February 27-28, 2020

The Heathman Lodge
7801 NE Greenwood Drive
Vancouver, WA 98662
(360) 254-3100

WASHINGTON
Medical
Commission

Licensing. Accountability. Leadership.

2020 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 16-17	Hotel Interurban 223 Andover Park E Tukwila, WA 98188	Regular Meeting
February 27-28	The Heathman Lodge 7801 NE Greenwood Dr. Vancouver, WA 98662	Regular Meeting
April 9-10	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
May 14-15	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
July 9-10	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
August 20-21	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
October 1-3	Doubletree 18740 International Blvd S Seattle, WA 98188	Educational Conference
November 12-13	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting

Association Meetings

Association	Dates	Location
Federation of State Medical Boards (FSMB) Annual Conference	April 30-May 2	San Diego, CA
WAPA Spring Conference	April 25-28	Seattle
WSMA Annual Meeting	September 26-27	Spokane
WAPA Fall Conference	TBA	TBA

Other Meetings

Program	Dates	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	January 8-10	San Diego, CA
CLEAR Annual Conference	September 23-26	Seattle
FSMB Board Attorneys Workshop	November 5-6	Miami, FL

Approved 5/17/2019

Updated: January 9, 2020

2021 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 14-15	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
March 4-5	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
April 8-9	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
May 20-21	TBD	Regular Meeting
July 8-9	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
August 19-20	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
Sept 30-Oct 2	TBD	Educational Conference
November 18-19	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting

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

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

Approved 11/16/18

Updated: February 4, 2020

2022 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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

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

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

FORMAL HEARING SCHEDULE

Hearing	Respondent	SPEC	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location	Panel Composition (as of 2/18/2020)
18-Feb										
2020 March		*(NO COMMISSION MEETING THIS MONTH)*								
23-26 Mar	SCHULZ, Ona L., PA-C	Phys. Assistant	M2018-641	Elizabeth Leedom Rhianna Fronapfel	Anderson	Wolf	B	Kuntz	TBD	Fairchild; Terman; Rodgers **WE NEED 1 REGULAR (non-ProTem) COMMISSIONER FOR THIS HEARING TO MOVE FORWARD**
2020 April										
30 Mar - 3 Apr	BAUER, William M.	BC- Internal Medicine	M2017-1115	Jennifer Smitrovich	Brewer	Berg	B	Herington	TBD	Blake; Fairchild
2020 May										
4-6 May	SHUEY, Jackie S., PA-C	Phys. Assistant	M2018-589	Jennifer Merringer Veal	Brewer	Wolf	A	Herington	TBD	
18-May	SMITH, Stephen L., MD	Non BC - Internal Medicine	M2017-523	Stephen D. Rose	Brewer	Berg	A	Donlin	TBD	Yu;
2020 June		*(NO COMMISSION MEETING THIS MONTH)*								
3-5 June	NORTON, Robert S., MD	BC - Surgery	M2019-368	Jessica Creager	Wright	Page Landstrom	B	Kuntz	TBD	Roberts; Trescott
2020 July										
NONE AT THIS TIME										
2020 August										
NONE AT THIS TIME										
2020 September		*(NO COMMISSION MEETING THIS MONTH)*								
NONE AT THIS TIME										

Commission Meeting Agenda
February 27-28, 2020 -Revised

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

The Heathman Lodge: 7801 NE Greenwood Drive, Vancouver, WA 98662, (360) 254-3100

Thursday – February 27, 2020

Closed Sessions

7:30 am	Breakfast	Chinook
8:00 am	Case Reviews – Panel A	Klickitat
8:00 am	Case Reviews – Panel B	Sacajawea
Noon	Lunch	Chinook

Open Session

12:30 pm	*Malpractice* *John Maldon, Commissioner, Public Member* *Scott Rodgers, Commissioner, Public Member* *Karen Domino, MD, Commissioner*	Chinook

Closed Sessions

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

4:00 pm Policy Committee Meeting — Sacajawea

Agenda Items	Presented By:	Page #:
Rulemaking for Collaborative Drug Treatment Agreements *Request to initiate rulemaking.*	Amelia Boyd	NA
Compensation and Reimbursement for Commission Duties Procedure, MD2016-02 *Discussion of current procedure and possible revisions.*	Mike Farrell	39
Proposed Procedure – Consent Agenda for Policy Committee *Discussion of proposed procedure.*	Mike Farrell	41
Proposed Procedure – Processing Cases Against Medical Students, Residents, and Fellows *Discussion of proposed procedure.*	Mike Farrell	42
Elective Educational Rotations, POL2019-01 *Discussion of current policy and possible revisions.*	Mike Farrell	44
Communicating Test Results to Patients, GUI2016-02 *Discussion of current guideline and possible revisions.*	Mike Farrell	45
Processing complaints against licensees enrolled in the Washington Physician's Health Program, MD2016-03 *Discussion of current guideline and possible revisions.*	Mike Farrell	47

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Friday – February 28, 2020 - Revised 2/26/2020

Closed Session

7:30 am Breakfast — Chinook

Open Session

8:00 am –9:30 am **Business Meeting** — Chinook

1.0 Chair Report

2.0 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

2.1 Minutes – Approval of the January 17, 2020 Business Meeting minutes. — Page 9

2.2 Agenda – Approval of the February 28, 2020 Business Meeting agenda.

Closed Session

3.0 Executive Session

Executive Session under RCW 42.30.110(1)(i) to discuss current federal litigation with the Attorney General's Office.

Open Session

4.0 Old Business

4.1 **Committee/Workgroup Reports** — Update

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

Written reports begin on page 14

See page 16 for a list of committees and workgroups.

4.2 **Rulemaking Activities** — Report

Rules Progress Report provided on page 18.

4.3 **Lists & Labels Request** — Action

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

- Butler University — Pages 20-24
- Idaho State University — Pages 25-26

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5.0 New Business

5.1 **Training – Jurisdiction** — Pages 28-35
Legal Team to present information about Commission jurisdiction.

5.2 **May 2021 Meeting Dates** — Action
Amelia Boyd, Program Manager, will propose new dates for the May 2021 Commission meeting. — Pages 36-37

6.0 Public Comment

The public will have an opportunity to provide comments. ***If you would like to comment during this time, please be sure to write "Yes" on the sign-in sheet.***

7.0 Policy Committee Report

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on February 27, 2020. See the Policy Committee agenda for the list of items to be presented. — Report/Action Begins on page 39

8.0 Member Reports

The Chair will call for reports from Commission members.

9.0 Staff Member Reports

The Chair will call for further reports from staff. — Written reports begin on page 51

The Compliance Exit Survey Results begin on page 81.

10.0 AAG Report

Heather Carter, AAG, may provide a report.

11.0 Adjournment of Business Meeting

Open Sessions

9:45 am	Personal Appearances – Panel A	Klickitat	Page 60
9:45 am	Personal Appearances – Panel B	Sacajawea	Page 61

Closed Sessions

Noon to 1:30 pm	Lunch available	Chinook
12:00 pm to 1:00 pm	Finance Workgroup	Sacajawea
12:00 pm to 1:00 pm	Reduction of Medical Errors	Klickitat

Open Sessions

1:00 pm	Personal Appearances – Panel A	Klickitat	Page 60
1:00 pm	Personal Appearances – Panel B	Sacajawea	Page 61

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (Commission) meetings. This agenda is subject to change. **Smoking is prohibited at these meetings.** The Policy Committee Meeting will begin at 4:00 pm on February 27, 2020 until all agenda items are complete. The Commission will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on February 28, 2020 until all agenda items are complete. The Commission will take public comment at the Business Meeting. ***Please note: Meals are provided for Commissioners and Commission staff only.*** 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
January 17, 2020

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Hotel Interurban: 223 Andover Park E, Tukwila, WA 98188, (206) 278-7800

Commission Members

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

Commission Staff

Morgan Barrett, Director of Compliance
Amelia Boyd, Program Manager
Jimi Bush, Director of Quality & Engagement
Melanie de Leon, Executive Director
Mike Farrell, Policy Development Manager
Rick Glein, Director of Legal Services
George Heye, MD, Medical Consultant
Kyle Karinen, Staff Attorney
Freda Pace, Director of Investigations
Ariele Page Landstrom, Staff Attorney
Trisha Wolf, Staff Attorney
Gordon Wright, Staff Attorney

Others in Attendance

Alex Ashleigh, MD, Pro Tem Commissioner
Heather Carter, Assistant Attorney General (AAG)
Daniel Flugstad, MD, Pro Tem Commissioner
Katerina LaMaure, Washington State Medical Association
Gregory Terman, MD, Pro Tem Commissioner

Call to Order

Alden Roberts, MD, Chair, called the meeting of the Washington Medical Commission (Commission) to order at 8:01 a.m. on January 17, 2020, at the Hotel Interurban, 223 Andover Park E, Tukwila, WA 98188.

1.0 Chair Report

Dr. Roberts introduced a new Pro Tem Commissioner, Daniel Flugstad, MD.

He announced that Commissioner Harry Harrison, MD will be leaving the Commission after the February meeting as he is moving out of state.

He stated he would like the Commission to discuss creating a procedure for processing complaints regarding Residents.

He spoke about the cases authorized for investigation at the weekly Case Management Team meeting. He stated that cases should be authorized for investigation if the report meetings the following requirements:

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1. The allegations in the report are clearly Unprofessional Conduct as in RCW 18.130.180,
2. The report independently justifies remediation,
3. The report contains enough information to justify authorization, or
4. We have the tools to remediate to good practice.

He reported that no opinion regarding the Collaborative Drug Treatment Agreements (CDTA) has been received from the Attorney General's office. As such, at the February meeting there will be a request to initiate rulemaking on CDTAs.

He explained there are questions on the renewal application that may not need to be asked. He asked Melanie de Leon, Executive Director to speak on this item. Ms. de Leon explained that the questions had been added last fall but that not every licensee would answer the questions and their renewal application would be marked as deficient. This would hold up the renewal process. The Executive Committee made the decision to remove these questions from the renewal application. Dr. Roberts asked for further comments or questions on this item and none were given.

2.0 Consent Agenda

The Consent Agenda contained the following items for approval:

2.1 Minutes from the November 15, 2019 Business Meeting.

2.2 Agenda for January 17, 2020.

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

3.0 Old Business

3.1 Committee/Workgroup Reports

There was nothing further to report.

3.2 Rulemaking Activities

Amelia Boyd, Program Manager, requested volunteers to participate in a committee to discuss upcoming proposed draft language related to the Pharmacy Quality Assurance Commission's e-prescribing rulemaking. Christine Blake, Public Member; Charlie Browne, MD; and Robert Small, MD volunteered to participate.

3.3 Lists & Labels Request

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

- Benton Franklin County Medical Society

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

4.0 New Business

4.1 Training – Bates Stamping and Investigative Reports

Freda Pace, Director of Investigations, presented information on the different page

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numbering systems within a case file.

4.2 November 2020 Meeting Dates

Amelia Boyd, Program Manager, proposed changing the approved November 12-13, 2020 meeting to November 19-20, 2020.

Motion: The Chair entertained a motion to approve the proposed dates. The motion was denied by majority vote.

4.3 Panel Composition

The Commissioners discussed the panel composition which was presented on Thursday, January 16, 2020.

Motion: The Chair entertained a motion to approve the proposed panel composition to begin in July 2020 and continue for one year. The motion was seconded and approved unanimously.

5.0 Public Comment

No member of the public was signed up to speak therefore no public comment was given.

6.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair reported on the items discussed at the Policy Committee meeting held on January 16, 2020:

Rescind Approval of CR-102 for Clinical Support Program Rule

Dr. Domino asked Ms. Boyd to present on this item. Ms. Boyd explained she has received opposition to the previously approved draft language and that staff have proposed some unsubstantial changes to the language as well. She requested that the approval to initiate the CR-102 process be rescinded so that further work can be done on the draft language.

Motion: The Chair entertained a motion to rescind their approval to initiate the CR-102 process for this rule. The motion was approved unanimously.

EHR & Medical Records Guideline

Dr. Domino presented the revisions to the guideline and stated the Committee recommended approving the document with the amendments.

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

Compensation and Reimbursement for Commission Duties Procedure, MD2016-02

Dr. Domino stated the procedure will be referred to a workgroup for further work.

Communication with Patients, Family, and the Health Care Team Guideline, MD2016-04

Dr. Domino stated the committee recommended rescinding the guideline.

Motion: The Chair entertained a motion to rescind the guideline. The motion was approved by majority.

Practice of Medicine and Body Art Interpretive Statement, MD2009-01

Dr. Domino stated the committee recommended rescinding the interpretive statement.

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

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Proposed Procedure – Consent Agenda for Policy Committee
Dr. Domino presented the draft procedure and the changes to it which were recommended by the committee. Further changes were suggested by the members. As such, this item will be revised and presented at a future meeting.

6.0 Member Reports

Jim Anderson, PA-C, praised the Annual Educational Conference Committee for their work on the October 2019 conference. He also stated he is a member of the Federation of State Medical Boards Conference Planning Committee, which will have some similar sessions to those that were presented at the Commission's conference.

7.0 Staff Member Reports

Staff member reports are provided in writing prior to the meeting. The information below is in addition to the written reports.

There was nothing further to report.

8.0 AAG Report

Heather Carter, AAG, had nothing to report.

9.0 ADJOURNMENT

The Chair called the meeting adjourned at 9:29 am.

Submitted by

Amelia Boyd, Program Manager

Alden Roberts, MD, Chair
Washington Medical Commission

Approved February 28, 2020

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Committee & Workgroup Reports

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Committee/Workgroup Reports: February 2020

Reduction of Medical Errors Subcommittee – Chair: Dr. Chung Staff: Mike Farrell
The Foundation for Health Care Quality held a stakeholder meeting on February 7. Attendees included hospital CMOs, health systems administrators, risk managers, attorneys and regulators. Dr. Jimmy Chung made a presentation on the WMC experience with CRP certification. To date, 25 cases have been submitted for certification (20 in Washington and 5 in California) and 20 have been certified. Three have been submitted to the WMC, but there may be several more coming. We may collaborate with the Foundation and the Washington State Hospital Association on dissemination of lessons learned. Subcommittee will meet on 2-27 to discuss further collaboration with the Foundation.

Annual Educational Conference Workgroup – Chair: Toni Borlas Staff: Jimi Bush
Meeting held on 1/16. This is the 10th year of the WMC hosting this educational conference. The committee decided to have a broader theme that encompasses the 10 years of learning and continues to look ahead. Working Conference title "Trending Topics in Medicine". (Please talk to Jimi if you have a snappier title). We plan to break-up the 2 day conference in 4 "mini" conferences. Topics may include: • Opioids • Technology in Medicine • Social Determinates of Health • TBD (contact Jimi if you have a suggestion.) Mr. Sam Quinones, Author of Dreamland has agreed to be our keynote for the opioid portion. His fee is a bit higher than we are accustom to, so Jimi is trying to secure funding through educational grants before confirming his keynote address. Meeting to be held at 7:30 am on 2/27/2020.

Commissioner Education Committee – Chair: None at this time Staff: Melanie de Leon
This committee is scheduled to meet at the August 2020 meeting to discuss retreat plans and topics.

Collaborative Drug Treatment Agreement Workgroup – Chair: Dr. Roberts Staff: Melanie de Leon
Initiation of CR 101 to be requested at February 2020 Policy Committee meeting.

Practitioner Competence Workgroup – Chair: Dr. Roberts Staff: Micah Matthews
Meeting rescheduled to after the January 2020 WMC meeting with intent to bring updated and agreeable guideline update to the Policy Committee in April 2020.

Commissioner Compensation Procedure Workgroup – Chair: None at this time Staff: Mike Farrell
Draft procedure to be presented at the February Commission meeting.

Warm Handoff Workgroup – Chair: Dr. Trescott Staff: Melanie de Leon
Still awaiting information on what other jurisdictions are doing and how the state is already doing this through local navigation teams.

Osteopathic Manipulative Therapy Workgroup – Chair: None at this time Staff: Micah Matthews
Gaining feedback from Commissioners and stakeholders. Meeting held on February 14 for public feedback. Next meeting to be held on April 10, 2020 at the April Commission meeting.

Telemedicine Workgroup – Chair: Christine Hearst Staff: Stephanie McManus
Workgroup is still working on draft language to bring back before the rules workshop. Anticipate completion of review and revision by March 2020.

Washington Medical Commission
Committees/Workgroups
Updated January 27, 2020

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

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

Finance Workgroup
Dr. Howe, Immediate Past Chair, Cmte Chair
Dr. Roberts, Current Chair
John Maldon, 1st Vice Chair
Melanie de Leon
Micah Matthews
Jimi Bush

2020 Nominating Committee
Dr. Howe
Dr. Domino
Dr. Harrison

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

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

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

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

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

Washington Medical Commission
Committees/Workgroups
Updated January 27, 2020

Panel L
John Maldon, Public Member, Chair
Dr. Browne
Dr. Roberts
Dr. Howe
Christine Blake, Public Member
Dr. Ashleigh, Pro Tem Commissioner
Theresa Schimmels, PA-C
Dr. Barrett, Medical Consultant
Kimberly Romero
Ariele Page Landstrom
Micah Matthews

Collaborative Drug Treatment Agreement Workgroup
Dr. Roberts, Chair
Dr. Chung
Dr. Small
John Maldon, Public Member
Melanie de Leon
Micah Matthews
Kyle Karinen, Staff Attorney

Practitioner Competence Workgroup
Dr. Roberts, Chair
Dr. Howe
Dr. Chung
Dr. Small
Theresa Schimmels, PA-C
Micah Matthews
Mike Farrell

PQAC E-prescribing Rulemaking Committee
Christine Blake, Public Member
Dr. Browne
Dr. Small
Melanie de Leon
Amelia Boyd

Commissioner Compensation Procedure Workgroup
Dr. Roberts
Dr. Howe
TBD
Melanie de Leon
Mike Farrell
Amelia Boyd

Warm Handoff Workgroup
Dr. Trescott, Chair
Jim Anderson, PA-C
Kyle Karinen, Staff Attorney
Jimi Bush
Melanie de Leon

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

Telemedicine Workgroup
Christine Blake, Public Member, Chair
Toni Borlas, Public Member
Dr. Howe
Dr. Ashleigh, Pro Tem Commissioner
Dr. Roberts
Dr. Lewis
Dr. Wohns
Stephanie McManus
Mike Farrell
Micah Matthews

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)	Request to rescind CR-102 process approval	11/15/2019	Workshop	4/8/2020	Keep Osteo updated.			Complete	October 2020	January 2021
Chapter 246-919 WAC Update	Working on non-substantial changes to draft language due to comments during OS review	1/2/2020	File CR-102	February 2020	Include **MD** Military Spouse rules.	CR-102: 11/6/2019		Complete	February 2020	May 2020
Telemedicine	CR-101 filed	9/17/2019	Workshops	Unknown	Keep Osteo updated.			Complete	TBD	TBD
Stem Cells	File CR-101 in May 2020	11/15/2019	File CR-101	May 2020	Keep Osteo updated.			May 2020	TBD	TBD
Opioid Prescribing - LTAC, SNF patient exemption	CR-101 approved	11/9/2018	File CR-101	April 2020				April 2020	January 2021	April 2021
Ch. 246-918 WAC - Name change	CR-105 filed	9/17/2019	CR-103	March 2020				CR-105 Completed		March 2020
CDTA	Request to initiate rulemaking on the February agenda	2/28/2020	CR-101	August 2020				August 2020	January 2022	April 2022

Lists & Labels

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

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

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

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

☐ We are a "professional association" ☒ We are an "educational organization."

Juan Carlos Buitron	(317) 940-9678	Jbuitron@butler.edu
Primary Contact Name ↴	Phone ↴	Email ↴

Dr Jennifer Snyder	Https://www.butler.edu/dms
Additional Contact Names (Lists are only sent to approved individuals) ↴	Website URL ↴

Butler University	35-0867977
Professional Assoc. or Educational Organization ↴	Federal Tax ID or Uniform Business ID number ↴

4600 Sunset Avenue	Indianapolis, IN 46208
Street Address ↴	City, State, Zip Code ↴

To inform PA's of Butler's Doctor of Medical Science Program.
1. How will the lists be used? ↴

Licensed Physician Assistants
2. What profession(s) are you seeking approval for? ↴

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

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

Juan Carlos Buitron — 2/3/2020
Signature ↴ Date ↴

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

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

BUTLER UNIVERSITY

DOCTOR OF MEDICAL SCIENCE

PROGRAM DETAILS

PROGRAM TYPE

17 modules, 6 weeks in length
50 credit hours total

IMPORTANT DATES

August 1, 2019: Butler's 2020 Application Opens

Applications will be accepted for the following six starts:

Spring 2020
January 13, 2020
March 9, 2020

Summer 2020
May 11, 2020
June 29, 2020

Fall 2020
August 26, 2020
October 21, 2020

Admission decisions are made on an ongoing basis.

FEES

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$40,000 program total

Jennifer Snyder, PhD, PA-C
DMS Program Director and Department Chair
317-940-8455
jholycro@butler.edu

dmsprogram@butler.edu
butler.edu/dms

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DOCTOR of MEDICAL SCIENCE

"Within some practices, the HR departments do not seem aware of PA capabilities within practice structures. I have personally been overlooked for promotions to chief of advanced practice providers due to not having a doctorate degree. The Butler DMS degree would provide parity in those cases, advance my medical knowledge, and provide me with valuable leadership skills."

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As the nation's healthcare environment continues to evolve, PAs must possess the latest information to deliver safe, efficient, and effective care. Through the Doctor of Medical Science program at Butler University, PAs will build upon their previous education and experiences and gain a greater depth of medical knowledge, business acumen, and leadership skills.

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Applicants to the Doctor of Medical Science program must be Physician Assistants who have successfully graduated from an entry-level PA program accredited by the Accreditation Review Commission on the Education of Physician Assistant and either currently hold a National Commission on Certification of Physician Assistants certification/recertification or a state license to practice as a Physician Assistant. A master's degree is not required.

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The Butler Doctor of Medical Science curriculum includes comprehensive advanced medical training, plus a series of business and leadership courses that allows PAs to develop the business operation and management acumen to effectively make decisions, and lead within their places of work.

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CREATED BY THE BEST

The Doctor of Medical Science program was created by faculty within Butler's Physician Assistant program, the longest accredited PA program in the state of Indiana. Butler's PA program has a successful record of graduating PAs that are respected in their field and valuable contributors within the communities they serve.

"Within some practices, the HR departments do not seem aware of PA capabilities within practice structures. I have personally been overlooked for promotions to chief of advanced practice providers due to not having a doctorate degree. The Butler DMS degree would provide parity in those cases, advance my medical knowledge, and provide me with valuable leadership skills."

DMS Focus Group Participant, December 2017

BUTLER | DOCTOR of MEDICAL SCIENCE

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Butler University

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

4600 Sunset Avenue

6 City, state, and ZIP code

Indianapolis, IN 46208

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				

or

Employer identification number

3	5	-	0	8	6	7	9	7	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 8/19/2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

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

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

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

☐ We are a "professional association" ☒ We are an "educational organization."

Wilson Trusty	9374097723	Truswils@isu.edu
Primary Contact Name ↴	Phone ↴	Email ↴

Joshua Swift	Isu.edu
Additional Contact Names (Lists are only sent to approved individuals) ↴	Website URL ↴

Idaho State University	82-6000924
Professional Assoc. or Educational Organization ↴	Federal Tax ID or Uniform Business ID number ↴

921 S 8th Ave	Pocatello, ID 83209
Street Address ↴	City, State, Zip Code ↴

We will send an email invitation to healthcare providers to complete a 15-minute online survey for a master's thesis project

1. How will the lists be used? ↴

Physicians (MD and DO), physician assistants, and advanced practice nurses

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

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

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

Wil T. Trusty 01/28/2020

Signature ↴ Date ↴

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

For Official Use Only

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

Denied: _____

Authorizing Signature: _____

Printed Name: _____

Title: _____ Date: _____

Dear Healthcare Provider,

My name is Wilson Trusty, and I am a graduate student in the Clinical Psychology Ph.D. program at Idaho State University. I am inviting you to participate in a 15-minute survey for my thesis project. We are interested in physicians' attitudes toward mental health care and a variety of commercials related to mental health problems. The study involves answering some preliminary questions, watching a brief video advertisement about mental health care, and then filling out a survey. Your responses will be anonymous.

In addition to helping me with data collection for my thesis and contributing to the scientific literature on mental health care, you will have the option of entering to win one of four $100 Amazon gift cards if you participate.

You can access the survey via this link: https://isu.co1.qualtrics.com/jfe/form/SV_bavtLnZ4bz5djSJ

This study has been approved by the Idaho State University Human Subjects Committee (IRB-FY2019-246). Note that only practitioners who work in primary care settings are eligible to participate.

If you have any questions about the study, you may contact me at truswils@isu.edu or my faculty advisor, Dr. Joshua K. Swift, at swifjosh@isu.edu.

Thank you for your time.

Sincerely,

Wilson Trusty

Jurisdiction Training

TACTICAL

3 of 3 DOCUMENTS

JOHN D. BROWN, D.C., Appellant, v. STATE OF WASHINGTON, DEPARTMENT OF HEALTH, CHIROPRACTIC QUALITY ASSURANCE COMMISSION, Respondent.

No. 47789-7-I

COURT OF APPEALS OF WASHINGTON, DIVISION ONE

110 Wn. App. 778; 42 P.3d 976; 2002 Wash. App. LEXIS 139

January 22, 2002, Filed

SUBSEQUENT HISTORY:
The Publication Status of this Document has been Changed by the Court from Unpublished to Published in Part March 18, 2002. As Amended March 18, 2002.

PRIOR HISTORY:
Appeal from Superior Court of King County. Docket No: 002103310. Date filed: 12/12/2000. Judge signing: Hon. Sharon Armstrong

Reported in Table Case Format at: *2002 Wash. App. LEXIS 922.*

DISPOSITION:
Affirmed.

CASE SUMMARY

PROCEDURAL POSTURE: Respondent chiropractic commission (commission) revoked appellant chiropractor's license. The Superior Court of King County (Washington) affirmed the commission's ruling. The chiropractor appealed.

OVERVIEW: The chiropractor's license expired in 1993, and the chiropractor did not renew it. In 1997, the patient went to see the chiropractor; he told her he had been a chiropractor for 20 years, but did not tell her that his license was expired. The chiropractor performed neck manipulations on the patient, but did not warn her of the risk of stroke associated with the procedure. After her final treatment, the patient vomited, sweated profusely, and could not feel her feet or left leg. Although the chiropractor called someone to pick the patient up, he did not mention that patient could have had a stroke, did not call 911, and did not advise the individual to take her to the emergency room. The appellate court held that the commission's jurisdiction was not limited to those chiropractors who were still licensed, as the license could have been renewed by completing an application. The commission was also charged with protecting the public interest, so jurisdiction was proper. The commission's findings were supported by substantial evidence, and it was proper for it to make findings about the care provided, as the commission's panel members were licensed chiropractors.

OUTCOME: The decision of the trial court was affirmed.

COUNSEL:
For Appellant(s): John D. Brown (Appearing Pro se), Kenmore, WA.

For Respondent(s): S. K. O'Neal, Assistant Attorney General, Olympia, WA.

OPINION:

[976] [*779]**

PER CURIAM - John Brown appeals the trial court's decision affirming the Commission of Chiropractic Quality Assurance's (Commission) final order. The order revoked his license to practice as a chiropractor, imposed a $ 30,000 fine, ordered him to cease and desist from all actions falling within the chiropractic practice, and prohibited him from representing himself as a licensed chiropractor. Brown contends that (1) the Commission did not have jurisdiction over him because his license had expired, (2) the findings of fact are not supported by substantial evidence, and (3) the freedom to practice his

religion prevents the State from regulating his practice. We affirm the Commission's order because it had jurisdiction to hear this matter, the administrative record contained substantial evidence, including the Commissioners' expertise, to support its findings, and the State has authority to regulate Brown's practices to protect the public health, safety, and welfare.

FACTS

In January 1966, John Brown got his chiropractic license from the State of Washington. His license expired on July 3, 1993, and Brown has not renewed it. In February 1997, Patient A was suffering from headaches, and on the recommendation of her sister, Alison Falco, she went to the Alphabiotic New Life Center which Brown operates.

Patient A testified that Brown told her he had been a chiropractor for 20 years, but did not tell her that his license was expired. She also testified that she would not have sought his treatment if she had known he was unlicensed, that he referred to himself as "doctor," and that he had business cards that read "Dr. John D. Brown, Developmental Alphabioticist." Brown told her that the difference between chiropractic and alphabiotics was that only neck alignments were performed in alphabiotics.

On February 10, 1997, Patient A went to Brown for treatment of her headaches, and she filled out and signed a form containing biographical information. She testified that [*780] she did not read all of it. She also admitted signing a form entitled "Comprehension," but said that she did not read it thoroughly. She stated that Brown handed her the forms without explaining their content, that she did not believe she was joining a religious organization, and that she would not have joined if she had known she was being asked to.

During treatment, Brown had Patient A lie on an inclined table while he placed his hands under her neck and turned her head from [**977] side to side. Brown placed one hand on her chin and one hand under her neck, turned her head to one side, and then forcefully pulled her head up to the table. He repeated this procedure after turning her head to the other side. Patient A testified that it was very similar to prior chiropractic treatment she received in New York.

Patient A testified that after paying Brown $ 20 for the treatment, she felt fine and her headaches and neck stiffness decreased. Brown did not warn her of the risk of stroke from the procedure he performed. She also stated that she did not believe she was making a donation, and there were no religious discussions, prayers, readings, or materials associated with her visit.

Patient A returned to Brown's facility four more times. He performed the same procedure each time, she paid $ 20 per visit, and there were no religious discussions. Following her fifth visit, Patient A suffered minor dizziness and neck pain. When she told Brown about it, he recommended she return for another treatment.

When she returned for her final treatment on March 12, 1997, Brown performed the same procedure. But this time, when he turned Patient A's head to the right and pulled her head up, she experienced immediate vertigo and nausea. She told Brown, and he told her to rest for a minute. Brown left the room, and when he returned, she was still suffering vertigo and nausea. Brown had to help her sit up because she was unable to do so alone. She vomited, sweated profusely, and could not feel her feet or left leg. She asked Brown to call Falco. He did so, but did not tell her it was urgent. When Falco arrived, she and another woman [*781] helped Patient A into the restroom where she lost control of her bowels and continued to vomit. Brown knocked on the bathroom door and said, "You really need to get her home." He did not mention that she could have had a stroke, did not call 911, and did not advise Falco to take her to the emergency room.

Falco and Robert Freeman, Patient A's brother-in-law, took her home and, after consulting a physician, took her to the emergency room. Patient A was diagnosed with a stroke caused by dissections of both vertebral arteries which her physicians believe Brown's procedure caused. She was hospitalized for eleven days, did not work for a month, could only work part-time for two months, has had to reduce the intensity of her job, and has lost income. Patient A brought a civil action against Brown.

Falco and Freeman corroborated Patient A's testimony. They both testified to the procedures Brown performed on them, which they described as the same as those he performed on Patient A. They also testified that Brown referred to himself as a doctor and told them he had been a practicing chiropractor for 20 years without mentioning his expired license. They also signed his forms without reading them thoroughly, paid for their treatments, and had no religious discussions with Brown.

Brown did not deny any of these facts, except to state that he was not performing any form of treatment on Patient A, Falco, and Freeman, and that his pulling on the head was not forceful. He testified that he was performing the alphabiotic alignment process, and not a chiropractic adjustment. He also testified that the alphabiotic alignment process is a sacrament of the Alphabiotic Church and that Patient A, Falco, and Freeman were members of the church and acknowledged

in the forms they signed that they were not receiving chiropractic or other treatment. He also said there were no materials in his office referring to chiropractic practice, and that all materials, diplomas, and documents referred to alphabiotics. He stated that he was trained in alphabiotics in Texas by Dr. Virgil Chrane and [*782] others. After an eight-month training period, he was awarded a Doctor of Alphabiotics degree; that is the degree he refers to when he uses the title "Doctor." Brown stated that he learned the alphabiotic alignment process from Chrane, who was also a chiropractor.

On March 9, 1999, the Commission issued a statement of charges alleging that Brown committed unprofessional conduct by, among other things, practicing chiropractic medicine without a license, representing to his patients that he was a chiropractor when his license [**978] was expired, failing to exercise reasonable care when performing a chiropractic manipulation of Patient A's spine, failing to warn Patient A that she could suffer a stroke as a result of the manipulation, and failing to take proper emergency care procedures when Patient A displayed stroke symptoms. On January 27, 2000, there was an adjudicative hearing before a panel of four Commission members, which included three licensed chiropractors. Brown chose to represent himself at the hearing.

On March 14, 2000, the Commission issued its findings of fact, conclusions of law, and final order. It found that Brown's treatment was a chiropractic procedure, that he practiced chiropractic medicine without a license, that he misled Patient A into believing he was licensed, and that his treatment of Patient A was severely negligent. The Commission concluded Brown committed professional malpractice in violation of *RCW 18.130.180(4)*,(7),(8)(a),(13), *RCW 18.25.112(1)*, and *RCW 18.25.011*, revoked his license for 10 years, imposed a $ 30,000 fine, issued a cease and desist order prohibiting him from performing chiropractic procedures until his license is reinstated, and prohibited him from representing himself as a licensed chiropractor. Brown appealed the Commission's final order to superior court which affirmed the Commission. This appeal followed.

DISCUSSION

The Commission concluded that Brown violated *RCW 18.25.011* and *RCW 18.130.180*. *RCW 18.25.011* provides [*783] that "it is a violation of *RCW 18.130.190* for any person to practice chiropractic in this state unless the person has obtained a license as provided in this chapter." *RCW 18.130.180* pertains to "conduct, acts, or conditions [that] constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter[.]" Brown maintains that the Commission lacked jurisdiction over his case because *RCW 18.130.180* only applies to licensed chiropractors and his license was expired. He asserts that the Commission cannot both argue that he was in violation by practicing without a license and that as a license holder his conduct was unprofessional. We disagree.

The State argues that if the Commission is unable to investigate unlicensed persons for unprofessional conduct under *RCW 18.130.180* until they seek reinstatement, evidence and witnesses will become stale or lost. Because the Secretary of the Department of Health has the same authority to investigate those practicing without a license as the Commission has to investigate unprofessional conduct, Brown argues that a Health Department investigation would preserve evidence and witnesses. The evidence the Secretary discovers could then be used to deny reinstatement. But this fact does not deprive the Commission of jurisdiction over persons with expired licenses.

The State contends that the Commission has jurisdiction over Brown under WAC 246-11-090(1) and that case law from other jurisdictions agrees. WAC 246-11-090(1) provides:

> The board has jurisdiction over all licenses issued by the board and over all holders of and applicants for licenses as provided in *RCW 18.130.040(2)(b)* and (3). *Such jurisdiction is retained even if* an applicant requests to withdraw the application, or *a licensee surrenders or fails to renew a license.* n1
>
> n1 (Emphasis added.)

Brown asserts that the Legislature did not give the Commission jurisdiction to make findings of unprofessional [*784] conduct under *RCW 18.130.180* and *RCW 18.130.050(2)* n2 against an unlicensed person because the regulation conflicts with the statutes. This contention is without merit. *RCW 18.130.050(2)* gives the Commission authority to investigate and hold hearings on "all ... reports of unprofessional conduct." Because the statute does not distinguish between expired [**979] and active licenses, it gives the Commission jurisdiction over any person who has held a license and appears to have engaged in unprofessional conduct.

n2 *RCW 18.130.050(2)* provides:

> The disciplining authority has the following authority:
>
> ....(2) To investigate all complaints or reports of unprofessional conduct as defined in this

chapter and to hold hearings as provided in this chapter[.]

In Wang v. Board of Registration in Medicine, n3 the Massachusetts Supreme Court faced the same issue. The physician contested the disciplinary board's jurisdiction because his license had expired before the board initiated proceedings against him. The Wang court concluded that the agency retained jurisdiction over the physician because, like *RCW 18.130.050(2)*, a state statute authorized the board to "'investigate all complaints relating to the proper practice of medicine by any person holding a certificate of registration.'" n4 Even though the physician failed to renew his license, it could be revived upon completion of the renewal process. Thus, the Wang court held that even though the physician did not have a license that could be revoked, the board had jurisdiction to revoke his "inchoate right to reestablish his status as a licensed physician in Massachusetts simply by completing the renewal process." n5 The Wang court also concluded that, while the board could wait to initiate proceedings until the physician filed for renewal, we cannot say, however, as a matter of law, that the board must wait for Wang's renewal application to initiate disciplinary [*785] proceedings rather than doing so when his misconduct became known to the board.

The board's purpose is protection of the public interest, and when the board exercises its statutory function of conducting disciplinary proceedings, it is pursuing that purpose. ... n6

n3 *405 Mass. 15, 537 N.E.2d 1216 (Mass. 1989).*

n4 *Id. 537 N.E.2d 1216 at 1218* (quoting *Mass. Gen. Laws ch. 112, § 5*).

n5 *Id. 537 N.E.2d 1216 at 1219.*

n6 Id.

The Wang court reasoned that

"it is logical and sensible that, where such grave charges of ... unprofessional or dishonorable conduct are alleged, the Board has the right to preserve [any] evidence ... of these charges; otherwise witnesses may disappear and the passage of time itself may well dim or even eradicate the memory of the witnesses and thus preclude the construction of an adequate record."... n7

n7 *Id., 537 N.E.2d 1216* (quoting *Cross v. State Board of Dental Examiners, 37 Colo. App. 504, 552 P.2d 38 at 38-41 (Colo. 1976)*) (alternation in original).

Brown argues that Wang is inapposite because Wang held his license when his unprofessional conduct occurred. He contends we should follow the Connecticut Supreme Court's decision in Stern v. Connecticut Medical Examining Board. n8 His argument is not persuasive. First, both Wang's and Brown's licenses had expired when disciplinary proceedings began. Second, the statutory scheme in Stern is different from ours. In Connecticut, when a physician does not renew his license within 90 days, it automatically becomes *void* under Connecticut law. n9 In both Washington and Massachusetts, the statutes provide that a license that is not renewed "shall be automatically revoked, but shall be revived upon completion of the renewal process." n10 As in Wang, a chiropractor with an expired license in Washington has an inchoate right to reestablish his status as a licensed chiropractor simply by completing the renewal process. n11 [*786] For the same public policy reasons the Wang court relied on, we hold that the Commission had jurisdiction over Brown.

The remainder of this opinion has no precedential value. Therefore, it will be filed for public record in accordance with the rules governing unpublished opinions as provided in *RCW 2.06.040*.

n8 *208 Conn. 492, 545 A.2d 1080 (Conn. 1988).*

n9 *Conn. Gen. Stat. § 19a-88(f)* (1987).

n10 *Wang, 537 N.E.2d at 1219* (quoting *Mass. Gen. Laws ch. 112, § 2*).

n11 See *RCW 43.70.280*; *RCW 18.122.140*; WAC 246-12-040.

Brown next contends that he was denied due process because the Commission's findings of fact 2.14 and 2.15 are not supported by substantial evidence in the administrative record. We review agency orders in adjudicative proceedings under the Administrative Procedure Act, and review is confined to the administrative record. n12 The reviewing court must give due deference to the agency's knowledge and expertise. n13 But the findings of fact must also be supported by substantial evidence, which is "'evidence in sufficient quantum to persuade a fair-minded person of the truth of the declared premises.'" n14

n12 *Clausing v. State, 90 Wn. App. 863, 870, 955 P.2d 394,* review denied, *136 Wn.2d 1020, 969 P.2d 1063 (1998).*

n13 See *RCW 34.05.461(5)*; WAC 246-10-117; *Wash. Med. Disciplinary Bd. v. Johnston, 99 Wn.2d 466, 482, 663 P.2d 457 (1983); In re Discipline of Brown, 94 Wn. App. 7, 13-14, 972 P.2d 101,* review denied, *138 Wn.2d 1010 (1999).*

n14 *Clausing, 90 Wn. App. at 871* (quoting *Olmstead v. Dep't of Health, Med. Section, 61 Wn. App. 888, 893, 812 P.2d 527 (1991)).*

Finding of fact 2.14 provides in part:

Based on its own expertise, the Commission finds that the procedure performed by the Respondent on Patient A, which he calls the Alphabiotic Alignment Process, is indistinguishable from the chiropractic adjustment known as the Chrane condyle lift, which was taught by Virgil Chrane while he was still practicing as a chiropractor. The Commission finds that the Chrane condyle lift is a useful but potentially dangerous chiropractic adjustment, and that one of the significant risks of the Crane condyle lift is dissection of vertebral arteries and resulting stroke. ...

Specifically, Brown asserts that there is insubstantial evidence to find that (1) Chrane taught the Chrane condyle lift and (2) the Chrane condyle lift is potentially dangerous and may cause a stroke. Again, we disagree.

Brown's first assertion fails because the record contains substantial supporting evidence. Panel members questioned Brown about the Chrane condyle lift and about his training under Chrane. Brown also testified that Chrane was a chiropractor before he founded the Alphabiotic New Life Church in 1972. Based on this evidence and on the Commission's own expertise, there was substantial evidence to support the finding. And even if the finding were somehow infirm, it is not necessary to the Commission's conclusion that Brown performed a chiropractic procedure and that his conduct was unprofessional.

Brown's second assertion fails because the Commission has statutory authority to use its expertise to find that the chiropractic procedure is dangerous. *RCW 34.05.461(5)* provides that "where it bears on the issues presented, the agency's experience, technical competency, and specialized knowledge may be used in the evaluation of evidence." In Washington Medical Disciplinary Board v. Johnston, the Supreme Court stated that the board's conclusion that the respondent violated accepted surgical standards without specific evidence in the record on the standards was proper. n15

n15 *99 Wn.2d 466, 482, 663 P.2d 457 (1983).*

Since the board is composed strictly of licensed physicians, *RCW 18.72.040*, and since *RCW 34.04.100(4)* permits agencies to utilize the specialized knowledge of their members in evaluating evidence presented to them, we believe it is logical and proper for the State Medical Disciplinary Board to draw its own conclusions as to acceptable surgical standards. As to such specialized matters, we give deference to administrative expertise. n16

n16 *Id. 99 Wn.2d 466*(citation omitted).

In Davidson v. Department of Licensing, n17 Dr. Davidson argued that the board could not rely on its own expertise to find that a vibrator massage was improper chiropractic treatment and that his conduct was in part sexually motivated. In response, the Davidson court stated that

it is well settled that when acting in a judicial capacity, an administrative board cannot base its findings and conclusions upon undisclosed documentary evidence or personal knowledge of the facts. However, an administrative agency, or its authorized agents, may use their experience and specialized knowledge to evaluate and draw inferences from the evidence presented to them. Moreover, courts of numerous jurisdictions, including Washington, have held that in a medical disciplinary proceeding an administrative board comprised of medical practitioners is competent to determine the propriety of medical conduct without the aid of expert testimony. These courts have recognized that expert testimony regarding the propriety of medical conduct could be disregarded by a board of this type and in all probability would have little effect on the decision-making process. n18

n17 *33 Wn. App. 783, 657 P.2d 810,* review denied, *99 Wn.2d 1011 (1983).*

n18 *Id. at 785-86* (citations omitted).

Similarly, the finding here that the Chrane condyle lift is potentially dangerous and can pose a risk of stroke

is well within the Commission's expertise and authority. Three of the Commission's four panel members were licensed chiropractors who had the specialized knowledge of chiropractic techniques to evaluate the procedure at issue. Like the tribunals in Johnston and Davidson, the Commission members were "competent to determine the propriety of medical conduct." n19 We do not substitute our judgment for that of the Commission. The Commission's finding is supported by substantial evidence.

n19 *Id. 33 Wn. App. 783*

Brown next argues that finding of fact 2.15 is not supported by substantial evidence in the record. Finding of fact 2.15 provides in part:

The Commission further finds the Respondent's performance of the Chrane condyle lift, without advising patients of the risk of stroke, and without adequate training to recognize such strokes, was below the standard of care required of chiropractors in the state of Washington. The Respondent acknowledged his response to Patient A's symptoms was insufficient, and that he should have called for emergency help. ...

Brown's first assertion, that the Commission improperly found he lacked sufficient training to recognize strokes, fails because the record contained substantial supporting evidence. The Commission questioned him about the training he received from Chrane and the qualifications necessary to be admitted to Chrane's school of alphabiotics. Brown testified that he allowed his chiropractic license to expire because he would need "a major amount of schooling" to qualify as a chiropractor. He also admitted that he was "lax" and "amiss" in failing to get Patient A assistance. And when questioned about what symptoms he would need to see before suggesting that a patient go to the emergency room, he testified he did not know. This was substantial evidence supporting the Commission's finding that Brown lacked training to recognize strokes.

Brown also contests the finding that his conduct was below the standard of care required for chiropractors in Washington. He asserts that the risk of stroke from the Chrane condyle lift is not common knowledge among chiropractors because the procedure is not taught in chiropractic schools, there are no studies on the subject, and there is no prior Commission ruling about the procedure. But because the Commission may use its experience and specialized knowledge to evaluate the evidence, this portion of the finding was within its competence. It is proper for a Commission made up of experts in the field to make findings about acceptable chiropractic standards. n20

n20 *Johnston, 99 Wn.2d at 482.*

Finally, Brown maintains that state regulation of his conduct infringes on his right to free exercise of religion. In rejecting his contention in conclusion of law 3.3, the Commission stated:

Under the First Amendment to the United States Constitution and Article I, section 11 of the Washington State Constitution, which both protect the free exercise of religion, the right to believe is absolute, but the right to act is not. ... The legislature has selected measures to protect the public health, including requiring those employing the techniques and procedures of chiropractic to be license by the state and to abide by state regulation. As demonstrated by the facts of this case, the use of chiropractic techniques, when unregulated by the state, can result in harm to the public health. Therefore, the Commission concludes that its regulation of the Respondent's actions, to the extent they involve the practice of chiropractic and the use of chiropractic techniques, does not impermissibly burden the Respondent's free exercise of his religion. n21

n21 (Citations omitted.)

Brown maintains that affirming the Commission's order abolishes the Alphabiotic Church because the Commission found Brown's conduct, which he asserts is the essential sacrament and teaching of the Alphabiotic church, was a chiropractic technique. The issue is whether Brown's activities constitute chiropractic techniques, and if so, whether they are sufficiently dangerous to warrant government regulation.

Brown seeks protection under the free exercise clause of both the Washington State Constitution n22 and the Federal Constitution. Free exercise of religion includes both the freedom to believe and the freedom to act. n23 While the former is absolute, the latter is not. n24 An individual's conduct is subject to regulation for society's protection. n25 "The freedom to act must have appropriate definition to preserve the enforcement of that protection, and, in turn, exercise of the power to regulate must not unduly impose on protected freedom." n26 Any burden on free exercise of religion must withstand strict scrutiny. Once the complaining party establishes that government action has a coercive effect on his or her practice of religion, the government must show that the

restrictions serve a compelling state interest and are the least restrictive means for achieving that interest. n27 Compelling interests are those based upon the necessities of national or community life such as threats to public health, peace, and welfare. n28

n22 Article I, section 11 of the Washington State Constitution provides in part:

Absolute freedom of conscience in all matters of religious sentiment, belief and worship, shall be guaranteed to every individual, and no one shall be molested or disturbed in person or property on account of religion; but the liberty of conscience hereby secured shall not be so construed as to excuse acts of licentiousness or justify practices inconsistent with the peace and safety of the state. ....

n23 *State v. Balzer, 91 Wn. App. 44, 52, 954 P.2d 931,* review denied, *136 Wn.2d 1022, 969 P.2d 1063 (1998)* (citing *Cantwell v. Conn., 310 U.S. 296, 303, 60 S. Ct. 900, 84 L. Ed. 1213 (1940)).*

n24 *Id., 310 U.S. 296*

n25 *Id. 310 U.S. 296*

n26 *Id. 310* (citing *Cantwell, 310 U.S. at 304).*

n27 *Munns v. Martin, 131 Wn.2d 192, 199, 930 P.2d 318 (1997).*

n28 *Id. at 200* (citing *First Covenant Church v. City of Seattle, 120 Wn.2d 203, 226-27, 840 P.2d 174 (1992)).*

An individual engaging in a commercial activity must adhere to health and safety regulations that support the compelling interest in protecting the public, even if this results in a burden on the individual's freedom of religion. n29 In State v. Verbon, n30 the Supreme Court held that prosecuting a preacher for practicing medicine without a license did not violate his constitutional right to religious freedom. Brown argues that Verbon is distinguishable because Verbon's practice of medicine was merely a tenet of the church and not one of its sacraments. We find this assertion unpersuasive because Brown's conduct involves chiropractic procedure. Like Verbon, Brown was engaged in the practice of medicine in violation of the law because he performed chiropractic treatments without a license. Brown would not be prohibited from performing the procedure so long as he was licensed and followed the law. Because he has available an avenue to resume performing this alignment, his freedom to practice his religion is not significantly burdened.

n29 *Balzer, 91 Wn. App. at 56* (citing *Munns, 131 Wn.2d at 201).*

n30 *167 Wash. 140, 148-49, 8 P.2d 1083 (1932).*

In Backlund v. Board of Commissioners, n31 the Supreme Court concluded that there is a compelling interest in the requirement that physicians purchase professional liability insurance which overrides a physician's religious beliefs. Brown argues that Backlund is distinguishable because the doctor had a choice of not working at a particular hospital, and thus the hospital did not infringe on his religious beliefs. We find this argument unpersuasive because it is not part of the court's decision. The Backlund court held that there was a compelling government interest in requiring Backlund to purchase liability insurance. As in this case, it only needed to reach this issue if it concluded that his religious beliefs were burdened.

n31 *106 Wn.2d 632, 724 P.2d 981 (1986),* appeal dismissed, *481 U.S. 1034 (1987).*

Here, the Commission found the government interest in protecting the public from Brown's dangerous practices compelling, and we agree. Even acknowledging that Brown has a sincere religious belief and that the Commission's order is a burden on the free exercise of religion, the government has a compelling interest in protecting its citizens from the kind of dangerous practice that caused Patient A's stroke. The trial court properly affirmed the Commission's order.

Affirmed.

For the Court:

New Business

Calendar-365.com

Approved Commission Meeting Dates

Calendar & Holidays **2021**

January 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
53						1	2
1	3	4	5	6	7	8	9
2	10	11	12	13	14	15	16
3	17	18	19	20	21	22	23
4	24	25	26	27	28	29	30
5	31						

February 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5		1	2	3	4	5	6
6	7	8	9	10	11	12	13
7	14	15	16	17	18	19	20
8	21	22	23	24	25	26	27
9	28						

March 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9		1	2	3	4	5	6
10	7	8	9	10	11	12	13
11	14	15	16	17	18	19	20
12	21	22	23	24	25	26	27
13	28	29	30	31			

April 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
13					1	2	3
14	4	5	6	7	8	9	10
15	11	12	13	14	15	16	17
16	18	19	20	21	22	23	24
17	25	26	27	28	29	30	

May 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
17							1
18	2	3	4	5	6	7	8
19	9	10	11	12	13	14	15
20	16	17	18	19	20	21	22
21	23	24	25	26	27	28	29
22	30	31					

June 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
22			1	2	3	4	5
23	6	7	8	9	10	11	12
24	13	14	15	16	17	18	19
25	20	21	22	23	24	25	26
26	27	28	29	30			

July 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
26					1	2	3
27	4	5	6	7	8	9	10
28	11	12	13	14	15	16	17
29	18	19	20	21	22	23	24
30	25	26	27	28	29	30	31

August 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6	7
32	8	9	10	11	12	13	14
33	15	16	17	18	19	20	21
34	22	23	24	25	26	27	28
35	29	30	31				

September 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
35				1	2	3	4
36	5	6	7	8	9	10	11
37	12	13	14	15	16	17	18
38	19	20	21	22	23	24	25
39	26	27	28	29	30		

October 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
39						1	2
40	3	4	5	6	7	8	9
41	10	11	12	13	14	15	16
42	17	18	19	20	21	22	23
43	24	25	26	27	28	29	30
44	31						

November 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
44		1	2	3	4	5	6
45	7	8	9	10	11	12	13
46	14	15	16	17	18	19	20
47	21	22	23	24	25	26	27
48	28	29	30				

December 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
48				1	2	3	4
49	5	6	7	8	9	10	11
50	12	13	14	15	16	17	18
51	19	20	21	22	23	24	25
52	26	27	28	29	30	31	

1 Jan	New Year's Day
18 Jan	Martin Luther King Day
12 Feb	Lincoln's Birthday
14 Feb	Valentine's Day
15 Feb	Presidents Day
16 Feb	Mardi Gras Carnival
14 Mar	Daylight Saving (Start)
17 Mar	St. Patrick's Day
1 Apr	April Fool's Day
2 Apr	Good Friday
4 Apr	Easter
5 Apr	Easter Monday
5 May	Cinco de Mayo
9 May	Mother's Day
15 May	Armed Forces Day
23 May	Pentecost
24 May	Pentecost Monday
31 May	Memorial Day
14 Jun	Flag Day
20 Jun	Father's Day
4 Jul	Independence Day
6 Sep	Labor Day
11 Sep	September 11th
17 Sep	Citizenship Day
24 Sep	Native American Day
11 Oct	Columbus Day
16 Oct	Boss's Day
16 Oct	Sweetest Day
31 Oct	Halloween
7 Nov	Daylight Saving (End)
11 Nov	Veterans' Day
25 Nov	Thanksgiving
7 Dec	Pearl Harbor
25 Dec	Christmas Day
31 Dec	New Year's Eve

May 2021

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17							1
18	2	3	4	5	6	7	8
19	9 *Mother's Day*	10	11	12	13 **Secondary Proposed Dates**	14	15 *Armed Forces Day*
20	16	17	18	19	20 **Approved Dates**	21	22
21	23	24	25	26	27 **Proposed Dates**	28	29
22	30	31 *Memorial Day*					

Policy Committee

Compensation and Reimbursement for Commission Duties

Introduction

The Washington Medical Commission (Commission) will compensate its members for performing the duties of the Commission in accordance with RCW 43.03.265 and will reimburse its members for travel expenses in accordance with RCW 43.03.050 and RCW 43.03.060.

Compensation

1. Under RCW 43.03.265, the Commission will compensate its members a maximum amount of $250 for performing the duties of the Commission for eight hours or more in a single day. The Commission will compensate its members at the prorated hourly rate of $31.25 for performing the duties of the Commission for less than eight hours in a single day. The Commission will compensate its members for time spent on Commission-related work, including, but not limited to:
    a. Attending Commission meetings;
    b. Traveling to and from official meetings;
    c. Reviewing case files and preparing for case presentation, including journals and other research documents;
    d. Participating in telephone calls and telephone conferences;
    e. Reviewing complaints for the case management team meetings
    f. Reading the business meeting packet and the compliance packet;
    g. Preparing for and participating in settlement conferences;
    h. Participating on a hearing panel that does not occur at a regular Commission meeting;
    i. Reviewing agreed orders, stipulations to informal disposition, final orders, and other legal documents;
    j. Administrative and organizational duties requested by the Commission Chair and by members designated by the Chair.
    k. Administrative work by any commission member, including but not limited to e-mail or telephone correspondence
    l. Other duties expected of commissioners in the performance of their Commission role, including commission approved talks and educational conferences.
2. Reading journals or articles, or conducting research that is not directly related to case reviews, are to be done on the Commission member's own time and will not be compensated.
3. Only Commission members appointed to specific regular and ad hoc committees will be compensated for attendance at those committee meetings.

4. A pro-tem member may be compensated only for time spent on duties stated in the appointment letter from the Commission's Executive Director.

Reimbursement

1. Under RCW 43.03.050, expenses for lodging and meals will be compensated with a per diem rate in accordance with the Office of Financial Management (OFM) regulations.
2. Under RCW 43.03.060, automobile mileage will be compensated at the rate set by the Director of OFM, pursuant to RCW 43.03.060.
3. Other transportation costs will be compensated in accordance with OFM regulations. All airplane flights must be arranged through Commission staff.

Number:	MD2016-02
Date of Adoption:	January 8, 2016
Reaffirmed/Updated:	
Supersedes:	MD2003-01

Consent Agenda for Policy Committee

Introduction

Purpose. The Washington Medical Commission (WMC) adopts this procedure to make review of policies, guidelines, and procedures by the WMC Policy Committee and by the full Commission more efficient.

Background. The WMC adopts policies, guidelines, procedures and interpretive statements (collectively referred to as "policies" for the purpose of this procedure) to fulfill its statutory obligation to protect the public. The WMC Policy Committee reviews policies every four years to determine if the policies should be rescinded, revised or re-approved. The WMC Policy Committee then makes a recommendation to the full Commission as to whether a policy should be rescinded, revised or re-approved.

Procedure

1. Prior to each WMC meeting, Commission staff review current polices and determine which policies are up for a four-year review. Commission staff review these policies and make an initial recommendation whether the policies should be rescinded, revised or re-approved.

2. With input from WMC staff, the Chair of the Policy Committee sets the agenda for the Policy Committee Meeting. As part of the policy committee meeting agenda, the Chair may create a consent agenda. The consent agenda will consist of the existing policies that do not need revision or rescission.

3. Prior to the Policy Committee meeting, Commission staff sends the Policy Committee meeting agenda with the policies and relevant documents to the Commission members for review. This includes the Policy Committee meeting consent agenda.

~~4.~~ At the Policy Committee meeting, the members of the Policy Committee vote whether to accept the consent agenda. Any Commissioner or policy ~~The~~ committee member may ~~vote to~~ remove policies from the consent agenda for discussion by the committee. The committee then discusses the policies that were removed from the consent agenda. ~~.~~

~~5.~~4. At the following business meeting, the Chair of the Policy Committee presents the recommendations of the Policy Committee to the full WMC. This will include the consent agenda for the policies that the Policy Committee is recommending that the WMC re-approve with no changes.

~~6.~~5. ~~The WMC may vote to accept the consent agenda, or it~~Any Commissione~~member~~r may ~~decide to~~ remove one or more policies from the consent agenda for discussion, after which the WMC may vote to accept the consent agenda.

Number:

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Processing Complaints Against Medical Students, Residents and Fellows

Introduction

In carrying out its disciplinary role to protect the public, the Washington Medical Commission (WMC) occasionally receives complaints[1] against medical students, residents and fellows. Because of the highly-supervised environment in which they practice, the WMC creates this procedure for processing complaints against medical students, residents and fellows.[2]

Medical students do not have a license to practice medicine. They are legally permitted to practice medicine in an accredited school of medicine so long as the practice is pursuant to a regular course of instruction or assignments from an instructor, or performed under the supervision or control of a licensed physician.[3] Since medical students are in the early stages of learning in a highly structured and supervised environment, the dean of the medical school would be better equipped to address a concern than the WMC.

Residents and fellows, who may or may not possess a license to practice medicine,[4] do not practice independently. Rather, they practice in a learning environment with continuous evaluation and feedback designed to develop the skills to be a competent physician. An attending physician is responsible for training residents and fellows as to the proper standards of care and appropriate behavior. The attending physician is therefore in a better position to manage concerns than any action the WMC could take. If, however, a resident or fellow practices outside the program and independent of the supervision of the attending physician, such as in a moonlighting setting, the WMC is the appropriate entity to address concerns and take action if necessary.

If a complaint alleges that a resident or fellow engaged in reckless behavior or gross misconduct, the WMC will investigate the complaint against the resident or fellow, and may choose to open an investigation on the attending physician as well.

Procedure

A. Complaints against medical students

1. A panel of the WMC reviews a complaint against a medical student.

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[1] For the purpose of this procedure, the term "complaint" includes a mandatory report under RCW 18.130.070 and 18.130.080.
[2] A fellow is a physician who has completed a residency and is pursuing further training in a medical specialty.
[3] Both residents and fellows are exempt from the license requirement under RCW 18.71.030(8) if they are in a program of clinical medical training sponsored by a college or university or hospital in this state and the performance of medical services are pursuant to their duties as residents and fellows. Although not required to, many residents and fellows obtain a full license or a limited license under RCW 18.71.095(3) or (4)(b).
[4] RCW 18.71.030(8).

2. The panel will refer the matter to the dean of the medical school in which the medical student is enrolled, unless the panel believes that the medical student may have engaged in reckless behavior or gross misconduct. In such a case, the panel will investigate the complaint.

B. Complaints against residents and fellows

1. A panel of the WMC reviews a complaint against a resident or fellow.
2. If the panel believes there was a breach of the standard of care, but there was no gross negligence or other reckless behavior, the panel will change the name of the case from the resident or fellow to the name of the attending physician.
3. If the panel believes that the resident or fellow engaged in reckless behavior or gross misconduct, the panel will decide to investigate the resident or fellow, and may open a new case and investigate the attending physician as well.
4. If the panel believes that the resident or fellow was practicing without the supervision of a license supervisor in an approved training program, such as in a moonlighting environment, the panel will treat the resident of fellow as it would any other licensed physician. The panel may decide to investigate the resident or fellow and will not hold the attending physician responsible for actions of the resident or fellow.
5. If the WMC takes disciplinary action against the attending physician, the WMC may consider restricting the attending physician from the training of residents or fellows, though the WMC is not limited to this particular sanction.

State of Washington
Washington Medical Commission

Policy Statement

Title:	Elective Educational Rotations	POL2019-01
References:	RCW 18.71.030(6) and (8), RCW 18.71.230, Chapter 18.130 RCW	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Effective Date:	November 15, 2019	
Supersedes:	MD2011-09	
Approved By:	Alden Roberts, MD, Chair (signature on file)	

Medical students and residents in post-graduate medical training who are completing an elective educational rotation in the state of Washington are exempt from licensure for the specific purpose of completing the rotation.

RCW 18.71.030 lists exemptions to the requirement to have a license to practice medicine, and states, in part:

> Nothing in the chapter shall be construed to . . . prohibit:
> …
> (6) The practice of medicine by any practitioner licensed by another state or territory in which he or she resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within this state;
> …
> (8) The practice of medicine by a person serving a period of postgraduate medical training in a program of clinical medical training sponsored by a college or university in this state or by a hospital accredited in this state, however, the performance of such services shall be only pursuant to his or her duties as a trainee.

Per RCW 18.71.230, any person practicing in the state of Washington under exemptions in RCW 18.71.030(5) through (12) is subject to disciplinary action by the Washington Medical Commission.

Therefore, medical students and residents who are in post-graduate medical training who are completing an elective educational rotation in Washington State are exempt from licensure for the specific purpose of completing the rotation.

Communicating Test Results to Patients

Introduction

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

In 2011, the Commission issued a guideline on the "Transmission of Time Critical Medical Information" focusing on practitioners' obligation to communicate critical test results to other practitioners. The Commission issues these guidelines to assist practitioners to communicate test results directly to patients.

Guidelines

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

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

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

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

Resources

Communicating Test Results to Providers and Patients, Department of Veterans Affairs, Veterans Health Administration, VHA Directive 1088. October 7, 2015.
file://doh/user/fr/mlf1303/Desktop/1088_D_2015-10-07.pdf

Hanna D, Griswold P, Leape L, Bates D, Communicating Critical Test Results: Safe Practice Recommendations, Journal of Quality and Patient Safety, Feb 2005: Volume 31 Number 2, 68-80.
https://www.ncbi.nlm.nih.gov/pubmed/15791766

Number:	GUI2016-02
Date of Adoption:	November 4, 2016
Reaffirmed / Updated:	None
Supersedes:	None

Guideline

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Processing Complaints Against Licensees Enrolled in the Washington Physicians Health Program

Introduction

The Medical Quality Assurance Commission (Commission) provides this guideline to (1) explain how it handles complaints against physicians and physician assistants (hereafter licensees) who may be impaired by drugs or alcohol (also known as a substance use disorder) and are enrolled in the Washington Physicians Health Program (WPHP), and to (2) enhance consistency and fairness in decision-making in such cases.

The Commission promotes patient safety and enhances the integrity of the profession through licensing, discipline, rule-making and education. To fulfill its mission to enhance patient safety, the Commission reviews and investigates complaints that licensees have engaged in unprofessional conduct or have mental or physical conditions that affect their ability to practice medicine with reasonable skill and safety.

The Uniform Disciplinary Act, Chapter 18.130 RCW, sets forth the process by which a disciplinary authority like the Commission may impose disciplinary sanctions upon a licensee who commits unprofessional conduct or has a mental or physical condition that renders the licensee unable to practice with reasonable skill and safety. RCW 18.130.160 states that when a disciplinary authority imposes sanctions, the first priority is to protect the public. Only after the public is protected may the disciplinary authority include requirements designed to rehabilitate the licensee.

RCW 18.130.175 provides that if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may, in lieu of discipline, refer the license holder to a substance abuse monitoring program approved by the disciplining authority. The licensee must sign a waiver allowing the program to notify the disciplinary authority if the licensee fails to comply with the program or is unable to practice with reasonable skill and safety.

The Washington State Department of Health has contracted with the WPHP as the approved substance abuse monitoring program for a number of healthcare professions, including physicians and physician assistants. The WPHP is an independent, nonprofit organization that facilitates the rehabilitation of licensees who have physical or mental conditions that could compromise public safety. The conditions include substance abuse and behavioral health disorders, as well as physical and cognitive disorders. The Commission fully supports the work of the WPHP and notes that it has had remarkable success in rehabilitating licensees and helping them to manage their illnesses and practice medicine safely.

Most of the licensees enrolled in the WPHP have entered voluntarily and are unknown to the Commission. As long as the licensee complies with the requirements of the program and is safe to practice under

monitoring, the WPHP will not report the licensee to the Commission. Many of these licensees complete treatment and monitoring, and go on to practice medicine safely for the remainder of their careers.

Some licensees experience a relapse while being monitored by the WPHP. Most licensees notify the WPHP and come back into compliance with the requirements of the program. Some require additional treatment and then have an opportunity to return to clinical practice under active monitoring by the program. Relapse, by itself, is not an indication that a licensee is not capable of practicing medicine safely. The WPHP has demonstrated an ability to accurately assess licensees who have suffered a relapse and determine whether they are safe to practice. The Commission relies on WPHP to determine whether a licensee who has relapsed should be reported to the Commission as unsafe to return to practice.

When the Commission receives a complaint that a licensee has committed unprofessional conduct or is impaired, and during the investigation the Commission learns that the licensee has signed a contract with the WPHP and is compliant with the requirements of the program, the Commission must decide whether to impose discipline or to close the case under RCW 18.130.175. This decision will depend on the facts and circumstances of each case.

The Commission adopts this guideline to explain how it handles cases against impaired physicians, and to help ensure consistency and fairness in decision making in these cases. Consistent with its statutory mandate, its mission statement and the expectation of the public, the Commission will take necessary action to protect the public from licensees who commit unprofessional conduct or are unable to practice with reasonable skill and safety due to a mental or physical condition.

Guideline

The Commission will take disciplinary action for certain behavior whether or not the licensee is in current compliance with a WPHP contract. The rationale for taking action against licensees who fall into these categories is not only to protect the public, but to hold licensees accountable for their conduct. The Commission believes that a licensee enrolled in the WPHP should be accountable for his or her conduct to the same extent that a non-impaired licensee is accountable for his or her conduct.

The Commission will take action in the following circumstances:

1. **A licensee harmed a patient and the harm is due in part or in whole to impairment.** This may include negligent care such as a missed diagnosis, poor judgment or improper technique. It will also include reckless or intentional behavior such as abuse, sexual contact, or assault.

2. **A licensee's behavior presented a risk of harm to a patient or to the public due to impairment.** This may include treating a patient or being on call while under the influence of drugs or alcohol, or engaging in behavior unrelated to patient care such as driving erratically, leaving the scene of an accident, or exhibiting threatening behavior.

3. **A licensee engaged in acts of moral turpitude or dishonesty.** This may include any type of dishonest behavior, sexually inappropriate behavior with patients or non-patients, and behavior that lowers the standing of the profession in the eyes of the public.

4. **A licensee engaged in criminal activity regardless of the existence of a conviction.** This may include diversion of a controlled substance or legend drug, forging a prescription, or any other criminal activity. This would also include behavior that resulted in a conviction of a gross misdemeanor or a felony.

If a case does not involve any of the circumstances listed above, the Commission may, under RCW 18.130.175, choose not to discipline a licensee if all of the following conditions exist:

1. the licensee is enrolled in the WPHP;
2. the licensee is compliant with the requirements of the program; and
3. the licensee's participation in the program will protect the public.

The Commission will rely on the WPHP to report to the Commission if the licensee fails to comply with the requirements of the program or if the licensee is unable to practice with reasonable skill and safety. If the Commission receives such a report, the Commission will immediately investigate the matter and take necessary disciplinary action. If a licensee presents an immediate danger to the public, the Commission will suspend the license.

The above principles are designed to guide the Commission in making decisions and are not meant to be inflexible. The Commission will use its judgment in each case to determine the course of action that first, best protects the public, and second, rehabilitates the licensee.

Number:	MD2016-01
Date of Adoption:	February 12, 2016
Reaffirmed / Updated:	N/A
Supersedes:	N/A

Staff Reports

Staff Reports: February 2020

Melanie de Leon, Executive Director

The FSMB has completed and compiled the results from the 5th Annual State Board Survey - 57 out of 70 state boards completed the survey, a response rate of 81%.

Summary of Key Findings:

- 3 most important topics to boards at this time:
  - Opioid prescribing/addiction treatment (63%)
  - Physician impairment (40%)
  - Physician wellness and burnout (39%)
- 3 most important FSMB services to boards:
  - Federation Credentials Verification Service (70%)
  - Disciplinary Alert System (58%)
  - Educational resources (annual meeting, webinars, online modules) (51%)
- Public Outreach
  - 77% of boards conduct outreach to inform the public on how to file a complaint
    - 75% on where to find licensee information
    - 61% on the role of the board
    - 47% on expectations of physicians
- Press Requests and Media Topics
  - 61% of boards have received 10 or more press requests in the past year
    - Disciplinary actions (96%), followed by opioid prescribing (63%), licensure questions (50%) and sexual misconduct (50%) were the most frequent topics why media outlets contact boards
- Criminal Background Checks
  - 67% of boards require criminal background checks on all applicants for licensure
  - It takes boards approximately 13 days to complete a criminal background check
  - 31% of boards that require criminal background checks use the FBI Rap Back service
- Physician Impairment
  - 51% of boards in the past year have made or considered changes to application questions about physician mental and physical health, substance use, addiction or impairment
  - 90% can grant licenses to physicians receiving Medication Assisted Treatment or Opioid Replacement Therapy
  - 96% offer or allow non-punitive remediation if a physician self-discloses a mental health, physical health and/or substance use disorder
  - 81% are very satisfied or satisfied with the working relationship they have with their PHP
- Risk
  - 100% of boards consider a history of disciplinary actions when assessing performance
  - 91% consider a history of disciplinary complaints

Melanie de Leon, Executive Director con't

- Emergency/Natural Disaster
  - 86% of boards have regulations or policies for temporary licensure after an emergency or natural disaster
    - 54% have a statue in place related to the temporary licensure after an emergency or natural disaster
    - 21% have regulation
    - 11% have policy or guidelines
- Treatment of Self, Family Members or Personal Contacts
  - 73% of boards are extremely concerned about licensee treatment with controlled substances of self, family members or other personal contacts
  - 7% are extremely concerned when treatment is without controlled substances
  - Of 30 boards who have a position about licensee treatment of self, family members or personal contacts, 90% have taken disciplinary action related to this type of treatment in the past year
  - Outside of emergencies, 6% of boards think it is professionally acceptable for a licensee to prescribe controlled substances to themselves and 19% to family members
  - Outside of emergencies, 34% of boards think it is professionally acceptable for a licensee to prescribe non-controlled substances to themselves and 47% to family members
- Complaints
  - 78% of boards make the total number of complaints received publicly available
  - 51% make reasons for complaints publicly available
  - Boards on average received 1,043 complaints in the past year
  - 56% have a process in place to obtain physician complaint information from the Veterans Affairs (VA)
    - Of boards that have a process in place, 57% of boards usually obtain physician complaint data from the VA in a timely manner
- Sexual Misconduct
  - Boards received on average 13 complaints related to sexual misconduct in the past
  - Boards administered approximately 4 board actions related to sexual misconduct
  - 38% have seen an increase in complaints related to sexual misconduct in the past three years

50% investigate sexual misconduct complaints differently from other complaints

Micah Matthews, Deputy Executive Director

Please submit all Payroll and Travel Reimbursements within 30 days of the time worked or travelled to allow for processing. Per Agency policy, requests submitted after the cutoff cannot be paid out.

Amelia Boyd, Program Manager

Recruitment

The following Commissioner terms end June 30, 2020:

- Congressional District 6 – Dr. Trescott's position, eligible for reappointment
- Congressional District 8 – Dr. Harrison's position, eligible for reappointment. However, Dr. Harrison is moving out of state in March so his position will be a true vacancy.
- Physician-at-Large – Dr. Domino's position, eligible for reappointment

The application deadline for the above positions is March 20, 2020.

Melissa McEachron, Director of Operations and Informatics

Nothing to report.

George Heye, MD, Medical Consultant

2019 Case Assignment Statistics

Commissioners	Pro Tem Commissioners	Panels
PA Anderson: 21 Blake: 3 Borlas: 20 Browne: 40 Cheung: 12 Chung: 37 Currie: 10 Domino: 32 Espana: 1 Harrison: 32 Howe: 33 Jaeger: 34 Lewis: 24 Maldon: 27 Marsh: 9 Murphy: 25 O'Connor: 4 Roberts: 35 Rodgers: 2 Schimmels: 31 Small: 30 Trescott: 36 Vervair: 4 Winslow: 3 Wohns: 5 Yu: 21	K. Anderson: 18 Ashleigh: 16 Brueggemann: 8 Curtis: 2 Fairchild: 15 Hopkins: 3 Loeser: 2 Rooks: 1 Soltes: 12 Terman: 25 Total: 102	Panel A: 265 Panel B: 266 gh

Morgan Barrett, MD, Medical Consultant

As many of you know, Amanda Weyrauch has accepted a wonderful DOH opportunity with the WA State Framers Market Project, a cause that she is passionate about, and one in which she will no doubt bring tremendous energy and expertise, in much the same way she catapulted the Compliance Program's conversion to an all paperless Unit. We wish her all the best in her new role.

In conjunction with this, we are very pleased to announce that Lori Nimon has accepted a position with the Compliance Program effective 2/16/20. She will be the principle Compliance Officer for Panel A and brings a wealth of knowledge from her 12 years in the licensing unit. Most importantly, Lori is a consummate professional whose work ethic, attitude, and outlook are perfectly suited to the unique challenges faced by the Respondent MDs and PAs she will advise and assist.

Rick Glein, Director of Legal Services

Orders Resulting from SOCs:

In re Kenneth Edstrom, MD, Case No. M2018-579. Agreed Order. Dr. Edstrom is board certified in obstetrics and gynecology. On March 27, 2019, the Commission issued a SOC against Dr. Edstrom. An Agreed Order was signed on January 16, 2020, which found Dr. Edstrom committed unprofessional conduct to include misrepresentation or concealment of a fact in obtaining a license; abuse of a patient; and violation of a state statute or administrative rule regulating the profession. The Agreed Order provides two years of oversight and requires Dr. Edstrom to have a female chaperone present during examinations of a female patient; complete a professional boundaries course; compose a paper regarding sexual misconduct; attend personal appearances; and payment of a $2,000 fine.

In re Brenda Roberts, MD, Case No. M2019-73. Agreed Order. Dr. Roberts is board certified in family medicine. Her medical license is currently expired. In July 2018, Dr. Roberts entered into an Oregon Stipulated Order in which she agreed to withdraw from practicing medicine in Oregon and place her license in inactive status until proven safe to practice due to allegations of unprofessional conduct in violation of the Oregon Medical Practice Act. On March 20, 2019, the Commission issued a SOC, along with an Ex Parte Motion for Order of Summary Action, alleging violation of RCW 18.130.180(5) which provides that suspension, revocation, or restriction of the individual's license to practice in any health care professional by competent authority in any state jurisdiction constitutes unprofessional conduct. On March 27, 2019, an Ex Parte Order of Summary Suspension was issued which summarily suspended Dr. Roberts' license pending further disciplinary proceedings. An Agreed Order was signed on January 16, 2020, which found Dr. Roberts committed unprofessional conduct as alleged in the Statement of Charges. The Agreed Order provides five years of oversight and requires Dr. Roberts to successfully complete her WPHP contract; work under the supervision of a physician who will submit quarterly performance reports to the Commission; develop a work plan for her re-entrance to the medical workforce; maintain compliance with WPHP; continue treatment meetings or counseling as required; attend personal appearances; and payment of a $1,000 fine. If WPHP endorses Dr. Roberts as safe to practice and requires no further monitoring, Dr. Roberts may petition for early termination after three years of oversight.

In re William Washington, MD, Case No. M2018-697. Final Order*. Dr. Washington is not board certified, but specializes in emergency medicine. On May 2, 2019, the Commission filed a Statement of Charges (SOC) alleging incompetence, negligence, or malpractice which results in injury to a patient or creates an unreasonable risk that a patient may be harmed. A hearing was held on December 15, 2019, and a Final Order was signed by the Commission on January 19, 2020. The Final Order restricts Dr. Washington's medical license pending his completion of a competency assessment. Dr. Washington is also required to complete a medical records course and pay a fine of $5,000. The Commission has filed a Petition for Reconsideration requesting the hearing panel modify the Final Order in that it believes three provisions are errors of law: (1) the Final Order appears to both restrict and suspend Dr. William's credential; (2) the duration of the Final Order is undetermined; and (3) the Final Order's sanction is a deviation from the sanction rules and must be explained. Disposition of the Petition for Reconsideration will be in the form of a written order denying the petition, granting the petition and modifying the final order, or granting the petition and setting the matter for further proceedings.

In re Jay O'Neill, PA, Case No. 2019-355. Final Order of Default (Failure to Respond)*. On June 7, 2019, the Commission filed a SOC alleging failure to cooperate with the disciplining authority. Mr. O'Neill did not file a response within the time allowed. The matter came before a Health Law Judge (HLJ) in January 2020. The HLJ concluded sufficient grounds existed to take disciplinary action against Mr. O'Neill's license and ordered that his physician assistant license be indefinitely suspended**.

In re Sherman Washington, MD, Case No. M2019-234. Final Order of Default (Failure to Respond)*. On July 31, 2019, the Commission filed a SOC alleging failure to cooperate with the disciplining authority. Dr. Washington did not file a response within the time allowed. The matter came before a HLJ in January 2020. The HLJ concluded sufficient grounds existed to take disciplinary action against Dr. Washington's license and ordered that his medical license be indefinitely suspended**.

In re Jeffrey Neitlich, MD, Case No. M2018-972. Final Order of Default (Failure to Respond)*. On May 3, 2019, the Commission filed a SOC alleging failure to cooperate with the disciplining authority and violation of a state statute regulating the profession in question. Dr. Neitlich did not file a response within the time allowed. The matter came before a HLJ in January 2020. The HLJ concluded sufficient grounds existed to take disciplinary action against Dr. Neitlich's license and ordered that his medical license be indefinitely suspended**.

In re Patricia Lupton, PA, Case No. M2019-201. Final Order of Default (Failure to Respond)*. On June 12, 2019, the Commission filed a SOC alleging failure to cooperate with the disciplining authority and failure to comply with a stipulation for informal disposition entered into with the disciplining authority. Ms. Lupton did not file a response within the time allowed. The matter came before a Health Law Judge (HLJ) in January 2020. The HLJ concluded sufficient grounds existed to take disciplinary action against Ms. Lupton's license and ordered that her physician assistant license be indefinitely suspended**.

Rick Glein, Director of Legal Services con't

*Either party may file a petition for reconsideration within ten days of service of the order. RCW 34.05.461(3); 34.05.470. A petition for judicial review must be filed and served within 30 days after service of the order. If a petition for reconsideration is filed, the 30-day period does not start until the petition is resolved. RCW 34.05.542; 34.05.470(3).
**A person whose license has been suspended under chapter 18.130 RCW may petition the disciplining authority for reinstatement. RCW 18.130.150.

Conference and Meeting Attendance:
Over the weekend of January 24-26, Rick attended the Mazama Spine Summit*** in Winthrop, Washington. There were presentations on personal injury law, robotic neurosurgery, global neurosurgery and volunteerism, and a hypothetical personal injury spine case that included a mock deposition. The Summit is a long-standing annual event and is the brain child of Commissioner Wohns. Attendees included accomplished neurosurgeons from across the US and international physicians as well. A few attorneys and Commissioner Rodgers were also in attendance.
*** Rick used personal funds to pay for his attendance at this event.

On February 5, Rick and Kyle were representatives from WMC Legal on a conference call with WSMA Policy Director Jen Shepard and others. The discussion was very amicable and addressed recent WSMA resolutions and the WMC intake, investigation, and legal processes.

Reminder:
Please send your completed RCM Assessments to the WMC email address LegalAssessments@wmc.wa.gov. In the alternative, you can save the document in the case folder and just send a quick message to the LegalAssessments@wmc.wa.gov inbox that you have completed the assessment in a particular case. We appreciate your assistance in streamlining our RCM Assessment process!

Freda Pace, Director of Investigations

In an effort to simplify the RCM Notification communication with investigators, we have teamed up with the Quality & Engagement Unit, to change the template that RCMs use to weigh in on the investigative plan. When asked about the template, here are a few comments received from RCM's:

- It is unclear how to mark on the template,
- There wasn't enough room to write, and
- It would have been helpful to know that the template is a checklist that RCMs should use to communicate what they need from having read the complaint

In response to the above feedback, the RCM Notification process will no longer require you to "open" a template. You will now be able to simply reply to the email notification and add your comments or suggestions for the assigned investigator. We hope this slight, yet significant, modification is more user friendly. This process will go into effective March 1st.

Freda Pace, Director of Investigations con't

Remember, if you receive an email RCM notification from an investigator, it means the assigned investigator is looking to receive any guidance or suggestions you may have during the course of an open/ongoing investigation. This ***should not be*** confused with the separate notification process when the completed investigation has moved to your X: drive. If you have any questions, please reach out to me directly at Freda.pace@wmc.wa.gov. Thank you.

Mike Farrell, Policy Development Manager

- Researching for potential guideline on the responsibilities of medical directors.
- Researching how other state medical boards engage their licensees and the public in their work.
- Working on an information package for institutions on the requirements to report malpractice payments to the WMC.

Jimi Bush, Director of Quality and Engagement

Outreach

- I will not be at the business meeting because I will be speaking to the Physicians of Southwest Washington about our Opioid rules and participating in a discussion panel about the next wave of opioids and pain management.
- Outreach in your Community! I would like to have more commissioner participation in their district/city. I am asking every commissioner to give me a topic that is relevant or of concern in their district or community. If you can't think of a topic, let me know of a group in your area that you think the WMC should reach out to. I will facilitate a meet-up / speaking engagement. Email me your topic of choice and / or an organization in your community.

Engagement

- Great News! Our website had a record breaking month in January. 13,200 people visited our website in January. Our monthly average in 2019 was 9,800 users, so this increase is a promising start for 2020. This increase could be caused by the online delegation agreement that I added to the website. This same day delegation approval has been a popular feature. Website traffic since August of 2018 has an average growth of 6% per month and 2.55 of that traffic are unique visitors (people who are visiting our website for the first time). If you have any feedback on the website, please email me.

Performance

- The Q&E unit is always looking for a way to serve our customers better. Our customers include you. After any of the Q&E unit interacts with you, you may receive a short email survey asking for you opinion on how we can make your experience better. Please take less than 3 min and complete that survey. You will be helping us create a baseline to strategically plan the direction of this unit.

Jimi Bush, Director of Quality and Engagement con't			
Performance Report			
Metric	January 2018	January 2019	January 2020
Licensing			
New Credentials Issued	120	139	150
Percent of health care credentials issued within 14 days of receiving all documents.	100%	92.09%	89.33%
Investigations			
Percent of cases in which the intake and assessment steps are completed within 21 days.	97.83%	100%	100%
Percent of cases in which the investigation step is completed within 170 days.	72.22%	37.10%	85.11%
Percent of cases currently in investigations that are over 170 days.	18.29%	23.78$	5.85%
Completed investigations per investigator.	8.4	5.8	5.5
Legal			
Percent of cases in which the case disposition step is completed within 140 days.	88.24%	86.17%	75.76%
Percent of cases in case disposition that are over 140 days.	20.67%	30.23%	36.20%
Percent of Orders and STIDS that comply with the sanction schedule.	67%	100%	Data Unavailable
General			
Percent of cases completed within 360 days.	93.63%	84.85%	93.83%
Total cases reviewed at CMT.	155	127	119
Percent of cases reviewed at CMT authorized for investigation.	37%	35%	29%
Reconsiderations requested.	4	2	4
Reconsiderations approved.	0	0	0

Kimberly Romero, Licensing Manager

Total licenses issued from 11/1/2019 to 1/31/2020= 612

Credential Type	Total Workflow Count
Physician And Surgeon County/City Health Department License	0
Physician And Surgeon Fellowship License	1
Physician And Surgeon Institution License	0
Physician And Surgeon License	385

Kimberly Romero, Licensing Manager con't	
Credential Type	**Total Workflow Count**
Physician and Surgeon License Interstate Medical Licensure Compact	72
Physician And Surgeon Residency License	4
Physician And Surgeon Teaching Research License	2
Physician And Surgeon Temporary Permit	3
Physician Assistant Interim Permit	2
Physician Assistant License	143
Physician Assistant Temporary Permit	0
Totals:	**612**

Information on Renewals: November Renewals: 69.31% renewed online

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	8	8
MD	688	292	980
MDIN	0	1	1
MDRE	0	1	1
MDTR	0	1	1
PA	107	49	156
	69.31%	**30.69%**	**100.00%**

December Renewals: 54.77% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	15	15
MD	673	561	1234
MDRE	0	1	1
MDTR	0	6	6
PA	102	57	159
	54.77%	**45.23%**	**100.00%**

January 2020 renewals: 65.65% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	10	10
MD	788	400	1188
MDTR	0	5	5
PA	112	56	168
	65.65%	**34.35%**	**100.00%**

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Panel A

Meeting Agenda

Friday, February 28, 2020 at 9:45 am
The Heathman Lodge
7801 NE Greenwood Dr, Vancouver, WA 98662

Panel Members:	Jimmy Chung, MD, Panel Chair	Charlotte Lewis, MD	Jason Cheung, MD
	Charlie Browne, MD	Warren Howe, MD	Robert Small, MD
	Yanling Yu, PhD, Public Member	Harry Harrison, Jr., MD	James Anderson, PA-C
	Scott Rodgers, Public Member	Candace Vervair, Public Member	Richard Wohns, MD
Compliance Officer:	Amanda Weyrauch		

9:45am	Petition to Terminate **Gene R. Conley, MD** Attorney: Pro Se	M2014-956 RCM: Warren Howe, MD SA: Ariele Page Landstrom
10:30am	Personal Appearance **Jeffery L. Smith, PA-C** Attorney: Pro Se	M2018-195 (2017-5694) RCM: James Anderson, PA-C SA: Rick Glein
11:15am	Personal Appearance **Lance J. Ferrin, MD** Attorney: Pro Se	M2018-317 (2017-9001) RCM: Harry Harrison, Jr., MD SA: Rick Glein
LUNCH BREAK		
1:15 pm	Personal Appearance **Shalini Nair, MD** Attorney: Levi S. Larson	M2019-363 (2018-15969) RCM: Warren Howe, MD SA: Larry Berg

NOTICE THIS MEETING IS ACCESSIBLE TO PERSONS WITH DISABILITIES. SPECIAL AIDS AND SERVICES CAN BE MADE AVAILABLE UPON ADVANCE REQUEST. FOR INFORMATION AND ASSISTANCE, CALL 1-800-525-0127 OR, IF CALLING FROM OUTSIDE WASHINGTON STATE, CALL (360) 753-2870. TDD MAY ALSO BE ACCESSED AT THE 800 NUMBER ABOVE (PLEASE WAIT TO BE TRANSFERRED) OR BY CALLING (360) 236-4791. SMOKING IS PROHIBITED AT THIS MEETING.

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Panel B

Meeting Agenda

Friday, February 28, 2020 at 9:45 am
The Heathman Lodge
7801 NE Greenwood Dr, Vancouver, WA 98662

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

9:45 am	Personal Appearance **Justin E. Rosenfeld, MD** Attorney: Peter O. Tuenge	M2019-232 (2018-6290) RCM: William Brueggemann, MD SA: Trisha Wolf
10:30 am	Personal Appearance **Johnny B. Delashaw, JR., MD** Attorneys: Amy Maganano, Carol Sue Janes	M2016-1084 (2016-3527) RCM: William Brueggemann, MD SA: Kyle Karinen
11:15 am	Personal Appearance **Simon P. Zadina, MD** Attorney: Brian P. Waters	M2018-584 (2018-5093) RCM: Thomas Fairchild, MD SA: Larry Berg
LUNCH BREAK		
1:15 pm	Personal Appearance **Patrick Z. Pearce, MD** Attorney: James B. King	M2017-1012 (2016-14121) RCMs: Alden Roberts, MD Toni Borlas SA: Kyle Karinen

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