

# Executive Director Report



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

## End of Summer Updates

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The summer season is typically a slower time at the Commission. However, this past summer, things have been humming. This quarter, I am going to provide a couple of updates and include an ask of folks reading this entry in the Commission's newsletter.

### HELMS Update

The Department of Health (the Department) implemented the first stage of the Healthcare Enforcement and Licensing Management System (HELMS) in 2024. This has been a project long in the works as the Department's then-current database was past its point of useful life and the vendor supporting the database indicated it would be ending its support. That first stage was a relatively minor improvement over an outward-facing portal. In April of this year, the first major phase of HELMS went live with the migration of all the licensing functions from the old database into HELMS. As one might expect with a database of hundreds of thousands of licenses, the past few months have not been without bumps in the road. The HELMS team, including members of the Commission staff, have been working every day since the end of April to address those bumps. We have heard a good deal of feedback from licensees, applicants, and other folks who assist those physicians (MD) and physician assistants (PA) and have taken that to heart. As the Department and the Commission continue to work out the rough spots with HELMS, please be assured that we are paying attention to this feedback and as the project concludes early next year, we look forward to refining the system.

### Join the Commission

The Commission routinely receives complaints involving areas of clinical care where it does not have an PA or MD that practices in that specific area of care. For evaluation of complaints and, if authorized for investigation, the review of the completed investigations, the Commission has a number of options. The Commission can lean on members who have experience in adjacent fields of care, commission members who have experience in administrative roles involving that field of care, or it can hire a clinician from outside the Commission's ranks to review the investigative report and provide a recommendation.

All of these options can have drawbacks, so the Commission routinely brings on board pro tem commission members who have clinical experience in areas where it receives complaints and there is not necessarily an active commission member with extensive underlying experience. For example, over the past four years, the Commission has been fortunate to have an ophthalmologist in its pro tem ranks. As a result, the Commission members will hold off on opening complaints that come through until their pro tem colleague has an opportunity to review the complaint. There are several other areas of clinical care where it would be helpful to have clinicians, so if you are a urologist, radiologist, psychiatrist, general surgeon, or an orthopedic surgeon, please reach out to either myself or the Commission's program manager, Amelia Boyd ([amelia.boyd@wmc.wa.gov](mailto:amelia.boyd@wmc.wa.gov)). We would love to talk to you about working with the Commission.

### Ongoing Clinical Fraud

There was a recent article in the Washington Post that highlighted a troubling trend. In the September 5 online version of the New York Times and reprinted in the September 14 online edition of the Seattle Times, there was detailed account of a number of physicians who had their name attached to advertisements without their knowledge or consent. Several appeared on YouTube, but they also appeared in multiple other social media environments. Several used an AI-generated voice of the purported physician in pursuit of selling merchandise, nutritional supplements and even spinoff versions of books authored by physicians. Perhaps one of the most troubling aspects of the article was the relatively unsuccessful attempts by the actual physicians to have their names, images and likeness removed from the advertisements. [As recounted previously](#), the Commission has had its own issues with individuals impersonating Commission staff in an effort to get physicians and physician assistants to wire them money. The article raises more issues than it does talk about a regulatory effort or even framework to address this sort of fraud, but it merits monitoring.

### Fiscal Year 2025 (FY25) Licensing Trends

I wanted to also provide the briefest of overviews on the state of the MD and PA workforce from a numbers perspective. Some of this information can also be found on the Commission's website as part of our [annual fiscal-year-end performance report](#). Included in this report is a snapshot of some demographic information that might be interesting ([Page 15](#)). The report breaks down the type of practice model that most physicians and physician assistants practice in and well as average age and top specialties.

On this note, here are the numbers from FY25 from a licensing perspective in terms of new licenses issued in Washington:

