



What happens when you get a letter from the Commission

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If you are a practicing MD or Physician Assistant (PA) for long enough, there comes a time when you may receive notice that a complaint has been made against you. Do you know what this means? Do you know what your next steps are? Is this possibly the end of your career? This article will help you to know what to do should this occur and, hopefully, will slow your pulse and reassure you that the sky is not falling, it is not the end of your career, and it is even possible to use this event as a steppingstone to improve patient care and advocacy for the PA profession.

First things first. Understand that the Commission is there to help you find out what went wrong, correct the problem and resume your care of patients, all without making the issue a public one. Most providers are surprised when they find out a complaint has been made and are eager to clear up their record or make amends with the patient to avoid harsh feelings or any negative blowback in the future. This is often where things diverge. Complaints can include everything from perceived rudeness, poor technique to allegations of sexual assault. While our response to these different scenarios will depend on the complaint and the circumstances involved, one thing that seems to be common in ALL complaints is poor communication with the patient.

Many complaints may have been avoided by good communication with the patient. This can be communication about the billing process, appointment intervals, upcoming tests or labs and their results, and of course procedures or surgeries that are performed. Talking with the patient through any procedure is a good way to avoid imperceptions on the patient's behalf. Ensure that the patient understands what you are doing and allow the patient time to ask questions.

This is extremely important with any sensitive procedures being performed in the office. Sexual assault is, unfortunately common among many men, women and children in our country. Learning to perform a mindful examination that empowers the patient to feel free in communicating with you as the provider and allows the patient agency to stop the procedure, if it becomes too difficult for them to tolerate. Thinking that if you just perform the procedure quickly and completely to get it over with, is not a good approach and has often led to trauma for some patients, which can expose you to a valid complaint.

Even if the complaint is not related to a procedure, it is your responsibility to find out what actions may have put you in this position, if only to avoid similar complaints in

the future. If the complaint stems from past experiences for the patient, was there something you may have been able to say or do to put that patient at ease, or encourage them to voice their concerns? Effective and empathetic communication can facilitate strong bonds with your patients, building trust going forward. I will say this once: a patient that trusts you will never file a complaint against you.

Timely documentation is another common complaint. If you have not documented the visit, it has not been done. It is as simple as that. Missing documentation slows billing, and the patient is not aware of the next steps if there is no record of what happened. Further, the longer it takes you to document the visit, the more information slipping from memory and eroding the accuracy of that information. Try to remember that you are making a scientific documentation of this patient's condition and detailed facts are imperative.

So, for whatever reason, you have received a complaint. Try to remember the encounter as best as you can and be honest with yourself about the interaction. If there was something you could have done better, it is in your best interest to address it. This is how good providers become great providers, through learning from their mistakes. You cannot learn from your mistakes if you don't recognize your role in the mistake.

The Commission has investigators who will utilize, among other things, documented patient information to support or invalidate the claim being made against you. This is yet another reason to keep your documentation accurate and timely. If you have made an error that is not a pattern, the Commission will likely send you a letter emphasizing where you could benefit from additional knowledge, they can also send you information on where to access additional courses to sharpen skills where needed.

Should the investigation show a pattern of behavior or skill deficiency, the commission will authorize a stipulation to informal disposition or STID. When a pattern of behavior is noted, or sometimes when an infraction is egregious (rare), the medical commissioners will talk amongst themselves to determine if this was an understandable mistake and what courses or additional knowledge is needed to prevent continued errors going forward. There may be fine associated with the infraction, and you may be required to attend classes or access an educational and write a scholarly paper about how this information can benefit you and your patients going forward.

Should you ever be notified of a complaint, you should do your best to gather as much information about the encounter as possible. Be honest about your role in the issue and be willing to take the needed steps to prevent similar events in the future. You will be allowed to explain your side of the story and we look carefully at the situation, the patient and any external circumstances that may have played a part in the incident.

As a medical commissioner, who has gone through this process myself, I can honestly say we want the process to be as quick and comfortable as possible and we concern ourselves with your opinion on the process, as we are constantly working to improve our process to better serve you.

This article is already long enough, but I also wanted to add that should you go through the disciplinary process, I encourage you to consider preparing a presentation about the nature of the complaint and what you learned. You will cement the learning into your practice and encourage others to avoid the same issue. You can turn this otherwise frightening event into a bedrock foundation for your continued practice. Think about it.

Scammers Continue to Impersonate the Medical Commission Gina Fino, MD WMC Medical Consultant

Getting a phone call from the WMC, not anyone's idea of fun and may be a scam. As an active licensee who is on the staff of the WMC, I speak to other Commission staff every workday. I have direct knowledge and experience of how the WMC works. Yet, if I received a phone call about my license from someone claiming to be the WMC, I'm sure my stomach would start to churn. I share this to show that a quick, instinctual response to such a phone call can occur before any processing of the situation. Scammers are counting on this visceral reaction and will use it to their advantage.

The WMC is aware that scammers are still contacting practitioners using the WMC phone number and other contact information. The most important thing to know is that the WMC will never ask you to respond to an inquiry urgently.

Also, you can call the WMC at 360-236-2750 to confirm that the WMC has reached out to you. Visit our web page for more information on what you need to know to avoid scammers: [Scammers Continue to Impersonate State Regulators: What You Need to Know.](#)

Remember to protect yourself by:

1. Never click on links or download suspicious attachments
2. Don't fall prey to a manufactured urgency. A vital component of this fraud is the urgency of request or demand. If you are contacted by a regulatory agency, you will have a legally protected amount of time to respond
3. If you suspect that you are being contacted by a fraudulent regulator, you can verify the request with the WMC by calling: (360) 236-2750
4. Restrict your personal information online. Scammers leverage personal information from social media accounts or other public forums

