

WASHINGTON
**Medical
Commission**

Licensing. Accountability. Leadership.



Regular Meeting
July 13-14, 2023
3rd Revised



FORMAL HEARING SCHEDULE



WASHINGTON
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Hearing	Respondent	Case No.	Location
2023 July			
20-Jul	Ilg, Ron, MD	M2022-712	Virtual
2023 August			
18-Aug	Alhafez, Fadi, MD	M2021-656	TBD
22-Aug <u>through</u> 23-Aug	McQuivey, David, PA	M2023-61	TBD
31-Aug	Riyaz, Farhaad, MD	M2022-716	TBD
2023 September			
5-Sept <u>through</u> 6-Sept	Pascale, Michael, MD	M2023-67	TBD
25-Sept <u>through</u> 29-Sept	Cole, Ryan, MD	M2022-207	TBD
2023 October			
10-Oct <u>through</u> 13-Oct	Washington, William, MD	M2021-755	TBD
23-Oct	Saadi, James A., MD	M2022-838	TBD
2023 November			
2-Nov	Smith, Steven L., MD	M2022-722	TBD
6-Nov <u>through</u> 10-Nov	Bauer, William, MD	M2022-53	TBD
28-Nov <u>through</u> 30-Nov	Antonatos, Miguel, MD	M2022-487	TBD
30-Nov <u>through</u> 1-Dec	Ravasia, Debra J., MD	M2022-986	TBD
2023 December			
8-Dec <u>through</u> 9-Dec	Adan, John, MD	M2021-757	TBD
19-Dec <u>through</u> 20-Dec	Flinders, Craig, MD	M2022-618	TBD

2023 Meeting Schedule



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Dates	Location	Meeting Type
June 30 10 am – 11 am	Virtual	Policy: Interested Parties
July 5 4 pm – 5 pm	Virtual	Policy Committee
July 13 8 am – 1:45 pm 2 pm – 5 pm	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition Personal Appearances
July 14 8 am – 9:30 am	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Business
August 24 8 am – 1:45 pm 2 pm – 5 pm	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition Personal Appearances
September 29 10 am – 11 am	Virtual	Policy: Interested Parties
October 5 8 am – 5 pm	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition
October 6 Time: TBD	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Commissioner Retreat
October 13 10 am – 11 am	Virtual	Policy Committee
October 20 9 am – 11 am	Virtual	Business
November 16 8 am – 1:45 pm 2 pm – 5 pm	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition Personal Appearances
December 8 10 am – 11 am	Virtual	Policy: Interested Parties

Association Meetings

Association	Date(s)	Location
WSMA Annual Meeting	September 23-24, 2023	Bellevue, WA
WAPA Fall Conference	TBA	TBA

Other Meetings

Program	Date(s)	Location
CLEAR Annual Conference	September 27-30, 2023	Salt Lake City, UT
FSMB Board Attorneys Workshop	Nov 30-Dec 1, 2023	Louisville, KY

2024 Meeting Schedule



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Date & Time	Location	Meeting Type
January 4 10 am – 11 am	Virtual	Policy Committee
January 11 8 am – 1:45 pm 2 pm – 5 pm	Virtual	Case Disposition Personal Appearances
January 19 9 am – 11 am	Virtual	Business
February 15 8 am – 5 pm	In-Person Location TBD	Case Disposition
March 7 8 am – 1:45 pm 2 pm – 5 pm	In-Person Location TBD	Case Disposition Personal Appearances
March 21 10 am – 11 am	Virtual	Policy: Interested Parties
April 11 10 am – 11 am	Virtual	Policy Committee
April 18 8 am – 1:45 pm 2 pm – 5 pm	In-Person Location TBD	Case Disposition Personal Appearances
April 26 9 am – 11 am	Virtual	Business
May 24 8 am – 5 pm	Virtual	Personal Appearances
June 6 10 am – 11 am	Virtual	Policy: Interested Parties
June 20 8 am – 1:45 pm 2 pm – 5 pm	In-Person Location TBD	Case Disposition Personal Appearances
June 27 10 am – 11 am	Virtual	Policy Committee
July 11 8 am – 1:45 pm 2 pm – 5 pm	Virtual	Case Disposition Personal Appearances
July 19 9 am – 11 am	Virtual	Business

Date & Time	Location	Meeting Type
September 12 8 am – 1:45 pm 2 pm – 5 pm	In-Person Location TBD	Case Disposition Personal Appearances
September 19 10 am – 11 am	Virtual	Policy: Interested Parties
September 26 10 am – 11 am	Virtual	Policy Committee
October 3 8 am – 1:45 pm 2 pm – 5 pm	In-Person Location TBD	Case Disposition Personal Appearances
October 11 9 am – 11 am	Virtual	Business
November 14 8 am – 5 pm	Virtual	Case Disposition
December 5 10 am – 11 am	Virtual	Policy: Interested Parties
TBD	In-Person Location TBD	Commissioner Retreat

2025 Meeting Schedule



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Dates	Location	Meeting Type
January 2 10 am	Virtual	Policy Committee Meeting
January 9	Virtual	Case Reviews Personal Appearances
January 10 9 am	Virtual	Business Meeting
February 13	In-Person Location TBD	Case Reviews
March 13	In-Person Location TBD	Case Reviews Personal Appearances
March 20 10 am	Virtual	Interested Parties Policy Meeting
April 10 10 am	Virtual	Policy Committee Meeting
April 17	In-Person Location TBD	Case Reviews Personal Appearances
April 25 9 am	Virtual	Business Meeting
May 16	Virtual	Personal Appearances
June 12 10 am	Virtual	Interested Parties Policy Meeting
June 19	In-Person Location TBD	Case Reviews Personal Appearances
June 26 10 am	Virtual	Policy Committee Meeting
July 10	Virtual	Case Reviews Personal Appearances
July 25 9 am	Virtual	Business Meeting
September 4	In-Person Location TBD	Case Reviews Personal Appearances
September 11 10 am	Virtual	Interested Parties Policy Meeting
September 25 10 am	Virtual	Policy Committee Meeting

October 2	In-Person Location TBD	Case Reviews Personal Appearances
October 10 9 am	Virtual	Business Meeting
November 14	Virtual	Case Reviews
December 4 10 am	Virtual	Interested Parties Policy Meeting

Commission Meeting Agenda

July 13-14, 2023



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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 (WMC) meetings. This agenda is subject to change. The Business Meeting will begin at 8:00 am on July 14, 2023 until all agenda items are complete. The WMC 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.

The WMC is providing a virtual option for members of the public for the Business meeting.

