

Medical Quality Assurance Commission *Update!*

www.doh.wa.gov/medical

Vol. 7, Summer 2017

Message from the Chair

Warren B. Howe, MD

Chair, Congressional District 2

As I write this, winter finally seems to be over. Recent months have been packed with many interesting events: two excellent professional conferences sandwiched between two busy and productive Commission meetings among them. There are several items of importance to share with you.

In mid-April I attended the annual meeting of the Federation of State Medical Boards (FSMB) as our Commission's voting delegate. A year ago, in this column, my predecessor, Dr. Michelle Terry, described the

was presented to our own Dr. William Gotthold, formerly a commissioner and now a *pro-tem* member, in recognition of his excellent long-term work on maintenance of licensure. A revised FSMB Model Policy for 'the Use of Opioid Analgesics in the Treatment of Chronic Pain', produced by a workgroup on which Commissioner James Anderson, PA-C, served a key role, was approved by the House of Delegates (<https://goo.gl/9mdHRy>). Dr. Chris Bundy, Medical Director of the Washington Physicians' Health Program, gave a

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importance of FSMB to our Commission, to medical practice regulation and discipline country-wide. Simply put, were the resources provided by FSMB unavailable to state medical boards, the process for license approval, adjudication and the orderly administration of discipline would be much more difficult and slow. Your Commission plays a significant role in FSMB functions. This year, Dr. Terry was elected a member of the FSMB Nominating Committee. At its annual awards ceremony, the FSMB Award of Merit

resoundingly successful talk on physician burnout. I was privileged to be able to participate in a roundtable presentation on "Lifelong Learning, Assessment and the Role of CME in Licensure" and there discussed Washington's recognition of participation in an ABMS specialty board's Maintenance of Certification as one of four options that fulfill the CME requirements for license renewal.

Early May included my attending the annual meeting of the American

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Mission

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

Medical Society for Sports Medicine (AMSSM), always a stimulating conference presenting cutting-edge material. Aside from the enjoyment of renewing acquaintance with valued colleagues and the host of outstanding presentations on current topics I realized, again, the importance of the way we practitioners gather, voluntarily, to update our personal knowledge base. Although good CME is available on-line, there is something about the milieu of a good CME meeting that makes participating especially valuable, and I urge all of our licensees to include such group activities in their CME plans when possible.

The Commission's regular meetings are jam-packed with deliberations and decisions. Most involve disciplinary cases, but underlying all the activity is concern for patient safety, the integrity of our profession, and broad availability of excellent care for Washington citizens. The current legislative session produced two bills: HB 1337 regarding the Interstate Medical Licensure Compact (<https://go.usa.gov/xN9PY>) and SB 5413 regarding limited physician licensure (<https://go.usa.gov/xN9Pg>) that hold the promise of enhancing health care delivery in our state. These bills were introduced, and strongly supported, by your Commission and are now signed into law by the Governor. We applaud the current legislative session for being very supportive of quality medicine for Washington and its citizens. A full legislative report appears elsewhere in this issue of Update!

Recently the Commission has become increasingly engaged about the state of the Physician Assistant (PA) profession in our state and nationally, believing that PAs are a critical part of the health care delivery team, and must be maintained for the benefit of patients. We are receiving reports regarding potential barriers to PA practice. In its mission critical role of maintaining professional integrity, promoting patient safety and consumer choice, the Commission is looking more deeply into these matters. Preliminary data and anecdotal discussions show that while the number of PA graduates is remaining steady, the availability of positions for those graduates, appears to be decreasing. The reason(s) for this is unknown, but factors such as asymmetrical reimbursements favoring other practitioners, or the significant regulatory burden (largely unreimbursed) involved in employing a PA may be operating to the detriment of the profession. There seems to be a broad lack of understanding regarding the education and training required to become a PA which contributes to unfavorable assumptions on many levels. This is exemplified, for instance, in the historical need to enact

