

# Medical Quality Assurance Commission

# Update!

[www.doh.wa.gov/medical](http://www.doh.wa.gov/medical)

Vol. 7, Fall 2017

## Message from the Chair

**Warren B. Howe, MD**

**Chair, Congressional District 2**

Since the last Update! the Legislature has wrapped up its regular session plus two special sessions, and the members have gone home. Aside from budgetary items and adjustments, none of which appear at this time to adversely affect the efficient use of your license fees, there were three measures passed which are significant for your Medical Commission. The “limited license bill” (SB 5413) and the “Interstate Medical License Compact” (HB 1337) were briefly described in the previous Update!. In this column I want to discuss ESHB 1427 (“Opioids – Prescribing – Monitoring – Treatment”) <https://go.usa.gov/xRwTM>. The effect of this bill will be to prompt a lot of work by your Medical Commission and bring considerable new regulation to the prescription of opioids in Washington, affecting essentially every practicing MD and PA.

ESHB 1427 is a response to the current “opioid crisis” which is sweeping the country, causing Governor Inslee to declare the need for priority action to combat its effects in Washington. The statistics are well known and sobering: nationwide in 2015 over 12 million people misused prescription opioids, and over 33,000 died of opioid overdoses (718 in Washington). Approximately half of the deaths resulted from overdosing on commonly prescribed opioids, with the rest caused by heroin overdose.

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## Executive Director's Report: We need your point of view...

**Melanie de Leon, JD, MPA**  
**Executive Director**

We are in the process of revamping our website. It is used by both practitioners and the public and needs to work well for both. I do not want to presume that we know how we can best improve our website for you, so I am asking for your input and feedback. It would be very helpful if you could take a few minutes and complete this survey at <https://goo.gl/forms/JjGaaLEk5EDKwQoo2> to help us better understand your point of view. You may also provide any other helpful comments or suggestions at [medical.newsletter@doh.wa.gov](mailto:medical.newsletter@doh.wa.gov).

What we are looking for:

- What kind of device do you use to browse the internet?
- Do you want a plethora of information or do you want targeted/timely information?
- Have you visited the Medical Commission website looking for information, only to not be able to find it? What information were you looking for? Tell us about that experience.

## Mission

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

The amount of prescribed opioids dispensed in our country has quadrupled since 1999. When I was in medical school, it was taught that opioids were useful drugs to be carefully and sparingly prescribed. Then, during the 1990's, pain became the "5th Vital Sign," an entity to be treated for itself instead of a symptom to trigger evaluation for its cause, and the seeds of the current crisis were sown. For a thoroughly unnerving exposition of how the confluence of pressure for increasingly aggressive pain treatment, profit pursuit by pharmaceutical opioid manufacturers and entrepreneurial marketing of illicit narcotics has resulted in our present crisis, read the book *Dreamland*. Your Medical Commission members have found it very enlightening.

ESHB 1427 mandates that your Medical Commission, along with the other four commissions regulating prescribers, must adopt formal rules regarding prescription of opioid drugs for all indications, in addition to revising and updating the previously developed "chronic pain rules" (<http://go.usa.gov/3tGyA>), by January 2019. The Prescription Monitoring Program's (PMP) application is to be expanded, and use encouraged, to provide feedback to facilities and individual prescribers about opioid prescribing patterns and patient opioid use histories. The establishment of opioid treatment programs and the treatment of persons with "opioid use disorder" is to be facilitated and the dispensing of medication for reversal of opioid overdose (e.g. naloxone) in potentially susceptible patients encouraged. The details are to be the subject of rule-making by the involved commissions. Your Medical Commission has taken early steps toward meeting the requirements of ESHB 1427 in ways that will be productive and useful for both prescribers and patients. We will be consulting with stakeholders such as WSMA and WAPA during the process but we earnestly solicit the personal thoughts of our licensees about what the rules should contain. Check the Medical Commission's rule page (<https://go.usa.gov/xN9qC>) for updates on public hearing dates and times, follow us on Facebook (<https://goo.gl/FCMxQV>) and Twitter (<https://goo.gl/z2P2Bn>) for information as it happens, or sign up for email updates which will deliver the details of ESHB 1427 and hearing notices to your inbox (<https://goo.gl/QE9jas>).

But we must not delay action until the response to ESHB 1427 is finalized. The foundation of the present crisis is "too many prescription opioids in circulation" and we can each take action on that today. Several studies have shown that for both acute and chronic pain, excessive quantities of opioids are being prescribed. Earlier this year, two articles from Dartmouth reported that only about 28% of

prescribed post-operative opioids were actually used by patients and that significant reductions in the amounts of opioids prescribed for post-operative pain were possible without patient harm or discomfort. I've experienced overprescribing myself: several months ago while in another state I consulted a dentist about a sudden toothache. Imaging showed an early apical abscess and I was given two prescriptions, one for an appropriate antibiotic and one for 40 tablets of a narcotic. The dentist and I discussed the latter, and I hope his prescribing habits have subsequently changed. Opioids are useful, indeed essential, in patient care but the quantity and dosage being prescribed must be the lowest possible. Alternatives to opioids should be employed where feasible (the combination of acetaminophen and a non-steroidal, for instance, has been shown very effective in several studies). Obviously, some patients will require maintenance and/or slow tapering of current opioid dosage. In any situation where risk of overdose seems present providing naloxone and instructions for its emergency use in the event of overdose may prove lifesaving. We can meaningfully improve patient safety right now by evaluating our use of opioids and conforming our prescribing habits to today's evolved standards.

1. <https://www.hhs.gov/opioids/about-the-epidemic/index.html>
2. *Dreamland*, Sam Quinones; Bloomsbury Press, 2015 ISBN: 978-1620402528
3. <https://www.dartmouth-hitchcock.org/stories/article/49207>

## **2017 Medical Commission Conference Interspecialty Care of Addiction and Pain**

**October 4-5, Sea Tac Airport**

In Dr. Howe's column, he referenced an article by Richard J. Barth Jr. MD from Dartmouth-Hitchcock, which discusses their success in reducing prescriptions for opioid painkillers while still providing effective pain relief. Dr. Barth will be joining us on October 4th to further discuss this study.

**This activity has been approved for  
AMA PRA Category 1 Credit™ and  
Free Parking is available.**

Please visit <http://go.usa.gov/36s2e> for registration information, a complete schedule and CME information.

## Medical Commission Develops New Process for Sexual Misconduct Complaints

**Mike Farrell, JD**  
**Policy Manager**

The Medical Commission recently improved its process for handling complaints of sexual misconduct. The Medical Commission created a Sexual Misconduct Analysis Review Team (SMART), consisting of 12 Medical Commission members who have completed training on understanding the impact of trauma on victims of sexual misconduct. SMART members, investigators and staff attorneys recently completed the training.

Under the new procedure, a complaint of sexual misconduct will be assigned to two SMART members to oversee the investigation. When the investigation is complete, the SMART members will present the case to a Medical Commission panel to decide whether to begin the disciplinary process against the physician or physician assistant.

If the Medical Commission decides to take disciplinary action, the two SMART members will oversee the settlement process. If the case settles, the two SMART members will present the settlement to a Medical Commission panel for approval. The physician or physician assistant must be present to answer questions from the panel members. If a case is not settled, and a formal hearing is held, the hearing panel will contain at least one SMART member who was not involved in the decision to begin disciplinary action. Both sexes must be represented on the hearing panel.

The new process ensures persons involved in the handling of complaints of sexual misconduct have the training to understand and evaluate these difficult cases. The complete procedure can be read here: <https://go.usa.gov/xRwby>.

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# WA State Medical Commission

## Notice of Recruitment

### About:

The Department of Health (DOH) is currently accepting applications to fill a vacancy on the Washington State Medical Quality Assurance Commission (medical commission). The Medical Commission helps make sure physicians and physician assistants are competent and provide quality medical care.

The Medical Commission consists of 21 members appointed by the governor. It meets about eight times a year, usually on Thursday and Friday every six weeks. There is an expectation to review multiple disciplinary cases between meetings, and additional meetings or hearings are often necessary.

We are looking for a physician willing to study the issues and make decisions in the best interest of the public. Our member selection reflects the diversity of the profession and provides representation throughout the state. The Medical Commission has an opening for: **One physician to fill a Physician-At-Large** vacancy.

### How to Apply:

Additional information regarding commission membership and a link to the governor's application can be found at: <http://go.usa.gov/c2XrH>. Please take the time to review the valuable information on commission membership available at the above website. Applications, along with a current resume, must be received by **October 18, 2017**.

### Questions:

Daidria Underwood  
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# **Harnessing the Power of Professional Coaching: WPHP Report**

**Chris Bundy, MD, MPH**  
**Medical Director, WPHP**

**Brit Poulson, PhD**

**Owner and Senior Leadership Consultant, Clarity Compass Consulting**

It is beyond controversy that we are in an epidemic of physician burnout and career dissatisfaction. According to the 2016 Physicians Foundation Survey, 48% of physicians report planning to reduce their time in clinical practice, retire early, or take a non-clinical healthcare position in the next 3 years. This is a clear signal that many physicians are prepared to vote with their feet if circumstances in healthcare don't improve. Interventions for burnout targeting organizations and individuals have yielded only modest results. Healthcare experts have proposed a variety of systems solutions that can be challenging to implement, require significant resource investment, and may not work well across vertically and horizontally integrated systems.

We propose that professional coaching, underutilized in healthcare, can deliver positive results relatively quickly, functions well in organizations of virtually any size, structure, or industry, and requires minimal investment relative to returns. While healthcare organizations have traditionally considered coaching mainly for physicians who engage in disruptive or distressed behavior, this limited perspective may overlook the broader potential of professional coaching.

Shanafelt and colleagues report that 47% of the variation in satisfaction among physicians can be explained by physician ratings of their leaders. In fact, a 1-point rise in leadership score (60-point scale) of a physician's immediate supervisor (division/departments chair) was associated with a 9.1% increase in physician satisfaction [1]. Shanafelt and Noseworthy advise that physician leaders must be "developed, prepared, and equipped for their leadership role" [2]. Professional coaches are experts in developing physician leaders and helping them create performance cultures that lead to improved physician satisfaction and less burnout.

## **Upgrading the Individual**

Dr. Drake was originally provided with a professional coach because, despite his disruptive behavior, he was someone that the institution very much wanted to keep - if they could. At first, Dr. Drake was resistant to coaching because he believed that he was not only an exceptional

physician but also extremely self-aware and emotionally intelligent. While there was much truth in this, there were pockets of his personality that bordered on caustic. During the coaching, Drake received clear and specific feedback as well as tools for improved interpersonal engagement. He flourished.

To Dr. Drake's credit, he continued in coaching, not to avoid repeating his past mistakes but to further his gains. Within eight months, Dr. Drake received a substantive promotion and several people who were previously outraged by Dr. Drake's behavior asked him to mentor them. In this example, Dr. Drake leveraged the coaching that his institution was willing to provide to improve interpersonally and take his performance to the next level. The ROI on Dr. Drake's coaching paid for itself several times over through the increased financial performance of Dr. Drake's entire organization.

## **Upgrading the Organization**

A professional coach can train coaching skills to groups of leaders and create a performance culture throughout the entire organization. While healthcare organizations may not be able to afford a professional coach for every department leader let alone every physician, they can create coaching cultures where physician leaders effectively coach their people for professional development and goal setting. We are suggesting that when key physician leaders in the organization are taught coaching skills, the organization and its physicians thrive because they are more successful in collaboratively addressing the drivers of dissatisfaction and burnout.

As leaders throughout healthcare focus on reducing costs, they may overlook investments in the performance of their most valuable asset - physicians. According to the International Coaching Federation, "Coaching generates learning and clarity for forward action with a commitment to measurable outcomes. The vast majority of companies (86%) say they at least made their investment back." If we want to reduce physician burnout and retain our doctors we have to make the working conditions for doctors better. Harnessing the power of coaching may help us get there.



## Meeting the Need: Maximizing PA Utilization to Fight the Opioid Epidemic

**Jim Anderson, PA-C, MPAS, DFAAPA**  
**Physician Assistant Member**

Brit Poulson, PhD is owner and senior leadership consultant for Clarity Compass Consulting and author of *The Clarity Compass: A Tool to See Clearly, Have Creative Conversations, and Create the Life You Want*.

### References:

1. Shanafelt TD, Gorringer G, Menaker R, et al. Impact of organizational leadership on physician burnout and satisfaction. *Mayo Clin Proc.* 2015;90(4):432-440.
2. Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clin Proc.* 2017;92(1):129-14.

Anyone in medicine with a heartbeat has heard plenty about the opioid epidemic. It's real, it's raging, and it's claiming lives at an alarming pace.

There are many fronts on which to fight the scourge, and increasing patient access to care for Opioid Use Disorder (OUD) is one of the key pillars in making a dent on this killer. Medication Assisted Treatment (MAT) is an effective and reliable way to treat OUD, and Physician Assistants (PAs) are playing an increasingly significant role in this effort.

PAs are contributing via two distinct pathways toward full utilization in the treatment of OUD. Both involve obtaining one of two different exemptions from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), allowing PAs to join in the fray in the battle to save lives of patients with OUD.

The best-known pathway came about after the 2016 passage of the Comprehensive Addiction Recovery Act (CARA), passed by both houses of Congress and signed by President Obama. One of the key components of CARA was providing a means for PAs and Nurse Practitioners to gain approval to prescribe the buprenorphine/naloxone combination (branded as Suboxone) for patients with OUD. Buprenorphine/Naloxone, along with the more venerable medication methadone, have proven to be the gold standard of treatment for OUD, with proven success in helping patients stop heroin and other aberrant opioid use. From 2000 up until this year, following the passage of CARA, only physicians have been able to gain permission to prescribe buprenorphine/naloxone to treat opioid addiction. PAs and NPs are now able to obtain what is called an "X-Waiver," following the completion of a 24-hour training. Hundreds of PAs and NPs have already obtained the X-Waiver, where an X is placed in front of the PA's or NP's DEA number. This is for the prescribing of buprenorphine/naloxone in general outpatient settings.

The other pathway for increased utilization of PAs is a SAMHSA exemption allowing PAs and NPs to function fully in federally-approved Opioid Treatment Programs (OTPs). Wording in the SAMHSA regulations overseeing OTPs has long noted "physician only" for admitting

## Coaching Resources:

### Clarity Compass Consulting

Brit Poulson, PhD

[brit.poaulson@clarity-compass.com](mailto:brit.poaulson@clarity-compass.com)

[www.clarity-compass.com](http://www.clarity-compass.com)

### The Coaching Group, Inc.

Karl Pister, MSW

[karl@coachinggroupinc.com](mailto:karl@coachinggroupinc.com)

[www.coachinggroupinc.com](http://www.coachinggroupinc.com)

## Upcoming WPHP Wellness Events:

[www.wphp.org](http://www.wphp.org)

### Mindfulness-Based Stress Reduction Fall Lineup from Mindfulness Northwest:

<https://www.mindfulnessnorthwest.com/events>

### The Power of Mindful Resilience – Cultivating Compassion for Life (Fall Seminar)

Diane Hetrick and Magda Spzala, Certified  
Compassion Cultivation Trainers

Saturday, Oct 14, 2017 | 9:00 – 4:00pm |

Stanley Park, Vancouver, BC

<http://connectingcompassion.ca/othercourses>

## Commission Rule-Making Efforts

### Daidria Underwood

#### Program Manager

#### Engrossed Substitute House Bill 1427

Engrossed Substitute House Bill (ESHB) 1427 was passed by the legislature on May 16, 2017. The bill is concerning opioid treatment programs and mandates that the Commission adopt rules for both allopathic physicians and physician assistants. On June 30, 2017 the Medical Commission approved moving forward with rulemaking to adhere to the mandate. They also approved reviewing the allopathic physician and physician assistants' current pain management rules as part of this rulemaking effort.

