

MQAC CASE REVIEW DISPOSITION
Commission Meeting RCM Presentation

Respondent: Welch, Philip

Case Number: 2014-3260

Date Presented: <u>01/18/14</u>	RCM: <u>CMT</u>	License#: <input type="checkbox"/> MD/ <input type="checkbox"/> PA _____
Panel Chair: <u>Gotthold</u>	Staff Attorney: <u>Landreau</u>	MQAC Clerk: <u>Creighton</u>

PANEL A	Concannon, Brantner, Clower, Cullen, <u>Elders</u> , Green, Howe, <u>Johnson</u> , Lewis, Pattison, <u>Winslow</u> , Small
PANEL B	Ruiz, Brueggemann, Burger, Cvitanovic, <u>Gotthold</u> , Hensley, Hopkins, Marsh, Schimmels, Terry
PRO-TEMS	Desai, Dore, Harvey, Henneberry, Hurley, Mills, O'Keefe, Page, Selinger, Sen, Tobin

A. REQUEST FOR LEGAL ACTION:

- Summary Suspension Practice Restriction

<input type="checkbox"/> Statement of Charges	<input type="checkbox"/> Statement of Allegations /Stipulation to Informal Disposition
<input type="checkbox"/> Withdrawal of SOC	<input type="checkbox"/> SOA/STID for Voluntary Surrender
<input type="checkbox"/> Notice of Decision on Application: (Denied)	<input type="checkbox"/> Withdrawal of SOA
<input type="checkbox"/> Notice of Decision on Application (Granted with conditions)	<input type="checkbox"/> Notice of Correction

Alleged Violations—RCW 18.130.180:

<input type="checkbox"/> (1) Moral turpitude	<input type="checkbox"/> (10) Aiding and abetting	<input type="checkbox"/> (19) Treating by secret methods
<input type="checkbox"/> (2) Misrepresentation of facts	<input type="checkbox"/> (11) Violation of rules	<input type="checkbox"/> (20) Betrayal of patient privilege
<input type="checkbox"/> (3) False advertising	<input type="checkbox"/> (12) Practice beyond scope	<input type="checkbox"/> (21) Rebating
<input type="checkbox"/> (4) Incompetence	<input type="checkbox"/> (13) Misrepresentation or fraud	<input type="checkbox"/> (22) Interference with investigation
<input type="checkbox"/> (5) Out of state action	<input type="checkbox"/> (14) Failure to supervise	<input type="checkbox"/> (23) Current drug/alcohol misuse
<input type="checkbox"/> (6) Illegal use of drugs	<input type="checkbox"/> (15) Public health risk	<input type="checkbox"/> (24) Sexual contact/patient abuse
<input type="checkbox"/> (7) Violated state or federal law	<input type="checkbox"/> (16) Unnecessary or ineffacious drugs	<input type="checkbox"/> (25) Acceptance of more than nominal gratuity
<input type="checkbox"/> (8) Failure to cooperate	<input type="checkbox"/> (17) Criminal conviction	
<input type="checkbox"/> (9) Failure to comply	<input type="checkbox"/> (18) Criminal abortion	

Other Violations of Relevant State or Federal Law or RCW 18.130.170: _____

- Mental Impairment Physical Impairment

B. CLOSED AFTER INVESTIGATION:

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A8-No jurisdiction
<input type="checkbox"/> A2-Complainant withdrew	<input checked="" type="checkbox"/> A11- No whistleblower
<input type="checkbox"/> A3- Unique closure (Panel must explain)	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
<input type="checkbox"/> A5-Evidence does not support a violation	<input type="checkbox"/> Sexual Misconduct: RCW 18.130.062 Standard of care-MQAC to retain. No clinical issues-Refer to Sec.

F. RECONSIDERATION

<input type="checkbox"/> Request Approved.	<input type="checkbox"/> Request Denied.
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OTHER EXPLANATIONS (Legal Review, Return to Investigation, etc.)

1)

2)

CLOSURE CODE GUIDE

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the Respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique Closure (Explanation from Panel)	Any concerns regarding the Respondent have been resolved through corrective action, license revocation, and suspension, death of Respondent or other circumstances. <ul style="list-style-type: none"> • (Explanation) _____ _____ _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> • The evidence is not sufficient to establish by clear, cogent, and convincing evidence that the Respondent violated any UDA provision. • This includes situations in which the investigator was unable to obtain all material evidence. •
A-7	Mistaken Identity	The case opened under the wrong Respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release and the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal-Not likely to reoccur	There is sufficient evidence that the Respondent violated the UDA, but the evidence indicates that: (a) The violation is not likely to reoccur and (b) Closure poses no more than a minimal risk to the public.

