WASHINGTON

Medical Commission

Licensing. Accountability. Leadership.

Regular Meeting
August 19-20, 2021
1st Revised

2021 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

The meeting dates for 2021 have been approved. Due to the COVID-19 event, these meetings may be done virtually instead of in person. Updates to the meeting locations will be made available via our GovDelivery and our Event Calendar at https://wmc.wa.gov/calendar.

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

2022 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 13-14	Virtual Meeting	Regular Meeting
March 3-4	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
April 14-15	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
May 26-27	Virtual Meeting	Regular Meeting
July 7-8	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
August 25-26	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
October 6-8	TBD	Educational Conference
November 17-18	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting

2023 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 12-13	TBD	Regular Meeting
March 2-3	TBD	Regular Meeting
April 13-14	TBD	Regular Meeting
May 25-26	TBD	Regular Meeting
July 6-7	TBD	Regular Meeting
August 24-25	TBD	Regular Meeting
October 5-7	TBD	Educational Conference
November 16-17	TBD	Regular Meeting

FORMAL HEARING SCHEDULE

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Hearing	Respondent	Specialty	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location	Panel Composition (as of 8/10/21)
10-Aug										
2021 August		*Commission Meeting 8/19/2021*								
30 Aug - **2 Sept**	ANTOCI, Valentin, MD	Non-BC Self-Designated Orthopaedic Surgery	M2017-515	Pro Se	Defreyn	Page Landstrom	A	Kuntz	TBD	**Blake; Yu; Golden PANEL COMPLETE - THANK YOU!**
2021 September		*Commission meeting 9/30/2021*								
8-Sep	BEVERLY, James M., PA	Phys. Asst.	M2019-482	Pro Se	Brewer	Berg	L	Donlin	TBD	
20-23 Sept	ATTEBERRY, Dave S., MD	Non-BC Self-designated Neurological Surgery	M2015-1151 M2020-804	Stephen M. Lamberson	Defreyn	Karinen	A	Kavanaugh	TBD	
2021 October		*NO COMMISSION MEETING THIS MONTH*								
11-13 Oct	KIM, Jeong H., MD	BC- Internal Medicine	M2019-699	Jennifer M. Smitrovich	Bahm	Page Landstrom	A	Kavanaugh	TBD	Yu;
14-15 Oct	JUTLA, Rajninder K., MD	BC- Anesthesiology & Pain Medicine	M2021-178	Pro Se	Brewer	Glein	A	Kuntz	TBD	
2021 November		*Commission meeting 11/18/2021*								
5-Nov	RUSSELL, Trent J., PA-C	Physician Asst.	M2020-687	Connie Elkins McKelvey	Pfluger	Berg	B	Blye	TBD	
9-10 Nov	DE, Monya, MD	Non-BC Self designated Internal Medicine	M2020-936	Mark Kimball Farnoosh Faryabi	Pfluger	Page Landstrom	B	Donlin	TBD	
29-Nov - **1 Dec**	SCHOENFELDER, Kevin P., MD	BC- Orthopaedic Surgery	M2019-825	Bertha Fitzer	Defreyn	Page Landstrom	B	Herington	TBD	
2021 December		*NO COMMISSION MEETING THIS MONTH*								
8-10 Dec	LEE, Gerald	BC- Anesthesiology	M2018-495	Pro Se	Bahm	Karinen	A	Kuntz	TBD	
13-15 Dec	CLARK, Thomas Boyle, III, MD	BC- Anatomic Pathology	M2020-406	Peter Helmberger Mary Robnett	Pfluger/Bahm	Page Landstrom	A	Kuntz	TBD	
2022 January		*Commission meeting 1/13/2022*								
6-7 Jan	GOLDSTEIN, Neil K., MD	BC - Diagnostic Radiology	M2020-660	Mark Melter	Bahm	Page Landstrom	L	Blye	TBD	

Commission Meeting Agenda
August 19-20, 2021 *1st Revised*

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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

Thursday – August 19, 2021

Closed Sessions

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

12:00 pm to 1:30 pm **Department of Corrections: Patients and Complaints**
Frank Longano, MD, Deputy Chief Medical Officer, Department of Corrections

This event will be held via the GoToMeeting platform. To attend, follow this link:
https://global.gotomeeting.com/join/695596605

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/2331967822414043408
After registering, you will receive an email containing a link that is unique to you to join the webinar.

Agenda Items	Presented By:	Page #:
Policy – Determining Appropriate Practices under IMG Licenses *Discussion of creating a new policy.*	Michael Farrell	39
Interpretive Statement – Requiring the Filing of a Practice Agreement Before Beginning to Practice Under an IMG Limited License *Discussion of creating a new interpretive statement.*	Michael Farrell	41
Policy – Telemedicine *Discussion of possibly combining the Guideline: Appropriate Use of Telemedicine with the Policy: Telemedicine and Continuity of Care. If combined, the Guideline: Appropriate Use of Telemedicine will need to be rescinded.*	Michael Farrell	43
Procedure – Processing Complaints of Sexual Misconduct Through the Sexual Misconduct Analysis Review Team (SMART) *Periodic review and possible revisions.*	Michael Farrell	49
Procedure – Interactive and Transparent Development of Evidence-based Policies and Guidelines *Periodic review and possible revisions.*	Michael Farrell	51

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Agenda Items	Presented By:	Page #:
Licensing Application Questions *Discussion and possible revisions to licensing application questions.*	Micah Matthews	55
Informed Consent and Shared Decision-Making *Discussion and possible creation of a policy or guideline.*	Michael Farrell	59

Friday – August 20, 2021

Open Session

8:00 am –9:30 am **Business Meeting**

Please **register** for this meeting at:
https://attendee.gotowebinar.com/rt/8406208814946311184
After registering, you will receive an email containing a link that is unique to you to join the webinar.

1.0 Chair Calls the Meeting to Order

2.0 Housekeeping

3.0 Chair Report

4.0 Consent Agenda

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

4.1 Minutes – Approval of the July 9, 2021 Business Meeting minutes. — Pages 10-14

4.2 Agenda – Approval of the August 20, 2021 Business Meeting agenda.

5.0 New Business

5.1 **WMC 2021-2023 Strategic Plan** — Action

Melanie de Leon, Executive Director, will present the draft strategic plan for discussion and action. — Pages 15-25

6.0 Old Business

6.1 **Committee/Workgroup Reports** — Update

The Chair will call for reports from the Commission's committees and workgroups. Written reports begin on page 26.

See page 28 for a list of committees and workgroups.

6.2 **Rulemaking Activities** — Update

Rules Progress Report provided on page 31.

The hearing for the Physician Assistant chapter 246-918 WAC rules is scheduled for Wednesday, September 22 from 2 pm to 4 pm. We need at least 11 Commissioners to panel this hearing. Please let me know as soon as possible if you can participate.

6.3 **Delegation of Signature Authority** — Action
Micah Matthews, Deputy Executive Director, will present changes to this document for discussion and vote. — Pages 32-35

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

- University of Washington/Fred Hutchinson — Pages 3638-

7.0 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.***

8.0 Policy Committee Report

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on August 19, 2021. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented. — Report/Action Begins on page 39

9.0 Member Reports

The Chair will call for reports from Commission members.

10.0 Staff Member Reports — Pages 63-71

The Chair will call for further reports from staff.

11.0 AAG Report

Heather Carter, AAG, may provide a report.

12.0 Adjournment of Business Meeting

Open Sessions

9:45 am — Personal Appearances – Panel A — Page 72
Please join this meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/243475405

9:45 am — Personal Appearances – Panel B — Page 73
Please join this meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/345525861

Closed Session

Noon to 1:00 pm — Lunch Break

Open Sessions

1:15 pm — Personal Appearances – Panel A — Page 72
Please join this meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/243475405

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Please join this meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/345525861

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 19, 2021 until all agenda items are complete. The Commission will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on August 20, 2021 until all agenda items are complete. The Commission will take public comment at the Business Meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Business Meeting Minutes
July 9, 2021

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Virtual Meeting via GoToWebinar

Commission Members

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

Commission Staff

Christine Babb, Investigator
Colleen Balatbat, Staff Attorney
Morgan Barrett, MD, Director of Compliance
Jennifer Batey, Legal Support Staff Manager
Larry Berg, Staff Attorney
Amelia Boyd, Program Manager
Reneé Bruess, Investigator
Adam Calica, Chief Investigator
Sarah Chenvert, Performance Manager
Melanie de Leon, Executive Director
Anthony Elders, Compliance Officer
Michael Farrell, Policy Development Manager
Kristi Ferguson, Investigator
Gina Fino, MD, Investigator
Ryan Furbush, Paralegal
George Heye, MD, Medical Consultant
Mike Hively, Information Liaison & Acting Director of Operations & Informatics
Jenelle Houser, Legal Assistant
Kyle Karinen, Staff Attorney
Becca King, Administrative Assistant
Stephanie Mason, Legislative Liaison & PIO
Micah Matthews, Deputy Executive Director
Lynne Miller, Paralegal
Natalie Oakes, Investigator
Freda Pace, Director of Investigations
Ariele Page Landstrom, Staff Attorney
Trisha Wolf, Staff Attorney
Gordon Wright, Staff Attorney
Mahlet Zeru, Equity & Social Justice Manager

Others in Attendance

Chris Bundy, MD, Executive Medical Director, Washington Physician's Health Program (WPHP)
Heather Cantrell, Policy Analyst, Department of Health
Heather Carter, Assistant Attorney General
Katerina LaMarche, Washington State Medical Association
Gregory Terman, MD, Pro Tem Commissioner

1.0 Call to Order

John Maldon, Public Member, Chair, called the meeting of the Washington Medical Commission (Commission) to order at 8:00 a.m. on July 9, 2021.

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2.0 Housekeeping

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

3.0 Chair Report

Mr. Maldon congratulated Dr. Karen Domino and Dr. Claire Trescott on being reappointed for a second term as Commissioners. He also congratulated Melissa McEachron on her recent retirement after 31 years as a state employee.

Mr. Maldon asked new Commissioner, Dr. Harlan Gallinger to introduce himself. Dr. Gallinger stated that he is grateful to serve in this capacity. He went on to say he is eager to learn how he can be most effective. He also stated that he is an emergency room physician in Tacoma.

Mr. Maldon reported that the year-long process of switching panels is now complete. This process consisted of two Commissioners from each panel sitting in on their opposite panel for case reviews at one meeting.

Mr. Maldon reported that a draft agenda has been completed for the Commissioner retreat and as soon as it is complete it will be sent out to all Commissioners. He went on to say that the plan for the retreat is to meet in person sometime in December.

Mr. Maldon stated that the August meeting will be virtual and the November meeting may be a hybrid. He then asked Melanie de Leon, Executive Director, to report further on meeting structure for 2022. Ms. de Leon stated that our usual meeting space does not have availability for the January or May meetings in 2022. She stated that as such, we will hold both of those meetings virtually and the remainder of the regular meetings for 2022 will be held at our usual meeting space.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the May 14, 2021 Business Meeting.
4.2 Agenda for July 9, 2021.

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

5.0 Old Business

5.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet.

5.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. Ms. Boyd stated there was nothing further to report.

5.3 The Effects of State Medical Board Disciplinary Orders on ABMS Specialty Board Certification

Mike Farrell, Policy Development Manager, provided an update on his paper.

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5.4 Lists & Labels Request

The following lists and labels request were discussed for possible approval or denial. Approval or denial of these requests is based on whether the entity meets the requirements of a "professional association" or an "educational organization" as noted on the application (RCW 42.56.070(9)).

- R. Cassidy Seminars

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

6.0 Public Comment

Chris Bundy, MD, Executive Medical Director, Washington Physician's Health Program (WPHP) provided comments on Mr. Farrell's paper Effects of State Medical Board Disciplinary Orders on ABMS Specialty Board Certification.

