WASHINGTON

Medical Commission

Licensing. Accountability. Leadership.

Regular Meeting
March 3-4, 2022
1st Revised

2022 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 13-14	Virtual Meeting	Regular Meeting
March 3-4	Virtual Meeting	Regular Meeting
April 14-15	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
May 26-27	Virtual Meeting	Regular Meeting
July 14-15	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
August 25-26	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
October 6-8	TBD	Educational Conference
November 17-18	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	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

2024 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 11-12	TBD	Regular Meeting
March 7-8	TBD	Regular Meeting
April 18-19	TBD	Regular Meeting
May 23-24	TBD	Regular Meeting
July 11-12	TBD	Regular Meeting
August 22-23	TBD	Regular Meeting
October 3-5	TBD	Educational Conference
November 21-22	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 2/23/22)
23-Feb										
2022 March		*Commission meeting 3/3/2022*								
30-Mar	ENOH, Victor, MD	Non-BC Internal Medicine	M2021-811	Pro Se	Defreyn	Karinen	L	Herington	Via Zoom	
2022 April		*Commission meeting 4/14/2022*								
7-8 Apr	DIJULIO, Marc A., MD	BC - Emergency Medicine	M2019-994	Timothy E. Allen	Brewer	Karinen	A	Herington	TBD	
19-Apr	LUKACS, Jozsef, MD	BC - Diagnostic Radiology	M2020-1028	Connie McKelvey	Pfluger	Wolf	A	Kuntz	TBD	
20-21 Apri	AFLATOONI, Alfred, MD	BC - Family Medicine	M2018-697	Patrick Trudell George Kargianis	Brewer	Wolf	A	Herington	TBD	
2022 May		*Commission meeting 5/26/2022*								
12-13 May	FRANDSEN, Brad R., MD	BC - Family Medicine	M2021-274	Philip J. VanDerhoef	Pfluger	DeFazio	A	Blye	TBD	
20-May	HEITSCH, Richard C., MD	Non-BC Public Health and Gen. Preventative Medicine	M2021-545	Pro Se	Defreyn	Farrell	A	Blye	TBD	
2022 June		*NO COMMISSION MEETING THIS MONTH*								
NO HEARINGS SCHEDULED THIS MONTH										
2022 July		*Commission meeting 7/14/2022*								
7-8 Jul	KIMURA, Irene K., MD	BC - Family Medicine	M2020-930	Garth Dano	Brewer	Elder	A	Kavanaugh	TBD	
2022 August		*Commission meeting 8/25/2022*								
3-5 Aug	WRIGHT, Jonathan V., MD	Non-BC - Family Medicine	M2019-236	James B. Meade, II	Brewer	Wright	A	Kavanaugh	TBD	

Commission Meeting Agenda
March 3-4, 2022 – 1st Revised

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 – March 3, 2022

Closed Sessions

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

Lunch & Learn: RCM Training

Please **register** for this meeting at:
https://attendee.gotowebinar.com/register/1917885150727086860
After registering, you will receive an email containing a link that is unique to you to join the webinar.

12:30 pm to 1:30 pm — **How Other State Medical Boards Operate: the Common, the Uncommon, and the Uncommonly Odd**
Michael Farrell, Policy Development Manager

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

Open Session

4:00 pm — Policy Committee Meeting

Please **register** for this meeting at:
https://attendee.gotowebinar.com/rt/8749692953291655695
After registering, you will receive an email containing a link that is unique to you to join the webinar.

Agenda Items	Presented By:	Page(s)
Proposed Interpretive Statement: Establishing Approval Criteria for Defining Appropriate Medical Practices for IMG Nomination *Discussion defining appropriate practice for International Medical Graduates.*	Mike Farrell	42-43
Proposed Policy: Discrimination in Health Care *Discussion of proposed policy.*	Mahi Zeru	44-46
Proposed Guideline: Termination of the Practitioner-Patient Relationship *Discussion of proposed guideline.*	Mike Farrell	47-48
Policy: Self-Treatment or Treatment of Immediate Family Members *Discussion and policy and possible revisions.*	Mike Farrell	49-50

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Friday – March 4, 2022

Open Session

8:00 am –9:30 am **Business Meeting**

Please **register** for this meeting at:
https://attendee.gotowebinar.com/rt/8465471396536889867
After registering, you will receive an email containing a link that is unique to you to join 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 January 14, 2022 Business Meeting minutes. — Pages 9-12

4.2 Agenda – Approval of the March 4, 2022 Business Meeting agenda. — Pages 6-8

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 **Nominating Committee** — Update

Announcement of committee members. The election of leadership will take place at the May 27, 2022 Business Meeting.

5.3 **Rulemaking Activities** — Update/Action

Rules Progress Report provided on page 17.

Amelia Boyd, Program Manager, will present the following for action:

- Senate Bill 6551 Regarding International Medical Graduates — Draft Language Page 18
  Review and approval of revised draft language that incorporates two interpretive statements.
- Request to initiate rulemaking regarding a physician's obligation to keep and maintain medical records. — Guideline Pages 19-26

5.4 **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)).

- Agility COHE SPC — Pages 27-29
- Oregon Chapter American College of Cardiology — Pages 30-37

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- Pacific Lutheran University — Pages 38-39
- University of Washington School of Nursing — Pages 40-41

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 March 3, 2022. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented. — Report/Action Begins on page 42

8.0 Member Reports

The Chair will call for reports from Commission members.

9.0 Staff Member Reports — Pages 51-59

The Chair will call for further reports from staff.

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/792815789	Page 60
9:45 am	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 61

Closed Session

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/792815789	Page 60
1:15 pm	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 61

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 March 3, 2022 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 March 4, 2022 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
January 14, 2022

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Virtual Meeting via GoToWebinar – Link to recording: https://youtu.be/vo-m6hwZSkM

Commission Members

James E. Anderson, PA-C
Christine Blake, Public Member
Toni Borlas, Public Member
Charlie Browne, MD – Absent
Jimmy Chung, MD, 2nd Vice Chair
Diana Currie, MD
Arlene Dorrough, PA-C
Anjali D'Souza
Karen Domino, MD
Harlan Gallinger, MD
April Jaeger, MD
Sarah Lyle, MD
John Maldon, Public Member, Chair
Terry Murphy, MD
Alden Roberts, MD
Scott Rodgers, JD, Public Member
Robert Small, MD
Claire Trescott, MD, 1st Vice Chair
Richard Wohns, MD
Yanling Yu, PhD, Public Member

Commission Staff

Christine Babb, Investigator
Colleen Balatbat, Staff Attorney
Morgan Barrett, MD, Director of Compliance
Jennifer Batey, Legal Support Staff Manager
Amelia Boyd, Program Manager
Kayla Bryson, Executive Assistant
Adam Calica, Chief Investigator
Sarah Chenvert, Performance Manager
Melanie de Leon, Executive Director
Joel DeFazio, Staff Attorney
Anthony Elders, Compliance Officer
Michael Farrell, Policy Development Manager
Gina Fino, MD, Investigator
Ryan Furbush, Paralegal
Rick Glein, Director of Legal Services
George Heye, MD, Medical Consultant
Mike Hively, Director of Operations & Informatics
Jenelle Houser, Legal Assistant
Kyle Karinen, Staff Attorney
Pam Kohlmeier, MD, JD, Attorney
Micah Matthews, Deputy Executive Director
Lynne Miller, Paralegal
Gordon Wright, Staff Attorney
Mahlet Zeru, Equity & Social Justice Manager

Others in Attendance

Heather Cantrell, Policy Analyst, Department of Health
Heather Carter, Assistant Attorney General
Mary Curtis, MD, Pro Tem Commissioner
Katerina LaMarche, Washington State Medical Association
Gregory Terman, MD, Pro Tem Commissioner

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 January 14, 2022.

2.0 Housekeeping

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

DRAFT

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3.0 Chair Report

The Chair stated that the March 4, 2022 will be virtual due to current Governor restrictions for in-person meetings.

The Chair reminded the Commissioners of a recent email from Mike Hively, Director of Operations & Informatics, requesting Commissioners with a WMC device log into it at least once every three weeks. If this is not done, the device will need to be brought to the IT department at the Tumwater building. For questions, please reach out to Mike Hively.

The Chair stated that at the Commissioner retreat in December the Code of Conduct was discussed. This document has been revised and the most important change was to the definition of ex parte. The Chair will email the revised document to all Commissioners soon.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the November 19, 2021 Business Meeting.
4.2 Agenda for January 14, 2022.

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

5.0 New Business

5.1 Resolutions for April 2022 Federation of State Medical Boards Meeting

Micah Matthews, Deputy Executive Director, presented the following documents for discussion:

- The National Medical Practice Registry
- Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations

Mr. Matthews explained that these documents will be presented as resolutions at the Federation of State Medical Boards (FSMB) meeting scheduled for April 2022.

> ***Motion****:* The Chair entertained a motion to approve both proposed resolutions to be provided to the FSMB. 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.

In addition to the written reports, Melanie de Leon, Executive Director, reported the Education Committee met in 2019 where the members provided several topics for the Lunch & Learns which are held on the first day of WMC's regular meetings. Most of those topics have been presented over the last two years. The focus of the Lunch & Learns will now shift to Commissioner trainings. Ms. de Leon asked that Commissioners who are interested in serving on the committee to please contact her or if there are any ideas for topics, to please send them to her.

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6.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. In addition to the written report, Amelia Boyd reported that the CR-101 (Pre-Proposal) for Clinical Support Program rulemaking has been rescinded.

7.0 Public Comment

No public comment was provided.

8.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on January 13, 2022:

Proposed Policy: Discrimination in Health Care

Dr. Domino stated that this document had been reviewed at the November 2021 meeting where the committee recommended it be edited and brought to a future meeting. Alden Roberts, MD, provided several edits and presented them at the Committee meeting. The Committee recommended forming a workgroup to edit the document further and bring it to a future meeting. Ms. de Leon stated the following Commissioners had volunteered to participate in the workgroup: Jim Anderson, PA; Diana Currie, MD; Christine Blake, Public Member; Scott Rodgers, Public Member; and Dr. Roberts. Arlene Dorrough, PA; Yanling Yu, PhD, Public Member; and Claire Trescott, MD also volunteered to be members.

Proposed Guideline: Termination of the Practitioner-Patient Relationship

Dr. Domino stated the Committee members brought up several issues with this document. The Committee recommended that a workgroup be formed to revise this document and bring it to a future meeting. Commissioners interested in being a member of the workgroup to please reach out to Chair Maldon.

