

Medical Quality Assurance Commission *Update!*

wmc.wa.gov

Vol. 8, Summer 2018

Message from the Chair

Warren B. Howe, MD

Chair, Congressional District 2

Professionalism: The skill, good judgment and polite behavior that is expected from a person who is trained to do a job well¹

Professionalism in medicine has been on my mind of late. The definition above is one of many, and my favorite because it is brief, comprehensive and devoid of jargon. Others include references to integrity, compassion, altruism, continuous improvement, excellence, working with colleagues, reliability, discretion, evenhandedness and fair play: all highly laudable goals. The concept of "medical professionalism" implies that members of a group (medical professionals) declare (profess) to each other, and the public, the shared competency standards and ethical values they promise to uphold in their work and what the public, individual patients and their colleagues can and should expect from them.² Professionalism sums up the heart and soul of excellent medical practice.

Washington's Uniform Disciplinary Act lists 25 distinct "conduct(s), acts or conditions" that constitute "unprofessional conduct" by a license holder ([RCW 18.130.180](#)). Much of your Medical Commission's effort is spent reviewing complaints alleging such violations, performance of any of which is in direct conflict with professionalism. But merely avoiding these specific transgressions does not assure that one's life and conduct reflects professionalism. Most appraisals of a practitioner's professionalism are unconscious, based on more intangible considerations formed gradually over time. Which brings me to the reason that professionalism has occupied my thoughts recently.

In the Spring Update! there was an article by one of our PA Commissioners discussing current controversies swirling around the idea of physician assistants moving toward more independent practice. The editorial board approved publishing it and I thought it was a pretty good exposition of current thought. The reaction of our readership was quick, significantly negative and unsettling. In a flood of emails, there was vigorous disagreement with the article, anger that the author had the temerity to

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Notice

This will be the last print edition of Update! To continue receiving Medical Commission news and information, sign up to have the newsletter delivered directly to your email inbox at <https://goo.gl/D9tq9c>. If you have any difficulty or questions please email: medical.newsletter@doh.wa.gov

Mission

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

Continued from page 1

express what seemed like an opinion, and dismay that Update! published the piece. There were demands that the Commissioner-author be disciplined, censured or, some urged, removed from the Commission. These were not constructive comments designed to stimulate dialog, but were hostile and intemperate. They were intolerant and hurtful, and did not display professionalism or any hint of collegiality. They reflected poorly on those who sent them and on our profession in general and I was personally saddened to read them. We can and must do better!

A substantial portion of society seems to be at a juncture where opinions that may differ from their own are not acceptable, and where it is intolerable to be made to feel "uncomfortable" by someone else's expressed belief. This is dangerous ground, and fails the "professionalism" test because it inhibits the exchange of ideas from which worthwhile changes evolve.

To make the point clear: Update! is a newsletter, designed to convey news and opinion on issues affecting our licensees. In doing so, not all readers will agree with what is expressed; if disagreement stimulates constructive discussion, it is healthy. Commissioners, staff and others are encouraged to write about subjects in which they are interested for Update! and when they do so, they will not be limited except for the boundaries set by good taste and editing, and will certainly not be punished for stating their opinions. One of the critical responses to the article in question bemoaned the lack of any kind of "forum" within Update! for exchanging views. That may be the one productive suggestion gleaned from the replies received, and it is spot-on. Update!'s editorial board will be discussing how to encourage professional give and take in the newsletter, and I hope some sort of forum section may soon be a valuable part of its content. Until that is formalized, please feel free to share your thoughts and opinions in an email to medical.newsletter@doh.wa.gov. With the new electronic format for Update! page limitations will diminish and there will be room for reasoned, respectful, constructive and professional give-and-take on the critical topics that confront us. I hope many readers will consider taking part as this evolves.

This will be my final Update! column as Commission Chair, although I will continue my service on your Medical Commission. I have enjoyed visiting with you quarterly and hope that as we transition to an electronic publication format you will continue to stay in touch with Update! and the Medical Commission. You are represented by an outstanding group of Commissioners, and a talented and very hard-working staff, all of whom have, as a goal, the furtherance of medical professionalism in Washington. You will surely benefit from knowing what is going on, and perhaps joining the discussion.