Closure Code Revised 9/14/11-MLF

MQAC POST INVESTIGATION REVIEW

Case Number: 2014-3260

COMPANION CASE:

2014-3259

***Date: 6-11-14**

Date: April 15, 2014

Presented by: **George Heye, MD**

Respondent: 2014-3259	WELCH, PHILIP D., MD HALLAM, PAULA S., MD.	King County
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Complainant:	4 - Identity - Whistle...
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CASE SUMMARY

The Respondent:

Board Certified: OB/GYN
DOB: 04/05/1949
Licensed since: 01/08/1981
Expiration date: 04/05/2015
Medical School: 1978—UW SCH OF MED, WA
Residency: 07/1979-06/1982—UW SCH OF MED, WA
OB/GYN
07/1978-06/1979—SWEDISH MED CTR, WA
GENERAL SURGERY

The Complainant:

Malpractice Settlement:

The Complaint: The complainant writes that she was diagnosed with stage 3 breast cancer on 7-20-11. In reviewing her records she noticed that the mammogram report of 9-28-10 by respondent 259 says that the patient presented for an evaluation of right breast pain which was not present at the time of the exam. The patient says that this is incorrect, that she did have pain at the time of the exam. She also feels that because her breast tissue was described as heterogeneously dense that she should have been referred out by respondent 260 for additional testing such as MRI or ultrasound.

***Post Investigation Review: 6-11-14**

Complainant did not return a WBW.

Rec: Close A-11, no WBW

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Prior Cases:

96-05-0027MD – Due to case age, specific details are not available.
Closed NCF.

2011-157148 - On 5/19/2011 the California Board issued a reprimand for unprofessional conduct due to action taken by another Board/Agency. No further information was provided.
CLOSED NCFA.

2013-3936 – On 4/18/13 the Florida Board issued the respondent a letter of concern, a fine and required additional CME. The basis for the action was failure to report adverse actions by another board/agency in accordance with the laws/rules of the Board.
Closed Below Threshold/issues which have been otherwise resolved (not investigated).

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

June 6, 2014

TO: Denise Gruchalla
FROM: Vicki Creighton
RE: Philip Welch, MD; Case No. 2014-3260MD
Paula S. Hallam, MD; Case No. 2014-3259MD

6/6/14 

These cases were approved to be investigated on April 23, 2014.

The complainant writes that she was diagnosed with stage 3 breast cancer on 7-20-11. In reviewing her records, she noticed that the mammogram report of 9-28-10 by respondent 259 says that the patient presented for an evaluation of right breast pain which was not present at the time of the exam. The patient says that this is incorrect, that she did have pain at the time of the exam. She also feels that because her breast tissue was described as heterogeneously dense that she should have been referred out by respondent 260 for additional testing such as MRI or ultrasound

On April 24, 2014, the acknowledgement and WBW request letters were mailed. Due date was May 9, 2014.

On May 14, 2014, the 2nd WBW request was mailed. Due date was May 22, 2014.

These cases are being forwarded for closure.

MQAC ASSIGNMENT MEMO

Case #: 2014-3260

Respondent: Welch, Philip D.

Date Received: 4-23-14 Date Assigned: 4-23-14

Investigator: Scharer

Priority: A B C D Code: 04

- Respondent Notification Letter
- Complainant Acknowledgement Letter
- Whistleblower Letter & Waiver
- Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care
Action w/other state/Jurisdiction	Inappropriate Communication	Other	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: _____

Background Check Processed
 APR 24 2014 *Report*
 NPDB/HIPDB
 DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

MQAC REVIEW
Case Number: 2014-3260
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Date: April 15, 2014
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RCM Review

Prior Cases:

96-05-0027MD – Due to case age, specific details are not available.
Closed NCFA.

02-08-0055MD -- The Complainant, age 43, reports her PCP referred her to the Respondent for fertility testing on May 24, 2002. The Complainant, when asked by the Respondent what was going on with her health, notes she replied by saying she was struggling with heavy metal toxicity, and the need for chelation therapy. Whereupon the Respondent allegedly became defensive, saying he didn't necessarily believe in the type of illness or treatment she had

undergone, and was quite opinionated in his remarks and beliefs, using the term "mumbo jumbo."

The Complainant goes on to say the Respondent seemed "threatened" when she told him she was aware of her own body, symptoms, cycles, and her having knowledge of same. The Complainant notes that the Respondent had a condescending attitude about the fact that she was 43 and that she "might only have a handful of good ovulations left." The Complainant states that the Respondent then went on to describe the test she had been referred for and a series of procedures she would undergo if the first test didn't work, seeming confident that she would become pregnant. When the Respondent wanted to do a pelvic exam, the Complainant states she said no, as she had just undergone one by her PCP.

