

# August 21-21, 2020

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Via GoToWebinar



WASHINGTON  
**Medical  
Commission**

Licensing. Accountability. Leadership.

# 2020 Meeting Schedule



**WASHINGTON**  
**Medical**  
**Commission**  
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Dates	Location	Meeting Type
<b>January 16-17</b>	Hotel Interurban 223 Andover Park E Tukwila, WA 98188	Regular Meeting
<b>February 27-28</b>	The Heathman Lodge 7801 NE Greenwood Dr. Vancouver, WA 98662	Regular Meeting
<b>April 9-10</b>	Cancelled	Regular Meeting
<b>May 14-15</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>July 9-10</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>August 20-21</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>October 1-3</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Case Reviews Personal Appearances
<b>November 12-13</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting

# 2021 Meeting Schedule



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

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

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

# 2022 Meeting Schedule



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

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

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



# FORMAL HEARING SCHEDULE



**WASHINGTON**  
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Hearing	Respondent	SPECIALTY	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location	Panel Composition (as of 8/13/2020)
13-Aug										
<b>2020 August</b> <i>Commission Meeting (via GTM) 8/20/2020</i>										
27-Aug	ELLOWAY, Simon, MD	Non-BC; self-designated Family Medicine, Public health & Preventative Medicine and Gastroenterology	M2019-260	Michelle Garzon Scott M. O'Halloran	Bahm	Berg	A	Dixon	Video Teleconferencing (VTC)	Anderson; Ashleigh; Rodgers  <b>Panel Complete Thank You!</b>
<b>2020 September</b> <i>(NO COMMISSION MEETING THIS MONTH)</i>										
<b>NONE AT THIS TIME</b>										
<b>2020 October</b> <i>Commission Meeting (via GTM) 10/1/2020</i>										
5-8 Oct	SHIBLEY, Eric R., MD	BC - Internal Medicine	M2018-443	Pro Se	Brewer	Page Landstrom	B	Kuntz	TBD	
7-8 Oct	SAID, Mohammad H., MD	BC - Internal Medicine	M2020-53	James E. Baker	Bahm	Wolf	A	Herington	TBD	
29-30 Oct	KARANDIKAR, Mahesh, MD	BC - Neurosurgery	M2020-494	Carol Janes William Leedom	Brewer	Page Landstrom	A	Blye	TBD	
<b>2020 November</b> <i>Commission Meeting (via GTM) 11/12/2020</i>										
5-6 Nov	OSTEN, Thomas J., MD	Non-BC; self-designated Family Medicine	M2018-68	James B. Meade, II	Bahm	Balatbat	B	Blye	TBD	
<b>2020 December</b> <i>(NO COMMISSION MEETING THIS MONTH)</i>										
7-11 Dec	BAUER, William M., MD	BC - Internal Medicine	M2017-1115	Jennifer Smitrovich	Brewer	Berg	A	Herington	TBD	
8-Dec	WEBB, Chris R., MD	BC - Internal Medicine	M2018-81	D. Jeffrey Burnham	Pfluger	Glein	A	Wareham	TBD	
12-14 Dec	Schulz, Ona L., PA-C	Phys. Asst.	M2018-641	Elisabeth Leedom Rhianna Fronapfel	Anderson	Wolf	B	Kuntz	TBD	
12-15 Dec	PATEL, Vrajesh, MD	BC - Internal Medicine	M2019-1006	Pro Se	Bahm	Wolf	A	Herington	TBD	
<b>2021 January</b> <i>Commission Meeting 1/14/2021</i>										
7-8 Jan	KAWASAKI, Michelle M., MD	BC - Anesthesiology	M2019-817	Erin Seeberger Jennifer Moore	Bahm	Karinen	A	Blye	TBD	
11-13 Jan	OLSON, Jon B., MD	BC - Anesthesiology	M2017-211	Michele C. Atkins	Brewer	Wolf	A	Herington	TBD	
27-Jan	HERMANN, Robert L., MD	Non-BC Self-designated Anesthesiology	M2018-712	Jessica M. Creager	Pfluger	Wolf	B	Herington	TBD	
<b>2021 February</b> <i>NO COMMISSION MEETING THIS MONTH</i>										
8-11 Feb	BROWN, Michael C., MD	Non-BC Self-designated Family Medicine & Geriatric Medicine	M2019-245	Jessica M. Creager	Brewer/ Pfluger	Balatbat	A	Kuntz	TBD	
<u>22-26 Feb.</u> <u>1-2 Mar</u>	ANTOCI, Valentin, MD	Non-BC Self-designated Orthopaedic Surgery	M2017-515	David H. Smith Marti J. McCaleb	Defreyn	Page Landstrom	B	Kuntz	TBD	
<b>2021 March</b> <i>Commission Meeting 3/4/2021</i>										

# Commission Meeting Agenda

## August 20-21, 2020



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

### Thursday – August 20, 2020

#### Closed Sessions

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

#### Open Session

12:30 pm **Understanding Implicit Bias**  
*Byron Lambert, Director of the Equity and Inclusion Program*  
*The Cross Cultural Health Care Program*

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

<https://global.gotomeeting.com/join/762589997>

You can also dial in using your phone: +1 (872) 240-3311, Access Code: 762-589-997

#### Closed Sessions

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

4:00 pm

### Policy Committee Meeting

Please register for this meeting at:

<https://attendee.gotowebinar.com/rt/7775380503161654032>

After registering, you will receive a confirmation email containing information about joining the webinar.

Agenda Items	Presented By:	Page #:
<b>Delegation of Signature Authority</b> <i>Discussion of current document and possible revisions.</i>	Mike Farrell	42
<b>Proposed Guideline – Medical Directors: Roles, Duties, and Responsibilities</b> <i>Discussion of proposed guideline.</i>	Mike Farrell	46
<b>Communicating Test Results to Patients Guideline</b> <i>Discussion of current guideline and possible revisions.</i>	Mike Farrell	48
<b>Proposed Procedure – Reopening a Closed Case</b> <i>Discussion of proposed procedure.</i>	Mike Farrell	51

## Friday – August 21, 2020

### Open Session

8:00 am –9:30 am

### Business Meeting

Please register for this meeting at:

<https://attendee.gotowebinar.com/rt/7629072888900580368>

After registering, you will receive a confirmation email containing information about joining the webinar.

#### 1.0 Chair Calls the Meeting to Order

#### 2.0 Housekeeping

#### 3.0 Chair Report

#### 4.0 Consent Agenda

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

4.1 Minutes – Approval of the July 10, 2020 Business Meeting minutes. Pages 9-14

4.2 Agenda – Approval of the August 21, 2020 Business Meeting agenda.

#### 5.0 Old Business

##### 5.1 Committee/Workgroup Reports

Update

The Chair will call for reports from the Commission's committees and workgroups.

Written reports begin on page 16

See page 17 for a list of committees and workgroups.

##### 5.2 Rulemaking Activities

Update

Rules Progress Report provided on page 20.

##### 5.3 Lists & Labels Request

Action

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

- Spectrum Healthcare Resources
- Telebehavioral Health Institute
- Washington State University

Pages 23-26

Pages 27-36

Pages 37-40

#### 6.0 Public Comment

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

## 7.0 Policy Committee Report

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on August 20, 2020. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented.

Report/Action  
Begins on  
page 42

## 8.0 Member Reports

The Chair will call for reports from Commission members.

## 9.0 Staff Member Reports

The Chair will call for further reports from staff.

Written  
reports begin  
on page 53

## 10.0 AAG Report

Heather Carter, AAG, may provide a report.

## 11.0 Adjournment of Business Meeting

### Open Sessions

9:45 am	Personal Appearances – Panel A Please join this meeting from your computer, tablet or smartphone: <a href="https://global.gotomeeting.com/join/660267989">https://global.gotomeeting.com/join/660267989</a>	Page 64
9:45 am	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: <a href="https://global.gotomeeting.com/join/918114677">https://global.gotomeeting.com/join/918114677</a>	Page 65

### Closed Sessions

Noon to 1:00 pm      Lunch Break

### Open Sessions

1:15 pm	Personal Appearances – Panel A Please join this meeting from your computer, tablet or smartphone: <a href="https://global.gotomeeting.com/join/660267989">https://global.gotomeeting.com/join/660267989</a>	Page 64
1:15 pm	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: <a href="https://global.gotomeeting.com/join/918114677">https://global.gotomeeting.com/join/918114677</a>	Page 65

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (Commission) meetings. This agenda is subject to change. The Policy Committee Meeting will begin at 4:00 pm on August 20, 2020 until all agenda items are complete. The Commission will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on August 21, 2020 until all agenda items are complete. The Commission will take public comment at the Business Meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

# Business Meeting Minutes

## July 10, 2020



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### Virtual Meeting

#### Commission Members

James E. Anderson, PA-C  
Toni Borlas, Public Member  
Charlie Browne, MD  
Jimmy Chung, MD  
Diana Currie, MD  
Karen Domino, MD  
Christine Blake, Public Member  
Warren Howe, MD  
April Jaeger, MD  
Charlotte Lewis, MD

John Maldon, Public Member, 1<sup>st</sup> Vice Chair  
Terry Murphy, MD  
Alden Roberts, MD, Chair  
Scott Rodgers, JD, Public Member  
Theresa Schimmels, PA-C  
Robert Small, MD  
Claire Trescott, MD, 2<sup>nd</sup> Vice Chair - Absent  
Candace Vervair, Public Member  
Richard Wohns, MD  
Yanling Yu, PhD, Public Member

#### Commission Staff

Colleen Balatbat, Staff Attorney  
Morgan Barrett, Director of Compliance  
Jennifer Batey, Legal Support Staff Manager  
Larry Berg, Staff Attorney  
Amelia Boyd, Program Manager  
Kayla Bryson, Executive Assistant  
Jimi Bush, Director of Quality & Engagement  
Adam Calica, Chief Investigator  
Sarah Chenvert, Performance Manager  
Marisa Courtney, Licensing Lead  
Melanie de Leon, Executive Director  
Mike Farrell, Policy Development Manager  
Gina Fino, MD, Investigator  
Ryan Furbush, Paralegal  
Rick Glein, Director of Legal Services  
George Heye, MD, Medical Consultant

Mike Hively, Information Liaison  
Jenelle Houser, Legal Assistant  
Kyle Karinen, Staff Attorney  
Shelley Kilmer-Ready, Legal Assistant  
Becca King, Administrative Assistant  
Freda Pace, Director of Investigations  
Ariele Page Landstrom, Staff Attorney  
Richelle Little, Staff Attorney  
Micah Matthews, Deputy Executive Director  
Melissa McEachron, Director of Operations  
& Informatics  
Joe Mihelich, Health Services Consultant  
Marne Nelson, RN, Investigator  
Trisha Wolf, Staff Attorney  
Gordon Wright, Staff Attorney

#### Others in Attendance

Alan Brown, MD, Pro Tem Commissioner  
Heather Carter, Assistant Attorney General

Cori Tarzwell, DOH Policy Analyst  
Gregory Terman, MD, Pro Tem Commissioner

#### 1.0 Call to Order

Alden Roberts, MD, Chair, called the meeting of the Washington Medical Commission (Commission) to order at 8:00 a.m. on July 10, 2020.

## 2.0 Housekeeping

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

## 3.0 Chair Report

Dr. Roberts welcomed everyone to the meeting. He then opened the floor to discuss panel composition during case reviews. Once the discussion concluded, Dr. Roberts explained how the first virtual Personal Appearance sessions to be held later that day would be organized.

Dr. Roberts reminded the Commissioners to submit their travel and payroll reimbursement documents by the 10<sup>th</sup> of each month if possible. He stated that requests for reimbursement for items which occurred more than 90 days prior would be denied as per Department of Health policy.

Dr. Roberts stated that election of officers would occur later in the meeting and therefore, this meeting would be his last as Chair. He thanked everyone for "the privilege and honor of having been your Chair for the last two years."

## 4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

2.1 Minutes from the February 28, 2020 Business Meeting.

2.2 Agenda for July 10, 2020.

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

## 5.0 Old Business

### 5.1 Committee/Workgroup Reports

Dr. Jimmy Chung, Chair of the Reduction of Medical Errors Workgroup, gave an update on the Communication Resolution Program (CRP) process. Dr. Chung asked Mike Farrell, Policy Development Manager, to provide more information on the outcome of a recent meeting of the Workgroup. Mr. Farrell stated that one of the goals of the workgroup is to create a webpage on the Commission website that will include an explanation of what CRP is, what certification is, and support for certification. The workgroup would also like the webpage to allow for inquiries related to CRP. He concluded by stating the workgroup will provide training to the Commission's investigators and other affiliated staff on the CRP.

### 5.2 Rulemaking Activities

There was nothing further to report.

## 6.0 Public Comment

No member of the public requested to speak, therefore no public comment was given.

## 7.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on July 9, 2020:



## **Processing Complaints Against Licensees Enrolled in the Washington Physicians Health Program Guideline**

Dr. Domino presented the Committee's suggested changes to the draft guideline. She stated that the Committee recommended approval with the suggested changes.

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

## **Medical Marijuana (Cannabis) Authorization Guidelines**

Dr. Domino explained that the draft guideline has been revised by a Department of Health (DOH) workgroup based on changes suggested previously by the Commission. She then explained that the ask from DOH is that the Commission endorse the current draft. She stated that the Committee recommended approval.

**Motion:** The Chair entertained a motion endorse the draft guideline. The motion was approved unanimously.

## **Proposed Procedure: Processing Complaints Against Medical Students, Residents, and Fellows**

Dr. Domino explained that this draft is one the Committee and the Commission has seen before. She stated that the Committee recommended approval of the proposed procedure.

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

## **8.0 Member Reports**

Warren Howe, MD, expressed his frustrations with the IT available to the Commissioners. "I wish to place on record my concern about the dysfunction and disarray that characterizes the information technology applications, and resources, which the WMC Commissioners are forced to rely upon to do their work." He then asked that the matter be elevated to the "Commission's highest priority levels until the Commissioner IT resource problems are reliably corrected." Dr. Howe went on to praise Mike Hively, Information Liaison, for his assistance throughout these difficulties.

Several other Commissioners echoed Dr. Howe's frustrations as well as his praise of Mr. Hively.

Jimmy Chung, MD, stated that he has not had any real issues with the technology and invited the other Commissioners to call on him for help if needed.

## **10.0 AAG Report**

Heather Carter, AAG, had nothing to report.

## **11.0 Leadership Elections**

### **11.1 Restatement of Nominating Committee Report**

Dr. Domino, Chair, restated that the Committee agreed on the following nominations:

- Chair: John Maldon, Public Member
- 1st Vice Chair: Claire Trescott, MD
- 2nd Vice Chair: Jimmy Chung, MD

## 11.2 Nominations from the Floor

Dr. Roberts called for nominations from the floor. None were provided.

## 11.3 Election of Leadership

Dr. Roberts called for a motion to elect the officers as provided by the Nominating Committee.

**Motion:** The Chair entertained a motion to elect officers as follows:

- Chair: John Maldon, Public Member
- 1st Vice Chair: Claire Trescott, MD
- 2nd Vice Chair: Jimmy Chung, MD

The motion passed unanimously.

## 12.0 Installation of Medical Commission Chair

### 12.1 Remarks by Outgoing Chair

Dr. Roberts: "At this time, I get to offer a few remarks as the outgoing chair, but I will try to keep it short. Being the chair of this organization is an amazing and very humbling experience. It's also a lot of work. The mission of the Washington Medical Commission is promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rulemaking, and education. As a commission, we take this very seriously. And as each member of the Commission, each of you has taken this very seriously.

Each member of the Washington Medical Commission brings a unique set of values and skills to this commission. You are an amazing group of truly dedicated professionals, and I have been honored to get to know you a little and work with you a lot. The executive team that you have just elected will continue the tradition of excellence and dedication in developing and maintaining the strategic planning for the Commission and the integrity of the Commission. Thanks to all of the executive committee members that I have been so fortunate to work with for all the help that you have given. Each commission chair imprints their experience and personality into the Medical Commission, and the Commission is generally better for it. I hope that I have had a positive influence.

I'd like to take a moment to acknowledge Dr. Warren Howe, who up until five minutes ago, but not now at all anymore, was immediate past Chair. His friendship, editing skills, wisdom, sympathetic, listening during difficult or frustrating times, has been extremely helpful. The Commission will miss him when he moves to Pittsburgh, but I will miss him even more. I just hope that as the new immediate past Chair, I can be as helpful to you, John, as Warren you have been to me. Thank you!

Perhaps the most fun part of being Chair is getting to know and work closely with all of the staff at the Commission. I can't mentioned all 52 of you, but I do so appreciate all the work that you do. Rick and all the attorneys Freda and all the investigators, Melissa, George, Jimi, thank you. Amelia, Morgan, and Mike Farrell, this job can't be done without you. You do amazing work.

And, finally, Micah and Melanie, I have worked closest with you. Thank you for all you do

and for the support to the practice of medicine that you provide in the state And for all the help and support that you've provided me and my chairmanship.

At this time, I would like to end, with the Immortal words of Douglas Adams. Spoken by the porpoises as they left The earth in The Fourth Book of Hitchhikers Guide to the Galaxy Trilogy. 'So long and thanks for all the fish.'"

#### **12.2 Installation of Medical Commission Chair by Outgoing Chair**

Dr. Roberts: "Now, for the installation of the Medical Commission Chair, John, you are about to embark on an interesting and rather exciting journey. I cannot think of a better person to be the new chair. It's a lot of work, and it can be really frustrating, but it is also one of the most rewarding opportunities that I've ever had. Congratulations in keeping with the tradition. I am happy to present you with the venerable duck commander duck call, which I would also point out is made in the state of Louisiana where I was born and raised. ... Congratulations, John, and you get to take over now."

#### **12.3 Remarks by Incoming Chair**

John Maldon, Public Member, Chair: "Thank you Alden (Dr. Roberts)." "Thank you all." One would think that the transition from Alden to Maldon would seem natural and seamless but that is not the case. Alden has done a tremendous job as chair and has made many, many accomplishments and I know that Alden certainly is not done. He is very vocal. He is able to see between the cracks of the processes that we need to follow through and he is quick to jump on those things and make changes. So thank you all for your past work, and I hope that you'll continue to look for additional improvement.

I'd also like to thank Warren (Dr. Howe) and Alden for working me over the past few years, and encouraging me to move forward, and not scaring me away from turning this honor down. Their insight and their ability to demonstrate to me what the processes are, and what's important for me to know, has provided me with a base to at least get started. I am really said that it will not be able to call upon Warren for advice and counsel in the future, and he's probably equally glad that I won't be asking. I wish the best to you and your family Warren, you will be deeply missed by myself, and certainly by the Commission.

Really look forward to continuing my work with Doctors Roberts, Domino, and Trescott on the executive team, and I'd like to welcome Jimmy (Dr. Chung), to the executive team as well. You're an exciting and new member and a great addition to the executive team.

I'm truly honored and I guess excited to be the next chair. I said I guess because I have a little bit of anxiety as I move into this new role. And, I think that's understandable. It's kinda moving into a little dark space for me, even though I've had some preparation by the honorable Warren and Alden, that I hope to be able to represent the Commission to the best of my abilities. So, thank you very much for the Honor. Thank you."

Melanie de Leon, Executive Director, also thanked Dr. Roberts for the past two years of his leadership and mentorship. She then congratulated Mr. Maldon.

## **8.0 ADJOURNMENT**

The Chair called the meeting adjourned at 8:55 am.

Submitted by

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Amelia Boyd, Program Manager

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John Maldon, Public Member, Chair  
Washington Medical Commission

Approved August 21, 2020

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# Old Business

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## Committee/Workgroup Reports: August 2020

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

A new page will be added to the WMC web site providing information on submitting a CRP certification report.

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

The annual conference has been canceled. In order to meet our mandate to provide education, we are going to provide a series of webinars covering the topics originally scheduled for the conference. If you have additional suggestions for webinar topics, please let [Jimi](#) know. We also need a physician member to participate in the conference workgroup. The time commitment is minimal. If you would like to join us, please let [Jimi](#) know.

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

This committee will need to meet virtually to discuss plans and topics for the 2021 meeting calendar. Meeting notices for this meeting will go out after the August meeting.

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

Workgroup reviewing latest document draft. Next meeting not scheduled at this time.

### **Health Equity Workgroup – Chair: Dr. Jaeger Staff: Micah Matthews**

Reinstated workgroup. Jimi is reaching out to proposed membership to get volunteer confirmation. Work plan is created and tentatively approved.



# Committees & Workgroups



WASHINGTON  
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## Executive Committee

John Maldon, Public Member, Chair  
Dr. Trescott, 1<sup>st</sup> Vice Chair  
Dr. Chung, 2<sup>nd</sup> Vice Chair  
Dr. Domino, Policy Committee Chair  
Dr. Roberts, Immediate Past Chair  
Melanie de Leon  
Micah Matthews  
Heather Carter, AAG

## Policy Committee

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

## Newsletter Editorial Board

Dr. Hopkins, Pro Tem Commissioner  
Candy Vervair, Public Member  
Jim Anderson, PA-C  
Jimi Bush, Managing Editor  
Micah Matthews

## Legislative Subcommittee

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

## Panel L

John Maldon, Public Member, Chair  
Dr. Browne  
Dr. Roberts  
Christine Blake, Public Member  
Dr. Ashleigh, Pro Tem Commissioner  
Theresa Schimmels, PA-C  
Dr. Barrett, Medical Consultant  
Marisa Courtney, Interim Licensing Supervisor  
Ariele Page Landstrom, Staff Attorney  
Micah Matthews

## Finance Workgroup

Dr. Roberts, Immediate Past Chair, Workgroup Chair  
John Maldon, Current Chair  
Dr. Trescott, 1<sup>st</sup> Vice Chair  
Melanie de Leon  
Micah Matthews  
Jimi Bush

## Annual Educational Conference Workgroup

Toni Borlas, Chair  
Theresa Schimmels, PA-C  
TBD  
Jimi Bush, Organizer

## Commissioner Education Workgroup

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

# Committees & Workgroups



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## Reduction of Medical Errors Workgroup

**Dr. Chung, Chair**  
**John Maldon, Public Member**  
**Dr. Roberts**  
**Dr. Domino**  
**Dr. Jaeger**  
**Christine Blake, Public Member**  
**Melanie de Leon**  
**Mike Farrell**

## Osteopathic Manipulative Therapy Workgroup

**Dr. Roberts**  
**Dr. Currie**  
**John Maldon, Public Member**  
**Micah Matthews**  
**Michael Farrell**  
**Amelia Boyd**  
**Heather Carter**

## Health Equity Workgroup

**Dr. Jaeger, Chair**  
**TBD**  
**TBD, Public Member**  
**Micah Matthews**  
**Jimi Bush**  
**Anjali Bhatt**

## Collaborative Drug Treatment Agreement Rulemaking Committee

**Dr. Roberts, Chair**  
**Dr. Chung**  
**Dr. Small**  
**John Maldon, Public Member**  
**Melanie de Leon**  
**Micah Matthews**  
**Kyle Karinen, Staff Attorney**  
**Amelia Boyd**  
**Heather Carter, AAG**

## PQAC E-prescribing Rulemaking Committee

**Christine Blake, Public Member**  
**Dr. Browne**  
**Dr. Small**  
**Melanie de Leon**  
**Amelia Boyd**  
**TBD, Staff Attorney**  
**Heather Carter, AAG**

## Telemedicine Rulemaking Committee

**James Anderson, PA-C, Chair**  
**Christine Blake, Public Member**  
**Toni Borlas, Public Member**  
**Dr. Ashleigh, Pro Tem Commissioner**  
**Dr. Roberts**  
**Dr. Lewis**  
**Dr. Wohns**  
**Micah Matthews**  
**Stephanie McManus**  
**Mike Farrell**  
**Amelia Boyd**

## Stem Cells Rulemaking Committee

**TBD, Chair**  
**TBD**  
**TBD, Public Member**  
**Micah Matthews**  
**Mike Farrell**  
**Amelia Boyd**  
**Heather Carter, AAG**

## Opioid Prescribing – Patient Exemptions Rulemaking Committee

**Dr. Roberts, Chair**  
**Dr. Small**  
**Dr. Terman**  
**James Anderson, PA-C**  
**Melanie de Leon**  
**Mike Farrell**  
**Amelia Boyd**  
**Heather Carter, AAG**

# Committees & Workgroups



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

## PA Chapter 246-918 WAC & HB 2378

### Rulemaking Committee

**James Anderson, PA-C, Chair**

**Theresa Schimmels, PA**

**TBD, Public Member**

**Melanie de Leon**

**Mike Farrell**

**Amelia Boyd**

**Heather Carter, AAG**

## SB 6551 – IMG Licensing Rulemaking Committee

**TBD, Chair**

**TBD**

**TBD, Public Member**

**Micah Matthews**

**Ariele Landstrom, Staff Attorney**

**Marisa Courtney, Interim Licensing Supervisor**

**Dawn Thompson**

**Becca King**

**Stephanie Mason**

**Rick Glein, Staff Attorney**

**Amelia Boyd**

**Heather Carter, AAG**

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

WMC Rules Progress Report								Projected filing dates		
Rule	Status	Date	Next step	Complete By	Notes	Submitted to RMS	SBEIS Check	CR-101	CR-102	CR-103
Clinical Support MDs & PAs (formerly Technical Assistance)	Commission approved rescinding CR-102	1/17/2020	One more workshop	Unknown	Keep Osteo updated.			Complete	TBD	TBD
Chapter 246-919 WAC Update	CR-102 Filed	6/25/2020	Hearing	8/19/2020	Keep DQAC updated	6/15/2020		Complete	June 2020	September 2020
Telemedicine	CR-101 filed	9/17/2019	Workshops	TBD	Keep Osteo updated.			Complete	TBD	TBD
Stem Cells	CR-101 Filed	4/21/2020	Workshops	TBD	Keep Osteo updated.	3/13/2020		Complete	TBD	TBD
Opioid Prescribing - LTAC, SNF patient exemption	CR-101 filed	3/26/2020	Workshops	TBD				Complete	January 2021	April 2021
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	January 2022	April 2022
Emergency Licensing Rules	Secretary Review	3/26/2020	File CR-105	TBD	Holding until proclamation is lifted.					
Chapter 246-918 WAC & HB 2378	CR-101 approved	5/15/2020	File CR-101	TBD	Collaborate with Osteo on HB 2378			October 2020		
ESHB 1551 - HIV/AIDS	Expedited rulemaking approved	5/15/2020	File CR-105	January 2021						
SB 6551 - IMG licensing	CR-101 filed	8/6/2020	File CR-101	August 2020		6/5/2020		Complete	July 2021	December 2021

## Sunrise Reviews

Review	Status	Notice Link	Hearing Date & Time	Site Link
Acupuncture and Eastern Medicine Scope of Practice	Cancelled	<a href="#">Acupuncture Notice</a>	8/2/19 9am-11am	<a href="https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress">https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress</a>
Psychologist scope of practice regarding prescriptive authority	Accepting Comments until 6/17/2020	<a href="#">Psychologist Association Notice</a>	None scheduled	<a href="https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress">https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress</a>

# Lists & Labels

---





## 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.”

Maddison Armbruster	3147444151	Maddison_Armbruster@spectrumhealth.com
Primary Contact Name ↓	Phone ↓	Email ↓

Additional Contact Names (Lists are only sent to approved individuals) ↓	Website URL ↓
--	---------------

Spectrum Healthcare Resources	43-1698884
Professional Assoc. or Educational Organization ↓	Federal Tax ID or Uniform Business ID number ↓

12647 Olive Blvd. #600	St. Louis, MO 63141
Street Address ↓	City, State, Zip Code ↓

To notify of job opportunities

1. How will the lists be used? ↓

Psychiatrists

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

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

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

**Patti Franczak**

Jul 22, 2020

Signature ↓

Date ↓

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

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






# WA\_List\_Application\_Signed

Final Audit Report

2020-07-22

Created:	2020-07-22
By:	Lori Mantia (lori_mantia@spectrumhealth.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvaZp3SBLY6k8aTK73zIPwaw8jHqE3vF_

## "WA\_List\_Application\_Signed" History

-  Document created by Lori Mantia (lori\_mantia@spectrumhealth.com)  
2020-07-22 - 5:03:02 PM GMT- IP address: 68.156.21.39
-  Document emailed to Patti Franczak (patti\_franczak@spectrumhealth.com) for signature  
2020-07-22 - 5:03:59 PM GMT
-  Email viewed by Patti Franczak (patti\_franczak@spectrumhealth.com)  
2020-07-22 - 5:12:06 PM GMT- IP address: 24.217.90.176
-  Document e-signed by Patti Franczak (patti\_franczak@spectrumhealth.com)  
Signature Date: 2020-07-22 - 5:32:13 PM GMT - Time Source: server- IP address: 24.217.90.176
-  Signed document emailed to Lori Mantia (lori\_mantia@spectrumhealth.com) and Patti Franczak (patti\_franczak@spectrumhealth.com)  
2020-07-22 - 5:32:13 PM GMT



## Who We Are

Spectrum® Healthcare Resources (Spectrum) provides permanent, civilian-contracted medical professionals exclusively to U.S. Military Treatment Facilities (MTFs), Veteran Affairs clinics, and other agencies of the Federal government through program development and healthcare services delivery.

Proven through our solid reputation in the healthcare management staffing industry and our Joint Commission certification, Spectrum continues to successfully attract and retain the most qualified healthcare professionals to help our client facilities serve their patients. As we look to the future, we focus on what matters most – caring for America's military families, veterans, and Federal employees.

## What We Do

With 30 years experience of recruiting healthcare professionals nationwide, Spectrum has successfully staffed more than 26,000 individuals in multiple professions and specialties. This includes Physicians, Mid-Level Providers, Nurses, Ancillary and Support staff in multiple specialties to include Primary and Specialty Care, Rehabilitation, Pharmacy, Program Management, Dental and Behavioral Health.

Beyond standard recruitment strategies executed by our in-house recruitment team, Spectrum invests in internal contact database management technology supplemented with commercial databases to expand our recruiting network nationwide. Our skilled recruitment staff uses our extensive array of recruiting tools to efficiently identify candidates that best satisfy the customers' needs.

As a professional organization, Spectrum is committed to the interests of healthcare professionals across a variety of disciplines and in multiple locations nationwide. For over 30+ years, we have built an exceptional culture, provided innovative solutions, and fully supported healthcare providers deliver high quality patient care to our nation's military and their families. We are dedicated to finding the best healthcare professionals so they can focus on what matters most—*caring for those in need.*

**SUBJECT:** Pain Management Psychiatrist needed in Bremerton, Washington

Hello (Name),

As an experienced nursing professional, you have seen the healthcare industry go through radical changes in just a few short months. Nearly all medical professionals are experiencing uncertainty and substantial changes in their professional lives.

If you *or* someone you know is interested in providing care in a supportive environment, please consider joining our team as a **Pain Management Psychiatrist in Bremerton, Washington**.

What you can expect in [this position](#):

- Full-time position
- Monday through Friday schedule
- **No nights, weekends, or holidays**
- Stable patient population
- Outpatient work setting
- Freedom from malpractice insurance worries

If you are interested in learning more, please call me at (314) 744-4138 or simply reply at [Joseph\\_Day@spectrumhealth.com](mailto:Joseph_Day@spectrumhealth.com) for more information.

I look forward to connecting!

Joseph Day, Recruiter

Spectrum Healthcare Resources

Phone: (314) 744-4138

Email: [Joseph\\_Day@spectrumhealth.com](mailto:Joseph_Day@spectrumhealth.com)

## Application for Approval to Receive Lists

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  - Advance causes seen as important to its members that will improve quality of care rendered to the public.
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  - 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.”

Kara Velez

619-255-2788

Kara@telehealth.org

Primary Contact Name ↑

Phone ↑

Email ↑

Marlene Maheu (Executive Director)

Telehealth.org

Additional Contact Names (Lists are only sent to approved individuals) ↑

Website URL ↑

84-2503999

Professional Assoc. or Educational Organization ↑

Federal Tax ID or Uniform Business ID number ↑

2173 Waring Rd #124

San Diego, CA 92120

Street Address ↑

City, State, Zip Code ↑

To offer telehealth resources due to the COVID-19 pandemic. Such training will enable professionals to understand and comply with telehealth-related COVID-19 regulatory and policy changes as well as how to provide services virtually following evidence-based best practices.

1. How will the lists be used? ↑

Marriage and Family Therapists, Psychologists, Counselors (incl Addiction), Social Workers, Behavior Analysts, Speech Pathologists, Occupational Therapists, Behavior Analysts, Psychiatrists, Doctors, Nurses, Physician Assistants

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

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

Email to: [PDRC@DOH.WA.Gov](mailto:PDRC@DOH.WA.Gov)

Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Fax to: PDRC - 360-586-2171



Signature ↑

07 / 15 / 2020

Date ↑

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

# TELEBEHAVIORAL HEALTH™ INSTITUTE

*21st Century Behavioral Health Strategies*

## Who

Please allow us to introduce ourselves. The **Telebehavioral Health Institute (TBHI)** is a telehealth training/consulting organization that has focused on **legal and ethical telehealth compliance** since **2009**. We are organized as both a for-profit and non-profit 501(3)c (Telehealth Institute).

## What

A leader in telehealth research and professional training, **Dr. Marlene Maheu** is our founder. She has written **5 telehealth textbooks**, published more than **40** peer-reviewed **telehealth journal articles**, founded the ***Journal for Technology in Behavioral Science*** and chaired the Task Force that published an interprofessional **telebehavioral health competencies framework** in 2017.

TBHI then offers **distilled information that cuts through a lot of the double-talk** that you will find when researching telehealth. TBHI offers a rich variety of materials, referencing more than **4,500 primary source documents**.

TBHI offers **AMA, AOA, APA, CSWB, NBCC & NAADAC**-accredited digital courses that are available with **CME and CE hours** at [Telehealth.org](https://telehealth.org). TBHI training is available **online, 24/7**, and therefore accessible from wherever the clinician has an Internet connection.

## Why

While many professionals quickly learned how to set up video systems from their homes for COVID-19, **most do not understand the COVID changes**, or how to maintain their **professionalism** in the face of this departure from in-person care. Many have opted to use the **telephone** instead, without forethought or training. Some are asking more **serious clinical questions**.

Get more information about what we offer at [telehealth.org](https://telehealth.org). Information about being a continuing education provider can be found at <https://telehealth.org/continuing-education/>.



---

## Four Types of Telehealth: Advantages and Uses - TBHI News 07/16/2020

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Telebehavioral Health Institute, LLC <contact@telehealth.org>  
To: "TBHI Staff: Kara Velez" <kara@telehealth.org>

Thu, Jul 16, 2020 at 8:34 AM

*Enjoy the leading telebehavioral health newsletter. Feel free to pass along to your friends and colleagues.*

# TELEBEHAVIORAL HEALTH INSTITUTE™

*21st Century Behavioral Health Strategies*



This week's news:

1. Four Types
2. Substance Abuse
3. Cybersecurity
4. Support Groups
5. Female Physicians
6. Fraud.
7. Remote Therapy
8. Home Health
9. Family Planning
10. Memory
11. Reimbursement
12. Engagement
12. Transgendered
13. Digital Health
14. Phishing
15. States
16. International

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## Telehealth News

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### Four Types of Telehealth: Advantages and Uses

*TBHI Blog* -- Given the funding that has recently been pouring into [healthcare technology](#) due to [COVID-19](#) in the first quarter of 2020, the behavioral health community can expect that many current innovations will be more visible in the [market](#) soon.

Understanding the four basic types of telehealth technology can help the wise professional make informed choices about telehealth purchases. This article summarizes the four basic types as they apply to both general, as well as behavioral health care.

[Read more](#)

---

A banner for Telehealth Evidence-Based Professional Training & Consultation. It features a woman with dark hair in a bun, smiling and looking at a laptop. The background is a soft-focus indoor setting. The text is in a clean, sans-serif font. The top left has the logo for TELEBEHAVIORAL HEALTH INSTITUTE™ with the tagline 21st Century Behavioral Health Strategies. The main title is in a larger font. Below it are four bullet points: • Serve more people, • Lower your overhead, • Increase profits, and • Improve outcomes. A yellow button with the text LEARN MORE is positioned below the bullet points. At the bottom left, it says CE credits • All online • Available 24/7. At the bottom right, it says Telehealth.org or 858-255-2788. A yellow mouse cursor icon is pointing at the LEARN MORE button.

**TELEBEHAVIORAL HEALTH INSTITUTE™**  
21st Century Behavioral Health Strategies

## Telehealth Evidence-Based Professional Training & Consultation

- Serve more people
- Lower your overhead
- Increase profits
- Improve outcomes

[LEARN MORE](#)

CE credits • All online • Available 24/7

[Telehealth.org](https://telehealth.org) or 858-255-2788

[Get Telehealth Certified](#)

---

## Senators Seek Telehealth Expansion for Substance Abuse Treatment

*mHealth Intelligence* -- A bill before the Senate would extend telehealth coverage for substance abuse disorder treatment, including MAT therapy and Medicare reimbursement for audio-only phone calls, beyond the COVID-19 emergency.

[Read more](#)

---

## The 10 Coolest New Cybersecurity Tools and Products of 2020 (So Far)

*CRN* -- The 10 cybersecurity tools and products making noise in the market have emphasized workflow automation, asset protection and downtime minimization to better safeguard clouds, endpoints and mobile devices.

[Read more](#)

---

## Virtual COVID-19 Support Groups (9,900) and HIPAA

*TBHI Blog* -- Demand for virtual support groups for recovered COVID-19 patients continues to grow as more patients recover. Forced isolation has exacerbated patient depression, anxiety, and stress, causing many recovered patients to seek virtual support groups to cope.

[Read more](#)

---

*Preventing & handling complex clinical cases via telehealth*

**TBHI's LIVE, INTERACTIVE Webinar**

Meets 4 credit hours of CME and CE  
legal/ethical requirements



Offered Again This Saturday  
[Register Here](#)

---

## Female Physicians More Likely To Adopt Telehealth

*HealthLeaders* -- Data from [Doximity](#) shows that physicians in their 40s and 50s are using telemedicine more often than ones in their 30s. In addition, female physicians are adopting telemedicine at a much higher rate—to the tune of 25%—than male physicians.

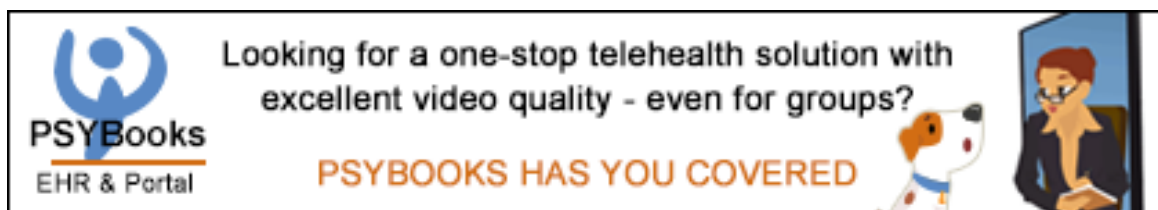
[Read more](#)

---

## Telemedicine Fraud

*TBHI Blog* -- Access to telehealth has grown rapidly since the start of the COVID-19 public health emergency. As access to telehealth has increased, so has telemedicine fraud.

[Read more](#)



[See How PsyBooks Can Help You](#)

---

## After Trying Remote Therapy, Some May Never Go Back to In-Person Sessions

*Vice* -- Teletherapy was not widely accepted pre-pandemic, but when circumstances forced providers' hands, both sides realized the setup has unique benefits.

[Read more](#)

---

## How is Technology Impacting Home Healthcare

*Appinventiv* -- In the past, healthcare at home was considered as a luxury only few could enjoy but with the advancement of technology, we see the [era of healthcare digitalization](#). Technology is the main catalyst that drives the evolved ecosystem of home and healthcare.

[Read More](#)

---

## Telemedicine: The Future of Family Planning Care

*JSI* -- During the [COVID-19](#) public health emergency (PHE), the use of telemedicine (providing services via audio/audio-visual communication) for the delivery of family planning services increased dramatically.

[Read More](#)



[Review Telehealth Malpractice Insurance Options](#)

---

## Telehealth Delivery of Memory Rehabilitation Following Stroke

*Monash University* -- Memory difficulties are common after stroke, yet many have limited access to rehabilitation services, particularly in rural areas. This thesis examines telehealth delivery for memory rehabilitation after stroke and demonstrates that telehealth is at least comparable to face-to-face methods in improving everyday memory functioning. This thesis also explores benefits and barriers to adoption by rehabilitation clinicians and stroke survivors, and presents implications and recommendations for implementation of telehealth in stroke healthcare.

[Read more](#)

---

## New Heights for Digital Health Funding In 2020

*Health Europa* -- The report, by [Rock Health](#), explores the rise in digital health funding across the United States – with US digital health companies raising \$5.4bn (€4.79bn) in the first six months of 2020.

[Read more](#)



## Looking for a Telehealth Grant?

The Telebehavioral Health Institute (TBHI) is seeking grant partners who need telehealth consultation and training to launch or expand their telehealth programs.

Click the button below to complete the application form.

Let us help you get the funding you need with our grant writers.

[Apply to be a TBHI Grant Partner Here!](#)

---

## Telehealth Claim Lines Increased More Than 8,335% in April: Fair Health

*Healthcare Dive*-- The volume of telehealth claim lines increased more than 8,335% in April 2020 compared to April 2019 as the pandemic continues to drive utilization, according to the [newest analysis](#) of insurance trends by nonprofit FAIR Health.

[Read More](#)

---

## How Patient Engagement Technology is Transforming the Healthcare Sector

*Healthcare Tech* -- Technology is continuously changing the face of the healthcare industry at an extremely high rate. If the new technologies are utilized effectively, healthcare organizations will meet the increasing demand and efficiently offer better service to the patients.

[Read More](#)

*thera-LINK*<sup>®</sup>  
Connect Anywhere.



HIPAA-secured telehealth video platform

[Learn More about Thera-Link](#)

---

## Telehealth Offers Transgender People A New Way To Receive Hormone Therapy, During The Pandemic And Beyond

*North Carolina Health News* -- The COVID pandemic has paved way for virtual visits to continue for transgender patients, offering easy - and private - access to hormone replacement therapy and other care.

[Read More](#)

---

Telemedicine - Breaking Down the Barriers to Change

*ITIJ* -- With the uptake of wearable health devices and the continued expansion of and investment in the IoHT, telemedicine has long been the most logical step forward. But with all its promise, it hadn't quite yet made it to mainstream status. Thanks to the severe conditions brought about by Covid-19, that all looks set to change.

[Read more](#)



## FREE COVID-19 Telehealth Best Practices Webinar

- **Overview of telehealth best practices and COVID legal changes**
- **1-hour On-Demand Program (updated)**

Content donated by Telebehavioral Health Institute (TBHI) to the Telehealth Institute (TI) for free dissemination to the telehealth professional community

[Register Here](#)

## Microsoft Sues, Now Controls COVID-19 Phishing Campaign Domains

*Health IT Security* -- Recently unsealed court documents shed light on Microsoft's efforts to block a massive phishing campaign tied to COVID-19 themes directed at business leaders from 62 countries.

[Read more](#)

## 60% of Patients Interested in Using Digital Communication Tools

*Patient Engagement HIT* -- The evidence is mounting that telehealth and digital communication is here to stay, with the [latest](#) from Accenture showing 60 percent of patients will continue to access care via telehealth technology.

[Read more](#)

## Telehealth Seen as Viable Option for Same-Day ART Patients

*Contagion Live* -- An overwhelming majority of newly diagnosed HIV patients who accepted Same-Day ART initiation (SDART) also accepted follow-up telehealth appointments. Of the 69 patients (93.2%) who accepted SDART, 68 of them agreed to a telehealth session. These findings were presented at the [International AIDS Society \(IAS\) AIDS 2020 Virtual Sessions](#).

[Read more](#)



**Compliance Group: HIPAA Compliance  
Software**

*Ensuring Telehealth professionals achieve total  
HIPAA compliance*

**Card Choice International (CCI)** is a premier  
provider of credit card processing and other  
business solutions, offering secure, custom-  
tailored, electronically-driven financial products.

---

## State-Based News

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- Gov. Jared Polis Signs Bill Protecting Telehealth
- Texas Telemedicine Services Extended Through September Because Of COVID-19
- Tucson Residents Concerned Telemedicine Won't Be Offered

---

## International News

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- How to Build a Better Canada after COVID-19: Make Telehealth the Primary Way We Deliver Health Care

---

### Previous Top Stories:

- US Congress Heeds Public Outcry for Telehealth Reform
- Emergency Telehealth Capacity Bill Has Bipartisan Support

### Previous TBHI Blogs:

- "What about Telehealth Billing?"
- Zoom Fatigue: What You Can Do About It
- Healthcare Breaches Rise Amid COVID-19

---

### Quote of the Week:

*"You are never too old to set another goal or to dream a new dream."*

C.S. Lewis

### What Our Trainees Are Saying....

*"Marlene is an intelligent, thoughtful, and diligent clinical psychologist. I've known her for years and her work in ethics and telehealth have been of the highest caliber."*

Reid Hester, Ph.D.

Partner, Behavior Therapy Associates, LLP

---



TBHI Training Options: [TBHI Certificates](#) - [Speaker Request](#) - [Scholarship Program](#)  
Next Steps: [TBH Consultation](#) - [Job Opportunities](#) - [Become a TBHI Speaker](#) - [Beta Test Group](#)  
Additional Resources: [Products & Services Directory](#) - [Partners/Affiliates Program](#) - [TBHI Blog](#)  
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Marlene M. Maheu, PhD  
Executive Director  
Telebehavioral Health Institute, LLC  
5173 Waring Road  
#124  
San Diego CA 92120  
USA

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☐ We are a "professional association"

☒ We are an "educational organization."

Jonathan R. Espenschied, MD

509-368-6875

J.Espenschied@wsu.edu

Primary Contact Name ↑

Phone ↑

Email ↑

Solmaz Amiri, DDes, MArch

<https://medicine.wsu.edu/>

Additional Contact Names (Lists are only sent to approved individuals) ↑

Website URL ↑

Washington State University

91-6001108

Professional Assoc. or Educational Organization ↑

Federal Tax ID or Uniform Business ID number ↑

412 E. Spokane Falls Blvd

Spokane, WA 99202-2131

Street Address ↑

City, State, Zip Code ↑

The lists will be used to explore physician and health care provider workforce across the state.

1. How will the lists be used? ↑

Physicians and health care providers

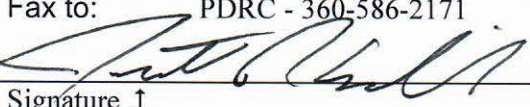
2. What profession(s) are you seeking approval for? ↑

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

Email to: [PDRC@DOH.WA.Gov](mailto:PDRC@DOH.WA.Gov)

Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Fax to: PDRC - 360-586-2171

  
Signature ↑

2/24/2020  
Date ↑

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

For Official Use Only

Authorizing Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Printed Name: \_\_\_\_\_

5-year one-time

Denied: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

To Whom It May Concern:

Washington State University is a land grant educational institution and an agency of the State of Washington established by an Act of the Legislature of the State of Washington, Chapter VIII, Session Laws 1868-90. It is not organized for profit and none of the net income inures to any private stockholder or citizen. Chapter 77, Laws of 1959, designated this institution as Washington State University.

Washington State University is exempt from Federal income tax under Internal Revenue Code (IRC) Sec. 115 (1), and charitable contributions to Washington State University are deductible under IRC Sec. 170, "contribution to a governmental unit."

Washington State University is exempt from Federal excise taxes under IRC Sec. 4253(i). Washington State University is exempt from Washington State Business and Occupation Tax (B&O), real estate taxes and personal property taxes. Washington State University is subject to Washington State Sales Tax and does collect and pay Washington State Sales and Use Taxes on purchases and sales of taxable personal property.

Our Federal Tax Identification Number is 91-6001108. If you have any questions, please contact me at (509) 335-2008.

Sincerely,



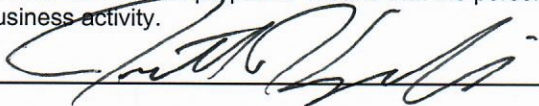
Terry L. Ely  
Executive Director, Business Services/Controller





**PUBLIC RECORDS REQUEST**  
**List of Individuals**

**COMMERCIAL PURPOSE DECLARATION**

1. REQUESTOR'S NAME Jonathan R. Espenschied, MD	2. DATE OF REQUEST 1/24/2020
3. REQUESTOR'S MAILING ADDRESS 412 E. Spokane Falls Blvd. Spokane, WA 99202-2131 EMAIL AND/OR OTHER CONTACT INFORMATION J.Espenschied@wsu.edu	4. TELEPHONE 509-368-6875
5. REQUESTED INFORMATION The Provider Credential Search data for the last 10 years (as of Decemecer 31 <sup>st</sup> of 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019). We would like to request all the provider fields in the public data, and if available: NPI, Medical School and date of graduation, residency and fellowship and date of completion, and specialty (if applicable).	
<p>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. "Commercial purpose" is defined as profit expecting business activity. Upon such declaration you will be provided with the requested list, however if applicable to your request, current residential address and residential telephone information of health care providers will be removed in accordance with RCW 42.56.350(2).</p> <p>If you been approved as a professional association or educational organization you <b>need not</b> complete the declaration in Section 1 but you must follow the instructions in Section 2. <b>*ALL REQUESTORS MUST ANSWER QUESTIONS ON PAGE 2:</b></p> <p><b>PLEASE COMPLETE SECTION 1 <u>OR</u> SECTION 2 BELOW THEN ANSWER QUESTIONS ON PAGE 2.</b></p> <p><b>SECTION 1 – PERSONAL USE – NO PROFESSIONAL OR EDUCATIONAL AFFILIATION:</b> <b>For Non-Commercial Purpose</b></p> <p>I declare that I and/or the entity I represent will not use the requested records for commercial purposes. I also acknowledge it is my affirmative duty to prevent others from using the records for commercial purposes.</p> <p>I understand that the use for commercial purposes of said records may also violate the rights of the individuals named herein and may subject me to liability for such commercial use.</p> <p>I understand that "commercial purposes" means that the person/entity requesting the records intends to use them to facilitate profit-expecting business activity.</p> <p>Signature </p> <hr/> <p><b>SECTION 2 – RECOGNIZED PROFESSIONAL ASSOCIATION OR EDUCATIONAL ORGANIZATION:</b> <b>For Commercial (Business) Purpose</b></p> <p>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 approval. If this approval has not been established, additional processing may be required.</p> <p>I declare that I and/or the entity I represent will not provide the list to other persons or organizations for any purpose.</p> <p>Signature _____</p>	



DECLARATION UNDER PENALTY OF PERJURY

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 (specify which one applies):

☐ My Own Personal Behalf

☒ Organization or ~~Business~~ (complete a. - d.)

a. If an organization or business, the name of the organization or business is:

Elson S. Floyd College of Medicine, Washington State University

b. If an organization or business, the purpose of the organization or business is:

College of Medicine, teach medical students

c. If an organization or business, the website address is:

medicine.wsu.edu

d. If an organization or business, (i) it is a professional association or educational organization recognized by the professional licensing or examination board, and (ii) 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 ☐ No

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

To assess work force in WA (Clinical Workforce), and the trending data  
Non-Commercial use

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

☐ Yes ☒ No

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

☐ Yes ☒ 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:

☐ Yes ☒ No

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that any list of individuals I or my organization or business receive pursuant to request (#/date/name \_\_\_\_\_) To the (name of agency) will not be used for any commercial purpose in violation of RCW 42.56.070(8).

DATED this 27<sup>th</sup> of January, 2020 in Spokane, WA  
(City, State)



Signature of Declarant

Jonathan Espenschied

Print Name

Declarant's Title (if any):

# Policy Committee

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## Delegation of Signature Authority for Credentialing, Discipline and Rulemaking

I, John Maldon, Chair of the Washington Medical Commission, acting upon the authorization of the Commission, hereby delegate signature authority to the following staff for the specific documents as indicated:

- Executive Director
- Deputy Executive Director
- Medical Consultant
- Program Manager
- Licensing ~~Manager~~ Supervisor
- Licensing Lead (*routine applications and delegation agreements only*)
- Licensing Health Services Consultant (HSC) 2s (*routine applications and delegation agreements only*)
- Director of Investigations
- Director of Legal Services
- ~~Director of Operations and Informatics~~

### Licensing

1. Approval of routine licensing applications, limited applications, and physician assistant (PA) applicants and delegation agreements as authorized under WAC 246-919-310 and WAC 246-918-070. A routine licensing application is an application without a positive answer to a personal data question, an out-of-state action, or other negative information on the applicant.

*\*Licensing ~~Manager~~ Supervisor \*Licensing Lead \* HSC2 (only as noted above) \*Executive Director  
\*Deputy Executive Director \*~~Director of Operations and Informatics~~*

2. Requests for approval of remote site supervision.

*\*Medical Consultants \*~~Director of Operations and Informatics~~ \*Licensing ~~Supervisor~~ Manager \*  
Licensing Lead \*~~Executive Director~~ \*Deputy Executive Director*

3. Requests for approval of more than five PAs per physician.



*\*Medical Consultants \*~~Director of Operations and Informatics~~ \*Licensing Supervisor Manager \*Licensing Lead \*or one of the Clinical Executive Officers \*Executive Director \*Deputy Executive Director*

4. Approval of delegation agreements after a physician or PA has been released from an Order or STID

*\*Medical Consultants \*~~Director of Operations and Informatics~~ \*Licensing Supervisor Manager \*Licensing Lead \*or one of the Clinical Executive Officers*

5. Requests for special accommodations to sit for USMLE examination.

*\*Licensing Supervisor Manager \*Executive Director \*Deputy Executive Director \*~~Director of Operations and Informatics~~*

Approval of applications submitted with the following positive answers, but otherwise routine:

*\*Medical Consultants \*~~Director of Operations and Informatics~~ \*Licensing Supervisor Manager \*Licensing Lead*

- Applicant's medical conditions (Medical Consultants only)
- Medical malpractice reports (Medical Consultants only)
- Minor traffic violations, i.e. speeding,
- DUIs more than 5 years prior to application (Medical Consultants only)
- Minor misdemeanor offenses, i.e. disorderly conduct
- Brief probation during residency or other training but successfully completed the program.
- Hospital privileges suspended regarding medical records issues more than five years prior.
- PAs with open complaints or the proposed supervising physician with open complaints.
- Applicants with closed complaints in other state boards.
- FBI fingerprint hit more than 10 years prior to application, as long as applicant reports the incident and provides supporting documentation (if any) in the application process.
- Change in medical schools.
- Leave of absence during medical school but still successfully graduated.
- A span of more than seven years to complete all three steps of the USMLE if the applicant participated in a joint degree program.

7. Notice of Decision on Application and the Determination for a Brief Adjudicative Proceeding (after authorization by Panel L)

*\*Executive Director \*Deputy Executive Director \*~~Director of Operations and Informatics~~ \*Licensing Supervisor Manager*

8. Approval of a request for extension to complete continuing medical education requirements up to one year.

*\*Executive Director \*Medical Consultants \*Deputy Executive Director*

## Discipline

1. Legal Pleadings (issued after authorization by the Commission)

*\*Executive Director \*Deputy Executive Director \*Director of Legal Services \*Medical Consultants  
\*Director of Investigations*

- Statement of Allegations
- Statement of Charges
- Notice of Opportunity for prompt hearing, regularly scheduled hearing, or settlement
- Notice of Opportunity for Settlement and Hearing
- Notice of Correction
- Withdrawal of Statement of Charges, Statement of Allegations, or Notice or Correction
- Summary Action Order
- Subpoena (*Executive Director, Deputy Executive Director, Director of Legal Services and Director of Investigations*)

## Rulemaking

1. Documents filed with the Code Reviser's Office (issued after authorization by the Commission)

*\*Executive Director \*Deputy Executive Director \*Program Manager*

- CR-101 – Statement of Inquiry
- CR-102 – Proposed Rule or Expedited Rule
- CR-103 – Rule Making Order
- CR-105 – Expedited Rule

## Other

Granting an extension of no more than six months on Respondent completing compliance requirements.

*\*Compliance Medical Consultant \*Executive Director \*Deputy Executive Director*

~~This delegation allows staff to bring applications with an egregious or serious allegation directly to the CMT for authorization of investigation, RCM assignment, and legal services.~~

This delegation shall remain in effect until revoked, terminated or modified by the Commission.

Date of Adoption: August 21, 2020

DRAFT

## Medical Directors: Roles, Duties and Responsibilities

### Introduction

Serving as a medical director of a facility may be more challenging than most practitioners<sup>1</sup> realize. A medical director can work in a wide variety of environments, including chief medical officer for a large or small medical or hospital system, a single-specialty or multi-disciplinary clinic, a long-term care facility, a medical spa, an addiction treatment facility, a telemedicine venture, or an entity seeking to gain credibility by hiring a “medical director” in some nebulous role. The Commission has reviewed many complaints that practitioners failed to meet the obligations inherent in the role of a medical director. Whether this arises from simple ignorance of the laws, or a reckless disregard of appropriate standards, the result can be harm to patients or a violation of state or federal law. The Commission provides this guideline to help practitioners understand the roles, duties and responsibilities of a medical director.<sup>2</sup>

### Guideline

While the duties will vary depending on the type of facility, and the legal relationship between the medical director and the facility, the medical director is ultimately responsible for the medical care provided and the safety of the patients. Regardless of the particular circumstances, the Commission recommends that a medical director should:

1. Understand and be familiar with the practice standards required of the particular type of practice;
2. Supervise and provide guidance to all clinical staff, whether they are employees or independent contractors;
3. Ensure that each member of the clinical staff is properly licensed, trained and acts within their legal scope of practice;
4. Coordinate care within the facility to promote teamwork and communication among the entire healthcare team;
5. Clearly communicate expectations to the clinical staff;
6. Develop and update policies, guidelines and protocols for clinical staff to ensure compliance with current practice standards, as well as federal and state regulations;
7. Ensure that the clinician staff exercise independent clinical judgment, put the patient first, and are not influenced by financial interests;
8. Respond to emergencies in a timely manner and address issues that can impact patient care;

<sup>1</sup> Practitioners includes physicians and physician assistants.

<sup>2</sup> This guideline is not intended to cover medical directors for health insurance carriers or EMS systems, which are covered by specific statutes. See RCW [48.43.540](#) and [18.71.212](#) *et seq.*

9. Ensure that a medical record is kept for each patient, and that health care information is confidential and secure; and
10. Promote professionalism and ethical values.

By following these recommendations, practitioners will reduce the likelihood of a bad outcome for patients and the likelihood of a complaint to the Commission.

The Commission warns practitioners to be wary of entering into arrangements with unlicensed persons. These relationships may entail legal risks involving aiding or abetting the unlicensed practice of medicine, the corporate practice of medicine, and violating fee-splitting, rebating or anti-kickback laws. The Commission advises practitioners considering these arrangements to seek legal counsel.

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Number: GUI2020-0x

Date of Adoption:

Reaffirmed / Updated:

Supersedes:

## Communicating Diagnostic Test Results to Patients

### Introduction

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

In 2011, the Commission issued a guideline on the ["Transmission of Time Critical Medical Information"](#) focusing on practitioners' obligation to communicate critical test results to other practitioners. The Commission issues these guidelines to assist practitioners to communicate test results directly to patients. [The term "test results" in this guideline refers to diagnostic test results.](#)

### Guidelines

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

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

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

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

## Resources

Communicating Test Results to Providers and Patients, Department of Veterans Affairs, Veterans Health Administration, VHA Directive 1088. October 7, 2015.

[file:///doh/user/fr/mlf1303/Desktop/1088\\_D\\_2015-10-07.pdf](file:///doh/user/fr/mlf1303/Desktop/1088_D_2015-10-07.pdf)

Hanna D, Griswold P, Leape L, Bates D, Communicating Critical Test Results: Safe Practice Recommendations, Journal of Quality and Patient Safety, Feb 2005: Volume 31 Number 2, 68-80.

<https://www.ncbi.nlm.nih.gov/pubmed/15791766>

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Number: GUI2016-02

Date of Adoption: November 4, 2016

Reaffirmed / Updated: None



Supersedes:

None

DRAFT

## Reopening a Closed Case

### Introduction

The Washington Medical Commission reviews complaints, decides whether an investigation is warranted, and either takes remedial action or closes the case with no action. After the Commission closes a case without action, whether prior to or after an investigation, the Commission may decide to re-open the case at some later time either to investigate a complaint or to consider taking action. The most common reason for re-opening a case is that the Commission has received an additional complaint that shows a potential pattern of substandard care or troubling behavior.

RCW 18.130.080 provides the Commission with broad authority to initiate an investigation and implicitly supports their authority to re-open a closed case. Subsection (2) permits the Commission to initiate an investigation when it receives a complaint or if it has reason to believe, without a formal complaint, that a license holder may have engaged in unprofessional conduct. When making the decision to investigate, the Commission is required to consider any previous complaints against the respondent. Subsection (3) requires the Commission to initiate an investigation when there is a pattern of complaints that when considered together demonstrate a pattern of similar conduct that, without investigation, likely poses a risk to patients.

This procedure describes the process that will be used when the Commission decides to re-open a case that was closed with no action. This process is different from the reconsideration process that is used when a complainant asks the Commission to reconsider their decision on a closed complaint. That process is covered by RCW 18.130.057 and [Commission procedure "Complainant Request for Reconsideration—Closed Cases](#), adopted August 11, 2017.

### Procedure

1. A Commission panel decides to re-open a case that was previously closed with no action. The case could have been initially closed below threshold prior to an investigation being conducted or after an investigation was completed.
2. Staff makes the necessary entries in the case-tracking system.
3. Staff sends a letter to the respondent and a letter to the complainant stating that the case has been re-opened. The letter does not state the reason for re-opening the case.
4. The reviewing commission member (RCM) assigned to the case, in consultation with the assigned staff attorney and assigned investigator, decides whether to send the case to the investigations unit to collect evidence or other information.

5. The RCM presents the re-opened case to a panel to consider whether action is warranted. The normal process for closing a case or taking action is followed.

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Date of Adoption:

Reaffirmed / Updated: N/A

Supersedes: N/A

DRAFT

# Staff Reports

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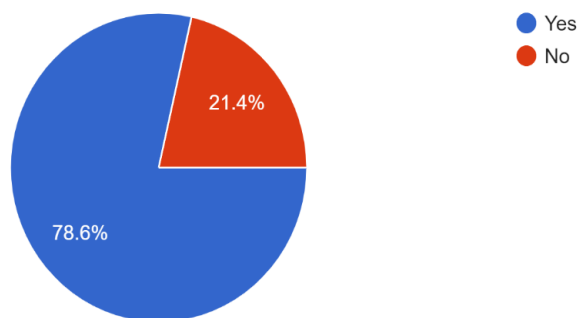
## Staff Reports: August 2020

Melanie de Leon, Executive Director

**Employee engagement.** Every week, I try to send an email out to all staff members to keep them informed of new work issues, Commission news, staff news or DOH updates. It is one way that I have used to try to stay connected as we enter our 5<sup>th</sup> month of working from home. We recently developed and deployed an engagement survey sent to all staff to see how well we were staying connected and solicit ideas they might have for improvement. We had an overall response rate of 79%. Here are some of the highlights:

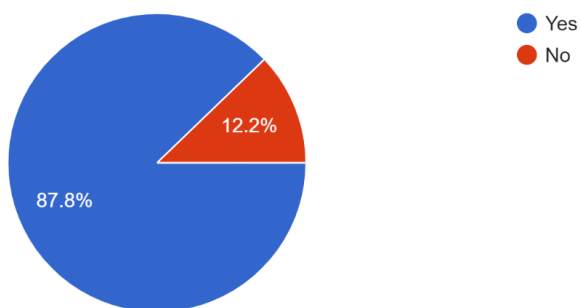
Are you happy with the level of communication present?

42 responses

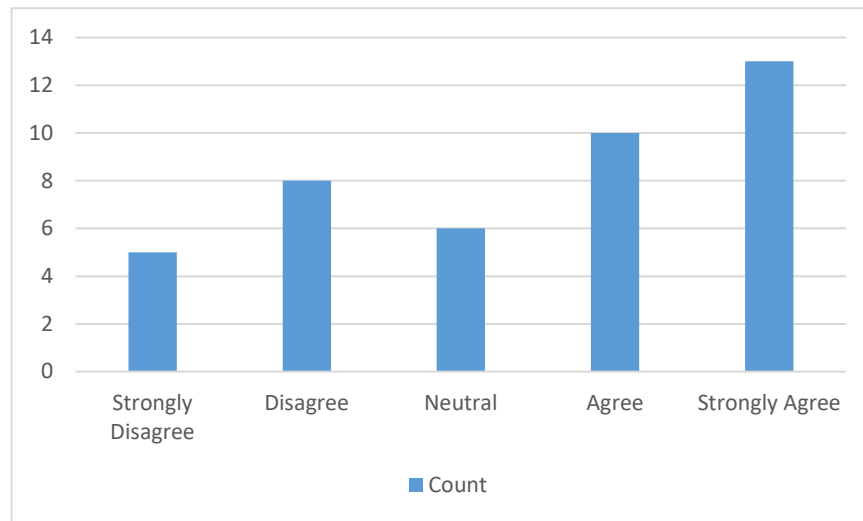


Do you feel that WMC leadership keeps people informed about what is happening?

41 responses



Working from home has not affected my work



What can you supervisor do to help your experience

- Offer positive/constructive feedback via video conference.
- Team Check-ins at least every other week (coffee breaks, informal).
- Weekly leadership emails.

How can we improve your engagement

- WMC Town hall
- Virtual lunches, social oriented events.
- Continue to provide weekly updates (re: budget, furloughs, etc.)
- Continue to be flexible, understanding and transparent.

As a result of this survey, we will be having more virtual social gatherings, including virtual all-staff lunches and a virtual Town Hall. I have asked our Social Committee to develop a list of activities we can participate in virtually to help keep us connected and engaged. While working from home enables us to get the work done, it is difficult to feel like we are part of a larger group all working to support the Commission's work when most of us are isolated at home.

**Implicit bias.** We have also finished a complete review of our internal work processes to determine if we introduce implicit or explicit bias and if so, how to modify the process to eliminate that bias. As a result of this review, we are changing our hiring process to redact all identifying information from job applications. We are also updating our complaint summary sheets and RCM assessment sheets to remove any information that could introduce bias in line with the commitment the Executive Committee made to eradicate institutional racism. This is a work in progress, so there will most likely be more revisions as we uncover issues.

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

### **Budget**

- Regarding the Secretary of Health's waiver of renewal fees for all professions, the renewal numbers show that roughly 70% of licensees eligible to renew in June chose not to pay their fee. We expect that the majority will be paying their required fee prior to September 30.
- Due to the Secretary's renewal waiver, the online payment system is disabled for those that chose to not pay their fees. They will need to send in a check for renewal prior to September 30 or will become expired and have a late fee assessed. Our communications team is working with WSMA to alert practitioners to this change.
- Due to the fee increase but reduced renewal fees paid, our actual revenue is currently at break even levels. You may recall that the reason for the fee increase was to adjust the trajectory of our fund balance. We are currently adding next to zero funds to the fund balance but expect to resolve the issue starting October 1.

### **Equity Efforts**

The Health Equity workgroup is restarted and we are working to add outside members to review all policies, rules, and guidelines through the lens of eliminating bias and discriminatory practices. The working plan is designed and awaits formal approval, but will carry the workgroup efforts through December 2021.

### **Outside Organization Updates**

- **CLEAR**
  - The Annual Educational Conference, which was supposed to be held in Seattle in September is now fully virtual due to COVID. In a settlement deal with the Hotel, CLEAR will host a mid year meeting in Seattle in 2022.
  - I am up for election for my final term as a member of the Board of Directors. Voting takes place prior to the conference.
- **FSMB**
  - In my role as a member of the Board Executive Advisory Committee I am being asked to provide feedback and direction related to federal legislation impacting medical boards. All of the proposals, and there are many, involve telemedicine and attempts to create license portability. We will see movement on this issue and I am not sure if the patient safety argument will win the day at this point as the most popular is the driver's license pure reciprocity model. For context, due to jurisdictional issues, this model is nearly unenforceable from a state standpoint.
- **CTeL**
  - In my role as member of the Advisory Board, I can report that the CTeL summits are now completely virtual until further notice.
  - There is a flurry of work with the current administration on telehealth issues. This is partially due to the concern that telehealth cooperation may revert to previous administration levels after the election if there is a party change.
-



### **Micah Matthews, Deputy Executive Director continued**

- Three years since the President signed the bill, the DEA still has not taken action on the law requiring them to create a telemedicine DEA registration. CTeL still engages with DEA and pushes for action.
- We received an update on 8/11/20 how telehealth is being used to pilot COVID vaccine studies. The speaker was optimistic that the U.S. will have at least three validly tested vaccines ready for mass administration by December 2020.

### **Legislative Implementation**

#### **IMG Implementation Workgroup**

- The workgroup met for the first time August 7. This is the successor workgroup for International Medical Graduates to integrate them into the health care delivery system.
- The first two items on the work plan are considering drafts of recommended rule language for a clinical experience license and language for license requirements waivers for exceptional qualifications. The clinical experience limited license language was approved and is going to the Policy Committee for consideration and rulemaking.

#### **Budget Proviso 59-Telemedicine Network Adequacy**

This was a surprise assignment that continued for us despite a Governor veto. Office of the Insurance Commissioner needs research help with respect to health professions and practice of telemedicine so they can determine through the insurance world who can perform and bill for these services. The end goal is to assist OIC with this information so they can stand up Cascade Care, the Washington public health insurance option passed into law two years ago. We anticipate our work will be complete in September.

#### **HB 2378-Physician Assistants**

We have an internal workgroup looking at the requirements for the bill, developing a timeline, and keeping the Osteo Board updated. The bill and most of its impacts become active in 2021 so we have limitations on what can be done in the near term. We are reviewing current rule language now to determine what must be deleted per the new bill.

#### **Staff Notes**

- Thanks to Mike Hively for his tireless IT work in trying to make DOH platforms work well for the WMC.
- Thanks to Jimi for her expert pivot from a COVID cancelled conference to planning equity CME talks through the end of the year.

### **Amelia Boyd, Program Manager**

#### **Recruitment**

The following Commissioner terms ended June 30, 2020:

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

### Amelia Boyd, Program Manager continued

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

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

Dr. Warren Howe, representing Congressional District 2, is resigning from the Commission as he is moving to the other side of the continent. His last meeting with the Commission will be August 20-21. Dr. Howe will be greatly missed! We began recruiting for this upcoming vacancy and the deadline for applications was July 1. The Executive Committee will begin reviewing them soon.

Candace Vervair, Public Member, will be moving out of state soon. Her last meeting with the Commission will be August 20-21. Her last day with the Commission will be September 8. Commissioner Vervair will also be greatly missed! We have begun recruiting for this upcoming vacancy and the deadline for applications is October 1. If you know anyone who might be interested in this opportunity, please have them contact [me](#).

#### Rules

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

### Melissa McEachron, Director of Operations and Informatics

**Subpoenas, litigation, and records requests or information requests:** Staff identify and gather records, review and redact records in accordance with federal law and the Washington Public Records Act, Chapter 42.56 RCW, and transfer the records in a secure method that protects the information released.

The following are completed or in process:

- Grand Jury Subpoenas (2)
- LNI – Demographics census information request
- Kennewick PD – Records Request
- *State v. McKesson* – litigation assistance by identifying cases within the lawsuit time period and starting the recall process and arranging for transfer of archived cases to the Office of the Attorney General

In addition, we are working on a request from the Medicare/ Medicaid Fraud Control Unit per the Memorandum of Understanding, for investigations and supporting documents in two cases. One case is in the investigation stage; the other is in the adjudication stage and scheduled for hearing.

**Archiving Activities** – Staff members are working on the following archiving projects and assignments. The highlight for this report is focused on our work to prepare cases closed

**Melissa McEachron, Director of Operations and Informatics, Continued**

below threshold (BT) by converting contents to the standard – PDF/A format. To date, procedures are completed and most 2018 cases are converted to the appropriate file format. 2019 BT cases archiving is scheduled to begin in September.

**Credentialing Steering Committee and ILRS Enforcement Change Requests and Steering Committee:** Dawn continues to participate on both Committees and initiate ILRS change requests for WMC.

**Licensing Application Updates:** Dawn lent her expertise in June and July to update WMC's licensing applications and forms; add WMC's limited licenses to online renewal system and notify license holder of the option; and explore options to electronically request and renew Retired Active licenses MDs and PAs.

**Licensing Unit Support:** Dawn spent 4-6 weeks working with the Licensing Unit to approve applications during the peak season. Dawn and Kathy also redacted all the applications prepared for Panel L review.

**George Heye, MD, Medical Consultant**

Nothing to report.

**Morgan Barrett, MD, Medical Consultant**

The Compliance Program will host its second Virtual Personal Appearances (VPA) on August 21. The July VPA was quite successful, which I attribute to the deft room control by Jimi and Amelia, Kayla's return in Panel A, and of course Mike's calm demeanor. At the request of our Legal Unit colleagues, STID releases and Order terminations will be presented during the VPA going forward.

**Rick Glein, Director of Legal Services**

**Summary Actions:**

*In re Michael C. Brown, MD, Case No. M2019-245.* On June 11, 2020, the Commission summarily restricted the medical license of Dr. Brown. The Statement of Charges (SOC) alleges Dr. Brown placed patients at risk by prescribing controlled substances without documented justification, without performing appropriate exams, and despite known risk factors. He also failed to adequately control the risk of diversion among cohabitating patients and failed to require substance abuse or psychiatric treatment for patients in need of those services. Pending final outcome of this matter, Dr. Brown is prohibited from prescribing controlled substances. A hearing is scheduled for this matter in February 2021.

*In re Rajninder K. Jutla, MD, Case No. M2020-230.* On June 23, 2020, the Commission summarily suspended the medical license of Dr. Jutla. The SOC alleges the Oregon Medical Board entered a Default Final Order (Oregon Order) and revoked Dr. Jutla's license to practice medicine in that jurisdiction. The Oregon Order also found that Dr. Jutla failed to

### **Rick Glein, Director of Legal Services, Continued**

meet the standard of care while treating chronic pain patients. A hearing has not yet been scheduled in this matter.

*In re Simon Elloway, MD*, Case No. M2019-260. A SOC was filed on January 22, 2020, alleging Dr. Elloway is unable to practice with reasonable skill and safety. On August 6, 2020, the Commission summarily suspended the license of Dr. Elloway. The Commission authorized the summary suspension based on the results of a neuropsychological evaluation. Dr. Elloway has until August 31, 2020, to request a show cause hearing regarding the summary suspension order. A show cause hearing would determine if the summary action should remain in place or be modified. A hearing is scheduled on August 27, 2020, regarding the merits of the SOC.

#### **United States Supreme Court case:**

*Hung Dang, MD v. Washington State Department of Health, Medical Quality Assurance Commission*. On July 31, 2020, Dr. Dang filed a Petition for Writ of Certiorari with the United States Supreme Court. This arises from the December 20, 2017 Amended Final Order (Final Order) in Case No. M2014-1258 in which the Commission found Dr. Dang committed unprofessional conduct and imposed sanctions to include two years of oversight; submission of quarterly reports by the Chief of Surgery where privileges are held; an ethics course; a paper; and a \$5,000 fine. Dr. Dang previously appealed this matter all the way to the Supreme Court of Washington which denied the Petition for Review.

Review on a writ of certiorari is not a matter of right, but of judicial discretion. A petition for a writ of certiorari will be granted only for compelling reasons. (Supreme Court Rule 10.)

#### **Virtual Hearings:**

Formal hearings on Statements of Charges were placed on hold while DOH determined how best to proceed with the restrictions put in place for COVID-19. While best practices are still being discussed and determined, respondents are now being offered the opportunity of virtual hearings which should be in a similar format to our own virtual Commission meetings. As a reminder, our legal assistants reach out to you via your WMC email address in an effort to obtain hearing panels. Please reply to this initial email, even if you are not able to participate in the hearing, as the legal assistants will begin calling Commissioners when a panel is not quickly secured. If WMC is ultimately unable to secure a panel, we must ask for a continuance of the proceeding which will delay the adjudication process.

#### **Racial Inequity Discussion:**

Rick, Jen, and Richelle have taken the opportunity to participate in DOH's Employee Space for Dialogue, Healing and Resources. This is a four-week commitment for 1½ hours a week, plus extra assignments, to examine our role in upholding white supremacy and systemic racism, our responsibility to listen and learn from the experiences of people of color, and our responsibility to strive for allyship through helpful action.

**Freda Pace, Director of Investigations**

**We need your help!** We have a number of vacancies in CMT panels for August - multiple vacancies on August 12, 19, and 26. Please visit our SharePoint site and sign up. If you need further assistance, please contact Chris Waterman at [chris.waterman@wmc.wa.gov](mailto:chris.waterman@wmc.wa.gov).

**CMT Stats:** In July, CMT authorized 25.4% of cases reviewed. CMT requested to utilize BT-12 (Unique letter) five times in July for responses to reports regarding COVID-19.

On May 5, 2020, the **Prescription Monitoring Program (PMP)** upgraded to a new platform, AWARe. As investigations began navigating the new platform, we quickly learned that historical data from PMP would be limited to 5-years unlike in the past where data was available since PMP's existence (2011). That said, we will work with what tools we have been given which will result in a change in how and how much PMP data will appear in our case files. Investigations is working to create a user-friendly presentation of the materials both in a PDF version as well as an Excel (filtering) format. We ask for your patience as we continue to be mindful in deciphering what information is critically important and should be made available during your review process. If you have any questions, please let me know.

[Freda.pace@wmc.wa.gov](mailto:Freda.pace@wmc.wa.gov)

**Mike Farrell, Policy Development Manager**

I have nothing to report outside of the work for the Policy and ROME committees.

**Jimi Bush, Director of Quality and Engagement**

**Fiscal Year 2020 Performance Report**

The fiscal year came to a close on July 1. We are in the process of creating our annual performance report. If there are specific details that you would like to see in the report please [let me know](#).

**Webinar topics**

In lieu of our annual conference we will be providing a series of webinars in order to continue providing education to our licensees and stakeholders. potential topics include:

- Forging a path toward healthcare equity
- Implicit bias in healthcare
- COVID-19 Lessons Learned and Updates
- Telemedicine Implementation
- Opioids in Washington
- The Data Driven Physician
- Legislative Updates
- Urban Homeless Health Needs
- LGBTQ+ healthcare report and recommendations

Please [let me know](#) if you would like to participate and if you have suggestions for topics/speakers.

**Jimi Bush, Director of Quality and Engagement, Continued**

**Conference Committee Participation**

While the annual conference has been canceled, we still need a physician member to participate on the Educational Conference Workgroup. This group will work on planning webinars and future educational events. Time commitment for this group is minimal, but very rewarding. If you are interested in participating, [please let me know](#).

**Health Workforce Council**

Sarah Chenvert and I attended the virtual meeting of the [WA Health Workforce Council](#) last month. During the meeting they recommended that DOH convene a workgroup to review the new health workforce-specific emergency rules and provisional WAC changes implemented since March 2020 focused on the state response to COVID-19, including changes to telemedicine, simulation for educational content and licensing. If you would like to participate in future meetings or have suggestions regarding the above, [please let me know](#).

**Marisa Courtney, Interim Licensing Manager**

Total licenses issued from 6/30/2020-8/10/2020- 561

Credential Type	Total Workflow Count
Physician And Surgeon County/City Health Department License	0
Physician And Surgeon Fellowship License	1
Physician And Surgeon Institution License	0
Physician And Surgeon License	438
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	41
Physician And Surgeon Residency License	22
Physician And Surgeon Teaching Research License	1
Physician And Surgeon Temporary Permit	1
Physician Assistant Interim Permit	3
Physician Assistant License	54
Physician Assistant Temporary Permit	0
<b>Totals:</b>	<b>561</b>

Information on Renewals: June Renewals: 57.44% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	4	4
MD	588	467	1055
MDFE	2	1	3
MDRE	168	105	273
MDTR	4	5	9
PA	80	42	122
	<b>57.44%</b>	<b>42.56%</b>	<b>100.00%</b>

# Marisa Courtney, Interim Licensing Manager, Continued

July Renewals: 61.59% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	5	5
MD	619	407	1026
MDFE	2	0	2
MDRE	100	54	154
MDTR	4	9	13
PA	112	47	159
	<b>61.59%</b>	<b>38.41%</b>	<b>100.00%</b>



## Panel A Personal Appearance Agenda

Friday, August 21, 2020

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

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

<https://global.gotomeeting.com/join/660267989>

Panel Members: Jimmy Chung, MD, Panel Chair  
James Anderson, PA-C  
Alan Brown, MD, Pro Tem  
Charlie Browne, MD  
Mary Curtis, MD Pro Tem  
Warren Howe, MD  
Charlotte Lewis, MD  
Robert Small, MD  
Candace Vervair, Public Member  
Richard Wohms, MD  
Yanling Yu, PhD, Public Member

Compliance Officer: Kayla LaRue

<b>9:45am</b>	<b>Jaime K. Bowman, MD</b> Attorney: Stephen M. Lamberson	M2019-510 (2018-9688) RCM: Charlie Browne, MD SA: Trisha Wolf
<b>10:30am</b>	<b>Mahmood Kakar, PA-C</b> Attorney: Robin J. Mar	M2019-362 (2018-6388) RCM: Jimmy Chung, MD SA: Richelle Little
<b>11:15 a.m.</b>	<b>Wayne M. Duran, MD</b> Attorney: John E. Turner	M2017-659 (2017-7448 et al.) RCM: Robert Small, MD SA: Gordon Wright
<b>Lunch Break</b>		
<b>1:15 pm</b>	<b>Rebecca N.A. Asomaning, MD</b> Attorney: Philip M. deMaine	M2019-511 (2018-14866) RCM: Charlotte Lewis, MD SA: Trisha Wolf
<b>2:00 pm</b>	<b>Gordon C. Jensen, MD</b> Attorney: Jennifer Smitrovich	M2016-1097 (2016-4783) RCM: Jason Cheung, MD SA: Gordon Wright
<b>2:45 pm</b>	<b>David E. Anderson, MD</b> Attorney: Pro Se	M2019-254 (2018-11948) RCM: Yanling Yu, PhD SA: Gordon Wright

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## Panel B Personal Appearance Agenda

Friday, August 21, 2020

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

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

<https://global.gotomeeting.com/join/918114677>

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

Compliance Officer: Mike Kramer

<b>9:45am</b>	<b>Alexander M. Ortolano, MD</b> Attorney: Christopher J. Mertens	M2013-584 (2015-7541 et al.) RCM: Theresa Schimmels, PA-C SA: Colleen Balatbat
<b>10:30am</b>	<b>CaSondra A. Banks, PA-C</b> Attorney: Anna K. Mitchell	M2019-819 (2019-3048) RCM: Theresa Schimmels, PA-C SA: Trisha Wolf
<b>11:15 a.m.</b>	<b>Garrett G. De Castro, MD</b> Attorney: Kenneth S. Kagan	M2018-971 (2018-7581) RCM: Alden Roberts, MD SA: Ariele Page Landstrom
<b>LUNCH BREAK</b>		
<b>1:15 pm</b>	<b>Daniel J. Riegel, MD</b> Attorney: Pro Se	M2014-91 (2013-5108) RCM: Claire Trescott, MD SA: Gordon Wright
<b>2:00 pm</b>	<b>Sara B. Howard, PA-C</b> Attorney: Pro Se	M2019-358 (2018-11832) RCM: Theresa Schimmels, PA-C SA: Larry Berg
<b>2:45 pm</b>	<b>Kenneth J. Vanderbeck, PA-C</b> Attorney: Pro Se	M2019-505 (2018-16339) RCM: Toni Borlas, Public Member SA: Trisha Wolf

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