clarifying legislation explicitly recognizing PA signature authority (2007) and ability to practice in all areas of medicine up to their full education and training (2016). Interestingly, we know from our internal data that the rate of complaints received against PA licenses by the Commission are in line with other non-physician practitioners. Therefore, the Commission is now in the early stages of requesting a dialog among the several PA-related stakeholders, such as WSMA, WAPA, and WSHA, about the future course of the PA profession and the house of medicine in Washington generally. We hope this will promote a better understanding of the appropriate roles for non-physician practitioners in medical practice, improvement in the manner in which non-physicians are regulated, and stabilization of employment opportunities. These efforts will enhance the availability and quality of health care in our state. I would encourage any of our readers who may have opinions about this to communicate them to me at medical.newsletter@doh.wa.gov so they can be included in the dialog.

Request a speaker from the Medical Commission

The Medical Commission actively conducts educational presentations around the state to educate the public and the licensees of Washington.

The Commission provides presentations regarding:

- Medical Commission Rules and Rulemaking Process
- Effective Communication
- Medical Errors
- General Medical Commission Information

If you would like a speaker from the Medical Commission at your event or webinar, contact us!

Medical.Speakers@doh.wa.gov

Fax: 360-236-2795



2017 Legislative Review

Micah Matthews, MPA, CPM

Deputy Executive and Legislative Director

The 2017 Legislative Session began January 9, 2017 and adjourned on April 23, 2017 with 2,137 bills introduced by both the House and Senate. The House introduced 1,206 bills and the Senate 931, of which 191 and 146 passed (respectively).

This year, the Medical Commission put forward two bills for consideration. Both bills passed the Legislature with broad support, were signed by Governor Inslee, and carry an effective date of July 23, 2017.

HB 1337: This bill establishes the Interstate Medical Licensure Compact and allows Washington to supply two members to the Compact Commission (IMLCC). The Compact allows for an expedited licensure process for MDs and DOs throughout the 20 member states. Medical Commission Executive Director, Melanie de Leon, attended the IMLCC meeting on May 22, 2017 to formally join the Compact Commission as the Washington allopathic medical board delegate. She currently serves on the IMLCC technology committee. For more information on HB 1337 Interstate Medical Licensure Compact please visit: <http://go.usa.gov/xN9PY>

SB 5413: This bill updates existing language to allow any accredited Washington State medical school to request a limited license. Additionally, it removes the two-year limitation on limited fellowship license renewal and provides an opportunity for teaching research license holders to qualify for full-unrestricted licensure. This allows Washington State institutions to recruit and retain some of the most qualified physicians in the world, thus enhancing the quality of care for those seeking healthcare in Washington State. For more information on SB 5413 Physician Limited Licenses please visit: <http://go.usa.gov/xN9Pg>

Other bills of interest to medical practitioners in Washington:

HB 1427 relating to opioid treatment programs requires the Medical Commission, Board of Osteopathic Medicine and Surgery, Nursing Commission, Dental Commission, and Podiatric Medical Board to adopt rules establishing requirements for prescribing any opioid drugs by January 1, 2019. The rules may permit exceptions based on education, training, and amount of opioids prescribed, patient panel, and practice environment. <https://go.usa.gov/xNX3N>. Stay up to date on the Medical Commission rule

making process here: <https://go.usa.gov/xN9qC>.

SB 5436 expands where a patient may receive healthcare through telemedicine by allowing patients to access care from home or any location determined by the patient. <https://go.usa.gov/xNX3R>

SB 5152 requires the Dept. of Health and the Dept. of Social and Health Services to adopt rules to provide temporary health and comfort services for children who are less than one year of age exposed to drugs before birth and require 24-hour continuous residential care and skilled nursing services. <https://go.usa.gov/xNX3n>

Special session and beyond

The Governor called the Legislature back into session on April 24 and May 24, 2017 to address unfinished business related to budget and policy issues. At the time of this writing, there is not an agreed upon budget for the state and there could be a government shutdown July 1, 2017. The largest issue facing the Legislature is how to fund educational mandates from the Washington Supreme Court. Medical Commission staff continue to monitor introductions and budget proposals to maintain the funding integrity of health profession regulatory system.

