



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
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Message from the Chair and Executive Director

No sooner had the Governor signed 4SHB 1103 into law, creating a pilot project for the Medical Quality Assurance Commission, than a transition team, already assembled and waiting in the wings, jumped enthusiastically to the tasks of arranging to collocate the staff, arranging for computers, phones, and other communication support, establishing personnel relationships, and creating a positive forward thinking environment. An interim executive director was quickly selected and a Memorandum of Understanding was developed and sent to the Secretary of Health. In no time, a strategic plan was developed and approved by the commission. It contains aggressive performance measures to improve processes and outcomes. A review of the commission's business practices was begun, and its first decision package (budget) was crafted and submitted through the Department of Health to the Office of Financial Management. From the outset, the Assistant Secretary of Health and so many of the department staff stepped up to provide excellent advice and ongoing support.

Within months, the commission had adopted sanction guidelines that it helped craft for the department, and with which it has been in 100% compliance ever since, a first for the commission and the leader among boards and commissions. A Customer Service Unit was established, and a focused investigation process begun that has significantly improved timelines. Several operating procedures were implemented and an ongoing effort to create standardization and transparency was initiated. Commissioners and the Executive Director began to take a more active role with the legislative process, providing input and testifying on those issues relating to licensure and medical practice. In addition to the legislature, the commission has begun reaching out to many of the constituents it serves, physicians and physician assistants, professional organizations, other boards and commissions, other governmental agencies, and the medical school, and has plans to extend this effort to the public.

Cognizant of fiscal responsibility, a management tool was put into place that allowed the commission to closely monitor budget execution, and successfully complete the year within its budget allocation.

With only one year of the five year pilot completed, the commission is already demonstrating the legislature's wisdom in creating the pilot project, an opportunity for innovation and improvement. A more complete list of accomplishments and performance improvements is provided elsewhere in this report.

Sincerely,

Leslie M. Burger, MD, FACP
Chair

Maryella Jansen
Executive Director



MEDICAL QUALITY ASSURANCE COMMISSION
Update on the Implementation of 4SHB1103

- Sanction Schedule Rules: The sanction schedule rules went into effect on January 1, 2009, as required by Section 12 of 4SHB1103. Adoption of the rules resulted in a marked increase in compliance. In the 11 months since the adoption of the sanction rules, the Medical Commission is 100% compliant applying the rules to its disciplinary orders.
- Cite and Fine: Section 20 of 4SHB1103 authorized the Medical Commission to assess a daily fine against respondents who fail to produce documents or records when requested in writing by an investigator. The Commission has adopted the authority as a tool to assure that respondents cooperate with Commission investigations.
- Show Cause Hearings: Section 6 of 4SHB1103 introduced a new process for summary suspensions. When the Commission summarily suspends or restricts a license, the licensee has the right to a show cause hearing before the Commission to argue that he or she does not represent an immediate danger to the public, and that the summary action should be rescinded or modified. There have been 3 show cause hearings since the law took effect.
- Notices of Decision on Application: Section 19 of 4SHB1103 streamlined the process for denying an application by permitting the Commission to provide written notice to the applicant informing the applicant the application was denied, and providing the right to a hearing on the matter. This replaced the old process which required the Commission to issue a statement of charges and provide a full disciplinary process. The Commission has issued 13 Notices of Decision since July 2008.
- Federal Fingerprint Criminal Background Checks: Criminal Background Checks were implemented January 2, 2009. Information on the first year of criminal background check activities for the Medical Commission will be available January 15, 2010.
- Sexual Misconduct Transfers: Section 5 of 4SHB1103 requires complaints alleging acts of sexual misconduct without clinical expertise or standard of care issues to be transferred to the Secretary of the Department of Health. To date, the Medical Commission has transferred 13 cases to the Secretary. The Secretary returned one case to the Medical Commission after a standard of care issue was identified during the Secretary's investigation.
- Performance Measures: Section 29 of 4SHB1103 required the Medical Commission to negotiate with the Secretary to identify key performance measures related to the following topics: licensing, disciplinary, personnel, budget and regulatory activities. The Commission adopted performance measures for all the topics and is currently applying the performance measures to its activities.