The Complainant notes that after this, the Respondent seemed unable to quit focusing on her participation in natural medicine and that he badgered her, making it clear that he felt threatened by things he hadn't been trained for and didn't know much about. The Complainant notes that she did not have the test done that the Respondent ordered and wrote the Respondent a letter saying how upset she was about his unprofessional manner. Although the Complainant did not hear back from the Respondent, she notes the Respondent called her PCP saying he couldn't understand what had upset her, and that the Respondent was trying to save his face professionally, and that he really didn't care about the effect he had on her.

Closed Below Threshold (not investigated).

07-10-0038MD – The patient filed an assault report against the respondent at the local city police department. The patient stated that she made an appointment for a physician exam for Uterine Fibroids. She alleges the exam was forceful and painful and that the respondent would not listen to her concerns during the exam. She alleges that the traumas incident has triggered past sexual assault memories. After the incident she immediately went to her therapist for counseling due to the emotional trauma she experienced.

Closed NCFA. Investigator: Pyles; Staff Atty: Weisman; RCM: Harvey.

2012-6387/M2012-1260 - The complainant writes that the respondent performed a supracervical hysterectomy on a 44 y/o patient without first performing a Pap test. Pathology showed a cervical tumor that was transected during the surgery. On physical exam some three weeks before the surgery the respondent described the cervix as visually normal. STID ISSUED. COMPLIANCE COMPLETED ON 9/18/2013.

Recommendation:

Medical Quality Assurance Commission

CMT

Review of Cases

CMT Date/

Panel Members/

Decision:

MQAC CMT - APRIL 23, 2014

Bruce Cullen, MD, Chair

Michelle Terry, MD

Linda Ruiz, Public Member

DECISION: Investigation authorized

Case No.:

2014-3260

The attached pages were reviewed:

113-117

MQAC REVIEW
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2014-3259

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Presented by: George Heye, MD

Respondent: 2014-3259	WELCH, PHILIP D., MD HALLAM, PAULA S., MD	King County
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Recommendation:

RECEIVED

APR 09 2014

HSQA / OCS

Complaint Form

Today's Date:

RECEIVED

APR 10 2014

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

1. Your Information

Name:

Address:

City:

State:

Zip:

Phone: Work (Home () -

2. Information about the Facility or Health Care Professional

Type of facility or profession: Gynecology & Fertility

Name of facility or professional: Philip D. Welch MD Gynecology & Fertility

Address: 801 Broadway, Suite 628

City: Seattle

State: WA

Zip: 98122

3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient)

Date of incident: 9/22/10 - 7/20/11

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at **HSQAComplaintIntake@doh.wa.gov**, or fax to 360-236-2626, or mail to the address above.

Please attach any supporting documentation and additional sheets if necessary.

I was diagnosed with Stage 3 cancer on 7/20/11. I first came and saw Dr. Philip Welch on 9/22/10. I was complaining to Dr. Welch about my right breast pain and the only thing Dr. Welch did for me was send me to a mammogram. The mammogram test result came back with a false negative report that said "negative for cancer", and I was told I did

not have to come back to make any follow up appointments with Dr. Welch. Although I was having breast pain, Dr. Welch did not send me out for further testings. He should have sent me out for an MRI or an ultrasound. It is upsetting for me to find out that I had Stage 3 cancer on 7/20/11. I understand that there are some cancers (about 10%) cannot be found by mammography. And I understand that I fell into the 10% category. But how am I supposed to know that more testings should have been done for me? The doctor is the specialist. He should have sent me out for an Ultrasound or an MRI.

I believe that had my cancer been detected earlier, that I could have had a better chance of recovering faster with less ill effects of the treatment that I have been undergoing. Now, I will always live with the fear that the cancer will come back. I wished that Dr. Welch had taken my complaints more seriously. I am writing this to you in hopes that the medical standard should always be to send a patient out for further testings whenever they complain to their doctors about breast pain.

Signature _____

4 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), R...