Policy: Self-Treatment or Treatment of Immediate Family Members

Dr. Domino presented the proposed revisions to this policy. She asked Mike Farrell, Policy Development Manager, to review additional suggested revisions he received. Mr. Farrell and Robert Small, MD, presented those revisions. After a discussion by the Commissioners, it was decided that this document will be revised further and brought to a future meeting.

Policy: Use of Notice of Correction

Dr. Domino asked Mr. Farrell to present this item. Mr. Farrell explained the background behind this document and stated the Committee recommended rescinding the policy.

Motion: The Chair entertained a motion to rescind the policy. The motion was approved unanimously.

9.0 Member Reports

Dr. Yu, Public Member, reported that the Patient Safety Action Network followed up on a Consumer Report that evaluated state medical boards' websites: *Looking for Doctor Information Online*.

10.0 Staff Reports

Mr. Matthews introduced new employee Dr. Pamela Kohlmeier, JD. Dr. Kohlmeier will work in a Staff Attorney role and will be the legal support for Panel L. Her mentors will be Mr. Farrell;

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DRAFT

Heather Carter, AAG; and Ms. de Leon.

11.0 AAG Report

Heather Carter, AAG, had nothing to report.

12.0 Adjournment

The Chair called the meeting adjourned at 9:28 am.

Submitted by

Amelia Boyd, Program Manager

John Maldon, Public Member, Chair
Washington Medical Commission

Approved March 4, 2022

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WASHINGTON Medical Commission
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Committee/Workgroup Reports: March 2022

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

The committee needs to meet to discuss recent developments and to set a plan for 2022.

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

We are currently hosting a patient focused webinar series leading up to patient safety awareness week on March 13th - 19th. Topics Include:

How Can the WMC Help You? - Completed on February 15th

Presenters: John Maldon, April Jaeger, Freda Pace, Melanie de Leon

How to Research your Healthcare Provider
Date: TBD
Speakers: Micah Matthews, Christine Blake

Healthcare 101: How to be an Informed Patient
March 1 12:00 – 1:00 PM PST
Speakers: John Maldon, Diana Currie, Claire Trescott, Melanie de Leon

Your Rights as a Patient
March 15th, 11:00 – 12:00 PM PST
Speakers: Mahi Zeru, Melanie de Leon, Diana Currie

We do have a few topics that were identified as important but have not finalized a panel. If you are interested or have a speaker suggestion, please let me know ASAP and we can work out these learning objectives based on needs and expertise.

1. What do patients lie to their doctors about? Jimi would provide a presentation of data about common elements that patients do not disclose or do not fully disclose (Sex, Smoking, Alcohol are the common ones) to their doctors. It would be nice to have a clinician there to discuss why it is important to not lie to your healthcare provider.
2. Doctor Patient Communication: benefits of effective communication, challenges and tips for effective communication.
3. Sexual Misconduct: What is sexual misconduct in a healthcare setting? How do you file a complaint about sexual misconduct? What is the investigative process when sexual misconduct is alleged?

More information about these events and registration can be found on our website. Please share widely.

With Ms. Schimmels and Ms. Borlas leaving the commission – Dr. Domino will be the sole member of the workgroup. If you are interested in becoming part of the conference planning workgroup, please let Jimi know. The time commitment is minimal – you mainly serve as an advisory committee for themes and speakers.

We will continue to evaluate the ability to hold an in-person conference in the coming weeks.

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

Staff has compiled a list of topics that it will use to provide training during the Thursday lunch period. The first session will be presented by Mike Farrell and will be an overview of how other state medical boards operate.

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

No activity since 2020. Executive Committee needs to discuss recommendation to continue or disband.

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

The workgroup helped develop a policy regarding discrimination in healthcare that will be reviewed by the Policy Committee at the March meeting. We are researching how to investigate allegations of discrimination.

Proposed Policy: Discrimination in Health Care Workgroup – Chair: None at this time
Staff: Mike Farrell

Mahi Zeru will present a draft at the March meeting.

Proposed Guideline: Termination of the Practitioner-Patient Relationship Workgroup
Chair: None at this time Staff: Mike Farrell

Draft will be presented at the March meeting.

Committees & Workgroups

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

Policy Committee
Dr. Domino, Chair (B)
Dr. Roberts (B)
Christine Blake, Public Member (B)
Jim Anderson, PA-C (A)
John Maldon, Public Member (B)
Scott Rodgers, Public Member (A)
Dr. Trescott (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. 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
Arlene Dorrough, PA-C
Dr. Trescott
Dr. Barrett, Medical Consultant
Marisa Courtney, Licensing Supervisor
Rick Glein, Director of Legal Services
Pam Kohlmeier, MD, JD, 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: January 18, 2022

Committees & Workgroups

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

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

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

Proposed Policy: Discrimination in Health Care Workgroup
Jim Anderson, PA-C
Dr. Currie
Christine Blake, Public Member
Scott Rodgers, Public Member
Dr. Roberts
Yanling Yu, PhD, Public Member
Arlene Dorrough, PA
Dr. Trescott
Melanie de Leon
Mike Farrell

Proposed Guideline: Termination of the Practitioner-Patient Relationship Workgroup
Dr. Roberts
TBD – Public Member
TBD – Commissioner/Pro Tem Commissioner
TBD – Executive Sponsor
Mike Farrell

Collaborative Drug Therapy Agreements Rulemaking Committee
Dr. Roberts, Chair
Dr. Chung
Dr. Small
John Maldon, Public Member
Tim Lynch, PQAC Commissioner
Teri Ferreira, PQAC Commissioner
Melanie de Leon
Micah Matthews
Kyle Karinen, Staff Attorney
Amelia Boyd
Heather Carter, AAG
Christie Strouse, Deputy Director, PQAC
Lindsay Trant, DOH Rules Coordinator

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

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

Updated: January 18, 2022

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**
Opioid Prescribing - LTAC, SNF patient exemption	CR-102 Filed	2/16/2022	Hearing	4/13/2022				Complete	Complete	May 2022
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	TBD	TBD
Emergency Licensing Rules	Secretary Review	3/26/2020	File CR-105	TBD	Holding until proclamation is lifted.					
SB 6551 - IMG licensing	CR-102 Approved	11/20/2021	File CR-102	March 2022				Complete	March 2022	TBD

Updated: 2/23/2022

NEW SECTION

WAC 246-919-345 Clinical experience limited license. (1) The commission may issue a clinical experience limited license to an applicant who does not qualify for licensure under RCW 18.71.050 or chapter 18.71B RCW and who meets the requirements established in RCW 18.71.095(6) for the purpose of gaining clinical experience at an approved facility or program.

(2) An appropriate medical practice, as referenced in RCW 18.71.095 (6)(a); is a practice that meets the following criteria:

(a) The practice is physically located, in the state of Washington, providing clinical care to Washington patients.

(b) The practice falls within one of the following categories:

(i) Is a practice setting within a federal system such as military, Indian health services, tribal health setting, or community health center; or

(ii) Is a practice setting that:

(A) Has three or more physicians for the purposes of delivering direct patient care; and

(B) Has a quality review, improvement, and assurance program for practitioners.

(3) Prior to commencing practice, a clinical experience limited license holder must file a practice agreement with the commission.

Guideline

WASHINGTON Medical Commission
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Medical Records: Documentation, Access, Retention, Storage, Disposal, and Closing a Practice

Observe, record, tabulate, communicate.

-Sir William Osler (1849-1919)

Introduction

The Washington Medical Commission provides this guidance to physicians and physician assistants (practitioners) on the appropriate documentation of a medical record; special considerations for maintaining an electronic health record; providing access to medical records; the retention, storage and disposal of medical records; and handling records when closing a practice. The Commission recognizes that in some practice settings, practitioners may not have control over the records and may not be able to fully implement the recommendations made below. The Commission appreciates the variety of medical practices and urges practitioners to exercise reasonable judgment which may vary by specialty in the application of the guideline. An appendix contains a history of the medical record, illustrative examples of complaints regarding medical records made to the Commission, and additional information on the implementation of electronic health records.

Guideline

I. Documentation

A. Purpose of the Medical Record

As part of delivering high-quality, safe, and integrated medical care, it is critically important that each practitioner maintains accurate, clinically useful, timely, and consistent medical records. A practitioner should maintain a medical record for each patient for whom he or she provides care. Notes, either handwritten, typed or dictated, must be legible. Dictation must be transcribed, reviewed, and signed within a reasonable time. The practitioner must ensure that the transcription of notes is accurate, particularly when using dictation or voice-recognition software.

The medical record is a chronological document that:

1. Records pertinent facts about an individual's health and wellness;
2. Enables the treating care provider to plan and evaluate treatments or interventions, making clear the rationale for diagnoses, plans and interventions;
3. Enhances communication between professionals, assuring the patient optimum continuity of care;
4. Assists both patient and practitioner in communication with third party participants;

5. Facilitates the practitioner's development of an ongoing quality assurance program;
6. Provides a legal document for verification and/or audit of the delivery of care; and
7. Is available as a source of clinical data for research and education.

B. The Essential Elements of a Medical Record

The practitioner should include the following elements in all medical records:

1. The purpose of each patient encounter and appropriate information about the patient's history and examination, the patient's perspective and preferences, plan for any treatment, and the care and treatment provided;
2. The patient's pertinent medical history including serious accidents, operations, significant illnesses, and other appropriate information;
3. Prominent notation of medication and other significant allergies, or a statement of their absence;
4. Known or suspected reactions including allergy warnings;
5. Clearly documented informed consent obtained from the patient or from a person authorized to consent on behalf of the patient. In some emergency situations, the reason for a lack of informed consent should be clearly documented; and
6. The date of each entry, and the time as appropriate.

C. Additional Elements of a Medical Record

The following additional elements reflect commonly accepted standards for medical record documentation:

1. Each page in the medical record contains the patient's name or ID number.
2. Personal biographical information such as home address, employer, marital status, emergency contact information and all telephone numbers, including home, work, and mobile phone numbers.
3. Each entry in the medical record contains the author's identification. Author identification may be a handwritten signature, initials, or a unique electronic identifier.
4. All drug therapies are listed, including dosage instructions and, when appropriate, indication of refill limits. Prescription refills should be recorded.
5. Encounter notes should include appropriate arrangements and specified times for follow-up care.
6. All consultation, laboratory, and imaging reports should be entered into the patient's record, reviewed, and the review documented by the practitioner who ordered them. Abnormal reports should be noted in the record, along with corresponding follow-up plans and actions taken.
7. An appropriate immunization record is kept up to date by the primary care provider and, ideally, readily accessible by all clinicians caring for the patient, as technology permits.
8. Documentation of appropriate preventive screening and services being offered in accordance with accepted practice guidelines, as relevant to the visit and/or the specific provider's role in caring for the patient.
9. Documentation of other persons present during the encounter.

