UPDATE!

Washington Medical Commission Vol. 9, Spring 2019

Message From The Chair

Alden Roberts, MD, MMM, FACS

In this edition of UpDate!, I'd like to talk about what happens after a complaint gets opened by the Case Management Team (CMT) for investigation. If you recall from the last UpDate!, the CMT is composed of 3-4 Commissioners, all but one of whom are clinicians, and that about half of the complaints received by the Medical Commission do move forward to a full investigation. The investigative process, once initiated, is complex, interactive, time consuming and may be as disruptive to the involved clinician as a malpractice action.

When a case is opened, commission staff matches an investigator, a staff attorney and a Reviewing Commission Member (RCM) to the case. The RCM is determined by the Medical Commission's medical consultant (a physician). Very soon thereafter, the MD or PA about whom the complaint has been lodged (the Respondent) will receive notification of the investigation. The investigative process is very thorough and can take several months.

The Investigator

An investigator is chosen based on the nature of the case. For a complaint regarding clinical care, the investigator will have a clinical background. We have investigators who are RN's, PA's and MD's. For complaints regarding sexual misconduct, boundary violations, patient abuse, drug diversion, criminal activity and other unethical or unprofessional behavior, investigators who have backgrounds that are appropriate to the complaint nature are assigned. The role of the investigator is to work with the staff attorney and the RCM to gather whatever information is necessary for the RCM to thoroughly review and understand the case from both the Complainant's and the Respondent's perspective. In addition, the investigator attempts to get a waiver from the Complainant allowing the release of the Complainant's identity. Statute demands that a complainant's (whistle blower) identity must be kept secret unless that privilege is waived. If the Complainant refuses to release their identity, the case can

The Medical Commission uses its disciplinary authority to prevent future harm and improve medical practice. It has no legislative mandate or appetite for punishment.

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WMC Mission

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

be VERY difficult to investigate and may be closed if the investigation would allow the Respondent to identify the Complainant. Early in the investigation, the investigator sends a "letter of cooperation" to the Respondent requesting a response to the allegations and usually posing several specific questions to be answered relating to the complaint. A timely response to this letter is required. It is worthwhile to be as cooperative as possible with an investigator.

The Staff Attorney
The role of the staff attorney is to ensure that our processes are followed from a legal prospective. Should a disciplinary action be required, they help place the recommendations of the Medical Commissioners into a legal format and ensure due processes is maintained.

The Reviewing Commissioner
The RCM is chosen based on their experience and specialty as it relates to the case allegations. For cases that involve possible sexual misconduct, two RCM's are assigned, a public member and a clinician, both of whom have had additional training in how to assess this type of complaint.

The RCM may make requests for information from the investigative arm of the Medical Commission, but commissioners don't perform their own investigation. The RCM will review all available material, including the complaint, the Respondent's statement, chart notes, and anything else that might be useful to determine if the complaint should be closed or if a disciplinary action is required. This may be several thousand pages of data for each case and may take many hours to review. After the review has been completed, the RCM makes a detailed presentation to one of two panels of commissioners at the Medical Commission meeting. The Medical Commission meets approximately every 6 weeks, so this can add up to two additional months to the process.

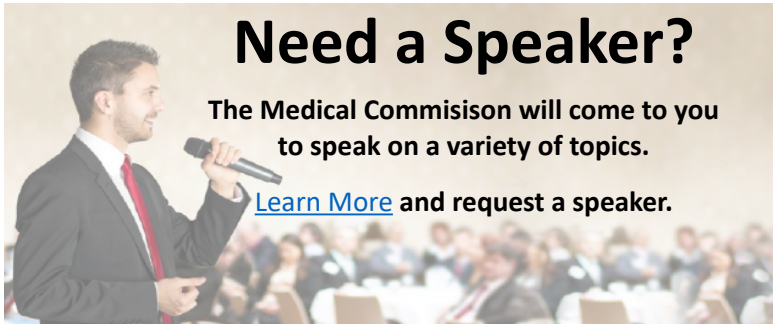
The Reviewing Panel of Commissioners
The panels are composed of 10-11 commissioners. Each panel has a PA, three public members, and six or seven MD's of various specialties. After the RCM presents the case, the panel discusses it thoroughly. The RCM often makes a recommendation regarding closure or disciplinary action to the panel, but it is these panels that make the decision to close a case or to pursue disciplinary action. The panel does not always follow the RCM recommendation, which may be altered during the discussion process. The panel can request additional information and/or an expert review, deferring the final decision until the additional information is available.