Signed at Seattle, WA

Date:

Apr 2 - 14

<i>For Department of Health use only:</i>		
Reviewed for multiple authority applications	date	name
Routed to:	Multi-authority coordinator	date
	Office	date
	Office	date

Case View Screen [update]



Case	2014-3260 (PUBLIC: Internal)	Date Created	04/15/2014	Audit Entry Items Document Notes Master Ca Participan Add Maste Timeline I
Status	Intake	Date Received	04/15/2014	
Respondent ID	291648	How Received	Mail	
Respondent	Philip David Welch	Receiving Board	COMMISSION	
Credential	MD.MD.00018862	Receiving Profession	Physician And Surgeon License	
Address	<input type="radio"/> Public <input checked="" type="radio"/> Mail Philip David Welch 801 Broadway Ste 628 Seattle, WA 98122-4336	Receiving Department	Case Intake	
		Received By	Vicki I Creighton	
Complainant ID	1126118	Alleged Issues	Patient Care	
Complainant	4 - Identity - ...	Case Nature	Standard of Care/Services	
Comments:				

- Action Items
- Resolution
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due Effective	Completed	Order Signed	Created	User
Intake	Case Intake, Creighton, Vicki		[add]	04/15/2014	04/15/2014		04/15/2014	Creighton
Target:	Philip David Welch, MD.MD.00018862							
Warning:	Warning Type:		CASE PENDING					
	Warning Effective Date:		04/15/2014					
	Suppress License Print:		NO					
	Warning:		2014-3260					
Case Status:	Status Changed To:		Intake					
Action Info:	Complaint Source		Patient/Client/Resident					
	Possible Imminent Danger?		No					
	Companion Case (1)		2014-3259 Paula S. Hallam, MD					



AMA Physician Profile

Name and Mailing Address

PHILIP DAVID WELCH MD
106 E E ST
YAKIMA WA 98901-2312

Primary Office Address

SAME AS MAILING ADDRESS

Phone UNKNOWN

Birth date 04/05/1949

Physician's major professional activity OFFICE BASED PRACTICE

Self-designated practice specialty GYNECOLOGY (primary)

UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
1801850284	04/13/2006	NOT RPTD	NOT RPTD	NOT RPTD	03/31/2014

Current and/or historical medical school

UNIV OF WA SCH OF MED, SEATTLE WA 98195

Degree Awarded: Yes

Degree Year: 1978



Current and/or historical post-graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: UNIV WA MED CTR
Sponsoring State: WASHINGTON
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 07/1979 - 06/1982 (Verified)

Sponsoring Institution: SWEDISH MED CTR
Sponsoring State: WASHINGTON
Specialty: GENERAL SURGERY
Dates: 07/1978 - 06/1979 (Verified)

If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1979

Current and/or historical medical licensure

Jurisdiction	MD/DO	Date granted	Expiration date	Status	License type	Last reported
WASHINGTON	MD	01/08/1981	04/05/2015	ACTIVE	UNLIMITED	04/01/2014

ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>



U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
XXXXXX712	22N 33N 4 5	05/31/2015	03/03/2014	801 Broadway Ste 628, Seattle, WA 98122-4336
XXXXXX346	22N 33N 4 5	05/31/2014	03/03/2014	106 E E St, Yakima, WA 98901-2312

Only the last three characters of active DEA numbers are displayed

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.



Certifying board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
Certificate: OBSTETRICS & GYNECOLOGY
Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
LIFETIME	12/13/1985			INITIAL	04/03/2014

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All right reserved.

Action notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Public Health Service.



Additional Information

To date, there is no additional information for this physician on file.

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log onto our website (www.ama-assn.org/go/amaprofiles) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association
Division of Database Products
Attn: Physician Products Portfolio
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Fax: (312) 464-5900

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

Credential View Screen [update]

<p>Philip David Welch Address:</p> <p><input type="radio"/> Public <input checked="" type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change mail address] Philip David Welch 801 Broadway Ste 628 Seattle, WA 98122-4336</p> </div>	<p>ID: 291648 Warnings: ENFORCEMENT ACTION SSN/FEIN: 1 - DOH Licensee... Contact Standing: Living Contact Type: INDIVIDUAL Birth Date: 04/05/1949 Public File: YES Mailing List US Citizen Email: philw100@hotmail.com Legacy Licensure Name: WELCH, PHILIP DAVID</p>	<p>Contact Audit Enforcement Cont. Edu Documents Owned By/t Exams Experience Notes Schools Librarian Application Other State Online Info</p>
<p>Comments:</p>		

Physician And Surgeon License [update] [form letter]

<p>Credential # MD.MD.00018862 Legacy License # MD00018862 Application Date Effective Date 03/14/2013 Expiration Date 04/05/2015 First Issuance Date 01/08/1981 Last Date Of Contact CE Due Date 04/05/2017</p>	<p>Credential Status ACTIVE (09/18/2013) Status Reason ACTIVE Amount Due \$0.00 Date Last Activity 11/1/2013 7:59:04 AM Last Updated by AutoUpdate Certificate Sent Date 03/14/2013</p>	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal Legacy License Status:</p>
<p>Comments: probation at least 6 months from 3/14/13, release from STID 9/18/13</p> <ul style="list-style-type: none"> • Supervised By • Supervises • User Defined License Data • Workflow • Legacy 		

