



Case Disposition:

The Third Act in our Behind the Curtain Series

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The case disposition phase starts once an investigation is complete and the case is sent to the Legal Unit to process it to its ultimate resolution. This process begins by assigning a case to a Reviewing Commission Member (RCM) and a staff attorney.

For standard of care cases, we try to match cases to clinical RCMs who possess the same or similar medical specialty as the issues raised in the case, so they understand the standard of care and known complications. If we do not have a commissioner with the same or similar specialty, the assigned RCM may request an expert review to help them understand the medical/care issues. We assign non-standard of care cases, such as allegations of fraud, inappropriate advertising and out-of-state actions to public members. Cases regarding [allegations of sexual misconduct](#) are assigned two RCMs, one who is a clinician and one public member.

The assigned RCM reviews the investigation report and works with a WMC staff attorney to review the allegations. The report includes: the information gathered during the investigation, the response provided by the respondent regarding the allegations and any other evidence, such as medical records, scans, etc. Using their clinical knowledge, commissioners assess whether the respondent met the standard of care or may have violated any section of the Uniform Disciplinary Act ([RCW 18.130.180](#)). The RCM then presents the case to a panel of commissioners usually during one of the regularly scheduled WMC meetings. This panel is comprised of three public members, one physician assistant and either six or seven physicians (there are 13 total appointed physician commissioners, so one panel has six physicians and one has seven). After a discussion of the allegations and the gathered evidence, this panel decides whether to take disciplinary action or close the case.

There are three basic options should the panel decide to take action against the respondent: a stipulation to informal disposition (STID), issuing a statement of charges (SOC) or taking a summary action that could include a practice restriction, a suspension of the license or revocation of the license. This last option is used when the panel determines that there is immediate danger to the public if the respondent continues to practice without some sort of limitation.

All these actions are reportable to the National Practitioner Data Bank.

What is a STID?

A STID is used when the WMC and the Respondent agree or “stipulate” that the allegations can be addressed without a hearing. The entire process is done in-house, with no involvement of a Health Law Judge or Assistant Attorney General. A WMC staff attorney talks to the respondent and their counsel to negotiate the STID.

The stipulation contains:

- A statement of the allegations that led to the filing of the complaint;
- The act or acts of unprofessional conduct alleged to have been committed or the alleged basis for determining that the Respondent is unable to practice with reasonable skill and safety;
- A statement that the stipulation is not to be construed as a finding of either unprofessional conduct or inability to practice;
- An acknowledgment that a finding of unprofessional conduct or inability to practice, if proven, constitutes grounds for discipline;
- An agreement on the part of the respondent that the sanctions in RCW [18.130.160](#), except RCW [18.130.160](#) (1), (2), (6), and (8), may be imposed as part of the stipulation;
- No fine may be imposed, but the WMC may request reimbursement of some of the costs of investigation and processing the complaint up to an amount not exceeding one thousand dollars per allegation; and
- An agreement that the WMC will forego further disciplinary proceedings concerning the allegations covered by the stipulation.



What is a SOC?

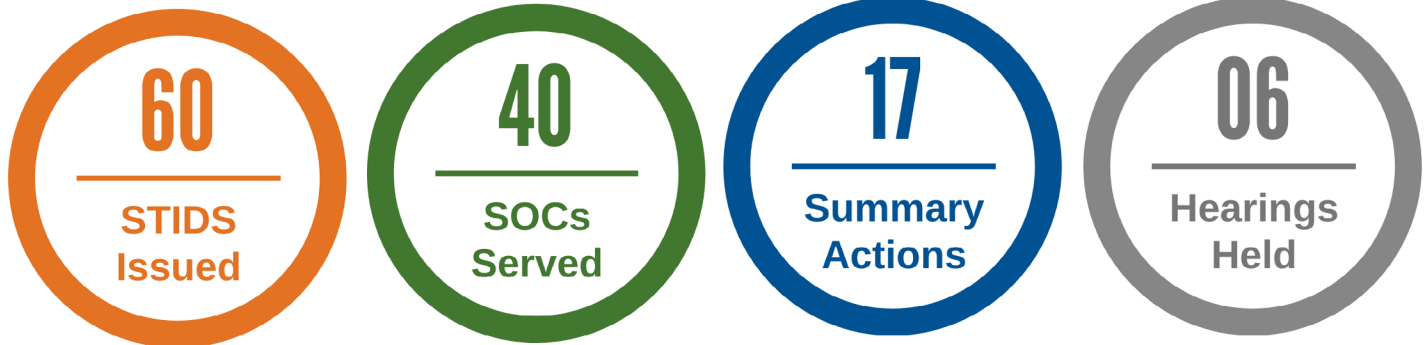
In some cases, the WMC will issue a formal statement of charges (SOC) against the respondent. Issuing a SOC is a formal process that involves more participants but provides the respondent with procedural and substantive protections.

- The statement of charges provides notice that the respondent can request a hearing to contest the charge or charges in front of a WMC panel.
- The additional participants include a health law judge, an Assistant Attorney General to present the WMC's case and, if the allegation includes practice below standard of care, an expert to review the care and offer an opinion.
- Respondents have the right to meet with the RCM in-person to discuss a settlement. If the case is resolved through settlement – the resulting document is referred to as an Agreed Order.
- If the case goes to a hearing, the hearing panel made up of commission members decides whether to take any action or close the case and their decision is memorialized in a Final Order.

Once the case has been resolved through a STID or SOC, if any action was taken against the Respondent, the case moves on to the final step in our complaint process – compliance. Compliance will be reviewed in the last article in this series.

Case Disposition Statistics

July 1, 2020 - June 30, 2021



PMP-EHR Integration Mandate

During the 2019 Legislative Session, the legislature passed [Substitute Senate Bill 5380](#), which included the addition of [RCW 70.225.090](#). Specifically, the bill requires that facilities, entities, offices, or provider groups **with ten or more prescribers**, that are not critical access hospitals, must demonstrate the ability to integrate their Electronic Health Records (EHR) systems with the Prescription Monitoring Program (PMP). The bill directs the department to develop a waiver process for this integration requirement. There are currently two ways to integrate a Health Care Organization's EHR with the PMP: the state's Health Information Exchange, OneHealthPort (OHP), and approved direct integration options, such as Bamboo Health's (formerly Appriss Health) PMP Gateway.

- If you wish to get more information on integrating your organization's EHR through OHP you can fill out [OHP's HIE Support Request form](#). For PMP integrations select "Other" in the form and indicate you are interested in PMP integration. Someone from OHP will reach out after the form has been submitted.
- If you wish to get more information on integrating your organization's EHR through Bamboo Health's PMP Gateway please visit the [Appriss Health PMP Integration Request](#) page and fill out the form on the right-hand side. Once the form is submitted you will receive an email inviting you to register for a product overview webinar. If you have questions about the integration process or specific questions about PMP Gateway, please reach out to AccountSupport@apprisshealth.com.

Please note: The waiver rules are still in development although we expect them to be finalized very soon. Once the rules are finalized the waiver forms will be sent out through GovDelivery and will be available online. The Secretary has waived compliance with the PMP-EHR Integration mandate until January 1, 2022.