The Medical Commission takes all complaints seriously, so if you are notified that a complaint about you is being processed, you should also treat the matter seriously. Although few complaints result in disciplinary action (7% last year), such actions are reported to the National Practitioner Data Bank and may adversely affect your board certification or career. Occasionally, a disciplinary action ends a career. You may or may not choose to retain an attorney, and if you do, your malpractice insurance usually pays the attorney fees. The legal ramifications of the process are arcane and having good counsel can be both helpful and reassuring. Normally, we request a response to the letter of cooperation within two weeks of receipt. Failure to respond is an infraction that will result in a disciplinary action.

The Medical Commission closes the majority of cases that it investigates as having been within the standard of care. The Respondent's statement can help support such a result. Provide the Medical Commission with an honest, thoughtful assessment of care provided and try not to sound defensive or hostile. If you have recognized that something potentially preventable happened, related to your own actions or "system" issues, and have already taken steps to prevent recurrence, describe what you have done. Relate how you communicated with the patient and family about the problem. If it is clear to you that a reasonable investigation will show that you made a mistake, take accountability for that mistake and tell the Medical Commission what you've learned, what you've done to educate yourself and others, and what steps you've taken to help others not make the same mistake. Understand that a malpractice settlement or finding in favor of the plaintiff does not necessarily mean that the Medical Commission will initiate disciplinary action – the Medical Commission does its own investigation and trusts its own experts.

How long is the process likely to take from beginning to end? With cases that are closed after an investigation, the average time is 232 days or almost 8 months, ranging from 21 to 969 days. The process is longer if a disciplinary action has been recommended, depending on the nature of the action. More often than not, a disciplinary action that has been authorized by one of the panels, but contested by the respondent, will require an outside expert in the field to assess the facts of the case.

In summary, complaints happen and the Medical Commission is required to assess them, in accordance with statute, in order to protect the public. The Medical Commission uses its disciplinary authority to prevent future harm and improve medical practice. It has no legislative mandate or appetite for punishment.



Letters from the Legislature

WASHINGTON Medical Commission
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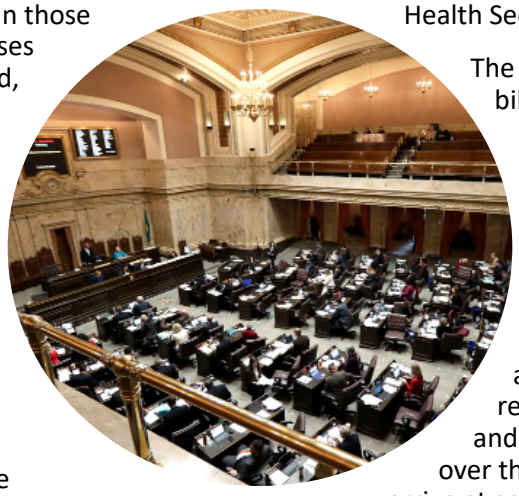
Micah Matthews, MPA

Deputy Executive and Legislative Director

It is a new year and since the number is odd (as opposed to even) we are in a long, 105-day session in Olympia. Bills are introduced in several methods, but prior to the start of session, bills may be pre-filed through the month of December. Those pre-filed bills, in combination with the near frantic rate of bill introductions up to this point, sets the stage for a taxing session from the standpoint of labor expended. We all look forward to the first cutoff dates which makes most of the bills we track effectively dead in the process. This allows us to focus on those bills that have a higher chance of passing, for better or worse.

