

PRIORITY LEVEL _____
SUMMARY ACTION? _____

HEALTH PROFESSIONS QUALITY ASSURANCE
Case Disposition Worksheet

Respondent Silverstein, Pamela

Case Number 2004-10-0019MD

Date Presented: 3/2/06

Profession: Medical

Section: #5

Presented by: Harder

Staff Attorney: Berg
Pre-Assigned or Requested (circle one)⁵⁰

Staff present at B/C Disposition: _____

Panel: B

A. REQUEST FOR LEGAL ACTION:

- Summary Action: _____ *Suspension*
_____ *Practice Restrictions*
- Statement of Charges: (Complete Sanctions Worksheet)
- Statement of Allegations: (Complete Sanctions Worksheet)
- Notice of Correction:
- Notice of Determination:
- Withdrawal of SOC: Withdrawal of SOA:

Alleged Violations—RCW 18.130.180:

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

Other Violations of Relevant State or Federal Law: _____

Or

RCW 18.130 .170: _____Mental Impairment _____Physical Impairment

B. FILE CLOSED:

<input type="checkbox"/> CNA A – No Jurisdiction	<input type="checkbox"/> CNA E – No violation determined	<input type="checkbox"/> CNA I – Care rendered was within standard of care	<input type="checkbox"/> CNA X – Complaint unique closure
<input type="checkbox"/> CNA B - Below Threshold	<input type="checkbox"/> CNA F – No violation at the time the event occurred	<input type="checkbox"/> CNA J – Conduct was within standard of practice	<input type="checkbox"/>
<input checked="" type="checkbox"/> CNA C – Evidence does not support a violation	<input type="checkbox"/> CNA G – Risk minimal, not likely to reoccur	<input type="checkbox"/> CNA K - Mistaken identity	<input type="checkbox"/>
<input type="checkbox"/> CNA D – Insufficient evidence	<input type="checkbox"/> CNA H – Complainant withdrew	<input type="checkbox"/> CNA M – No Whistleblower	<input type="checkbox"/>

Further explanation (if any): _____

C. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):

⁵⁰ Program may request a specific staff attorney who has prior experience with the file or the Respondent.

DEPARTMENT OF HEALTH
INVESTIGATION SERVICE UNIT
MEMORANDUM TO FILE

DATE: February 23, 2006
CASE #: 2004-10-0019MD
Pamela G. Silverstein, M.D.
FROM: Bonita James, Healthcare Investigator 3

BJ
02-23-06

This case file was returned to Investigations from Staff Attorney, Larry Berg, to obtain a supplemental statement and supporting documentation from the respondent addressing her protocols regarding management of abnormal cervical and abnormal pap smears.

On February 9, 2006, a letter of cooperation was sent to the respondent.

On February 21, 2006, the respondent's statement and supporting documentation was received. See pages 268-276.

On February 23, 2006, this file is forward for review.

04-10-0019MD

Silverstein, Pamela A.

- Respondent Notification Letter
- NHA Notification Letter
- Malpractice Settlement Letter
- Special Letter (see comments below)

- Complainant Notification Letter
- Whistleblower
- Criminal History Letter
- Task Request

FOLLOW-UP OTHER

Date received: 2-1-06

Date assigned: 2-3-06

Investigator: Bonita James

Priority: 2

Comments: BOARD follow-up

J REV UPDATED J TIMELINES UPDATED J ASI UPDATED J TIMEKEEPING UPDATED

CONFIDENTIAL LEGAL MEMORANDUM
Attorney Work Product

DATE: January 30, 2006
TO: Investigative Services Unit
FROM: Larry Berg, Staff Attorney
RE: Pamela Silverstein, MD; Request for Additional Investigation
2004-10-0019MD

MQAC Request for Additional Investigation

Dr. Silverstein responded to a request for additional information on June 22, 2005. *See Page 31.* Her response provided few details. Please present these follow-up questions to Dr. Silverstein.

- Provide a detailed statement describing your protocols regarding management of abnormal cervical findings and abnormal Pap smears. Attach written documentation of protocols regarding management of abnormal cervical findings and abnormal Pap smears used in the practice.
- Provide a detailed statement describing your system of review, recalls, and reminders regarding management of abnormal cervical findings and abnormal Pap smears. Attach written documentation of your system of review, recalls, and reminders regarding management of abnormal cervical findings and abnormal Pap smears.
- What is your process/protocols when a patient doesn't respond to your recalls and reminders?
- Do you perform PCR-typing for HPB when laboratory pathology indicates ASCUS? If not, please explain.

Thanks!

**MEDICAL QUALITY ASSURANCE COMMISSION
CASE REVIEW DECISION**

Date: January 12, 2006

Respondent: Silverstein, Pamela

Program File #: 2004-10-0019MD

RCM: Harder

Staff Attorney: Berg

Panel B took the following action:

Closed: NCFA **Reasons:** Mark closure code

- Evidence does not support violation - **CNAC**
- Insufficient evidence - **CNAD**
- No violation determined - **CNAE**
- Not a violation at the time the event occurred – **CNAF**
- Risk minimal and not likely to reoccur – **CNAG**
- Complainant withdrew - **CNAH**
- Care rendered was within the standard of care – **CNAI**
- Conduct was within Standard of Care – **CNAJ**
- Complainant identified wrong individual - **CNAK**
- Unable to pursue without whistleblower release – **CNAM**
- Complaint unique closure-- **CNAX**

What _____

INTERIM ACTIONS OR DEFERRED:

- | | |
|--|--|
| <input type="checkbox"/> RCM Not Present | <input type="checkbox"/> RCM not Ready to Present Case |
| <input type="checkbox"/> Expert Review Ordered | <input type="checkbox"/> Waiting response from Expert Review |
| <input checked="" type="checkbox"/> Additional Investigation Ordered | <input type="checkbox"/> Waiting for additional Investigation Results |
| <input type="checkbox"/> Further Legal Review Ordered | <input type="checkbox"/> Waiting of Further Review |
| <input type="checkbox"/> Practice Review Ordered | <input type="checkbox"/> Waiting results of Practice Review |
| (How Many Patient Records? _____) | <input type="checkbox"/> Waiting for addition or new cases |
| | <input type="checkbox"/> Waiting for pending outcome of hearing or current SOC |

Other Directives/Notes: Send ltr ^{to respondent} asking for a copy of their protocol and what is being done to prevent a misread

STID ORDERED: _____ WITHDRAWAL OF SOA ORDERED _____

Reimbursement: \$ _____ Length of STID: _____

CME: _____ Topic: _____ How many hours? _____

How long to complete the CME? _____ CME Approved by: _____

PAPER: _____ Topic: _____ How many words? _____

How long to complete the Paper? _____

Practice Limitation: What Kind? _____ How Long? _____

WPHP Program: _____

Other Special Instructions: _____

SOC ORDERED _____

WITHDRAWAL of SOC ORDERED _____

Alleged Violations—RCW 18.130.180:

- ____ (1) Moral Turpitude
- ____ (2) Misrepresentation of facts
- ____ (3) False advertising
- ____ (4) Standard of Care—Incompetence, Negligence or Malpractice
- ____ (5) Out of State Action
- ____ (6) Possession or use of illegal drugs
- ____ (7) Violation of state & fed law
- ____ (8) Failure to Cooperate
- ____ (9) Failure to comply with Order
- ____ (10) Aiding and abetting unlicensed
- ____ (11) Violation of rules
- ____ (12) Practice beyond scope

- ____ (13) Misrepresentation or fraud
- ____ (14) Failure to supervise auxiliary staff
- ____ (15) Public health risk with contagious disease
- ____ (16) Gain from inefficacious drug, device or service
- ____ (17) Convict of gross misdemeanor or felony
- ____ (18) Criminal abortion
- ____ (19) Treating by secret methods
- ____ (20) Betrayal of patient privilege
- ____ (21) Rebating
- ____ (22) Interference with investigation
- ____ (23) Current misuse of drugs or alcohol
- ____ (24) Sexual contact or abuse of patient
- ____ (25) Acceptance of more than nominal gratuity