I would like to extend a special thank you and recognize our prime sponsors and legislators that conducted much of the heavy lifting this legislative session, as well as the key organizations and other stakeholders involved. Without such fruitful collaboration towards patient safety, we would not be in such a positive position today.

We are preparing research for potential legislation in the 2018 session. Being early in this process, our main focus is getting insight from stakeholders on issues facing medical practitioners and determining the feasibility of suggested changes. We will spend most of the summer and fall working on this process with required submission of proposals to the Governor's office occurring in September 2017. I hope to keep you updated on the developments of these proposals and other legislative impacts as they occur. Thank you for the important work you do every day for patients and other practitioners. Have a great summer!

Washington Physician Health Program (WPHP) Report: Compulsivity and the Scarcity Trap

Chris Bundy, MD, MPH
Medical Director, WPHP

My favorite podcast, *The Hidden Brain*, recently featured Eldar Shafir and Sendhil Mullainathan's research on the behavioral economics of scarcity [1]. Their book, *Scarcity: Why Having Too Little Means So Much* [2], theorizes that when we are very desperate for something (e.g. food, money, time, companionship) our brains are wired to devote tremendous bandwidth to it, robbing us of insight. The resulting tunnel vision, the scarcity trap, explains why sometimes, when we are in a hole, we just keep digging.

The podcast introduces us to "Katie" who fell victim to the scarcity trap during her medical training. As constraints on her time mounted, Katie started believing she couldn't afford to waste a single moment. She focused on things that were key to her professional success to the exclusion of relaxation, household tasks, pleasurable activities, or self-care. Katie's poor eating habits, which led to an eating disorder years earlier, returned and she caught herself making clinical errors at the hospital. Within two months of starting her residency, Katie's body and mind had withered to the point that she required residential treatment. As a doctor, Katie knew better than to neglect her own health, yet tunnel vision prevented her from seeing the bigger picture.

Through treatment Katie came to realize that critical aspects of worthwhile living had insidiously diffused into her periphery. In her recovery, she learned to carve out "non-negotiable time" for herself. In so doing, Katie was able to broaden her non-professional interests, attend to her health, and experience greater joy in her life. She was devoting less time to her professional success, yet her performance at work was never better. While it might be easy to dismiss this story as a cautionary tale of an overly compulsive colleague, who among us does not recognize aspects of ourselves in Katie?

Glen Gabbard, one of the world's leading experts on the personality of physicians, described the normal physician personality in terms of a "compulsive triad" of guilt, self-doubt, and exaggerated sense of responsibility. According to Gabbard, while compulsivity and the appeal of medicine may represent defensive reactions to death, helplessness, and inadequacy, "the process of medical education itself enhances and positively reinforces

whatever pre-existing compulsiveness is present" [3].

There is little doubt that compulsivity, in the right dose, is a highly adaptive trait that produces thoroughness and rigor in the medical professional's diagnostic and therapeutic work. However, there is a paradox: compulsiveness and excessive conscientiousness are socially valuable but personally expensive. As Gabbard put it, "society's meat is the physician's poison" resulting in overwork, poor limit setting, denial of physical and emotional needs, difficulty with unstructured/leisure time, and neglected personal relationships [3].

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In today's demanding practice environment, compulsivity amplifies our sense of scarcity and our vulnerability to the scarcity trap. If you think you might be caught in the scarcity trap, the approaching summer offers tantalizing opportunities to experiment with the solution. Resolve to carve out some totally unscheduled time for yourself each week. Do not allow yourself to catch up on work or make plans with anyone during this time. You may find this difficult at first, but if you resist your compulsive instincts, other interests and priorities will usually appear. You may notice yourself playing music, idling in a used book store, painting, meditating, taking photos, learning French, planning your next real vacation, or listening to *Hidden Brain* podcasts. Proceed with caution – at this point the experiment tends to take on a life of its own, resulting in more time devoted to non-professional pursuits and greater vigor and enjoyment at work. Be watchful for the return of tunnel vision and respond accordingly. I am confident that if you approach the experiment with an open mind and a bit of self-discipline, you will be both surprised and satisfied with the results!

1) Vedantam, S. Hidden Brain Episode 65: Tunnel Vision. March 20, 2017. Retrieved from itunes.apple.com.

2) Mullainathan, Sendhil, and Eldar Shafir. *Scarcity: Why Having Too Little Means so Much*. New York: Picador, Henry Holt, 2014.

3) Gabbard, G. The role of compulsiveness in the normal physician. *JAMA* 1985; 254:2926-2929.

PA News

Jim Anderson, PA-C

Physician Assistant Member

The May conference of the American Academy of Physician Assistants (AAPA) was a real barn-burner, with lots of action at the always-compelling House of Delegates (HOD), where policy lives and dies for the academy. The House of Delegates meets for three days, with almost 300 representatives from all states, specialty organizations, and caucuses. While many PAs I know would rather drink a pint of cod-liver oil than attend HOD, I've been going and participating for most of my career as a PA, and find it inspiring to be with so many PAs who care so much about our patients and our profession.

As always, there was the mix of hot-topics with some of the more bread-and-butter policy issues. This year two of the hot-topics dealt with the always controversial recertification process, a battle that is being waged in many other medical associations as well. Recently, there has been escalating tension between the AAPA and the National Commission on Certification of Physician Assistants (NCCPA), the independent certifying body of PAs. One of

A very explosive issue this year, was concern about the NCCPA lobbying against efforts by PA state chapters, who are working to modernize PA practice acts.

the key issues of contention has been the issue of “high-stakes” testing, which has been the tradition in PA profession, with a primary care focused recertification exam taken originally every six years, now moving to every ten. Many PAs have been advocating for a move away from this process, using CME instead for recertification. People on both sides of this issue have their own data to lean on, but those who oppose continued high-stakes testing for recertification often note there is little convincing data showing that such testing is any more effective in maintaining ongoing medical knowledge than traditional CME.

Additionally, a very explosive issue this year was concern about the NCCPA lobbying against efforts by PA state chapters who are working to modernize PA practice acts. A recent event in West Virginia really got things to a boiling point. There, the state chapter was successful in having modernized rules and regulations passed by both legislative houses, only to have the bill vetoed by the governor after

the NCCPA came in and testified at the last minute, opposing the new legislation. Their concern was that the legislation would allow PAs alternatives to recertification other than through the NCCPA.

Things got nasty, and the result has been a very splintered and polarized relationship between AAPA and NCCPA. AAPA has been loudly proclaiming that they will consider finding a new certifying body, and NCCPA has not exactly tried to make peace. However, many of the academy's elders and leaders have been stepping into the fray, trying to get both sides to calm down and work for solutions instead of blowing the whole process up. And there has been some softening recently by NCCPA, who is now loudly declaring that they are exploring alternatives to the high-stakes recertification tests. Hopefully cooler heads will prevail and the AAPA and NCCPA will sit down and work it all out.

Another hot topic (full disclosure: this resolution came from my specialty organization Society of PAs in Addiction Medicine) was a resolution supporting alternatives to mass deportation, noting the negative health impact of deportation efforts on families living in America. Often with issues such as this, there is a concern on the part of some that these issues are “political” and not “medical,” but this year the HOD was of the mind that it is appropriate for medical associations to take stands on issues that impact the health of their patients, whether they are “social” or not. Two related resolutions passed without much kerfuffle, evidencing the maturing of the PA profession.

Perhaps the biggest high-profile topic this year was discussion about the future of the PA profession, examining ways to remove barriers that prevent PAs from fully being utilized while preserving the deep and historical traditions of the PA-MD team concept. Discussion was civil, and in the end, there was consensus that this is a topic that will need broad consideration from all fronts in the years ahead, and where consensus will be necessary.

Finally, the three-day HOD ended with a champagne toast to the fiftieth anniversary of the PA profession, which was a fitting end to a very productive HOD.

Commission Rule-Making Efforts

Daidria Underwood Program Manager

CR-102 filings give the Medical Commission the authority to hold hearings with regards to the rule in progress and make any final changes before approval.

CR-103 is the formal filing that gives the approved rule the effect of law.

Suicide Prevention Training – Engrossed Substitute House Bill 1424

The CR-103 for allopathic physicians was filed with the Office of the Code Reviser on March 8, 2017. Filed as Washington State Register (WSR) #17-07-043. The CR-103 for allopathic physician assistants was filed with the Office of the Code Reviser (OCR) 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>.

Temporary Permits

A CR-102 proposed rulemaking for WAC 246-919-390 and WAC 246-919-395 was filed with the OCR on May 11, 2017. Filed as WSR # 17-11-034. The purpose of the proposal is 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 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; and (4) update language to align with current practice and regulations. A rules hearing will be held June 28, 2017 in Pasco, Washington. The hearing notification can be found on our rulemaking site under Rules Hearings here: <https://go.usa.gov/xN9qC>.

Office-Based Surgical Settings

A CR-102 proposed rulemaking for WAC 246-919-601(5)

was filed with the OCR on May 23, 2017. Filed as WSR #17-11-118. The 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. A rules hearing will be held June 28, 2017 in Pasco, Washington. The hearing notification can be found on our rulemaking site under Rules Hearings here: <https://go.usa.gov/xN9qC>.

Military Spouse Temporary Permits

A CR-102 proposed rulemaking was filed with the OCR 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 (PA) pursuant to RCW 18.340.020 (<https://go.usa.gov/xN8hH>). 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. Filed as WSR #17-11-035. A rules hearing will be held June 28, 2017 in Pasco, Washington. The hearing notification can be found on our rulemaking site under Rules Hearings here: <https://go.usa.gov/xN9qC>.

More Information

For continued updates on rule development, interested parties are encouraged to join the Commission's rules listserv at: <https://go.usa.gov/xN9q3>.

Medical Commission Meetings 2017 Medical Commission meetings are open to the public		
Date	Activity	Location
June 29-30	Regular Meeting	Red Lion Hotel Kennewick Columbia Center 1101 N Columbia Center Blvd. Kennewick, WA 99336
August 10-11	Regular Meeting	Capital Event Center (ESD 113) 6005 Tye Drive SW, Tumwater, WA 98512
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 Tye Drive SW, Tumwater, WA 98512

MQAC Policy Corner - News You Can Use

Mimi Winslow, JD
Public Member

The Commission's accomplishes its responsibility to protect the public health and welfare in several ways. It investigates complaints against MDs and PAs for conduct alleged to violate the Uniform Disciplinary Act and rules, and when appropriate it imposes discipline. The Commission also works to educate practitioners about best practices by issuing and updating policies, guidelines, and interpretive statements. These policies, guidelines, and interpretive statements are all introduced and evaluated in open public meetings in which all stakeholders can provide input.

In 2013, the Commission adopted Policy MD2013-03, "Self-Treatment or Treatment of Immediate Family Members." This policy was based on the American Medical Association Code of Ethics, E-8.19, but it also references the Washington Uniform Disciplinary Act.

The Commission has received complaints about practitioners who treat themselves or their family members. The spectrum of self/family treatment includes prescribing controlled substances, prescribing legacy drugs and evaluating and treating self or family members' illness, injury, and other medical conditions.

Washington statute RCW 18.30.130.180(6), which is part of the Uniform Disciplinary Act, expressly prohibits a practitioner from prescribing controlled substances to him or herself. The Commission's policy MD2013-03 also provides, "The Commission strongly discourages prescribing controlled substances to family members."

The policy states "practitioners generally should not treat themselves or members of their immediate families." The core expectation of the policy is that practitioners should not serve as a primary or regular care provider for him or herself, or for immediate family members. As the policy states, "Professional objectivity may be compromised when an immediate family member or the practitioner is the patient; the practitioner's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered." This can happen if the practitioner fails to probe sensitive areas when taking the medical history, or fails to perform intimate parts of the physical examination; and this is particularly the case with a minor child. Practitioners may be inclined, with self or family members, to treat problems that are beyond their expertise or training. Patients may feel uncomfortable in disclosing sensitive information, or undergoing an intimate

examination, when the practitioner is an immediate family member.

