

Vol. 14 Winter 2024

Washington Medical Commission

# UPDATE!

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

[WMC.WA.GOV](http://WMC.WA.GOV)





## What's Inside

Introducing the Practitioner Support Program . . . . .	3
February Freeze . . . . .	4
Scams Targeting Practitioners Continue . . . . .	5
Upcoming Webinars . . . . .	6
Legal Actions . . . . .	7
Social Support Services . . . . .	10
Opioid Prescribing for Chronic Pain Patients . . . . .	13
WPHP Report . . . . .	14
2025 Notice of Recruitment . . . . .	16



## Introducing the Practitioner Support Program

**Karen Domino, MD, MPH**

I hope you and your families had a wonderful holiday season!

In this newsletter, I am introducing you to a new Washington Medical Commission (WMC) program, the Practitioner Support Program (PSP). The goal of this program is to help physicians and physician assistants (PAs) proactively address complaints and practice concerns through education and/or practice changes. PSP is not a disciplinary action and is not reportable to the National Practitioner Data Bank or the Federation of State Medical Boards.

The WMC considers the PSP for complaints focused on a single issue or root cause, such as record keeping or communication. Complaints related to allegations of patient harm, patterns of unprofessional conduct, impairment, violations of state and federal laws, and discrimination in health care are not eligible for the PSP program. The program is voluntary and provides complaint-specific educational references and access to WMC materials and offers educational resources to MDs/PAs to improve their practice. The program goal is to increase voluntary education and hopefully reduce future complaints to the WMC.

Post-COVID physician/PA shortages and high patient demand for services have made the practice of medicine more challenging. PSP is a focused way to provide medical education in matters that are important to patients and their families. The “soft” skills of patient and family communication/empathy and issues with the electronic medical records (EMR) now drive many complaints to the WMC.

Most complaints to the WMC are initiated by patients and/or family members via the WMC website.

Commissioners review complaints and discuss with WMC staff at a weekly Case Management Team (CMT) meeting to decide whether the complaint is closed or authorized for further investigation. The number of WMC complaints related to inadequate patient-centered communication now representing 25% of complaints. Communication issues also often underlie the 75% of complaints alleging substandard care.

Communication complaints sometimes allege bias based upon race, ethnicity, age, gender, and medical condition. Practitioners may not know that all people have implicit bias and may require more education on how to address this issue. “Not feeling heard” is also a frequent patient complaint, especially in discussions of life-threatening diseases and complications after medical treatments. The WMC has recommendations about how to best manage these difficult conversations. Other common complaints where a PSP is issued include patient inability to obtain medical records and termination of patient care including providing continuity of medications. Since the start of the program, 70% of PSPs involve improvement in patient-centered communication and 30% divided among EMR effectiveness, ethics, HIPAA rules, telehealth law, compassion, and cancer care (5% each).

The WMC is studying the impact of this new program on patient complaints. We are hopeful that this new program will help educate physicians and PAs to improve their practice, avoid having another complaint on the same issue, and given them the tools to provide the health care that they want to provide! For more information about the PSP, we encourage you to view our [recent webinar](#) on the topic and review the guidance document on the [WMC website](#).

***The program goal is to increase voluntary education and hopefully reduce future complaints to the WMC***

# FEBRUARY FREEZE

## Statewide Licensing

The Department of Health is upgrading the licensing and credentialing system for health professionals and facilities. To complete the next phase, the systems will be unavailable during President's Day weekend.

### Avoid Delays!



#### A new statewide licensing system is coming!

The system is called HELMS: Healthcare Enforcement & Licensing Management System.



#### The next phase of the system will launch in February

Prior to the launch of credentialing in HELMS, there will be a short freeze of the current licensing and credentialing systems to migrate data and transition to the new system.



#### If your license expires between February 14-19, 2025, renew up to 90 days early!

Applications and renewals will be paused during the freeze. Apply or renew in January to avoid delays.



## Scams Targeting Healthcare Practitioners Continue, Be Alert

**Kyle Karinen, J.D., LL.M**

In the [Spring Edition](#) of our newsletter this year, I discussed the ongoing issue of fraud against practitioners that the Medical Commission has attempted to mitigate and halt. Despite efforts to date, the Medical Commission has not been as successful as I would like. At this point, we feel like our best resource is your education! Therefore, I'm following up that article with even stronger advice. My hope is that if it stops even one more person from getting taken by these criminals, it will have been worth the effort. Please share this as far and wide with your colleagues as possible. Just a few weeks ago, the Medical Commission heard from another clinician who was victimized to the tune of \$14,000.

Please be aware the people perpetuating this scam seem to be very real. They have information about you when they call; like your license number, any discipline you've received, my name and the Medical Commission's phone number. They will sound official. Their documents will look official.

Here is what I can guarantee you the Medical Commission will never do and how to potentially spot fraud attempts:

If we have received a complaint and it is authorized for investigation, in almost every instance, you will be notified via postal mail. In addition to investigation notifications, in almost every case, you will be given an opportunity to address the specific allegations that were raised by one of the Medical Commission's investigators. Licensing fees are handled through the Department of Health's (DOH) online licensing portal or are paid in person. In the very few instances when disciplinary actions occur and money is owed to the Medical Commission, we only accept payment through the mail.