Or

RCW 18.130 .170: Mental Impairment _____

Summary Action: _____ Suspension _____ Limitation: _____

Interim order: _____ TYPE? _____

Notice of Correction: Quote RCW or WAC Violation _____

How long to complete the Corrections? _____

CONFIDENTIAL LEGAL MEMORANDUM
Attorney Work Product

DATE: December 13, 2005
TO: Ellen Harder, PA-C, Reviewing Commission Member
FROM: Larry Berg, Staff Attorney
RE: Pamela Silverstein; 2004-10-0019MD
Patient Records Review; AGUS/ASCUS Pathology Reports

1 - Attorney Work Product - RCW 42.56.290

Berg, Larry (DOH)

From: ellen harder [ejharder@msn.com]
Sent: Friday, December 23, 2005 10:01 PM
To: Lawrence.Berg@DOH.WA.GOV
Subject: RE: Silverstein; 2004-10-0019MD; Records Review

5 - Preliminary Drafts, Notes, Recommendations, Intra-Agency Memorandums - RCW 42.56.280

From: "Berg, Larry (DOH)" <Lawrence.Berg@DOH.WA.GOV>
To: "ellen harder" <ejharder@msn.com>
Subject: Silverstein; 2004-10-0019MD; Records Review
Date: Tue, 13 Dec 2005 14:43:27 -0800

1 - Attorney Work Product - RCW 42.56.290

<<Silverstein, Pamela, MD, lb, legrev re AGUS-ASCUS audit.doc>>

Larry Berg, Staff Attorney
WA State Department of Health
Health Professions Quality Assurance Office
310 Israel Road SE
PO Box 47873, Olympia, WA 98504-7873
TEL: (360) 236-4695 FAX: (360) 236-4930

Public Health - Always Working for a Safer and Healthier Washington

>>> Silverstein,Pamela,MD,lb,legrevreAGUS-ASCUSaudit.doc >>

**MEDICAL QUALITY ASSURANCE COMMISSION
CASE REVIEW DECISION**

Date: 11/17/05

Respondent: Silverstein, Pamela

Program File #: 2004-10-0019MD ✓

RCM: Harder

Staff Attorney: Berg

Panel B took the following action:

Closed: NCFA Reasons: Mark closure code

- Evidence does not support violation - **CNAC**
- Insufficient evidence - **CNAD**
- No violation determined - **CNAE**
- Not a violation at the time the event occurred – **CNAF**
- Risk minimal and not likely to reoccur – **CNAG**
- Complainant withdrew - **CNAH**
- Care rendered was within the standard of care – **CNAI**
- Conduct was within Standard of Care – **CNAJ**
- Complainant identified wrong individual - **CNAK**
- Unable to pursue without whistleblower release – **CNAM**
- Complaint unique closure--- **CNAX**

What _____

INTERIM ACTIONS OR DEFERRED

- | | |
|---|--|
| <u> </u> RCM Not Present | <u> </u> RCM not Ready to Present Case |
| <u> </u> Expert Review Ordered | <u> </u> Waiting response from Expert Review |
| <u> </u> Additional Investigation Ordered | <input checked="" type="checkbox"/> Waiting for additional Investigation Results |
| <u> </u> Further Legal Review Ordered | <u> </u> Waiting of Further Review |
| <u> </u> Practice Review Ordered
(How Many Patient Records? <u> </u>) | <u> </u> Waiting results of Practice Review |

Directives/Notes: _____

STID ORDERED: _____

WITHDRAWAL OF SOA ORDERED _____

Reimbursement: \$ _____

Probation Time: _____

CME: _____ Topic: _____ How many hours? _____

How long to complete the CME? _____ CME Approved by: _____

PAPER: _____ Topic: _____ How many words? _____

How long to complete the Paper? _____

Practice Limitation: What Kind? _____ How Long? _____

WPHP Program: _____

Other Special Instructions: _____

SOC ORDERED _____

WITHDRAWAL of SOC ORDERED _____

Alleged Violations—RCW 18.130.180:

- ____ (1) Moral Turpitude
- ____ (2) Misrepresentation of facts
- ____ (3) False advertising
- ____ (4) Incompetence
- ____ (5) Out of State Action
- ____ (6) Illegal use of drugs
- ____ (7) Violation of state & fed law
- ____ (8) Failure to Cooperate
- ____ (9) Failure to comply
- ____ (10) Aiding and abetting
- ____ (11) Violation of rules
- ____ (12) Practice beyond scope