Virtual via Teams Webinar: Registration links can be found below.
Physical location: Capital Event Center (ESD 113), 6005 Tye Drive SW

Time	Thursday – July 13, 2023		Room
Closed Sessions			
8:00 am	Case Reviews – Panel A		Pacific
8:00 am	Case Reviews – Panel B		Grays Harbor
Noon	Lunch – Panel A		Pacific
Noon	Lunch – Panel B		Grays Harbor
12:30 pm	Case Reviews – Panel A		Pacific
12:30 pm	Case Reviews – Panel B		Grays Harbor
Open Sessions			
2:00 pm	Personal Appearances – Panel A	Page 10	Pacific
2:00 pm	Personal Appearances – Panel B	Page 11	Grays Harbor
Time	Friday – July 14, 2023		
Open Session			
8:00 am	Business Meeting		Thurston

To attend virtually, register for this meeting at: [WMC Business Meeting](#)

1.0 Chair Calls the Meeting to Order

2.0 Public Comment

The public will have an opportunity to provide comments. *If you would like to comment, 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. If you would prefer to submit written comments send them to amelia.boyd@wmc.wa.gov by July 12, 2023.*

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.

4.1 Minutes – Approval of the May 26, 2023 Business Meeting minutes. Pages 12-17

4.2 Agenda – Approval of the July 14, 2023 Business Meeting agenda. Pages 8-9

- 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 18.
 See page 19 for a list of committees and workgroups.
- 5.2 **Rulemaking Activities** Update
 Rules Progress Report provided on page 20.
- Request to initiate rulemaking on [WAC 246-918-076](#) and [WAC 246-919-397](#) in response to [HB 1009](#) Concerning military spouse employment. Action Page 40
- 6.0 Policy Committee Report** Report/Action
 Christine Blake, Public Member, Chair, will report on items discussed at the Policy Committee meeting held on July 5, 2023. The agenda was as follows:
- Guidance Document: Social Media and Electronic Communications** Pages 21-26
Procedure: Panel Consent Agenda Pages 27-28
Procedure: Approving Entities to Credential Pain Management Specialists Pages 29-30
- 7.0 Member Reports**
 The Chair will call for reports from Commission members.
- 8.0 Staff Member Reports** Written reports on pages 31-39
 The Chair will call for further reports from staff.
- 9.0 AAG Report**
 Heather Carter, AAG, may provide a report.
- 10.0 Adjournment of Business Meeting**

Time	Friday – July 14, 2023	Room
Open Session		
8:45 am	Special Meeting	Thurston
Commissioners will discuss candidates for the WMC's Executive Director and will vote on which candidate they would like to fill the position. The Commissioners may go into Executive Session during the Special Meeting. Executive Sessions are closed meetings.		Action
Closed Session		
11:00 am to Noon	High Reliability Organizations Workgroup Meeting	Grays Harbor



Panel A Personal Appearance Agenda

Thursday, July 13, 2023

Panel
 Members:

Harlan Gallinger, MD, Panel Chair	Mabel Bongmba, MD	Jimmy Chung, MD	Arlene Dorrough, PA-C
Anjali D'Souza, MD	Sarah Lyle, MD	Elisha Mvundura, MD	Robert Pullen, Public Member
Scott Rodgers, Public Member	Richard Wohns, MD	Yanling Yu, PhD, Public Member	
Janet Barrall, MD, Pro-Tem	Alan Brown, MD, Pro-Tem	Mary Curtis, MD, Pro-Tem	Charlie Browne, MD, Pro-Tem

Compliance
 Officer:

Anthony Elders

2:00 p.m.	Angela G. Heithaus, MD Attorney: Pro Se	M2020-418 (2010-7043) RCM: Scott Rodgers, Public Member SA: Rick Glein
2:45 p.m.	Tracey B. Shirk, MD Attorney: Pro Se	M2019-705 (2019-99) RCM: Yanling Yu, PhD, Public Member SA: Kyle Karinen
3:30 p.m.	Filiz Millik, MD Attorney: Patrick C. Sheldon	M2019-708 (2019-1851) RCM: Yanling Yu, PhD, Public Member SA: Kelly Elder

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Panel B

Personal Appearance Agenda

Thursday, July 13, 2023

Panel
Members:

Chair: Terry Murphy, MD	Michael Bailey, Public Member	Christine Blake, Public Member	Toni Borlas, Public Member
Po-Shen Chang, MD	Diana Currie, MD	Karen Domino, MD	April Jaeger, MD
Ed Lopez, PA-C	Claire Trescott, MD		
Theresa Schimmels, PA-C, Pro-Tem	Daniel Flugstad, MD, Pro-Tem	Alden Roberts, MD, Pro-Tem	John Maldon, Public Member, Pro-Tem
Matthew Kogut, MD			

Compliance
Officer:

Mike Kramer

2:00 p.m.	Manas Jain, MD Attorney: David J. Corey	M2021-750 (2021-5510) RCM: Po-Shen Chang, MD SA: Kelly Elder
2:45 p.m.	Richard D. Edgerly, MD Attorney: John C. Versnell, III	M2022-46 (2021-10153 et al.) RCM: April Jaeger, MD SA: Michael Farrell
3:30 p.m.	Anifat Balogun, MD Attorney: Pro Se	M2021-264 (2020-13016) RCM: April Jaeger, MD SA: Joel Defazio

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Business Meeting Minutes

May 26, 2023



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Link to recording: https://youtu.be/Hn5VORynl_k

Commission Members

Michael Bailey, Public Member
Christine Blake, Public Member
Toni Borlas, Public Member – Absent
Po-Shen Chang, MD – Absent
Jimmy Chung, MD, Chair
Diana Currie, MD
Karen Domino, MD, Chair Elect
Arlene Dorrough, PA-C
Anjali D’Souza, MD
Harlan Gallinger, MD

April Jaeger, MD
Ed Lopez, PA-C
Sarah Lyle, MD
Terry Murphy, MD, Officer at Large
Elisha Mvundura, MD
Robert Pullen, Public Member
Scott Rodgers, JD, Public Member
Claire Trescott, MD
Richard Wohns, MD
Yanling Yu, PhD, Public Member

WMC Staff in Attendance

Christine Babb, Investigator
Colleen Balatbat, Staff Attorney
Jennifer Batey, Legal Support Staff Manager
Alexander Bielaski, Case Manager
Amelia Boyd, Program Manager
Kayla Bryson, Executive Assistant
Jimi Bush, Director of Quality & Engagement
Adam Calica, Chief Investigator
Melanie de Leon, Executive Director
Joel DeFazio, Staff Attorney
Kelly Elder, Staff Attorney
Mike Farrell, Policy Development Manager
Gina Fino, MD, Investigator
Ryan Furbush, Paralegal
Rick Glein, Director of Legal Services

Jenelle Houser, Investigator
Ken Imes, Information Liaison
Kyle Karinen, Staff Attorney
Shelley Kilmer-Ready, Legal Assistant
Pam Kohlmeier, MD, JD, Attorney
Lisa Krynicki, Staff Attorney
Emma Marienthal, Licensing Lead
Stephanie Mason, Public Relations & Legislative Liaison
Micah Matthews, Deputy Executive Director
Fatima Mirza, Program Case Manager
Freda Pace, Director of Investigations
Stormie Redden, Legal Assistant
Chris Waterman, Complaint Intake Manager
Mahi Zeru, Equity & Social Justice Manager

Others in Attendance

Marlon Basco-Rodillas, Department of Health (DOH)
Chris Bundy, MD, Executive Medical Director, Washington Physicians Health Program (WPHP)
Heather Cantrell, Policy Analyst, DOH

Heather Carter, Assistant Attorney General
Shani Hue, DOH
John Maldon, Public Member, Pro Tem
Hillary Norris, Policy Analyst, Washington State Medical Association (WSMA)

1.0 Call to Order

Jimmy Chung, MD, Chair, called the meeting of the Washington Medical Commission (WMC) to order at 8:00 a.m. on May 26, 2023.

2.0 Public Comment

Linda Henegar, provided comments regarding the WMC's interpretive statement on opioid prescribing.

3.0 Chair Report

Dr. Chung reported that several staff and Commissioners attended the recent Federation of State Medical Boards annual meeting.

Dr. Chung announced that Dr. Mabel Bongmba had recently resigned from the WMC and so there is a vacancy for Congressional District 9. He thanked Dr. Bongmba for her time as a Commissioner.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the May 25-26, 2023 Business Meeting

4.2 Agenda for May 26, 2023.

The April 14, 2023, Business Meeting minutes were pulled from the Consent Agenda to change the word Expedited to Emergency on a rules request.

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

Motion: The Chair entertained a motion to approve the change to the April 14, 2023, Business Meeting minutes. The motion was seconded and approved unanimously.

Motion: The Chair entertained a motion to approve the revised April 14, 2023, Business Meeting minutes. The motion was seconded and approved unanimously.

5.0 New Business

5.1 New Meeting Protocol

Amelia Boyd, Program Manager, gave an overview of changes to the meeting schedule and reported that Business meetings and Policy meetings will be virtual.

5.2 Policy Committee & Business Meeting Dates for 2023

Ms. Boyd presented the revised schedule for Business and Policy meetings for the remainder of 2023. Ms. Boyd presented some proposed changes to the dates. The Commissioners discussed the presented dates and proposed changes. After discussion, the following changes were made:

Move Personal Appearances from Friday, July 14 to July 13 after Case Disposition.

Move the Policy Committee meeting from July 13 to July 5 at 4 pm.

Move the July 14 Business meeting from virtual to in person.

Motion: The Chair entertained a motion to approve the 2023 dates as revised. The motion was seconded and approved unanimously.

5.3 Policy Committee & Business Meeting Dates for 2024

Ms. Boyd presented the revised schedule for Business and Policy meetings for 2024.

Motion: The Chair entertained a motion to approve the 2024 meeting schedule as presented. The motion was seconded and approved unanimously.

5.4 Policy Committee & Business Meeting Dates for 2025

Ms. Boyd presented the revised schedule for Business and Policy meetings for 2025.

Motion: The Chair entertained a motion to approve the 2025 meeting schedule as presented. 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. There were no additional reports.

6.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. In addition to the written report the following requests were made:

Ms. Boyd requested the WMC initiate the next step in the rulemaking process, Proposed Rulemaking or CR-102, for [ESSB 5229](#) – Health Equity Continuing Education.

Motion: The Chair entertained a motion to initiate rulemaking. The motion was seconded and approved unanimously.

Micah Matthews, Deputy Executive Director, requested the WMC initiate standard rulemaking for [WAC 246-919-330](#). Mr. Matthews provided some background on this issue and information to support initiating rulemaking.

Motion: The Chair entertained a motion to initiate rulemaking. The motion was seconded and approved unanimously.

Mr. Matthews also requested that the Commissioners approve enforcement discretion for those applications from allopathic physicians (MDs) that do not have the 24 consecutive months as required in WAC 246-919-330 but otherwise meet all requirements for full licensure, that WMC staff may still issue a license.

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

6.3 Bylaws

Mr. Matthews presented revisions to the WMC's Bylaws and provided some background on the proposed changes.

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

6.4 The following lists and labels request was discussed for possible approval or denial. Approval or denial of this request 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\(9\)](#)).

- CI Health Group, LLC

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

7.0 Policy Committee Report

Christine Blake, Public Member, Policy Committee Chair, asked Mike Farrell, Policy Development Manager to report on the items discussed at the Policy Committee meeting held on May 25, 2023. The agenda was as follows:

Guidance Document: A Collaborative Approach to Reducing Medical Error and Enhancing Patient Safety

Ms. Blake stated the Committee tabled any action on this document for now. She asked Mike Farrell, Policy Development Manager, to provide additional information for this document. Mr. Farrell explained that the Foundation for Health Care Quality (the Foundation) recently received funding to hire someone to run the Communication and Resolution Program (CRP) certification process. He went on to say that the WMC would like to reassess their relationship with the Foundation and wait until the new person is onboard with the CRP certification process. The document will then be revised and brought back to a future meeting. He stated a workgroup may be formed to complete this work. No action was taken on this item.

Procedure: Processing CRP Certified Cases

This document was not reviewed and no action was taken on this item.

8.0 Member Reports

No member reports were provided.

9.0 Staff Reports

The reports below are in addition to the written reports that were included in the meeting packet.

Freda Pace, Director of Investigations, introduced and welcomed Alex Bielaski to the Complaint Intake Unit as the Case Manager. Mr. Bielaski gave a brief work history and stated he looks forward to working with the WMC.

Mr. Matthews gave an update on the recent legislative session. He reported the WMC will likely need to create something similar to a delegation agreement to allow Optometrists to have emergency medical care access for their expanded scope procedures.

10.0 AAG Report

Heather Carter, AAG, had nothing to report.

11.0 Leadership Elections

11.1 Restatement of Nominating Committee Report

April Jaeger, MD, Committee Chair, restated the nominees for leadership as follows:

- Chair – Karen Domino, MD
- Vice Chair – Terry Murphy, MD
- Officer-at-Large
 - April Jaeger, MD

- Ed Lopez, PA-C
- Richard Wohns, MD

11.2 Nominations From the Floor

Dr. Chung called for nominations for all positions from the panel of Commissioners. None were given.

11.3 Election of Leadership

Dr. Chung called for a vote for Karen Domino, MD, for Chair.

Dr. Domino was elected unanimously.

Dr. Chung called for a vote for Terry Murphy, MD, for Vice Chair.

Dr. Murphy was elected unanimously.

Dr. Chung asked Ms. Boyd to do a roll call vote for the Officer-at-Large position.

Ed Lopez, PA-C was elected by majority vote.

12.0 Installation of WMC Chair

12.1 Remarks by Outgoing Chair

Dr. Chung stated that it has been a great honor and privilege to serve as the Chair of the WMC. It has been a humbling experience for him. He spoke about the challenges over the last year going from virtual to in-person meetings. He said the WMC has emerged better and stronger than ever. He stated he appreciates the WMC's focus on diversity, equity, and inclusion. He thanked Ms. de Leon for her work as the Executive Director and thanked the staff for making it so easy for him to be the Chair. He thanked all the Commissioners for their trust and who he's had the privilege to meet and learn from. "The honor of serving as Chair for the Commission has been one of the high points of my career as a physician."

12.2 Installation of Medical Commission Chair by Outgoing Chair

Dr. Chung stated that he admires Dr. Domino as both a physician and as a leader. "She will bring new ideas while preserving the core of what we are about."