Supervised By [update] [Show All]

3260

- Legacy Authority History
- Legacy Complaint History
- Legacy Contact Information
- Legacy Credential History
- Legacy Renewal Information
- Legacy Revenue History
- Legacy-Ontrack-Complainant

Current HIPDB Reports

Type	Submission Date	Status	DCN	Case ID
Initial	03/15/2013	Approved		M2012-1260
Revision to Action	09/30/2013	Approved	3 - Healthcare Integrity and ...	M2012-1260

Complainant View for 2014-3260 [back]

<input type="text" value="4 - Identity - W..."/>		ID 1126118 Contact Standing Living Phone # <input type="text" value="4 - Identity - Whis..."/> SSN/FEIN Public File YES Mailing List Contact Type ENFORCEMENT ENTRY
<p>[change address]</p> <p> <input type="radio"/> Public <input checked="" type="radio"/> Mail </p> <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> 4 - Identity - Whistleblower Regarding Healt... </div>		

Comments:

- Credentials
- Personal Information

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
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No Credentials on File

Personal Information [update]

Field	Value
Birth Date	
Birth City	
Birth State	
Birth Country	United States
Gender	
Height	
Weight	
Eye Color	
Hair Color	
Race	
Deceased Date	



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

COPY

June 19, 2014

Philip D. Welch, MD
801 Broadway
Suite 628
Seattle, WA 98122-4336

RE: Case Number: 2014-3260MD; Credential Number: MD00018862

Dear Dr. Welch:

The Medical Quality Assurance Commission has closed the investigation of the complaint against you because the complainant did not agree to permit the Commission to release his or her identity to you.

Washington State law provides you with the right to submit an additional written statement if you wish. Any statement you provide will be added to the investigative file. The investigative file is subject to public release pursuant to the Washington State Public Records Act.

The Washington State Public Records Act also provides you with the right to request copies of documents from the investigative file. If you would like a copy of the investigative report, or copies of documents gathered during the investigation, please submit a request to the Department of Health, Public Disclosure Unit, PO Box 47865, Olympia, WA 98504-7865 or fax your request to (360) 586-2171.

The Medical Quality Assurance Commission thanks you for your cooperation during this investigation. The Commission understands that being investigated is disconcerting and inconvenient. Many physicians use this experience to initiate a self-critique of practice and, when indicated, modify or improve certain areas of their practice. Thank you again for your cooperation in this matter.

Respectfully,

Denise Gruchalla, Chief Investigator
(360) 236-2770
denise.gruchalla@doh.wa.gov





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

COPY

June 19, 2014

4 - Identity - Whistleblower Regarding H...

RE: Philip D. Welch, MD
Case Number: 2014-3260MD; Credential Number: MD00018862

Dear Ms. [4...]:

The Medical Quality Assurance Commission has closed the investigation concerning Philip D. Welch, MD. As explained in a previous letter, you have the right to keep your identity confidential. However, the Commission cannot investigate your complaint without releasing your identity to Dr. Welch. Therefore, the Commission must close the investigation and your complaint.

You may request that the Commission reconsider closing your complaint. However, you must be willing to disclose your identity to Dr. Welch in order for the Commission to gather the medical information and interview witnesses, if any. If you choose to request reconsideration, please contact me within thirty days of receiving this letter.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions, please call me at (360) 236-2758 or contact me by email at melissa.mceachron@doh.wa.gov.

Sincerely,

Melissa McEachron, Projects Manager
Medical Quality Assurance Commission



NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

May 14, 2014

4 - Identity - Whistleblower Regard...

Re: Philip D. Welch, MD
Case No. 2014-3260MD

Dear 4 - Identity - Whi...

This letter concerns the complaint you recently filed against Philip D. Welch, MD.

Washington State RCW 43.70.075 pertains to the "Whistleblower Law" that requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your case.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of a Waiver of Confidentiality of Identity will be necessary. An original request for release was made on **April 24, 2014**, when your complaint was received. As of this date the requested releases have not been received. I have enclosed a second set of forms for your signature, along with a postage paid envelope for their return. When your waiver has been obtained, your identity will be released solely for purposes of investigation and adjudication, as necessary. If the request is not returned by **May 22, 2014**, the case files will be forwarded to the Medical Quality Assurance Commission for closure without investigation. If you have any further questions or if I may be of assistance to you, please do not hesitate to call me at (360) 236-2775. Thank you for your cooperation.

If you do not intend to go forward with this investigation, please sign the denial portion of the whistleblower waiver form and return it to this office.