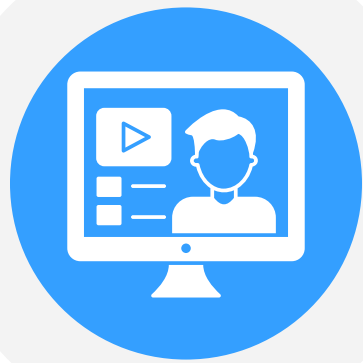
If you ever have a question about any of these malicious fraud attempts, please contact the Medical Commission to verify. Do not send money without verification. We are sending out this message and others like it to other stakeholders in the medical field. However, we are still looking for ways to put an end to this scheme. I invite anyone reading this and has ideas about how we can further disseminate this message to call me at (360) 236-4810, I would love to talk to you.

### The Medical Commission will NOT:

- Ask for money over the phone.
- Ask you to fax or wire money.
- Accept or ask you to use cryptocurrency.
- Demand a response in less than twenty days.
- Advise against speaking with a lawyer.
- Request personal details, passwords, or social security numbers.
- Threaten to take your license or suspend you if you don't pay immediately.
- Threaten to restrict your prescription privileges or "turn you in to the FDA or DEA" for not paying.

Unfortunately, I could give you many more examples of what the Medical Commission will not do because people have been tricked by them. Many well-meaning, intelligent practitioners have fallen prey to these tactics. The best protection is your awareness in this matter and your willingness to verify. Please make sure you do not click on suspicious links, download attachments or be swayed by urgent demands; we provide ample time to respond to our requests. Verify any suspicious contact by calling the Medical Commission right away at (360) 236-2750.





# Upcoming Webinars

## 2025 Legislative Session Kick-off

January 8, 2025  
12:00 - 1:00pm PST

Join the Washington Medical Commission (WMC) Legislative Team for a preview of what to expect during the 2025 legislative session. We will be focusing on pre-filed bills that would impact Physicians, Physician Assistants and the general practice of medicine. Take a break with the commission and bring your questions! [Register](#)



## How to Report Discrimination to the WMC

February 5, 2025  
11:00am - 12:00pm PST

During this edition of Coffee with the Commission, Mahi Zeru, Equity and Social Justice Manager, will walk attendees through the discrimination section of the WMC complaint form and discuss examples of the different types of discrimination present in the health care setting. This will be a short presentation with plenty of time for your questions and discussion. [Register](#)





## August 1, 2024 – October 31, 2024

Below are summaries of interim suspensions and final actions taken by the Medical Commission. Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders are not listed. We encourage you to read the legal document for a description of the issues and findings. All legal actions can be found with definitions on the Medical Commission [website](#).

Practitioner Credential and County	Order Type	Date	Cause of Action	WMC Action
<b>Summary Actions</b>				
Bentley, Keri M., MD IMLC.MD.61050006 Out of state	Order of Automatic Revocation of IMLC License	9/12/24	Suspension of license in Virginia; revocation of license in Maryland.	Revocation of license.
Bunin, Alan MD MD.MD.00010954 King County	Ex Parte Order of Summary Suspension	9/18/24	Alleged incompetent performance in clinical competency assessment; failure to comply with Commission order.	Suspension of license.
Burke, M. Barbara, MD MD.MD.00042122 Chelan County	Ex Parte Order of Summary Suspension	10/8/24	Suspension of license in Ohio.	Suspension of license.
Lalaji, Anand P., MD MD.MD.00049379 Out of state	Ex Parte Order of Summary Suspension	10/2/24	Suspension of licenses in Kentucky and Virginia; practice restriction in Arizona.	Suspension of license.
Mack, William J., MD MD.MD.60972485 Out of state	Ex Parte Order of Summary Suspension	8/6/24	Suspension of license in Kansas.	Suspension of license.
Pao, Dorothy M., MD MD.MD.00043353 Clark County	Ex Parte Order of Summary Suspension	9/5/24	Surrender of license in Oregon.	Suspension of license.
Stenecker, Sjardo S., MD MD.MD.00032063 King County	Ex Parte Order of Summary Restriction	10/9/24	Alleged substandard prescribing of controlled substances to 12 patients.	Restricted from prescribing controlled substances.
Tseng, Victor, MD IMLC.MD.61542039 Out of state	Order of Automatic Suspension of IMLC License	9/12/24	Suspension of license in Georgia.	Suspension of license.
Wingfield, Guito C., MD MD.MD.00048810 Lewis County	Order on Non-Compliance	9/25/24	Failure to comply with Commission order.	Suspension of license.

Formal Actions				
Caveny, Scott A., MD MD.MD.60494583 Spokane County	Agreed Order on Reinstatement	9/12/24	Inability to practice with reasonable skill and safety due to a health condition.	Reinstatement of suspended license; compliance with WPHP; completion of UC San Diego reentry program; practice site approval; become current in CME; quarterly personal reports; personal appearances. May petition to terminate in two years.
Crandall, Sarah L., MD MD.MD.60951421 Out of state	Agreed Order	9/12/24	Performance of surgeries on patients who were poor surgical candidates, inadequate planning resulting in high instances of compromised blood supply, deformity, or necrosis of patients' breasts.	Clinical competency assessment; CME in plastic and reconstructive surgery of the breast; paper; preceptorship; personal appearances; fine. May petition to terminate in 2 years.
Hanson, Jason L., MD MD.MD.60833231 Benton County	Final Order	10/2/24	Inability to practice with reasonable skill and safety due to a health condition.	Suspension of license.
Ilg, Ron C., MD MD.MD.00042911 Spokane County	Final Order	9/18/24	Criminal conviction of two counts of threats in interstate commerce.	Revocation of license.
Johnson, Lisa M., MD MD.MD.60316990 Out of state	Final Order	10/24/24	Failure to comply with a Commission order.	Suspension of license.
Olsson, Roger B., MD MD.MD.00015303 Snohomish County	Agreed Order	10/2/24	Failure to comply with a Commission order.	Suspension of license; completion of clinical competency assessment; reimbursement to patients; paper; personal appearances; fine. May petition for reinstatement after passing competency assessment and reimbursing patients.
Pirani, Yasmin, MD MD.MD.60790388 Out of state	Default Order	10/4/24	Surrender of license in California.	Suspension of license.