7.0 Policy Committee Report

Mr. Maldon, in the absence of Dr. Karen Domino, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on July 8, 2021:

Telemedicine Rulemaking, WSR #19-19-072

Mr. Maldon explained that there may be new legislation that would impact the Commission's rulemaking on this subject. Mr. Maldon asked Micah Matthews, Deputy Executive Director to speak more on this rulemaking. Mr. Matthews explained that future legislation would likely require the Commission to put this rulemaking on hold for 18-24 months. As such, it was requested the CR-101 be rescinded instead of putting it on hold. The committee recommended approval to rescind the CR-101 for this rulemaking.

Motion: The Chair entertained a motion to approve rescinding the CR-101 for this rulemaking. The motion was approved unanimously.

Stem Cell Rulemaking, WSR #20-09-132

Mr. Maldon explained that at the first workshop for this rulemaking the panel and interested parties discussed the draft language and RCW 18.130.420 which regulates the use of stem cell therapy. The panel felt the RCW negated the need for a rule by the Commission. As such, it was requested the CR-101 be rescinded. The committee recommended approval to rescind the CR-101 for this rulemaking and create a policy or guideline instead.

Motion: The Chair entertained a motion to approve rescinding the CR-101 for this rulemaking and create a policy or guideline. The motion was approved unanimously.

Opioid Prescribing Patient Exclusions Rulemaking

Mr. Maldon asked Ms. Boyd to report on this item. Ms. Boyd explained that in the Commission's previous rulemaking related to opioid prescribing, there were several comments received that requested patients in certain healthcare facilities be exempt or excluded from the rules. A workshop was held on June 2, 2021 where the draft language was discussed by both Commissioners and interested parties. The draft language excludes patients in the following healthcare facilities from the MD and PA chapter's rules:

- Nursing Homes

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- Long Term Acute Care Facilities
- Residential Treatment Facilities
- Residential Habilitation Centers

Ms. Boyd that the draft language was approved by the panel at the workshop to initiate the next step in the rulemaking process, the CR-102. The committee recommended approving initiating the CR-102 process.

> ***Motion:*** The Chair entertained a motion to approve initiating the CR-102 process for this rulemaking. The motion was approved unanimously.

Procedure – Processing Complaints of Sexual Misconduct Through the Sexual Misconduct Analysis Review Team (SMART)
Mr. Maldon explained that the committee noted that there should be more work done on the language. The committee recommended this procedure be revised and brought back to a future meeting.

Procedure – Interactive and Transparent Development of Evidence-based Policies and Guidelines
Mr. Maldon explained that this is the procedure for developing policies for the Policy Committee. The committee decided to rescind the document and create a new document through a workgroup.

Cures Act requirement to give patient access to all health information in EMR
Mr. Maldon explained that the Cures Act states that the EMR/EHR belongs to the patient and that the information in the EMR/EHR should be available to the patient right away. The committee recommended collaborating with the Washington State Medical Association to create education about this topic for providers.

8.0 Member Reports

There were no member reports.

9.0 Staff Reports

Ms. de Leon reported that the current process for disciplinary matters is that the Respondent must have at least one Personal Appearance before the Commission. She stated that there have been questions as to the necessity of a Personal Appearance in certain disciplinary matters. She stated that the Commission may change this process but that to do so it would have to be brought before the Commission for a vote.

Mr. Matthews thanked the Commissioners for heeding the requests for payroll information. He reported that as of July 1, 2021 the 90 day timeframe for reporting payroll is in effect again.

10.0 AAG Report

Heather Carter, AAG, had nothing to report.

11.0 Adjournment

The Chair called the meeting adjourned at 9:09 am.

Submitted by

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Amelia Boyd, Program Manager

John Maldon, Public Member, Chair
Washington Medical Commission

Approved August 20, 2021

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Washington Medical Commission

2021 - 2023

Strategic Plan

Content

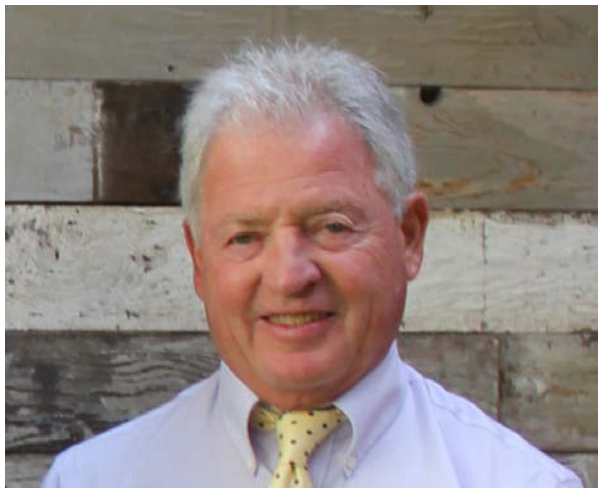
Message from the WMC Leadership

For over 120 years, the Washington Medical Commission (WMC), has emphasized high quality health care to protect the patients of Washington. Our philosophy and programs are characterized by enduring partnerships with others who share our vision. While the WMC has made significant accomplishments in the past, the 2021-2023 strategic plan is ambitious and challenges the WMC to re-examine our current strategies with a renewed dedication to promoting patient safety.

Healthcare is now in a time of rapid and accelerating change. New alliances and advances in technology are emerging at a pace that we have not before experienced. Throughout 2020, with its unprecedented challenges and rapid changes, we engaged in a process to more precisely define our core values and restructured them to reflect our commitment to creating a more efficient organization, building better communication channels and relationships with our stakeholders.

On behalf of the WMC, it is our honor and privilege to present the Commissions' Strategic Plan for 2021-2023. This plan advances our goal of enhancing the integrity of the profession and promoting patient safety through licensing, enforcement and education.

John Maldon
WMC Chair



Melanie de Leon, JD, MPA
WMC Executive Director

Core Values

Thoughtful

We are mindful of our impact on our stakeholders, customers, colleagues and consider their unique needs.

Positive

We recognize that mistakes are human and approach all situations with kindness, respect and a readiness to achieve common goals.

Transparent

We proactively communicate, set achievable timeframes and carry out operations openly.

Innovative

We embrace change and use dynamic problem solving to find better ways to approach our work.

Mission

Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule making, and education.

Vision

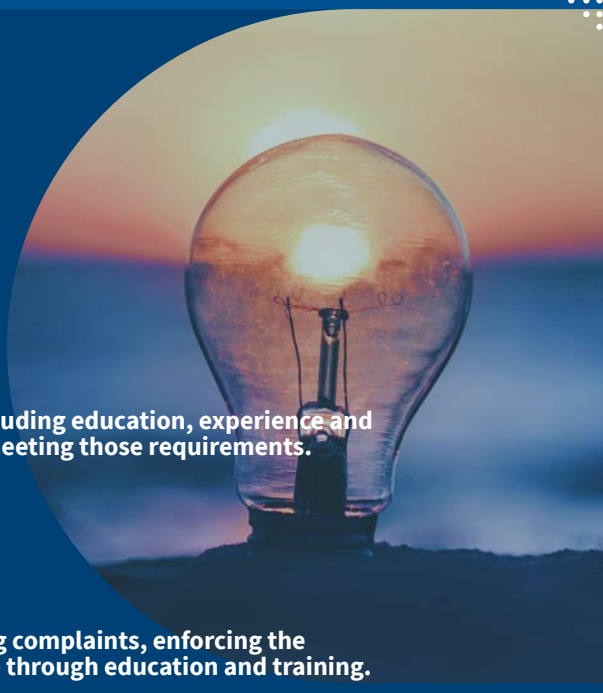
Advancing the optimal level of medical care for the people of Washington State.

Strategic Priorities

As Commissioners and Staff of the Washington Medical Commission we are creating a strategic plan that works toward...

1. Using Data to Guide Decision Making and Establish Priorities.
2. Working in Partnership to Reduce and Eliminate Waste.
3. Letting Go of Old Paradigms and Embracing New Methodology.

Strategic Goals



1 Licensing

Protect Washingtonians by enforcing requirements for licensure, including education, experience and demonstrated competence. Efficiently issue licenses to individuals meeting those requirements.

2 Accountability

Protect the health and safety of the public by effectively investigating complaints, enforcing the Uniform Disciplinary Act and helping licensees improve their practice through education and training.

3 Administration and Legislation

Protect the health, safety and privacy of stakeholders by facilitating and supporting the work of WMC staff and Commissioners in the modernization of regulations, policies, procedures and legislation.

4 Outreach

Provide education and resources for the public, licensees and partners to increase awareness about the Commission and laws governing the safe practice of medicine in Washington.

5 Commission

Uphold organizational success through proper governance, effective leadership and responsible management.

1. Licensing

Protect Washingtonians by enforcing requirements for licensure, including education, experience and demonstrated competence. Efficiently issue licenses to individuals meeting those requirements.

1. Respond to customer inquiries within two business days.
2. Reduce initial licensing time from 12 weeks to 10.
3. Complete the intake process within seven days of receipt.
4. Process and respond to the applicant of an exception application within 45 days.
5. Conduct a pending application audit every 30 days.
6. Introduce an internal status meeting to address performance metrics and establish priorities for the upcoming month.
7. Create annual training modules and outreach campaigns regarding licensing changes resulting from technological and process updates.

2. Accountability

Protect the health and safety of the public by effectively investigating complaints, enforcing the Uniform Disciplinary Act and helping licensees improve their practice through education and training.

1. Collaborate with Health Systems Quality Assurance (HSQA) and the other boards and commissions to draft modern language for the Uniform Disciplinary Act (UDA).
2. Research and identify electronic solutions to hold outside entities, collaborating with the WMC, accountable in order to improve enforcement processes.
3. Identify training and a process for retention of digital and social media.
4. Work in partnership with other state medical boards to exchange ideas on how to improve function areas. This includes: reporting, training, best practices for conducting an investigation and working with partner governmental agencies
5. Develop a formal communication strategy between the investigator, staff attorney and the RCM that provides actionable information and details.
6. Develop a program pairing investigative and legal staff with new commissioners to support one another's WMC work.
7. Develop interview and communication strategies for customers from intake to closure of a complaint.
8. Establish regular meetings between Investigations, Legal and the Assistant Attorney General's Office about processes and procedures.
9. Explore the feasibility of using a third party to conduct a practice review to eliminate bias.
10. Restructure the compliance exit survey to provide more meaningful data for customer service improvement.
11. Modernize the compliance requirement tracking system for both internal and external users.
12. Research the demographics of respondents, their completion rate and timeframes associated with their compliance.
13. Create a modern resource corner for stakeholders that provides options for respondent deliverables and contact information.

3. Administration and Legislation

Protect the health, safety and privacy of stakeholders by facilitating and supporting the work of WMC staff and Commissioners in the modernization of regulations, policies, procedures and legislation.

1. Evaluate and provide recommendations to revise performance metrics to better reflect the work performed by the WMC.
2. Research and evaluate the options for a contract and an electronic content management (ECM) solution that can incorporate third party collaboration.
3. Explore solutions to increase efficiency in the production of records for litigation, discovery, and other compulsory responses that include features for scanning, redacting documents, and a corresponding privilege/exemption log.
4. Develop an internal data-sharing process that addresses the criteria for acceptance of an agreement and streamlines the overall process.
5. Reduce the duplicate document backlog by 20% in licensing files and when closures have been finalized.
6. Reduce paper documents from the records center by 10% by converting them to a digital format.
7. Create recommendations for conducting commission meetings as we move forward in a post pandemic world.
8. Create a modern work environment that incorporates the needs of in-office and remote staff.
9. Develop a process for housing pro-tem materials in a location other than the X drive.
10. Streamline the internal legislative process.
11. Research new demographic census survey tools to identify solutions for survey maintenance and tasks.
12. Establish ongoing, cooperative meetings, between managers in HSQA and WMC to establish priorities and gather stakeholder input.
13. Create a forum that allows direct collaboration between LEAN facilitators to address work standards and responses to unintentional errors without supervisor oversight.
14. Establish an informal monthly meeting where unit updates can be provided.
15. Encourage staff, by scheduling time during the workday, to be lifelong learners by taking one annual self-directed course that applies to their position and share it with their unit.
16. Establish a key learning and quality improvement process from completed disciplinary actions and administrative hearings.