Respectfully,

Denise J. Gruchalla, Chief Investigator
Medical Quality Assurance Commission

Attachments: Return Envelope
Waiver of Confidentiality of Identity



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, ... shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075, unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to Philip D. Welch, MD and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____ Printed name: _____
Date: _____ Please include middle initial
Home Phone: _____ Date of Birth: _____
Day Phone: _____ PLEASE RETURN NO LATER THAN May 22, 2014

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may prevent the Medical Commission from taking further action on this matter.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2014-3260MD
Philip D. Welch, MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Philip D. Welch, MD
Master Case No.: M2012-1260
Document: Statement of Allegations

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

FILED
MAR 13 2013
Adjudicative Clerk

In the Matter of the License to Practice
as a Physician and Surgeon of:

PHILIP D. WELCH, MD
License No. MD00018862

No. M2012-1260

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

Respondent

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in program file number 2012-6387. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On January 8, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board certified in obstetrics and gynecology.

1.2 On June 18, 2012, Patient A, a 44 year old female, was referred to Respondent by Planned Parenthood for fibroids and heavy bleeding during menses and during and after intercourse. Respondent examined Patient A, including a pelvic examination, reviewed ultrasound results provided by Planned Parenthood, and diagnosed Patient A with fibroids and menometrorrhagia (prolonged or excessive uterine bleeding). Respondent discussed treatment options with Patient A, including fibroid observation, cryocautery of the cervix and observation, and hysterectomy. The patient elected to have a hysterectomy and Respondent took Patient A to surgery that day and performed a subtotal hysterectomy.

1.3 Respondent did not obtain a pap smear, and relied upon Patient A's recollection that pap smear cultures were negative. Also undetermined by Respondent was that Patient A apparently had an abnormal pap smear approximately ten years earlier. The pathology report regarding the uterus and cervix indicated that Patient A had cervical cancer and that the tumor was transected during the hysterectomy. In Respondent's

ORIGINAL

subsequent review of this matter he acknowledged his error in failing to obtain a pap smear despite the patient's representations about negative cultures, and that a cervical abnormality was apparent on a subsequent review of the ultrasound.

2. SUMMARY OF EVIDENCE

- 2.1 Medical records pertaining to Patient A from Respondent and Swedish Medical Center.
- 2.2 Letter from Respondent to the Commission investigator, dated August 24, 2012.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(4) which provides in part:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

....

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Medical Quality Assurance Commission at PO Box 47866, Olympia, WA 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Jim McLaughlin, Staff Attorney for the Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866; (360) 236-2790 within fourteen (14) days.

4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: January 25, 2013.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION

Maryella E. Jansen
MARYELLA E. JANSEN
EXECUTIVE DIRECTOR

Jim McLaughlin
JAMES MCLAUGHLIN, WSBA #27349
DEPARTMENT OF HEALTH STAFF ATTORNEY

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.56.240(1)

Patient A





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Philip D. Welch, MD
Master Case No.: M2012-1260
Document: Stipulation to Informal Disposition

Regarding your request for information about the above-named practitioner, attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice
as a Physician and Surgeon of:

PHILIP D. WELCH, MD
License No. MD00018862

Respondent

No. M2012-1260

STIPULATION TO INFORMAL
DISPOSITION

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On January 8, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in obstetrics and gynecology. Respondent's license is currently active.

1.2 On May 30, 2012, Patient A, a 44 year old female, was referred to Respondent by Planned Parenthood for fibroids and heavy bleeding during menses and during and after intercourse. Patient A reported that a recent pap smear obtained by Planned Parenthood was normal, and that she had no known previous gynecologic abnormalities. The records from Planned Parenthood that recorded this information were not available at the time of Respondent's examination, but were subsequently available to Respondent. Respondent examined Patient A, including a pelvic examination, reviewed ultrasound results provided by Planned Parenthood, and diagnosed Patient A with fibroids and menometrorrhagia (prolonged or excessive uterine bleeding). Respondent discussed treatment options with Patient A, including fibroid observation, cryocautery of the cervix and observation, and hysterectomy.

ORIGINAL

Patient A expressed a strong preference for a definitive treatment and elected to have a hysterectomy.

1.3 On June 18, 2012, Respondent performed a subtotal hysterectomy on Patient A. The pathology report regarding the uterine and cervical tissues obtained during this procedure indicated that Patient A had cervical cancer and that the tumor was transected during the hysterectomy.