Formal Actions				
Schumer, David S., MD MD.MD.00026115 Pierce County	Agreed Order	9/12/24	Negligent care and inadequate documentation on four patients in hospital; failure to cooperate with investigation.	Restricted from providing care in an inpatient setting; clinical competency assessment; if restriction removed following assessment, must have clinical inpatient supervisor; notification to employers; CME in record keeping; paper; personal appearances; fine. May petition to terminate one year after restriction is removed.
Informal Actions				
Powell, Steven W., MD IMLC.MD.61017983 Out of state	STID	8/7/24	Surrender of license in Louisiana	Voluntary surrender of license.
Ryan, Ahr J., PA PA.PA.10004908 Chelan County	STID	10/28/24	Alleged inappropriate communications with a patient.	Ethics course; disclosure to patients of STID; compliance audits; costs.

**Order of Summary Suspension:** An order suspending a license prior to a hearing based on a determination that the licensee’s continued practice represents a danger to the public.

**Order of Summary Restriction:** : An order restricting an aspect of a licensee’s practice prior to a hearing based on a determination that the licensee’s continued practice with an unrestricted license represents a danger to the public.

**Agreed Order:** a settlement resolving a statement of charges. This order is an agreement by a licensee to comply with certain terms and conditions to protect the public.

**Final Order:** an order issued after a formal hearing before the Commission.

**Final Order on Default:** an order issued after the licensee fails to respond to a statement of charges.

**Final Order-Waiver of Hearing:** an order issued after the licensee waives the right to a hearing on a statement of charges by the licensee to comply with certain terms and conditions to protect the public.

**Stipulation to Informal Disposition (STID):** a document detailing allegations, but with no findings or admissions, and containing an agreement by the licensee to comply with certain terms and conditions to protect the public.



## Mahlet Zeru, MPH

### Equity and Social Justice Manager

Physicians play a pivotal role in identifying and addressing issues that affect patients' health<sup>1,2,3,4</sup>. In large healthcare facilities, practitioners often have the advantage of working alongside social and community health workers who provide wraparound services, ensuring patients receive comprehensive support to address their social and mental health needs<sup>5</sup>. This integrated approach helps patients maintain a healthier lifestyle and promotes better outcomes<sup>6,7</sup>. However, for practitioners in solo or medium-sized practices, this level of support is not readily available, and this dual role of bridging the gap between clinical care and social services falls on the providers.

Physicians who take the initiative to connect their patients with social services play a critical role in addressing the root causes of poor health<sup>8</sup>. Housing stability<sup>9</sup>, food insecurity<sup>10</sup>, limited access to transportation<sup>11</sup>, and mental health services<sup>12</sup> are common barriers that significantly impact health outcomes. By identifying these issues and linking patients to appropriate support systems, healthcare providers can foster long-term health improvements<sup>13</sup>, enhance patient outcomes<sup>14</sup>, reduce hospital readmissions<sup>15</sup>, and contribute to a more equitable healthcare system<sup>16,17</sup>.

Fortunately, Washington State offers an extensive array of social support services tailored to meet the needs of both rural and urban communities. Whether it's housing assistance, food programs, or mental health services, these resources are a vital tool for physicians seeking to provide patient-centered care. By becoming familiar with the social support systems available in their region, Washington physicians can better serve their patients and strengthen the overall health of their communities. Below is a list of key social support services and programs:

#### Housing and Shelter

1. Washington State Department of Commerce – Housing Assistance  
[Offers](#) rental assistance, housing counseling, and homeless prevention services.
2. Coordinated Entry for Housing  
[Provides](#) a single access point for individuals and families experiencing homelessness to connect with shelters and housing programs.

3. Public Housing and Housing Choice (formerly Section 8)  
Subsidized housing options through local housing authorities (e.g., [Seattle Housing Authority](#), [Tacoma Housing Authority](#)).
4. Tenants Union of Washington State  
Advocacy and [resources](#) for renters facing housing challenges.
5. Rural Housing Assistance Program  
[Provides rental assistance](#) and housing stability resources for low-income rural families.
6. Community Action Agencies (CAAs)  
Local CAAs, such as the Opportunity Council in Whatcom County, [offer](#) housing assistance and homeless prevention programs.
7. Habitat for Humanity  
[Builds and renovates](#) affordable homes in rural communities.