Your Washington Medical Commission (WMC) is hard at work watching introductions, analyzing bills and working with stakeholders and policy makers. We also offer opinions or positions based on WMC adopted policies, guidelines, and rules. For those bills that are not addressed by existing WMC policies, we work with a committee of Commissioners to understand how the WMC would view a bill should it pass. In those situations, the WMC prioritizes responses if patient safety would be compromised, if it would impact the practice environment for our licensees, and the ability to implement the bill should it become law. Legislators introduce and sometimes pass bills that are impossible for state agencies to implement more often than you would think.



Some of the bills we are watching range from scope expansion of naturopaths to eye exam technology through telemedicine to making female genital mutilation a crime and unprofessional conduct.

Some bills of note this year:

- HB 1198 would require those practitioners disciplined for sexual misconduct violations under WMC rule to notify their patients prior to being seen after the discipline is imposed.
- HB 1049 would expand whistleblower protections under Washington law for complaints about healthcare services.
- Balanced billing has four bills working to outlaw the practice. The WMC is publically neutral but has ongoing concerns about the potential for practitioners being subject to potential discipline over billing issues.
- HB 1630 expands the scope of naturopaths and would require them to have a collaboration agreement with MDs and DOs in order to prescribe controlled substances..
- HB 1331 is the Governor's omnibus opioid treatment and prevention bill.
- Senate Bills 5386, 5387, and 5389 attempt to provide clarity and incentives for use of telemedicine.
- SB 5846 creates a workgroup to recommend a pathway for international medical graduates to match with a residency in Washington.
- HB 1638/SB 5841 would limit personal and religious exemptions to the MMR vaccine. The WMC is publically supportive of both of these efforts. You may have seen WMC's Dr. April Jaeger on the news after the HB 1638 hearing during a press conference with Health Secretary Weisman.

The WMC is active in supporting several bills this year:

- SB 5411 makes changes to the physician assistant regulations through deregulation of the review, changing terms for delegation agreements and supervising physicians, and moving the 117 osteopathic PAs under the WMC. This administrative simplification should reduce regulatory burden on PAs, MDs, and their practices. The WMC worked over the past year with WSMA and WAPA to arrive at agreeable language.
- SB 5764/HB 1548 changes the name in law from Medical Quality Assurance Commission to Washington Medical Commission, which is our request. This is based on feedback from stakeholders, national interest groups, licensees, and patients over the past three years. The feedback shows that patients will better understand services available and stakeholders who should be working with WMC will recognize the need to engage with us.

This is all just a snapshot in time and there are more steps to passing a bill than I have space for in this column. If you want to read about the details of the process, here is a good starting point.

WMC Tackles Key Barrier to Physician Wellness

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Chris Bundy, MD, MPH

Executive Medical Director Washington Physicians Health Program

Danielle [1] is a 3rd year medical student applying for family medicine residency. She is pretty sure that she is depressed and it seems to be getting worse. She is good at hiding her symptoms from peers and attendings, but lately she feels so overwhelmed by the residency application process that she wonders if she might be better off dead. Danielle is thinking about seeing someone for her depression but is worried about how that will impact her ability to get a medical license in the future. She is afraid of having to disclose mental health information to the medical board but also does not want to be dishonest on her application. She thinks maybe she can wait out her depression and avoid the issue altogether.

Gabe [1] was diagnosed with a moderate alcohol use disorder in his internship year. Following treatment and monitoring by the state physician health program, Gabe has been in sustained remission for 2 years and is doing well in his surgical residency. He is applying for his state medical license which asks if he has ever been diagnosed with a condition that could impair his ability to practice safely. He's not sure about the intent of the question or how he should answer.

Fear of disclosure of mental health or substance use disorder information and how that might affect licensure is a ubiquitous impediment to seeking treatment when health professionals need it, especially among medical students and residents who have never been previously licensed [2-4]. Following the suicides of two residents in New York in 2014, the American Medical Association (AMA) Council On Medical Education released its initial report, "Access to Confidential Health Services for Medical Students and Physicians," which called on medical schools and training programs to improve anonymous access to mental health and substance use disorder treatment and asked state medical boards to provide "safe haven" provisions on licensing applications for physician health program participants. In 2016, the AMA went further and amended the report to discourage state medical boards from asking questions about past mental health diagnosis and treatment, mirroring the American Psychiatric Association Position Statement on Inquiries About Diagnosis and Treatment of Mental Disorders in Connection With Professional Credentialing and Licensing [5]. In 2018, the Federation of State Medical Boards (FSMB) followed suit and encouraged state medical boards to carefully review application questions and consider either eliminating questions specifically related to mental health and substance use disorder diagnosis or modifying such questions to address current impairment rather than broadly probing for current or past illness or treatment. In addition, the FSMB echoed the call for safe-haven provisions for physician health program participants [7].

Following the AMA call to action for medical boards to reform their licensure questions, the Washington Physicians Health Program (WPHP) joined with the Washington Medical Commission to undertake a review of the Washington application. Fortunately, Washington was among about a third of states that already had medical license application questions (MLAQ) that met the minimum criteria consistent with existing recommendations and the Americans with Disabilities Act of 1990 [4,6]. However, WPHP and WMC aspired to go beyond the minimum and reform the MLAQs to reflect best practices among medical regulators nationally. As the result of this 18-month effort, four key changes to the MLAQ's were implemented in December 2018 for both the initial licensure application and on the updated renewal application:

- The definition of "currently" in relation to an existing health condition was modified to only include the prior 6 months (previously it had been within the past 2 years).
- Questions specifically asking about the impact of treatment or work accommodations on safety to practice were eliminated.
- Questions regarding diagnosis of paraphilias were removed.
- A safe-haven provision was added to the application instructions such that individuals known to WPHP may answer "no" to the item related to health impairment [8].

New Benefits to The Applicant

- **An application process that does not deter highly qualified physicians from applying for licensure.**
- **Applicants no longer having to disclose mental health or substance use disorder information to us due to the "safe haven" provisions on licensing applications and renewals.**

This reform has been such a triumph for Washington and I would urge other medical boards across the nation to do the same.
~Kimberly Romero, WMC Licensing Manager

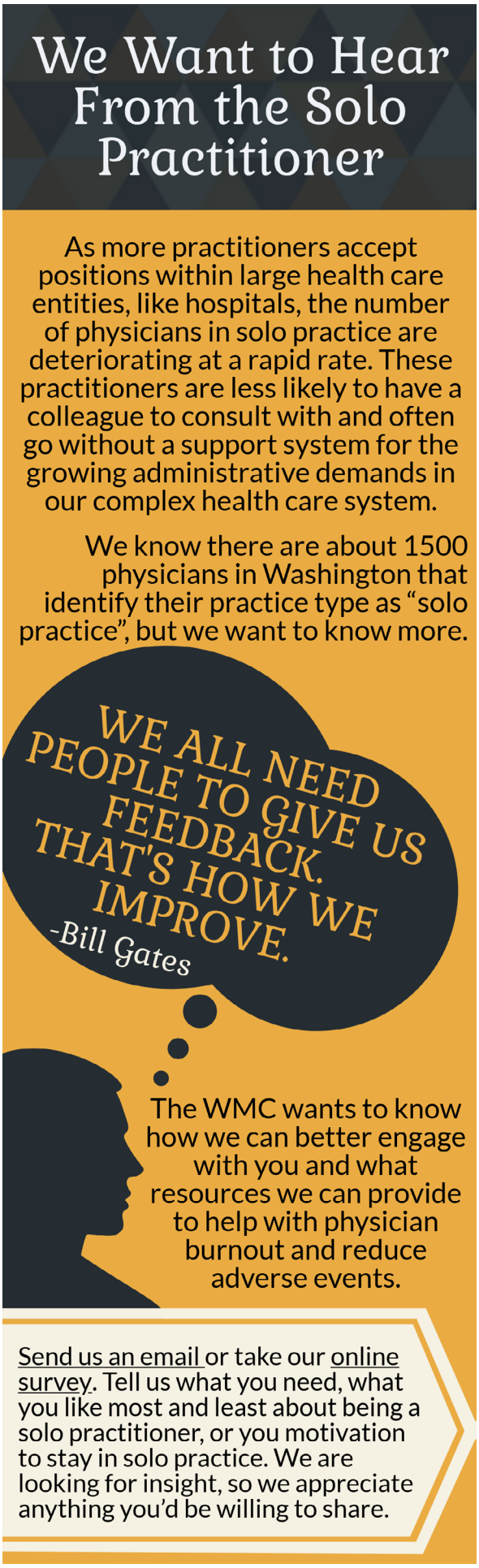
WMC Tackles Key Barrier to Physician Wellness

WPHP is ever grateful to the WMC Licensing Application and Renewal Review Committee for their thoughtful efforts in bringing about these important changes. Members of the committee included Robert Small, MD (Chair), Harry Harrison, MD, Claire Trescott, MD, Jim Rooks, MD, Kim Romero (Licensing Manager), and Melanie de Leon (WMC Executive Director). While the role of regulator can often be thankless, it is nonetheless critical. It is in these moments, when the WMC's kindness, concern, and commitment to the medical profession is unmistakably revealed, that I truly appreciate what a remarkable resource we have in our Commission and its staff. In tackling this barrier to wellness, the WMC has taken meaningful and practical action to encourage folks like Danielle, Gabe and countless others to obtain needed care before it's too late while paving the way for other medical boards across the nation to do the same. Bravo!

References

1. Danielle and Gabe are fictional characters. Any resemblance to actual individuals is purely coincidental.
2. Gold KJ, Andrew LB, Goldman EB, Schwenk TL. "I would never want to have a mental health diagnosis on my record": A survey of female physicians on mental health diagnosis, treatment, and reporting. Gen Hosp Psychiatry. 2016;43:51-57.
3. Gold KJ, Shih ER, Goldman EB, Schwenk TL. Do US Medical Licensing Applications Treat Mental and Physical Illness Equivalently? Fam Med. 2017;49(6):464-467.
4. Dyrbye LN, West CP, Sinsky CA, Goeders LE, Satele DV, Shanafelt TD. Medical licensure questions and physician reluctance to seek care for mental health conditions. Mayo Clin Proc. 2017;92(10):1486-1493.
5. Moran M. AMA to state medical boards: don't ask about past mental illness. Psychiatric News December 9, 2016. Available at: http://psychnews.psychiatryonline.org/doi/full/10.1176%2Fappi.pn.2016.12b6. Accessed: January 28, 2019.
6. Jones JTR, North CS, Vogel-Scibilia S, Myers MF, Owen RR. Medical Licensure Questions About Mental Illness and Compliance with the Americans With Disabilities Act. J Am Acad Psychiatry Law. 2018 Dec;46(4):458-471.
7. Federation of State Medical Boards. Report and Recommendations of the Workgroup on Physician Wellness and Burnout. April 2018. Available at: http://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf Accessed: January 28. 2019.

"Known to WPHP" means the individual has informed WPHP of their behavior or condition and the individual is complying with all of WPHP's requirements for evaluation, treatment and/or monitoring.



Rulemaking Efforts

WASHINGTON Medical Commission
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Amelia Boyd

Program Manager

Engrossed Substitute House Bill 1427

Opioid Prescribing & Monitoring

Engrossed Substitute House Bill (ESHB) 1427 was passed by the legislature on May 16, 2017. The bill concerns opioid treatment programs and mandates that the WMC adopt rules for both allopathic physicians and physician assistants. On August 22, 2018 the WMC adopted new rule language as required by ESHB 1427. The CR-103 was filed as WSR #18-23-061 on November 16, 2018. The rules were effective January 1, 2019. For more information about these rules, please visit our website.

