



WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

Rules Workshop

Proposed Clinical Support
Program

September 11, 2019

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Rule Workshop Notice



Meeting Announcement
For the Washington Medical Commission
*CR-101 for Proposed Clinical Support Program
WAC 246-919-XXX Physicians
WAC 246-918-XXX Physician Assistants

Rulemaking

The Washington Medical Commission (commission) has officially filed a [CR-101](#) with the Office of the Code Reviser on February 22, 2018. The WSR# is 18-06-007.

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

Proposed Clinical Support Program Workshop Meeting

In response to the filing, the Commission will conduct an open public rules workshop webinar on Wednesday, September 11, 2019, beginning at 2:00 pm:

To join the meeting from your computer, tablet, or smartphone:

<https://global.gotomeeting.com/join/767475165>

Call-in Information:
United States: +1 (571) 317-3112
Access Code: 767-475-165

This meeting will be open to the public.

The purpose of the rules workshop will be to determine whether the Commission will move forward with the rulemaking process for the proposed Clinical Support

Program and, if yes, discuss the draft language. Please send comments on the draft rule language to medical.rules@wmc.wa.gov.

Interested parties, stakeholders, and the general public are invited to participate in the rules workshops or provide comments on draft rules. For continued updates on rule development, interested parties are encouraged to join the [Commission's rules GovDelivery](#).

For more information, please contact Amelia Boyd, Program Manager, Washington Medical Commission at (360) 236-2727 or by email at amelia.boyd@wmc.wa.gov.

Attachment: [CR-101](#)

*CR means Code Reviser

Rules Workshop Agenda



WASHINGTON
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Wednesday, September 11, 2019

Open Meeting

2:00 pm Clinical Support Program – WSR #18-06-007

GoTo Meeting

<https://global.gotomeeting.com/join/767475165>

Call-in

Dial: 1 (571) 317-3112

Access Code: 767-475-165

Discussion of the following:

Move forward with rulemaking?

- If Yes
 - Submit the previous draft language with the CR-102 rules package, or
 - Consider the Chiropractic Quality Assurance Commission's rule and implement elements of that language into our draft
- If No
 - Consider creating a policy/procedure

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission meetings.

Times and Order: The meeting will commence at 2:00 pm on Wednesday, September 11, 2019.

This agenda is subject to change.



CR-101

WSR 18-06-007
PREPROPOSAL STATEMENT OF INQUIRY
DEPARTMENT OF HEALTH
(Medical Quality Assurance Commission)
[Filed February 22, 2018, 4:37 p.m.]

Subject of Possible Rule Making: WAC 246-919-XXX allopathic physicians and 246-918-XXX allopathic physician assistants, the medical quality assurance commission (commission) is considering creating two new rule sections that will establish a clinical assistance program to resolve practice deficiencies that may not rise to the level of a license sanction or revocation through a plan of education, training, and/or supervision for allopathic physicians and physician assistants. The commission will consider amending other related rules as needed.

Statutes Authorizing the Agency to Adopt Rules on this Subject: RCW [18.71.017](#), [18.71.002](#), and [18.130.050](#).

Reasons Why Rules on this Subject may be Needed and What They Might Accomplish: The 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 commission may resolve practice deficiencies through the program at any point in a practitioner's period of licensure.

The program would allow for quick identification of issues requiring clinical support, through practitioner or employer inquiry, referral, and including complaints that may not rise to the level of a license sanction or revocation. These issues could be resolved with voluntary participation from the allopathic physician or physician assistant in the program. The 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 commission in an active patient safety role.

Other Federal and State Agencies that Regulate this Subject and the Process Coordinating the Rule with These Agencies: None known.

Process for Developing New Rule: Collaborative rule making.

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting Daidria Amelia Underwood, P.O. Box 47866, Olympia, WA 98504-7866, phone 360-236-2727, fax 360-236-2795, TTY 360-833-6388 or 711, email daidria.underwood@doh.wa.gov.

Additional comments: Interested persons may sign up for the commission's interested parties list (GovDelivery) at <https://public.govdelivery.com/accounts/WADOH/subscriber/new>. All commission rule-making notices will be emailed via GovDelivery and

interested parties will be invited to participate in public rule meetings
and submit written comments for consideration.

February 22, 2018
Melanie de Leon
Executive Director



Previous Draft Language

Previous Draft Language - For Reference

NEW SECTION

WAC 246-919-650 Clinical support program. The purpose of this rule is to improve the quality of patient care by supporting physicians to address practice concerns for which the commission recognizes opportunities for education or improvement.

(1) Pursuant to RCW 18.71.002, the medical quality assurance commission (commission) regulates the quality of professional health care providers under its jurisdiction by establishing, monitoring and enforcing consistent standards of practice and continuing competency mechanisms. Under RCW 43.05.005 it is appropriate for regulatory agencies to adopt programs and policies that encourage voluntary compliance and that a cooperative partnership between agencies and regulated parties that emphasizes education and assistance before the imposition of penalties will achieve greater compliance with laws and rules. Therefore, this section establishes the clinical support program, its eligibility and criteria. The intent of the clinical support program is to proactively, and effectively protect patients through consistent practice standards and ongoing competency mechanisms through a plan of education, training, or supervision. The

Physicians

commission may resolve identified practice concerns through the clinical support program at any time these concerns are identified.

(2) The definitions in this section apply to this section unless the context clearly requires otherwise.

(a) "Clinical support" includes information on the standards of practice, laws, rules, and applicable compliance methods and technologies.

(b) "Clinical support plan" means a written and signed agreement between the physician and the commission listing steps the physician may take to resolve any practice concerns. The plans may include, but are not limited to, practice alterations, training, continuing medical education (CME), or follow-up monitoring of the physician's clinical practice by the physician's current employer or other practice monitor approved by the commission.

(c) "Clinical support program" means a process in which a practice concern is identified and resolved through an action plan without initiating disciplinary procedures.

(d) "Practice concerns" are areas of the physician's clinical practice, documentation, or behavior that do not yet rise to the level of unprofessional conduct, but, if continued, may result in future violations.

Physicians

(3) In the processing of any report or complaint where the commission identifies practice concerns, the commission may resolve the matter through the clinical support program.

(4) The commission will use the following criteria to determine eligibility for clinical support:

(a) It is expected that the identified practice concerns can be corrected within six months; and

(b) Patient protection does not yet require practice limits.

(5) The commission will use the following process to implement the clinical support program:

(a) After review identifies the practice concerns the commission will apply criteria in subsection (2) of this section to determine eligibility for clinical support.

(b) If the commission determines the physician is eligible for participation in the clinical support program, the commission may propose a clinical support plan to the physician.

(c) If the physician agrees in writing to complete the clinical support plan or if the respondent demonstrates to the commission's satisfaction that participation in the plan is not necessary, the commission may close the matter.

Physicians

(6) Participation in the clinical support program is not disciplinary action and is not reportable.

(7) The commission may decide to initiate disciplinary action if additional facts become known or circumstances change requiring such an action.

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Previous Draft Language - For Reference

NEW SECTION

WAC 246-918-450 Clinical support program. The purpose of this rule is to improve the quality of patient care by supporting physician assistants to address practice concerns for which the commission recognizes opportunities for education or improvement.

(1) Pursuant to RCW 18.71.002, the medical quality assurance commission (commission) regulates the quality of professional health care providers under its jurisdiction by establishing, monitoring and enforcing consistent standards of practice and continuing competency mechanisms. Under RCW 43.05.005 it is appropriate for regulatory agencies to adopt programs and policies that encourage voluntary compliance and that a cooperative partnership between agencies and regulated parties that emphasizes education and assistance before the imposition of penalties will achieve greater compliance with laws and rules. Therefore, this section establishes the clinical support program, its eligibility and criteria. The intent of the clinical support program is to proactively, and effectively protect patients through consistent practice standards and ongoing competency mechanisms through a plan of education, training, or supervision. The

Physician Assistants

commission may resolve identified practice concerns through the clinical support program at any time these concerns are identified.

(2) The definitions in this section apply to this section unless the context clearly requires otherwise.

(a) "Clinical support" includes information on the standards of practice, laws, rules, and applicable compliance methods and technologies.

(b) "Clinical support plan" means a written and signed agreement between the physician assistant and the commission listing steps the physician assistant may take to resolve any practice concerns. The plans may include, but are not limited to, practice alterations, training, continuing medical education (CME), or follow-up monitoring of the physician assistant's clinical practice by the physician's current employer or other practice monitor approved by the commission.

(c) "Clinical support program" means a process in which a practice concern is identified and resolved through an action plan without initiating disciplinary procedures.

(d) "Practice concerns" are areas of the physician assistant's clinical practice, documentation, or behavior that do not yet rise to the level of unprofessional conduct, but, if continued, may result in future violations.

Physician Assistants

(3) In the processing of any report or complaint where the commission identifies practice concerns, the commission may resolve the matter through the clinical support program.

(4) The commission will use the following criteria to determine eligibility for clinical support:

(a) It is expected that the identified practice concerns can be corrected within six months; and

(b) Patient protection does not yet require practice limits.

