

INVESTIGATIONS AND ENFORCEMENT DIVISION

Investigation Logging Form (ILF)

Case Number: B6-05-0138MD

Date Received: 05/15/86

Ref. Number:

Task:

Profession: Medical Disciplinary (Physicia

Location:

Investigator:

Date Assigned:

Priority: Points:

Date Closed:

Complainant(s):

Truck Insurance Exchange
P.O. Box 2478
Los Angeles, CA 90051

Licensee(s):

McIntyre, Robert Campbell
North 3919 Maple
Spokane, WA 99205
Lic: _____ Pic: _____

Description:

Subpoena issued 5/15/86.

Additional Information:

L

LZ1705B325209-MCINTRCS44RU

NAME MCINTYRE, ROBERT CAMPBELL

KEYD 123146

STA 9 CLA TYP 0 EXP 123186 FLG BAL 000000.00+

TRLS *-000 A-000 B-000 C-000 D-000 E-000 F-000 T-000

NOTE RENC 6 INSP 0 ASSN 8700000 VOTE X TITLE

LTRN 40 LVAL 012286-6038 PTRN 40 PVAL 111984-0245

LDAY 86-029 LOPR 061

PHONE 0000000 SSN 0000000000 TAX# 0000000000

ORGD 020580-1003-4 PERM 000000-0

FTIS 000000-0000-0 LTIS 000000-0

CERT 031780-0018146 OLD KEY

MAIL 1719 W 11TH AVE

CITY SPOKANE

ST WA ZIP 99204 CNTY 32

ADDL

CITY

ST ZIP 00000 CNTY 00

NEXT

9-12-86

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

Bernard J. McKone
Truck Insurance Exchange
P.O. Box 2478
Los Angeles, WA 90051

4. Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Article Number

P071080719

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X 

6. Signature - Agent

X 7. Date of Delivery **SUN. 19 1988**

8. Addressee's Address (ONLY if requested and fee paid)

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN
TO



DEPARTMENT OF LICENSING
CONSUMER PROTECTION DIVISION
P. O. BOX 2445
OLYMPIA, WA 98507

RECEIVED

JUN 23 1986

INVESTIGATION & ENFORCEMENT UNIT
PENALTY FOR PRIVATE USE, \$300



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

In the matter of)
)
ROBERT CAMPBELL MCINTYRE)
)
)
)
)
)

NO. 86-05-0138MD
AFFIDAVIT OF SERVICE THROUGH CERTIFIED MAIL

STATE OF WASHINGTON)
) ss.
County of Thurston)

Linda Lenz, being duly sworn on oath, says:

1. QUALIFICATIONS: At all times mentioned, (he) (she) was over the age of eighteen, not a party to the above entitled action, not interested in it, and competent to be a witness in such action.

2. DATE, MANNER: On June 17, 1986

(he) (she) mailed to Bernard J. McKone,
by sending via U.S. MAIL - CERTIFIED to (him) (her) a true copy of a
Investigative Subpoena Duces Tecum,

a copy of which is attached, at the following address:

Truck Insurance Exchange, P.O. Box 2478, Los Angeles, CA 90051

Linda Lenz
AFFIANT

SUBSCRIBED AND SWORN to before me this 17 day of June,

1986.

Vicki Creighton
NOTARY PUBLIC in and for the State of
Washington. My appointment expires
2/13/87

STATE OF WASHINGTON
MEDICAL DISCIPLINARY BOARD

In the Matter of the)
Investigation of) NO. 86-05-0138MD
)
ROBERT CAMPBELL MCINTYRE,) INVESTIGATIVE SUBPOENA
) DUCES TECUM
Licensee)
_____)

THE STATE OF WASHINGTON TO: Bernard J. McKone
Truck Insurance Exchange
P.O. Box 2478
Los Angeles, CA 90051

Pursuant to the authority of the Board as set forth in RCW 18.72.150, you are ordered to produce copies of all records, documents, notes and memoranda pertaining to your case number 99T-14-0838, Robert Campbell McIntyre.