If you are part of a health care organization, hospital, association or patient group, request an educational presentation for your organization through the Medical Commission Speaker's Bureau.

To learn more about ESHB 1427 please visit the bill summary page.

Chapter 246-919 WAC

The CR-101 for Chapter 246-919 WAC was filed with the Office of the Code Reviser on January 2, 2018 as WSR #18-02-079.
The WMC is considering updating the chapter to more closely align with current industry standards and provide clearer rules language for licensed allopathic physicians. In addition, RCW 43.70.041 requires the Medical Commission to review its administrative rules every five years to ensure that regulations are current and relevant.

Rule amendments being considered will potentially benefit the public's health by ensuring participating providers are informed and regulated by current national industry and best practice standards.

For more information on this rule, please visit our rulemaking site.

Clinical Support Program

The CR-101 for WAC 246-919-XXX Physicians and WAC 246-918-XXX Physician Assistants was filed with the Office of the Code Reviser on February 22, 2018 as WSR #18-06-007. The WMC is considering creating two new rule sections, and revising related rule sections as appropriate, to establish a clinical support program (program), its criteria and procedures for allopathic physicians and physician assistants. The intent of the program is to assist practitioners with practice deficiencies related to consistent standards of practice and establish continuing competency mechanisms that will protect patients proactively through a plan of education, training and/or supervision. The WMC may resolve practice deficiencies through the program at any point in a practitioner's period of licensure.

The program would allow for quick identification of issues requiring clinical support, through practitioner or employer inquiry, referral, and including complaints that may not rise to the level of a license sanction or revocation. These issues could be resolved with voluntary participation from the allopathic physician or physician assistant in the program. The WMC is considering education, training, supervision, or a combination of the three as part of the program. Issues appropriate for clinical support would likely include, but are not limited to, practice deficiencies such as a failure to properly conduct a patient assessment or document treatment. This also allows an allopathic physician or physician assistant a structured process to quickly improve his or her clinical skills.

Finally, participation in this program places the WMC in an active patient safety role.

For more information on this rule, please visit our rulemaking site.

For continued updates on rule development, interested parties are encouraged to join the WMC rules GovDelivery.

For information as it happens follow us on Facebook and Twitter @WAMedCommission

PA News: Knoweth Thine Pain Rules

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James Anderson, PA-C
Physician Assistant Member

The Washington Medical Commission (WMC) Pain Rules were recently revised at the direction of the state legislature. I'm surprised when I talk to PAs, MDs, residents, and PA students how many providers and providers-in-training lack basic knowledge about the new pain rules, or even how to find them. For any PA/MD who will ever prescribe even a small amount of opioid medication, knowledge of, and skill at accessing the pain rules is simple, important and a protective step for prescribers. Having this knowledge can be protective for the provider. Put another way, it can help PAs and MDs stay out of trouble, while most importantly providing safe and effective care for patients who require opioid therapy.

The recent revision of the state pain rules was the result of a lengthy and rigorous process. It included input from a wide array of departments, associations, and institutions, with the primary drivers being practicing clinicians. As someone who participated, I was very impressed by the attention to detail of those participating. Particularly striking was the input from members of the community who suffer from chronic and intractable pain. Their input was moving, and it was clear from the beginning of the process that it was also highly valued by those making decisions about pain rule modifications.

Finding information about the pain rules for prescribers isn't difficult and doesn't take much in the way of internet navigation skills to find them. Perhaps the simplest internet search strategy is to enter "DOH Pain Rules" into a browser and follow the trail for a few clicks until you find the Washington Medical Commission Pain Resources web page. The preceding highlighted link will take you directly there. And for those of use who don't like to click on highlighted text, this shortened address will also get you there: www.bit.ly/dohpainrules2019.

There are several new changes to the pain rules, and the WMC resources include one-page summaries, FAQs, and other summarizing resources which can be very helpful for prescribers looking for quick information. The WMC will also come to your organization and provide a presentation on the new rules and answer your questions if you send us a request email.

I'm also a big fan of the state's AMDG guidelines on prescribing pain. These are different than the pain rules, and as such are guidelines vs rules. They provide an excellent road-map for how to do the right things in the right way, supporting safety for patients and prudence for prescribers. The AMDG guideline, as well as other helpful resources, can be found here.

WMC 2019 Educational Conference

"Health Care's Role in Achieving Social Change"

October 4-5, 2019 Seattle

This year our conference will center on topics that achieve social change, including:

- The role of the clinician in gun safety
- Health equity
- Social inequalities, poor health and the primary care provider
- Creating community partnerships to improve health outcomes
- Practicing medicine in underserved areas
- Legislative update on opioids & cannabis
- Honoring choices at the end of life
- Parental resistance to childhood immunizations

Call for Abstracts

If you have experience with achieving social change, health equity or serving an underserved population, we invite you to submit an abstract via email.

Legal Actions

WASHINGTON Medical Commission
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November 1, 2018 – January 31, 2019

Below are summaries of interim and final actions taken by the Medical Commission. Statements of Charges, Notices of Decision on Application (with exceptions), Modifications to Orders (with exceptions), 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	Commission Action
Summary Actions				
Ahsan, Muhammad MD00040932 Out of state	Ex Parte Order of Summary Action - Suspension	12/19/18	Allegations that Respondent's license to practice medicine was suspended by the Michigan Medical Board on November 30, 2017.	Suspension.
Reese, Susan MD60754962 Out of state	Ex Parte Order of Summary Action - Suspension	11/07/18	Alleged failure to comply with a WMC order.	Suspension.
Travis, Dane MD00033916 King	Ex Parte Order of Summary Action - Suspension	01/14/19	Alleged negligence, boundary violations, and sexual misconduct.	Suspension
Interim and Formal Actions				
Allen, George MD00042579 Clark	Interim Stipulated Order	11/15/18	Alleged moral turpitude and alleged restriction of license to practice medicine by the Oregon Medical Board in May 2018.	Agreement not to practice medicine in the state of Washington pending final adjudication by the WMC.
Dillinger, Donald MD00017867 Snohomish	Modified Final Order	10/31/18	Respondent negligently managed chronic pain patients.	Voluntary surrender of license.
Dosumu-Johnson, Thomas MD60637953 Out of state	Agreed Order	01/28/19	Misrepresentation and failure to cooperate with WMC investigation.	Non-practice agreement and agreement not to renew or reactivate in future, and $5,000 fine.
Godec, Jeanine PA10002279 Out of state	Agreed Order	12/14/18	Respondent negligently managed chronic pain patients and illegitimately possessed and used controlled substances.	Indefinite suspension.
Myers, H. Peter Koenen MD60236896 Pierce	Final Order - Default	01/22/19	Respondent's license to practice medicine was restricted by the Oklahoma State Board of Medical Licensure in January 2017.	Indefinite suspension.
Pappenheim, John MD60621748 Out of state	Final Order - Default	12/21/18	Respondent's license to practice medicine was restricted by the Alaska State Medical Board in August 2017.	Indefinite suspension.
Rendleman, Neal MD00030359 Out of state	Corrected Final Order - Waiver	01/25/19	Respondent's license to practice medicine was restricted by the Oregon Medical Board in April 2018.	Indefinite suspension.

Legal Actions

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Smith, Jeffrey PA60528565 Clark	Final Order - Waiver	01/10/2019	Respondent was convicted of an alcohol-related gross misdemeanor.	Maintain satisfactory compliance with monitoring program, quarterly progress reports, $2,000 fine, personal appearances, and termination no sooner than five years.
Waliser, Mark MD00025170 Out of state	Final Order	12/10/18	Respondent is unable to practice with reasonable skill and safety due to a health condition.	Indefinite suspension.
Informal Actions				
Bullock, Forrest MD00039448 Out of state	Informal Disposition	01/17/19	Alleged health condition.	No license renewal or reactivation until completing monitoring program assessment and obtaining endorsement, $1,000 cost recovery, and termination after discharge by monitoring program.
Frandsen, Brad MD00029864 Kitsap	Informal Disposition	11/16/18	Alleged failure to send skin lesion tissue for pathological interpretation.	Written research paper, written protocol, personal appearances, and termination no sooner than 9 months.
Gott, Paul MD00039224 King	Informal Disposition	11/16/18	Alleged inappropriate conduct, contact, and statements of a sexual nature during an examination.	Professional boundaries coursework, written research paper, personal appearances, use of chaperones during examinations, $1,000 cost recovery, and termination no sooner than 12 months.
Rana, Hiren MD00022806 Out of state	Informal Disposition	01/22/19	Alleged restriction of license to practice medicine by the Oregon Medical Board in June 2018.	Voluntary surrender of license.
Raskin, Gordon MD00038652 Out of state	Informal Disposition	11/19/18	Alleged restriction of license to practice medicine by the Medical Board of California in August 2016.	Comply with California Board Order, provide notice prior to resuming practice in WA, provide copies of all documents required by and submitted to the California Board, $500 cost recovery, and termination no sooner than termination by California Board.
Seaman, Matthew MD00026490 Yakima	Informal Disposition	01/22/19	Alleged inadequate evaluation of a trauma patient and negligent treatment plan.	Voluntary surrender of license.
Vandenberg, Robert MD00028460 Thurston	Informal Disposition	11/19/18	Alleged inadequate clinical charting and documentation.	Voluntary surrender of license.

Stipulated Findings of Fact, Conclusions of Law, and Agreed Order: A settlement resolving a Statement of Charges, and containing an agreement by the licensee to comply with certain terms and conditions to protect the public.

Stipulated Findings of Fact, Conclusions of Law, and Final Order: An order issued after a formal hearing before the Commission imposing certain terms and conditions to protect the public.

Stipulation to Informal Disposition (STID): A settlement resolving a Statement of Allegations., and containing an agreement by the licensee to comply with certain terms and conditions to address the Commission's concerns.

Ex Parte Order of Summary Action: An order summarily restricting or suspending a licensee's practice of medicine. The licensee has an opportunity to defend against the allegations supporting the summary action.

Members and Meetings

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Medical Commission Members

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Yanling Yu, PhD

Update! Editorial Board

James E. Anderson, PA-C	Micah Matthews, MPA
William Brueggemann, MD	Mimi Winslow, JD
Bruce Hopkins, MD	Jimi Bush, Managing Editor

Meetings and Events

Medical Commission Meeting	
April 11-12	6005 Tyee Drive SW Tumwater, WA 98512
Lunch Presentation: Revocations – When, Why, & How	
April 11 12:30 - 1:30	6005 Tyee Drive SW Tumwater, WA 98512
Medical Commission Meeting	
May 16-17	6005 Tyee Drive SW Tumwater, WA 98512
Medical Commission Meeting	
July 11-12	6005 Tyee Drive SW Tumwater, WA 98512
Lunch Presentation: So You Want to be on a Hearing Panel	
July 11 12:30 - 1:30	6005 Tyee Drive SW Tumwater, WA 98512
Medical Commission Meeting	
August 22-23	6005 Tyee Drive SW Tumwater, WA 98512
Lunch Presentation: Physician Burnout	
August 22 12:30-1:30	6005 Tyee Drive SW Tumwater, WA 98512
Medical Commission Educational Conference	
October 4-5	TBD, Seattle
Medical Commission Meeting	
November 14-15	6005 Tyee Drive SW Tumwater, WA 98512
Lunch Presentation: Medi-Spas & Specialty Clinics	
November 14	6005 Tyee Drive SW Tumwater, WA 98512

All meetings and events are subject to change.

Only certain events are open to the public during the Medical Commission Meetings. Sign-up to have the agenda emailed to you as it becomes available.