(1) Merriam Webster Learner's Dictionary.com.

(2) American Board of Medical Specialties Definition of Medical Professionalism, 2012.

Join the conversation. Send your questions and comments to

medical.newsletter@doh.wa.gov.

We will publish questions and discussion threads in upcoming versions of Update!.

What is the Medical Licensure Compact?
Should I apply?

How can I become involved in Medical Commission rule-making and legislative activities?

How long should it take to resolve a complaint?

How can we better stay connected?

Who is practicing telemedicine?
What tips do you have?

Medical Commission Meetings 2018
Medical Commission meetings are open to the public

Date	Location
July 12-13	Hotel RL Spokane at the Park 303 W North River Drive Spokane, WA 99201 (509) 777-6300
August 23-24	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512
October 4-6 Educational Conference	DoubleTree Seattle Airport 18740 International Boulevard, SeaTac, WA, US, 98188
November 8-9	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512

Executive Director's Report: Don't miss this summer's blockbuster coming soon to a practice clinic near you....

Melanie de Leon, JD, MPA
Executive Director

[QUEUE THE BLOCKBUSTER MOVIE TRAILER MUSIC]...

In a world of confusion and conflict about when and how to prescribe opioids and despite the chaos of years past, a light begins to shine on the horizon paving the way for a new set of rules, forged in the flames of debate, steeped in expert opinion and vetted by dozens. Don't miss this summer's blockbuster release of the "Opioid Prescribing Rules!" Produced and directed by the Washington Medical Commission.

[SPOTLIGHT ON CAPITOL CAMPUS]

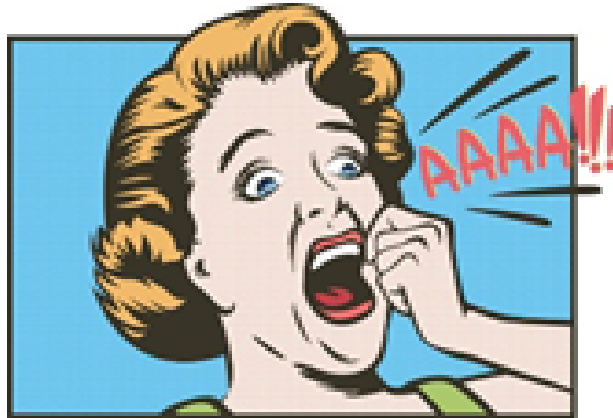
This summer the Medical Commission will be putting the finishing touches on the opioid prescribing rules we have been working on for quite some time. It all began in 2016 when Governor Jay Inslee signed Executive Order 16-09 calling for the implementation of safe prescribing practices, exploring non-opioid alternatives to pain, expanding access to medication-assisted treatment and increasing the use of the prescription monitoring program. Then, in April 2017, the legislature passed House Bill 1427 finding that medically prescribed opioids had contributed to the opioid epidemic requiring the boards and commissions with prescriptive authority to adopt rules establishing requirements for prescribing opioids.

[FADE IN ON LARGE ROOM]

Over a 12-month period of time, five boards and commissions gathered to collaborate on conceptual opioid prescribing rules. Meeting seven separate times in locations across the state, this Opioid Task Force battled rain, snow, sleet and dark of night to gather and debate the ins and outs of pain management and opioid prescribing, beginning with acute pain, then moving to subacute, perioperative and finally chronic non-cancer pain. And it was a debate.

[FOCUS ON COMMISSION WORKGROUP]

The Medical Commission took these conceptual rules, organized their own internal workgroup and scrutinized every word to create rules that were specifically tailored to physicians and physician assistants. Spending five additional all-day sessions reviewing these rules, this workgroup embraced input from specialists, including pediatricians, anesthesiologists, psychiatrists, family practitioners and pain specialists; stakeholders including WSMA and AMDG; and patients with chronic, intractable pain to draft the how, when, where and why of opioid prescribing.



[CLOSE UP SHOT OF INDIVIDUAL PRACTITIONER]

Once the Medical Commission formally approved the draft language in May, practitioners and the public have 30 days to comment. You can comment on these rules at medical.rules@doh.wa.gov. The Medical Commission has already received over 70 comments

on the draft language, which they have reviewed and discussed during the workgroup sessions. At the end of the public comment period, the Medical Commission will hold a public hearing to officially adopt the rules.

[DISSOLVE AND FADE INTO SHOT OF GENERIC CLASSROOM]

Once the rules are officially adopted, the Medical Commission will begin educating practitioners and patients about these new rules. While there are a myriad of ways to get the word out, the Medical Commission would love to know your thoughts on the best way to reach you, your fellow practitioners and patients. If you have any suggestions, we want to hear from you. Please give us your input at Medical.speakers@doh.wa.gov.

[FADE TO BLACK]

In Memory of James "Jim" McLaughlin, JD



The Medical Commission lost a member of its family when Staff Attorney Jim McLaughlin passed away on April 25, 2018. Jim received his bachelor's degree from Liberty University and his law degree from the University of Oregon. Jim began serving the Medical Commission as an assistant attorney general, then became a Medical Commission staff attorney in 2004. Jim was known for his keen intellect and skillful writing. Jim became the Medical Commission's guru on pain management, answering questions from licensees and the public on the effect of the rule, and traveling around the state speaking to hospital staff and medical professionals about the nuances of the rules. Jim's dedication to his work and his commitment to the public protection had a significant impact on the success of the Medical Commission.

Jim loved history, knowledge, animals, books, movies, music, dancing, as well as the Seahawks and Huskies. Jim was a gentleman who was universally well-liked. He was a positive spirit in our office, never having anything bad to say and going out of his way to recognize others for their accomplishments. Those around him describe him as the quintessential attorney with a vast knowledge about healthcare law, and always willing to share that knowledge. He will be fondly remembered for the kindness and compassion he showed to Medical Commission staff, licensees, and to the members of the public he served. He was a friend and a mentor who valued you personally and took an interest in your life.

It was our honor to have Jim in our lives.
He will be dearly missed.

2018 Medical
Commission
Educational Conference

Engaging Patients: The Road Ahead

Oct 5-6, 2018 | Seattle, WA

10

Speakers from industry leaders

10

AMA PRA Category 1 Credits™





Donna L. Smith, MD, MBA
Executive Medical
Director Patient Care
Services, Virginia Mason
Medical Center



Jeffrey Weisz, MD
Managing
Principal and Consulting
Physician at Sullivan,
Cotter and Associates, Inc

Register at <http://go.usa.gov/xQxXj>

  @WAMedCommission

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 Medical Commission. 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.

Physician Ownership in Clinical Laboratories

Heather Carter, JD,
Assistant Attorney General

In recent years, the Medical Commission has seen cases where the issue of physician ownership in clinical laboratories and referrals have been raised. Physicians should be aware that state law prohibits a physician's referral of patients to a clinical laboratory in which the physician has an ownership interest unless specific disclosures are made. It is also important to be aware that federal anti-kickback statutes have different and separate requirements than those in state law, but those are not the addressed in this article.

In general, health care providers are prohibited by state law from receiving rebates or "kickbacks" for the referral of patients RCW 19.68.010(1). The state anti-rebate statute was enacted in 1949 and "prohibits both the paying and receiving of anything of value, including unearned profits, in return for referral of patients." *Columbia Physical Therapy, Inc. v. Benton Franklin Orthopedic Associates PLLC*, 168 Wn.2d 421, 439 (2010). This prohibition applies to physicians referring patients to an entity in which the physician has an ownership or financial interest. *Day v. Inland Empire Optical, Inc.*, 76 Wn.2d 407 (1969). If a physician violates this state law, the Medical Commission may take disciplinary action against their license. RCW 18.130.180(21).

First, it is important to understand how the courts have interpreted this long-standing statute. The Washington State Supreme Court provided an extensive discussion and analysis in *Day v. Inland Empire Optical, Inc.* *Day* involved a practice group of ophthalmologists who also owned all of the stock in an optical shop. The shop was located in the same building as the practice. The ophthalmologists advertised on a sign in their practice, stating they owned the optical shop but that patients were free to take their prescriptions elsewhere. The Court held that the sign constituted a referral that financially benefitted the ophthalmologist owners. This arrangement therefore violated the anti-rebate statute.