4. Outreach

Provide education and resources for the public, licensees and partners to increase awareness about the Commission and laws governing the safe practice of medicine in Washington

1. Launch a health literacy campaign that focuses on improving the patient's understanding of healthcare.
2. Create a patient liaison position to work with WMC complainants to address individual health literacy, misunderstanding about what to expect from a provider and what to expect from the WMC.
3. Collaborate with and expand communication to community organizations to provide education to vulnerable populations.
4. Improve education to the public and licensees on pending laws and regulations pertaining to the WMC, including opportunities for their input.
5. Introduce monthly Lunch and Learns to help the general public, staff and commissioners learn about the WMC.
6. Conduct an annual presentation for WA associations that provides information about the WMC process and addresses their specific questions.
7. Conduct a feasibility study to develop a mobile application for real-time license identification to promote efficiency.
8. Develop a website dashboard.

5. Commission

Uphold organizational success through proper governance, effective leadership and responsible management.

1. Commissioners will be 100 percent compliant with the Commissioner Code of Conduct Policy throughout their term of appointment.
2. Annually, the Executive Committee will conduct a review and update as necessary the commissioner on-boarding program.
3. Once per term of appointment each commissioner will interact with a national or state board resource to identify a best practice to enhance the WMC mission.
4. Each newly appointed commissioner will solicit a review of one assessment and one panel presentation from a colleague commissioner to assure WMC standards are met.

Contact Us

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Medical.Commission@wmc.wa.gov

(360) 236-2750

P.O. BOX 47866
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Committee/Workgroup Reports: August 2021

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

The committee is due to meet to go over its guideline and statement of understanding with the Foundation for Health Care Quality. A meeting needs to be scheduled.

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

With Ms. Schimmels leaving the commission, we need committee members. If you are interested in becoming part of the conference planning workgroup, please let Jimi know.

While our in-person conference is postponed, we are continuing to offer education via webinars. Jimi recently met with a group of staff and public commissioners to gather input on patient focused education. Here are a list of proposed topics.

• **How can the WMC help you?**
  ○ What we do
  ▪ Common billing issues and how to resolve them
  ▪ Understanding the WMC patient toolkit and the patient bill of rights
  ▪ Where is "Doctor Jail"?
  ○ Submitting a Complaint
  ▪ How to file a complaint
  ▪ Why some complaints are not investigated?
  ▪ When should I file a complaint with a hospital vs. WMC?
  ○ Your role in a communication and resolution program
	• **Your rights as a patient**
	  ○ Translation services
	  ○ Medical service consent, second opinions and medication refusal
	  ○ Managing expectations
	  ○ Opioid usage and pain management contracts
	  ○ What to expect during a telemedicine visit

• **How to research your doctor**
  ○ Using the Provider Credential search
  ○ What is a certification vs a license?
  ○ What does the WMC do and how is that different than the board of health?
	• **Healthcare 101**
	  ○ What is confidential?
	  ○ What is HIPPA?
	  ○ Why isn't your doctor at the hospital all the time?
	  ○ Medical Terminology

• How to talk to your doctor about your healthcare needs as an LGBTQ individual.	• How to talk to your doctor about your healthcare needs as an LGBTQ individual.
• What do patients lie to their doctors about? And tips to encourage them to tell the truth.	• Understanding your Electronic Health Care Record (EHR)

Here are is a list of proposed CME topics for providers.

• Data Driven Physicians	• Urban Homeless Health Needs
• Palliative Designation for Pain Patients	• MAT Update
• How Racism Creates a systems issue in healthcare	• How does implicit bias by physicians affect patients' health care?

If you are interested in sharing your expertise on any of these topics, participating in a panel and/or if you have a speaker suggestion – Please let Jimi Know.

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

As we transition back to in-person Commission meetings, we are developing a new program to provide training sessions during the Thursday lunch time for Commissioners to include participating in hearings, IT training, etc. If you have an idea for one of these training sessions, please contact Melanie or Amelia.

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

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

Health Equity Advisory Committee – Chair: Dr. Jaeger
Staff: Jimi Bush

We will be holding quarterly meetings for the rest of the year. The next meeting will be on September 15 at 9:30 AM.
All remaining policies/rules/etc. will be open for written comment at any time through the end of the committee lifespan.

More information is available on the committee webpage.

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

This workgroup will be scheduled to meet mid-September.

Committees & Workgroups

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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

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

Newsletter Editorial Board
Dr. Currie
Dr. Chung
Dr. Wohns
Jimi Bush, Managing Editor
Micah Matthews

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

Panel L
John Maldon, Public Member, Chair
Dr. Browne
Dr. Roberts
Christine Blake, Public Member
Dr. Chung
Theresa Schimmels, PA-C
Dr. Trescott
Dr. Barrett, Medical Consultant
Marisa Courtney, Licensing Supervisor
Ariele Page Landstrom, Staff Attorney
Micah Matthews

Finance Workgroup
Dr. Roberts, Immediate Past Chair, Workgroup Chair
John Maldon, Current Chair
Dr. Trescott, 1st Vice Chair
Dr. Chung, 2nd Vice Chair
Melanie de Leon
Micah Matthews
Jimi Bush

Annual Educational Conference Workgroup
Toni Borlas, Chair
Theresa Schimmels, PA-C
Dr. Domino
Jimi Bush, Organizer

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

Updated: May 25, 2021

Committees & Workgroups

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

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

Health Equity Workgroup
Dr. Jaeger, Co-Chair
Dr. Roberts, Co-Chair
Yanling Yu, Public Member
Micah Matthews
Jimi Bush
Anjali Bhatt

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

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

PQAC E-prescribing Rulemaking Committee
Christine Blake, Public Member
Dr. Browne
Dr. Small
Melanie de Leon
Amelia Boyd
TBD, Staff Attorney
Heather Carter, AAG

Stem Cells Rulemaking Committee
TBD, Chair
TBD
Yanling Yu, Public Member
Micah Matthews
Mike Farrell
Amelia Boyd
Heather Carter, AAG

Committees & Workgroups

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

Telemedicine Rulemaking Committee
Christine Blake, Public Member, Chair
Toni Borlas, Public Member
Dr. Small
Dr. Roberts
Dr. Lewis
Dr. Wohns
Dr. Jaeger
Dr. Lisa Galbraith, BOMS
Dr. Kim Morrissette, BOMS
Micah Matthews
Stephanie Mason
Mike Farrell
Amelia Boyd
Tracie Drake, Program Manager, BOMS

PA Chapter 246-918 WAC & HB 2378 Rulemaking Committee
James Anderson, PA-C, Chair
Theresa Schimmels, PA
Christine Blake, Public Member
Melanie de Leon
Mike Farrell
Ariele Page Landstrom, Staff Attorney
Amelia Boyd
Heather Carter, AAG

SB 6551 – IMG Licensing Rulemaking Committee
TBD, Chair
TBD
TBD, Public Member
Micah Matthews
Ariele Landstrom, Staff Attorney
Marisa Courtney, Licensing Supervisor
Dawn Thompson
Becca King
Stephanie Mason
Rick Glein, Staff Attorney
Amelia Boyd
Heather Carter, AAG

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

WMC Rules Progress Report								Projected filing dates		
Rule	**Status**	**Date**	**Next step**	**Complete By**	**Notes**	**Submitted to RMS**	**SBEIS Check**	**CR-101**	**CR-102**	**CR-103**
Clinical Support MDs & PAs (formerly Technical Assistance)	CR-101 filed	2/22/2018	Workshops	TBD	Keep Osteo updated.			Complete	TBD	TBD
Telemedicine	CR-101 Rescinded	7/9/2021	Complete rescinding process	August 2021	Keep Osteo updated.			Complete	TBD	TBD
Stem Cells	CR-101 Rescinded	4/21/2020	Complete rescinding process	August 2021	Keep Osteo updated.			Complete	TBD	TBD
Opioid Prescribing - LTAC, SNF patient exemption	CR-102 Approved	7/9/2021	Hearing	TBD				Complete	TBD	TBD
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-102 Approved	5/14/2021	Hearing	Tentatively 9/22/2021	Collaborate with Osteo on HB 2378			Complete	July 2021	September 2021
SB 6551 - IMG licensing	CR-101 filed	8/6/2020	Workshops	TBD				Complete	TBD	TBD

Updated: 8/10/2021

Procedure

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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 Supervisor
- Licensing Lead (*routine applications and ~~delegation~~ practice agreements only)*
- Licensing Health Services Consultant (HSC) 2s (*routine applications and ~~delegation~~ practice agreements only)*
- Director of Investigations
- Director of Legal Services

Licensing

1. Approval of routine licensing applications, limited applications, ~~and physician assistant (PA) applicants and delegation~~ practice agreements as authorized under ~~WAC 246-919-310 and WAC 246-918-070~~statute or commission rule, Letters of Qualification and licenses issued through the Interstate Medical Licensure Compact as authorized under RCW 18.71B. 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 Supervisor*Licensing Lead * HSC2 (only as noted above) *Executive Director *Deputy Executive Director **

   ~~Requests for approval of remote site supervision.~~

   ~~**Medical Consultants * *Licensing Supervisor * Licensing Lead *Executive Director *Deputy Executive Director*~~

2. Requests for of approval of more than ~~five~~ 10 PAs per physician.

Commented [MTM1]: We don't have this in law or rule anymore due to statutory change.

Commented [MTM2]: Changed due to HB 2378 going into effect July 1, 2021.

*Compliance Medical Consultants * *Licensing Supervisor * Licensing Lead *or one of the Clinical Executive Officers*Executive Director *Deputy Executive Director*

3. Approval of ~~delegation~~ practice agreements after ~~a physician or PA~~licensee has been released from an Order or STID

*Medical Consultants * *Licensing Supervisor * Licensing Lead *or one of the Clinical Executive Officers*

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

*Licensing Supervisor *Executive Director *Deputy Executive Director *

5. ~~6.~~ Approval of applications submitted with the following positive answers, but otherwise routine:

*Compliance Medical Consultants * *Licensing Supervisor *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.

~~8.~~

~~7~~6. Legal pleadings (after authorized by Panel L)

*Executive Director *Deputy Executive Director*

- Notice of Determination
- Notice of Required Evaluation
- Agreement to Practice Under Conditions/Stipulation to Practice
- Letter of Qualifications Denial

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

~~**Executive Director *Deputy Executive Director *Licensing Supervisor*~~

~~8~~7. Designation of Presiding Officer for Brief Adjudicative Proceeding (after authorization by Panel L)

**Executive Director *Deputy Executive Director~~*~~*

~~9~~7. 8. Approval of a request for extension to complete continuing medical education requirements up to one year.

**Executive Director *Compliance Medical Consultant~~s~~ *Deputy Executive Director*

Investigations and 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 of Correction
- Summary Action Order
- Subpoena (*Executive Director, Deputy Executive Director, Director of Legal Services and Director of Investigations)*

Compliance

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

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

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

Date of Adoption: August 21, 2020

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

This is an application for approval to receive lists, not a request for lists. You may request lists after you are approved. Approval can take up to three months.

RCW 42.56.070(8) limits access to lists. Lists of credential holders may be released only to professional associations and educational organizations approved by the disciplining authority.

- A "professional association" is a group of individuals or entities organized to:
  - Represent the interests of a profession or professions;
  - Develop criteria or standards for competent practice; or
  - Advance causes seen as important to its members that will improve quality of care rendered to the public.
- An "educational organization" is an accredited or approved institution or entity which either
  - Prepares professionals for initial licensure in a health care field or
  - Provides continuing education for health care professionals.

☐ We are a "professional association" **X** We are an "educational organization."

Elizabeth Loggers	206.667.7442	eloggers@uw.edu
Primary Contact Name ⮥	Phone ⮥	Email ⮥

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

University of Washington/Fred Hutchinson
Professional Assoc. or Educational Organization ⮥ Federal Tax ID or Uniform Business ID number ⮥

1100 Fairview Ave D380 Seattle, WA 98109
Street Address ⮥ City, State, Zip Code ⮥

Conduct survey to understand educational needs re: death with dignity given proposed legislation to extend prescribing authority to these professions. Course may be created for PA/ARNP if need is found and law passes.

1. How will the lists be used? ⮥

PA; ARNP

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

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

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

07/28/2021
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: _____

From: Miller, Lia M (DOH)
To: Budde, Helen L (DOH); Boyd, Amelia (WMC)
Subject: FW: Request for lists
Date: Wednesday, July 28, 2021 1:57:18 PM
Attachments: image001.png
List_Request_Application_Loggers.doc
image002.png

Good afternoon,

Attached is an application for an organization to receive lists.

Please note: beginning April 30, 2020 there will be a more efficient way to place and receive your public records requests. On that day the Department of Health will launch a new public records portal where you will be able to make, track, pay for, and receive your requests." URL:
https://www.doh.wa.gov/AboutUs/PublicRecords

The DOH, Health Systems Quality Assurance response to the novel coronavirus (COVID-19) outbreak may delay our ability to respond to phone calls and voice messages in a timely manner. We are closely monitoring our emails and will respond as soon as possible.

Lia Miller
Forms and Records Analyst 2
Health Systems Quality Assurance
Washington State Department of Health
Lia.Miller@doh.wa.gov

From: DOH HSQA PDRC External Requests <PDRC@DOH.WA.GOV>
Sent: Wednesday, July 28, 2021 1:53 PM
To: Miller, Lia M (DOH) <lia.miller@doh.wa.gov>
Subject: FW: Request for lists

From: Loggers MD PhD, Elizabeth T <eloggers@fredhutch.org>
Sent: Wednesday, July 28, 2021 1:31 PM
To: DOH HSQA PDRC External Requests <PDRC@DOH.WA.GOV>
Subject: Request for lists

External Email

Please see attached our request for a list of email addresses for physician assistants and nurse practitioners licensed to practice in Washington State.
We are not able to upload any additional materials at this time as we would like to conduct a survey

to understand what these professionals understand, whether they would want further training/education regarding medical aid in dying and if yes, what content would be most useful. Thank you for your kind consideration.

Best,

ETL

Elizabeth Loggers MD, PhD
Associate Member, Clinical Research Division
Fred Hutchinson Cancer Research Center

Clinical Associate Professor
University of Washington

Medical Director, Supportive and Palliative Care
Seattle Cancer Care Alliance

206.667.7442
eloggers@fredhutch.org
1100 Fairview Ave. N., Mail Stop D5-380
Seattle, WA 98109

Policy Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Establishing Approval Criteria for Defining Appropriate Medical Practices for IMG Nomination	POL2021-01
References:	RCW 18.71.095(6)	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750 E-mail: medical.commission@wmc.wa.gov	
Effective Date:		
Approved By:	John Maldon, Chair (signature on file)	

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

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

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

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

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

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

a. Is a clinic within a federal system such as military, Indian health services, or community health center; or
b. Is a clinic that:
    i. Employs 20 or more full time physicians (MD or DOs) for the purposes of delivering direct patient care;
    ii. Has an established quality review, improvement, and assurance program for practitioners;
    iii. Has an established supervision program for midlevel practitioners.

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

Interpretive Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Requiring the Filing of a Practice Agreement Before Beginning to Practice Under an IMG Limited License	INS2021-01
References:	RCW 18.71.095(6)	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750 E-mail: medical.commission@wmc.wa.gov	
Effective Date:		
Approved By:	John Maldon, Chair (signature on file)	

The Washington Medical Commission (Commission) interprets RCW 18.71.095(6) to require an international medical graduate seeking a limited license under RCW 18.71.095(6) to file a practice agreement with the Commission before beginning the practice of medicine in the state of Washington.

In 2021, the Legislature passed SHB 1129 amending RCW 18.71.095 to create a limited license to practice medicine for international medical graduates who meet certain requirements. RCW 18.71.095(6) establishes the following requirements for an international medical graduate to obtain a limited license:

> (6)(a) Upon nomination by the chief medical officer of any hospital, appropriate medical practice located in the state of Washington, the department of social and health services, the department of children, youth, and families, the department of corrections, or a county or city health department, the commission may issue a limited license to an international medical graduate if the applicant:
> (i) Has been a Washington state resident for at least one year;
> (ii) Provides proof the applicant is certified by the educational commission for foreign medial graduates;
> (iii) Has passed all steps of the United States medical licensing examination; and
> (iv) Submits to the commission background check process required of applicants generally.
> (b) A license holder under this subsection may only practice:
> (i) Under the supervision and control of a physician who is licensed in this state under chapter 18.71 or 18.57 RCW and is of the same or substantially similar clinical specialty; and
> (ii) Within the nominating facility or organization.

(c) A license holder must file with the commission a practice agreement between the license holder and the supervising physician who is of the same or substantially similar clinical specialty.

(d) A supervising physician may supervise no more than two license holders under this subsection unless the commission grants a request to increase this limit.

(e) A limited license issued under this subsection is valid for two years and may be renewed once by the commission upon application for renewal by the nominating entity.

(f) All persons licensed under this subsection are subject to the jurisdiction of the commission to the same extent as other members of the medical profession, in accordance with this chapter and chapter 18.130 RCW.

(g) Persons applying for licensure and renewing licenses under this subsection shall comply with administrative procedures, administrative requirements, and fees determined as provided in RCW 43.70.250 and 43.70.280.

(h) The supervising physician shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 or the practice of osteopathic medicine and surgery as defined in RCW 18.57.001 when performed by an international medical graduate practicing under their supervision. The supervising physician must hold medical malpractice insurance for any malpractice claim against an international medical graduate practicing under their supervision.

RCW 18.71.095(6)(c) requires that the international medical graduate "file with the commission a practice agreement between the license holder and the supervising physician who is of the same or substantially similar clinical specialty." The statute does not state *when* the practice agreement must be filed with the Commission.

Since the Commission must review the practice agreement to determine whether the supervision requirements are met in order to determine whether the nominating entity meets the requirements to supervise an international medical graduate, the practice agreement must be filed with the Commission *before* the international medical graduate begins practicing under the limited license.

The Washington Medical Commission interprets RCW 18.71.095(6) to require an international medical graduate seeking a limited license under RCW 18.71.095(6) to file a practice agreement with the Commission before beginning the practice of medicine in the state of Washington.

Policy Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Telemedicine	POL2021-0x
References:	RCW 18.71.030, RCW 18.71.230, chapter 18.71A RCW, RCW 18.71.011, Guideline MD2014-03	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Supersedes:	MD2014-03; POL2018-01	
Effective Date:		
Approved By:	John Maldon, Chair (signature on file)	

Introduction

The Washington Medical Commission (Commission) endorses the use of telemedicine as a tool that has the potential to increase access, lower costs, and improve the quality of healthcare. The Commission issues this policy statement to provide guidance to allopathic physicians and physician assistants (practitioners) who use telemedicine to provide medical services to Washington patients. This policy specifies the conditions under which a license is needed to use telemedicine to treat a patient in Washington and delineates best practices when using telemedicine to ensure that patients receive safe and appropriate care.

In 2014, the Commission issued Guidelines for the Appropriate Use of Telemedicine (MD2014-03), establishing general practice standards for practitioners and initiating a patient-practitioner relationship using telemedicine. In 2018, the Commission issued a policy on Telemedicine and Continuity of Care (POL2018-01). This policy supersedes both the 2014 guidelines and the 2018 policy.

In 2017, Washington joined the Interstate Medical Licensure Compact (compact). The compact, now in place in a majority of states, is intended to facilitate licensure for physicians who practice in multiple states, allowing patients in underserved areas to more easily connect with medical experts through telemedicine technologies.[1]

Policy

Definition of Telemedicine

For the purposes of this policy, the Commission defines telemedicine as a mode of delivering healthcare services using telecommunications technologies by a practitioner to a patient or to another health care provider at a different physical location than the practitioner.

[1] RCW 18.71B. For information on the compact, see http://www.imlcc.org/

Telemedicine includes real-time interactive services, store-and-forward technologies, and remote monitoring.

Store-and-forward technology is the asynchronous or non-simultaneous transmission of a patient's medical information from an originating site to the health care provider at a distant site that results in examination, medical diagnosis, and treatment of the patient. Remote monitoring involves the use of digital technology to collect health data from a patient in one location and electronically transmit that information securely to a health care provider in another location for evaluation and treatment decisions.

Licensure

The Commission deems the practice of medicine[2] to take place at the location of the patient at the time of the encounter.[3] Therefore, with a few exceptions detailed below, a practitioner engaging in the practice of medicine with a patient located in Washington must hold an active license to practice medicine in Washington. A practitioner licensed in Washington need not reside in Washington to use telemedicine to treat a patient in Washington. A practitioner licensed in Washington who wishes to treat a patient in another state will likely need a license to practice medicine in that state. The practitioner should contact the other state's medical board to find out the requirements for treating patients in that state.

The Commission recognizes several exceptions to the general rule that a practitioner is required to have a license when treating a patient in Washington. The legislature created a specific exemption to the licensure requirement for telemedicine practitioner-to practitioner consultations. The consultation exemption permits a practitioner licensed in another state in which her or she resides to use telemedicine or other means to consult with a Washington-licensed practitioner who remains responsible for diagnosing and treating the patient in Washington.[4].

Although this exemption does not apply to direct physician-to-patient consultations, the Commission understands that there are some situations in which a patient in Washington communicates with practitioners licensed in other states, but that communication does not constitute the practice of medicine. Some examples are specialty assessment or consultation such as a cancer center or a second opinion consultation after a review of medical records. In these cases, the practitioner in the distant state does not need a license to practice medicine in Washington. Once the practitioner agrees to advise or treat the patient, the patient must travel to the state where the practitioner resides, or the practitioner must obtain a license to practice medicine in Washington.

Another common situation that is not specifically addressed by a statutory exemption is when a patient with an established relationship with a practitioner licensed in another state crosses the border into Washington and requires medical care. In some cases, permitting the physician in the patient's home state to provide temporary continuous care is in the patient's best interest. This can arise in several common scenarios.

---

[2] The practice of medicine is defined in RCW 18.71.011 .
[3] RCW 18.71B.010.
[4] RCW 18.71.030(6)

In the first scenario, a patient with an established relationship with a practitioner in the patient's home state travels to Washington for a limited time (e.g., vacation, business, or education) and requires medical care. The patient's out-of-state practitioner may be the best person to provide care via telemedicine while the patient is temporarily in Washington. If the practitioner knows that the patient will be residing in Washington for an extended period, the practitioner should develop a plan for emergent treatment agreed to by the patient. This may include a referral to a hospital or to a local specialist who can step in and assist in the case of devolving medical or mental status.

In the second scenario, a patient who is receiving treatment for a condition by a practitioner in a distant state moves to Washington and requires immediate medical care for that condition but has not yet established a relationship with a Washington practitioner. For example, a patient receiving psychiatric care and medication management from a psychiatrist in her former state may have difficulty finding a psychiatrist in Washington. Temporary care via telemedicine by the patient's established psychiatrist may be in the patient's best interest until the patient can find a Washington-licensed practitioner to take over the care.

In the third scenario, a Washington resident travels to a distant state to obtain specialty care at a major medical center, then returns home to Washington. The patient may prefer to directly consult via telemedicine with the specialists who provided treatment to the patient in the distant state. Requiring the patient to travel back to the major medical center to receive follow up care could impose an unreasonable hardship on the patient. Permitting the practitioner at the major medical center to provide follow up care via telemedicine is the most optimal treatment plan for the patient.

In each of these cases, the patient needs are best served by having the practitioner who knows the patient and has access to the patient's medical records provide continuous or follow up care to the patient. So long as the out-of-state practitioner provides temporary continuity of care to the patient, the practitioner would not require a Washington license.

Standard of Care

The Commission will hold a practitioner who uses telemedicine to the same standard of care and professional ethics as a practitioner using a traditional in-person encounter with a patient. The failure to follow the appropriate standard of care or professional ethics while using telemedicine may subject the practitioner to discipline by the Commission.

The Commission offers the following guidance to practitioners providing medical services using telemedicine:

Scope of practice

A practitioner who uses telemedicine should ensure that the services provided are consistent with the practitioner's scope of practice, including the practitioner's education, training, experience, and ability.

Identification of patient and practitioner

A practitioner who uses telemedicine should verify the identity of the patient and ensure that the patient can verify the identity, licensure status, and credentials of all health care providers who participate in the telemedicine encounter.

Establishing the Practitioner-patient relationship

A practitioner who uses telemedicine must establish a valid practitioner-patient relationship with the person who receives telemedicine services. The relationship is established when the practitioner agrees to undertake diagnosis or treatment of the patient and the patient agrees that the practitioner will diagnose or treat the patient. A valid practitioner-patient relationship may be established through telemedicine if the standard of care does not require an in-person encounter.

Medical history and physical examination.

Prior to providing treatment, including issuing prescriptions, a practitioner who uses telemedicine should interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. A practitioner may not delegate an appropriate history and physical examination to an unlicensed person or to a licensed individual for whom that function would be out of the scope of the license.

Once a practitioner has obtained a relevant medical history and performed a physical examination, it is within the practitioner's judgment to determine whether it is medically necessary to obtain a history or perform a physical examination at subsequent encounters. The technology used in a telemedicine encounter must be sufficient to establish an informed diagnosis as though the medical interview and physical examination had been performed in-person by the practitioner. A static on-line questionnaire does not constitute an acceptable medical interview for the provision of treatment, including issuance of prescriptions, by a practitioner.

Appropriateness of telemedicine

Only the treating practitioner is empowered to make the decision to use telemedicine with a given patient. A practitioner should consider the patient's health status, specific health care needs, and specific circumstances, and use telemedicine only if the risks do not outweigh the potential benefits and it is in the patient's best interest. If a practitioner determines that the use of telemedicine is not appropriate, the practitioner should advise the patient to seek in-person care.

Informed consent

A practitioner who uses telemedicine should ensure that the patient provides appropriate informed consent, whether oral or written, for the medical services provided, A practitioner need not obtain informed consent in an emergency situation or in other situations recognized by Washington law. [5]

[5] Some examples of exceptions to the requirement to provide informed consent are the emergency exception, RCW 7.70.050(4), RCW 18.71.220; medical holds for minors, RCW 26.44.056; and the therapeutic privilege

Coordination of care

When medically appropriate, a practitioner who uses telemedicine should make referrals to the patient for in-person services can be delivered in coordination with the telemedicine services. The practitioner should provide a copy of the medical record to other treating practitioners and to the patient upon request.

Follow-up care

A practitioner who uses telemedicine should have access to, or adequate knowledge of, the nature and availability of local medical resources, including emergency services, to provide appropriate follow-up care to the patient following a telemedicine encounter.

Medical records

A practitioner who uses telemedicine should maintain complete, accurate and timely medical records for the patient when appropriate, including all patient-related electronic communications and instructions obtained or produced in connection with the patient visit. The records must be made available to the patient upon request.

Privacy and security

A practitioner who uses telemedicine should ensure that all telemedicine encounters comply with the privacy and security measures in the Washington Uniform Health Care Information Act, chapter 70.02 RCW, and of the federal health insurance portability and accountability act[6] to ensure that all patient communications and records are secure and remain confidential.

Mobile medical technology

The federal food and drug administration (FDA) regulates the safety and efficacy of medical devices, including mobile medical applications that meet the definition of "device" under the FDA Act, particularly apps that pose a higher risk if they do not work as intended.

A practitioner who uses a mobile medical technology application that meets the definition of a device under the federal food and drug act, or relies upon such technology, should ensure the application has received approval by the federal food and drug administration or is in compliance with applicable federal law.[7]

Those applications used by a physician or patient that do not have the data to support their claims may be investigated by the consumer protection division of the Federal Trade Commission (FTC). If the Commission receives complaints about such apps or devices that are deemed outside its jurisdiction, the Commission will advise the complainant to contact the FDA or the FTC as appropriate.

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recognized in *Canterbury v. Spence,* 464 F.2d 772 (D.C. Cir. 1972, *cert. denied,* 409 U.S. 1064 (1972); *Holt v. Nelson,* 11 Wn. App. 230, 523 P.2d 211 (1974), *rev. denied,* 84 Wn. 2d 1008, 523 P.2d 211 (1974).

[6] Also known as the HIPAA Privacy Rule, 45 CFR Part 160, subparts A and E or Part 164.

[7] See https://www.fda.gov/medical-devices/digital-health-center-excellence/device-software-functions-including-mobile-medical-applications

Artificial intelligence

A practitioner who uses artificial intelligence (AI) tools as part of telemedicine to diagnose or treat a patient in Washington should:

(a) Understand that use of an AI tool and acceptance of suggested diagnosis or related treatment plan is at the discretion of the treating practitioner;

(b) Understand the limitations of using an AI tool, including the potential for bias against populations that are not adequately represented in testing the tool.

A practitioner who uses AI should complete a self-directed CME (category II-V) on bias and underrepresented populations in health care technology applications such as AI.

Processing Complaints of Sexual Misconduct Through the Sexual Misconduct Analysis Review Team (SMART)

Introduction

The Washington Medical Commission takes very seriously complaints of sexual misconduct[1] . Sexual misconduct by physicians and physician assistants causes significant harm to patients and destroys the trust of the public in the profession. The Commission adopted a policy on sexual misconduct in 1992 and adopted rules on sexual misconduct in 2006.

In 2015, the Legislature mandated that all interviews of persons alleging sexual misconduct by a licensed health care provider must be conducted by a person who has successfully completed a training program on interviewing victims of sexual misconduct in a manner that minimizes the negative impact on the victims.[2] All Commission investigators successfully completed the training.

To improve its handling of complaints of sexual misconduct, the Commission adopts this Procedure to ensure that Commission members and attorneys who handle these complaints have specialized training in evaluating complaints of sexual misconduct, including an understanding of the impact of trauma on victims.

Creation of Sexual Misconduct Analysis Review Team (SMART)

All cases regarding allegations of sexual misconduct will be reviewed by a Sexual Misconduct Analysis Review Team (SMART) consisting of one at least one clinical Commissioner and at least one public member Commissioner who have both completed the SMART training. This team will also contain- a member who identifies as female and a member who identifies as male.

The SMART members will complete training in trauma-informed sexual assault investigations. Newly appointed Commissioners will be offered the opportunity to complete this training during their tenure on the Commission. All Commission staff attorneys should complete the same training before being assigned to a case involving sexual misconduct.

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[1] For the purposes of this procedure, a sexual misconduct case is one in which a practitioner is alleged to have violated RCW 18.130.180(24), WAC 246-918-410 or WAC 246-919-630.
[2] RCW 18.130.062(2).

Procedure

1. When a complaint is authorized for investigation, the Commission Medical Consultant will assign two SMART members to serve as reviewing commission members (RCMs), one clinical member and one public member. Both sexes will be represented. These SMART RCMs may direct the investigation of the complaint, communicating with the investigator as needed during the course of the investigation.
2. Upon completion of the investigation, the SMART team will jointly present the case to a panel of the Commission to determine whether to take disciplinary action.
3. If the panel votes to take disciplinary action, the SMART RCMs will direct the settlement process.
4. If the SMART RCMs reach a settlement with the practitioner, they will present the settlement to a panel of the Commission for approval. The practitioner must appear before the panel at the time of the presentation of the settlement and answer questions from the panel members.
5. If the case is not resolved with a settlement, the case will proceed to a formal hearing before a panel of the Commission. The hearing panel, which must consist of at least three Commission members, will include: at least one SMART member, at least one public member, at least one Commission who identifies as female and at least one Commission member who identifies as male.
6. During the compliance process, the SMART RCMs will continue to manage the case. If a SMART RCM leaves the Commission, the Commission will appoint a SMART member to replace the departing member. The new RCM will have the same traits as the departing member (clinical member or public member).

Date of Adoption:	January 13, 2017
Reaffirmed / Updated:	~~N/A~~ August 20,2021
Supersedes:	None.

Procedure

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Interactive and Transparent Development of Evidence-based Policies ~~and Guidelines~~

Introduction

The Washington Medical Commission (Commission) develops policies[i] ~~and guidelines~~[ii] to encourage the medical profession to ~~use best practices~~ to improve the delivery of medical care and enhance patient safety.[iii] The Commission wishes to better engage the public and the profession by creating an interactive, consistent, and transparent procedure to obtain input to develop evidence-based policies ~~and guidelines~~.[iv] ~~The procedure includes an interactive web page that allows the public and the profession to review and comment on the proposed policy or guideline prior to the adoption by the Commission.~~ This document describes the procedure the Commission uses to develop evidence-based policies.

Procedure

Step One: Determine the need for a policy ~~or guideline~~

Any Commission member, member of the medical profession, organization, or member of the public may ask the Commission's Policy Committee to consider developing a policy ~~or guideline~~ in a particular area of medical practice. In general, the Policy Committee will consider developing a policy ~~or guideline~~ for an issue that has broad application to practitioners or the public, to respond to an emerging problem, and to fulfill its regulatory charge to protect the public. The Policy Committee may decide that a policy ~~or guideline~~ is not necessary, or that the subject is more appropriately addressed by adopting a rule, which has the force of law.

Step Two: Policy Committee

If the decision of the Policy Committee ~~decides~~ is to develop a policy ~~or guideline~~, the Policy Committee Chair may assign members to a work group to analyze the research and evidence, and to draft the policy ~~or guideline~~. The workgroup will include one or more Commission members and may include subject matter experts on staff. The workgroup may also include subject matter experts outside the Commission.

The Policy Committee also reviews existing policies ~~or guidelines~~ to ensure that they remain useful and informative, and reflect the current state of medical practice and the current view of the Commission.

Step Three~~wo~~: Research and Obtain Evidence

If the Policy Committee decides to develop a policy or guideline, the next step is to research the topic and obtain evidence that will inform the Commission's decision-making. The research may include:

- Reviewing complaints or other patient experiences related to the topic of the proposed policy.
- Conducting a literature review of the latest journal articles and studies.

- Reviewing the positions of appropriate stakeholders~~Washington State Medical Association (WSMA), Washington Academy of Physician Assistants (WAPA), Washington State Hospital Association (WSHA), and other organizations in Washington~~.
- Reviewing the positions of other state medical boards and the Federation of State Medical Boards.
- Identifying and researching relevant legal issues, consulting with the Attorney General's Office as needed.

Step ~~Three~~Four: Analysis and Drafting

The work group will analyze the research and evidence, relevant law, and draft the policy ~~or guideline~~. For existing policies ~~and guidelines~~, the workgroup will review feedback submitted to the Commission via the Commission web site or otherwise. The workgroup will create a first draft of the proposed policy ~~or guideline~~.

Step Five~~our~~: Policy Committee Review

In a public meeting, the Policy Committee will review~~s~~ the draft policy ~~or guideline~~ and proposes revisions. The Policy Committee presents the draft to the full Commission. The Commission provides feedback and then may approve posting the draft policy ~~or guideline~~ for public dissemination, including posting the draft on the Commission web site.

Step ~~Five~~Six: Solicit Feedback from Public and Profession

Upon approval by the Commission, staff posts the draft policy ~~or guideline~~ to the Commission web site and invites members of the public and the profession to post comments on the proposed draft policy ~~or guideline~~. The Commission will notify the public and the profession of the proposed policy ~~or guideline~~ by:

- Sending out notice of the draft policy ~~or guideline~~ on social media.
- Sending out notice of the draft policy ~~or guideline~~ to the Commission listserv.
- ~~Placing notice of draft policy or guideline in the Commission newsletter.~~
- Sending the draft policy ~~or guideline~~ to stakeholders and interested parties~~state organizations such as WSMA, WAPA and WHSA.~~

The Commission accepts comments on the proposed policy ~~or guideline~~ for 28 days. The Commission will have discretion to remove comments that do not contribute to a constructive discussion of the relevant issues.

~~The Commission staff will periodically place existing policies and guidelines on the Commission's web site. The Commission will ask the public and the profession how the current policy or guideline is working and whether it should be revised to make it more current and useful.~~

Step Seven~~ix~~: Policy Committee Review of Feedback

In a public meeting, the Policy Committee reviews the feedback and comments from the public and the profession. The Policy Committee considers the extent to which the comments represent the expectations of the profession and are consistent with the Commission's ~~mandate to protect the public~~mission to

promote patient safety and our vision of advancing the optimal level of medical care for the people of Washington., and ~~revises t~~The draft policy is revised accordingly.

Step Eight~~Seven~~: Secretary Review of Policy

~~If the document is a policy~~,The Commission staff sends the proposed policy to the Secretary of the Department of Health for review and comment. ~~The Secretary for the Department of Health is required to review and approve policies. ¸Once . approved, policies are filed with the Washington State Code Reviser and are published in the Washington State Register. Guidelines are not subject to this review.~~ Following the Secretary's review, ~~T~~the Policy Committee reviews and discusses the comments from the Secretary in a public meeting. ~~If t~~The Policy Committee brings its recommendations to the full Commission~~revises the proposed policy, T~~the full Commission reviews the proposed policy in a public meeting and may revise the policy. If the Commission revises the policy, the Commission sends the proposed policy back to the Secretary for review. Once the Commission approves a policy, the policy is filed with the Washington State Code Reviser and it is published in the Washington State Register.

Step ~~Eight~~Nine: Final Review and Adoption

Once the Policy Committee is satisfied with the proposed policy ~~or guideline~~, it refers the draft to the full Commission with a recommendation to adopt the policy ~~or guideline~~. The full Commission, in a public meeting, discusses the policy ~~or guideline~~ and decides whether to adopt the final version. When the policy ~~or guideline~~ is final, the Commission publicizes it through its web site, social media channels, listserv, and newsletter.

Emergency Exception

In case of an emergency in which the development of a policy ~~or guideline~~ is required in a short time period, one or more of these steps may be waived.

Date of Adoption: May 19, 2017

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[i] RCW 34.05.010(15) defines "policy statement" as "a written description of the current approach of an agency, entitled a policy statement by the agency head or its designee, to implementation of a statute or other provision of law, of a court decision, or of an agency order, including where appropriate the agency's current practice, procedure, or method of action based upon that approach." A policy is advisory only. RCW 34.05.230. Examples of Commission policy statements are "Complainant Opportunity to be Heard Through and Impact Statement," and "Practitioners Exhibiting Disruptive Behavior."

[ii] ~~The term "guidelines" is not defined by statute. The Commission defines "guidelines" as "a set of recommended practices designed by the Medical Commission to assist practitioners about appropriate health care for specific circumstances. A guideline does not have the force of law, but may be considered by the Medical Commission to be the standard of care in our state." Examples of Commission guidelines are "Communication with Patients, Family, and the Health Care Team," "Simultaneous and Overlapping Elective Surgeries," and "Treating Partners of Patients with STDs."~~

[iii] This procedure does not apply to the development of procedures, which merely establish the proper steps the Commission and staff take to conduct Commission business. Examples include "Consent Agenda Procedure" and "Processing Completed Investigations More Efficiently."

[iv] This process is largely based on the "consultation process" developed by the College of Physicians and Surgeons of Ontario. http://www.cpso.on.ca/Footer-Pages/The-Consultation-Process-and-Posting-Guidelines

Personal Data Questions Revision (draft)

Revised August 18, 2021

Please Note:

The Commission does not inquire about ~~personal~~ medical conditions unless notified that they represent a limitation or impairment to safe medical practice. “Medical Condition” includes social, behavioral, physiological and psychological conditions or disorders. The Commission does inquire about substance use history of applicants. If you have a medical condition or substance use that may limit or impair your ability to practice medicine safely, it is your responsibility to contact the Washington Physician Health Program (WPHP) for an assessment: 800-552-7236. If the behavior or condition is "Known to WPHP", that means you have informed WPHP of your medical condition(s) and you are complying with all WPHP's requirements for evaluation, treatment, and/or monitoring if any~~.~~ The WMC considers this a safe harbor provision in the application process. Under these circumstances you may answer “No” to question one.

Acknowledgement and Agreement

By submitting this application, you ~~agree~~ acknowledge ~~to~~ the following:

If the Commission ~~believes~~ has information that you may be suffering from a condition for which you are not being appropriately treated that impairs your judgement or would adversely affect your ability to practice medicine in a competent, ethical, and professional manner, the Commission may request that you to undergo an evaluation with the WPHP or obtain other health examinations at your expense. **By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to thelicensing authority. You waive all claims based on confidentiality or privileged communication.** ***~~You agree that summary examination report(s) with information related to your ability to practice medicine will be released by you to the Commission and that the Commission will not redisclose such reports or make them available to the public.~~ You understand that failure to submit to a required examination(s) or provide the requested report(s) to the Commission may be grounds for denying your application.***

Questions

1. Do you currently use any substance that ~~alters your mental faculties in any way, or which~~ impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.
    - “Currently” means within the past six months.
    - “Substances” include alcohol, drugs, or medications, whether taken legally or illegally.

Personal Data Questions Revision (draft)

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department performs criminal background checks on all applicants.

2. Have you ever **as an adult**:
    a. Been arrested on suspicion of impairment:
    b. Been prosecuted for or convicted of a crime:
    c. Entered a plea of guilty or no contest:
    d. Had a sentence deferred or suspended:

Note: A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history mayresult in extra cost to you and the application may be delayed or denied. If you answered "yes" to question 2, you must send certified copies of all court documentsrelated to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

3. Have you ever been found in any civil, administrative, or criminal proceeding to have violated any laws relating to drugs or the practice of health care?

4. Have you ever been the subject of any public or private action, disciplinary or not, related to the practice of medicine by a licensing board or other health care entity (hospital, professional society or similar)?

5. Have you ever had any license, certificate, registration, or other privilege to practice a health care profession denied, revoked, surrendered or suspended by any state, federal, or international authority?

6. Do you have any history of malpractice litigation or medical liability lawsuits? If yes, please use the appropriate forms to provide details.

7. Have you ever had hospital privileges revoked, suspended, restricted or denied for any amount of time?

8. Have you ever been disqualified from working with vulnerable persons by the Washington Department of Social and Health Services (DSHS)?

9. To the best of your knowledge as of the date you are submitting this application, are you the subject of any investigation by a health profession licensing board or any other state, federal, or international entity (regulatory, law enforcement or similar)?

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way currently impairs or limits your ability to practice your profession with reasonable skill and safety?..... ☐ ☐

If yes, please attach any supporting documentation and a detailed explanation

"Medical Condition" includes physiological, medical, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, sleep disorder, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

You may answer No if the behavior or condition is already known to the Washington Physician Health Program (WPHP). "Known to WPHP" means that you have informed WPHP of your behavior or conditions and you are complying with all of WPHP's requirements for evaluation, treatment, and/or monitoring.

If Yes, You must submit detailed information to the Commission that will allow the Commission to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Commission.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way, which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

"Currently" means within the past six months.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

3. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult in any state or jurisdiction? ……..... ☐ ☐

Note: If you answered "yes" to question 3, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

Revised Application

2. Personal Data Questions (Cont.)

Yes No

4. Have you ever been found in any civil, administrative or criminal proceeding to have:
   a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for lawful, therapeutic purposes?
   b. Diverted controlled substances or legend drugs?
   c. Prescribed controlled substances for yourself?

5. Have you ever been the subject of any corrective or disciplinary action related to the practice of medicine by a licensing board or other healthcare entity?

6. Have you ever been found to have violated any state or federal law or rule regulating the practice of a health care profession in any proceeding?

7. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, or suspended by a state, federal, or foreign authority?

8. Have you ever agreed to restrict, surrender, or resign your practice, in lieu of or to avoid an adverse action?

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?

10. Have you ever had hospital privileges or board certification(s) revoked, suspended, restricted or denied?

11. To the best of your knowledge, are you the subject of an investigation by any licensing board as of the date of this application?

12. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

Revised Application

INFORMED CONSENT

Guidelines from the Maine Board of Licensure in Medicine[1]

Obtaining and recording informed consent before major diagnostic, therapeutic, and invasive procedures is a physician's professional and legal obligation. Patients have the legal right to grant or withhold informed consent, either personally or through lawful representatives.

The term "informed consent" first appeared in an *amicus curiae* brief filed by the American College of Surgeons in the case of *Salgo v. Leland Stanford University* in 1957.[2] While not all physicians and not all patients desire to be involved in a shared decision making process, prevailing negligence law and the legal right to self-determination now require some documentation of informed consent for most major treatments and procedures. Physicians therefore have a legal motivation for obtaining and recording informed consent for major treatments and procedures, subject to recognized legal exceptions such as in providing emergency medical care to incapacitated patients. In addition to this legal motivation, the Board believes physicians ought to be motivated by a commitment to the ethical value of patient self-determination, or personal autonomy. Therefore, the Board offers these guidelines for physicians practicing in Maine.

The Goal

The goal of offering these guidelines is to help physicians move beyond a limited consent model that emphasizes primarily the physician's legal obligation to disclose information and the patient's legal right to make independent decisions. The Board advocates a different model that emphasizes communication and encourages a certain kind of transaction between patient and physician. The norms that govern such transactions are clarity, relevance, accuracy, and sincerity. There is no standard form, nor any uniform procedure that will fit all cases calling for informed consent in this model, but there is an underlying ethical obligation to make it possible for the patient and the physician to participate together in a transaction that takes into account the norms of clarity, relevance, accuracy, and sincerity.

The Board is concerned here with major diagnostic, therapeutic, and invasive procedures, and not so much with routine decisions about minor medical problems. In certain cases, physicians may simply explain that they see many people with a particular problem and regularly with success treat the problem in a particular way, then ask if the patient has any questions about the problem or the treatment. In these cases, if the patient

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[1] Title 32 M.R.S.A. § 3269(3) authorizes the Board to "license and set standards of practice for physicians and surgeon practicing medicine in Maine." However, nothing in this document is intended to affect the definition of "informed consent" for civil medical malpractice actions as defined by Title 24 M.R.S.A. § 2905.

[2] 154 *Cal.App.*2d 564.

makes statements or asks questions indicating discomfort, lack of understanding, or continuing uncertainty, then the following guidelines apply.

Shared Decision Making

The primary value of documented informed consent is that it represents the existence of a relationship between physician and patient that is based upon, or at least includes, an element of shared decision making. Shared decision making for the patient is not the same as mere acquiescence, or compliance based on partial or slanted information, or indifference due to habit or apathy, nor is it the same as conformity to custom – such as the custom of "following doctor's orders."

Shared decision making is a process for reaching a shared conclusion through informed judgment. Such a process is an educational ideal in the field of medical care, as it is throughout most institutions in a democratic society. The heart of the matter is the control of information: to the extent information about a problem can be shared, decisions about potential solutions can be shared. Physicians have privileged access to medical information through their education, experience, and expertise. This privilege carries with it the duty to disclose *clearly* such information as is *relevant* and is supported by *accurate* scientific information in a *sincere* manner for consideration by the patient. Furthermore, this duty is itself governed by the physician's fiduciary obligation to protect the patient's best interests.

Generally, physicians control the medically relevant information patients need in order to ask the questions they may want to ask but might not be able to formulate on their own. Successfully sharing that information is a matter of 1) the physician's willingness to do so, and 2) the physician's ability to apply the skills of communication required to do so. It is also a matter of 3) the patient's willingness to participate in the process, and 4) the patient's ability to understand the information, apply it to his or her situation, and then express a reasoned judgment based on the relevant medical information as well as on personal values, wishes, and goals. If there is any doubt about the patient's ability in this regard, the physician should arrange an evaluation of the patient's capacity by a qualified colleague.

The physician personally initiates the process of informing the patient by presenting the medically reasonable options relevant to the patient's condition. The medical reasonableness of these options is tied to the available and reliable evidence base of expected benefit and risk for each alternative. The physician's judgment about these options should be free of personal self-interest, and religious, political, racial, and gender bias.

The Board encourages physicians to remind patients of their right to have someone with them (an advocate of some kind) during these discussions, as patients can be overwhelmed, frightened, and confused when confronting an important medical decision.

Skills for Eliciting Informed Consent

By far the most important skill is **empathetic listening**, which is the capacity for acquiring objective knowledge about the perspective taken by another person. It is a way of listening that requires temporary suspension of one's personal point of view while trying to assume another's point of view. It is a means for gathering data. It is not synonymous with being compassionate or sympathetic, even though its mere presence can have a beneficial effect. The primary purpose of empathy in this sense is to become well informed about the patient's point of view. It is important for the physician to find out what and how much the patient already knows and what more the patient wishes or needs to know, and to what extent the patient desires to participate in the decision making process. In disclosing medical information the physician can err in two ways – excess and deficiency. Empathetic understanding can help guard against going wrong in either of these ways.

Next is skill in **disclosing and explaining**. In trying to establish the basis for shared decision making, the physician discloses medical information relevant to the case at hand, and provides explanations of what that information means, in language that is intelligible to the patient.

It is important to distinguish between two useful but distinct kinds of explanation. The first is *scientific* explanation, which is making a case for why certain events are the way they are and for predicting future events. The second is *semantic* explanation, which by contrast is making the meaning of something clear to the listener. Semantic explanation is like translation or paraphrase, using different words and terms until the intended meaning is revealed and understood.

An explanation can be *satisfactory* from a formal (scientific) point of view, while at the same time failing to be *satisfying* from the patient's point of view. Another way to put this point is that while a medical explanation of risks and benefits associated with treatment options can be scientifically sound, the listener may find it to be unintelligible, and therefore not useful as information upon which to grant or withhold consent. Informed consent depends on the physician's success in providing both kinds of explanation.

Third is **framing**. Anything that can be said, can be said another way. Decisions are often influenced by the way alternatives are presented. For example, the outcome statistics for 100 middle-aged men undergoing surgery for lung cancer can be described as "90 survive the surgery . . . and of those 90, 34 are alive at the end of 5 years." An alternative way of expressing (framing) the same results might be: "10 die from surgery. . . and 66 more die within 5 years." Typically, for a patient choosing between surgery and radiation, surgery appears much less attractive when described using mortality rather than survival statistics. The difference between 10% mortality (for surgery) and 0% mortality (for radiation) is more impressive than the difference between 90% survival (for surgery) and 100% survival (for radiation). A physician may knowingly or unwittingly nudge a patient toward one option simply by the way the range of options i**s** described, or framed. (Note that 5-year mortality statistics for radiation only have not been mentioned.)

Definition of Informed Consent

In conclusion, the Board recommends the following definition of informed consent be adopted and applied by Maine physicians.

Informed consent for treatment has been obtained when: 1) the physician has disclosed and explained *to the patient's satisfaction* the process used to arrive at the medically reasonable and recommended intervention(s), which is based on reliable evidence of expected benefit and risk of each alternative, and which is free of any impermissible bias; 2) the patient, who has demonstrated capacity, has been given ample opportunity to ask questions about the process and the recommended intervention(s), *to the extent the patient wishes*, all questions then having been answered *to the patient's satisfaction*; and 3) the patient gives consent in writing to major intervention(s) agreed to jointly with the physician.

Nota bene:

Obtaining informed consent is the physician's personal responsibility. This responsibility cannot be *wholly* delegated. Other medical staff (PA's, NP's, Physicians in training and others) may usefully participate in the process, but no amount of shared videos, questionnaires, and pamphlets can substitute *entirely* for personal communicative transaction with the responsible physician. Finally, proof of informed consent cannot be reduced merely to a signature on a form. A note from the physician about the process of gaining that signature should be attached to the form.

When a Physician Assistant, with proper delegation, performs a diagnostic, therapeutic, or invasive procedure for which the standard of care indicates informed consent is required, the Board expects the Physician Assistant to take the same actions as are described in this document for the physician.

Approved: April 13, 2010

Staff Reports: August 2021

Melanie de Leon, Executive Director

Retreat Update: The Commission Retreat and SMART training (only for those Commissioners who have not already completed it) will be held on December 9th (retreat) and 10th (SMART training) at a venue in or around the Southcenter area. If you have already taken the SMART training, then you will only need to attend the retreat on the 9th.

Vaccines. On August 9th, Governor Inslee announced a requirement for all executive branch state employees, on-site contractors and volunteers, along with public and private health care and long-term care workers to be fully vaccinated against COVID-19 by October 18 as a condition of employment. That mandate would also apply to Commissioners. More information will be coming on how that mandate will be implemented.

Return to Facilities. State agencies are reviewing their need for physical space as employees start returning to office buildings. DOH has adopted a policy that allows staff to determine whether they want to continue to work from home or return to their office building. Because all of our processes are electronic, WMC staff members have the ability to continue to work from home indefinitely. As a result, our assigned physical work space in Tumwater and Spokane will decrease and change from individual work stations to more collaborative or shared use space. This change will not impact Commission meetings or other Commission activities.

Micah Matthews, Deputy Executive Director

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

Legislative Implementation

HB 1129 created the limited license type for International Medical Graduates (IMGs). We are working on standing up the license type with a staff workgroup. Notable items about this implementation:

- License title will be MD-CE (Clinical Experience)
- WMC to consider for adoption a policy and interpretive statement at August 2021 meeting that are critical to implement this license
- Creation of a new practice agreement on the web portal by 9/1/21
- PDF application will be available approximately 9/1/21
- Online portal should have application approximately 12/1/21
- Implementation close out complete by 12/31/21

Micah Matthews, Deputy Executive Director, continued

HB2378 relating to PA practice had a number of provisions that went into effect July 1, 2021. Those include nomenclature changes relating to practice agreements, deletion of remote site restrictions, and increase of base supervision ratios to 10:1. It also kicked off the conversion time for DO PAs to get a WMC PA license as the DO PA profession is being abolished. There are 26 DO PAs that will need to convert and all have been contacted by staff to explain the change. There were 120+ PAs holding dual licenses that will simply need to let their DO PA license lapse, which will save them a significant amount of fees annually.

Interstate Medical License Compact-As there are now 35 active compact states with more considering entry, we are seeing requests for reciprocal compact licenses and requests for Washington physician compact entry increase, in some cases dramatically. Washington licensee requests for entry seem to be related to what new states come on line with the compact. The workload has grown significantly from the initial fiscal note assumption in 2016 of 70 licenses per year to 70 licenses every two months. This will assist our estimations if/when a PA compact gets introduced in the coming months or years.

Budget

While we are still awaiting the fiscal year close out data for the final two months from DOH, the current expenditure data shows we are well within our allotted budget and adding to our reserve fund balance on a monthly basis. The positive addition to the fund balance appears to be averaging $200,000/month which should be considered healthy and not requiring any course corrections at this time.

Outlook: Barring any unforeseen shifts in costs from service units in DOH or indirect fees, we should finish the fiscal year in a healthy positive balance. This balance will then shift to our reserve funds and our new allotment will be the basis of spending for the next fiscal year and biennium.

Future Concerns: What remains to be seen are the impacts of the pandemic with respect to licensees remaining in the workforce, profession growth rate via new licensees coming to the state through traditional route or the IMLC, and WMC spending by unit. While we save quite a bit through lack of travel, we have understandably increased in IT hardware, software, and support spending. I only expect those costs to grow as the organization and staff more clearly identify and articulate business needs to bring service levels back to pre-pandemic state.

As the majority of WMC staff will likely remain remote on a permanent basis, we are actively pursuing savings in rent and utilities if those options are available to us as the DOH space is reimagined and likely downsized. We also have ongoing efforts to reduce future expenditures in areas of public disclosure through self-service features in the new database (2023) and digitizing and destroying existing archived records (current and ongoing) to eliminate related annual storage charges.

Micah Matthews, Deputy Executive Director, continued

Sunrise Reviews

DOH was assigned three sunrise reviews this summer: Midwifery scope expansion, Optometry scope expansion, and Anesthesiologist Assistant profession creation. I submitted comment on all three. We expect the results to be published around the time of the mid-September. In the case of the Anesthesiologist Assistant, should it be approved, that profession would likely come to the WMC to regulate after passing the legislature in 2022. Special thanks to Pro Tem Dr. Barrall for her invaluable research and expert opinion in the optometry sunrise.

Recruitment

We are currently recruiting for the Director of Operations and Informatics and a Licensing Specialist position in the Licensing Unit. Thanks to Mike Hively for agreeing to step in the Director of Ops role during this recruitment period.

Amelia Boyd, Program Manager

Recruitment

We have a vacancy for a Public Member and the recommendations for that position have been sent to the Governor's office.

On June 30, 2021 we will have the following vacancies:

- Congressional District 1 – Jimmy Chung, MD – eligible for reappointment
- Congressional District 7 – Charlotte Lewis, MD – not eligible for reappointment
- Physician Assistant – Theresa Schimmels, PA-C – not eligible for reappointment
- Public Member – Christine Blake – eligible for reappointment

The application deadline for these positions was May 5, 2021. Top candidate interviews have been completed and the recommendations have been sent to the Governor's office.

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

- Radiologist
- Psychiatrist

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

Rules

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

Mike Hively, Interim Director of Operations and Informatics

Subpoenas for Records and other Compulsory Responses:

The team was able to fulfill three subpoenas for records including 1 to the Dept. of Justice, and 2 law firms. The unit is actively working to provide the final installment of 1 large request containing over 4,700 pages to the Office of the Inspector General. We anticipate this request will be fulfilled by August 31, 2021.

Accomplishments Include:

- Reviewing over 5,000 pages and performing over 7,200 redactions;
- Scanning or printing over 2,500 pages for legal counsel's review;
- Completing 11 Secure File Transfers for Records Requests;
- Providing open & closed practitioner case data for 691 requests.

Digital Archiving:

- 1,232 Active Licenses;
- 260 Below Threshold Closures;
- Approximately 2,850 Census Forms.

Demographics:

Staff continue to enter census data and conduct daily quality checks on entries to ensure accuracy completing:

- Approximately 2,850 census entries;
- 891 address changes.

Kudos to Kathy Franks, Sherrise Martin, Nick Morris and Joe Mihelich for assisting one another with daily operational tasks seamlessly balancing workloads while fellow team members were out of the office.

Morgan Barrett, MD, Medical Consultant

In an effort to make the Personal Appearances more efficient, Panel A has asked the Compliance Program to consider providing for two types of Personal Appearances. Those that are making an Initial Appearance will be scheduled for thirty minutes, and those that are making an Annual Appearance will be scheduled for fifteen minutes. We will approach this as a trial at the November meeting and report to the Commission whether or not it had the intended effect.

George Heye, MD, Medical Consultant

Nothing to report.

Rick Glein, Director of Legal Services

Staff Update:

Legal is currently recruiting for a Staff Attorney (Hearings Examiner 3). Please share this opportunity with your network and contacts. The recruitment closes August 24.

Washington State Department of Health | Job Opportunities (governmentjobs.com)

Summary Action:

In re Jeffrey D. Lovin, MD, Case No. 2021-556. On August 6, 2021, the Commission served an Ex Parte Order of Summary Suspension summarily suspending the medical license of Dr. Lovin. Dr. Lovin has 20 days from the date of service to request a show cause hearing. The Statement of Charges (SOC) alleges that the Medical Board of California revoked Dr. Lovin's medical license in January 2021 for failure to comply with an order prohibiting him from practicing medicine after violating a previous agreement that restricted his practice. A hearing based on the merits of the SOC has not yet been scheduled.

Orders Resulting from SOCs:

In re Vuthy Leng, MD, Case No. M2020-697. Agreed Order. On January 14, 2020, the Commission issued a SOC alleging Dr. Leng billed patients and insurance companies for tests not performed and under-reported the number of tests performed by his laboratory which lowered the Medical Test Site (MTS) license fee paid to the Department of Health. Dr. Leng is the sole owner, and also Laboratory Director, of his clinic which includes a laboratory with a MTS license. On July 8, 2021, the Commission approved an Agreed Order which indefinitely restricts Dr. Leng from performing any laboratory services, other than basic lab work for his in-house practice, and specifically from performing definitive urine toxicology testing. Additionally, Dr. Leng will attend the Medical Ethics and Professionalism course and write an original paper describing what he learned from the course and how he intends to integrate those lessons into his practice. The Commission is permitted to conduct annual, announced practice reviews. Dr. Leng will also pay a fine of $8,000. Dr. Leng may petition for termination of the Agreed Order no sooner than three years from the effective date.

In re Kristine S. Brecht, MD, Case No. M2019-94. Agreed Order. On April 16, 2020, the Commission issued a SOC and filed an Amended SOC on May 28, 2020. The Amended SOC alleges deficient documentation and that Dr. Brecht did not properly supervise her physician assistant and other medical support staff, putting patients at risk. On August 4, 2021, the Commission approved an Agreed Order which places Dr. Brecht's license on probation for three years at which time she may petition to modify this requirement. Additionally, Dr. Brecht will have temporary practice restrictions to include not performing any procedures that require sedation and prohibition of prescribing DEA Schedule II-IV controlled substances. Dr. Brecht is permanently restricted from performing procedures that require sedation without a physician anesthesiologist or a certified registered nurse anesthetist to provide sedation and anesthesia. Dr. Brecht is also permanently restricted from supervising physician assistants and from delegating the management of her pain management and primary care practice to a mid-level provider. Dr. Brecht will fully implement an electronic medical record keeping system to timely and fully maintain a record of medical encounters for each patient. Dr. Brecht will successfully complete CMEs in medical record keeping and

Rick Glein, Director of Legal Services, continued

pain management and permit the Commission to conduct compliance audits. Dr. Brecht has agreed to pay a fine of $25,000. Dr. Brecht may petition to modify the temporary practice restriction after completing a clinical competency assessment, intensive opioid prescribing CME and paper, but is not eligible to petition to terminate this Agreed Order based on the permanent practice restrictions.

In re Thomas J. Osten, MD, Case No. M2018-68. Final Order.* On October 30, 2019, the Commission filed a SOC alleging unprofessional conduct, sexual misconduct, and abuse of a patient. A virtual hearing was held in this matter March 18-19, 2021, regarding the merits of the SOC. A Final Order was issued on July 31, 2021, which placed Dr. Osten on probation for at least three years during which time he is required to complete CMEs in the areas of boundaries and ethics, communication, and gender and sexual orientation; permit the Commission to review patient records quarterly and make announced visits to his practice; pay a $6,000 fine; and attend personal appearances.

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

Virtual Hearing:

In re George F. Jackson, MD, Case No. M2019-365. Dr. Jackson is board certified in psychiatry. On January 4, 2021, the Commission filed a SOC alleging unprofessional conduct and abuse of a patient. A virtual hearing was held July 21-23, 2021, regarding the merits of the SOC. A Final Order is expected to be issued by the end of October 2021.**

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

Item of Interest:

On July 14, Rick, Ariele, and Kyle met virtually with Dr. Chris Bundy, Washington Physicians Health Program (WPHP), for their quarterly meeting to discuss processes which lead to a productive relationship between WMC and WPHP and offer joint feedback in our ongoing mission of patient safety and enhancing the integrity of the profession through discipline and education.

Mike Farrell, Policy Development Manager

Nothing to report outside of the items on the policy committee agenda and the rules process.

Freda Pace, Director of Investigations

CMT sign-up vacancies:

We need at least (2) clinical commissioners to fill in current vacancies for CMT ***each week*** starting September 1st through the end of the year. Please visit our WMC SharePoint to sign up or contact Chris Waterman directly at chris.waterman@wmc.wa.gov.

Freda Pace, Director of Investigations, continued

CMT calendar invite:

Working remotely has created a different way of communicating with one another to do the fascinating work of the commission. One new way of communicating is through Microsoft Teams. This application allows us to communicate daily, even multiple times a day, to share important information with each another (i.e., scheduling online meetings, chat and even via phone).

Traditionally, we've used GoToMeeting as our CMT meeting platform, and currently we are beta-testing how we will transition over to Microsoft Teams. Accessing the CMT meeting invite will be similar to GoToMeeting. So, look for the invite link or use the call-in by phone feature.

In addition, staying in touch and connecting live with investigators via Microsoft Teams is one really awesome and convenient way to discuss cases and strategize an investigative plan.

So, stay tuned. As we explore and learn more about the roll out of this new application, we will continue to keep you posted.

Interesting CMT STATS:

In July, we reviewed 117 cases. 47 were authorized for investigation (40.17%); 70 were closed below threshold (59.83%). July had the largest percentage of authorized cases this year. January had the highest percentages of closures below threshold, thus lowest authorized percentage.

Jimi Bush, Director of Quality and Engagement

Engagement

Please see the annual conference committee report for the full scope of our engagement efforts.

I am looking suggestions for Coffee with the Commission topics. These are short, informal conversations. Please let me know if there is a topic that would create a good dialogue with the general public. Dr. Gallinger has graciously volunteered to participate in a CWC about his experience when a he had a complaint filed. This would be a very high level conversation and no specifics would be provided. If you are interested in joining and sharing your experience, please let Jimi know.

We are creating online resources for patients as part of the 'patient toolkit'. These will be an in-depth look and resource page to build upon our webinars and educational offerings. We are also creating online videos for licensees about who we are, the role of the regulator and a toolkit for increasing you 'web-side' manner.

Quality

We are working on our annual clean-up and evaluating the structure of the WMC website.

Jimi Bush, Director of Quality and Engagement, continued

If you ever see an improvement that can be made to the website, please let Jimi know.

We have been working with staff units and the executive committee to draft the 2021-2023 strategic plan, which should be included in this packet. Please let Jimi know if you have any edits or constructive criticism.

We are also completing our annual performance report and information on recidivism amongst our respondents. We should have these reports available by the beginning of September. If there is specific information you would like to see included, please let Jimi know. Please see below for a highlight of our FY21 performance metrics.

Fiscal Year 2021 (FY21) Performance Report

Metric	FY20	FY21
Applications Received	3187	3669
Credentials Issued	3348	3654
Average Amount of Time to Issue a Credential	12 Weeks	11 Weeks
Reconsiderations Requested	44	43
Reconsiderations Approved	2	8
Complaints/Reports Received	1519	1611
COVID Related Complaints	38	29
Average Days to Process a Complaint (from intake to CMT)	14	15
Investigations Opened	456	471
Investigations Completed	644	410
Average Days to Complete an Investigation	137	129
Cases Closed After Panel Review	540	332
Discipline Actions Approved	69	87
STID	54	60
AO	4	10
Default/Waiver Orders	8	11
Final Orders	3	5
Stipulation to Practice Under Conditions	0	1
Average Total Days to Close a Case	115	102
Hearings Completed	5	6

Marisa Courtney, Licensing Manager

Total licenses issued from 05/01/2021-06/30/2021:771

Credential Type	Total Workflow Count
Physician And Surgeon County/City Health Department License	0
Physician And Surgeon Fellowship License	0
Physician And Surgeon Institution License	0
Credential Type	**Total Workflow Count**
Physician And Surgeon License	430
Credential Type	**Total Workflow Count**
Physician and Surgeon License Interstate Medical Licensure Compact	25
Physician And Surgeon Residency License	13
Physician And Surgeon Teaching Research License	1
Physician And Surgeon Temporary Permit	218
Physician Assistant Interim Permit	0
Physician Assistant License	61
Physician Assistant Temporary Permit	23
Totals:	**1185**

Information on Renewals: June Renewals- 66.26% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	34	34
MD	857	367	1224
MDFE	3	0	3
MDRE	173	165	338
MDTR	9	8	17
PA	161	38	199
	66.26%	**33.74%**	**100.00%**

Information on Renewals: July Renewals- 66.26% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	37	37
MD	786	282	1068
MDFE	0	2	2
MDIN	1	0	1
MDRE	112	97	209
MDTR	4	2	6
PA	145	34	179
	69.77%	**30.23%**	**100.00%**

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Panel A
Personal Appearance Agenda

Friday, August 20, 2021

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

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

https://global.gotomeeting.com/join/924570309

Panel Members: Jimmy Chung, MD, Panel Chair; James Anderson, PA-C; Charlie Browne, MD; Charlotte Lewis, MD; Yanling Yu, PhD, Public Member; Scott Rodgers, Public Member; Robert Small, MD; Richard Wohns, MD; Sarah Lyle, MD; Harlan Gallinger, MD

Compliance Officer: Anthony Elders

9:45am	**Kathleen Leppig, MD** Attorney: Philip A. VanDerhoef	M2019-1129 (2019-6007) RCM: Charlotte Lewis, MD SA: Rick Glein
10:30am	**James A. Winde, MD** Attorney: Todd Reichert	M2020-839 (2020-5621) RCM: Mary Curtis, MD SA: Richelle Little
11:15 a.m.	**Wayne Duran, MD** Attorney: John E. Turner	M2017-659 (2017-7448 et al.) RCM: Robert Small, MD SA: Mike Farrell
Lunch Break		
1:15 p.m.	**Nathaniel L. Whitney, MD** Attorney: Robert F. Sestero, Jr.	M2019-1122 (2019-4847) RCM: Richard Wohns, MD SA: Kyle Karinen
2:00 p.m.	**Rebecca N A Asomaning, MD** Attorney: Philip M. deMaine	M2019-511 (2018-14866) RCM: Charlotte Lewis, MD SA: Trisha Wolf

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WASHINGTON Medical Commission
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Panel B

Personal Appearance Agenda

Friday, August 20, 2021

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

https://global.gotomeeting.com/join/345525861

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

Compliance Officer: Mike Kramer

9:45am	**Birgit H. Grimlund, MD** Attorney: Elizabeth Leedom	M2019-999 (2019-2524) RCM: Alden Roberts, MD SA: Arielle Page Landstrom
10:30am	**John A. Banzer, MD** Attorney: Donna Lee	M2019-696 (2018-10314) RCM: Terry Murphy, MD SA: Kyle Karinen
11:15 a.m.	**Jeffery A. Trail, MD** Attorney: Brian Rekofke	M2019-820 (2019-1107) RCM: April Jaeger, MD SA: Colleen Balatbat
LUNCH BREAK		
1:15 pm	**Teresa Andersen, MD** Attorney: Pro Se	M2020-542 (2019-18087) RCM: April Jaeger, MD SA: Richelle Little
2:00 pm	**Stephen P. Markus, MD** Attorney: Douglas Yoshida	M2018-94 (2019-10700 et al.) RCM: Claire Trescott, MD SA: Rick Glein

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