You may comply with this subpoena duces tecum by producing these records for inspection and copying by a Department of Licensing investigator or other authorized agent of the Board. These records may be sent in the mail to the Department of Licensing, Consumer Protection Division, Post Office Box 2445, Olympia, WA 98507.

This also constitutes an official request that you cooperate in this investigation by answering questions, furnishing information, writing a statement or otherwise furnishing assistance so that the Board will be able to properly evaluate the matter. The records and information produced will be for the use of the Board as authorized by state law and shall not be subject to public disclosure to the extent the release would constitute an unreasonable invasion of personal privacy.

DATED this 16th day of June, 1986.

WASHINGTON STATE MEDICAL
DISCIPLINARY BOARD

By: Maurice F. Youngs
MAURICE F. YOUNGS
Staff Attorney
Litigation Unit
Consumer Protection Division



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Theresa Anna Aragón, *Director*

June 25, 1986

Confidential

Robert C. McIntyre, MD
N 3919 Maple
Spokane, WA 99205

Dear Dr. McIntyre

The Medical Disciplinary Board (MDB) members are pleased to inform you that, after careful review of a malpractice action settled by Truck Insurance Exchange, they have decided there is no reason to look further into the circumstances of the case that prompted the filing of the malpractice suit. The case involved 1 - Healthcare Information Readil... The Board's decision concludes any interest that the MDB might have had in the matter.

For your information, insurance carriers routinely report settled malpractice claims to the MDB. The Board then reviews the case to determine if quality of care by the physician was an issue needing further investigation or disciplinary action. Happily, this was not necessary in your case.

If you have questions or concerns, please feel free to contact Dr. Keith Tucker, medical consultant, 586-3335, or me.

Sincerely,

Barbara A. Hayes, Assistant Executive Secretary
Medical Disciplinary Board
Professional Programs Management Division
P.O. Box 9649
Olympia, WA 98504

(206) 753-2844



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Theresa Anna Aragón, *Director*

TO: Medical Disciplinary Board
FROM: Keith Tucker, M.D.
DATE: June 5, 1986
RE: Truck Insurance Exchange
RESPONDENT: Robert C. McIntyre, M.D., Family Practice

COMMENTS: It was charged that the on call, on the phone physician mistakenly diagnosed a digestive disturbance instead of cardiac pain. The 65 year old male died the next day of a coronary occlusion while still at home. Experts argue that these type of phone diagnoses are judgement calls and that the doctor asked the right questions. The case settled out of court for \$87,500.00.

There are no malpractice actions against this physician.

RECOMMEND: No cause for action.

KT:fj

SENDER: Complete items 1, 2, 3 and 4.

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1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

Bernard J. McKone
 Truck Insurance Exchange
 P.O. Box 2478
 Los Angeles, CA 90051

4. Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Article Number

R071080702

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

MAY 19 1988

8. Addressee's Address (ONLY if requested and fee paid)

DUSSEIN 50-9 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

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**RETURN
TO**



DEPARTMENT OF LICENSING
CONSUMER PROTECTION DIVISION
P. O. BOX 2445
OLYMPIA, WA 98507

RECEIVED

MAY 21 1986

INVESTIGATIVE &
ENFORCEMENT UNIT



PENALTY FOR PRIVATE
USE, \$300



STATE OF WASHINGTON

DEPARTMENT OF LICENSING

In the matter of)
)
Robert Campbell McIntyre)
)
)
)

NO. 86-05-0138MD

AFFIDAVIT OF SERVICE THROUGH CERTIFIED MAIL

STATE OF WASHINGTON)
) ss.
County of Thurston)

Linda Lenz, being duly sworn on oath, says:

1. QUALIFICATIONS: At all times mentioned, (he) (she) was over the age of eighteen, not a party to the above entitled action, not interested in it, and competent to be a witness in such action.