12.3 Remarks by Incoming Chair

Dr. Domino thanked Dr. Chung and stated it has been an honor to serve with him and learn from him. She stated she appreciates the staff and has been impressed with the changes over the five years she has been on the Commission. She stated her passion is patient safety and it's for all patients. "Taking care of all patients and providing safety regardless of race, ethnicity, or social economic status, whether they are incarcerated or not is really critically important." She said that enhancing patient safety includes research, guidance, and education of physicians and physician assistants. "I am honored to serve."

13.0 Adjournment

The Chair called the meeting adjourned at 9:34 am.

Submitted by

Amelia Boyd, Program Manager

Jimmy Chung, MD, Chair
Washington Medical Commission

Approved July 14, 2023

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DRAFT

Committee/Workgroup Reports: July 14, 2023

**High Reliability Organizations Workgroup – Chair: Dr. Chung
Staff: Mike Farrell**

The workgroup met in May and reviewed potential questions for investigators to include in letters of cooperation regarding the use of communication and resolution programs or similar processes to change systems to improve patient safety. The workgroup will meet at 11 am on Friday, July 14. .

**Healthcare Disparities Workgroup – Chair: Dr. Currie
Staff: Melanie de Leon**

No updates to report.

Committees & Workgroups



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Executive Committee

Chair: Dr. Chung
Chair Elect: Dr. Domino
Officer-at-Large: Dr. Murphy
Policy Chair: Christine Blake, PM
Immediate Past Chair: John Maldon, PM
Melanie de Leon
Micah Matthews
Heather Carter, AAG

Policy Committee

Christine Blake, PM, Chair (B)
Dr. Domino (B)
Dr. Trescott (B)
Scott Rodgers, PM (A)
Ed Lopez, PA-C (B)
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. Chung, Chair
John Maldon, PM, Pro Tem Commissioner
Christine Blake, PM
Dr. Wohns
Melanie de Leon
Micah Matthews

Healthcare Disparities Workgroup

Dr. Currie, Chair
Dr. Browne
Dr. Jaeger
Christine Blake, PM
Melanie de Leon

Panel L

Dr. Chung, Chair
Christine Blake, PM
Arlene Dorrough, PA-C
Dr. Lyle
Dr. Wohns
Dr. Trescott
Dr. Browne, Pro Tem
John Maldon, PM, Pro Tem
Dr. Barrett, Medical Consultant
Marisa Courtney, Licensing Supervisor
Pam Kohlmeier, MD, JD, Staff Attorney
Micah Matthews

Finance Workgroup

Dr. Chung, WMC Chair, Workgroup Chair
Dr. Domino, WMC Chair Elect
Melanie de Leon
Micah Matthews
Jimi Bush

High Reliability Workgroup

Dr. Domino, Chair
Dr. Chung
Christine Blake, PM
Dr. Jaeger
Scott Rodgers, PM
Dr. Chang
Ed Lopez, PA-C
Dr. Lyle
Dr. Roberts, Pro Tem
John Maldon, PM, Pro Tem
Melanie de Leon
Mike Farrell
Pam Kohlmeier, MD, JD, Staff Attorney
Jimi Bush
Amelia Boyd

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

PM = Public Member

WMC Rules Progress Report									Projected filing dates		
Rule	Status	Date	Next step	Complete By	Notes	Submitted in RMS	SBEIS Check	CR-101	CR-102	CR-103	
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	TBD	TBD	
SB 5229 - Health Equity CE	CR-102 approved	5/26/2023	File CR-102	July 2023				Complete	July 2023	December 2023	
Emergency rulemaking - WAC 246-919-330	CR-103E approved	4/14/2023	File CR-103E	July 2023				NA	NA	October 2023	
Opioid Prescribing to align with CDC Guidelines	CR-101 approved	4/14/2023	File CR-101	August 2023				August 2023	TBD	TBD	
Standard rulemaking - WAC 246-919-330	CR-101 approved	5/26/2023	File CR-101	August 2023				August 2023	TBD	TBD	



Social Media and Electronic Communications

Introduction

The Washington Medical Commission (WMC) is charged with protecting the public and upholding the standing of the profession in the eyes of the public.¹ The WMC offers this guidance to help practitioners (allopathic physicians and physician assistants) to use social media and electronic communications responsibly and professionally.

Practitioners must adhere to their professional responsibilities at all times, including when using social media and electronic communications.² While social media and electronic communication offer many benefits to practitioners and their patients, inappropriate use can harm patients and can result in a loss of trust in the medical profession, patient reluctance to seek medical care, and reputational damage to practitioners and their institutions.³ This document seeks to guide practitioners on how to minimize the risks inherent in the use of social media and electronic communications to protect their patients, the public, and themselves.

Guidance

Professionalism

1. Ensure all communications, activity, and social media postings are professional, ethical, and do not reflect poorly on the medical profession. Think twice before posting. If you would not comment publicly in your professional or personal capacity, do not do so online.
2. Treat media domains as public, accessible to anyone, regardless of whether it is posted in a closed or private forum and regardless of privacy settings and levels of encryption used. Consider any social media post as permanent, even if it has been deleted.

¹ RCW 18.17.003 and *Haley v. Medical Disciplinary Board*, 117 Wn.2d 720 (1991)

² Many of the principles in this guidance document were taken from "[Social Media and Electronic Communications](#)" Federation of State Medical Boards Report and Recommendation of the FSMB Ethics and Professionalism Committee, adopted as policy by the Federation of State Medical Boards April 2019, and "[Professional Standards and Guidelines Regarding Physician Use of Social Media](#)" issued by the Physicians & Surgeons of Nova Scotia, approved October 12, 2018, and updated December 10, 2021.

³ The term "social media" encompasses a wide variety of web and mobile technologies that people use to share content, opinions, insights, experiences, and perspectives online. Social media platforms are constantly changing and include Facebook, Twitter, YouTube, LinkedIn, and discussion forums such as Quora and Reddit. Social media also includes healthcare provider networking sites such as Sermo, Doximity, Daily Rounds, Figure 1, Among Doctors, iMedExchange, and Student Doctor Network.

3. When discussing general medical issues online, identify yourself as a practitioner and provide your name and affiliation. Avoid being anonymous. Any material you post is likely to be viewed as trustworthy and may reasonably be taken to represent the views of the profession more widely.
4. When marketing your practice online, be truthful. Be transparent about any conflicts of interest, financial or otherwise. Do not misrepresent your training, expertise, or credentials.
5. Do not offer a patient an incentive ~~to a patient~~ to post a positive review or to remove a negative review from an online customer review site.
6. Communicate and engage in social media in personal and professional settings with civility and respect for others. Do not engage in disruptive behavior such as cyberbullying.⁴

Practitioner-Patient Relationship

7. Maintain appropriate professional boundaries with patients and their surrogates, as well as colleagues, at all times. Do not post anything on social media or in electronic communications that you would not ~~not~~document in a patient's chart or hesitate to explain to patients, their family members, your colleagues, the news media, or the WMC.
8. Do not provide medical advice to specific patients online unless this is done via the secure patient portal of a practice or institution and will become a part of the patient's medical record.
9. Do not conduct internet searches on patients for non-clinical reasons. When considering searching for information about a patient through an online search, ask yourself "Why do I want to conduct this search?" If the reason is simply curiosity or other personal reasons, do not conduct the search.⁵

Consent and Confidentiality

10. Do not post individually identifiable patient information or post images or videos without the express written consent of the patient. The express written consent should include the purposes of the social media posting, where to be posted, who will see the post, and the duration of the post. Note that patient consent does not give you free reign to post images that would be offensive ~~to the general public,~~ disrespectful, or distasteful to the general public. Any social media posting involving a patient, or any parts of their body must be respectful, ~~and~~ gender, ~~and~~ racially sensitive, ~~and~~ and meet ethical and moral standards.

⁴ See RCW 9A.46.110.

⁵ C. Ventola, *Social Media and Health Care Professionals: Benefits, Risks, and Best Practices*, P&T, Vol 39, no. 7, pg 497, July 2014

11. Do not pressure patients into permitting their images to appear on web sites or social media. Do not offer incentives to patients to permit the use of their images on web sites or social media. Remember that there is a power differential between a practitioner and a patient.
12. Do not obtain informed consent for social media posts at the same time you obtain informed consent for treatment.
13. Do not use the practitioner-patient relationship as a source of entertainment to increase notoriety or attract patients.
14. Maintain patient confidentiality. When publishing content on social media, follow the confidentiality rules for publishing patient information in journals, textbooks, and educational presentations. The consent process required when publishing in a journal and presentation is also required for social media. Never provide any information that could be used to identify a patient, even in a closed or private-online forum. Although individual pieces of information may not breach confidentiality on their own, the sum of published information online could be enough to identify a patient or someone close to them. Privacy settings can be compromised. Content posted on social media is traceable even if posted anonymously.
15. Do not respond to patient reviews—positive or negative—on online review sites without the specific consent of the patient. While a patient may share any information about their experience in an online forum, patient privacy laws still apply. A practitioner may contribute to an online review forum but may not confirm that a person received healthcare services unless the patient signs a written consent specifically permitting the practitioner to reveal information in an online forum. Note that a patient can revoke permission at anytime. The Commission recognizes the challenge this presents when a patient may post false or defamatory information; the Commission and refers practitioners to resources in the Reference section below for additional guidance.
16. Do not post online customer reviews to a testimonial page on your website or to social media without the specific consent of the patient. Get the patient’s written consent before you share or embed their reviews.
17. Social media platforms are available for practitioners to share information and discuss medicine, as well as provide a means for peer-to-peer education and dialogue. ~~You should e~~Ensure these sites are password protected so that only registered users have access to the information. Assume all social media, including peer-to-peer platforms, to be in the public domain and accessible to all.

Related Laws and WCM Policies and Guidance documents

18. Become familiar with the WCM Guidance Documents on [Medical Professionalism](#), [Informed Consent](#), and [Sexual Misconduct](#).

19. Become familiar with patient confidentiality laws, such as [Chapter 70.02 RCW](#) and the HIPAA Privacy Rule⁶ and Security Rule⁷, as well as relevant copyright, defamation, and harassment laws. [You can find an excellent description of how to avoid HIPAA violations using social media in the HIPAA Journal.](#)⁸

Principles and Examples

1. **Principle:** Do not reveal patient information in a post.

Example: A practitioner posts comments about a patient on Facebook. The practitioner does not mention the patient's name, but there is sufficient information to enable others in the community to identify the patient. Posting any protected health information, even that someone is a patient of yours, onto social media sites may violate privacy laws.

2. **Principle:** Do not use information gained from patient billing, ~~or~~ medical records, ~~or~~ from conversations with a patient for reasons not permitted by federal and state privacy laws.

Example: It would be a professional boundary violation to gain knowledge of a patient's home address in medical records or billing systems, [and](#) find the house on a map or using an electronic mapping service out of personal curiosity whether or not the practitioner drives to the patient's home.

Example: It would be inappropriate, and possibly a violation of privacy law, to use information gained from patient records or interviews in order to identify and find a patient on a social media site out of personal curiosity.

Example: Photos, videos, or comments posted on social media sites may violate privacy laws. It is important also to evaluate carefully if anything in the background of a photo or video may be inappropriate for posting.

3. **Principle:** With few exceptions, do not use social media or electronic communications to inquire into patients' lives for reasons unrelated to clinical care or staff safety. If no clinical or academic research reason exists to make such an inquiry, practitioners should not do so.

⁶ U.S. Department of Health and Human Services. Summary of the HIPAA Privacy Rule. <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>. Accessed June 22, 2023.

⁷ U.S. Department of Health and Human Services. Summary of the HIPAA Security Rule. <https://www.hhs.gov/hipaa/for-professionals/security/index.html>. Accessed June 22, 2023.

⁸ "HIPAA Social Media Rules," *HIPAA Journal*. <https://www.hipaajournal.com/hipaa-social-media/#:~:text=Posting%20patient%20information%20on%20social,commit%20fraud%20or%20identity%20theft>. Accessed July 6, 2023.

Example: In an emergency department, in order to identify family members of a patient who lacks identification and cannot communicate, it would be acceptable to obtain information from an Internet search.

Example: An exception would include when a patient is running for elected office and the practitioner wants to research the patient's political positions in order to determine how to vote.

Example: A physician conducts a Google search to find out more about a patient's job duties. If there is no clinical reason for the search, this is inappropriate.

4. **Principle:** Do not post individually identifiable patient information or post images or videos without the express written consent of the patient.

Example: A patient posts a positive review of a practitioner's care on an online review site. The practitioner posts a short note thanking the patient. This is confirmation that the person received healthcare services from the practitioner. This violates both state and federal law if the patient has not expressly consented.

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Number:

Date of Adoption:

Revised:

Supersedes: GUI2014-02.

Panel Consent Agenda

Introduction

Purpose: To clarify the function of the panel consent agenda, and to describe the procedure for placing cases on the consent agenda and for removing cases from the consent agenda.

Background: The Commission reviews ~~100-175~~ cases at each meeting to determine whether disciplinary action is warranted. The Commission has developed a "consent agenda" ~~in order~~ to make this process more efficient and to better serve the goal of public protection. The consent agenda is a grouping of relatively straightforward cases in which the reviewing commission member (RCM) has thoroughly reviewed the case, provided a written analysis, including relevant documentation, and recommends closure of the case. The consent agenda cases are reviewed by the ~~cognizant~~ panel members prior to scheduled Commission meetings. ~~A panel member may, at~~ the meeting, any panel member may remove any case from the consent agenda for panel discussion, for any reason. Once finalized, the closure of all cases remaining on the consent agenda is approved by a vote of the panel, without further discussion.

The goal of the consent agenda is to allow the Commission to effectively allocate meeting time and to better serve the public while maintaining rigorous review standards for all cases investigated. The combination of a thorough case selection for the consent agenda and the ability for any panel member to remove a case from the ~~C~~consent ~~A~~agenda will preserve the integrity and fairness of the panel review process.