(5) The commission will use the following process to implement the clinical support program:

(a) After review identifies the practice concerns the commission will apply criteria in subsection (2) of this section to determine eligibility for clinical support.

(b) If the commission determines the physician assistant is eligible for participation in the clinical support program, the commission may propose a clinical support plan to the physician assistant.

(c) If the physician assistant agrees in writing to complete the clinical support plan or if the respondent demonstrates to the commission's satisfaction that participation in the plan is not necessary, the commission may close the matter.

Physician Assistants

(6) Participation in the clinical support program is not disciplinary action and is not reportable.

(7) The commission may decide to initiate disciplinary action if additional facts become known or circumstances change requiring such an action.

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Chiropractic Quality Assurance Commission Rule

Chiropractic Quality Assurance Commission

246-808-050

Early remediation program—Purpose.

The purpose of the early remediation program is to address minor practice deficiencies that have not resulted in patient harm. The early remediation program may include education, training, and monitoring to improve the quality of care and reduce the risk of patient harm.

WAC [246-808-060](#) and [246-808-070](#) establish the early remediation program and its eligibility criteria and procedures.

The commission intends to use the early remediation program only in cases in which there is no evidence of patient harm as a direct result of the licensee's practice-related deficiencies. The commission may resolve allegations of practice deficiencies through early remediation during an investigation.

[Statutory Authority: RCW [18.25.0171](#) and [18.130.050](#). WSR 19-13-080, § 246-808-050, filed 6/17/19, effective 7/18/19.]

246-808-060

Early remediation program—Definitions.

The definitions in this section apply to WAC [246-808-050](#) through [246-808-070](#), unless the context clearly requires otherwise.

(1) "Complaint" means a documented report of a possible violation of the Uniform Disciplinary Act, for which the commission shall assess and may subsequently authorize an investigation.

(2) "Licensee" means a chiropractor or chiropractic X-ray technician who holds an active license under chapter [18.25](#) RCW.

(3) "Remediation plan" means a documented agreement between the licensee named in the complaint(s) and the commission listing remedial steps to be taken by the licensee to resolve the identified practice deficiencies. Remediation plans may include education, training, and monitoring of the licensee.

[Statutory Authority: RCW [18.25.0171](#) and [18.130.050](#). WSR 19-13-080, § 246-808-060, filed 6/17/19, effective 7/18/19.]

246-808-070

Early remediation program—Criteria.

(1) The commission shall use the following criteria to determine eligibility for early remediation:

- (a) Practice limitations are not needed to ensure patient protection;
- (b) The identified practice deficiencies may be corrected by education, training, monitoring, or any combination of these;
- (c) The respondent is willing and able to participate in the early remediation program; and
- (d) The practice deficiency did not result in patient harm.

(2) The commission may offer a remediation plan to resolve a complaint in cases of the following practice deficiencies:

- (a) Documentation of care;
- (b) Radiographic standards;
- (c) Billing and coding;
- (d) Advertising or marketing;
- (e) Continuing education; or
- (f) Other minor practice concerns as determined by the commission.

(3) The commission may offer a remediation plan to resolve eligible complaints. Nothing in this section requires the commission to offer a remediation plan. A licensee who accepts a remediation plan waives any right to a hearing to modify a remediation plan or challenge the commission's decision regarding successful completion of a remediation plan.

(4) The commission shall use the following process to implement the early remediation program:

(a) After a preliminary investigation identifies the practice deficiencies, the commission shall apply criteria in subsections (1) and (2) of this section to determine eligibility for the early remediation program;

(b) If all of the criteria are met, and if the commission determines the licensee is eligible for participation in the early remediation program, the commission shall propose a remediation plan to the licensee;

(c) The commission shall evaluate whether the practice deficiencies have been corrected and are unlikely to recur;

(d) The commission may decide to conduct a full investigation and consider disciplinary action if additional facts become known or circumstances change such that the licensee is no longer eligible based on the criteria in subsections (1) and (2) of this section; and

(e) If the licensee complies with the agreed remediation plan, the commission may consider the licensee's completion of the remediation plan as grounds to close the matter without further action.

[Statutory Authority: RCW [18.25.0171](#) and [18.130.050](#). WSR 19-13-080, § 246-808-070, filed 6/17/19, effective 7/18/19.]

246-808-101

Purpose.

The purpose of WAC 246-808-101 through [246-808-190](#) is to establish guidelines on eligibility, and set forth the procedures for application to receive a license to practice chiropractic. By statute, the eligibility and application criterion are established in RCW [18.25.020](#) through [18.25.070](#).

[Statutory Authority: Chapter [18.25](#) RCW. WSR 96-16-074, § 246-808-101, filed 8/6/96, effective 9/6/96.]