#### Food Assistance

1. Supplemental Nutrition Assistance Program (SNAP)  
[Provides](#) food benefits to low-income individuals and families.
2. Washington Women, Infants, and Children (WIC)  
[Nutrition assistance](#) for pregnant women, new mothers, and young children.
3. Food Banks  
Organizations like [Northwest Harvest](#) and [Feeding Washington](#) local provide free food assistance. [Consolidated food assistance website](#)
4. Meals on Wheels  
Delivers nutritious meals to seniors and individuals with disabilities. Available throughout WA – [South Sound](#), [Kitsap](#), [Spokane](#), [Yakima](#)
5. Mobile Food Programs  
[Second Harvest Food Bank](#) serves Eastern Washington and other local programs
6. Senior Nutrition Programs  
Congregate and home-delivered meals for seniors are available through [Area Agencies on Aging](#) (AAAs).

# Social Support Services

## Healthcare and Mental Health

1. Apple Health (Medicaid)  
Free or low-cost [health coverage](#) for eligible individuals.
2. Washington Recovery Helpline  
Free support for substance use, mental health, and gambling issues. Phone: 1-866-789-1511
3. Community Health Clinics  
Low-cost healthcare services provided by organizations such as [Sea Mar Community Health Centers](#).
4. Crisis Connections  
A 24-hour helpline for crisis intervention and referrals. Phone: 1-866-427-4747
5. Rural Health Clinics (RHCs)  
Federally certified clinics offer primary care and preventive services in underserved areas.

## Employment and Financial Support

1. Unemployment Benefits  
[Financial assistance](#) for individuals who have lost their jobs.
2. WorkSource Washington  
Job training, career counseling, and employment [opportunities](#).
3. Temporary Assistance for Needy Families (TANF)  
[Financial support](#) for low-income families.

## Childcare and Family Services

1. Child Care Subsidy Program  
[Helps](#) families afford childcare.
2. ParentHelp123  
[Resources](#) for parents, including child development and parenting support.
3. Family and Youth Services  
Provides counseling, housing, and mentorship for youth through agencies like [Friends of Youth](#).
4. Early Childhood Education and Assistance Program (ECEAP)  
A free preschool program for low-income families, often available in rural school districts.

## Transportation Assistance

1. Hopelink Transportation Services  
[Rides](#) for medical appointments and essential errands for eligible individuals.
2. Transit Reduced Fare Programs  
Reduced fares for seniors, individuals with disabilities, and low-income riders on public transit systems like King County Metro and Sound Transit.

3. Rural Transit Programs  
Public transit systems like Grant Transit Authority and People for People provide low-cost transportation in rural areas.
4. Non-Emergency Medical Transportation (NEMT)  
Medicaid-eligible individuals can access rides to medical appointments. Apply through the [Health Care Authority \(HCA\)](#).

## Legal Assistance

1. Northwest Justice Project (NJP)  
Free [civil legal aid](#) for low-income residents.
2. Clear Hotline  
Legal advice and referrals for qualifying individuals. Phone: 1-888-201-1014

## Utility Assistance

1. Low-Income Home Energy Assistance Program (LIHEAP)  
[Helps](#) with heating and cooling costs for low-income households.
2. Utility Discount Programs  
Discounts on water, electricity, and garbage services provided by local utilities.

## Resources for Farmers and Agricultural Workers

1. Migrant Health Clinics [List](#)  
Offers medical and dental care to agricultural workers and their families.
2. Rural Resources Community Action  
Serves [northeastern Washington](#) with programs for agricultural workers and rural residents.

## Community, Cultural and Immigrant Support Services

1. Refugee Women's Alliance (ReWA)  
[Support](#) for immigrants and refugees, including ESL classes, job training, and housing assistance.
2. Asian Counseling and Referral Service (ACRS)  
[Offers](#) culturally competent services for Asian and Pacific Islander communities.
3. Tribal Support Services  
Tribes in rural Washington provide housing, food, and healthcare support to their members.

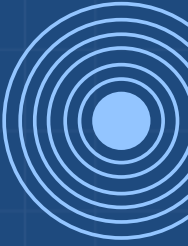
For additional resources, visit [Washington Connection](#), a centralized platform for applying for and accessing various social services in Washington State.

Reference information can be found on page 19.

# CME Invitation:

# Cancer

# Genetics



As a dedicated healthcare professional, staying at the forefront of genetic advancements is crucial for providing the best care to your patients. Washington Medical Commission, in partnership with Washington Department of Health, is thrilled to introduce our upcoming Continuing Medical Education opportunity.

The CME will be a comprehensive five-part series designed to provide knowledge that will keep you abreast of the latest developments in the field of genetics. The goal of this training is to make cancer genetics relevant to the daily practice of various specialties, ultimately increasing access to genetic services. Each session you attend is worth a maximum of 1.0 *AMA PRA Category 1 Credit*<sup>™</sup>. The five-part Cancer Genetics CME is On-Demand at [the WMC website](#).

#### Accreditation Statement

These activities have been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards, the Washington Medical Commission, and the Washington State Department of Health. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians.

#### Credit Designation Statement

The Federation of State Medical Boards designates each enduring material for a maximum of 1 *AMA PRA Category 1 Credit*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity



# Opioid Prescribing for Chronic Pain Patients



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

## Amelia Boyd Program Manager

The WMC is finalizing opioid prescribing rules for allopathic physicians (MDs) and physician assistants (PAs). These rules focus on exempting patients with Sickle Cell Disease, clarifying that not all chronic pain patients require tapering off opioids, and specifying that treatment decisions should not rely solely on a single aberrant biological test result.

During this rulemaking, we received numerous comments regarding forced tapering of chronic pain patients. When adjusting a chronic pain patient's opioid regimen, MDs and PAs should remember that there are no strict Morphine Equivalent Dose (MED) limits for pain management. You retain the flexibility to prescribe above recommended MED guidelines if necessary for the patient's care, provided the rationale is thoroughly documented in the patient's medical record to reflect the individual needs of the patient.

If prescribing a daily dose of 120 mg MED or higher, a consultation with a pain management specialist is required unless specific exemptions apply. This consultation can be fulfilled through an office visit, a remote or in-person discussion, an audiovisual evaluation with the patient, or other approved chronic pain assessment methods. Each consultation should be documented by the MD or PA in the patient's record.

When a chronic pain patient transitions to a new physician, it is generally appropriate for the new physician to initially maintain the patient's current opioid dose. Over time, the physician can assess whether tapering or other treatment adjustments are needed.

A physician treating a new high-dose chronic pain patient is exempt from the mandatory consultation requirements of [WAC 246-919-930](#) (for MDs) or [WAC 246-918-880](#) (for PAs) if:

1. The patient previously received opioids above 120 mg MED for the same chronic condition(s) under a written treatment agreement.
2. The dose is stable and non-escalating.
3. The patient has a documented history of compliance with treatment plans and written agreements, confirmed by medical records and PMP (Prescription Monitoring Program) checks.
4. The patient shows documented stability, pain control, or functional improvements at their current dose.

This exemption applies for the first three months of the new physician-patient relationship. In other words, an MD or PA should maintain the new patient's prescribing regimen for 90 days. Most importantly, the rules do not mandate tapering, giving MDs and PAs the flexibility to make individualized treatment decisions based on each patient's unique needs. MDs and PAs should also keep in mind that the [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) clarified that the earlier (2016) guidance was misapplied in some instances. Specifically:

- 50 MME/day is presented as a threshold where providers should carefully evaluate the risks and benefits of continued opioid use but is not a strict ceiling.
- The guideline advises against abrupt discontinuation or forced tapering, recognizing that such actions can cause harm, including withdrawal symptoms, uncontrolled pain, or psychological distress.

The CDC encourages clinicians to:

- Collaborate with patients to create personalized pain management plans.
- Taper only when it is clinically appropriate and aligned with the patient's goals.
- Ensure that any tapering is gradual, often by 10% per month or slower, depending on patient tolerance.

These adjustments reflect an effort to balance the benefits of opioid use for chronic pain management with the risks of misuse and overdose.

Once the WMC's current rulemaking process is complete, a new rulemaking effort will begin to revise all Washington Administrative Codes (WACs) related to opioid prescribing for MDs and PAs. This initiative will focus on enhancing patient welfare and ensuring prescribing practices meet the needs of those in pain. If you are an MD or PA who prescribes opioids, we encourage your participation in upcoming workshops, where Commissioners and interested parties will work together to shape the final WAC language.

Please visit our [rulemaking site](#) and for continued updates on rule development, interested parties are encouraged to join the [WMC's rules GovDelivery](#). WMC rulemaking comments or questions may be emailed to [medical.rules@wmc.wa.gov](mailto:medical.rules@wmc.wa.gov).



## Fostering a Resilient and Thriving Healthcare Workforce

**Chris Bundy, MD, MPH**

**Executive Medical Director, Washington Physicians Health Program**

This year, Washington Physicians Health Program (WPHP) refreshed our mission statement to better reflect our purpose: WPHP is Washington's trusted resource for restoring the health of medical professionals. Our confidential support and exceptional outcomes provide reassurance of safe practice and promote workforce sustainability.

For over 35 years, WPHP has remained an independent, physician-led nonprofit, providing vital assistance to Washington's healthcare professionals. We serve osteopathic physicians, allopathic physicians, podiatric physicians, physician assistants, dentists, veterinarians, and students and residents in these fields. Our vision is to advance the health and well-being of our medical community.

### **Confidential Help, Reassurance of Safe Practice**

WPHP assists healthcare professionals with any health condition that may affect safe clinical practice. We offer early intervention, assessment, treatment referral, and post-treatment health support for those in the medical workforce with conditions that may negatively impact practice performance. In some cases, brief assessment and referral to services are all that is needed to support health and put concerns at rest. In other cases, more help is needed and WPHP is ready to assist.

Referral to WPHP protects the well-being of healthcare professionals and the patients they serve. Healthy medical professionals means having better care, decreased medical errors, increased patient satisfaction, lower malpractice rates, and better treatment outcomes overall.

### **WPHP's Key Outcomes**

WPHP consistently receives high ratings for program service and satisfaction from participants and stakeholders. About half of those referred to WPHP receive support and advocacy without the need to enroll in a health support agreement. Approximately 85-90% of those receiving WPHP services do so without any knowledge or involvement of their licensing board.

WPHP is highly effective with 91% of program participants reporting needing and benefiting from WPHP advocacy. Nearly 87% of our program participants describe their WPHP experience as extremely useful or lifesaving. At program completion, 83% of participants are working in their field and nearly 90% of colleagues report that WPHP is a valuable resource to the medical community.