Procedure

1. The RCM submits a written analysis of the case, including a recommended closure code and any other relevant documentation, to the assigned staff attorney at least seven-four days prior to the Commission meeting, and requests that the case be placed on the consent agenda.
2. The staff attorney reviews the file to ensure that the case is appropriate for the consent agenda. If the case does not appear appropriate for the consent agenda, the staff attorney discusses issues with the RCM. If the RCM and staff attorney together conclude that the case is appropriate for the consent agenda, the staff attorney forwards it to the staff member responsible for the consent agenda.
3. Commission staff creates a consent agenda packet for the Commission panels. The consent agenda packet consists of the written analyses, recommended closure codes, and relevant documentation for each case. Commission staff sends the appropriate consent agenda packet to each panel member prior to the Commission meeting.
4. Each Commission member reviews the consent agenda packet prior to the Commission meeting.

5. At the Commission meeting, each panel chair asks the panel if any member wants to remove one or more cases from the consent agenda. Any panel member may remove any case from the consent agenda for any reason.
6. If cases are removed from the consent agenda, those cases will be presented and discussed during the regular case review process.
7. The panel then votes on whether to accept the modified consent agenda in its entirety, thereby closing each case remaining on the consent agenda with the recommended closure code.

Date of Adoption: August 23, 2019
Reaffirmed/Updated: None.
Supersedes: Consent Agenda Procedure, Adopted 11/6/2015



Approving Entities to Credential Pain Management Specialists

Introduction

Purpose. The Commission adopts this procedure for approving entities to credential physicians in pain management and creates the list of approved entities.

Background: [WAC 246-919-945\(1\)](#) provides, in part, that in order to qualify as a pain management specialist for the purposes of the opioid prescribing rules, an allopathic physician must meet one or more of the following qualifications:

- (a) 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) Have a subspecialty certificate in pain medicine by an ABMS-approved board;
- (c) Have a certification of added qualification in pain management by the AOA;
- (d) **Credentialed in pain management by an entity approved by the Commission for an allopathic physician;**
- (e) Have a minimum of three years of clinical experience in a chronic pain management care setting; and
 - i. Have successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years for an allopathic physician; and
 - ii. Have at least thirty percent of the allopathic physician's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

[WAC 246-918-895](#) contains similar language for a physician assistant to qualify as a pain management specialist. The Commission has not approved any pain management specialist credentialing entities under [WAC 246-919-945\(1\)\(d\)](#) or [WAC 246-918-895\(1\)\(b\)](#) prior to the adoption of this procedure.

Procedure

1. An entity submits a letter to the Commission requesting that the Commission approve it as an entity to credential physicians as pain management specialists. The entity includes documentation that demonstrates that its certification program requires the physician applicant to:
 - a. Pass an examination provided by the entity;
 - b. Hold a DEA registration;
 - c. Complete education related to pain management;
 - d. Have practice experience in pain management; and
 - e. Complete continuing medical education in pain management.

2. The Commission reviews the letter and accompanying documentation. If the Commission determines that the entity meets the requirements listed in step 1, the Commission will notify the entity that it has been approved as an entity to credential a physician in pain management. The Commission will place the entity on the list of approved entities.
3. If the Commission determines that the entity does not meet the requirements listed in step 1, the Commission will notify the entity of the decision.

Approved Entities

American Board of Pain Medicine

Date of Adoption: August 23, 2019

Staff Reports: July 14, 2023

Melanie de Leon, Executive Director

Interstate Medical Licensure Compact (IMLC): Forty states/territories now belong to the compact with the recent addition of Hawaii. The compact has proven to be a great way to provide expedited licenses to physicians and was invaluable during the pandemic.

The recruitment to fill my position will culminate during the July business meeting when you select my replacement. It has been a pleasure and an honor to work with all of you over these past 9 years! You have been innovative, supportive and instructive as we worked through the pressing issues of the day. I look for bigger and better things from you in the future!

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 Department of Health policy, requests submitted after the cutoff cannot be paid out.

Legislation

WMC staff are meeting with various other agency stakeholders to share information and coordinate how to implement state level and federal level legislation on licensing of military members and their spouses. The result will likely require rulemaking to create a new temporary practice permit and a new application to facilitate reduced information required in the process.

Audit (final)

Melanie and Micah testified before the JLARC committee on June 7. The presentation was unremarkable, and we were encouraged to work with legislators on recommendations specific to them. We are primarily interested in reforming the requirements for FBI background checks as that is the primary bottleneck in any licensing timeline of the WMC. Finally, we received the terminal invoice from the auditors and the total cost of the audit to the WMC appears to be \$481,000. As a reminder, most performance audits are financed out of the sales tax funded performance audit account, but due to specific language the WMC and NCQAC audits were funded from our own budgets.

Joint Operating Agreement

The final proposal was re-sent to DOH for review with a request for final signature June 20. June 27, we received a response that DOH is close to finalization and signature. I am hopeful we will have a document for signature of the Chair by August at the latest.

HELMS

For those unfamiliar, HELMS is the licensing and enforcement database replacement undertaken by DOH to sunset the current ILRS system. It is a massive system covering health professions and facilities regulation. To say the system implementation is troubled and long gestating would be an understatement. However, on June 27 we finally got a demonstration of the licensing and renewal portion of the system and how it would interact with the Secure Access Washington (SAW) portal. The demonstration appeared to show a functional system with some helpful updates to process and data handling. While I cannot speak to its true functionality at this time, the project does appear to have forward movement, which is more than could be said for the past five years. The scheduled completion date is April 2024.

Budget

Our Fiscal Month 23 (May 2023) reports are consistently showing the WMC underspent, slightly less so than last month, at 1.4% or roughly \$325,000. Barring any last-minute charges, and I am including the final bill for the audit received last week, we should finish at or slightly under budget. Our fund balance (non-appropriated, non-allotted) continues to grow but is also continually reduced by regular charges from the HELMS project, the latest of which is scheduled the final week of June for \$668,788. With a scheduled wrap up of April 2024, we can expect at least two more charges of similar size if the project stays on time and budget.

We continue to see a consistent underperformance of revenue located primarily in the physician license category. This results in approximately 91% of expected revenue overall, after being counteracted by revenues received through the Medical License Compact. Regarding the Compact, with Hawaii joining this month we can expect a surge of license requests and the accompanying recurring revenue, but not enough to make up the difference.

I requested demographic data from our Performance Manager to better understand if there is a consistent trend to address from those physicians that did not renew with the WMC over the last 24 months. Based on 3,078 licensees not renewed, these are takeaways when comparing those who did not renew to the total licensee population:

- Whites and males that did not renew were overrepresented by four percent in each category;
- Asians and Hispanics not renewing were underrepresented, while blacks were represented proportionally;
- Average age of the group was 60 for males and 51 for females;
- Those living in Washington were overrepresented by four percent;
- Those offering telemedicine services were underrepresented by three percent;
- Practice setting did not seem to indicate any representation patterns with the exception of those employees of hospitals or clinics, which were underrepresented by nine percent;
- Specialties in this cohort were within one percentage point generally of representation.