Amendments made to the statute in 1973, 1993, and 2003 added an exception in RCW 19.68.010(2). The exception allows physician referral to a clinical laboratory in which the physician has a financial interest so long as specific disclosures are made. The statutory requirements are as follows:

1. Affirmatively disclose to the patient in writing, the fact that such practitioner has a financial interest in such firm, corporation, or association;
2. Provide the patient with a list of effective alternative facilities;
3. Inform the patient that he or she has the option to use one of the alternative facilities; and
4. Assure the patient that he or she will not be treated differently by the referring practitioner if the patient chooses one of the alternative facilities.

Therefore, if a physician with ownership in a clinical laboratory properly makes these disclosures, the physician will avoid concern of violating the state anti-rebate statute.

This article is not legal advice or an opinion of the Attorney General's Office. It is intended as general information only. Always consult with your own attorney for advice specific to your individual circumstances.

The state anti-rebate statute was enacted in 1949 and "prohibits both the paying and receiving of anything of value, including unearned profits, in return for referral of patients."

What can we help you with?

Do you have an idea for the newsletter? Is there a resource we should add to our website? The Medical Commission wants to know how it can serve you better.

Submit your suggestions to
Medical.Newsletter@doh.wa.gov

PA News: Is there bullying in medicine?

Theresa Schimmels, PA-C

Physician Assistant Member

There's a lot of talk out there about bullying. It's been a hot topic for over a year now. You hear it everywhere, from the schools to the government, everyone is into "antibullying". What about in medicine? Is there bullying in medicine? You bet there is!

There are many ways in which physicians and physician assistants are bullied. Often, it starts in medical school. "You aren't (insert your choice word) enough to be here." You might be ridiculed in front of nurses or other staff or even a patient for not thinking quickly enough, not being aggressive enough/being too aggressive, or having to look something up. Maybe you didn't answer a question correctly or mispronounced a medical term. Maybe you were ridiculed for just caring about a patient.

"You aren't (insert your choice word) enough to be here."

Then we move out in to practicing the art of medicine. The bullying continues: you aren't seeing enough patients, you aren't billing enough procedures/ordering enough procedures, you aren't spending enough time with patients, you spend too much time with patients, you aren't charting correctly. It may be that we are even bullied by our patients when we don't give them what they think they need for medication, diagnose them fast enough, or many other reasons. Staff or leadership may bully you by restricting surgical suite access, delay payments of bonuses, or not allow you to take vacation (or shame you if you do).

And we are bullied by each other. We make inappropriate comments about patient care that we disagree with to another colleague, a patient or staff. We post things on social media sites condemning the opinion a colleague expresses. We don't refer patients to a certain provider because of their religion, race, beliefs, gender, choice of medical school and on and on and on. We listen to the tapes in our heads, which were pounded into us in medical, PA school or at home, about how underserving we are to be where we are at this time in our lives.

Why do we do this? Is it something that we drag with us from the bad examples we were shown during our education? How do we stop it? I don't have the answers