Where possible, the practitioner should avoid judgmental language in the medical record. The practitioner should consider that patients increasingly have access to and will read their own medical record. The practitioner should also be aware that a patient has a statutory right to submit a concise statement describing a correction or amendment for inclusion in the medical record. RCW 70.02.110. For a history of the medical record, see Appendix, Part I.

D. Special Considerations When Using an Electronic Health Record

An electronic health record (EHR), a digital version of the traditional paper-based medical record, documents health care that took place within a practitioner's office, single health care facility or health care system as well as all other communications (records of phone calls, emails, etc.) between the health care team and the patient. [1] The ideal EHR is designed to contain and share information among all involved providers, patients, and their designated caretakers.

The EHR offers a number of potential benefits over the paper medical record. However, as with any innovation, there are challenges and potential hazards in its meaningful use. The Commission recognizes several problematic documentation practices while using an EHR that in some instances interfere with delivery of high-quality, safe, and integrated medical care; impede medico-legal or regulatory investigation; or are fraudulent.

1. Recommendations for Practitioners

The following recommendations, which are not necessarily exhaustive, are intended to inform practitioners of the appropriate use of an EHR, and to indicate how the Commission will evaluate a medical record, including records that are the product of an electronic system.

The patient record in an EHR should reflect the same or improved content and functionality as that produced in traditional formats, and will be held to essentially the same standard.

a. A practitioner using an EHR must ensure:

   i. authorized use and compliance with state and federal privacy and security legal requirements, law, and with institutional privacy and security policies;
   ii. a timely, accurate, succinct, and readable entry;
   iii. consistency and accuracy between various aspects of a record; and
   iv. assumption of ultimate responsibility for trainees' and scribes' documentation.

b. Retention or re-entry of inaccurate, inconsistent, or outdated information in the EHR from historic entries should be avoided. Original information needs to be retrievable from a separate location in the EHR via a secure and permanent audit trail.

c. A practitioner's actions and decision-making should be accurately reflected in the documentation. The record will include a description of any shared decision-making process, when appropriate.[1]

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[1] EHRs have the potential to support shared decision-making. Studies show that EHRs that have incorporated shared decision-making tools result in improved clinical outcomes. *The Promise of Electronic Health Records to Promote Shared Decision Making: A Narrative Review and a Look Ahead*, Medical Decision Making, Vol. 38(8) 1040-1045 (2018). For more information on shared decision making, see the Washington State Health Care Authority web site on shared decision making, and the Bree Collaborative web site describing its work on this topic.

d. Documenting aspects of a practitioner-patient interaction that did not transpire, such as indicating that components of a physical examination were performed when they were not, even when it occurs inadvertently because of EHR design or function, may be considered fraud. Similarly, when documentation about a significant aspect of the practitioner-patient interaction is not present, the assumption is that it did not occur.

e. It is important to distinguish those portions of the history that were obtained by the note writer from those that were copied or carried forward from another practitioner's note.[2] The practitioner must recognize that "carry forward" or "cut-and-paste" functions, even when done automatically by the EHR software, represent significant risks to patient safety. Concerns about "clinical plagiarism" or fraudulent billing may arise when appropriate and accurate attribution of copy-paste or carry-forward information is missing from an EHR note. Practitioners should carefully review and edit any EHR-generated note to assure its accuracy prior to authenticating it.

f. Laboratory and imaging data should only be brought into the practitioner's note when pertinent to the decision making process for the patient. Wholesale importation of laboratory data and imaging data that is already documented elsewhere in the chart is to be avoided as such practice can make interpretation of medical records by subsequent caregivers extremely difficult.

g. The practitioner should assure that problem lists and medication lists are kept current, and that they are not cluttered with outdated information.

Examples of complaints received by the Commission relating to EHRs can be found in Appendix, Part II.

2. Suggestions for EHR Software Developers and Healthcare Institutions

The fruitful evolution of the EHR will require collaboration between entities that develop and purchase EHR systems and practitioners who use the EHR. The primary goal of the EHR is to promote high-quality, safe, and integrated health care. Other roles, such as documentation to support coding and billing, are secondary. It is unfortunate that, in general, these roles seem reversed in current EHR systems. With this in mind, the Commission offers suggestions about potential EHR improvements for software developers and health care institutions, and believes that practitioners should be involved in collaborative efforts with those entities to improve the EHR.

a. Practitioners and clinical information specialists have an important role to play in development, decision-making, evaluation and improvement of EHR systems.

b. EHR systems should result in a patient record that is organized, concise, and easily-readable. Lengthy and redundant information in the EHR, a source of common practitioner complaint, makes it difficult for other practitioners to identify data within the EHR that is relevant to actual patient care.[3]

c. EHR systems should also include tools to support the clinician to use best practices when available as well as shared decision-making.

d. An ultimate goal of the EHR universe should be widely compatible systems allowing seamless transfer and sharing of electronic medical information within and among practitioners, medical offices and clinics, hospitals and other health care institutions, as well as patients and their caregivers.

e. It is essential to have capacity within EHR systems to correct errors as soon as they come to light, and thereby prevent their perpetuation. The original documentation must be retrievable in the EHR via secure and permanent audit trail.

f. As patients increasingly have access to their EHR, they will undoubtedly find information within the medical record that is erroneous or with which they disagree. There should be a mechanism in place within healthcare institutions to respond to patients' questions and concerns that arise from review of their EHR, and to allow patients to submit a correction or amendment for inclusion in the medical records. RCW 70.02.110.

g. Software supporting EHR clinical documentation should be designed and constructed for the type of provider who will use it (e.g., specialty, training) and the context in which it will be employed (e.g., admitting, consulting, ambulatory). It should automatically attribute information to each author.[4]

h. The medical record serves many audiences who need to be considered in the design and implementation of EHR systems. To meet their potential, EHRs should incorporate comprehensive decision support that:

   i. leads to improved patient outcomes;
   ii. ensures safe transitions of patients from one practitioner, facility, or office to another;
   iii. allows easy tracking and reporting of patient care metrics and outcomes; and
   iv. promotes patient-centered communication between patients and the health care system.[3]

i. Health care institutions should consider having mechanisms in place to monitor documentation quality and practitioner satisfaction with the EHR, and to identify changes to support improved usability, validation, integrity, and quality of data within the EHR.[4]

j. The EHR should be designed for maximum portability and interoperability of information to benefit the patient and the public health. Full integration into the Washington State Health Information Exchange provides benefit to the patient requiring treatment when away from their medical home and provides meaningful data to assess population health. Technology vendors should design their systems with these functions as standards and institutions should mandate these functionalities as standard requirements for their implemented systems.

k. The EHR should support rapid, minimally complicated integration with the state's prescription monitoring program to facilitate inquiry in those systems.

For additional information on the implementation of an EHR, see the Appendix, Part III.

II. Access to Medical Records

A practitioner's practices relating to medical records under his or her control should be designed to benefit the health and welfare of patients, whether current or past, and should facilitate the transfer of clear and reliable information about a patient's care. The Commission recognizes that electronic health records systems may not be compatible, making it challenging to send records to a practitioner in another electronic health record system. Practitioners should do the best they can to get medical records to patients and subsequent providers in a usable format.

A. Per RCW 70.02.080, a practitioner is legally obligated to make medical records available to a patient to examine or copy within 15 days of the request. A practitioner may deny the request under circumstances specified in RCW 70.02.090.

B. Except for patients appealing the denial of social security benefits, the practitioner may charge a reasonable fee for making records available to a patient, another provider, or a third party and is not required to honor the request until the fee is paid. RCW 70.02.030(2). What constitutes a reasonable fee is defined in WAC 246-08-400. The practitioner cannot, however, withhold the records because an account is overdue or a bill is owed.

C. To prevent misunderstandings, the practitioner's policies about providing copies or summaries of medical records and about completing forms should comply with appropriate laws and should be made available in writing to patients when the practitioner-patient relationship begins.

D. The failure to provide medical records to patients in violation of RCW 70.02 can result in disciplinary action by the Commission.

III. Retention of Medical Records

A. There is no general law in Washington requiring a practitioner to retain a patient's medical record for a specific period of time.[2] The Commission appreciates the variety of medical practices and urges practitioners to exercise reasonable judgment which may vary by specialty for the retention of medical records. When appropriate, the Commission concurs with the Washington State Medical Association recommendation that practitioners should retain medical records and x-rays for at least:
   1. ten years from the date of a patient's last visit, prescription refill, telephone contact, test or other patient contact;
   2. 21 years from the date of a minor patient's birth;
   3. six years from the date of a patient's death; or
   4. indefinitely, if the practitioner has reason to believe:
      a. the patient is incompetent;
      b. there are any problems with a patient's care, or
      c. the patient may be involved in litigation.

B. A practitioner should consider whether it is feasible to retain patients' medical records indefinitely.

C. A practitioner should verify the retention time required by their medical malpractice insurer.

D. A practitioner should inform patients how long the practitioner will retain medical records.

IV. Storage of Records

A. A practitioner is responsible for safeguarding and protecting the medical record, whether in electronic or paper format, and for providing adequate security measures.

B. A practitioner may contract with a third party to act as custodian of the medical records. The responsible person, corporation, or legal entity acting as custodian of the records must comply with federal and or state confidentiality laws and regulations.

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[2] RCW 70.02.160 requires a health care provider to maintain a record of existing health care information for at least one year following receipt of an authorization to disclose that health care information and during the pendency of a patient's request either to examine or copy the record or to correct or amend the record. For hospital medical record retention requirements, see RCW 70.41.190.

V. Disposing of Records

A. When retention is no longer required, records should be destroyed by secure means. The Privacy Rule in the Health Insurance Portability and Accountability Act (HIPAA) prohibits digital and paper records containing confidential information from being thrown away in a public dumpster or recycling bin until they have been rendered unreadable or indecipherable by shredding, burning or other destruction.

B. A practitioner should give patients an opportunity to claim records or have them sent to another provider before records are destroyed. For some practitioners, the nature of their specialty will make notifying patients impractical.

VI. Handling Medical Records When Closing a Medical Practice

A. The obligation to make medical records available to patients and other providers continues even after a practitioner closes a medical practice.

B. The recommendations in this section do not apply to:

1. A practitioner who leaves a multi-practitioner practice. In that instance, the remaining practitioners in the practice typically assume care of the patients and retain the medical records.
2. A specialist or other practitioner who does not have ongoing relationships with patients. These practitioners typically provide patient records to the referring practitioner, the patient's primary care provider, or directly to the patient.

C. Prior to closing a practice, a practitioner should notify active patients and patients seen within the previous three years.

D. The notice should be given at least 30 days in advance, with 90 days being the best practice.

E. The notice should be given by:

1. individual letter to the last known patient address;
2. electronically, if this is a normal method of clinical communication with the patient; or
3. placing a notice on the practitioner's web site, if the practitioner has a web site.

F. The notice should include:

1. the name, telephone number and mailing address of the responsible entity or agent to contact to obtain records or request transfer of records;
2. how the records can be obtained or transferred;
3. the format of the records, whether hard copy or electronic;
4. how long the records will be maintained before they are destroyed; and
5. the cost of recovering records or transferring records as defined in Chapter 70.02 RCW.

G. The practitioner is encouraged to provide notice to the local medical society, whether the practitioner is a member or not.

H. If the practitioner practices as part of an institution, the institution may provide the notice of the closing of the practice.

I. If the practice closes due to the practitioner's death, the practitioner's estate becomes the owner of the medical records and is encouraged to provide this notification to patients.

J. Disciplinary action by the Commission, including suspension, surrender or revocation of the practitioner's license, does not diminish or eliminate the obligation to provide medical records to patients.

There is no more difficult art to acquire than the art of observation, and for some it is quite as difficult to record an observation in brief and plain language.

-Sir William Osler (1849-1919)

Number:	GUI2020-01
Date of Adoption:	January 17, 2020
Reaffirmed:	N/A
Supersedes:	Retention of Medical Records GUI2017-02; and Physician and Physician Assistants' Use of the Electronic Medical Record MD2015-09

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."

Ron Wilcox DC	360.481.5209	info@agilitycohe.org
Primary Contact Name ⮥	Phone ⮥	Email ⮥

Additional Contact Names (Lists are only sent to approved individuals) ⮥	Website URL⮥
Agility COHE SPC	87-4216481
Professional Assoc. or Educational Organization ⮥	Federal Tax ID or Uniform Business ID number ⮥
401 Broadway Suite 100	Tacoma WA 98402
Street Address ⮥	City, State, Zip Code ⮥

We would like to acquire contact information (preferably emails, names, location and organizations) to send a survey to licensed eligible providers in WA to determine who might be interested in joining a Center of Occupational Health & Education (COHE) in response to an upcoming contract request by L&I. Services are free and are focused on providing occupational health best practice education and health service support. More information can be found at https://lni.wa.gov/patient-care/provider-partnership-best-practices/centers-of-occupational-health-education-cohe.

1. How will the lists be used? ⮥

Advanced Registered Nurse Practitioners (ARNP), Chiropractor (DC), Naturopathic Physician, Osteopathic Physician & Physician Assistants, Physicians, Physician Assistants, and Podiatric Physicians.

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.
Attach completed application to your recent list request using the public portal:
https://www.doh.wa.gov/aboutus/publicrecords

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Signature ⮥ Date ⮥

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

For Official Use Only

Authorizing Signature: _____

Approved: _____ (5-year) _____ (one-time) Printed Name: _____

Denied: _____ Title: _____ Date: _____

From: Agility COHE
To: Boyd, Amelia (WMC)
Subject: Re: Application for an Organization to Receive lists
Date: Wednesday, January 12, 2022 2:32:11 PM
Attachments: image004.png
image005.png

External Email

Thank you for your clarification.
We are hoping to do an email campaign to the list of providers and the survey being sent is as follows: https://www.cognitoforms.com/AgilityCOHE/DOHProviderQuestionnaire
We had not planned on a mailing as there is limited time before the contract proposal deadline. If mailing is the only option, we can design and submit something to you prior to 2/18 as requested; However, it may be post the RFP submittal deadline and therefore only necessary if the contract is awarded come July 1 2022 at which time we can re-request.
Thank you in advance for helping us work through this!

On Wed, Jan 12, 2022 at 2:18 PM Boyd, Amelia (WMC) <Amelia.Boyd@wmc.wa.gov> wrote:

> Good afternoon,
>
> We have received your request to receive lists, attached. In the application it states, "Please attach information that demonstrates that you are a "professional association" or an "educational organization" and **a sample of your proposed mailing materials**." Please respond to this email with that information included/attached by February 18, 2022 in order for your application to be reviewed at the WMC's March 4, 2022 Commission meeting.
>
> WASHINGTON Medical Commission
> Licensing. Accountability. Leadership.
>
> Amelia Boyd, BAS
> Program Manager
> Washington Medical Commission
> Mobile: (360) 918-6336
>
> Were you satisfied with the service you received today? Yes or 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."

Alan Morasch	503-345-9294	alan@cardiologyinoregon.org
Primary Contact Name ↴	Phone ↴	Email ↴
		www.cardiologyinoregon.org
Additional Contact Names (Lists are only sent to approved individuals) ↴		Website URL ↴
Oregon Chapter American College of Cardiology Education Foundation	20-5915188	
Professional Assoc. or Educational Organization ↴	Federal Tax ID or Uniform Business ID number ↴	
PO 55424	Portland, OR 97238	
Street Address ↴	City, State, Zip Code ↴	

Mailers and/or emails to advise of an educational activity for cardiovascular-related issues

1. How will the lists be used? ↴

Cardiovascular and Cardiac Surgery

2. What profession(s) are you seeking approval for? ↴ MD, DO, RN, PA, NP, PharmD

Please attach information that demonstrates that you are a "professional association" or an "educational organization" and a sample of your proposed mailing materials.
Attach completed application to your recent list request using the public portal:
https://www.doh.wa.gov/aboutus/publicrecords

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

	2/3/22
Signature ↴	Date ↴

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

For Official Use Only

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

Denied: _____

Authorizing Signature: _____

Printed Name: _____

Title: _____ Date: _____

Oregon CHAPTER

19th Annual

Oregon Chapter of the American College of Cardiology Education Foundation

Oregon Cardiovascular Symposium

Hyatt Regency, Oregon Convention Center
May 13–14, 2022

Virtual Sessions Begin May 20, 2022
Watch and Learn at Your Leisure until May 14, 2023!

LIVE & VIRTUAL

The Symposium is Approved for *19 Credits of AMA PRA Category I Credit. Nursing Education Contact Hours, ACPE for PharmDs, AAPA Category 1 CMEs for PAs, or AANP for NPs.* (See inside for precise accreditation details and hours.)

REGISTER ONLINE TODAY...

www.cardiologyinoregon.org

Oregon Cardiovascular Symposium Program

19th Annual Oregon Cardiovascular Symposium
Friday, May 13, 2022

7:00-8:00 am	Registration and Exhibits Open — Continental Breakfast
8:00-8:50 am	Update on the Evaluation of Chest Pain — Anatomic vs Functional Testing *Martha Gulati, MS, FACC, FAHA, FASPC, FESC, University of Arizona*
8:50-9:40 am	Debate of the Experts: Anatomic vs Functional Testing for Risk Stratification *Jonathon Leipsic, MD, Providence Health Care, and Marcelo Di Carli, MD, Brigham and Women's*
9:40-10:30 am	Roundtable Discussion — CAD, Chest Pain, Guidelines, Imaging and More *Drs. Leipsic, Gulati and Di Carli*
10:30-11:00 am	Exhibit Break
11:00-11:50 am	High Sensitivity Troponins — The ER's Friend, the Cardiologist's Nightmare *Yader Sandoval, MD, FACC, FSCAI, Mayo Clinic*
11:50 am-1:00 pm	Cardiology Fellows Case Presentations *Fellows from OHSU and Samaritan, TBD*
1:00 - 1:50 pm	Top 10 Practice Developments in the Treatment of Atrial Fibrillation *Jon Piccini, Sr., MD, FACC, Duke*
1:50-2:40 pm	Hypertension in 2022 — Sprint, Step, Spyral, Oh My! *Karol Watson, MD, PhD, UCLA*
2:40-3:10 pm	Exhibit Break
3:10-4:00 pm	Transfemoral, Transcatheter Mitral Valve Replacement: Is It Ready for Prime Time? *Firas Zahr, MD, OHSU, and Gorav Ailawadi, MD, University of Michigan*
4:00-4:50 pm	What Lessons Can Surgeons Teach Cardiologists: From the Bedside to Home? *Gorav Ailawadi, MD, University of Michigan*
4:50-5:40 pm	Acute and Long-Term Cardiovascular Sequelae of COVID-19 *Ty Gluckman, MD, FACC, Providence Heart Clinic*

In Cooperation with

PROVIDENCE Heart Institute

KNIGHT CARDIOVASCULAR Institute OHSU

LEGACY HEALTH

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Oregon Cardiovascular Symposium Program

19th Annual Oregon Cardiovascular Symposium
Saturday, May 14, 2022

7:00-8:00 am	Registration and Exhibits Open — Continental Breakfast
8:00-8:50 am	SGLT — Two Inhibitors in the Treatment of Heart Failure — HFrEF and HFPEF *Gregg Fonarow, MD, FACC, Ahmanson – UCLA*
8:50-9:40 am	The Battle of the Bulge: SGLT2i and GLP1-RA in the Prevention and Treatment of Cardiometabolic Disease *Laurence Sperling, MD, FACC, Emory University*
9:40-10:10 am	Exhibit Break
10:10-11:00 am	HFrEF — So Many Medications...So Much Expense...How to Prioritize? *Jessie Dunne, PharmD, BCPS – OHSU*
11:00-11:50 am	A Second Chance to Do It Right: How to Engage Providers and Patients in Cardiac Rehab? *Pam R. Taub, MD, FACC, FASCP, Cardiovascular Rehab and Wellness Ctr, UC San Diego*
11:50 am-1:00 pm	Independent Industry-Supported Session *TBD*
1:00-1:50 pm	How to Talk to Your Patients about Weight Reduction — Diet, Exercise, and of Course Drugs? *Sheldon Litwin, MD, FACC, Medical University of South Carolina*
1:50-2:10 pm	Break
2:10-3:00 pm	When to Order a CPET and What a General Cardiologist Should Know? *Meagan Wasfy, MD, Mass General*
3:00-3:50 pm	Transthyretin Cardiomyopathy: Underdiagnosed and Undertreated *Mathew S. Maurer, MD, FACC, Columbia*
3:50-4:40 pm	Hypertriglyceridemia *Karol Watson, MD, PhD, UCLA*
4:40-5:00 pm	Closing Remarks

Sessions Available for Online Viewing and CME-earning until May 14, 2023

Register Online

for the

19th Annual
Oregon Cardiovascular Symposium

www.cardiologyinoregon.org

Scope of Practice

Cardiovascular disease remains a leading cause of death and morbidity in the United States, despite substantial gains in diagnostics, prevention and treatment. The 19th Annual Oregon Cardiovascular Symposium will provide a thorough review of the literature and update participants on current evidence-based practice for cardiovascular care including, coronary artery disease, heart failure and arrhythmias as well as how comorbidities affect the patients. It will provide balanced expert opinion and recommendations of key advances and state of the art cardiovascular care that clinicians and patients expect. There is a persistent gap between the practice of cardiology and guideline-recommended evaluation and therapy. The 19th Annual Oregon Cardiovascular Symposium addresses this gap by providing an extensive expert review of clinical cardiology through didactic lectures, panel discussions, and case presentations which will emphasize newer concepts of diagnosis, decision making, community support, pharmacology and interventional therapy in areas of ischemic and valvular heart disease, cardiac arrhythmias, heart failure and other clinically pertinent topics.

Learning Objectives

Upon completion of this program, attendees should be able to:

1. Appreciate the patient and institution specific features favoring anatomic or functional assessment of stable and unstable coronary disease.
2. Understand what constitutes abnormal for new troponin assays.
3. Describe which patients are most likely to benefit from a rhythm-control strategy.
4. Identify new blood pressure goals for select populations.
5. Understand the risk and benefits of the emerging therapy of transcatheter mitral valve replacement.
6. Understand the art of surgical risk evaluation.
7. Understand the spectrum of myocardial and pericardial abnormalities associated with SARS-CoV-2 infection.
8. Understand the complex mix between food choices, exercise, and medical therapy for weight loss.
9. Understand what CPET's value is for patients seen in a general cardiac practice.
10. Identify the appropriate imaging and laboratory tests for the diagnosis of transthyretin amyloidosis.

This is a partial list of Learning Objectives. The complete list of learning objectives can be found at www.cardiologyinoregon.org

Target Audience

This activity is designed for an audience of Physicians, Nurses, Nurse Practitioners, Physician Assistants, and Pharmacists.

Grant Acknowledgment

At the time of printing, a complete listing of industry sponsors was not available. Appropriate acknowledgment will be made upon confirmation of support and at the time of the program.

Disclosure and COI Policy Statement

Detailed faculty disclosures will be made available to participants prior to this activity. The planning committee members have disclosed that they have no financial relationships with commercial interests which produce, market, re-sell, or distribute health care goods or services consumed or used by their patients.

Accommodations – Hyatt Regency, Oregon Convention Center

A special block of rooms has been reserved for Symposium attendees at the Hyatt Regency, Oregon Convention Center, Portland, Oregon (375 NE Holladay St, Portland, OR 97232.) The Hyatt Regency has parking available for our Symposium attendees, and the cost is being covered by the Oregon ACC. To reserve your room, please use this special online link https://www.hyatt.com/en-US/group-booking/PDXRP/G-BKZU to obtain our special lodging rates of $174 per night (single or double).

Committee Members

Scott Chadderdon, MD *OHSU*
Program Director, ACC Oregon Chapter

Jayne Mitchell, ANP *OHSU*
Nurse Planner, ACC Oregon Chapter

Alan Morasch, CAE, *Oregon Chapter of the ACC – Chapter Key Contact*

Tamara Atkinson, MD
Portland VA Medical Center

Casti Bhamidipati, DO, PhD, MSc, FACS
OHSU

Crispin Davies, MD
Providence Heart Institute

Saurabh Gupta, MD, FACC
St Charles Health System

Tyler Gluckman, MD, FACC
Providence Heart Institute

Brian Gross, MD, FACC
Southern Oregon Cardiology

Michael Layoun, MD, FACC
Providence Heart Institute

Frances Munkenbeck, MD, FACC
Retired

Matthew Slater, MD, FACC
Heart and Lung Center

Trisha Thoms, PA-C
OHSU

Andrew Tsen, MD, FACC
LMG Cardiothoracic Surgery

Attendee Comments from 2021...

Really great talks with tons of useful information. Now the hard part of putting it into practice.

Great conference and flawless technology!

I appreciated having the flexibility of watching the lectures in a different order, and having the flexibility to go back and watch a lecture again if I want.

Thrilled that for 2022 you'll be offering the Symposium as a LIVE and VIRTUAL meeting!

Accreditation

Credit provided by AKH Inc., Advancing Knowledge in Healthcare
In support of improving patient care, this activity has been planned and implemented by AKH Inc., Advancing Knowledge in Healthcare and Oregon Chapter of the American College of Cardiology Education Foundation AKH Inc., Advancing Knowledge in Healthcare is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity was planned by and for the healthcare team, and learners will receive 19.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

Physicians
AKH Inc., Advancing Knowledge in Healthcare designates this live activity for a maximum of 19.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacists
AKH Inc., Advancing Knowledge in Healthcare designates this continuing education activity for 19.0 contact hours.

Nurses Credit
19.0 ANCC contact hours

Physician Assistants
AKH Inc., Advancing Knowledge in Healthcare has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 19.0 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Nurse Practitioners
This activity has been planned and implemented in accordance with the Accreditation Standards of the American Association of Nurse Practitioners (AANP) through the joint providership of AKH Inc., Advancing Knowledge in Healthcare and Oregon Chapter of the American College of Cardiology Education Foundation AKH Inc., Advancing Knowledge in Healthcare is accredited by the American Association of Nurse Practitioners as an approved provider of nurse practitioner continuing education. Provider number: 030803. This activity is approved for 19.0 contact hour(s) (which includes 19.0 hour(s) of pharmacology).

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 19.0 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Commercial Support
Appropriate acknowledgment will be made upon confirmation of support and at the time of the program.

Maintenance of Certification (MOC) Credits

Successful completion of all CME activities enables the participant to earn up to 19.00 MOC Points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC Points equivalent to the amount of CME credits claimed for each activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC Points. Participant's personal information will be shared with the ACCME and the ABIM.

Review Maintenance of Certification criteria: www.abim.org/moc/

19th Annual Oregon Cardiovascular Symposium
Hyatt Regency, Oregon Convention Center May 13–14, 2022

Registration Form

Registration Contact Information *Please neatly fill in the form.*

First Name _____ Last Name _____

Company/Institution/Practice _____

Designation _____ Specialty _____

Address _____

City _____ State _____ ZIP _____

Office/Cell Phone _____

E-Mail _____

Are you an ACC Member: Yes ❑ No ❑ Your ACC Mbr. Number _____ Today's Date _____

Symposium Registration Fees

	Live and Virtual Format*	Virtual Only**
Physicians	❑ **$475**	❑ **$400**
Non-Physicians	❑ **$375**	❑ **$300**

*Attendees in this category will be able to attend the Symposium Live on May 13-14, 2022 and obtain access to all of the virtual sessions beginning on May 20, 2022

**Attendees in this category will be able to view the Virtual Symposium sessions until on May 14, 2023

Symposium Registration Payment

❑ Check Enclosed *(Make check payable to* Oregon Chapter ACC Education Foundation*)*

❑ VISA ❑ MasterCard ❑ AMEX Amount $ _____ Sec. Code of Card _____

Card # _____ Exp. Date _____

Name on Card _____

Signature _____

❑ I would like to support the Oregon Chapter ACC Education Foundation with a tax-deductible gift in the amount of $_____

Cancellation Policy

Cancellations made by April 2, 2022 will receive refunds less a $50 handling fee. Cancellations after April 2, 2022 are nonrefundable, but transferable to another person.

Return This Form to

Oregon Chapter of the ACC, PO Box 55424, Portland, OR 97238 503-345-9294
For more information or to register online, visit www.cardiologyinoregon.org

Questions?

Alan Morasch, CAE, Chapter Administrator, Oregon Chapter of the ACC
503-345-9294 • Fax: 360-256-5597 • alan@cardiologyinoregon.org

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" **X** We are an "educational organization."

Perri Davenport	619 820-3953 (cell)	davenppl@plu.edu
Primary Contact Name ⮥	Phone ⮥	Email ⮥

Angenette Picket-Call		https://www.plu.edu/ce
Additional Contact Names (Lists are only sent to approved individuals) ⮥		Website URL⮥

Pacific Lutheran University	91-0565571
Professional Assoc. or Educational Organization ⮥	Federal Tax ID or Uniform Business ID number ⮥

12180 Park Avenue South	Tacoma, WA 98447
Street Address ⮥	City, State, Zip Code ⮥

To inform licensed professionals of continuing education opportunities

1. How will the lists be used? ⮥

Nursing, Health Care Professionals, Physician's Assistant, K-12 Teachers, Social Workers, Marriage and Family Therapist, Mental Health Professionals, Behavior Health Professions, Mental Health Counselors, Therapists, Substance Abuse Disorder Professional

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.
Attach completed application to your recent list request using the public portal:
https://www.doh.wa.gov/aboutus/publicrecords

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

February, 3, 2022

Signature ⮥ Date ⮥

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

For Official Use Only	Authorizing Signature: _____
Approved: _____ (5-year) _____ (one-time)	Printed Name: _____
Denied: _____	Title: _____ Date: _____

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

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- 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."

Lisa Wiggins	541-900-2583	Lisaw8@uw.edu
Primary Contact Name ⮥	Phone ⮥	Email ⮥

Pamela Kohler, Paula Cox-North		cghn.nursing.uw.edu
Additional Contact Names (Lists are only sent to approved individuals) ⮥		Website URL⮥

University of Washington School of Nursing	91-6001537
Professional Assoc. or Educational Organization ⮥	Federal Tax ID or Uniform Business ID number ⮥

1959 NE Pacific St. Health Sciences Building F-wing Box 357	Seattle, WA 98195-7260
Street Address ⮥	City, State, Zip Code ⮥

To distribute surveys and interview providers about the barriers and facilitator in providing care to and decision-making process regarding hep C patients, part of an evaluation of the Hep C Free Washington initiative.

1. How will the lists be used? ⮥

PA, PH, OP

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.
Attach completed application to your recent list request using the public portal:
https://www.doh.wa.gov/aboutus/publicrecords

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

	01/14/22
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: _____

Interpretive Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Establishing Approval Criteria for Defining Appropriate Medical Practices for IMG Nomination	~~POL2021-03~~IS2022-XX
References:	RCW 18.71.095(6)	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750 E-mail:	medical.commission@wmc.wa.gov
Effective Date:		
Approved By:	John Maldon, Chair (signature on file)	

The Washington Medical Commission (Commission) issues this policy establishing the criteria to determine whether a medical practice qualifies as "an appropriate medical practice" that can nominate an international medical graduate (IMG) for a limited license under RCW 18.71.095(6).

In 2021, the Legislature passed Substitute House Bill (SHB) 1129 creating a limited license to practice medicine for international medical graduates who meet certain requirements. SHB 1129 added a new subsection to RCW 18.71.095:

> (6)(a) Upon nomination by the chief medical officer of any hospital, **appropriate medical practice located in the state of Washington**, the department of social and health services, the department of children, youth, and families, the department of corrections, or a county or city health department, the commission may issue a limited license to an international medical graduate….

Under subsection (6)(a), one of the entities that can nominate an international medical graduate for a limited license is an "appropriate medical practice located in the state of Washington." Since the statute does not define the term "appropriate medical practice," the Commission must ~~define this term~~establish qualification criteria.

An appropriate medical practice is a practice that meets the following criteria:

1. The practice is physically located in the state of Washington providing clinical care to Washington patients.
2. The practice falls within one of the following categories:

a. Is a practice setting within a federal system such as military, Indian health services, tribal health setting, or community health center; or
b. Is a practice setting that:
    i. Has three or more physicians (MD or DO) for the purposes of delivering direct patient care; and
    ii. Has a quality review, improvement, and assurance program for practitioners.

Nominating entities must identify how they meet the qualification to nominate under RCW 18.71.095 (6)(a) in their letter supporting the application of the IMG candidate. If the Commission determines that a nominating entity meets the above criteria and qualifies as an appropriate medical practice, the Commission will review the application and the practice agreement to determine whether the applicant meets the qualifications in RCW 18.71.095(6) for a limited license.

DRAFT

Policy Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Discrimination in Health Care		POL2022-0X
References:			
Contact:	Washington Medical Commission		
Phone:	(360) 236-2750	E-mail:	medical.commission@wmc.wa.gov
Effective Date:			
Approved By:	John Maldon, Chair (signature on file)		

Policy

The Washington Medical Commission (WMC) is committed to establishing and maintaining in this state an environment for patients and practitioners free of discrimination. The WMC sets the expectation for all licensees that all shall be treated with dignity and respect and provided with equal opportunities in the healthcare delivery system.[1] For further discussion, see the WMC Position Statement "Racism in all its forms is a public health issue".[2] To mitigate the impacts of discrimination and promote a culture of inclusion, the WMC adopts this policy to consistently apply the included framework to reports of discrimination.

Key Terms

Bias: Tendency to favor one group over the other; biases can be favorable or unfavorable and implicit or explicit.

Discrimination: Unfair treatment characterized by implicit and explicit bias, including microaggressions, or indirect or subtle behaviors that reflect negative attitudes or beliefs about a non-majority group. Discrimination in healthcare are differences in the quality of healthcare delivered that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

Explicit Bias: the attitudes and beliefs we have about a person or group on a conscious level, that is we are aware and accepting of these beliefs, and they are usually expressed in the form of discrimination, hate speech or other overt expressions.

Health disparities: A health difference that is closely linked with social, economic, and environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group or other characteristics historically linked to discrimination or exclusion.

Health inequities: systematic differences in the health status of different population groups. Health differences that are avoidable, unnecessary, and unjust.

[1] https://wmc.wa.gov/sites/default/files/public/Newsletter/RacisminAllItsForms.pdf
[2] https://wmc.wa.gov/sites/default/files/public/Newsletter/RacisminAllItsForms.pdf

Implicit Bias: attitudes that un-consciously alter our perceptions or understanding of our experiences, thereby affecting behavior, interactions and decision-making

Microaggression: Brief and commonplace daily verbal/nonverbal behavioral, and environmental indignities whether intentional or unintentional that communicate hostile, derogatory or negative racial/ethnic, gender, sexual orientation, and religious slights and insults

Prejudice: An unfavorable opinion or feeling formed beforehand or without knowledge, thought, or reason. A primary determinant of discriminatory behavior.

Social determinants of health: social determinants of health are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Background

Discrimination is a social determinant of health which violates fundamental human rights and impedes access to quality and equitable healthcare. It is present across medical specialties and takes many forms. Discrimination in health care disparately impacts different population groups, including people of color, ethnic origin, religious beliefs, sexual and gender preferences, and other minorities.

The impacts of discrimination have been studied and documented in the healthcare system. Discrimination is associated with both increased incidences and adverse outcomes for a number of disease processes: such as the development of mental health issues , hypertension, cardiovascular disease, obesity, breast cancer, substance abuse, worse perinatal outcomes and pre-mature mortality.[3] It may trigger negative emotional reactions, leading to changes in health behaviors, such as avoiding medical care, decreased adherence to medical regimens, and engagement in high-risk behaviors.[4] There is an association between reports of discrimination and adverse cardiovascular outcomes, body mass index (BMI) and incidence of obesity, hypertension and nighttime ambulatory blood pressure, insomnia, engagement in high-risk behaviors and alcohol misuse.[5] Discrimination may lead to the development of inappropriate alterations of treatment regimens as has been seen with pain management, admission algorithms, and care management programs.[6]

[3] Williams, D.R., Mohammed, S.A. Discrimination and racial disparities in health: evidence and needed research. J Behav Med 32, 20–47 (2009). https://doi.org/10.1007/s10865-008-9185-0

[4] Aronson, J., Burgess, D., Phelan, S.M. and Juarez, L 2013: Unhealthy Interactions: The Role of Stereotype Treat in Health Disparities American Journal of Public Health 103, 50_56, https://doi.org/10.2105/AJPH.2012.300828

[5] Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). Self-reported experiences of discrimination and health: scientific advances, ongoing controversies, and emerging issues. Annual review of clinical psychology, 11, 407–440. https://doi.org/10.1146/annurev-clinpsy-032814-112728

[6] Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. American journal of public health, 105(12), e60–e76. https://doi.org/10.2105/AJPH.2015.302903

Framework

Discrimination violates the standard of care and is unprofessional conduct. Examples of where the policy will apply Includes but is not limited to the following:

- Age
- Race
- Ethnic origin/ Place of origin
- Citizenship/ Immigration status
- Religion/ Ideology
- Sex
- Sexual orientation
- Gender identity/ Expression
- Language/ Accent
- Weight
- Socio-economic / Housing Status
- Relationship/ Marital arrangement
- Disability (including mental, physical, developmental or learning disabilities)
- Criminal Record
- Close relationship with a person identified by one of the above examples

Practitioners should be aware that discriminatory behavior may also violate both state and federal law, including the Washington Law Against Discrimination (Chapter 49.60 RCW), the Civil Rights Act of 1964, and the Americans With Disabilities Act.

WMC Action

Discrimination in health care violates the standard of care and presents a risk of harm to patients and is unprofessional conduct under RCW 18.130.180(4).

All WMC commissioners, attorneys and investigators are required to receive training to identify discriminatory behavior by health care practitioners and the understanding of its impact on the delivery of care. If discriminatory behavior is identified in a report or investigation, the WMC will take appropriate action based on the severity of the conduct.

Discriminatory behavior can encompass a broad continuum of behavior, ranging from unintentional behavior, to conduct taken with reckless disregard for the dignity of the patient, to deliberate discriminatory behavior. At one end of the continuum, the behavior may be remediated with education and guidance. At the other end of the continuum, when the behavior is deemed reckless or intentional, the WMC may consider stronger measures, such as a restriction of practice, a mental or physical examination, and letters of apology to the patient and others impacted. In serious cases, if the practitioner cannot be rehabilitated, the WMC may choose to revoke the practitioner's license to practice medicine in accordance with the Uniform Disciplinary Act 18.130 RCW to protect the public from harm.

Policy

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Terminating the Practitioner-Patient Relationship	POL2022-0X
References:	None	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Effective Date:		
Approved By:	John Maldon, Chair (signature on file)	

A practitioner-patient relationship is established when the practitioner agrees to advise, diagnose or treat a patient and the patient agrees that the practitioner will advise, diagnose or treat the patient. Once a practitioner-patient relationship has been established, a practitioner is ethically and legally obligated to provide services until the relationship is terminated.

A practitioner may decide to terminate the relationship for a number of reasons, including dismissing patients who are violent or verbally abusive, non-compliant with a treatment plan, fail to show up at appointments, intentionally misuse prescription medications or ~~use the relationship to feed a drug addiction~~ violate chronic pain agreements. A patient may also decide to terminate the relationship and seek care from another provider.

Regardless of the reason, the WMC recommends that practitioners act professionally and take ~~appropriate~~ steps as appropriate to properly terminate the practitioner-patient relationship.

To properly terminate the practitioner-patient relationship, the practitioner should provide notice to the patient that the practitioner-patient relationship has been terminated. The notice should include the following elements:

1. A statement that the practitioner-patient relationship is terminated;

2. Except where the patient has displayed disruptive or threatening behavior toward the practitioner, office staff or other patients, a statement that the practitioner will continue to provide emergency treatment and access to services for a reasonable time, such as 30 days from the date of the notice, to allow the patient to secure care from another practitioner; and

3. An offer to transfer records to a new practitioner upon the patient's signed authorization to do so, or providing the records directly to the patient, unless excluded by RCW 70.02.090.

There is no legal reason for a practitioner to provide a reason for the termination of the relationship, but the practitioner may choose to do so depending on the circumstances. ~~The practitioner should~~

~~consider providing the patient with the names of other practitioners, with their consent, or provide physician referral resources.~~ Under appropriate circumstances, the practitioner may choose to provide the patient with physician referral sources.

The notice should be sent in one of the following ways:

1. A letter sen~~d~~t via certified mail, return receipt requested, to the last address for the patient on record, with a copy of the letter, the certified return receipt, and the mail delivery receipt maintained in the patient record; or

2. An electronic message sent via a HIPAA-compliant electronic medical record system or HIPAA compliant electronic health record system that provides a means of electronic communication between the health care entity and the patient, is capable of sending the patient a notification that a message has been received ~~and~~ is in the patient's portal, and is capable of notifying the sender that a message has ~~not been viewed~~ or has not been viewed. If the electronic message is not viewed within ten days, the practitioner should send a letter as recommended, above.

Following these recommendations will help a practitioner meet the ethical and legal obligations to a patient, and help avoid a complaint to the WMC that a practitioner abandoned a patient.

DRAFT

Policy Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Self-Treatment or Treatment of Immediate Family Members		POL2022-0x
References:			
Contact:	Washington Medical Commission		
Phone:	(360) 236-2750	E-mail:	medical.commission@wmc.wa.gov
Supersedes:	MD2013-03		
Effective Date:	March		
Approved By:	John Maldon, Chair (signature on file)		

The Washington Medical Commission (~~commission~~WMC) believes that practitioners generally should not treat themselves or members of their immediate families.[1] Professional objectivity may be compromised when an immediate family member or the practitioner is the patient; the practitioner's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.

Practitioners may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the practitioner is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients.

When treating themselves or immediate family members, practitioners may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a practitioner's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the practitioner.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another practitioner or decline a recommendation for fear of offending the practitioner. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, practitioner may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified

[1] This policy is taken largely from the American Medical Association Code of Ethics Opinion 1.2.1.

practitioner available, practitioners should not hesitate to treat themselves or family members until another practitioner becomes available. In addition, while practitioners should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Documentation of these encounters should be included in the patient's medical records.

Except under the limited circumstances described above, practitioners should not access the medical records of themselves or their family members. Practitioners can always access records through the appropriate use of a patient portal.

Practitioners should be aware that RCW 18.130.180(6) prohibits practitioners from prescribing controlled substances to themselves. The Commission strongly discourages practitioners from prescribing controlled substances to their family members.

DRAFT

Staff Reports: March 2022

Melanie de Leon, Executive Director

Staff continues to work from home and will for the foreseeable future. While mask mandates are being lifted, we still do not have the green light for staff to return to our office space. Once that happens, those staff members who want to work in the building will be able to return. Most staff will continue to WFH and only go into the office building when necessary. Once the Governor allows, we will return to in-person Commission meetings. We are trying to accommodate a hybrid model for Commissioners for these meetings, but we have not been able to test our equipment to see if that will work well.

Mr. Maldon, Micah, and I met with WSMA's Executive Leadership. We shared how we improved our licensing processes including updating the application, removing some of the documents applicants must provide us, increased staffing to decrease timelines and enhance customer service, and went to a paperless process. I believe it was a very informative meeting.

Micah Matthews, Deputy Executive Director

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

Legislative session 2022 continues virtually with the cut offs flying past. The House and Senate budgets were released on President's Day. At this point, there appear to be no negative fiscal impacts in those budgets. Amendment process and negotiations could change that outlook. However, the WMC has kept a low legislative profile this year and it appears that holds true in both the fiscal and policy arenas.

I am working with a group of WMC, Nursing Care Quality Assurance Commission, and DOH legal staff to review and propose updates to the Uniform Disciplinary Act and/or propose rules to clarify the authority housed in the act. If any legislative proposals result from the discussions, the earliest draft would be reviewable by June 2022.

Work has begun again on the HELMS regulatory database replacement project with the new vendor, MTX. The initial restart will focus on demonstrating how the end-to-end license application pathway will look for an applicant and for the staff processing the application. More updates on that progress may be forthcoming after March. The new target implementation date for HELMS is June 2023.

Amelia Boyd, Program Manager

Recruitment

We are seeking a Psychiatrist to serve as a Pro Tem Member. 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.

On June 30, 2022 we will have the following vacancies:

- Congressional District 3 – Alden Roberts, MD – not eligible for reappointment
- Congressional District 5 – April Jaeger, MD – eligible for reappointment
- Congressional District 9 – Robert Small, MD – not eligible for reappointment
- Physician-at-Large – Charlie Browne, MD – not eligible for reappointment
- Physician Assistant – James Anderson, PA-C – not eligible for reappointment
- Public Member – Toni Borlas – not eligible for reappointment
- Public Member – John Maldon – not eligible for reappointment
- Public Member – Yanling Yu, PhD – not eligible for reappointment

The application deadline for these positions is March 25, 2022. More information about this recruitment, including a link to the application, can be found on our website.

Mike Hively, Director of Operations and Informatics

The Operations and Informatics team filled the Non-Permanent Forms and Records Analyst 3 recruitment and are excited to welcome Chris Knight to the team starting March 1st. The Management Analyst 4 recruitment remains open until filled.

Unit Accomplishments Include:

Digitally Archiving

- 584 MD licenses.
    - Previous unreported data shows an additional 540 MD licenses archived.
- 574 PA licenses.
- 182 BT closures.
- Approximately 1850 census forms.
- Over 100 active MD licenses consolidated on unit shared drives.

Data Requests/Changes

- 765 open/closed case inquiries.
- 497 licensee address changes.

Demographics

- Entered approximately 1800 census forms into the IRLS database.
    - Cleared Opinio survey data following IRLS entries.
- Conducted 825 secondary census contacts.

Mike Hively, Director of Operations and Informatics continued

Operation & Informatics staff continue to review census data daily for accuracy. Additionally, we continue to improve our unit's privilege/exemption log templates and letters needed to accurately document and communicate protected data. Lastly, we continue to assist HELMS liaison Dawn Thompson by providing historic census data and other materials pertinent to the project.

Morgan Barrett, MD, Medical Consultant

On behalf of the Compliance Unit, I want to thank Rick Glein and Kyle Karinen for their collaboration and advice on several recent contentious Respondents. The Commission is very fortunate to have you, as are we in Compliance.

George Heye, MD, Medical Consultant

Nothing to report.

Rick Glein, Director of Legal Services

Summary Suspensions:

In re Joseph A. Sutton, PA, Case No. M2021-1004. On February 9, 2022, the Commission filed an Ex Parte Motion for Summary Action and Statement of Charges (SOC). On February 14, 2022, the Commission served an Ex Parte Order of Summary Action*, summarily suspending Mr. Sutton's physician assistant license based on allegations related to sexual misconduct, abuse of a patient, practice below the standard of care, and unauthorized use and disclosure of protected health information. Mr. Sutton has not filed an Answer to the SOC as of the writing of this staff report.**

In re Paul J. Roesler, MD, Case No. M2021-900. On February 9, 2022, a Health Law Judge (HLJ), by delegation of the Commission, ordered that Dr. Roesler's medical license be suspended pending further disciplinary proceedings.* The SOC alleges Dr. Roesler surrendered his Florida license while under investigation for failure to identify or diagnose a retained sponge in imaging. Dr. Roesler has not filed an Answer to the SOC as of the writing of this staff report.**

In re Bhanoo Sharma, MD, Case No. M2021-756. On February 10, 2022, a HLJ, by delegation of the Commission, ordered that Dr. Sharma's medical license be suspended pending further disciplinary proceedings.* The SOC alleges that in January 2021 the Oregon Medical Board entered a Stipulated Order through which Dr. Sharma surrendered his Oregon license while under investigation. The underlying conduct in the Stipulated Order included negligence in Dr. Sharma's medical care to four patients and inadequate and dangerous responses to adverse events. Dr. Sharma has not filed an Answer to the SOC as of the writing of this staff report.**

In re Morton I. Hyson, MD, Case No. M2021-662. 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 has not filed an Answer to the SOC as of the writing of this staff report.**

In re Nick Greenwood, MD, Case No. M2021-901. 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 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 has not filed an Answer to the SOC as of the writing of this staff report.**

In re Jedidiah J. Malan, MD, Case No. M2021-899. On February 18, 2022, a HLJ, by delegation of the Commission, ordered that Dr. Malan's medical license be suspended pending further disciplinary proceedings.* The SOC alleges Dr. Malan was charged in the State of Alaska with one count of Attempted Murder 1 – Intent to Cause Death; two counts of Assault 2 – Injury with Weapon, Intent; two counts of Assault 3 – Repeat Threat of Death/Injury; two misdemeanor counts of Assault 4 – Cause Fear of Injury; one misdemeanor count of Interfere with Report of DV Crime; and one count Kidnapping – To Commit Felony or Escape. The SOC further alleges the Alaska Medical Board entered an Order in May 2021 suspending Dr. Malan's medical license. Dr. Malan has not filed an Answer to the SOC as of the writing of this staff report.**

* A license holder's request for a show cause hearing must be filed within twenty days of the service of the summary action. Within forty-five days of a determination by the panel to sustain the summary suspension or place restrictions on the license, the license holder may request a full hearing on the statement of charges on the merits of the disciplining authority's decision to suspend or restrict the license. A full hearing must be provided within forty-five days of receipt of the request for a hearing, unless stipulated otherwise.
WAC 246-11-340.

**The license holder or applicant 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 Tamara Towers, MD, Case No. M2020-1041. Final Order of Default (Failure to Respond).*** In October 2021, the Commission served Dr. Towers with a Notice of Intent to Order Investigative Medical Examination (NOI). Dr. Towers failed to timely respond to the NOI. In November 2021, the Commission served Dr. Towers with an Order for Investigative Mental Examination which required Dr. Towers to make an appointment for the examination within seven days of receiving the Order. Dr. Towers did not make an appointment for the examination. In December 2021, the Commission filed a SOC alleging that Dr. Towers

committed unprofessional conduct under RCW 18.130.180(9) when she failed to respond to an order issued by the Commission. Dr. Towers did not file an Answer to the SOC, and the Adjudicative Clerk Office issued a Notice of Failure to Respond. A Final Order of Default was served on January 13, 2022, indefinitely suspending Dr. Tower's medical license.****

In re Rajninder Jutla, MD, Case No. M2021-178. Agreed Order. In June 2020, the Commission summarily suspended Dr. Jutla's medical license under Case No. M2020-230 based on the Oregon Medical Board's Default Final Order that revoked Dr. Jutla's Oregon medical license in March 2020. Subsequent to the Commission's Order of Summary Suspension, Dr. Jutla continued to practice medicine in violation of the summary order. In March 2021, the Commission filed a SOC. In October 2021, the Commission issued an Amended SOC alleging Dr. Jutla's Washington state medical license status was changed from summarily suspended to indefinitely suspended based on a Final Order in Case No.
M2020-230; instances and admissions of practicing while suspended; and misrepresentation in communications to state medical boards, the DEA, and patients. An Agreed Order was approved by the Commission on February 11, 2022, in which Dr. Jutla remains subject to the terms and conditions in the April 2021 Final Order under Case No. M2020-230; agrees to undergo a multidisciplinary forensic assessment to determine whether she is fit to practice as a physician and undertake all treatment recommendations; and attend personal appearances. Dr. Jutla may petition the Commission to terminate the Agreed Order after successful and full completion of the multidisciplinary assessment and subsequent recommendations and assessments.