Based on the information available, my operating theory is we have been benefiting from pandemic era application increases and desires by more seasoned physicians to stay on during these times. With the end of the official proclamations and emergency response structures, we are likely seeing normal

Micah Matthews, Deputy Executive Director continued

attrition, the long talked about aging physician population retirement, and possibly the burnout phase of the pandemic workforce response. I question the last since we do not seem to see similar patterns in physician assistants at this time, but that profession is generally younger as a demographic. Regardless of reason, this is a metric I will be monitoring closely for the next biennium due to its potential workforce and budgetary impacts.

Amelia Boyd, Program Manager

Recruitment

We are seeking the following specialties to serve as Pro Tem Members:

- Urology
- Radiology
- Neurosurgery/Neurology
- General surgeon
- Psychiatry

If you know anyone who might be interested in serving as a Pro Tem, please have them email me directly at amelia.boyd@wmc.wa.gov.

We began our recruitment for the vacancies we will have on July 1, 2023. We are recruiting for the following positions:

- One physician representing Congressional District 2 – Dr. Lyle’s position – eligible for reappointment
- One physician representing Congressional District 4 – Dr. Murphy’s position – eligible for reappointment
- One physician representing Congressional District 10 – Dr. Wohns’ position – eligible for reappointment
- One Physician-at-Large – Dr. Currie’s position – eligible for reappointment
- Two Public Members
 - Michael Bailey – eligible for reappointment
 - Scott Rodgers – eligible for reappointment

All the above Commissioners have been notified that their first term is ending June 30, 2023, they are eligible for reappointment, and they must submit a new application to be considered for reappointment. The application deadline was March 24, 2023. The recommendations were sent to the staff at the Governor’s Boards and Commissions Office on June 21, 2023.

The following positions expired as of June 30, 2022, and we are awaiting word from the Governor’s office staff on the new appointees:

- Public Member – Toni Borlas – not eligible for reappointment
- Public Member – Yanling Yu, PhD – not eligible for reappointment

Amelia Boyd, Program Manager continued

We have a true vacancy for an MD representing Congressional District 9. In early April, recruitment letters were sent to all MDs with an active license and who have been licensed in our state for at least 5 years in that district. The application deadline for that position was May 19, 2023. Those applications will be processed soon.

Mike Hively, Director of Operations and Informatics

Operations & Informatics litigation hold program continues to process hold notices conducting electronic records search, monitoring updates to records, submitting updates, answer incoming questions, tracking incoming records and submitting them relevant parties weekly. Additionally, we're processing seven separate requests for production in addition to completing two compulsory requests. The two compulsory requests equated to 3,176 pages processed with over 5,200 total redactions applied and 219 pages withheld. We are currently processing an additional four requests and anticipate their completion on or before August 1st.

Unit Accomplishments Include:

Digital Archiving:

- 176 Complaints closed BT (folder is current)
- 485 Active MD licensing applications
- 133 Active PA licensing applications
- Approximately 1,614 demographic census forms
- 511 Complaint summaries

Data Requests/Changes:

- Approximately 852 open/closed inquiries (a request may contain multiple requests)
- Approximately 371 address changes

Demographics:

- Entered approximately 1,614 census forms into the IRLS database and conducted quality checks
- Conducts 657 secondary census contacts

We've begun to review the MD and PA demographic census in anticipation of the new regulatory database slated to be onboarded mid-late 2024. Efforts include reviewing and incorporating feedback from those surveyed, comparing WMC PA Demographic Census to the NCCPA's illustrating the similarities and differences in datasets, and reviewing the Office of Superintendent of Public Instruction's 2017 Race and Ethnicity Student Data Task Force Report.

Lastly, a big kudos to Sherrise, Chris, and Kathy for their flexibility in updating and testing the usability of the unit's record tracking and exemption logs while juggling their daily workloads. Your combined efforts directly impact our shared successes within the unit. Thank you!

Nothing to report

Rick Glein, Director of Legal Services

Summary Action:

In re David P. McQuivey, PA, Case No. M2023-61. On May 17, 2023, the Commission issued an Ex Parte Order of Summary Restriction which ordered Mr. McQuivey be restricted from prescribing or managing hormones pending further disciplinary proceedings by the Commission. A Statement of Charges (SOC) concurrently served on Mr. McQuivey alleges prescribing excessively high dosages of testosterone, failing to document rationale for exceeding standard dosages, and failing to counsel patients regarding potential adverse side effects. Mr. McQuivey requested a show cause hearing* which has been denied as untimely. A hearing on the merits of the SOC** is scheduled for August 22-23, 2023.

*The license holder must request the show cause hearing within twenty days of the issuance of the order. At the show cause hearing, the disciplining authority has the burden of demonstrating that more probable than not, the license holder poses an immediate threat to the public health and safety. RCW 18.130.135(1).

**The license holder must file a request for hearing with the disciplining authority within twenty days after being served the statement of charges. RCW 18.130.090.

Orders Resulting from SOCs:

In re Morton Hyson, MD, Case No. M2021-662. Final Order of Default (Failure to Respond).*** On February 10, 2022, a HLJ, by delegation of the Commission, ordered that Dr. Hyson's medical license be suspended pending further disciplinary proceedings. The SOC alleges that the Oregon Board found Dr. Hyson engaged in fraud or misrepresentation in applying for or procuring a license to practice in Oregon; failure to report any adverse action taken against himself by another licensing jurisdiction; and failure to self-report within ten working days any official action taken against himself. Dr. Hyson's Washington medical license expired July 2020. Dr. Hyson did not file a response to the SOC within the time allowed. This matter came before a Health Law Judge (HLJ) in May 2023. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Hyson's medical license be indefinitely suspended.****

In re Trent Russell, PA, Case No. M2023-241. Final Order of Default (Failure to Respond).*** On March 30, 2023, the Commission served a SOC alleging Mr. Russell is unable to practice with reasonable skill and safety. Mr. Russell did not file a response to the SOC within the time allowed. This matter came before a HLJ in May 2023. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Mr. Russell's medical license be indefinitely suspended.****

In re Nick Greenwood, MD, Case No. M2021-901. Final Order of Default (Failure to Respond).*** On February 18, 2022, a HLJ, by delegation of the Commission, ordered that Dr. Greenwood's medical license be suspended pending further disciplinary proceedings.* The SOC alleges Dr. Greenwood entered into a Stipulation and Order surrendering his Utah

Rick Glein, Director of Legal Services continued

medical license for at least three years and prohibits him from administering and prescribing controlled substances in Utah based on his plea of guilty in the United States District Court, District of Utah, to one count of unlawful distribution of controlled substance and knowingly prescribing or giving away a controlled substance to a drug dependent person on multiple occasions. Dr. Greenwood did not file a response to the SOC within the time allowed. This matter came before a HLJ in May 2023. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Greenwood's medical license be indefinitely suspended. On June 12, 2023, Dr. Greenwood filed a Petition for Reconsideration.****

In re Thordur S. Agustsson, MD, Case No. M2022-364. Final Order (Waiver).*** On January 10, 2023, the Commission served a SOC which alleged substandard treatment of two patients related to COVID-19 treatment and failure to cooperate with the Commission's investigation. Dr. Agustsson filed an Answer to the SOC in which he waived his right to hearing. The case was resolved without his further participation. On June 1, 2023, the Commission issued a Final Order which indefinitely suspended Dr. Agustsson and reprimanded him for substandard treatment and willful misrepresentation of treatment of two patients and refusal to provide direct answers to questions posed by the Commission's investigator.****

In re Jospeh J. Stone, MD, Case No. M2022-981. Final Order (Waiver).*** On February 9, 2023, the Commission served a SOC which alleged Dr. Stone entered into a Stipulated Surrender of License and Order with the Medical Board of California (California Board) in which Dr. Stone surrendered his license to practice medicine in that state. Dr. Stone admitted the truth for the cause for action in the California Board's Second Amended Accusation which alleged Dr. Stone has a health condition affecting his competency to practice medicine safely. Dr. Stone's Washington medical license expired December 2019. Dr. Stone waived his right to hearing and the case was resolved without his further participation. On June 1, 2023, the Commission issued a Final Order which indefinitely suspended Dr. Stone.****

***Either party may file a petition for reconsideration within ten days of service of the order. RCW 34.05.461(3); 34.05.470. A petition for judicial review must be filed and served within 30 days after service of the order. If a petition for reconsideration is filed, the 30-day period does not start until the petition is resolved. RCW 34.05.542; 34.05.470(3).

****A person whose license has been suspended under chapter 18.130 RCW may petition the disciplining authority for reinstatement. RCW 18.130.150.

Virtual Hearing:

In re Guito C. Wingfield, MD, Case No. 2022-502. On September 19, 2022, the Commission served a SOC which alleged Dr. Wingfield provided negligent care to multiple patients to prevent or treat COVID-19 infections. The Commission held a virtual hearing June 15-16, 2023. A Final Order is expected to be issued by mid-September 2023.*****

*****The HLJ has 90 days after the conclusion of the hearing to issue a decision. RCW 34.05.461.

Rick Glein, Director of Legal Services continued

Items of Interest:

Between June 11-13, Rick attended the 19th Annual Mazama Spine Summit in Winthrop, Washington. Dr. Wohns is the founder of the Mazama Spine Summit, an annual minimally invasive and outpatient spine surgery conference that brings together top spine surgeons and technique innovators from across the country. Each year, the Summit provides the latest developments in minimally invasive and outpatient spine surgery. Speakers from the medico-legal world are usually included, and this year Dr. Chung and Rick presented on the Washington Medical Commission. Attendees included accomplished neurosurgeons from across the US and international physicians as well. A few attorneys, including Commissioner Rodgers, were also in attendance.

On June 2, Kyle and Rick had their quarterly virtual meeting with Dr. Bundy of the Washington Physician Health Program (WPHP) to discuss processes which lead to a productive relationship between WMC and WPHP and offer joint feedback in our ongoing mission of patient safety and enhancing the integrity of the profession through discipline and education.

On June 13, Rick attended a quarterly partner meeting with Judie Morton, the Director of Investigations and Legal for the OILS/HSQA part of DOH. These meetings are to share knowledge and discuss collaboration opportunities, including planning the summer picnic for all DOH legal staff, including the Medical and Nursing Commissions.

Mike Farrell, Policy Development Manager

Nothing to report that is not part of the policy report.

Freda Pace, Director of Investigations

Recurring

➤ Off Ramp Process

As we continue to assess the off-ramp process, please make sure to monitor your emails to inform you of any new complaints authorized each week after CMT that may be assigned to you. RCM's must contact the investigator within the two-week time frame to make use of the offramp process, otherwise the investigation will continue as per the normal process. If the assigned RCM wishes to make use of the offramp process, they must complete the offramp memo form and return it to the assigned investigator. If you have any questions or concerns, please reach out directly, freda.pace@wmc.wa.gov.

➤ CMT Sign-up for 2023

Our CMT sign up slots for 2023 is ready and awaiting your name! Please take some time to check out the CMT calendar to find a vacant slot – there are plenty. We appreciate your continued participation in this very important process. We could not be able to do this work without you and your support!

Freda Pace, Director of Investigations continued

Remember, if you sign up for a CMT slot and you have a last-minute scheduling conflict, at your earliest opportunity, please promptly notify Chris Waterman at chris.waterman@wmc.wa.gov. This courtesy cancellation notice will allow Chris the opportunity to fill any last-minute vacancy needs.

Jimi Bush, Director of Quality and Engagement

Health Care Quality Week

Healthcare Quality Week is a dedicated time to raise awareness of the positive impact healthcare quality professionals have in their organizations and communities. Quality has taken center stage and more healthcare professionals are being called upon to do this critical work. The WMC has created the HiRO Group that focuses on this work. National Healthcare Quality Week will be held from October 15-21, 2023. I am beginning to plan events and CME opportunities for that week. If you have suggestions on how we can make this event something that would be engaging for a wide variety of stakeholders, please [let me know](#).

FY2023 Annual Report

The 2023 Fiscal Year ends on June 30th. We will begin working on the FY2023 annual report. If there are specific metrics or information you would like to see in this year’s report please let Jimi know as soon as possible.

Marisa Courtney, Licensing Manager

Total licenses issued from 04/04/2023- 05/16/2023= 829

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	1
Physician And Surgeon Fellowship License	3
Physician And Surgeon Institution License	0
Credential Type	Total Workflow Count
Physician And Surgeon License	275
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	158
Physician And Surgeon Residency License	352
Physician And Surgeon Teaching Research License	2
Physician And Surgeon Temporary Permit	5

Marisa Courtney, Licensing Manager continued

Credential Type	Total Workflow Count
Physician Assistant Interim Permit	0
Physician Assistant License	33
Physician Assistant Temporary Permit	0
Totals:	829

Information on Renewals: February Renewals- 73.73% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	57	57
MD	923	292	1215
MDIN	1	0	1
MDRE	9	5	14
MDTR	1	1	2
PA	172	39	211
	73.73%	26.27%	100.00%

Memo



WASHINGTON
**Medical
Commission**
Licensing. Accountability. Leadership.

To: Commissioners

From: Amelia Boyd, Program Manager

Date: July 11, 2023

RE: SB 1009 Concerning military spouse employment.

[HB 1009](#) Concerning military spouse employment was passed during the legislative session this year. The WMC has a section in both the physician's chapter, [WAC 246-919-397](#), and the physician assistant's chapter, [WAC 246-918-076](#) which address how a military spouse can obtain a temporary practice permit. Both WACs are identical except for references to physician or physician assistant in their respective chapters. HB 1009 provides timelines for issuing this temporary permit, a clear definition of military spouse, and other requirements that are not included in the WACs.

I request we initiate rulemaking on WAC 246-919-397 and WAC 246-918-076 so you can consider revising both to align with HB 1009 more closely.