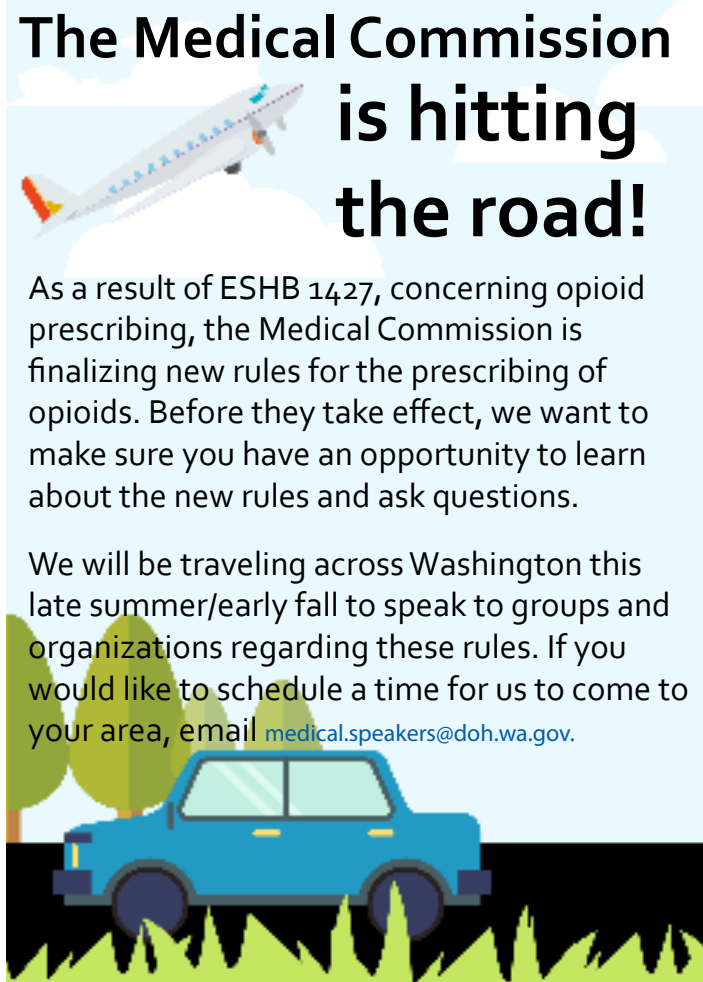
for everyone but personally, I think we need to work together to break the cycle. I believe it starts with each one of us taking responsibility for our own actions. I think being kinder to each other can help. Really listen to your patients and your peers, and your staff and family as well. If you make a mistake, apologize. If you treat someone badly, apologize. If someone does something good, recognize it.

Watch for bullying in your office or hospital and don't let it continue. Being a provider in medicine today is really hard work and not what most of us "signed up for". We wanted to heal people, to make a difference in the world, to provide comfort and caring to the sick and infirm. It's hard to do that in today's see more-do more type of medicine where we are strapped to a computer for at least half of every patient visit. It's frustrating! Let's all try to respect the individuality we each bring into the art and practice of medicine and make the world of medicine a better place.

The Medical Commission is hitting the road!

As a result of ESHB 1427, concerning opioid prescribing, the Medical Commission is finalizing new rules for the prescribing of opioids. Before they take effect, we want to make sure you have an opportunity to learn about the new rules and ask questions.

We will be traveling across Washington this late summer/early fall to speak to groups and organizations regarding these rules. If you would like to schedule a time for us to come to your area, email medical.speakers@doh.wa.gov.



Commission Rule-Making Efforts

Daidria Amelia 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 Medical 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. With that approval the CR-101 was filed as WSR #17-17-156 with the Office of the Code Reviser on August 23, 2017.

To learn more about ESHB 1427 please visit the bill summary page: <http://go.usa.gov/xRwbE>

Chapter 246-919 WAC: Medical Quality Assurance Commission

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 Medical Commission 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 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: <https://go.usa.gov/xN9qC>.

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 Medical Commission 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 Medical Commission may resolve practice deficiencies through the program at any point in a practitioner's period of licensure.

For continued updates
on rule development
join the Medical
Commission's rules
GovDelivery at:
<https://goo.gl/pw8j6g>

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 Medical Commission 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 Medical Commission in an active patient safety role.

For more information on this rule, please visit our rulemaking site: <https://go.usa.gov/xN9qC>.

For information as it happens, follow us!
@WAMedCommission



Legal Actions

February 1, 2018 - April 30, 2018

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
Summary Actions				
Clayton, Daniel MD60081909 Clark	Ex Parte Order of Summary Action - Suspension	02/01/18	Alleged failure to comply with a previous Commission Order, made material misrepresentations to the Commission, and failed to comply with a health monitoring agreement.	Suspension.
Compagno, John MD60070536 Out of state	Ex Parte Order of Summary Action - Suspension	03/13/18	Alleged license to practice medicine in Oregon was suspended for conviction of tax evasion and incarceration.	Suspension.
Freeman, Melissa MD60459880 Clark	Ex Parte Order of Summary Action - Suspension	03/29/18	Alleged health issues that impact ability to safely practice medicine.	Suspension.
Godec, Jeanine PA10002279 Out of state	Ex Parte Order of Summary Action – Suspension and Show Cause Order	03/13/18 and 04/18/18.	Alleged use of negligent clinical judgment and mismanaged chronic pain patients.	Suspension.
Le, Christian MD00041233 Out of state	Ex Parte Order of Summary Action - Suspension	02/06/18	Alleged license to practice medicine in Oregon was restricted for negligent medical marijuana authorizations, controlled substance prescribing, and false representations regarding the nature of his practice.	Suspension.
Formal Actions				
Arnold, Janet MD00025273 Benton	Final Order	03/01/18	Inadequate recordkeeping, incompetence, and mismanagement of chronic pain patients.	Permanent revocation.

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Boyd, Richard MD00016580 Yakima	Final Order – Summary Judgment	02/13/18	Failure to comply with a Commission order.	Indefinite suspension.
Campbell, Jeffrey MD60668354 Out of state	Final Order - Default	03/20/18	Respondent's license to practice medicine in Kentucky was suspended based on a federal indictment for health care fraud and controlled substance prescribing.	Indefinite suspension.
Dinges, Warren MD00045553 King	Agreed Order	04/30/2018	Health issues that impact ability to safely practice medicine unless monitored.	Reinstatement of license, ongoing health monitoring, and personal appearances.
Fisher, Jerry MD00010276 Clark	Agreed Order	03/01/2018	Negligent recordkeeping and mismanagement of chronic pain patients.	Surrender of license effective June 1, 2018, interim practice restrictions, and surrender of DEA registration.
Hughes, Thomas PA10003261 Clallam	Final Order	04/10/2018	Failure to comply with a Commission order, sexual misconduct, negligent recordkeeping and mismanagement of chronic pain patients.	Suspension for a minimum of five years, permanent restriction from prescribing opioid medication, and fine of \$1,000.
Kominsky, Andrew MD00046940 Out of state	Agreed Order	03/14/2018	Boundary violations.	Maintain established boundaries, practice restricted to male patients in an employed setting, conditions for terminating restriction, personal appearances, psychotherapy for a minimum of three years, Commission- approved peer consultations, boundaries coursework, written research paper, peer group presentation, and \$5,000 fine.

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.

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Li, Frank MD00049251 King	Agreed Order	04/30/2018	Failure to hire and properly train medical personnel, failure to establish and maintain quality assurance standards, facilitated practice by other medical personnel prior to official authorization, negligent recordkeeping and mismanagement of chronic pain patients.	Ongoing suspension for 12 months, following reinstatement: probation, restriction from pain management consulting other than as provided, restriction from acting as a medical director, restriction from majority ownership in testing labs, restriction from supervising other medical providers, practice restricted to anesthesia and interventional pain management only, competency evaluation and compliance with recommendations, conditional restriction on opioid prescribing, Commission approved practice sites, adverse event reporting, practice reviews, prescribing coursework, PMP utilization, written research paper, peer group presentation, personal appearances.
Informal Actions				
Elloway, Simon MD00008970 Lewis	Informal Disposition	03/01/18	Alleged treatment and mismanagement of a patient with opioid addiction.	Opioid prescribing coursework, written research paper, ethics coursework, conditional restriction on treating chronic pain patients, and personal appearances.
Jain, Sanjeev MD00040042 Out of state	Informal Disposition	04/12/18	Alleged aiding and abetting unlicensed practice by a medical student.	Ethics coursework, written research paper, letter to medical student regarding lessons learned, restriction on precepting medical students, and personal appearances.
Morrison, Amber PA60228047 Whatcom	Informal Disposition	03/01/18	Alleged inappropriate prescription for an eye condition.	Written research paper, personal appearances, and \$500 cost recovery.
Osborn, Dustan MD00021486 Lewis	Informal Disposition	04/12/18	Alleged negligent recordkeeping and prescribing of controlled substances to a patient.	Ethics coursework, recordkeeping coursework, opioid prescribing coursework, utilization of PMP, written research paper, peer group presentation, practice reviews, personal appearances, and \$1,000 cost recovery.
Prater, Donald PA10003373 Pierce	Informal Disposition	04/12/18	Alleged negligent commercial driver license examinations and fraudulent recordkeeping.	Surrender of license.
Puzon, Romeo MD00033805 Pierce	Informal Disposition	04/12/18	Alleged boundary violations.	Boundaries coursework, written research paper, personal appearances, and \$1,000 cost recovery.