### **Other Significant Findings**

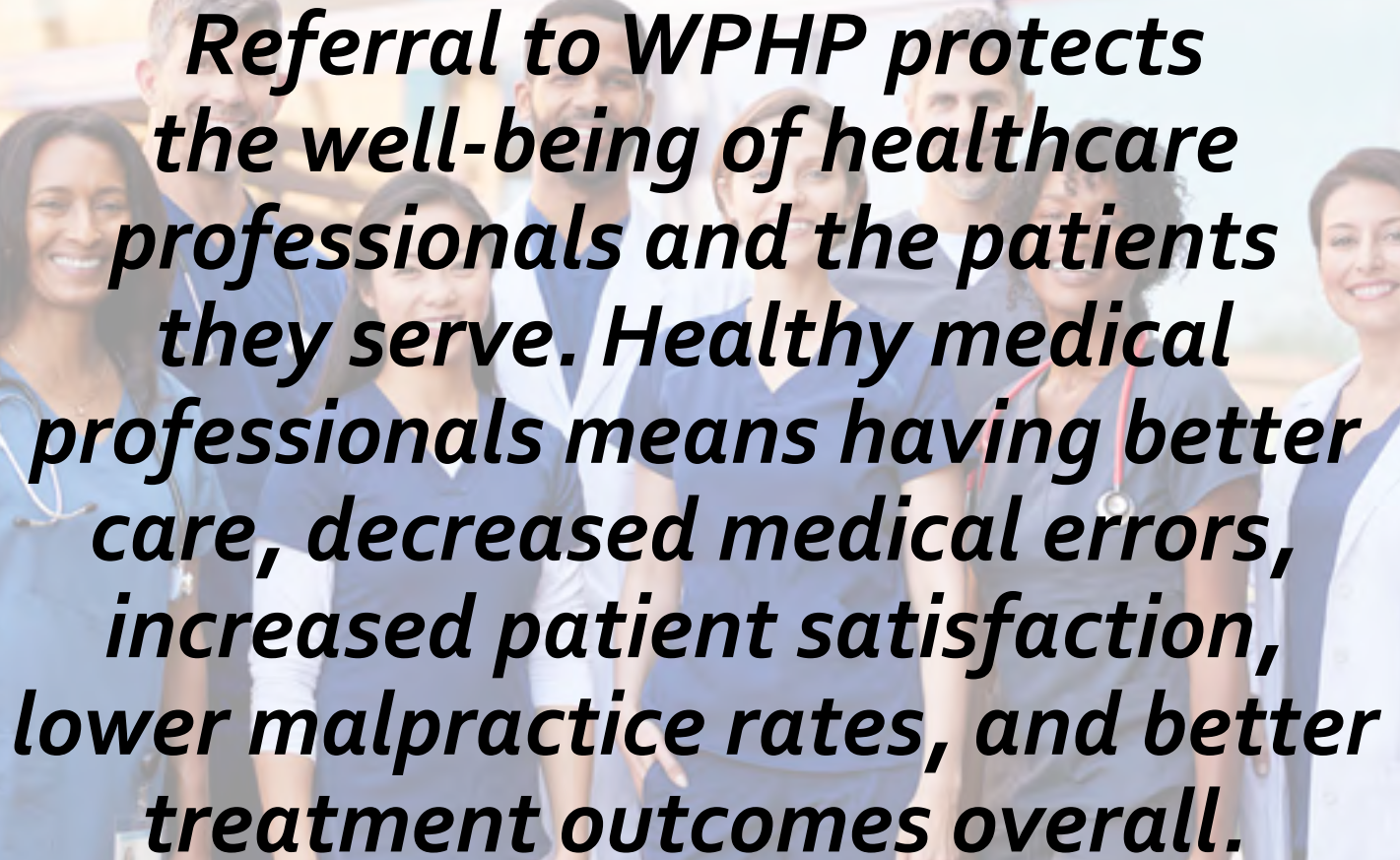
WPHP program participants have consistently reported substantially lower rates of burnout than other physicians. While the current rate of burnout among physicians nationally is around 50%, less than 20% of WPHP participants report experiencing burnout. This is striking considering that many of the mental health conditions that bring physicians and PAs to WPHP are associated with increased burnout. Approximately 85% of WPHP's program participants are in full remission of health condition at discharge. Twelve- and sixty-month abstinence rate for WPHP participants with substance use disorders is at 92% and 87% respectively.

### **Suicide Awareness and Prevention**

WPHP considers physician suicide awareness and prevention an important priority – one in which we are leading efforts at state and national levels. Through our education and outreach mission, WPHP strives to provide accurate information about physician suicide as well as resources to support physicians, physician assistants, veterinarians, and dentists with health conditions that are associated with suicide. WPHP has a long-standing commitment to addressing suicide among healthcare professionals and considers it a continuing privilege to serve the medical community and to be recognized nationally for our expertise and advocacy in addressing physician suicide.

At the individual level, for program participants, WPHP's suicide risk assessment and management protocols are a model among physician health programs. While suicide risk assessment has limited utility in predicting suicide, it can help identify appropriate targets of therapeutic intervention. This represents a shift in focus from "risk assessment" to "needs assessment."

Every referral call to WPHP is screened for concerns of suicide and all intake assessments include the empirically validated Columbia Suicide Severity Rating Scale Screen Version. Positive screens undergo comprehensive suicide risk assessment by licensed mental health professionals and are staffed with one of our program psychiatrists. Program participants are asked about thoughts of hopelessness and suicide during any encounter where a clinically relevant increase in distress is observed. Acute distress or exacerbation of illness triggers communication with the participant's care team, identification of unmet needs, and linkages to additional resources and support as indicated.