2. DATE, MANNER: On May 15, 1986

(he) (she) mailed to Bernard J. McKone,
by sending via U.S. MAIL - CERTIFIED to (him) (her) a true copy of a
Investigative Subpoena Duces Tecum,

a copy of which is attached, at the following address:

Truck Insurance Exchange, P.O. Box 2478, Los Angeles, CA 90051

Linda Lenz
AFFIANT

SUBSCRIBED AND SWORN to before me this 15 day of May,

19 86

Vicki Clighton
NOTARY PUBLIC in and for the State of
Washington. My appointment expires
2/15/87

STATE OF WASHINGTON
MEDICAL DISCIPLINARY BOARD

In the Matter of the)
Investigation of) NO. 86-05-0138MD
)
ROBERT CAMPBELL MCINTYRE,) INVESTIGATIVE SUBPOENA
) DUCES TECUM
Licensee)
_____)

THE STATE OF WASHINGTON TO: Bernard J. McKone
Truck Insurance Exchange
P.O. Box 2478
Los Angeles, CA 90051

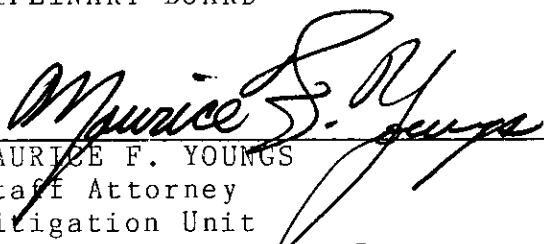
Pursuant to the authority of the Board as set forth in RCW 18.72.150, you are ordered to produce copies of all records, documents, notes and memoranda pertaining to your case number 99T-14-0838, Robert Campbell McIntyre.

You may comply with this subpoena duces tecum by producing these records for inspection and copying by a Department of Licensing investigator or other authorized agent of the Board. These records may be sent in the mail to the Department of Licensing, Consumer Protection Division, Post Office Box 2445, Olympia, WA 98507.

This also constitutes an official request that you cooperate in this investigation by answering questions, furnishing information, writing a statement or otherwise furnishing assistance so that the Board will be able to properly evaluate the matter. The records and information produced will be for the use of the Board as authorized by state law and shall not be subject to public disclosure to the extent the release would constitute an unreasonable invasion of personal privacy.

DATED this 15th day of MAY, 1986.

WASHINGTON STATE MEDICAL
DISCIPLINARY BOARD

By: 
MAURICE F. YOUNGS
Staff Attorney
Litigation Unit
Consumer Protection Division

Vicki:

Please open a file - do not
send it upstairs - immediately
move it into investigation status
& subpoena the file from the
insurance Co -

Tnx

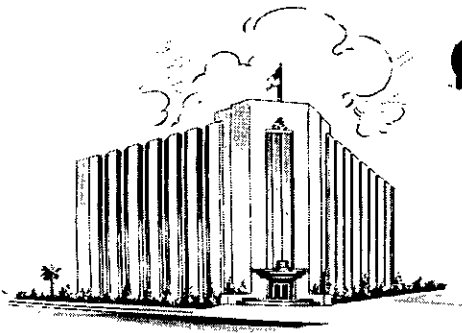
DAVE

**Any concerns regarding sam
in this establishment sh**

**Department of
Professional
Cosmetology/Bar
P.O. Box
Olympia, Wa
206/753-**



**JOHN SPELLMAN Governor
JOHN GONSALEZ Director**



HOME OFFICE - LOS ANGELES CALIFORNIA

FARMERS INSURANCE GROUP
OF COMPANIES
FARMERS INSURANCE EXCHANGE
TRUCK INSURANCE EXCHANGE
FIRE INSURANCE EXCHANGE
MID-CENTURY INSURANCE COMPANY
FARMERS NEW WORLD
LIFE INSURANCE COMPANY
TEXAS FARMERS INSURANCE COMPANY