The Commission's policy also notes concerns about patient autonomy and informed consent. Family members - particularly minor children - might be reluctant to express a preference for a different practitioner, or be afraid to decline a recommendation for fear of offending the practitioner.

The policy does not preclude all instances of self-treatment or treatment of immediate family members. It states, "In emergency settings or isolated settings where there is no other qualified practitioner available, practitioners should not hesitate to treat themselves or family members until another practitioner becomes available. In addition.... there are situations in which routine care is acceptable for short-term, minor problems. Documentation of these encounters should be included in the patient's medical records."

However, sometimes practitioners who prescribe and treat themselves or their families fail to maintain a medical record, take a medical history or do a physical examination as would be standard in a typical practitioner-patient relationship. Those failures create a serious risk of harm to the patient, because a subsequent treating professional has no way of knowing what drugs the patient was prescribed, nor the diagnostic process and conclusion.

On May 19, 2017, the Commission reviewed policy MD2013-03 and reaffirmed it without changes. The full text of the document can be found at <https://go.usa.gov/xNyWs>

Attend a Medical Commission Policy Meeting!

The Policy Committee meets on Thursday, during regularly scheduled commission meetings, at 4 PM. These meetings are open to the public, so come help your Medical Commission improve your profession.

Legal Actions

February 1, 2017 - April 30, 2017

Below are summaries of interim suspensions and final actions taken by the 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 Commission website: <http://go.usa.gov/bkNH>

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Summary Actions				
Travers, Michael D.R. MD00028342 Chelan	Ex Parte Order of Summary Action - Restriction	02/10/17	Allegations that Respondent violated the standard of care related to the Commission's pain management rules represents an immediate danger to the public.	Respondent shall not prescribe Schedule II controlled substances, Schedule III narcotics, and Schedule IV benzodiazepines pending further proceedings.
Formal Actions				
Brooks, Victor MD00024811 Franklin	Amended Agreed Order	04/13/17	Mismanagement of chronic pain and obstetric patients.	Reinstatement, clinical competency assessment, ethics course, approval of practice sites, supervisor reports, personal appearances, and \$5,000 fine.
Bunin, AlanMD00010954 King	Agreed Order	02/28/17	Mismanagement of an elderly patient, inadequate record keeping, and failure to comply with a previous order that the Respondent maintain electronic medical records.	Follow guidelines on use of electronic medical records, proof of completing continuing education, practice reviews, personal appearances, and \$1,000 fine.
Rooney, Richard C. MD00040889 Pierce	Agreed Order	04/11/17	Federal misdemeanor conviction for participating in the government purchase of medical equipment in which he had a financial interest	Ethics course, practice plan report, employer reports, self-reports, personal appearances, and \$5,000 fine.
Informal Actions				
Bishop, David H. MD00028605 King	Informal Disposition	04/10/17	Alleged: failure to obtain full consent for surgical repair and negligent surgery, requiring corrective surgery.	Written research paper, personal appearances, and \$750 cost recovery.
Brigman, Lance D. MD00013785 Cowlitz	Informal Disposition	04/11/17	Alleged: inability to safely practice due to a health condition and subsequent retirement.	Surrender of license.
Brooks, William J. PA10003054 Snohomish	Informal Disposition	04/12/17	Alleged: failure to diagnose testicular torsion in pediatric patient.	Course on assessment and diagnosis of condition, written research paper, personal appearances, and \$1,000 cost recovery.