1.4 Respondent failed to obtain a pap smear and missed the diagnosis of cervical cancer. Upon receipt of the Planned Parenthood records, Respondent did not verify Patient A's assertion that a recent pap smear was normal, and therefore did not himself obtain a pap smear before performing the hysterectomy. A subsequent thorough investigation by the pathologist also revealed that Patient A was in error regarding her report of no previous abnormal pap smears. It was learned that a pap smear from approximately ten years ago revealed dysplasia, and that no follow-up had occurred perhaps due to miscommunication between the providers at that time and Patient A. In Respondent's subsequent review of this matter he acknowledged his error in failing to obtain a pap smear despite the patient's representations about negative cultures, and that a cervical abnormality was apparent on a subsequent review of the ultrasound.

2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

2.2 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition (Stipulation) pursuant to RCW 18.130.172(1).

2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation it will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center, and elsewhere as required by law. HIPDB will report this Stipulation to the National Practitioner Data Bank (45 CFR Part 60).

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Probation.** Respondent's license to practice as a physician and surgeon in the state of Washington is placed on probation for a period of at least six months from the effective date of this Stipulation.

3.2 **Paper.** Respondent shall submit a type written report of at least 1,000 words with an annotated bibliography on the appropriate diagnosis and treatment of abnormal pap smears. This report shall be submitted to the Commission for approval within ninety (90) days from the effective date of this Stipulation. This provision is not satisfied until Respondent submits a paper that is approved by the Commission or its designee.

3.3 **Cost Recovery.** Respondent shall reimburse costs to the Commission in the amount of one thousand dollars (\$1,000) which must be received by the Commission within 90 days of the effective date of this Stipulation to Informal Disposition. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to the Department of Health, Medical Quality Assurance Commission at P.O. Box 1099, Olympia, Washington 98507-1099.

3.4 **Obey Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.5 **Costs.** Respondent must assume all costs that he incurs in complying with this Stipulation.

3.6 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.7 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.

3.8 **Termination.** Upon a determination by the Commission that Respondent has successfully completed the terms of this Stipulation, including the minimum six month period of probation, the Commission may terminate this Stipulation without petition or appearance by Respondent. The Commission reserves the right to require Respondent to petition and appear for termination, and to extend the period of probation and require an additional appearance.

3.9 **Effective Date.** The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

4. COMPLIANCE WITH SANCTION RULES


4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate terms for stipulations to informal disposition. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices result in moderate patient harm or the risk of moderate to severe patient harm. In this case we do not know whether Respondent's missed diagnosis of cervical cancer prior to performing a subtotal hysterectomy caused harm to Patient A, but the delay in diagnosis and the procedure performed without a pap smear did create the risk of moderate to severe harm.

4.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation. However, under WAC 246-16-800(3)(d)(iii), the Commission may deviate from the range if deviation is justified by


mitigating or aggravating factors, and the Commission explains the reasons for deviating. This Stipulation can be completed in six months, and therefore represents a possible deviation. This deviation is justified by the following mitigating factors: (a) Respondent has been licensed in Washington for 32 years with no previous disciplinary action; (b) Respondent has acknowledged his oversight and expressed dedication to ensuring that a similar event does not occur in the future; and (c) Respondent was cooperative with the Commission's investigation.

5. RESPONDENT'S ACCEPTANCE

I, Philip D. Welch, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy:



PHILIP D. WELCH
RESPONDENT



DATE

WSBA #
ATTORNEY FOR RESPONDENT

DATE

6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: March 16, 2013.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Linda A. Ring
PANEL CHAIR

PRESENTED BY:

James McLaughlin
JAMES MCLAUGHLIN, WSBA #27349
DEPARTMENT OF HEALTH STAFF ATTORNEY



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Philip D. Welch, MD
Master Case No.: M2012-1260
Document: Release from Informal Disposition

Regarding your request for information about the above-named practitioner, attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

FILED

SEP 19 2013

Adjudicative Clerk Office

September 18, 2013

Philip D. Welch, MD
801 Broadway, Suite 628
Seattle, Washington 98122-4336

Re: Master Case No.: M2012-1260
ILRS Case No.: 2012-6387
Credential No.: MD00018862

Dear Dr. Welch:

This letter is to officially inform you and other interested parties that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation to Informal Disposition* signed on March 6, 2013. You have demonstrated satisfactory compliance with the terms and conditions of the agreement. The Stipulation is terminated and you are now released from the requirements of the Stipulation effective upon receipt of this letter.

The Department of Health Medical Quality Assurance Commission wishes you well in your future endeavors as a physician and surgeon.

If you have any questions concerning this matter, please contact Mike Kramer, Compliance Officer at (360) 236-2781 or write to the Department of Health, Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866.

Sincerely,

Mike Kramer
Compliance Officer

cc: Adjudicative Service Unit
Jim McLaughlin, Commission Staff Attorney





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 24, 2014

4 - Identity - Whistleblower Reg...