TRUCK INSURANCE EXCHANGE

4680 WILSHIRE BOULEVARD • LOS ANGELES, CALIFORNIA 90010
MAILING ADDRESS: P.O. BOX 2478 • LOS ANGELES, CALIFORNIA 90051
PHONE: (213) 932-3200

April 16, 1986

Mr. David K. Boston
Executive Secretary
Medical Disciplinary Board
Division of Professional Licenses
P.O. Box 9649 - Mail Stop PB-01

RECEIVED
MAY 13 1986
DIVISION OF
PROFESSIONAL LICENSING

Re: Insurer Reports of Malpractice Payments

Dear Mr. Boston:

Please refer to William L. Tallyn's letter to you of 9/24/85 which referred to your letter of 8/19/85.

We have finally located and reviewed all the claims paid during the concerned time period on our insured hospitals. There are only (2) files upon which a payment was made on behalf of the physicians as they were both hospital employees. I have enclosed the completed reporting forms and limited medical records as mentioned in the reports.

If you need further information please call me. Thank you.

Sincerely,

Bernard J. McKone
Professional Liability, claims
(213) 932-3314

BJM:dab

RECEIVED
MAY 14 1986
INVESTIGATION &
ENFORCEMENT UNIT



MANDATORY REPORTING COMPLIANCE
(WAC 320-20-020)

Date: 4/15/86

Department of Licensing
Division of Professional Licenses
Medical Section
P.O. Box 9649
Olympia, Washington 98504

1. Name, address and telephone number of insurance carrier:

Truck Insurance Exchange
4680 Wilshire Blvd. Los Angeles, CA. 90010
P.O. Box 2478, Los Angeles, CA. 90051

2. Name and telephone number of person responsible for report:

Bernard J. McKone
(213) 932-3314

3. Name, address and telephone numbers of physician being reported: Robert Campbell McIntyre.

Insured: INA Health Plan of Washington
North 3919 Maple
c/o Spokane, Wa. 99205 Phone: 326-6900

4. Case number: 99T-14-0838

5. Description of facts - including dates of occurrence:

Plaintiff (deceased) 1 - Healthcare Information Readil..., 65 years. On 9/19/81, 10:30 P.m. called insureds clinic, talked to Dr. McIntyre, on call. Described severe chest pains and allegedly advised to take Maalox for relief. Collapsed and died of MI following day.

6. Name of court in which action was filed, including date of filing and docket number: Spokane Co. Superior Court #82-202575-0 filed on or about 8/19/82.

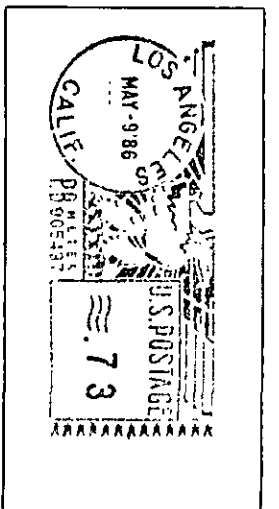
7. Any further information that would aid in the evaluation of the report: Plaintiff had no previous hx of heart trouble. Indigestion suspected as he burped and felt better while on phone to Doctor. Questionable whether future heart surgery much benefit even if admitted that night. Autopsy shows severe heart disease. Settled 87,500.

No medical records on this incident other than coroner's report, attached.

FARMERS INSURANCE GROUP OF COMPANIES



FARMERS INSURANCE GROUP
4680 WILSHIRE BLVD.
LOS ANGELES, CALIF. 90010



First Class Mail

RECEIVED
MAY 12 1986
MAIL ROOM
DEPT. OF LICENSING

Mr. David K. Boston
Executive Secretary
Medical Disciplinary Board
Division of Professional Licenses
Medical Section
P.O. Box 9649
Olympia, Washington 98504

Redaction Summary (2 redactions)

1 Privilege / Exemption reason used:

1 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (2 instances)

8

Page 9, 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 18, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance