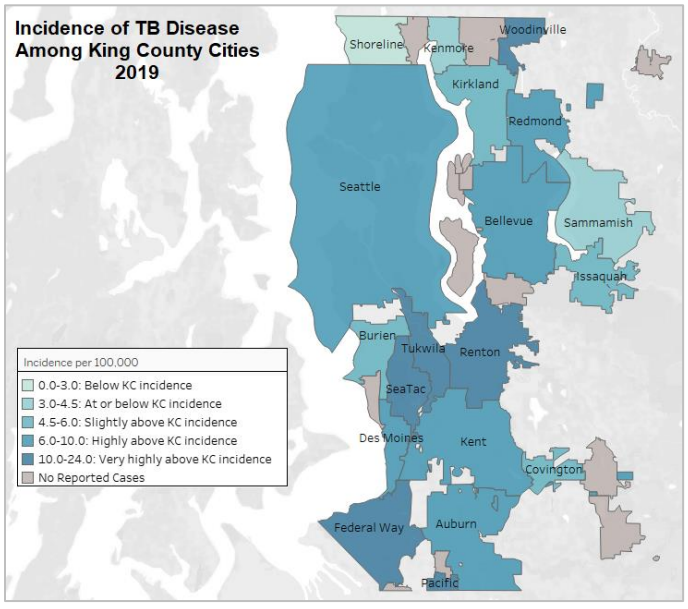
MISSION: Interrupt the transmission of TB in Seattle & King County
VISION: TB-free King County





OVERVIEW

In 2019, 134 cases of TB were reported in King County, for an incidence of 6.0 cases per 100,000, a significant increase from 2018 (94 cases; 4.3 cases per 100,000). In 2019, there was one death related to TB disease in King County. Over a third of 2019 cases (34%) were reported in the City of Seattle. SeaTac, Tukwila, Federal Way, and Renton had some of the highest incidence rates (range: 12.4-24.0 per 100,000 population). Twenty King County cities did not report any TB cases in 2019.



GENDER AND AGE

Historically, males comprise 55-65% of TB cases in King County. In 2019, 59% of TB cases were male. Cases ranged from 1 year to 90 years of age, with a median age of 45 years. The highest rate of TB was among individuals 65 years of age and older (12.2 cases per 100,000 population).

TB case rate per 100,000 population by age group, 2015-2019, King County, WA

	2015	2016	2017	2018	2019
0-17	1.4	1.6	0.9	0.4	1.1
18-44	5.3	5.3	4.8	4.1	6.5
45-64	3.3	4.6	5.0	3.9	6.2
65+	11.8	8.8	8.6	12.0	12.2

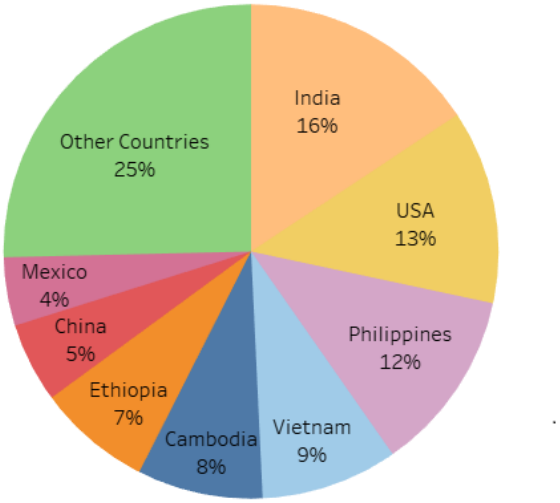
COMORBIDITIES

In 2019, four TB cases (3%) were also infected with HIV whereas 0.32% of King County residents have been diagnosed with HIV. All four co-infected TB cases were born outside the US. Diabetes mellitus is also a risk factor for progression to active TB. Eighteen TB patients (13%) also had a diagnosis of diabetes.

PLACE OF BIRTH AND RACE/ETHNICITY

A total of 117 (87%) cases reported in 2019 were born outside the US. These individuals were born in 29 countries. More than half of cases born outside the US came from five countries: India, Philippines, Vietnam, Cambodia, and Ethiopia. In King County, the rate of TB among persons born outside the US was 24.0 per 100,000 population in 2019, which is 24 times the rate of TB in US-born individuals in King County (1.0 cases per 100,000 in 2019).

Proportion of TB cases by country of origin, 2019, King County, WA



Races and ethnicities other than non-Hispanic White in King County continue to have disproportionately high rates of TB. In 2019, Asians had the highest proportion of cases in King County (54%) and had the 3rd-highest rate of TB cases with 18.2 cases per 100,000 population. Black/African Americans and Native Hawaiian/Pacific Islanders had the highest rates of TB cases (19.5 and 19.4 cases per 100,000 population, respectively).

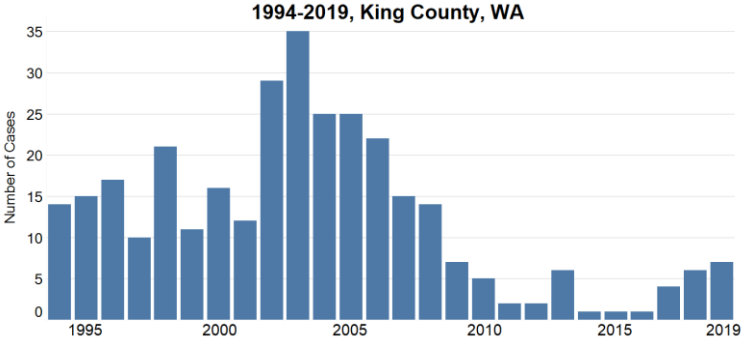
CONTACT INVESTIGATIONS

In 2019 the TB Program conducted nearly 100 contact investigations including 19 institutional investigations. Institutional investigations can result in full on-site screenings, consultations, or a more individualized approach. Institutions included healthcare, retail, tech, schools, shelters, and supportive housing. Through contact investigations, the TB Program identified 99 individuals with LTBI and 5 individuals with active TB disease.

TB AND HOMELESSNESS

Across the US, TB continues to disproportionately affect those experiencing homelessness. Seven TB cases (5%) were diagnosed in 2019 among King County residents experiencing homelessness. The number of active TB cases among those experiencing homelessness has decreased since its peak in 2002-2003 (64 active TB cases in these two years) when a single strain was responsible for 66% of homeless cases. We continue to evaluate the increasing number of TB cases among the homeless over the past few years.

TB cases among people experiencing homelessness, 1994-2019, King County, WA



DRUG RESISTANCE

Of the 90 TB cases with drug susceptibility testing available, 19 (21%) were resistant to at least one first-line TB medication. Four cases (4%) were diagnosed with multidrug-resistant TB (MDR-TB), defined as resistance to both isoniazid and rifampin, the two most potent TB drugs. One case had rifampin-monoresistant TB (RMR-TB). Globally, 3.4% of new TB cases and 18% of previously treated cases have MDR-TB or RMR-TB.

WANT TO KNOW MORE? CHECK OUT:

- Public Health – Seattle & King County Tuberculosis Control Program *www.kingcounty.gov/health/TB*
- Centers for Disease Control and Prevention Division of Tuberculosis Elimination *http://www.cdc.gov/tb*
- World Health Organization – Tuberculosis (TB) *https://www.who.int/tb*

1-In Washington State health care providers, laboratories and health care facilities are legally required to notify public health authorities at their local health jurisdiction of suspected or confirmed cases of tuberculosis. Case counts are calculated using these reports.

2-Rates are calculated with population data from the Washington State Office of Financial Management with the exception of foreign born rate. http://www.ofm.wa.gov/pop/

3-Rate of foreign born cases is calculated with population data from the U.S. Census Bureau: State and County QuickFacts. http://quickfacts.census.gov/

LTBI Treatment Practices

1. Do you ever test or treat patients with latent tuberculosis infection (LTBI)?

____Yes

____No

2. If no, please explain below. This is the end of the questionnaire.

___ Explain: _____

3. How do you test for TB? **Select all that apply.**

___Quantiferon (QFT)
___Tuberculin Skin Test

___T-spot

4. If you use IGRAs (QFT or T-spot) do you:

___ Perform tests in-house

___ Refer out to a lab facility

5. Do you have x-ray services on site?

___Yes

___No

6. I have experience treating patients with LTBI.

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

7. For patients with a positive TST or IGRA, I know the steps for ruling out Active TB disease before starting LTBI treatment

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

8. I know which patients should be screened and treated for LTBI.

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

9. What barriers do you encounter when screening patients with LTBI? **(Select all that apply)**

___ Insufficient experience/training in LTBI screening methods

___ Unfamiliar with LTBI treatment regimens

___ Lack of easy access to CXR and lab services for patient

___ Unfamiliar with placing and/or reading a TST

___ Lack of timely access to expert consultation

___ Limited appointment duration

___ Language barriers

___ Other: _____

10. What barriers do you encounter when treating patients with LTBI? **(Select all that apply)**

___ Lack of resources for patient education

___ Appointment hours conflict with patient's schedule

___ Unfamiliar with LTBI treatment regimens

___ Low treatment adherence

___ Lack of resources to support patient throughout treatment (case management, DOT, incentives, etc)

___ Language barriers

___ Patient has limited financial resources

___ Patient has co-existing medical conditions

___ Patient experiences medication side effects

___ Real or perceived stigma related to LTBI treatment

___ Patient misinformation about TB

___ Patient refusal

___ I do not believe is it necessary to treat LTBI

___ Other: _____

11. Would you use the following services to support patients during LTBI treatment? **(Select all that apply)**

___ Case management services in partnership with health department

___ Financial assistance with LTBI medication

___ Weekly consultation opportunities with local and state level TB experts (via Zoom)

___ Weekly interactive LTBI seminars lead by local and state level TB experts (via Zoom)

___ Directly observed therapy (DOT) in partnership with community pharmacies and/or the health department

___ Patient incentives (gift cards, grocery store vouchers, etc)

___ Enablers (free transportation to appointment, reminder letters, etc)

___ Educational materials in patient's primary language, at an appropriate reading level

___ I need something different, explain:_____

Reporting Questions

12. How do you prefer to report mandatory information to the health department?

___ Online form

___ Fax

___ Phone

___ Other: _____

13. Who from your office reports mandatory information to the health department?

Select all that apply.

___ Physicians, ARNPs, PAs

___ Nurses (RNs, LPNs,)

___ Medical assistants

___ Administrative or support staff

___ Other: _____

14. What barriers do you encounter when reporting mandatory information to the health department? **Select all that apply.**

___ Limited patient information/patient history

___ Time constraints

___ Difficulty accessing required forms

___ Lack of staffing

___ Lack of access to patient information

___ Unclear reporting requirements

___ Difficult to access reporting contact information

___ Other: _____

15. What is the best way for Public Health – Seattle & King County to communicate changes in disease reporting requirements? **Select all that apply**

___ Email

___ Phone

___ Contacting practice manager/clinic administrator

___ Announcements in professional newsletters

___ Announcements on our website

___ Other, explain:_____

Guideline

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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.*~~

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 th~~e~~i~~s e~~ guideline~~s~~ to assist practitioners ~~to~~ communicat~~e~~ing 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.

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

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

Field Code Changed

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

Guideline

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Direct Communication of ~~Transmission of~~ Time Critical Patient Medical Information (TCMI) Between Health Care Practitioners ~~— "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~~ health care practitioner communication;
(c) Identify and communicate clearly the critical nature of the findings
(d~~c~~) Identify responsibility to inform the patient; and
(e~~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 issues this guideline to emphasize~~s~~ the responsibility of all practitioners ~~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, referring practitioners, treating practitioners ~~clinicians~~ and interpreting ~~physicians~~practitioners to design and use support systems to ensure and document the timely communication and receipt of TCMI.

Recommendation

~~Clinicians~~Practitioners 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~~ practitioner or treating practitioner~~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~~referring practitioners, and interpreting

~~physicians~~practitioners. ~~Providers~~Practitioners 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~~practitioner 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.

Commented [RAW(1]: Discordant?

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~~ practitioner in time to provide the appropriate care to the patient. Communication by telephone or in person to the treating or referring ~~physician~~practitioner 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~~practitioners 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. The Commission refers practitioners to its guideline on Communicating Diagnostic Test Results to Patients, GUI2016-02 for guidance on this issue.

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

State of Washington
Medical Quality Assurance Commission

Policy

Title:	Practitioners Exhibiting Disruptive Behavior	MD2012-01
References:	N/A	
Contact:	Michael Farrell, Policy Development Manager	
Phone:	(509) 329-2186 E-mail: michael.farrell@doh.wa.gov	
Effective Date:	February 24, 2012; Reaffirmed May 13, 2016	
Approved By:	W. Michelle Terry, MD, FAAP, Chair (signature on file)	

Conclusion

Disruptive behavior by physicians and physician assistants is a threat to patient safety and clinical outcomes. The Medical Quality Assurance Commission (Commission) will take appropriate action regarding practitioners who engage in disruptive behavior.

Background

Disruptive behavior by physicians has long been noted but until recently there has been little consensus that such behavior has an adverse effect on patient safety or clinical outcomes, and therefore the behavior has often been tolerated. This was particularly true when the physician appeared to be clinically competent. However, in the past ten years it has been generally recognized that disruptive behavior poses a potential threat to patient safety.[1] The Joint Commission has said that "intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments."[2]

Definition and Examples

The American Medical Association has defined disruptive behavior as "Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care. (This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.)"[3] The Joint Commission describes

[1] Williams, B. W., and Williams M.V., The Disruptive Physician: A Conceptual Organization, Journal of Medical Licensure and Discipline, Vol. 94, No. 3, 12-20, 2008.
[2] The Joint Commission, Sentinel Event Alert, Issue 40, July 9, 2008.
[3] American Medical Association, E-9.045 Physicians with disruptive behavior (Electronic Version). AMA Policy Finder 2000. Cited in Williams and Williams, J. Med. Lic. & Disc. Vol. 94, No. 3, p.12, 2008

intimidating and disruptive behaviors as including overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities.

Dr. Kent Neff, a psychiatrist and recognized expert in this field, describes disruptive behavior as "an aberrant style of personal interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to interfere with the process of delivering good care."[4] Examples of disruptive behavior may include:

- Profane or disrespectful language
- Demeaning behavior
- Sexual comments or innuendo
- Inappropriate touching, sexual or otherwise
- Racial or ethnically oriented jokes
- Outbursts of anger
- Throwing instruments or charts
- Criticizing hospital staff in front of patients or other staff
- Negative comments about another physician's care
- Boundary violations with staff or patients
- Comments that undermine a patient's trust in a physician or hospital
- Inappropriate chart notes, e.g., criticizing a patient's hospital treatment
- Unethical or dishonest behavior
- Difficulty in working collaboratively with others
- Failure to respond to repeated calls
- Inappropriate arguments with patients, families
- Poor response to corrective action

Most health care professionals enter their discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The majority of physicians carry out their duties professionally and maintain high levels of responsibility. However, several studies and surveys identify the prevalence of disruptive behavior among physicians as somewhere between 1 and 5%.[5] "The importance of communication and teamwork in the prevention of medical errors and in the delivery of quality health care has become increasingly evident."[6] Such behavior disrupts the effectiveness of team communication and has been shown to be a root cause in a high percentage of anesthesia-related sentinel events.[7] The consequences of disruptive behavior include job dissatisfaction for staff, including other physicians and nurses, voluntary turnover, increased stress, patient complaints, malpractice suits, medical errors, and

[4] Neff, K., Understanding and Managing Physicians with Disruptive Behaviors, pp. 45 – 72
[5] Op. cit., Williams and Williams, p. 13
[6] Ibid.
[7] Ibid.

compromised patient safety. Moreover, disruptive behavior may be a sign of an illness or condition that may affect clinical performance. Studies have shown that physicians demonstrating disruptive behavior have subsequently been diagnosed with a range of Axis I and II psychiatric disorders, major depression, substance abuse, dementia, and non-Axis I and II disorders such as anxiety disorder, attention-deficit hyperactivity disorder, obsessive-compulsive disorder, sleep disorder, and other illnesses, most of which were treatable.[8]

Policy

When the practitioner exhibiting disruptive behavior is part of an organization where the behavior can be identified, the organization should take steps to address it early before the quality of care suffers, or complaints are lodged. The best outcome is frequently accomplished through a combination of organizational accountability, individual treatment, education, a systems approach and a strong aftercare program.[9] The Joint Commission has developed a leadership standard that addresses disruptive and inappropriate behaviors by requiring a code of conduct that defines unacceptable, and disruptive and inappropriate behaviors and a process for managing such behaviors.[10]

When the Commission receives a complaint concerning a practitioner exhibiting inappropriate and disruptive behavior, the Commission will consider such behavior as a threat to patient safety that may lead to violations of standards of care or other medical error. The Commission may investigate such complaints and take appropriate action, including possible suspension, to promote and enhance patient safety.

[8] Williams and Williams, p. 14.
[9] Williams and Williams, p. 17.
[10] Op. cit.,The Joint Commission.

Staff Reports: January 2021

Melanie de Leon, Executive Director

Recap: It's been some year and I wanted to give you a brief update on workload and staff

	2019	2020
# of Licenses Issued	3,055	3,139
# of Complaints Received/completed Intake	1503	1351
# of Investigations Completed	719	467
# of Summary Actions	3	11
# of STIDs Served	66	63
# of SOCs Served	28	31

Staff who left this past year: Kim Romero moved to Texas; Jim Noss moved to Colorado; Sara Wibowo moved to Illinois; and Amanda Weyrauch went to another position in DOH.
New staff: Sylke Dixon – Licensing, Adam Calica – Investigations, Richelle Little – Legal
Babies: Daughter Cole Balatbat (Colleen Balatbat); daughter Amara Elders (Anthony Elders); daughter Olivia Matthews (Micah Matthews)

DOH welcomed a new secretary, **Dr. Umair Shah,** and he started work mid-December. He is moving from Texas with his family, so he will be in and out of the office virtually for a while. Dr. Shah led Harris County Public Health in Texas for the last seven years, managing 700 public health staff serving the 4.7 million residents in the nation's third largest county. Before working for the county, he was chief medical officer of Galveston County Health District and has served as an emergency department physician at Houston's DeBakey VA Hospital for over 20 years.

We are coming into a long legislative session, so staff maybe contacting you for your input on proposed bills. Some of these are quick-turn needs so please be aware that time may be of the essence in some cases.

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.

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.

Amelia Boyd, Program Manager continued

- Physician-at-Large – Dr. Domino's position, eligible for reappointment

Recommendations have been sent to the Governor's office.

We also have vacancies in the following positions:

- Congressional District 2
- Public Member

The recommendations for CD 2 have been sent to the Governor's office. Interviews will be held for the Public Member candidates by the end of January.

Rules

We have 9 rulemaking efforts in progress. For more information, please see the Rules Progress Report in this packet.

Melissa McEachron, Director of Operations and Informatics

Since our November meeting, Operations and Informatics has seen an increase in the number and types of subpoenas for records and other compulsory responses. In addition, the Washington State's litigation against opioid distributors is moving forward and we are providing support to the Attorney General's litigation team.

George Heye, MD, Medical Consultant

Nothing to report.

Morgan Barrett, MD, Medical Consultant

At the request of several Commissioners we will ask Respondents that are making a Personal Appearance to log on five minutes early, in order to optimize their time with the Panels. They have been instructed to log in with cameras on, microphones off, and to wait for the Panel Chair to acknowledge them. This is a trial run and we ask for patience on behalf of our Commissioners and Staff.

Rick Glein, Director of Legal Services

Happy New Year from the Legal Unit!

Staff Update:

Paralegal Sara Wibowo left the Medical Commission this month to move back to Illinois to be with family. Her last day with the Commission was January 6. Legal thanks Sara for her work with the Commission this past year and wishes her and her family all the best.

Summary Suspensions:

In re Julia Barnett, MD, Case No. M2019-821. On November 16, 2020, the Commission summarily suspended Dr. Barnett's medical license pending further disciplinary proceedings. The Statement of Charges (SOC) alleges that Dr. Barnett violated the standard

of care in her management of patients as the medical director of a correctional facility. A hearing is scheduled in this matter for January 28-30, 2021.

In re Mark Rose, MD, Case No. M2020-215. On December 9, 2020, a Health Law Judge (HLJ), by delegation of the Commission, ordered that Dr. Rose's medical license be suspended pending further disciplinary proceedings. The SOC alleges that Dr. Rose and the Oregon Medical Board entered into a Stipulated Order in which Dr. Rose agreed to surrender his Oregon medical license while under investigation. As of the writing of this staff report, Dr. Rose has not filed an Answer to the SOC.

In re Kevin Cardwell, PA, Case No. M2020-831. On December 10, 2020, a HLJ, by delegation of the Commission, ordered that Mr. Cardwell's physician assistant license be suspended pending further disciplinary proceedings. The SOC alleges that Mr. Cardwell surrendered his Oregon medical license while under investigation for unprofessional conduct. Mr. Cardwell has requested a show cause hearing which is scheduled for January 12, 2021.

In re Verner Stillner, MD, Case No. 2020-552. On December 11, 2020, a HLJ, by delegation of the Commission, ordered that Dr. Stillner's medical license be suspended pending further disciplinary proceedings. The SOC alleges that Dr. Stillner surrendered his license to practice as a physician and surgeon in the State of Alaska in lieu of complying with a Consent Order he entered into with the Alaska State Medical Board. Dr. Stillner has waived his opportunity for settlement and a hearing in his case with the WMC. The matter will be resolved without Dr. Stillner's further participation and will come before a panel of Commissioners shortly for a final determination.

In re Alfred Aflatooni, MD, Case No. M2018-467. On December 15, 2020, the Commission summarily suspended Dr. Aflatooni's medical license pending further disciplinary proceedings. The SOC alleges Dr. Aflatooni crossed professional boundaries and prescribed high doses of opioids. As of the writing of this staff report, Dr. Aflatooni has not filed an Answer to the SOC.

In re Jose de Jesus Martinez, MD, Case No. M2020-554. On December 16, 2020, a HLJ, by delegation of the Commission, ordered that Dr. Martinez' medical license be suspended pending further disciplinary proceedings. The SOC alleges the Texas Medical Board issued a Final Order indefinitely suspending Dr. Martinez' medical license. As of the writing of this staff report, Dr. Martinez has not filed an Answer to the SOC.

In re Roland Green, MD, Case No. M2020-1037. On December 22, 2020, a HLJ, by delegation of the Commission, ordered that Dr. Green's medical license be suspended pending further disciplinary proceedings. The SOC alleges that Dr. Green entered into a Surrender Order with the New York State Board for Professional Medical conduct wherein Dr. Green surrendered his New York medical license while under investigation for unprofessional conduct. Dr. Green has requested a hearing in the WMC matter.

Orders Resulting from SOCs:
In re Ona Schulz, PA, Case No. M2018-641. Agreed Order. On June 27, 2019, the Commission filed a SOC alleging Ms. Schulz' pattern of prescribing demonstrates inadequate training with regard to treating patients and prescribing long-acting opioids. On November 12, 2020, the Commission approved an Agreed Order which includes an indefinite prescribing restriction in which Ms. Schulz will not prescribe, dispense or administer DEA Schedule II-IV controlled substances in Washington state; a record keeping CME; Commission approval of Ms. Schulz' supervising physician; practice reviews; a $2,000 fine; and personal appearances. Ms. Schulz may petition to modify the practice restriction after two years of full compliance of the Agreed Order, completion of intensive opioid prescribing and pain management CMEs, and a scholarly paper.

Virtual Hearings:
In light of the ongoing pandemic, DOH continues to hold adjudicative proceedings virtually on the Microsoft Teams platform. We recognize the Commissioners are more familiar with the GoToMeeting format used for our virtual Commission meetings. Unfortunately, we do not have a say in which platform DOH uses for virtual legal proceedings. However, we have heard feedback that the virtual hearings have been largely successful. We thank the Commissioners for your responsiveness to our requests to participate on hearing panels and your patience with any technical glitches.

Presentations:
Rick will be delivering a presentation on January 21 at a quarterly meeting with the Medicaid Fraud Control Division (MFCD) of the Attorney General's Office and the Health Care Authority (HCA). He will be discussing the global mission of the WMC with a focus on cases that are of mutual interest.

Freda Pace, Director of Investigations

Greetings! I'd like to take this moment to say thank you to our Commissioners. 2020 may have been a little rough with several changes and adjustments to some of our internal processes and procedures – hopefully, we've made all the right tweaks to make thing much easier and more simplified. Without your continued support and assistance, we couldn't do this very important work. So, thank you all again for dedicating your time in helping keep our patients safe. I hope and pray you all have a wonderful holiday and wishing you the best in 2021!!!

CMT sign-up vacancies:
January 20th = one clinical commissioner is needed.
February = each week in this month, we have clinical commissioner vacancies to be filled.

Please visit the SharePoint site and sign up or contact Chris Waterman (chris.waterman@wmc.wa.gov) directly for questions. If you have any concerns or questions regarding investigations or the CMT process, please contact me directly at freda.pace@wmc.wa.gov.

Mike Farrell, Policy Development Manager

Stephanie, Amelia, and I have attended stakeholder meetings with legislatures virtually to discuss telemedicine issues and potential legislation. This will help inform the Commission's rulemaking on telemedicine.

Jimi Bush, Director of Quality and Engagement

We are continuing to focus on our outreach efforts for both the licensee and the patient.

Upcoming Coffee with the Commissions:

- 2020 Performance: January 13th
- You've Graduated Medical School! Now what?: February 3rd
- Legislative Update: March 3rd
- Common Mistakes when applying for an MD/PA license: April 7th

Upcoming CME events

- Achieving Health Equity for Black Moms and Babies: TBD
- The Future of Communication and Resolution Programs: TBD
- Opioid Prescribing: What you need to know for 2021: TBD

All of our previous CME events can be found on our Annual Conference Webpage. Please share with your colleagues. All upcoming events and details are located on our event page.

I am looking for more CME ideas, so please email me if you have a suggestion.

Marisa Courtney, Licensing Manager

Total licenses issued from 11/01/2020- 12/31/2020 -669

Credential Type	Total Workflow Count
Physician And Surgeon County/City Health Department License	0
Physician And Surgeon Fellowship License	0
Physician And Surgeon Institution License	0
Physician And Surgeon License	142
Credential Type	**Total Workflow Count**
Physician and Surgeon License Interstate Medical Licensure Compact	64
Physician And Surgeon Residency License	11
Physician And Surgeon Teaching Research License	2
Physician And Surgeon Temporary Permit	4
Physician Assistant Interim Permit	8
Physician Assistant License	88
Physician Assistant Temporary Permit	0
Totals:	**669**

Marisa Courtney, Licensing Manager – continued

Information on Renewals: November Renewals: 70.28% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	35	35
MD	840	337	1177
MDRE	1	0	1
MDTR	1	1	2
PA	144	44	188
	70.28%	**29.72%**	**100.00%**

December Renewals: 65.69% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	27	27
MD	770	388	1158
MDRE	0	2	2
MDTR	5	2	7
PA	140	59	199
	65.69%	**34.31%**	**100.00%**

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Panel A
Personal Appearance Agenda

Friday, January 15, 2021

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, Public Member; Robert Small, MD; Richard Wohns, MD; Alan Brown, MD, Pro-Tem; Mary Curtis, MD, Pro-Tem

Compliance Officer: Kayla Bryson

9:45am	**Timothy W. Jordan, MD** Attorney: Scott King	M2017-72 (2016-6957) RCM: Charlotte Lewis, MD SA: Larry Berg
10:30am	**Gregory J. Lavalle, MD** Attorney: James B. King	M2019-704 (2018-6612) RCM: Jimmy Chung, MD, SA: Kyle Karinen
11:15 a.m.	**Mark D. Kline, MD** Attorney: Jessica Creager	M2017-54 (2016-12196) RCM: Robert Small, MD SA: Kyle Karinen
Lunch Break		
1:15 p.m.	**Ray F. Smith, MD** Attorney: Pro Se	M2018-593 (2018-4031) RCM: James Anderson, PA-C SA: Gordon Wright
2:00 p.m.	**Charles C. Sung, MD** Attorney: Robert G. Schultz	M2017-514 (2016-5807 et al.) RCM: Richard Wohns, MD SA: Ariele Page Landstrom
2:45 p.m.	**James K. Rotchford, MD** Attorney: Jennifer Smitrovich	M2017-1016 (2016-12817 et al.) RCM: Robert Small, MD SA: Kyle Karinen

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
Licensing. Accountability. Leadership.

Panel B

Personal Appearance Agenda

Friday, January 15, 2021

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 my 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	**Kenneth M. Edstrom, MD** Attorney: Berth Fitzer	M2018-579 (2018-13470 et al.) RCMs: Charlie Browne, MD, Theresa Schimmels, PA-C, John Maldon SA: Ariele Page Landstrom
10:30am	**Brenda D. Roberts, MD** Attorney: Pro Se	M2019-73 (2017-8553) RCM: John Maldon SA: Gordon Wright
11:15 a.m.	**John C. Chen, MD** Attorney: Pro Se	M2014-1098 (2013-8298) RCM: John Maldon SA: Trisha Wolf
LUNCH BREAK		
1:15 pm	**Douglas R. D'Jang, PA-C** Attorney: Jennifer Smitorvich	M2019-230 (2018-11715) RCM: Gregory Terman, MD SA: Larry Berg
2:00 pm	**Josef M. Turner, MD** Attorney: Pro Se	M2019-996 (2019-6640) RCM: Terry Murphy, MD SA: Kyle Karinen
2:45 pm	**Douglas W. Taylor, MD** Attorney: Jennifer M. Veal	M2019-356 (2018-12680) RCM: Gregory Terman, MD SA: Trisha Wolf

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.