

# UPDATE!

Washington Medical Commission Vol. 10, Fall 2020

## Message From The Chair: Introductions

### John Maldon

I am John Maldon, newly elected (July) Chair of the Washington Medical Commission (WMC). One might wonder why a non-physician public member is qualified to chair a regulatory agency that oversees physicians and physician assistants. And, why for the first time in over 15 years, a non-physician was elected WMC chair. I would like to introduce myself and provide a brief overview of my background that may provide a rationale for my recent elevation to chair of the WMC.

I was appointed to the WMC in 2014. I became an officer of the WMC in 2017, then being elected to 2nd Vice Chair followed by election to 1<sup>st</sup> Vice Chair in 2018 and 2019. These elected positions came with appointment to the Executive Committee with responsibilities for contributing to and overseeing overall governance of the WMC. Three years of Executive Committee participation and six years of daily commission business provided the experience and insight to ultimately ascend to Chair by vote of my commission colleagues.

Prior to retirement, the last fourteen years of employment were with the former Group Health of Washington,

where I was the Executive Director of Risk Management. Responsibilities of the position included: management and supervision of medical professional liability, workers compensation, general liability, property, risk finance, and a committed consultant to Group Health Permanent physicians.

My career began with a large multiline insurance carrier where I had the opportunity to learn broad based liability that ultimately led to specializing and leading a medical malpractice unit that managed medical, hospital and dental litigation.

During my career in healthcare risk management, I have managed and supervised thousands of medical malpractice cases. The interesting aspect of this work is each case has its unique character, but the anatomy, medical terminology and treatment regimen (in general)

remain relatively the same. At the end of each case, you learn all there is to know about the disease process, treatment, surgical technique and terminology that is at issue with each case. Fortunately, a fair amount of this knowledge has been retained.



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### WMC Mission

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

## Message From the Chair

This background has been invaluable to me when participating in WMC complaint management and adjudication of investigated complaints.

My background includes significant exposure to legal processes. I have been deposed many times, sat in on hundreds of depositions, testified at several trials and have been sued in work related litigation. While I did not go to law school, I enrolled in course work for three years in legal theory and processes. This experience fits well into the WMC daily work.

Midway through my career in risk management, I was recruited to work for a newly formed county agency. This appointment was seemingly far from my past employment experience but became an invaluable work experience providing a wide range of learning opportunities including how to do business in the public sector.

In summary: healthcare risk management, practical legal knowledge, administrative and supervisory responsibilities and public sector experience fit well with the mission of the WMC.

### **What I hope to accomplish as chair of the WMC**

When I joined the WMC, it seemed to me that the focus of physician discipline was punitive. This thought process struck me as wrong. Prior to being appointed to the WMC, my work with physicians focused on improving the delivery of medicine, learning from adverse events, changing protocols and procedures as a result of an adverse medical outcome, transparent conversations with patients about what went wrong while employing "Just Culture" principles when working with physicians. The WMC has moved in this direction but more "Just Culture" thinking needs to be employed during the adjudication process. It is my hope to further these thought processes.

The WMC works diligently to bring cases to a conclusion. But, there is room for improvement by staff and commissioners. I can recall many counseling sessions with physicians who received the dreaded WMC letter. The

anguish of not knowing what patient, not knowing what motivated the complaint and not knowing the impact on their future as physicians. Process transparency is now in place. Licensees can now contact investigators and learn about the process and timing of bringing their cases to conclusion. This is a significant change and should help to alleviate some anxiety.

Unfortunately, the practitioner-commission relationship is adversarial by process. We hope that in cases of medical error, the process can become more collaborative. A step in this direction, currently in development, is a procedure for publishing selected respondent scholarly papers in this newsletter. The thought is to share the respondent's learning with our many readers who may have an opportunity to use the information in their practices. Working collaboratively may be wishful thinking, but if the goal is improved medical delivery and patient safety, then why not?

You may notice that in this edition of Update! we are focusing on disparities present in healthcare. The executive committee published a statement on [racism being a public health issue](#) over the summer, and we are taking this work very seriously. At the WMC, we believe that everyone should have the same access and opportunities for the best possible outcomes. This belief is tied to our mission to protect the public by ensuring quality healthcare is provided by physicians and physician assistants. It is important to acknowledge that institutional racism has created inequities in our healthcare system that result in health disparities. Healthcare equity isn't owned by one department or leader – everyone shares responsibility. We can all take action in our own spheres of influence and in the work we control. New committee work at the WMC includes a Healthcare Disparities Workgroup and a Healthcare Equity Advisory Committee. We are creating [webinars](#) that focus on providing care to marginalized communities. Expect to hear more about this work in the coming months and [let us know](#) if you have ideas on how we can improve.



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