This will be a collaborative rulemaking with the other boards and commissions within the Department of Health (DOH). There will be several workshops beginning in September. To learn more about ESHB 1427 please visit the bill summary page: <https://go.usa.gov/xRwbE>

#### Temporary Permits

The CR-102 was filed with the Office of the Code Reviser on May 11, 2017. Filed as Washington State Register (WSR)# 17-11-034, the purpose of the proposal was to:

1. Clarify when a temporary practice permit may be issued to an applicant who is licensed in another state with substantially equivalent standards as Washington's;
2. Allow the Medical Commission flexibility to add or delete states from an internal list without going through a rules process;
3. Improve access to health care by allowing otherwise qualified applicants from states not listed in current rule to provide care by being issued a temporary practice permit;
4. Update language to align with current practice and regulations.

On June 28, 2017 a rules hearing was held for WAC 246-919-390 and WAC 246-919-395 in Pasco, Washington. The rule was passed on June 30, 2017. The CR-103 is currently in progress. For more information on this rule, please visit our rulemaking site: <https://go.usa.gov/xN9qC>.

#### Office-Based Surgical Settings

The CR-102 was filed with the Office of the Code Reviser on May 23, 2017. Filed as WSR #17-11-118, the

patients, and writing orders for the dispensation of methadone and buprenorphine/suboxone within the OTP setting (NOTE: No medical provider, including physicians, may prescribe methadone for the treatment of OUD. This can only happen within OTPs, and it is "ordering the dispensing" instead of "prescribing"). Many state pharmacy boards have long interpreted this as to allow physician delegation to PAs and NPs of the ability to write orders in OTPs. But it has long been a grey area, with some states not allowing this. In response, SAMHSA has created a clear and formal pathway for PAs, and the OTPs that employ them, to apply for an exemption from SAMHSA, explicitly allowing PAs and NPs to fully function within OTPs. More information about this OTP SAMHSA exemption can be seen here: <https://goo.gl/5Th57L>

An increase in PA (and NP) utilization in both the general outpatient prescribing of buprenorphine/suboxone and the OTP dispensing of methadone and buprenorphine/naloxone has the potential of greatly increasing patient access to treatment of OUD.

For more information about these recent developments, contact me at [Medical.newsletter@doh.wa.gov](mailto:Medical.newsletter@doh.wa.gov)

## There is a new way to stay informed!

The Medical Commission has recently updated the way you receive email alerts. These new messages are designed to be more timely, relevant and take up less room in your inbox.

#### Old Favorites:

- Newsletter: <https://goo.gl/D9tq9c>
- Minutes and Agendas: <https://goo.gl/SRKWq2>
- Rules: <https://goo.gl/pw8j6g>
- Legal Actions: <https://goo.gl/h63d7A>

We have added new alerts to keep you informed on what matters the most to you:

- HB 1427 (Opioid Prescribing): <https://goo.gl/QE9jas>
- Updates to Policies, Guidelines and Interpretive Statements: <https://goo.gl/QX1h5v>

Commission is proposing amendments to modernize, clarify, and streamline requirements for physicians performing office-based surgery in facilities accredited or certified by a commission-approved accrediting entity to ensure patient safety.

On June 28, 2017 a rules hearing was held for WAC 246-919-601(5) in Pasco, Washington. The rule was passed on June 28, 2017. The CR-103 is currently in progress. For more information on this rule, please visit our rulemaking site: <https://go.usa.gov/xN9qC>.

#### **Military Spouse Temporary Permits – Physician Assistants**

A CR-102 proposed rulemaking was filed with the Office of the Code Reviser on May 11, 2017. The proposed rule is necessary to establish a process and criteria to expedite the licensing process for an applicant to receive a temporary practice permit as a Physician Assistant pursuant to RCW 18.340.020 (<https://go.usa.gov/xN8hH>). Filed as WSR #17-11-035, the permit would allow the PA to work in the full scope of the profession for up to 180 days pending the issuance of a permanent license.

On June 28, 2017 a rules hearing was held for WAC 246-918-076 in Pasco, Washington. The rule was passed on June 30, 2017. The CR-103 is currently in progress. For more information on this rule, please visit our rulemaking site: <https://go.usa.gov/xN9qC>.

#### **Reminder: Suicide Prevention Training – ESHB Bill 1424**

The CR-103 for allopathic physicians was filed with the Office of the Code Reviser on March 8, 2017, filed as WSR #17-07-043. The CR-103 for allopathic physician assistants was filed with the Office of the Code Reviser on March 8, 2017, filed as WSR# 17-07-044.

These rulemaking documents were filed pursuant to the requirements under Engrossed Substitute House Bill 1424 (Chapter 249, Laws of 2015), that require allopathic physicians, allopathic physician assistants, and other health care providers to complete a one-time training in suicide assessment, treatment, and management to help lower the suicide rate in Washington State. Allopathic physicians will find their requirements for this training at WAC 246-919-435 (<https://go.usa.gov/xN8hJ>). Allopathic physician assistants will find their requirements for this training at WAC 246-918-185 (<https://go.usa.gov/xN8hS>). Frequently asked

questions regarding both of these rules can be found on our website at <http://go.usa.gov/CJ98G>.

#### **More Information**

For continued updates on rule development, interested parties are encouraged to sign up for email updates regarding Medical Commission's rules at: <https://goo.gl/pw8j6g>

Medical Commission Meetings 2017-2018 Medical Commission meetings are open to the public		
Date	Activity	Location
October 4-6	Educational Conference	Radisson Hotel Seattle Airport 18118 International Blvd Seattle, WA 98188
November 2-3	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA 98512
January 18-19	Regular Meeting WPHP Report	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512
March 1-2	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512
April 12-13	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512
May 24-24	Regular Meeting	The Heathman Lodge 7801 NE Greenwood Drive Vancouver, WA 98662
July 12-13	Regular Meeting	Hotel RL Spokane at the Park 303 W North River Drive Spokane, WA 99201 (509) 777-6300
August 23-24	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512
October 3-5	Educational Conference	TBD Seattle, WA
November 8-9	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512

## Legal Actions

### May 1, 2017 - July 31, 2017

Below are summaries of interim suspensions and final actions taken by the Medical Commission. Statements of Charges, Notices of Decision on Application, Modifications to Orders 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 are updated quarterly and can be found with definitions on the Medical Commission website: <http://go.usa.gov/bkNH>

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
<b>Summary Actions</b>				
Arnold, Janet MD00025273 Benton	Ex Parte Order of Summary Suspension	05/13/17	Allegations that Respondent prescribed excessive quantities and doses of controlled substances and incompetent management of other health issues, creating an unreasonable and imminent risk of patient harm.	Suspension.
Delashaw, Johnny MD00023061 King	Ex Parte Order of Summary Suspension	05/09/17	Allegations that Respondent engaged in disruptive behavior towards hospital staff in and out of the operating room creating an unreasonable and imminent risk of patient harm.	Suspension.
Hughes, Thomas PA10003261 Clallam	Ex Parte Order of Summary Suspension	05/08/17	Allegations that Respondent engaged in a pattern of inappropriate sexualized behavior and opioid prescribing creating an unreasonable and imminent risk of patient harm.	Suspension.
Soffe, Pierre MD00037953 Spokane	Ex Parte Order of Summary Suspension	05/09/17	Allegations that Respondent has health issues that impact his ability to safely practice medicine, creating an unreasonable and imminent risk of patient harm.	Suspension.
<b>Formal Actions</b>				
Mennella, Scott MD00022793 Skagit	Agreed Order	05/18/17	Boundary violations.	Reinstatement of license, probation, therapy, approval of practice sites, supervisor reports, self-reports, mentoring, personal appearances, \$3,000 fine.
Shallow, Natasha MDRE.ML60229071 Out of state	Final Order - Default	05/25/17	Suspension in another state resulted in Statement of Charges in WA. Respondent failed to respond and a default order was entered.	Indefinite suspension.



<b>Practitioner</b> Credential and County	<b>Order Type</b>	<b>Date</b>	<b>Cause of Action</b>	<b>Commission Action</b>
<b>Informal Actions</b>				
Addison, John MD00018359 King	Informal Disposition	05/18/17	Alleged failure to ensure that policies and action plans were developed and implemented to provide adequate patient care by a facility medical director.	Written research paper, presentation to clinical staff, practice reviews, and personal appearances.
Bjarke, Chris MD00031382 King	Informal Disposition	05/18/17	Alleged mismanagement of chronic pain patients, including the prescribing of controlled substances and failure to properly respond to aberrant behaviors.	CME on opioid prescribing, written research paper, peer group presentation, utilization of PMP, review and compliance with pain management rules, practice reviews, \$1,000 cost recovery, and personal appearances.
Brazier, Tresa MD00046374 King	Informal Disposition	05/18/17	Alleged inability to safely practice due to a health condition.	Restriction for practicing medicine until endorsed as safe to practice subject to monitoring by WPHP.
Chesley, Chad MD00041953 Cowlitz	Informal Disposition	06/29/17	Alleged failure to fulfill duties while serving as on call urologist.	CME on emergency medical regulations, written research paper, \$1,000 cost recovery, and personal appearances.
Clark, Irma PA10000723 Yakima	Amended Informal Disposition	05/18/17	Alleged failure to maintain records for prescribing controlled substances and practice beyond scope.	Surrender of license.
Francis, Robert MD00023403 King	Informal Disposition	06/29/17	Alleged failure to perform a preoperative timeout and subsequent implant of an improper intraocular lens.	CME on medical recordkeeping, written protocol for performing preoperative timeouts, written research paper, \$1,000 cost recovery, and personal appearances.
Lewis, Sue MD60010370 Out of state	Informal Disposition	05/18/17	Alleged disciplinary action by Oregon Medical Board.	Compliance with Oregon order, clinical evaluation reports, prior approval of resuming practice in WA, and personal appearances after resuming practice.

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
<b>Informal Actions (continued)</b>				
Ling, Benjamin MD00043469 Spokane	Informal Disposition	05/18/17	Alleged negligence while performing spinal surgery causing injury and ongoing discomfort.	Written research paper, peer group presentation, \$1,000 cost recovery, and personal appearances.
Meier, Werner MD00016035 Clallam	Amended Informal Disposition	05/18/17	Alleged diversion of drugs and purchase of counterfeit medication from outside the country.	Surrender of license.
O'Regan, Jeremiah MD00040557 Out of state	Stipulation to Practice under Conditions	05/01/17	Disciplinary action by Massachusetts Medical Board.	Personal appearance, monitoring by WPHP, comply with Massachusetts Board agreement, submit reports, worksite monitor, and employer notifications.
Parisot, Michael MD00026323 Spokane	Informal Disposition	06/29/17	Alleged failure to evaluate, treat, or refer a patient for medical testing to address decrease in height and weight.	CME on evaluating patients and osteoporosis, written research papers, \$1,000 cost recovery, and personal appearances.
Ross, Martin MD00033296 King	Informal Disposition	06/29/17	Alleged prescribing of high doses of Ambien in combination with other drugs, and failure to routinely perform patient exam and document care.	CME on medical recordkeeping, written protocol for medication administration, written research papers, \$1,000 cost recovery, and personal appearances.
Shaffer, Anita MD00015536 King	Informal Disposition	05/18/17	Alleged mismanagement of chronic pain patients, including the prescribing of controlled substances.	CME on opioid prescribing, written research paper, utilization of PMP, review and compliance with Commission pain management rules, practice reviews, and personal appearances.
Sizemore, Kenton MD00026888 Benton	Informal Disposition	05/18/17	Alleged inaccurate documentation regarding the removal of IUD device.	CME on medical ethics, written research paper, \$1,000 cost recovery, and personal appearances.

**Stipulated Findings of Fact, Conclusions of Law and Agreed Order:** a settlement resolving a Statement of Charges. This order is an agreement by a 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.

**Stipulation to Informal Disposition (STID):** a document stating allegations have been made, and containing an agreement by the licensee to be subject to sanctions, including terms and conditions to resolve the concerns raised by the allegations.

**Ex Parte Order of Summary Suspension:** an order summarily suspending a licensee's license to practice. The licensee will have an opportunity to defend against the allegations supporting the summary action.

# 2015-17 Budget

Below is a breakdown of monies spent over the 2015-2017 biennium.

## Where is your money going?



The Medical Commission is funded by licensing fees. This is a breakdown of spending as a percentage of the total budget

### IMPORTANT

Spending limits are set by the legislature on a biennium basis.



**45%**  
Staff Salaries



**16%**  
Benefits



**12%**  
Attorney General Costs



**11%**  
Overhead



**8%**  
Goods and Services



**3%**  
Commission Salaries



**3.5%**  
Expert Witness Contracts



**2%**  
Travel

## Expenditures by Business Unit

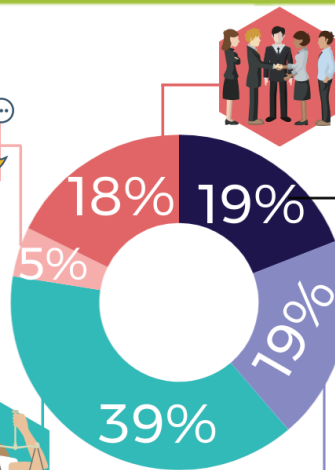


The Medical Commission fee for initial licensure is \$425. This is 13% less than the national average\*

Commissioners receive \$250 per day plus travel costs for the work they do for the Medical Commission

**13%**

### Compliance



### Commission Operating

Includes Meeting Costs and Commissioner Salaries and Travel

### Operating General

Includes Licensing Unit, Legislative Duties and Rule Making Activities

### Investigations

Includes Sexual Misconduct and Victim Interview Training

### Legal Services

Includes Fees for Attorney General Services and Expert Witnesses

Questions?  
[medical.newsletter@doh.wa.gov](mailto:medical.newsletter@doh.wa.gov)

\* Based on a 2 year renewal cycle



Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866

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The law requires each practitioner to maintain a current name and address with the department. Please submit address changes and appropriate documentation for name changes to:  
**[medical.commission@doh.wa.gov](mailto:medical.commission@doh.wa.gov)**

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## Washington State Medical Commission Newsletter–Fall 2017

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### Medical Commission Contact Information

<b>Applications:</b>	A–K	360-236-2765
	L–Z	360-236-2767
<b>Renewals:</b>		360-236-2768
<b>Complaints:</b>		360-236-2762
		<a href="mailto:medical.complaints@doh.wa.gov">medical.complaints@doh.wa.gov</a>
<b>Complaint Form:</b>		<a href="https://go.usa.gov/xNyBC">https://go.usa.gov/xNyBC</a>
<b>Legal Actions:</b>		<a href="http://go.usa.gov/DKQP">http://go.usa.gov/DKQP</a>
<b>Compliance:</b>		360-236-2781
<b>Investigations:</b>		360-236-2759
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<b>Website:</b>		<a href="http://www.doh.wa.gov/medical">www.doh.wa.gov/medical</a>
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<b>Newsletter:</b>		<a href="https://goo.gl/D9tq9c">https://goo.gl/D9tq9c</a>
<b>Minutes and Agendas:</b>		<a href="https://goo.gl/SRKWq2">https://goo.gl/SRKWq2</a>
<b>Rules:</b>		<a href="https://goo.gl/pw8j6g">https://goo.gl/pw8j6g</a>
<b>Legal Actions:</b>		<a href="https://goo.gl/h63d7A">https://goo.gl/h63d7A</a>

### Medical Commission Members

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John Maldon - 2nd Vice Chair

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Mimi Winslow, JD  
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### **Update!** Editorial Board

Bruce Hopkins, MD  
Mimi Winslow, JD  
William Brueggemann Jr., MD  
James Anderson, PA-C



Washington State Medical Quality Assurance Commission



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