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Informal Actions (continued)				
Clark, Irma PA10000723 Yakima	Informal Disposition	02/24/17	Alleged: prescribing of controlled substances to a family member without maintaining adequate records, and practicing without a physician supervisor.	Ethics course, written research paper, restriction on treating family members, personal appearances, and \$1,000 cost recovery.
Clayton, Daniel A. MD60081909 Out of state	Informal Disposition	02/28/17	Alleged: negligent surgery requiring corrective surgery.	Continuing education, conference attendance, proctored surgical procedures, supervisor reports, personal appearances, and \$1,000 cost recovery.
Cole, Sue Y. PA10005109 Whitman	Informal Disposition	04/11/17	Alleged: mismanagement of a chronic pain patient, including inadvertent issuance of excessive narcotic prescription.	Continuing education, written research paper, utilization of PMP, medication list reviews, comply with pain management rules, practice reviews, personal appearances, and \$500 cost recovery.
Franklin, Earl B. PA10003182 Whatcom	Informal Disposition	02/28/17	Alleged: prescribing controlled substances to patients with whom Respondent had personal relationships outside of a clinical setting without maintaining adequate records.	Boundaries and record keeping courses, written research paper, practice reviews, personal appearances, and \$1,000 cost recovery
Huesner, Judith A. MD00031782 Spokane	Informal Disposition	02/28/17	Alleged: inability to safely practice due to a health condition and subsequent retirement.	Surrender of license.
Jordan, Timothy W. MD00046301 Out of state	Informal Disposition	04/11/17	Alleged: Disciplinary action by Arizona Medical Board.	Probation, compliance with Arizona order, personal reports, personal appearances, and cost recovery of \$1,000.
Kolodychuk, Leonard B. MD00041342 Whatcom	Informal Disposition	02/17/17	Alleged: negligent performance of wrist surgery and post-surgical aftercare.	Course on complex wrist fractures, written research paper, personal appearances, and \$1,000 cost recovery.
Li, Tong MD60626637 Out of state	Informal Disposition	02/15/17	Alleged: Disciplinary action by New Jersey Board of Medical Examiners.	Compliance with New Jersey order, personal appearances, and cost recovery of \$500.

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Informal Actions (continued)				
Lin, Tom Y. MD00047583 Pierce	Informal Disposition	04/11/17	Alleged: unauthorized access of patient files.	Ethics course, written research paper, personal appearances, and \$1,000 cost recovery.
Nowak, Thomas A. MD00015590 Snohomish	Informal Disposition	04/11/17	Alleged: inability to safely practice due to a health condition.	Referral to and compliance with Physicians Health Program evaluation and contract; and no practice until endorsed by PHP and approved by Commission.
Ostermiller, Jeremy B. PA10004462 Asotin	Informal Disposition	02/28/17	Alleged: mismanagement of chronic pain patients, including misstatements regarding access to prescription monitoring program data.	Ethics course, enhanced record keeping, practice reviews, personal appearances, and \$1,000 cost recovery.
Reed, Frederick J. MD00048996 Lincoln	Informal Disposition	02/27/17	Alleged: mismanagement of a chronic pain patient, including failure to properly respond to information regarding aberrant behavior.	Course on prescribing, written research paper, utilization of PMP, review and compliance with Commission pain management rules, practice reviews, and personal appearances.
Thompson, Robert G. MD00012796 King	Informal Disposition	02/28/17	Alleged: illegible and inadequate record keeping.	Course on record keeping, written research paper, enhanced record keeping, practice reviews, personal appearances, and \$1,000 cost recovery.

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.

Medical Commission

2017 Educational Conference



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Oct. 4-5

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Speakers Include:

Subject to Change



Dr. Steven Stanos:
Primary Care Pain Management



Dr. John Loeser:
Multidisciplinary Pain Management



**Ashley C. Bradford and
W. David Bradford:**
Medical Marijuana Laws Reduce
Prescription Medication



Dr. Chris Bundy:
Physician Health and the Opioid
Epidemic

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Washington State Medical Association and Washington State Department of Health. The WSMA is accredited by the ACCME to provide continuing medical education for physicians.

The WSMA designates this live activity for a maximum of 10 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria for up to 10 hours of Category I CME credits to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Commission.





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

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

Washington State Medical Commission Newsletter–Summer 2017

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		medical.complaints@doh.wa.gov
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Legal Actions:		http://go.usa.gov/DKQP
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Washington State Medical Quality Assurance Commission



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