RE: Philip D. Welch, MD
Case No. 2014-3260MD

Dear 4 - Identity - ...

Thank you for your recent letter in which you express concerns regarding medical care provided by Philip D. Welch, MD. Your complaint has been assigned case number 2014-3260MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Please be aware that this process can take three to six months, and in some cases, longer. If you wish to amend your complaint, you may send supplemental information to me at the address below.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2775, or contact me by email at denise.gruchalla@doh.wa.gov.

Sincerely,

Denise J. Gruchalla, Chief Investigator
Medical Quality Assurance Commission

Enclosures: What Happens Next?
RCW 18.130.180





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 24, 2014

4 - Identity - Whistleblower Reg...

RE: Philip D. Welch, MD
Case No. 2014-3260MD

Dear 4 - Identity - W... :

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. Your voluntary waiver of confidentiality in the form of a written Authorization to Release Complainant's Name will be necessary for the investigation to proceed. This is necessary so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and potential adjudication. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. **Your signed waiver is due back to this office no later than May 9, 2014.**

If you have any questions, please contact me at (360) 236-2775.

Thank you for your cooperation.

Sincerely,

Denise J. Gruchalla, Chief Investigator
Medical Quality Assurance Commission
Medical Investigations

Attachments: Return Envelope
Waiver of Confidentiality of Identity



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Philip D. Welch, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____

Printed name: _____

Date: _____

Please include middle initial

Home Phone: _____

Date of birth: _____

Day Phone: _____

PLEASE RETURN NO LATER THAN May 9, 2014

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may prevent the Medical Commission from taking further action on this matter.

Signature: _____

Date: _____

Home Phone: _____

Day Phone: _____

CASE #: 2014-3260MD

RESPONDENT: Philip D. Welch, MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 24, 2014

Philip D. Welch, MD
801 Broadway
Ste 628
Seattle, WA 98122-4336

SUBJECT: Case No: 2014-3260MD

Dear Dr. Welch:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2775.

Respectfully,

Denise J. Gruchalla, Chief Investigator
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180





Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

RECEIVED

APR 09 2014

HSQA / OCS

Complaint Form

Today's Date:

RECEIVED

APR 10 2014

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

1. Your Information

Name:

Address:

City:

State:

Zip:

Phone: Work Home () - ,

2. Information about the Facility or Health Care Professional

Type of facility or profession: Gynecology & Fertility

Name of facility or professional: Philip D. Welch MD Gynecology & Fertility

Address: 801 Broadway, Suite 628

City: Seattle

State: WA

Zip: 98122

3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient)

Date of incident: 9/22/10 - 7/20/11

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at **HSQAComplaintIntake@doh.wa.gov**, or fax to 360-236-2626, or mail to the address above.

Please attach any supporting documentation and additional sheets if necessary.

I was diagnosed with Stage 3 cancer on 7/20/11. I first came and saw Dr. Philip Welch on 9/22/10. I was complaining to Dr. Welch about my right breast pain and the only thing Dr. Welch did for me was send me to a mammogram. The mammogram test result came back with a false negative report that said "negative for cancer", and I was told I did

not have to come back to make any follow up appointments with Dr. Welch. Although I was having breast pain, Dr. Welch did not send me out for further testings. He should have sent me out for an MRI or an ultrasound. It is upsetting for me to find out that I had Stage 3 cancer on 7/20/11. I understand that there are some cancers (about 10%) cannot be found by mammography. And I understand that I fell into the 10% category. But how am I supposed to know that more testings should have been done for me? The doctor is the specialist. He should have sent me out for an Ultrasound or an MRI.

I believe that had my cancer been detected earlier, that I could have had a better chance of recovering faster with less ill effects of the treatment that I have been undergoing. Now, I will always live with the fear that the cancer will come back. I wished that Dr. Welch had taken my complaints more seriously. I am writing this to you in hopes that the medical standard should always be to send a patient out for further testings whenever they complain to their doctors about breast pain.

Signature _____ 4 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RC...

Signed at Seattle, WA Date: Apr 2 - 14

Redaction Summary (33 redactions)

4 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)
- 2 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (1 instance)
- 3 -- "Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information - 45 CFR 61.14, RCW 42.56.070(1)" (2 instances)
- 4 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" (29 instances)



- Page 3, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 7, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 21, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 23, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 23, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 6 instances
- Page 24, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 26, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 32, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 32, Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information - 45 CFR 61.14, RCW 42.56.070(1), 1 instance
- Page 33, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances
- Page 35, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
- Page 37, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
- Page 53, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
- Page 54, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
- Page 57, Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information - 45 CFR 61.14, RCW 42.56.070(1), 1 instance
- Page 57, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 6 instances
- Page 58, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance