

WASHINGTON  
**Medical  
Commission**

Licensing. Accountability. Leadership.



Regular Meeting  
May 25-26, 2023  
1st Revised



# FORMAL HEARING SCHEDULE



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

Hearing	Respondent	Case No.	Location
<b>2023 May</b>			
8-May	Kimura, Irene, MD	M2020-930	Virtual
24-May <b>through</b> 26-May	Eggleston, Richard, MD	M2022-204	Virtual
<b>2023 June</b>			
15-June <b>through</b> 16-June	Wingfield, Guito, MD	M2022-502	TBD
<b>2023 July</b>			
20-Jul	Ilg, Ron, MD	M2022-712	TBD
28-Jul	Pothini, Gouri, MD	M2022-852	TBD
<b>2023 August</b>			
3-Aug <b>through</b> 4-Aug	Pugh, Steven, MD	M2022-611	TBD
18-Aug	Alhafez, Fadi, MD	M2021-656	TBD
22-Aug <b>through</b> 23-Aug	Aljumaili, Wisam, MD	M2021-444	TBD
31-Aug	Riyaz, Farhaad, MD	M2022-716	TBD

Hearing	Respondent	Case No.	Location
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<b>2023 September</b>			
25-Sept <b>through</b> 29-Sept	Cole, Ryan, MD	M2022-207	TBD
<b>2023 October</b>			
5-Oct <b>through</b> 6-Oct	Ruiz, Nathaniel, MD	M2022-846	TBD
10-Oct <b>through</b> 13-Oct	Washington, William, MD	M2021-755	TBD
<b>2023 November</b>			
2-Nov	Smith, Steven L., MD	M2022-722	TBD
6-Nov <b>through</b> 10-Nov	Bauer, William, MD	M2022-53	TBD
28-Nov <b>through</b> 30-Nov	Antonatos, Miguel, MD	M2022-487	TBD

# Commission Meeting Agenda

## May 25-26, 2023 – 1<sup>st</sup> Revised



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

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (WMC) meetings. This agenda is subject to change. The Policy Committee Meeting will begin at 4:00 pm on May 25, 2023 until all agenda items are complete. The WMC will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on May 26, 2023 until all agenda items are complete. The WMC will take public comment at the Business Meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

*The WMC is providing a virtual option for members of the public for several of the open sessions on this agenda.*

**Virtual via Teams Webinar: Registration links can be found below.**

**Physical location: 111 Israel Rd SE, TC2 Room 145, Tumwater, WA 98501**

### Time Thursday – May 25, 2023

#### Closed Sessions

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

#### Open Session

#### 12:30 pm Lunch & Learn

To attend virtually, please **register** here: [WMC New Meeting Protocol](#)

#### New Meeting Protocol

*Staff will present information regarding how and when future WMC meetings will be held.*

#### Closed Sessions

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

#### Open Session

#### 4:00 pm Policy Committee Meeting

To attend virtually, please **register** here: [WMC Policy Committee Meeting](#)

Agenda Items	Presented By:	Page(s)
<b>Guidance Document: A Collaborative Approach to Reducing Medical Error and Enhancing Patient Safety</b> <i>Routine review as well as discussion and possible revisions.</i>	Mike Farrell	34-42
<b>Procedure: Processing CRP Certified Cases</b> <i>Routine review as well as discussion and possible revisions.</i>	Mike Farrell	43-44
<b>Report: High Reliability Organizations Workgroup</b>	Mike Farrell	NA

### Time Friday – May 26, 2023

#### Open Session

#### 8:00 am Business Meeting

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

#### 1.0 Chair Calls the Meeting to Order

## 2.0 Public Comment

The public will have an opportunity to provide comments. *If you would like to comment, please limit your comments to two minutes. Please identify yourself and who you represent, if applicable, when the Chair opens the floor for public comment. If you would prefer to submit written comments send them to [amelia.boyd@wmc.wa.gov](mailto:amelia.boyd@wmc.wa.gov) by May 24, 2023.*

## 3.0 Chair Report

## 4.0 Consent Agenda

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

4.1 Minutes – Approval of the April 14, 2023 Business Meeting minutes. Pages 4-6

4.2 Agenda – Approval of the May 26, 2023 Business Meeting agenda. Pages 7-10

## 5.0 New Business

5.1 **New Meeting Protocol** Report  
Overview of new meeting schedules and discussion of changes.

5.2 **Policy Committee & Business Meeting Dates for 2023** Action  
Discussion and vote on proposed meeting dates for the remainder of 2023. Page 11

5.3 **Policy Committee & Business Meeting Dates for 2024** Action  
Discussion and vote on proposed meeting dates for 2024. Pages 12-13

5.4 **Policy Committee & Business Meeting Dates for 2025** Action  
Discussion and vote on proposed meeting dates for 2025. Pages 14-15

## 6.0 Old Business

6.1 **Committee/Workgroup Reports** Update  
The Chair will call for reports from the Commission's committees and workgroups. Written reports begin on page 16.  
See page 17 for a list of committees and workgroups.

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

- Amelia Boyd, Program Manager, will request initiating the next step in the rulemaking process, CR-102, for [ESSB 5229](#) – Health Equity Continuing Education. Draft language Page 19

- Micah Matthews, Deputy Executive Director, will present a rulemaking request related to [WAC 246-919-330](#) Postgraduate medical training. Memo Page 20

6.3 **Bylaws** Action  
Review, discussion, and vote on revised Bylaws. Pages 21-23

6.4 **Lists & Labels Request**  
The Commission will discuss the request received for lists and labels, and possible approval or denial of this request. Approval or denial of this application 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)).

- CI Health Group, LLC

Pages 24-33

## 7.0 Policy Committee Report

Christine Blake, Public Member, Chair, will report on items discussed at the Policy Committee meeting held on May 25, 2023. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented.

Report/Action Begins on page 34

## 8.0 Member Reports

The Chair will call for reports from Commission members.

## 9.0 Staff Member Reports

The Chair will call for further reports from staff.

Written reports on pages 46-52

## 10.0 AAG Report

Heather Carter, AAG, may provide a report.

## 11.0 Leadership Elections

### 11.1 Restatement of Nominating Committee Report

Previously announced nominations for the following positions:

- Chair – Karen Domino, MD
- Vice Chair – Terry Murphy, MD
- Officer-at-Large
  - April Jaeger, MD
  - Ed Lopez, PA-C
  - Richard Wohns, MD

Report

### 11.2 Nominations from the floor

The Chair will call for other nominations for all positions from the panel of Commissioners.

Nominations

### 11.3 Election of Leadership

**For any position where there is more than one nominee, the panel of Commissioners will need to vote by roll call.**

Action

## 12.0 Installation of WMC Chair

12.1 Remarks by outgoing chair

12.2 Installation of Medical Commission Chair by outgoing chair

12.3 Remarks by incoming Chair

## 1.0 Adjournment of Business Meeting

### Open Sessions

9:45 am Personal Appearances – Panel A

Page 53

9:45 am Personal Appearances – Panel B

Page 54

### Closed Session

Noon to 1:00 pm High Reliability Organizations Workgroup Meeting

Teams Meeting

# Business Meeting Minutes

## April 14, 2023



WASHINGTON  
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Link to recording: [https://youtu.be/HTotBHE\\_WWo](https://youtu.be/HTotBHE_WWo)

### Commission Members

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

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

### WMC Staff in Attendance

Christine Babb, Investigator (Virtual)  
Colleen Balatbat, Staff Attorney (Virtual)  
Jennifer Batey, Legal Support Staff Manager  
Amelia Boyd, Program Manager  
Renee Bruess, RN, Investigator  
Kayla Bryson, Executive Assistant  
Jimi Bush, Director of Quality & Engagement  
Adam Calica, Chief Investigator  
Sarah Chenvert, Performance Manager  
Melanie de Leon, Executive Director  
Joel DeFazio, Staff Attorney  
Tanya Eberly, Complaint Intake Coordinator  
Mike Farrell, Policy Development Manager  
Gina Fino, MD, Investigator (Virtual)

Rick Glein, Director of Legal Services  
Marisa Courtney, Licensing Manager (Virtual)  
Mike Hively, Director Operations & Informatics  
Ken Imes, Information Liaison  
Kyle Karinen, Staff Attorney  
Shelley Kilmer-Ready, Legal Assistant (Virtual)  
Pam Kohlmeier, MD, JD, Attorney  
Lisa Krynicki, Staff Attorney  
Stephanie Mason, Public Relations & Legislative  
Liaison (Virtual)  
Micah Matthews, Deputy Executive Director  
Freda Pace, Director of Investigations  
Chris Waterman, Complaint Intake Manager

### Others in Attendance

Heather Cantrell, Policy Analyst, Department of  
Health (DOH) (Virtual)  
Chris Gerard, Assistant Attorney General  
Maria Higginbotham (Virtual)  
John Maldon, Public Member, Pro Tem (Virtual)

Hillary Norris, Policy Analyst, Washington State  
Medical Association (WSMA)  
Jeanne Peterson (Virtual)  
Georgine Robertshaw (Virtual)

#### 1.0 Call to Order

Karen Domino, MD, Chair Elect, called the meeting of the Washington Medical Commission (WMC) to order at 8:00 a.m. on April 14, 2023.

#### 2.0 Public Comment

Maria Higginbotham, provided comments regarding opioid prescribing in Washington State.

### 3.0 Chair Report

Dr. Domino, Chair Elect, had nothing to report.

### 4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the March 3, 2023 Business Meeting

4.2 Agenda for April 14, 2023.

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

### 5.0 Old Business

#### 5.1 WMC Statement

Micah Matthews presented the statement *WMC Supports State Protection of MDs and PAs Who Prescribe Mifepristone and Provide Reproductive Health Care*. The statement was discussed.

**Motion:** The Chair Elect entertained a motion to approve the statement as presented. The motion was seconded and approved unanimously.

### 6.0 Old Business

#### 6.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet. There were no additional reports.

#### 6.2 Nominating Committee

April Jaeger, MD, Committee Chair, reported the Committee nominates the following Commissioners for the following positions:

- Chair – Karen Domino, MD
- Chair Elect – Terry Murphy, MD
- Officer-at-Large – April Jaeger, MD; Richard Wohns, MD; or Ed Lopez, PA-C

The election of leadership will take place at the May 26, 2023, Business meeting.

#### 6.3 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. In addition to the written report, Micah Matthews, Deputy Executive Director, made the following request:

Expedited Rulemaking Rescinding Portions of [WAC 246-919-330](#). Mr. Matthews provided some background on this issue and information to support initiating rulemaking.

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

### 7.0 Policy Committee Report

Christine Blake, Public Member, Policy Committee Chair, asked Mike Farrell, Policy Development Manager to report on the items discussed at the Policy Committee meeting held on April 13, 2023. The agenda was as follows:



### **Interpretive Statement: Opioid Prescribing & Monitoring for Allopathic Physicians and Physician Assistants**

Mr. Farrell stated this document had been through Secretary review and presented the changes that were suggested as part of that review. He also presented some additional changes that were provided by staff. Since there were so many changes, the Committee recommended sending the revised document back to the Secretary's office for additional review.

**Motion:** The Chair entertained a motion to approve the document as presented for review by the Secretary's office. The motion was approved unanimously.

### **Interpretive Statement: Opioid Prescribing & Monitoring for Patients**

Mr. Farrell stated this document had been through Secretary review and presented the changes that were suggested as part of that review. He also presented some additional changes that were provided by staff. Since there were so many changes, the Committee recommended sending the revised document back to the Secretary's office for additional review.

**Motion:** The Chair entertained a motion to approve the document as presented for review by the Secretary's office. The motion was approved unanimously.

### **Possible Rulemaking: Comparing New CDC Guidelines to WMC Opioid Prescribing Rules**

Mr. Farrell stated that Gregory Terman, MD, former Pro Tem Commissioner, wrote a comprehensive paper comparing the [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) to the WMC's current opioid prescribing rules (for Physician Assistants: WAC [246-918-800](#) through [246-918-935](#); for allopathic Physicians (MDs): WAC [246-919-850](#) through [246-919-985](#)). Mr. Farrell asked Dr. Domino to speak on the recommendations from the Committee. Dr. Domino stated that the Committee recommended initiating rulemaking on three items:

1. Exempting patients with Sickle Cell Disease.
2. State in rule that not all chronic pain patients need to be tapered off opioids.
3. Clearer rules regarding biological specimen testing.

**Motion:** The Chair entertained a motion to initiate rulemaking on the above three areas. The motion was approved unanimously.

### **High Reliability Organizations (HiRO) Workgroup Report**

Mr. Farrell provided a report on the last meeting of the HiRO workgroup. The workgroup met with the investigators to discuss consistency in communication. The next workgroup meeting will be held at noon on April 14, 2023.

## **8.0 Member Reports**

No member reports were provided.

## **9.0 Staff Reports**

Melanie de Leon, Executive Director, stated that long-time Medical Consultant for the WMC, Dr. George Heye, will be retiring soon. She read a letter of thanks and congratulations from the Secretary of Health, Dr. Umair Shah. Ms. de Leon also read a proclamation from the Chair of the WMC, Dr. Jimmy Chung.

Freda Pace, Director of Investigations, stated that recently Chris Waterman had been promoted from Case Manager to Complaint Intake Manager. Mr. Waterman then introduced a new Complaint Intake Coordinator, Tanya Eberly. Ms. Eberly then spoke a bit about herself.

**10.0 AAG Report**

Chris Gerard, AAG, had nothing to report.

**11.0 Adjournment**

The Chair called the meeting adjourned at 8:40 am.

Submitted by

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Amelia Boyd, Program Manager

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Karen Domino, MD, Chair Elect  
Washington Medical Commission

Approved May 26, 2023

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](mailto:civil.rights@doh.wa.gov).

# 2023 Meeting Schedule



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Dates	Location	Meeting(s)
Friday June 30 10 am	Virtual	Policy: Interested Parties
Thursday July 13	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition Policy Committee
Friday July 14	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Business Personal Appearances
Thursday August 24	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition Personal Appearances
Friday September 29 10 am	Virtual	Policy: Interested Parties
Thursday October 5	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition
Friday October 6	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Commissioner Retreat
Friday October 13 10 am	Virtual	Policy Committee
Friday October 20 9 am	Virtual	Business
Thursday November 16	Capitol Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA	Case Disposition Personal Appearances
Friday December 8 10 am	Virtual	Policy: Interested Parties

## Association Meetings

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

## Other Meetings

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

# 2024 Meeting Schedule



WASHINGTON  
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Dates	Location	Meeting Type
January 4 10 am	Virtual	Policy Committee Meeting
January 11	Virtual	Case Reviews Personal Appearances
January 19 9 am	Virtual	Business Meeting
February 15	In-Person Location TBD	Case Reviews
March 7	In-Person Location TBD	Case Reviews Personal Appearances
March 21 10 am	Virtual	Interested Parties Policy Meeting
April 11 10 am	Virtual	Policy Committee Meeting
April 18	In-Person Location TBD	Case Reviews Personal Appearances
April 26 9 am	Virtual	Business Meeting
May 24	Virtual	Personal Appearances
June 6 10 am	Virtual	Interested Parties Policy Meeting
June 20	In-Person Location TBD	Case Reviews Personal Appearances
June 27 10 am	Virtual	Policy Committee Meeting
July 11	Virtual	Case Reviews Personal Appearances
July 19 9 am	Virtual	Business Meeting
September 12	In-Person Location TBD	Case Reviews Personal Appearances
September 19 10 am	Virtual	Interested Parties Policy Meeting
September 26 10 am	Virtual	Policy Committee Meeting

<b>October 3</b>	In-Person Location TBD	Case Reviews Personal Appearances
<b>October 11</b> 9 am	Virtual	Business Meeting
<b>November 14</b>	Virtual	Case Reviews
<b>December 5</b> 10 am	Virtual	Interested Parties Policy Meeting

# 2025 Meeting Schedule



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

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

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## Committee/Workgroup Reports: May 2023

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

The workgroup met in April and discussed adding language to communications with respondents telling them where they can get help with mental health issues; training for new Commission members; and creating questions for investigators to include in letters of cooperation. The workgroup will meet following the personal appearances on Friday.

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

No updates to report.



# Committees & Workgroups



WASHINGTON  
**Medical  
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## Executive Committee

**Chair: Dr. Chung**

**Chair Elect: Dr. Domino**

**Officer-at-Large: Dr. Murphy**

**Policy Chair: Christine Blake, PM**

**Immediate Past Chair: John Maldon, PM**

**Melanie de Leon**

**Micah Matthews**

**Heather Carter, AAG**

## Policy Committee

**Christine Blake, PM, Chair (B)**

**Dr. Domino (B)**

**Dr. Trescott (B)**

**Scott Rodgers, PM (A)**

**Ed Lopez, PA-C (B)**

**Heather Carter, AAG**

**Melanie de Leon**

**Mike Farrell**

**Amelia Boyd**

## Newsletter Editorial Board

**Dr. Currie**

**Dr. Chung**

**Dr. Wohns**

**Jimi Bush, Managing Editor**

**Micah Matthews**

## Legislative Subcommittee

**Dr. Chung, Chair**

**John Maldon, PM, Pro Tem Commissioner**

**Christine Blake, PM**

**Dr. Wohns**

**Melanie de Leon**

**Micah Matthews**

## Healthcare Disparities Workgroup

**Dr. Currie, Chair**

**Dr. Browne**

**Dr. Jaeger**

**Christine Blake, PM**

**Melanie de Leon**

## Panel L

**Dr. Chung, Chair**

**Christine Blake, PM**

**Arlene Dorrough, PA-C**

**Dr. Lyle**

**Dr. Wohns**

**Dr. Trescott**

**Dr. Browne, Pro Tem**

**John Maldon, PM, Pro Tem**

**Dr. Barrett, Medical Consultant**

**Marisa Courtney, Licensing Supervisor**

**Pam Kohlmeier, MD, JD, Staff Attorney**

**Micah Matthews**

## Finance Workgroup

**Dr. Chung, WMC Chair, Workgroup Chair**

**Dr. Domino, WMC Chair Elect**

**Melanie de Leon**

**Micah Matthews**

**Jimi Bush**

## High Reliability Workgroup

**Dr. Domino, Chair**

**Dr. Chung**

**Christine Blake, PM**

**Dr. Jaeger**

**Scott Rodgers, PM**

**Dr. Chang**

**Ed Lopez, PA-C**

**Dr. Lyle**

**Dr. Roberts, Pro Tem**

**John Maldon, PM, Pro Tem**

**Melanie de Leon**

**Mike Farrell**

**Pam Kohlmeier, MD, JD, Staff Attorney**

**Jimi Bush**

**Amelia Boyd**

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

PM = Public Member

WMC Rules Progress Report									Projected filing dates		
Rule	Status	Date	Next step	Complete By	Notes	Submitted in RMS	SBEIS Check	CR-101	CR-102	CR-103	
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	TBD	TBD	
SB 5229 - Health Equity CE	CR-101 filed	2/10/2023	Request initiating CR-102 at May 26 meeting	5/26/2023				Complete	July 2023	December 2023	
Expedited rulemaking - WAC 246-919-330	CR-105 approved	4/14/2023	File CR-105	June 2023				NA	NA		
Opioid Prescribing to align with CDC Guidelines	CR-101 approved	4/14/2023	File CR-101	August 2023				August 2023	TBD	TBD	

NEW SECTION (Physician Assistants)

**WAC 246-918-195 Health equity continuing education training requirements.** (1) A physician assistant must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician assistant completes count toward meeting applicable continuing education requirements in the same category specified in WAC 246-918-180.

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NEW SECTION (Physicians)

**WAC 246-919-445 Health equity continuing education training requirements.** (1) A physician must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician completes count toward meeting applicable continuing education requirements in the same category specified in WAC 246-918-460.

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**To: WMC Commissioners**

**From: Micah Matthews, Deputy Executive Director**

**Subject: Supplemental Request for Standard Rulemaking for WAC 246-919-330 and Additional Vote for Enforcement Discretion**

At the April 2023 meeting, the WMC voted to approve emergency rulemaking to address imminent workforce impacts of applicants coming from UW programs that would be eligible for board certification but not WMC licensure. (For full details, please see my memorandum on page 16 of the April [Business meeting packet](#)). This is due to a rule the WMC put in place in 2020 that reads:

*“A physician must complete two **consecutive** years of postgraduate medical training **in no more than two programs.**”*

After staff and AAG consultation, I am requesting supplementary actions from the WMC at the May 2023 Business meeting to mitigate negative impacts to applicants during the rulemaking process. As we are coming to the end of the Licensing busy season, which signals the start of the season where residents convert their limited licenses to full licenses at the conclusion of their training programs, these votes are time sensitive and necessary.

### ***Vote Request One: Approve Standard Rulemaking***

Emergency rulemaking, already approved by the WMC in April, provides a mechanism to put rules in place on a temporary basis for 120 days with the option to re-authorize for additional periods of time. This is contingent on the rulemaking body having a standard rulemaking process ongoing to address what is being accomplished in the emergency rules. I am requesting a vote of the WMC to authorize a standard rulemaking process for the same subject as the emergency rules – removing the requirement of two consecutive years in no more than two programs of graduate medical education.

### ***Vote Request Two: Approve Enforcement Discretion on WAC 246-919-330***

Based on AAG Carter’s advice, I am requesting the WMC formalize its decision to use its enforcement discretion to apply the following section of WAC 246-919-330 as written:

*“A physician must complete two ~~consecutive~~ years of postgraduate medical training ~~in no more than two programs.~~”*

With the two rulemaking processes ongoing and this enforcement discretion vote, you enable staff to update the relevant portions of the WAC while granting licenses to those that would otherwise qualify for a full physician license.

## Bylaws

### [Article I Purpose](#)

### [Article II Membership](#)

### [Article III Officers](#)

### [Article IV Meetings](#)

### [Article V Committees](#)

### [Article VI Amendments](#)

#### Article I: Purpose

The purpose of the Washington Medical Commission (Commission or WMC) is to protect the public by assuring the competency and quality of professional health care providers under its jurisdiction, by establishing and enforcing qualifications for licensure and standards of practice, by educating practitioners and the public, and, where appropriate, by disciplining and monitoring practitioners. The WMC exists to maintain and improve the quality of care provided to the patients of Washington. Rules, policies, and procedures developed by the Commission must promote the delivery of quality health care to the residents of the state of Washington.

#### Article II: Membership

##### 1. Commission Composition:

The 13 physicians, two physician assistants, and six public members of the Commission are appointed by the Governor to serve a four-year term. The WMC makes recommendations to the Governor concerning such appointments for clinical and public member positions. There must be at least one member from each of the congressional districts as specified in [RCW 18.71.015](#). Commissioners may be appointed by the Governor to a second term. When vacancies occur, the Chair of the WMC shall make recommendations to the Governor to assure appropriate specialties are represented. When the workload requires, the WMC may appoint *pro tempore* members from among those qualified to be members of the Commission. Governor appointed members and *pro tempore* members are considered state officers and eligible for full rights and remunerations due under state law. *Pro tempore* members may vote on discipline and licensing deliberations but are not eligible to vote on any other Commission business.

##### 2. Qualification for voting

- a. Only the 21 Governor-appointed members of the Commission are eligible to vote at business meetings of the WMC.
- b. All members of committees, subcommittees, *ad hoc* committees, and workgroups are eligible to vote on questions arising during deliberations within those groups.

### 3. Compensation and Reimbursement for Expenses:

- a. The WMC will compensate its members for performing the duties of the Commission in accordance with RCW 43.03.265.
- b. The WMC will reimburse its members for travel and other bona fide expenses in accordance with RCW 43.03.050 and 43.03.060
- c. The WMC shall adopt a protocol specifying the procedures for carrying out compensation and reimbursement and update it as necessary.

### 4. Removal:

A Commissioner may be removed from the WMC by the Governor as outlined in RCW 18.71.015.

### 5. Staff and Operations

- a. In accordance with [RCW 18.71.430](#) the WMC selects and manages its own Executive Director, whom is exempt from provisions of civil service law.
- b. The Executive Director is responsible for the overall management of WMC staff and operations including but not limited to performing all administrative duties and any other duties as delegated by the WMC.

## Article III: Officers

### 1. Officers:

The officers of the WMC shall consist of the Chair, Vice Chair, Officer-at Large, and the Immediate Past-Chair.

### 2. Elections/Terms of Office:

- a. The WMC shall elect its officers at its regular meeting immediately preceding the month of July.
- b. The term of office for all WMC officer positions is one year. A second consecutive term is permitted. Service in an officer position is to assure succession planning and leadership continuity.
- c. The new officers begin their terms at the meeting following [the](#) election. Upon agreement of the Chair and Chair-elect, terms may begin any time after the election of officers.

### 3. Duties of Officers:

- a. The Chair presides at all meetings of the WMC and has all powers and duties conferred by law, the Bylaws and commonly accepted practice consistent with state statutes. The Chair or a designee shall represent the WMC at official functions. The Chair shall approve and sign correspondence that reflects the position of the WMC on matters that are not purely administrative in nature, including correspondence with the Legislature and other government agencies on matters of policy. The Chair is an ex-officio member of all committees, without vote unless specifically designated a member of the committee.
- b. The ~~Chair-elect~~Vice Chair (and in order, ~~the Vice Chair~~Officer-at-Large, then Immediate Past-Chair) shall act in the capacity of the Chair when the Chair is absent, unavailable, has a conflict of interest, or is otherwise unable to serve.

### Vacancies:

If any officer position becomes vacant, the Executive Committee shall fill the vacancy by appointment of a qualified Commissioner, whose appointment, when ratified by the WMC, will be effective until the next election cycle. A qualified Commissioner is a Governor appointee.

## Article IV: Meetings

### 1. Regular Board Meetings:

- a. The WMC shall meet not less than four times a year, at such times and places as the Commission deems necessary and/or appropriate.
- b. Prior to the beginning of each calendar year the Chair will recommend to the WMC a schedule of dates and locations for regular Commission meetings during the forthcoming year. The WMC may modify the schedule as necessary.
- c. All meetings of the WMC shall be held in the letter and spirit of the Open Public Meetings Act, RCW 42.30. It is the intent of the WMC that all meetings of the WMC, other than executive sessions, licensing panels, case review panels, and other adjudicative deliberations, shall be open and public. All persons shall be permitted to attend any other public meetings of the WMC.

### 2. Special Board Meetings:

- a. The Chair may call a special meeting of the WMC at any time.
- b. The Commission, by simple majority vote, may call a special meeting at any time.
- c. Special meetings must be properly noticed as required by the Open Public Meetings Act, RCW 42.30, and shall be held in accordance with Article IV, 1.c above.

## 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.”

Bart Slaughter 975-590-8510 Randd@cihealthgroup.com  
 Primary Contact Name ↑ Phone ↑ Email ↑

Additional Contact Names (Lists are only sent to approved individuals) ↑ Website URL ↑  
 Www.cihealthgroup.com

CI Health Group, LLC 82-2183249  
 Professional Assoc. or Educational Organization ↑ Federal Tax ID or Uniform Business ID number ↑

106 N Denton Tap Rd Ste 210-106 Coppell, TX, 75019  
 Street Address ↑ City, State, Zip Code ↑

Verify medical provider credentialing for hospitals and medical groups in states associated with the Interstate Medical Licensure Compact

1. How will the lists be used? ↑

Physician and Surgeon License

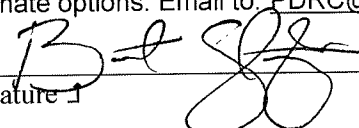
2. What profession(s) are you seeking approval for? ↑

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](mailto:PDRC@DOH.WA.Gov) Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

 5/10/2023  
 Signature ↑ Date ↑

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

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



Hello Dr.

Welcome to CI Health Group!

My name is Jovita and I will be assisting with your credentialing at Ochsner Hospital. I will be your point of contact as we work together on obtaining privileges for your upcoming assignment.

I have requested the credentialing application from the facility and will pre-complete it on your behalf before forwarding it to you for completion. While we wait for the facility to release the application, please begin to send the following supporting documents via email, if any of the items don't apply to you, please disregard.

- Current CV (mm/yyyy format) – ***please include all affiliations and any locum companies if applicable***
- Board Certification
- Education Certificates (Internship, Residency, Fellowship)
- ECMFG (if applicable)
- All state medical licenses
- DEA/CSR license
- DL/Passport
- CPR Certificates (ACLS, BLS, ATLS...)
- References (full name, email address, phone number)
- TB/PPD within the last 12 months
- Current Flu vaccine
- COVID 19 vaccine
- Immunizations
- Color Photo (for badge purposes)
- COIs/Malpractice of Insurance (coverage for the last 10 years)
- Procedure/Case Logs (also known as activity or patient encounter logs)
- CAQH and NPES login (username and password)

If you have any questions or concerns during this process, please don't hesitate to reach out.

I look forward to working with you and making this easy.

Thank you,

# Bart Slaughter (Health Systems Quality Assurance #R052029-051023)

## ▼ Health Systems Quality Assurance Details

---

Type of Record(s):                      Credentialing Documents | Other/Unknown (Provide description below) |

Is this a list request?:                      Yes

## ▼ Request Information

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Describe the Record(s) Requested:                      Active physician licensure records with primary specialties, out-of-state licenses, with date of birth and education/training history.

From Date:    1/1/2010

To Date:    5/10/2023

## ▼ Other Request Information

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Preferred Method to Receive Records:                      Electronic via Request Center

Modified Request Description:                      Summary of the public record desired that will be visible in the public archive if the request is published.

## ▼ Legacy ID

---

Request Legacy ID (Parent):

COVID-19 Related:                      No    Check if this request is related to COVID-19.

Multi-Divisional Request:                      No    Check if this request has records from multiple divisions

Internal Status:                                      List    This status is not visible to the requester.

## > Clarifications

---

## ▼ Extend Required Completion Date

---

Extend Required Completion Date:                      Select desired time and Save to adjust the Required Completion Date. Send a message to the requester to notify the requester after saving.

## > Appeal Information

---

## > Exemptions

---

## ▼ State Reporting Bill

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Changed Response Time:

Clarification Sought:

Installments:

Records Provided:

Scanned Docs:

Physical Records Provided:

Actual Completion Date:

Type of Requester: Organization

## ▼ List Request Details

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You have requested access to a list or lists of individuals. RCW 42.56.070(8) prohibits agencies from providing access to lists of individuals requested for commercial purposes (with the exception of recognized professional associations or educational organizations).

To receive the requested list, you must complete the declaration contained in Section 1 that you will not use the list for a commercial purpose. At a minimum, "commercial purposes" means that such lists are utilized to contact or affect such individuals to facilitate, in any manner, profit-expecting activity.

---

Select the appropriate options below.

Select the category you represent below: Recognized Professional Association or Educational Organization (For Commercial Purpose)

Approved professional associations or educational organizations recognized by the appropriate professional licensing or examination board may obtain a complete list including current residential address and residential telephone information of health care providers. Please note that associations or educational organizations must obtain prior approval. If this approval has not been established, additional processing may be required.

I declare that I and/or the entity I represent will not provide the list to other persons or organizations for any purpose.: Yes

---

The PRA at RCW 42.56.080 authorizes agencies to require a requester to provide information as to the purpose of a request "to establish whether inspection and copying would violate RCW 42.56.070(8)."

1. I am requesting the list of individuals on behalf of: Organization or Business

Name of organization or business: CI Health Group

Website address: www.cihealthgroup.com

Purpose of organization or business: Credentialing

The organization or business is a professional association or educational organization recognized by the professional licensing or examination board: Yes

The request is for a list of applicants for professional licenses and of professional licensees of the subject area of the association or organization:

Yes

2. The purpose in making this request for the list of individuals is:

To verify and credential physicians for locums work for hospitals and medical groups in states that are associated with the Interstate Medical Licensure Compact (IMLC).

3. I or the organization/business intend to generate revenue or financial benefit from using the list of individuals:

No

4. I or the organization/business intend to solicit money or financial support from any of the individuals on the list:

No

5. I or the organization/business intend to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities:

No

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Yes

> Days in Status (Internal - Updated Overnight)

Internal Fields

5 Day Letter Sent\*:

\* Please select **Yes** once you have sent the 5 Day letter.

\*\* If you are not closing this request at the same time the 5 day letter is being sent, you **MUST** update the **Required Completion Date** at the right with an estimated completion date.

5 Day Letter Date\*\*:

Estimated Completion Date:

Message History

Date

On 5/10/2023 1:12:48 PM, System Generated Message:

**Subject:** Health Systems Quality Assurance :: R052029-051023

Body:



Dear Bart Slaughter:

Thank you for submitting a public records request to the Washington State Department of Health. Your request has been received and is being processed in accordance with the State of Washington Public Records Act, Chapter 42.56 RCW. Your request was received in this office on 5/10/2023 and given the reference number R052029-051023 for tracking purposes. You will receive an official acknowledgement letter within 5 business days from this date.

Not all public documents are available in electronic format. If the document(s) requested are not available electronically, we will make them available for inspection or by paper copy in accordance with the Public Records Act, Chapter 42.56 RCW.

Sincerely,

Washington State Department of Health  
 Health Systems Quality Assurance  
 Public Records

To monitor the progress or update this request please log into the [DOH Online Public Records Center](#)



Track the issue status and respond at: [https://washingtondoh.govqa.us/WEBAPP/\\_rs/RequestEdit.aspx?rid=129575](https://washingtondoh.govqa.us/WEBAPP/_rs/RequestEdit.aspx?rid=129575)

On 5/10/2023 1:12:46 PM, Bart Slaughter wrote:  
 Request Created on Public Portal

**Request Details**

Reference No: R052029-051023  
 Create Date: 5/10/2023 1:12 PM  
 Update Date: 5/10/2023 2:22 PM

Completed/Closed: No  
Required Completion Date: 5/17/2023

Status: Received  
Priority: Low  
Assigned Dept: Health Systems Quality Assurance  
Assigned Staff: LIA MILLER

Customer Name: Bart Slaughter  
Email Address: randd@cihealthgroup.com  
Phone: 9725908510

Source: Web

## Boyd, Amelia (WMC)

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**From:** Miller, Lia M (DOH)  
**Sent:** Wednesday, May 10, 2023 2:46 PM  
**To:** Boyd, Amelia (WMC)  
**Subject:** application for an organization to receive lists  
**Attachments:** 1512\_230510153143\_001.pdf; EMAIL.pdf; Provider Intro Mailer.pdf; PRR CI HEALTH GROUP.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good Afternoon,

Attached is an application along with supporting documentation for an organization to receive lists.

### Lia Miller

Forms & Records Analyst 3  
Public Disclosure Office  
Center for Facilities Risk & Adjudication  
Washington State Department of Health

[Lia.miller@doh.wa.gov](mailto:Lia.miller@doh.wa.gov)

[doh.wa.gov](http://doh.wa.gov) | 360-236-4836



## Miller, Lia M (DOH)

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**From:** DOH HSQA PDRC External Requests  
**Sent:** Wednesday, May 10, 2023 2:21 PM  
**To:** Miller, Lia M (DOH)  
**Subject:** FW: Application for Approval to Receive Lists  
**Attachments:** 1512\_230510153143\_001.pdf; Provider Intro Mailer.pdf

**Richard Stringfellow** 

Gender Pronouns: he/him  
Forms and Records Analyst 3  
Center for Facilities, Risk and Adjudication  
Public Disclosure Office  
Washington State Department of Health  
[richard.stringfellow@doh.wa.gov](mailto:richard.stringfellow@doh.wa.gov)  
Office: 360-236-4832  
Cell: 564-669-3171 | [www.doh.wa.gov](http://www.doh.wa.gov)  
Deaf or hard of hearing call 711



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**From:** R & D <[randd@cihealthgroup.com](mailto:randd@cihealthgroup.com)>  
**Sent:** Wednesday, May 10, 2023 1:52 PM  
**To:** DOH HSQA PDRC External Requests <[PDRC@DOH.WA.GOV](mailto:PDRC@DOH.WA.GOV)>  
**Subject:** Application for Approval to Receive Lists

External Email

Good afternoon,

I've attached the List Request Application. I work with a small team that assists medical providers in licensing and credentialing processes to work for the hospitals and medical groups we represent. Our goal is to help as many providers complete the credentialing process as efficiently (and stress-free) as possible so that they may focus solely on providing the best quality healthcare to patients in communities across the country, especially in states that are associated with the Interstate Medical Licensure Compact.

My request reference number is R052029-051023



I've attached a pdf as an example of the content that is sent to providers to initiate the credentialing process. If you need any additional information to successfully complete the application approval process, please let me know, and I will provide that asap. Thank you for your assistance and have a wonderful week.

Working with you,



**Bart Slaughter**

Creative Director, CI Health Group

---

📞 972-590-8510

📱 214-546-2073

✉️ [bslaughter@cihealthgroup.com](mailto:bslaughter@cihealthgroup.com)





## A Collaborative Approach to Reducing Medical Error and Enhancing Patient Safety

*“We need to quit blaming and punishing people when they make mistakes and recognize that errors are symptoms of a system that’s not working right, and go figure out and change the system so no one will make that error again, hopefully. We have to change the culture, so everyone feels safety is his or her responsibility, and identifies hazards before someone gets hurt.”*

**-Lucian Leape, MD**

Adjunct Professor of health policy, Harvard School of Public Health  
Co-Founder, National Patient Safety Foundation

### Purpose

The Washington Medical Commission (Commission) adopts this Guidance Document to collaborate with the health care system to reduce medical error<sup>i</sup> and enhance patient safety. This document replaces previous Commission policies to provide a more comprehensive approach to the Commission’s efforts to reduce medical error.<sup>ii</sup>

### Background

Medical errors continue to be a leading cause of death in the United States.<sup>iii,iv</sup> In its seminal report, *To Err is Human: Building a Safer Health System*, the Institute of Medicine (IOM) studied other high-risk industries that have taken a systems approach to improving safety, and concluded that the most effective way to reduce error and improve patient safety is not to blame individuals, but to create an environment that encourages organizations to identify errors, evaluate causes, and take appropriate actions to prevent future errors from occurring.<sup>3,v,vi</sup>

Leading national patient safety advocates such as Lucian Leape, MD, have proposed going beyond the IOM’s recommendations and building momentum for a “just culture” in medicine-- a culture that is open, transparent, supportive and committed to learning; a culture centered on teamwork and mutual respect, where every voice is heard and every worker is empowered to prevent system breakdowns and correct them before they occur; where patients and families are fully engaged in their care; and where caregivers share information openly about hazards, errors and adverse events.<sup>vii, viii,ix,x,xi</sup> Communication and Resolution Programs have shown great promise in providing a structure to employ these principles to reduce medical error.

Despite the efforts of many organizations across the country to develop initiatives to enhance patient safety, progress has been slow and insufficient.<sup>7,8</sup> Medical errors remain vastly underreported.<sup>xii,xiii,xiv</sup> Traditional malpractice and disciplinary systems are thought to impede progress by discouraging the reporting of errors, contributing to a culture of blame and a “wall of silence” in health care that inhibits learning and prevents systems change that is critical to reducing error.<sup>14,xv,xvi</sup> Dr. Leape calls on regulators to become a force for error reduction rather than a force for error concealment.<sup>15</sup>

The Commission is committed to its statutory mandate to protect the public through licensing, discipline, rule-making, and education. The Commission recognizes the limitations of the traditional disciplinary process to reduce error in a rapidly evolving health care delivery system. As health care becomes more patient-centered, team-based, and transparent,<sup>xvii</sup> a new regulatory model is needed, one that focuses less on punishment and more on improving systems and preventing error.<sup>xviii</sup> The Commission believes that a more effective regulatory approach is to work directly with entities in the health care system to foster open communication with patients, proactively prevent or reduce medical error and increase patient safety.<sup>xix</sup>

The Commission answers Dr. Leape’s call to become a force for error reduction rather than concealment through the following activities:

- Endorsing just culture principles. The Commission encourages institutions, hospitals, clinics and the health care system to adopt a just culture model to reduce medical error and make systems safer. Likewise, the Commission will use just culture principles in reviewing cases of medical error.
- Entering into a Patient Safety Collaboration with the Foundation for Health Care Quality to support and develop Communication and Resolution Programs throughout the state of Washington and to develop a process to handle such cases.
- Collaborating with the Foundation for Health Care Quality to develop a state-wide system to disseminate lessons learned from unanticipated outcomes and medical errors, fostering a learning culture in our state and making the entire health care system safer.

By taking these steps, the Commission collaborates with the health care system to reduce medical error, become a more effective regulator, and better meet its mandate to protect the public. This policy replaces previous Commission policies to provide a more comprehensive and effective approach to the Commission’s efforts to reduce medical errors.<sup>xx</sup>

## **The Commission Endorses a Just Culture Model for the Health Care System**

“Just culture” is a term describing an approach to reducing error in high-risk and complex industries by recognizing that errors are often the result of flawed systems, and that blaming individuals for human error does not make systems safer. A just culture describes an environment where professionals believe they will be treated fairly and that adverse events will be treated as opportunities for learning. A just culture encourages open communication so that near misses can serve as learning tools to prevent future problems, and adverse events can be used to identify and correct root causes. It holds individuals accountable for the quality of their choices and for reporting errors and system vulnerabilities, and holds organizations accountable for the systems they design and how they respond to staff behaviors.<sup>xxi,xxii,xxiii</sup>

In *To Err is Human*, the IOM detailed the efforts of high-risk industries, most notably aviation, in applying these principles with remarkable success.<sup>iii,xxiv</sup> The report called for applying these principles to health care, observing that health care is decades behind other high-risk industries in its attention to ensuring safety and creating safer systems.<sup>iii</sup> A just culture in healthcare recognizes that medical errors often involve competent providers in flawed systems, and encourages greater voluntary event reporting, open communication, learning and improvement of systems.<sup>18,21,xxv</sup> A just culture has no tolerance for reckless or intentional disregard of safe practices. In those instances, discipline is required. Since the IOM report, many healthcare organizations have adopted a just culture model in their systems and have experienced the benefits of increased event reporting and decreased medical error.<sup>xxvi,xxvii,xxviii</sup>

The Medical Commission endorses just culture principles and encourages institutions, hospitals, and clinics to adopt these principles to improve the health care system in the state of Washington.<sup>xxix</sup> As the healthcare delivery system becomes more patient-centered, team-based, and transparent, the employment of a just culture model is critical to making meaningful improvement in patient safety.

### **The Patient Safety Collaboration to Support Communication and Resolution Programs**

In 2013, the Commission and the Foundation for Health Care Quality (Foundation) signed a Statement of Understanding to form a Patient Safety Collaboration. (Attachment A) The purpose of the collaboration is for the Commission and the Foundation to work together to help the medical profession reduce medical error by supporting and promoting communication and resolution programs (CRPs). The collaboration also sets forth a process by which the Commission will handle cases that go through a CRP process.

#### **Communication and Resolution Programs**

CRPs promote a patient-centered response to unanticipated outcomes: when a patient is harmed by medical care, providers should be able to tell the patient exactly what happened, what steps will be taken to address the event, and how similar outcomes will be prevented. CRPs are a stark departure from the long-standing deny and defend posture following unanticipated outcomes.<sup>xiii,xxx,xxxi</sup>

CRPs are characterized by open and prompt communication; support for involved patients, families, and care providers; rapid investigation and closure of gaps that contributed to the unanticipated outcome; proactive resolution; and collaboration across all involved stakeholders. CRPs are based on just culture principles, and recognize that most medical errors are caused not by incompetent providers, but rather by the interaction between competent providers who have made a simple human error and faulty healthcare systems, processes, and conditions.

A CRP involves the following steps:

- Immediate reporting of unanticipated outcomes, both to the patient and family, and to the institution;
- Immediate investigation to determine the factors that led to the event;
- Communicating the findings of the investigation to the patient and the patient's family;

- Apology to the patient and, when appropriate, an offer of compensation or non-financial resolution;
- A change to the system to prevent the event from re-occurring; and
- Shared learning.

CRPs emphasize provider accountability. Providers must report unanticipated outcomes as soon as they occur, participate in efforts to understand whether the unanticipated outcome was due to medical error or system failure, and participate in efforts to prevent recurrences. CRPs do not tolerate reckless or intentional disregard of safe practices. CRPs have been used in a number of institutions and systems across the country with early success, and have the support of the Joint Commission and the Agency for Health Care Quality and Research.<sup>14,30,31,xxxii</sup>

### The Foundation for Health Care Quality

The Foundation is a non-profit organization that administers quality improvement programs. The Foundation uses clinical performance data as a tool, working with providers and hospitals to adopt evidence-based practices and improve patient safety.<sup>xxxiii</sup> The Foundation also houses the Washington Patient Safety Coalition, a collaboration of patient safety leaders who share best practices to improve patient safety and reduce medical errors.

In 2011, the Foundation received a grant from the Agency for Healthcare Research and Quality to form HealthPact. HealthPact is a program designed to improve communication in health care by (1) training healthcare providers to communicate better with each other and with patients, (2) working with stakeholders to create an ongoing learning community and implement best practices in their respective institutions, and (3) developing CRPs.

### The CRP Certification Process

The collaboration between the Commission and the Foundation led to the creation of an additional step in the standard CRP process: the formation of a CRP Event Review Board. This Board serves as a neutral panel to review and certify CRP events. The Board is composed of individuals from across the health care spectrum, including patient safety advocates, risk managers, insurers, and physicians.

When an unanticipated outcome occurs and an institution completes a CRP process, the institution may request an independent review by submitting an application for certification to the Board. The Board reviews the application and all relevant records and documents, and determines whether all key elements of the CRP process have been satisfied, particularly that the systems changes are appropriate and effective. If all the elements are fully satisfied, and patient safety has improved as a result, the Board will send a report back to the institution stating that the event is certified. This step provides an additional level of objective quality review of the CRP process.

## The Commission's Coordination with the CRP Process

When the Commission receives a complaint against a provider, and learns that the provider is participating in a CRP process, the Commission will exercise its discretion to decide whether to place the case on hold pending timely completion of the CRP process. The Commission will not place a case on hold if the provider's continued practice presents a risk to patients or if the Commission is concerned that patient safety will not be adequately addressed by the CRP. In such a case, the Commission will conduct a prompt investigation and take appropriate action to protect the public.

If the Commission places a CRP case on hold and then receives a report that the event has been certified, the Commission will exercise its discretion to determine whether to investigate the matter or to close the case. If the Commission determines that the CRP process has timely and thoroughly enhanced patient safety, including individual and system-level improvements, the Commission may close the case as satisfactorily resolved. If not, the Commission will promptly investigate the case and take appropriate action, if warranted.

The CRP process is limited to cases of human error. The CRP Event Review Board will not certify cases involving reckless or intentional conduct, gross negligence, sexual misconduct, boundary violations, patient abuse, drug diversion, criminal activity, and other unethical or unprofessional behavior.

## CRPs Benefit Patients and Families, Providers, and the Commission

The use of CRPs is a drastically different approach to medical error than the traditional system of secrecy, denial and defensiveness. CRPs provide patients with what they need after an unanticipated outcome: open and honest communication about what occurred, emotional first aid, accountability, an apology, remediation and compensation. Ultimately, CRPs have the potential to reduce medical errors and improve patient safety.

CRPs benefit providers by reducing the barriers to reporting medical errors. CRPs offer a safe environment for providers to disclose unanticipated outcomes, have an honest discussion with the patient and the patient's family, and work to improve systems, without undue fear of malpractice suits, professional discipline or personal embarrassment.<sup>xxxiv</sup> CRPs promote a non-punitive, learning culture to improve patient safety.

For the Commission, CRPs remove the limitations inherent in the traditional disciplinary process:

- Reports of medical errors to the Commission are often delayed for years by the malpractice system, limiting the effectiveness of the Commission's response to complaints.<sup>xii</sup> The CRP process requires prompt reporting and patient-centered action allowing for early resolution of medical errors. This expedited process will allow the Commission to address errors much sooner than under the current system.
- The Commission has no jurisdiction over institutions, such as hospitals or clinics. When a medical error occurs, the Commission can discipline the individual provider but is unable to directly influence the institution to make system changes to ensure the error is not repeated. The collaboration

requires the individual provider and the institution to change the system to prevent future patient harm.

- The Commission has no good mechanism for sharing lessons learned so that licensees and institutions can prevent errors from occurring. The collaboration requires shared learning across and among institutions.

The collaboration allows the Commission to have a greater effect on patient safety than the traditional disciplinary process and thereby improve its ability to protect the public.

Furthermore, medical errors that do not cause harm --"near misses"-- seldom come to the attention of the Commission. This collaboration strongly encourages reporting of near misses to help identify potential system problems and implement system fixes before patients are harmed. By promoting early reporting of all unanticipated outcomes, as well as near misses, a wider range of errors will be identified and corrected.<sup>xxxv</sup>

The Commission encourages all institutions, clinics, and practices in the state of Washington to develop a CRP program, make it available to all physicians and physician assistants, have events certified by the CRP Event Review Board, and join in the effort to foster open communication, reduce medical error and improve patient safety in our state.<sup>xxxvi</sup>

## **The Collaboration to Develop a State-Wide System for Dissemination of Lessons Learned from Medical Error**

Learning from medical errors is crucial to improving patient safety. To facilitate and enhance learning, the Commission and the Foundation have committed to collaborating to develop a state-wide system to disseminate lessons learned from medical error cases to health care providers and institutions.

The collaboration will consist of the following: The collaboration will give the Foundation two additional sets of data about medical errors: (1) the CRP Event Review Board will submit information on cases that go through the certification process, and (2) the Commission will submit de-identified reports of medical error cases that come from complaints.

The Foundation will analyze the information to determine trends in the root causes of medical errors and lessons learned from these cases, and will combine this information with data from other Foundation programs such as the Clinical Outcomes Assessment Program (COAP), the Surgical Care Outcomes Assessment Program (SCOAP), and the Obstetrics Clinical Outcomes Assessment Program (OB-COAP) to create a comprehensive picture of medical errors, their causes, and lessons learned across the state.

On at least a bi-monthly basis, the Foundation will produce a written briefing on medical errors for distribution to healthcare workers across the state that identify key steps they can take to improve patient safety. The distribution of this briefing will be closely coordinated with the Patient Safety Coalition, another Foundation program, along with the Washington State Medical Association and the Washington State Hospital Association. Depending on the nature of the medical errors that are highlighted in the briefing, the distribution of this material may be targeted to specific providers.



The Foundation will produce a written briefing on medical errors on a quarterly basis for distribution to healthcare institutions across the state emphasizing patterns of medical errors and lessons learned. The Foundation will closely coordinate the distribution of this briefing with the Washington State Hospital Association. In the event that a lesson learned has potential immediate impact on patient safety, the Foundation will issue an emergency briefing on the subject to both healthcare providers and institutions using the distribution channels described above.

## Conclusion

Medical errors continue to pose a serious threat to patient safety. The Commission is firmly committed to its mandate to protect the public, but recognizes the limitations of the disciplinary process in the evolving health care delivery system. The Commission believes that a more effective approach is to collaborate with the health care system to develop a more patient-centered response to medical error and improve patient safety.

The Commission believes that by endorsing just culture principles, collaborating with the Foundation for Healthcare Quality to support and develop CRPs, and collaborating with the Foundation to develop a system to disseminate lessons learned from medical error statewide, the Commission will help to reduce medical errors, become a more effective regulator, and better meet its mandate to protect the public.

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Number:	GUL2014-02
Date of Adoption:	January 29, 2014
Reaffirmed / Updated:	March 2, 2018
Supersedes:	None.

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<sup>i</sup> Medical Error is defined as the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. Institute of Medicine 2000. Committee on Quality of Health Care in America. *To Err is Human: Building a Safer Health System*. Washington DC: National Academy Press; 2000.

<sup>ii</sup> In 2011, the Commission adopted a policy to address wrong-site, wrong-procedure, and wrong-person surgery: Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery, MD2011-08. In 2012, the Commission adopted a policy to reduce medical error by providing case information to hospitals and other entities: Reducing Medical Errors: Developing Case Commission Case Studies for Hospitals and other Entities MD2012-04. In 2014, the Commission adopted a policy endorsing just culture principles: Endorsement of Just Culture Principles to Increase Patient Safety and Reduce Medical Errors MD2014-06.

<sup>iii</sup> Institute of Medicine 2000. Committee on Quality of Health Care in America. *To Err is Human: Building a Safer Health System*. Washington DC: National Academy Press; 2000.

<sup>iv</sup> James, John T., PhD, (2013). A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care, *Journal of Patient Safety*, 9, 122-128.

<sup>v</sup> Institute of Medicine 2001. Committee on Quality of Health Care in America. *Crossing the Quality Chasm*. Washington DC: National Academy Press; 2001.

<sup>vi</sup> Sentinel Event Statistics Released for 2014, the Joint Commission. April 2015: "In 2014 the leading root causes and contributory factors are examples of cognitive failures. Cognitive failure is preventable and safety-critical industries take a systems view. Health care organizations must focus on factors that influence errors and operationalize strong corrective actions aimed at improving working conditions and eliminating all preventable injury, harm and death." Ronald Wyatt, M.D., M.H.A., medical director, The Joint Commission. Accessed at

[http://www.jointcommission.org/assets/1/23/jconline\\_April\\_29\\_15.pdf](http://www.jointcommission.org/assets/1/23/jconline_April_29_15.pdf)



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- vii Leape L, Berwick D, et al., Transforming Healthcare: a Safety Imperative, *Qual. Saf. Health Care*, 2009; 18:424-428. Waterson P, *Patient Safety Culture*. Ashgate 2014.
- viii Safe Practices for Better Healthcare—2010 Update, National Quality Forum, page 7. [http://www.qualityforum.org/Publications/2010/04/Safe Practices for Better Healthcare %E2%80%93 2010 Update.aspx](http://www.qualityforum.org/Publications/2010/04/Safe_Practices_for_Better_Healthcare_%E2%80%93_2010_Update.aspx) accessed 3-9-15.
- ix Marx D. *Whack a Mole: The Price We Pay for Perfection*. By Your Side Studios: 2009.
- x Marx D. *Patient Safety and the “Just Culture”: A Primer for Health Care Executive*. New York, NY: Columbia University: 2001.
- xi Waterson P, *Patient Safety Culture*. Ashgate 2014.
- xii Studies show that disclosure of medical errors occurs in approximately 30% of cases. Wu A, Boyle D, Wallace G, Mazor K, Disclosure of Adverse Events in the United States and Canada: an Update and a Proposed Framework for Improvement, *J. Public Health Research*, 2013; 2:e32:186-193.
- xiii James J., A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care. *J. Patient Saf.* 2013;9(3) 122-128.
- xiv Bell SK, Smulowitz P, Woodward A, Mello M, Duva A, Boothman R, Sands K, Disclosure, Apology, and Offer Programs: Stakeholders’ Views of Barriers to and Strategies for Broad Implementation. *Millbank Quarterly* 2012;90(4): 682-705.
- xv The Commonwealth Fund, Q&A with Lucian Leape, <http://www.commonwealthfund.org/publications/newsletters/states-in-action/2010/jan/january-february-2010/ask-the-expert/ask-the-expert> accessed 4-28-15.
- xvi Sage WM, Medical Liability and Patient Safety, *Health Law*. 2003;22(4):26-36.
- xvii In March 2015, the Robert Wood Johnson Foundation issued a report on the importance of implementing a team-based model: Lessons from the Field: Promising Interprofessional Collaboration Practices, Robert Wood Johnson Foundation report 2015, available at <http://www.rwjf.org/content/dam/farm/reports/reports/2015/rwjf418568>.
- xviii In January 2015, the National Patient Safety Foundation’s Lucian Leape Institute issued a report on the importance of transparency: Shining a Light: Safe Health Care Through Transparency, available at [http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/LLI/Shining-a-Light Transparency.pdf](http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/LLI/Shining-a-Light_Transparency.pdf).
- xix This approach is consistent with the Commonwealth Fund scorecard: “Aiming Higher: Results from a Scorecard on State Health System Performance, 2014: “The Scorecard also reminds us, however, that improvement is possible with determined, coordinated efforts. The most pervasive gains in health system performance between 2007 and 2012 occurred when policymakers and health system leaders created programs, incentives, and collaborations to raise rates of children’s immunization, improve hospital quality, and lower hospital readmissions. These gains illustrate that state health system performance reflects a confluence of national policy and state and local initiatives that together can make a difference for state residents.” <http://www.commonwealthfund.org/publications/fund-reports/2014/apr/2014-state-scorecard>
- xx Since 2011, the Commission has adopted three policies on medical error: Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery MD2011-08; Reducing Medical Errors: Developing Commission Case Studies for Hospitals and other Entities MD2012-04; and Endorsement of Just Culture Principles to Increase Patient Safety and Reduce Medical Errors MD2014-06. The Commission rescinds these policies with the adoption of this more comprehensive policy.
- xxi Marx D. *Patient Safety and the “Just Culture”: A Primer for Health Care Executives* New York, NY: Columbia University; 2001. Available at <http://www.safer.healthcare.ucla.edu/safer/archive/ahrq/FinalPrimerDoc.pdf>
- xxii Latter C, And Justice For All, *Prevention Strategist*, Winter 47-53.
- xxiii Griffith K, Column: The Growth of a Just Culture, *The Joint Commission Perspectives on Patient Safety*, 9(12), 8-9.
- xxiv The success of the Aviation Safety Reporting System is attributed to three factors: reporting is safe (pilots are not disciplined if they report promptly), simple (a one-page report is made), and worthwhile (experts analyze the reports and disseminate recommendations to the pilots and the FAA). Leape L, , Reporting of Adverse Events, *N Eng J Med*. 2002;347:1633.
- xxv Boysen PG, Just Culture: A Foundation for Balanced Accountability and Patient Safety, *The Ochsner J.* 2013;13:400-406.
- xxvi Petschonek S, Burlison J, Development of the Just Culture Assessment Tool: Measuring the Perceptions of Health-Care Professionals in Hospitals, *J Patient Safety* 9(4): 190-197.
- xxvii Wachter RM, Pronovost PJ Balancing “no blame” with accountability in patient safety. *N Eng J Med*. 2009;361:1401-1406.
- xxviii The National Quality Forum endorsed a just culture approach as part of a patient safety program. See Safe Practices for Better Healthcare—2010 Update. [https://www.qualityforum.org/Publications/2010/04/Safe Practices for Better Healthcare %E2%80%93 2010 Update.aspx](https://www.qualityforum.org/Publications/2010/04/Safe_Practices_for_Better_Healthcare_%E2%80%93_2010_Update.aspx)
- xxix The Medical Commission encourages health care systems to implement a Just Culture into their organizations by integrating the following key elements:
1. Create working health care teams with open communication among team members, recognizing that patients and their family members are active members of the health care team.

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2. Encourage each member of the healthcare team to immediately internally report unanticipated outcomes, near misses, and hazardous conditions.
  3. Promptly inform the patient and family of unanticipated outcomes, and keep patient and family fully apprised of the process.
  4. Apply thorough analysis within facilities to identify factors that contribute to adverse events.
  5. Inform the patient and family of the findings of the analysis. If the analysis reveals a medical error, notify the family of the remedial action to be taken, including apologizing for the medical error.
  6. Take prompt action with adequate resources to fix system flaws and ensure individual remediation to prevent future patient harm.
  7. Share improvements and learning between facilities and with pertinent specialty organizations so that other facilities can improve their systems and prevent future harm.
  8. Maintain ongoing staff training to support implementation of all Just Culture elements.

<sup>xxx</sup> Mello M, Senecal S, Kuznetsov Y, Cohn J, Implementing Hospital-Based Communication-and-Resolution Programs: Lessons Learned in New York City. *Health Affairs* 2014; 33(1): 30-38.

<sup>xxxi</sup> Mello M, Boothman R, McDonald T, Driver J, Lembriz A, Bouwmeester D, et al., Communication-and-Resolution Programs: the Challenges and Lessons Learned from Early Adopters. *Health Affairs*. 2014; 33(1): 20-29.

<sup>xxxii</sup> Mello M, Gallagher T, Malpractice Reform—Opportunities for Leadership by Health Care Institutions and Liability Insurers. *N. Eng. J. Med.* 2010;362(15):1353-1356.

<sup>xxxiii</sup> The Foundation has the following programs: 1. Clinical Outcomes Assessment Program (COAP), which collects data submitted by all 35 hospitals in the state where cardiac interventions are performed, then producing a quarterly report to the hospitals, and documenting statistically significant improvements in quality, as well as establishing standards by peer consensus and holds institutions accountable for performing to those standards. 2. Surgical Care and Outcomes Assessment program (SCOAP), which involves the surgical community working with stakeholders to create a framework which defines metrics, tracks hospital performance, and reduces variability and errors in surgical care. 3. Obstetrics Clinical Outcomes Assessment Program (OB COAP), the obstetrics version of COAP. 4. The Washington Patient Safety Coalition, which consists of diverse groups working together to improve patient safety through the sharing of best practices related to patient safety. 5. HealthPact, which seeks to transform communication in healthcare, recognizing that poor communication is a fundamental cause of most preventable injuries. 6. The Bree Collaborative, established by the Washington State Legislature, consist of stakeholders appointed by the Governor and is tasked with annually identifying three health care services with high variation in the way care is delivered, that are frequently used, and do not lead to better care or patient health, or have patient safety issues. The group then develops evidence-based recommendations to send to the Health Care Authority to guide the care provided to Medicaid enrollees, state employees and other groups. <http://www.qualityhealth.org/>

<sup>xxxiv</sup> Statement on Medical Liability Reform, Bulletin of the American College of Surgeons, March 1, 2015 (CRPs “show the most promise for promoting a culture of safety, quality and accountability; restoring financial stability to the liability system; and requiring the least political capital for implementation.”) Available at <http://bulletin.facs.org/2015/03/statement-on-medical-liability-reform/>

<sup>xxxv</sup> Krause Ph.D., Thomas R and Hidley, M.D., John, *Taking the Lead in Patient Safety*, John Wiley & Sons, Inc. , 2009 Near-miss reporting is recognized as one of several leading indicators for healthcare safety (p. 42) “Virtually every patient injury is preceded by lower-level decisions and outcomes that increase the likelihood of a safety failure. The catastrophic outcome – a sentinel event, serious injury, or death—can be seen as the tip of an iceberg embedded in a larger architecture of behaviors, practices, and outcomes that made the greater loss predictable.” (p. 189) “. . . the companies setting the benchmark for industry safety often have the highest rates of reported near misses because they do not penalize the reporting of near misses and do not directly reward the reduction of incident rates. Instead, they welcome the information stemming from near misses, quickly digest its implications, and act immediately to reduce the likelihood of repeated exposures to hazard.” (p. 221) “When a single serious event occurs, it can be inferred with high probability that many related but less severe events have occurred previously. To prevent medical errors and adverse events, small events and their precursors must be taken as seriously as large ones.” P. 38

<sup>xxxvi</sup> The AHRQ has provided grants to other sites around the country to implement CRPs. The Collaborative for Accountability After Patient Injury consists of leading experts on medical error to exchange ideas and support the growth and spread of CRPs.



## Processing CRP certified Cases

### Purpose

The Washington Medical Commission (Commission) adopts this procedure to ensure the consistent, transparent and fair processing of cases that have completed a communication and resolution program (CRP) and have been certified by the Foundation for Health Care Quality's CRP Event Review Board.

### Background

The Washington Medical Commission supports the use of a Communication and Resolution Programs following an adverse event as an innovative approach to reducing medical error. The Commission encourages institutions, clinics and individual practitioners to employ CRPs, and then to apply for CRP certification. If the Foundation for Health Care Quality's CRP Event Review Board certifies the case because all the essential elements have been met, including transparent communication with the patient and family, systems changes that enhance patient safety, and shared learning, it sends the applicant a CRP Event Review Report. The applicant may choose to send this report, and other documents, to the Commission.

Information and documents created specifically for, and maintained by, CRP certification are protected from public disclosure and from discovery in a civil action.<sup>i</sup> Information and documents shared with the Commission maintain that protection.

If the applicant sends the CRP Event Review Report to the Commission, the Commission investigator will handle the report, and any other documents submitted with the report, in accordance with the Commission's procedure for handling confidential and protected material.<sup>ii</sup> The Commission will consider this report and any accompanying material when deciding whether to take disciplinary action against an individual respondent.

### Procedure

1. A case that has been CRP certified by the Foundation will follow the same investigative process as all other cases.
2. The assigned staff attorney notifies the Policy Development Manager who tracks the progress of the case through to conclusion.
3. The Reviewing Commission Member (RCM) reviews the investigative file, including the CRP certification report and any other documents submitted by the institution or the respondent.
4. The RCM presents the case to a panel at a Commission meeting. The RCM presents all relevant evidence to the panel, including that the case was certified by the Event Review Board.
5. The Commission will review the results of its own investigation and the CRP certification report with its accompanying documents and use its discretion to determine how to dispose of the case.

- a. The fact that the case was certified is not determinative. The panel maintains discretion to take disciplinary action when warranted to protect the public.
  - b. CRP cases are limited to cases involving human error. CRP cases do not include reckless or intentional conduct, gross negligence, sexual misconduct, boundary violations, patient abuse, drug diversion, criminal activity, and other unethical or unprofessional behavior.
6. If the Commission panel decides to close the case without action, the panel will choose a closure code. The most common closure code for a CRP case will be A-3 unique closure, although the panel may find that another closure code is more appropriate.
  7. The assigned staff attorney will draft the closure letter and may use the approved template for CRP-certified cases. The letter will focus primarily on the findings of the Commission's investigation, but should note that the case was certified by the Foundation's Event Review Board. The staff attorney may only include information that is available to the public under the Public Records Act and may not include information protected under RCW 43.70.510 which protects information and documents created for and maintained by a coordinated quality improvement program. The RCM will review the letter before it is sent to the complainant and the respondent.
  8. If the Commission decides to take disciplinary action, the Commission uses its normal process. The staff attorney maintains the confidentiality of the certification report and any other documents generated as part of the CRP certification process.

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Date of Adoption: May 25, 2018  
Reaffirmed/Updated: N/A  
Supersedes: N/A

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<sup>i</sup> [RCW 70.41.200](#), [43.70.510](#) and [4.24.250](#)

<sup>ii</sup> Investigations Involving Protected Material, adopted April 9, 2018.

## Staff Reports: May 26, 2023

### Melanie de Leon, Executive Director

Dr. Murphy is leading the recruitment process to fill my position. The staff/stakeholder interview panel began interviews the week of May 15<sup>th</sup>; the commissioner panel will interview candidates beginning the week of June 5<sup>th</sup>. To ensure fairness for all candidates, please do not talk to staff about this recruitment or any of the candidates.

The WMC has been recognized as a *WellBeing First Champion for 2023* and was honored among only 21 other U.S. states at the Federation of State Medical Boards 2023 Annual Meeting. In order to receive this award, ALL IN: WellBeing First for Healthcare, a coalition of leading health care organizations, has verified that WMC licensure applications are free from intrusive and stigmatizing language around mental health care and treatment. Thanks to commissioners and staff for making this happen!

### Micah Matthews, Deputy Executive Director

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

#### Legislative Session

We are compiling bills and impacts for a post-session information sharing message with more detail than I will provide here. Once more of the bills impacting us are signed, you can expect that communication. Significant impacts appear to be minimal and limited to mandating rulemaking for licensing processes related to military spouse expediting.

On May 16 the Governor signed all of the budgets with partial vetoes. As stated previously, our decision package for spending authority has been included in all versions of the budget and I do not anticipate a change.

The Legislature met on May 16 in a special session to pass a law related to possession of controlled substances as a result of the WA Supreme Court Blake decision. They were successful and adjourned for the remainder of the year.

#### Budget

Our overall collections of revenue are above expenditures resulting in an approximate three percent underspend projected for the biennium ending June 30, 2023. We are watching a three-month significant negative departure from anticipated revenues vs. actual that seemed to have resolved in March 2023. We are now exceeding revenue estimates, but as we have seen this can change quickly. We also anticipate a payment to the HELMS program in June 2023 of \$668,788 as a second mandated payment. We anticipate additional payments as that

## Micah Matthews, Deputy Executive Director continued

project has gone significantly beyond schedule and budget, but they will be in a new biennial budget after July 2023 at least. The overall fiscal picture for the WMC is positive and the addition of \$2.4 million in spending authority in the next biennium will allow more flexibility in how we approach operations.

### Audit

We have submitted our final comments to the auditors. We expect the final report to be published by TAP International and the State Auditor's Office by the May 2023 WMC meeting. Should it be published timely, I will endeavor to include it in the meeting packet. A hearing on the audit will occur June 7 in front of the Joint Legislative Audit Review Committee (JLARC). We are issuing a joint response with the Office of the Governor.

## Amelia Boyd, Program Manager

### Recruitment

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

- Urology
- Radiology
- Neurosurgery
- General surgeon
- Psychiatry

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

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

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

All the above Commissioners have been notified that their first term is ending June 30, 2023, they are eligible for reappointment, and they must submit a new application to be considered for reappointment. The application deadline was March 24, 2023. The applications are being processed and we will send your recommendations on to the Governor soon.



### Amelia Boyd, Program Manager continued

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

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

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

### Mike Hively, Director of Operations and Informatics

Operations & Informatics has continued to process and provide relevant records subject to five ongoing Litigation Holds. The team has completed one compulsory request and is processing two additional requests. We anticipate having both active requests completed by June 30, 2023.

#### Unit Accomplishments Include

##### Digital Archiving:

- 170 Complaints closed BT – folder is current
- 506 Active MD licensing applications
- 295 Active PA licensing applications
- Approximately 1,790 demographic census forms

##### Data Requests/Changes:

- Approximately 692 open/closed inquiries (individual requests may contain requests)
- Approximately 358 address changes

##### Demographics:

- Entered approximately 1,790 census forms into the IRLS database and conducted quality checks
- Conducts 642 secondary census contacts via email

Additionally, staff have added 358 historical case assessments to the ILRS database to ease processing of the associated information and decommission otherwise outdated tracking mechanisms. Staff identified 69 corrupted digital PA applications, repaired, and archived them. 50 MD paper-based applications were recalled from the records center, scanned and archived to digital format. Paper-based versions are waiting approval for disposition. Ops & Info continue to support the varying WMC units providing ad-hoc reports, processing mail and fielding technical inquiries from a variety of stakeholders.

**Morgan Barrett, MD, Medical Consultant, Director of Compliance**

Nothing to report

**George Heye, MD, Medical Consultant**

Nothing to report.

**Rick Glein, Director of Legal Services**

**Legal Unit Staff Update:**

Congratulations to Trisha and her husband on their new bundle of joy! Dean Wolf Munro was born on May 9. Wishing Baby Dean a lifetime of health and happiness!

**Orders Resulting from SOCs:**

*In re William F. Hiltz, MD, Case No. M2022-55. Final Order of Default (Failure to Respond).\**  
On December 7, 2022, the Commission served an Order for Investigative Mental Examination (Order) on Dr. Hiltz which required him to make an appointment for the examination within seven days of receipt of the Order. On February 27, 2023, the Commission served a SOC alleging Dr. Hiltz did not make an appointment for the examination within the seven-day timeframe. Dr. Hiltz did not file a response to the SOC within the time allowed. This matter came before a Health Law Judge (HLJ) in April 2023. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Hiltz' medical license be indefinitely suspended.\*\*

*In re Frances D. Filgas, MD, Case No. M2022-357. Final Order of Default. (Failure to Appear).\**  
On August 10, 2022, the Commission served a SOC which alleged the Medical Board of California adopted a Stipulated Settlement and Disciplinary Order (California Order) against Dr. Filgas' California medical license. The California Order is based on accusations that Dr. Filgas engaged in unprofessional conduct in the treatment of four patients involving practice below the standard of care, negligence, inadequate record-keeping, and excessive prescribing of controlled substances. The California Order placed Dr. Filgas' California medical license on probation for five years during which time she must complete 40 additional hours of CMEs each year; complete additional coursework on prescribing practices, medical record-keeping, and professional ethics; successfully complete an approved clinical competence assessment program and comply with subsequent recommendations; retain an approved practice monitor; and refrain from supervision of physician assistants and advance practice nurses. On October 28, 2022, Dr. Filgas filed an Answer to the SOC and requested an adjudicative proceeding and opportunity for settlement. Dr. Filgas failed to appear personally or through an attorney of record at the scheduled pre-hearing conference, and the HLJ granted the Commission's Motion for an Order of Default. On May 4, 2023, a HLJ issued the Final Order of Default, concluding that sufficient grounds exist to take disciplinary action and ordered Dr. Filgas' medical license be indefinitely suspended.\*\*

\*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).



## Rick Glein, Director of Legal Services continued

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

### Virtual Hearings:

*In re Richard S. Wilkinson, MD, Case No. M2022-196.* On June 9, 2022, the Commission served a Statement of Charges alleging Dr. Wilkinson made numerous false and misleading statements on his public website regarding the COVID-19 pandemic, COVID-19 vaccines, and public health officials that were harmful and dangerous to individual patients, generated mistrust in the medical profession and in public health, and had a wide-spread negative impact on the health and well-being of our communities. The Commission also alleged Dr. Wilkinson provided negligent care to seven patients to prevent or treat COVID-19 infections. The Commission held a virtual hearing April 3-7, 2023. A Final Order is expected to be issued by early-July 2023.\*\*\*

*In re Irene K. Kimura, MD, Case No. M2020-930.* On November 9, 2021, the Commission signed an Ex Parte Order of Summary Action – Restriction, which restricted Dr. Kimura from prescribing controlled substances pending further disciplinary proceedings by the Commission. The SOC filed concurrent to the Motion for Summary Action alleged Dr. Kimura’s prescribing practices for patients with known substance abuse issues and her disregard for the risk of diversion and overdose placed patients and the public at risk of serious harm. Additionally, the Commission alleged Dr. Kimura failed to conduct appropriate patient exams and review prior medical treatment and prescription monitoring records before making a diagnosis or prescribing opioids. Furthermore, the Commission alleged Dr. Kimura failed to assess efficacy of the medications she was prescribing, failed to recognize warning signs of abuse, failed to implement preventative measures against overdoses, and failed to properly document patient interactions and her rationale for medical decision-making. An Amended SOC was served on September 30, 2022, which added similar allegations related to a third patient. The Commission also alleged Dr. Kimura borrowed approximately \$25,000 from the third patient and failed to provide a WMC investigator with requested records. The Commission held a virtual hearing on May 8, 2023. A Final Order is expected to be issued by mid-August 2023.\*\*\*

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

### Items of Interest:

Rick and Mike Farrell attended the Federation of State Medical Boards (FSMB) 111<sup>th</sup> Annual Conference in Minneapolis between May 4-6, 2023, along with several other WMC staff and Commissioners. This three-day intensive program brings together national experts in the field of medical licensure and discipline to discuss current and future challenges facing medical regulators.

Mike Farrell wrote a compelling [book review](#) of *Maladies of Empire: How Colonialism, Slavery, and War Transformed Medicine*, by Jim Downs, for FSMB's March 2023 issue of the *Journal of Medical Regulation*. Take a moment to read his review – you may discover another

## Rick Glein, Director of Legal Services continued

book to add to your summer reading list!

At the end of April, Trisha and Rick attended the US Attorney's Healthcare Fraud taskforce hybrid meeting to discuss cases of mutual interest.

Last week, Rick met with Judie Morton, Director of the Office of Investigative and Legal Services (OILS), Health Services Quality Assurance (HSQA) division, to discuss internal processes and collaboration opportunities.

## Mike Farrell, Policy Development Manager

At the FSMB annual meeting, I served on a panel presentation that discussed physician health programs and their relationship with state medical boards.

## Freda Pace, Director of Investigations

### **New addition to Complaint Intake**

We welcome Alex Bielaski to our complaint intake unit. Alex joined the commission on April 16th and will be our new case manager. Alex comes to us from the Nursing Commission where he was a complaint intake specialist. Alex was also the supervisor for customer service for DOH. We are excited to have Alex join our team!

### **Off Ramp Process**

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

### **Reoccurring: CMT Sign-up for 2023**

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

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

## Jimi Bush, Director of Quality and Engagement

The presentations at the CLEAR International Congress on Diversity, Equity and Inclusion & Regulator Accountability on Social Media were met with great praise and interest for future topics including additional presentations and podcasts. If you are interested in participating in podcast or roundtable discussion with other board members, please let me know and I can facilitate a meeting.

Freda and I have been invited to speak at the Federation of Associations of Regulatory Boards (FARB) Regulatory Law Seminar in September about our Sexual Misconduct Regulatory and investigative processes.

Upcoming WMC CME Events:

[Washington State Immunization Summit 2023](#)

Thursday, May 25 7:30 am – 5:30 pm

[School and Child Care Immunization Requirements Webinar for Providers](#)

Wednesday June 7, 2023 12:00 PM

Having difficult conversations with families about starting HPV vaccination at age 9 (Pending Approval)

Wednesday June 28, 2023 12:00 PM

Newsletter

I would like to breathe some new life into our [quarterly newsletter](#). If there is a topic you would like to write about or one you would like to see featured, please [reach out to Jimi](#) to discuss.

## Marisa Courtney, Licensing Manager

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

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	1
Physician And Surgeon Fellowship License	3
Physician And Surgeon Institution License	0
Credential Type	Total Workflow Count
Physician And Surgeon License	275

## Marisa Courtney, Licensing Manager continued

Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	158
Physician And Surgeon Residency License	352
Physician And Surgeon Teaching Research License	2
Physician And Surgeon Temporary Permit	5
Physician Assistant Interim Permit	0
Physician Assistant License	33
Physician Assistant Temporary Permit	0
<b>Totals:</b>	<b>829</b>

### Information on Renewals: February Renewals- 73.73% online renewals

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



## Panel A Personal Appearance Agenda

Friday, May 26, 2023

Meeting Link: [Panel A Personal Appearance](#)

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

Compliance Officer: Anthony Elders

<b>9:45 a.m.</b>	<b>Filiz Millik, MD</b> Attorney: Patrick C. Sheldon	M2019-708 (2019-1851) RCM: Yanling Yu, PhD SA: Kelly Elder
<b>10:30 a.m.</b>	<b>Christopher A. Stone, PA-C</b> Attorney: Pro Se	M2022-614 (2022-359) RCM: Arlene Dorrough, PA-C SA: Rick Glein
<b>11:15 a.m.</b>	<b>Joe C. Huang, MD</b> Attorney: Pro Se	M2020-929 (2020-6081 et al.) RCM: Richard Wohns, MD SA: Lisa Krynicki

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## Panel B

### Personal Appearance Agenda

Friday, May 26, 2023

Meeting Link: [Panel B Personal Appearance](#)

Panel  
Members:

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

Compliance  
Officer:

Mike Kramer

<b>9:45 a.m.</b>	<b>Alian Aquino, MD</b> Attorney: Carol Sue Janes	M2021-869 (2021-545) RCM: Christine Blake, Public Member SA: Kyle Karinen
<b>10:30 a.m.</b>	<b>Anifat O. Balogun , MD</b> Attorney: Pro Se	M2021-264 (2020-13016) RCM: April Jaeger, MD SA: Joel Defazio
<b>11:15 a.m.</b>	<b>Kevin A. Ochoa, MD</b> Attorney: Ketia B. Wick	M2019-357 (2019-8504) RCM: Karen Domino, MD SA: Colleen Balatbat

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