***Referral to WPHP protects the well-being of healthcare professionals and the patients they serve. Healthy medical professionals means having better care, decreased medical errors, increased patient satisfaction, lower malpractice rates, and better treatment outcomes overall.***

### **WPHP Advocacy and Credentialing Reform**

Advocacy continues to be a focus for WPHP and we are making strides in advocating for license and credentialing question reforms and preserving WPHP protections in the public records act. Recently, WPHP collaborated on a groundbreaking development in healthcare credentialing, led by Dr. Brian Johnston of UW Medicine. This landmark reform has set a new standard for credentialing processes, placing a strong emphasis on the well-being and mental health of healthcare professionals.

WPHP played a critical role in providing consultation and technical assistance throughout this initiative, helping UW Medicine align their credentialing procedures with best practices that support the health and sustainability of their workforce. By integrating comprehensive well-being measures into the credentialing process, UW Medicine has demonstrated a deep commitment to the mental health of their physicians and healthcare teams. Some of the key tools involved in this reform include the Peer Reference Form, the Washington Practitioner Application, and the Medical Staff Reappointment Application, all designed to streamline the credentialing process while focusing on practitioner well-being.

This reform serves as a model for other healthcare institutions, not just within Washington but across the country. It highlights how a thoughtful, well-supported credentialing process can promote the long-term wellness and success of healthcare professionals.

To learn more about WPHP or make a referral, please call 800-552-7236 or visit [wphp.org](http://wphp.org).

# 2025 Notice of Recruitment



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

The Washington Medical Commission (WMC) is currently accepting applications to fill upcoming vacancies. The WMC helps make sure physicians and physician assistants are competent and provide quality medical care.

We are looking for people willing to study the issues and make decisions in the best interest of the public. Our member selection reflects the diversity of the profession and provides representation throughout the state. On July 1, 2025, the WMC will have openings for:

- One physician representing Congressional District 1
- One physician representing Congressional District 7
- One Physician Assistant
- One Public Member

To determine what congressional district you live in, please visit <https://www.house.gov/> and enter your zip code.

The WMC is made up of 21 governor-appointed members who meet 6-7 times per year. In addition to these meetings, they regularly review multiple disciplinary cases, and additional meetings or hearings are frequently required. Additional information regarding commission membership can be found [here](#). Please take the time to review the valuable information on commission membership available at the above website.

If you are interested in applying, please do so on the [Governor's site](#). Applications, along with a current CV, must be received by **March 31, 2025**.

If you have any questions about serving on the WMC, please contact Amelia Boyd, Program Manager, [by email](#) or mobile (360) 918-6336.

We are also seeking MDs with specialties in the following areas to serve as Pro Tempore (Pro Tem) Commissioners:

- General Surgery
- Neurosurgery/ Neurology
- Orthopedic Surgery
- Ophthalmology
- Psychiatry
- Radiology
- Urology

Pro Tems have the same rights and responsibilities as Commissioners appointed by the Governor, except they cannot vote on business matters. Their term is limited to four consecutive one-year terms, and they are appointed by the WMC's Executive Director rather than the Governor.

If you are interested in serving as a Pro Tem, please contact Ms. Boyd to find out more about this opportunity.





## January - 2025

- 02 - [Policy Committee](#)
- 07 - [Interventional Management of Neuropathy\\*](#)
- 08 - [2025 Legislative Session Kick-off](#)
- 09 - [Personal Appearances](#)
- 10 - [WMC Business Meeting](#)
- 24 - [Potential WMC Member Q&A](#)
- 27 - [Use of Nitrous Oxide in Office-based Surgery Settings Rules Workshop](#)
- 30 - [Policy: Interested Parties](#)

## February - 2025

- 05 - [How to Report Discrimination to the WMC](#)
- 07 - [Potential WMC Member Q&A](#)
- 21 - [Potential WMC Member Q&A](#)
- 27 - [Policy Meeting](#)

## March - 2025

- 07 - [Potential WMC Member Q&A](#)
- 13 - [Personal Appearances](#)
- 14 - [WMC Business Meeting](#)
- 21 - [Potential WMC Member Q&A](#)
- 27 - [Policy: Interested Parties](#)

## April - 2025

- 04 - [Potential WMC Member Q&A](#)
- 18 - [Potential WMC Member Q&A](#)
- 24 - [Policy Committee](#)

\*Accreditation Statement - This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards and the Washington Medical Commission. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians. The Federation of State Medical Boards designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



## Medical Commission Members

Karen Domino, MD - Chair  
Terry Murphy, MD - Chair Elect  
Ed Lopez, MD - Officer-at-Large

Michael Bailey  
Christine Blake, CPMSM  
Toni L. Borlas  
Po-Shen Chang, MD  
Jimmy Chung, MD  
Diana Currie, MD  
Anjali D'Souza, MD  
Arlene Dorrough, PA-C  
Harlan Gallinger, MD  
April Jaeger, MD  
Jamie Koop  
Sarah Lyle, MD  
Elisha Mvundura, MD  
Robert Pullen  
Scott Rodgers, JD  
Claire Trescott, MD  
Richard Wohns, MD

## Update! Editorial Board

Diana Currie, MD  
Jimmy Chung, MD  
Micah Matthews  
Richard Wohns, MD  
Jimi Bush, Managing Editor



### WMC Mission

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

### WMC Vision

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

1. Kreuter, M. W., Thompson, T., McQueen, A., & Garg, R. (2021). Addressing Social Needs in Health Care Settings: Evidence, Challenges, and Opportunities for Public Health. *Annual review of public health*, 42, 329–344. <https://doi.org/10.1146/annurev-publhealth-090419-102204>
2. Hughes LS, Likumahwa-Ackman S. Acting on social determinants of health: a primer for family physicians. *Am Fam Physician*. 2017;95(11):695-696.
3. Sherin, K., Adebajo, T., & Jani, A. (2019). Social Determinants of Health: Family Physicians' Leadership Role. *American family physician*, 99(8), 476–477.
4. Peek, M. E., Wan, W., & Noriea, A. (2023). A Physician's Sense of Responsibility to Address Disparities: Does It Relate to Reported Behaviors About Screening for and Addressing Social Needs?. *Academic medicine : journal of the Association of American Medical Colleges*, 98(6S), S63–S68. <https://doi.org/10.1097/ACM.0000000000005180>
5. Noel, L., Chen, Q., Petruzzi, L. J., Phillips, F., Garay, R., Valdez, C., Aranda, M. P., & Jones, B. (2022). Interprofessional collaboration between social workers and community health workers to address health and mental health in the United States: A systematised review. *Health & social care in the community*, 30(6), e6240–e6254. <https://doi.org/10.1111/hsc.14061>
6. Whitman, A., De Lew, N., Chappel, A., Aysola, V., Zuckerman, R., Sommers, B. (2022) Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts Office of Health Policy ASPE <https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>
7. Kreuter, M. W., Thompson, T., McQueen, A., & Garg, R. (2021). Addressing Social Needs in Health Care Settings: Evidence, Challenges, and Opportunities for Public Health. *Annual review of public health*, 42, 329–344. <https://doi.org/10.1146/annurev-publhealth-090419-102204>
8. Andermann, A., & CLEAR Collaboration (2016). Taking action on the social determinants of health in clinical practice: a framework for health professionals. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, 188(17-18), E474–E483. <https://doi.org/10.1503/cmaj.160177>
9. Lebrun-Harris, L. A., Baggett, T. P., Jenkins, D. M., Sripipatana, A., Sharma, R., Hayashi, A. S., Daly, C. A., & Ngo-Metzger, Q. (2013). Health status and health care experiences among homeless patients in federally supported health centers: findings from the 2009 patient survey. *Health services research*, 48(3), 992–1017. <https://doi.org/10.1111/1475-6773.12009>
10. Castillo, D. C., Ramsey, N. L., Yu, S. S., Ricks, M., Courville, A. B., & Sumner, A. E. (2012). Inconsistent Access to Food and Cardiometabolic Disease: The Effect of Food Insecurity. *Current cardiovascular risk reports*, 6(3), 245–250. <https://doi.org/10.1007/s12170-012-0236-2>
11. Kreuter, M. W., Garg, R., Li, L., McNulty, L., Thompson, T., McQueen, A., & Luke, A. A. (2021). How Do Social Needs Cluster Among Low-Income Individuals?. *Population health management*, 24(3), 322–332. <https://doi.org/10.1089/pop.2020.0107>
12. Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2017). Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. *Pediatrics*, 139(1), e20151175. <https://doi.org/10.1542/peds.2015-1175>
13. Blazer, D. G., Sachs-Ericsson, N., & Hybels, C. F. (2007). Perception of unmet basic needs as a predictor of depressive symptoms among community-dwelling older adults. *The journals of gerontology. Series A, Biological sciences and medical sciences*, 62(2), 191–195. <https://doi.org/10.1093/gerona/62.2.191>
14. Taylor, L. A., Tan, A. X., Coyle, C. E., Ndumele, C., Rogan, E., Canavan, M., Curry, L. A., & Bradley, E. H. (2016). Leveraging the Social Determinants of Health: What Works?. *PloS one*, 11(8), e0160217. <https://doi.org/10.1371/journal.pone.0160217>
15. Kim, J., Wang, H., Ma, J., Jeffrey, D., Mohring, S., Recher, A., & Potter, J. F. (2024). Addressing Social Determinants of Health in Primary Care Patients May Reduce Hospital Readmissions: A Quasi-Experimental Study. *Journal of general internal medicine*, 10.1007/s11606-024-08813-8. Advance online publication. <https://doi.org/10.1007/s11606-024-08813-8>
16. Castillo, E. G., Ijadi-Maghsoodi, R., Shadravan, S., Moore, E., Mensah, M. O., 3rd, Docherty, M., Aguilera Nunez, M. G., Barcelo, N., Goodsmith, N., Halpin, L. E., Morton, I., Mango, J., Montero, A. E., Rahmanian Koushkaki, S., Bromley, E., Chung, B., Jones, F., Gabrielian, S., Gelberg, L., Greenberg, J. M., ... Wells, K. B. (2019). Community Interventions to Promote Mental Health and Social Equity. *Current psychiatry reports*, 21(5), 35. <https://doi.org/10.1007/s11920-019-1017-0>
17. <https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/health-advocacy.html>