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Wall, Martin MD00034094 King	Informal Disposition	04/12/18	Alleged negligence in performing kidney surgery.	Proctored surgical procedures and evaluation, written research paper, personal appearances, and \$1,000 cost recovery.
Zahn, Richard MD00036971 Out of state	Informal Disposition	04/12/18	Alleged failure to comply with requirements for delegating performance of a nonsurgical medical cosmetic procedure.	Botox related coursework, written research paper, personal appearances, and \$1,000 cost recovery.

HEALWA: The On Call Library for Washington State Practitioners

Christina Pryor, MLIS

Assistant Director and Community Health Education Coordinator, University of Washington

Have you heard about HEALWA: The On Call Library for Washington State Practitioners? Did you know that as a licensed Washington State physician or physician assistant, that you already have access to this remarkable resource? HEALWA is here to provide practitioners support and access to clinical and education information that improve patient care outcomes across Washington State.

How to Sign Up for HEALWA

Signing up for HEALWA is easy. Just complete the following steps to receive a HEALWA username and password:

1. Users must ensure their contact information with the Department of Health includes their current email address.
2. Go to healwa.org and click on the "Getting Started" webpage. Select the option to create a UW NetID. Then enter your Last Name, Date of Birth, and Credential Number (including all letters and numbers) and follow the on-screen prompts.
3. A personal access code is emailed to you to complete the registration process.

Once registered, HEALWA users have access to our resources from anywhere, anytime whether on a computer or a mobile device. Simply visit healwa.org and click the "Log In" link located on the upper left corner of the screen.

HEALWA Now Offers Access to ClinicalKey

Physicians and physician assistants across the state now have access to a large library of Elsevier content including over 1,000 eBooks, 680 eJournals, just under

3,000 drug monographs, and numerous multimedia files including images and videos. In addition to this content, the ClinicalKey platform includes First Consult Clinical Overviews, which are scannable summaries that include evidence-based information, current guidelines, and the latest advances in practice.

How to Access ClinicalKey

To access the ClinicalKey platform, visit the HEALWA website at healwa.org and then click on the "Log In" button located in the orange box at the top of the screen. Once logged in you can get to ClinicalKey by clicking on the "Databases" button which is located in the blue bar running down the left side of the website. Then you can click on the letter "C" on the Databases webpage and select ClinicalKey from the list.

Once you are logged in and you have loaded the ClinicalKey platform, you are ready to start exploring HEALWA. You can either type what you are looking for in the search box or you can browse the collection by selecting the resource type directly below the search box.

Need Help or Have Questions about HEALWA?

Our goal at HEALWA is to help practitioners across Washington State have affordable, anytime, online access to current, authoritative clinical information and educational resources. If you need assistance with learning how to navigate the resources or have questions about HEALWA, contact the HEALWA librarian at 206-221-2452 or by email at healwa@healwa.org.

You can also follow HEALWA on [Facebook](#) and [Twitter](#).



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 2018

Jimi R. Bush, MPA, Managing Editor: jimi.bush@doh.wa.gov

Medical Commission Contact Information

Applications:	A–K 360-236-2765 L–Z 360-236-2767
Renewals:	360-236-2768
Complaints:	360-236-2762 medical.complaints@doh.wa.gov
Complaint Form:	https://go.usa.gov/xNyBC
Legal Actions:	http://go.usa.gov/DKQP
Compliance:	360-236-2781
Investigations:	360-236-2759
Fax:	360-236-2795
Email:	medical.commission@doh.wa.gov
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