

UPDATE!

Message From The Chair

Alden Roberts, MD, MMM, FACS

It occurs to me that the workings of the Washington Medical Commission (WMC), are a mystery to many of you. Let me try to clarify who we are and how we function in our disciplinary role.

The WMC is composed of 21 commissioners appointed by the governor, with some input from the Commission itself. There are 13 physician commissioners of a variety of specialties and subspecialties. One physician commissioner is chosen from each of the ten congressional districts and there are 3 at large physician commissioners. There are two PA-C commissioners and 6 public members. There is a staff of about 54 people, including departments of licensing, legal services, investigations, compliance, and a variety of other support services. We have access to additional "Pro Tem" members who provide subspecialty assessment and can also function in many other commission duties. WMC also has access to other physician experts to whom we can send cases for evaluation.

We license over 30,000 physicians and about 4,000 PA-C's. WMC

funding comes entirely from license fees, which have been unchanged for nearly 10 years (although fees will have to change in the near future).

The WMC is a complaint-driven organization, which means we only pursue discipline in response to complaints received. However, our mission is to promote patient safety and enhance the integrity of the profession. If, in the course of an investigation, we encounter problems with care outside of what the complainant alleges, the WMC may address those issues as well. This would include substandard care that was delivered by a different provider from the "Respondent" (the physician or PA against whom the complaint was filed), in which case we can initiate our own complaint related to that provider. However, we do not go out looking for problems. For those concerned about a WMC investigation being triggered by the data regarding your prescribing patterns that you are now receiving from the Prescription Monitoring Program (PMP), don't be. We do not receive these reports, we do not wish to receive them, and the data alone doesn't provide enough information for a regulatory body to appropriately assess the care provided. The WMC received approximately 1800 complaints last year and we are not interested in expanding that based on a report from the PMP.

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UPCOMING MEETINGS	
WMC Policy Meeting	January 17th
WMC Business Meeting	January 18th
Regular Meeting	March 7th - 8th Tumwater, WA
Regular Meeting	April 11- 12 Tumwater, WA
More information including locations and times	

Message From the Chair

Every week, complaints received by the WMC are entered into our database and sent to a Case Management Team (CMT). The commissioners on CMT change each week, but the team is composed of 3 to 4 commissioners (one of whom is a public member), representatives of the investigative staff, the legal staff, and other members of the WMC staff. Each commissioner on the CMT for that week reviews and assesses all of the 25-30 complaints that have been brought to the team. Sometimes, we have only the complaint to look at. Sometimes, we have an entire chart included. When I sit on the CMT, it takes me 2-4 hours to go through all of these complaints. The CMT is conducted via phone conference where each case is discussed and a decision is made whether or not to open the case for investigation. The decision to open a case for investigation is made solely by the commissioners; the staff is supportive and answers legal and technical questions that the commissioners may ask. About half the complaints discussed at a CMT are closed as being "below threshold" (BT) for investigation. Wait! Only half of the complaints received get opened for investigation?? What's that about?

All complaints that come to the commission are taken seriously, but there are a number of reasons why a complaint may not go forward for investigation. The most common reason for not authorizing a complaint for an investigation is that even if the allegations in the complaint are true, no violation of the law has occurred. In other words, whatever was being complained about was actually within standard of care. This accounts for 66% of BT complaint closures.

Other reasons for not authorizing an investigation into the allegations of a complaint include:

- The complaint is about a communications issue.
- The complaint is a billing issue.
- The complainant meets the definition of a "whistle blower" and doesn't wish to be identified. If by opening the case and pursuing an investigation, the identity of the complainant might be revealed to the respondent (the physician or physician assistant about whom the complaint was filed) against the complainant's wishes, investigation cannot proceed.
- Insufficient information was provided to move forward with an investigation.
- The issue has already been dealt with elsewhere.
- The WMC doesn't have jurisdiction over the matter.
- The complaint isn't really about a MD/PA and needs to be referred to another program or agency, such as the agency that licenses the hospital where the MD/PA works.

If a complaint is closed BT, you will receive a letter notifying you that you had a complaint filed, but that it has been closed. That ends things, with two exceptions. First, the Complainant can submit additional information and request a re-evaluation of the complaint, in which case we start over. And second, the complaint is listed as having been closed BT on future complaint intake forms that may be filed against the Respondent. Commissioners are required by law to consider previous complaints. While this isn't usually a problem, if a number of similar complaints have been filed against the Respondent in a short period of time or if the number of complaints is far outside the "norm" for complaints against other physicians in a similar specialty, the pattern of complaints could possibly result in the opening of an investigation.

So, what happens to the other half of the cases seen in CMT that ARE opened for investigation? A lot! At this point, you have entered the section of the complaint process map that looks like the wiring diagram for a Boeing 767. Unfortunately, investigations into a complaint can be disruptive to your practice and emotionally difficult, even if, as in the vast majority of cases, your case is subsequently closed without any disciplinary action. It turns out that only 11.5% of authorized investigations (6% of complaints received) actually result in disciplinary action; but the process involved in reaching final decision is tedious, time consuming, and stressful for all parties involved. What happens after a case is opened for investigation will be my topic for the next issue of UpDate!