In re Ati U. Yates, MD, Case No. M2021-49. Final Order (Waiver of Hearing).*** On February 19, 2021, a HLJ, by delegation of the Commission, ordered that Dr. Yates' medical license be summarily suspended pending further disciplinary proceedings. The SOC alleges that on or about July 10, 2020, Dr. Yates entered into a Stipulated Order with the Oregon Medical Board surrendering her license to practice as a physician and surgeon in that jurisdiction while under investigation for unprofessional conduct. Dr. Yates waived her right to hearing or settlement on this matter. A Final Order was served on January 6, 2022, indefinitely suspending Dr. Yates' medical license.**** Dr. Yates may petition the Commission to terminate the Final Order subsequent to termination of the Oregon Stipulated Order.

In re Earl D. Bardin, MD, Case No. M2020-709. Final Order (Waiver of Hearing).*** On April 14, 2021, the Commission served Dr. Bardin with a SOC alleging Dr. Bardin did not provide a patient with requested medical records after closing his practice in 2019. A WMC investigator was unable to get ahold of Dr. Bardin by phone or mail. Mailed letters of cooperation were returned to WMC as "unclaimed" and "unable to forward". Dr. Bardin filed an Answer to the SOC on May 4, 2021, denying the majority of the factual allegations in the SOC and affirmatively waived his opportunity for a hearing on this matter. Dr. Bardin submitted a written statement and materials he wanted the Commission to consider in the disposition of the case. A Final Order was served on January 6, 2022, which reprimands Dr. Bardin for his willful and knowing refusal to provide the statement and information to WMC's investigator. Dr. Bardin's Washington state medical license expired December 2021. But for his retirement

from the active practice of medicine in Washington state, the Commission would have imposed a greater sanction.

In re Paul E. Kaplan, MD, Case No. M2020-553. Final Order (Waiver of Hearing).*** On October 15, 2020, the Commission summarily suspended the medical license of Dr. Kaplan. The SOC alleges the Medical Board of California entered into a Decision and Order wherein Dr. Kaplan surrendered his California license while under investigation for unprofessional conduct including negligence in the care of patients; excessive prescribing; prescribing of controlled substances without proper examination or medical indication; and failure to maintain adequate medical records. Dr. Kaplan waived his opportunity for settlement and a hearing in his case with the WMC. A Final Order was served January 6, 2022, indefinitely suspending Dr. Kaplan's medical license.**** Dr. Kaplan may petition the Commission to terminate the Final Order upon reinstatement of his license in California State.

In re Verner Stillner, MD, Case No. M2020-552. Final Order (Waiver of Hearing).*** 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 waived his opportunity for settlement and a hearing in his case with the WMC. A Final Order was served January 6, 2022, indefinitely suspending Dr. Stillner's medical license.**** Dr. Stillner may petition the Commission to terminate the Final Order if he decides to resume practice in Washington state.

In re Thomas B. Clark, III, MD, Case No. M2020-406. Final Order.*** In April 2021, the Commission served a SOC alleging Dr. Clark committed unprofessional conduct in violation of the Uniform Disciplinary Act and RCW 68.50.105, which requires coroners and medical examiners to meet with decedent's family to discuss the findings of an autopsy or postmortem examination. A hearing on the merits of the SOC was held December 13-14, 2021. A Final Order was issued January 26, 2022, dismissing the charges.

***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.

Item of Interest:

On January 26, 2022, Rick met virtually with Dr. Chris Bundy, Washington Physician Health Program (WPHP), for their quarterly meeting to introduce our two newest staff attorneys, Kelly and Joel, 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.

Rick Glein, Director of Legal Services continued

In February, Rick met twice with DOH's Drug Response Team (formerly known as the Opioid Overdose Response Team). Rick shared how the WMC Legal team has been trying to craft summary suspension/restriction pleading language to ensure that patients are notified of the suspension/restriction. The new language would also require respondents to provide two or three referrals for patient transfer of care. Part of Rick's responsibility would be to notify the Drug Response Team and Local Health Jurisdictions regarding qualifying summary cases. The Executive Sponsor will be either Dr. Kwan-Gett or Dr. Bob Lutz.

Mike Farrell, Policy Development Manager

Freda Pace, Rick Glein, and I will make a presentation at the WAMSS meeting on April 29. The topic will be how the WMC processes a complaint.

Freda Pace, Director of Investigations

CMT Sign-up for 2022

Beginning mid-April, we have several clinical slots vacant for CMT. Please remember, if you sign up for a CMT slot and you realize later that you have a schedule conflict, requiring you to remove your name, please immediate notify Chris Waterman via email: chris.waterman@wmc.wa.gov. This courtesy notification will allow Chris an opportunity to fill any last-minute vacancy needs. Thank you all for your participation.

Jimi Bush, Director of Quality and Engagement

Engagement:
We are currently hosting a patient focused webinar series leading up to patient safety awareness week on March 13th - 19th. Topics Include:
How Can the WMC Help You? - Completed on February 15th
Presenters: John Maldon, April Jaeger, Freda Pace, Melanie de Leon
View the Recording

How to Research your Healthcare Provider
Date: TBD
Speakers: Micah Matthews, Christine Blake

Healthcare 101: How to be an Informed Patient
March 1 12:00 – 1:00 PM PST
Speakers: John Maldon, Diana Currie, Claire Trescott, Melanie de Leon

Your Rights as a Patient
March 15th, 11:00 – 12:00 PM PST
Speakers: Mahi Zeru, Melanie de Leon, Diana Currie

Jimi Bush, Director of Quality and Engagement

We do have a few topics that were identified as important but have not finalized a panel. If you are interested or have a speaker suggestion, please let me know ASAP and we can work out these learning objectives based on needs and expertise.

1. What do patients lie to their doctors about? Jimi would provide a presentation of data about common elements that patients do not disclose or do not fully disclose (Sex, Smoking, Alcohol are the common ones) to their doctors. It would be nice to have a clinician there to discuss why it is important to not lie to your healthcare provider.
2. Doctor Patient Communication: benefits of effective communication, challenges and tips for effective communication.
3. Sexual Misconduct: What is sexual misconduct in a healthcare setting? How do you file a complaint about sexual misconduct? What is the investigative process when sexual misconduct is alleged?

More information about these events and registration can be found on our website. Please share widely.

Quality:
We are currently working with each working unit to facilitate the execution of the strategic plan and develop a draft road map. We are building a SharePoint site where progress can be tracked and viewed by WMC members and staff.

Marisa Courtney, Licensing Manager

Total licenses issued from 01/01/2022- 02/22/2022= 485

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	1
Physician And Surgeon Fellowship License	2
Physician And Surgeon Institution License	0
Credential Type	**Total Workflow Count**
Physician And Surgeon License	295
Credential Type	**Total Workflow Count**
Physician and Surgeon License Interstate Medical Licensure Compact	72
Physician And Surgeon Residency License	2
Physician And Surgeon Teaching Research License	1
Physician And Surgeon Temporary Permit	19
Physician Assistant Interim Permit	0
Physician Assistant License	83
Physician Assistant Temporary Permit	9
Totals:	**485**

Information on Renewals: December Renewals- 75.39% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	29	29
MD	817	256	1073
MDRE	0	0	0
MDTR	2	2	4
PA	155	1	186
	75.39%	**24.61%**	**100.00%**

Information on Renewals: January Renewals-75.15% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	39	29
MD	965	292	1257
MDIN	0	1	1
MDTR	6	2	8
PA	136	32	168
	75.15%	**24.85%**	**100.00%**

WASHINGTON Medical Commission
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Panel A
Personal Appearance Agenda

Friday, March 4, 2022

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/792815789

Panel Members:	Jimmy Chung, MD, Panel Chair	Scott Rodgers, Public Member
	James Anderson, PA-C	Robert Small, MD
	Charlie Browne, MD	Richard Wohns, MD
	Anjali D'Souza, MD	Sarah Lyle, MD
	Yanling Yu, PhD, Public Member	Harlan Gallinger, MD
Compliance Officer:	Anthony Elders	

9:45 a.m.	**Gregory E. Gray, MD** Attorneys: Pro Se	M2020-1031 (M2020-8624) RCM: Robert Small, MD SA: Mike Farrell
10:30 a.m.	**Daniel P. Elskens, MD** Attorn: Pro Se	M2020-546 (M2019-15925) RCM: Richard Wohns, MD SA: Mike Farrell
11:15 a.m.	**Jessica A. Feinman, MD** Attorneys: Pro Se	M2018-471 (M2018-1850) RCM: Robert Small, MD SA: Joel DeFazio
Lunch Break		
1:15 p.m.	**Jordan G. Graybill, MD** Attorney: Jamie Valentine	M2020-545 (M2019-14200) RCM: Alan Brown, MD SA: Joel DeFazio
2:00 p.m.	**Naiyer Imam, MD** Attorney: Pro Se	M2020-694 (M2019-17785) RCM: Jimmy Chung, MD SA: Mike Farrell
2:45 p.m.	**Andrew L. Kominsky, MD** Attorney: Pro Se	M2017-52 (M2016-4563 et al.) RCM: Robert Small, MD Charlotte Lewis, MD SA: Joel DeFazio

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WASHINGTON Medical Commission
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Panel B
Personal Appearance Agenda

Friday, March 4, 2022

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 Blake, Public Member
John Maldon, Public Member
Terry Murphy, MD
Alden Roberts, MD
Arlene Dorrough, PA-C
Claire Trescott, MD

Compliance Officer: Mike Kramer

9:45 a.m.	**Rutherford P. Hayes, MD** Attorney: Pro Se	M2018-197(2017-8062) RCM: Claire Trescott, MD SA: Kelly Elder
10:30 a.m.	**Warren L. Dinges, MD** Attorney: Pro Se	M2017-668 (2017-6745) RCM: John Maldon SA: Colleen Balatbat
11:15 a.m.	**David D. True, MD** Attorneys: Jane J. Liu Levi S. Larson	M2020-1029 (2020-7962) RCM: Gregory Terman, MD SA: Kelly Elder
LUNCH BREAK		
1:15 p.m.	**Aaron N. Sartin, MD** Attorney: Pro Se	M2020-833 (2020-4250) RCM: April Jaeger, MD SA: Trisha Wolf
2:00 p.m.	**Vee S. Yoong, PA-C** Attorney: Pro Se	M2020-543 (2020-2172) RCM: Daniel Flugstad, MD SA: Gordon Wright
2:45 p.m.	**Eduardo R. Valenzuela, PA-C** Attorney: Pro Se	M2010-907 (2010-14651) RCM: Theresa Schimmels, PA-C SA: Trisha Wolf