- ____ (13) Misrepresentation or fraud
- ____ (14) Failure to supervise
- ____ (15) Public Health risk
- ____ (16) Inefficacious drugs
- ____ (17) Convict of gross misdemeanor or felony
- ____ (18) Criminal abortion
- ____ (19) Treating by secret methods
- ____ (20) Betrayal of patient privilege
- ____ (21) Rebating
- ____ (22) Interference with investigation
- ____ (23) Current misuse of drugs or alcohol
- ____ (24) Sexual Contact or abuse of patient
- ____ (25) Acceptance of more than nominal gratuity

Or

RCW 18.130 .170: Mental Impairment _____

Summary Action: _____ Suspension _____ Limitation: _____

Interim order: _____ **TYPE?** _____

Notice of Correction: Quote RCW or WAC Violation? _____

How long to complete the Corrections? _____

COPY

Legal Unit Transmittal Sheet

To: Ellen Harder, PA-C **Staff Attorney:** Larry Berg
From: Debbie Sloan, Legal Secretary **Respondent Name:** Pamela G. Silverstein, MD
Date: December 16, 2005 **Program No:** 2004-10-0019MD
cc: legal file

- For Your Information
- Additional Case Materials For Your Review
- Other

Enclosed are patient records.

MEDICAL QUALITY ASSURANCE COMMISSION
CASE REVIEW DECISION

Date: Oct 6-7, 2005

Respondent: Silverstein Pamela

Program File #: 04-10-0019MD

RCM: Harder

Staff Attorney: Berg

Panel B took the following action:

- **Closed:** NCFA; Other reason: _____

- **STID:** Terms: CME Topic: _____

Paper: _____ Reimbursement: \$ _____ Probation Time: _____

- **SOC:** Alleged Violations: .180(1) , (2) , (3) , (4) , (5) , (6) , (7) ,
(8) , (9) , (10) , (11) , (12) , (13) , (14) , (15) , (16) , (17) ,
(18) , (19) , (20) , (21) , (22) , (23) , (24) , (25) . Or .170

- **Summary Action:** Suspension Limitation: _____

- **Notice of Correction:** _____

- **Interim order for evaluation:** _____

- **Deferred:**

 Further legal review; Further investigation; Practice Review; Expert review

earlier
Directives/Notes: Referred back to IDO. (A typical Spanish CEO)

Still in process

DEPARTMENT OF HEALTH
INVESTIGATION SERVICE UNIT
MEMORANDUM TO FILE

DATE: November 8, 2005
CASE #: 2004-10-0019MD
RE: Pamela G. Silverstein, M.D.
FROM: Bonita James, HCI

This case file was returned to Investigations from Legal to obtain additional information. Specifically, it was requested that the pathology reports be obtained for 10 of the respondent's patients where cervical smear results returned ASCUS and AGUS. After the pathology reports were obtained, it was requested that a copy of each patients' chart be obtained to see how the respondent reported the lab results, what notification was sent to the patient, and any follow-up care.

A copy of the pathology reports for 12 of the respondent's patients was obtained from Empire Health Laboratories. Six reports were obtained where cervical smear results returned ASCUS and six reports where results returned AGUS. See pages 108-119.

A copy of the medical records for each patient was obtained from the respondent showing how she documented the patient's cervical smear results, the notification that was sent to the patient, and follow-up treatment. See pages 121-265.

On November 8, 2005, this file is forwarded for review.

BR 11/08/05

CONFIDENTIAL LEGAL MEMORANDUM
Attorney Work Product

DATE: August 30, 2005
TO: Investigative Services Unit
FROM: Larry Berg, Staff Attorney
RE: Pamela Silverstein, MD; Request for Additional Investigation
2004-10-0019MD

MQAC Request for Additional Investigation

1 - Attorney Work Product - RCW 42.56.290

04-10-0019 MD
Silverstein, Pamela G

- Respondent Notification Letter
- NHA Notification Letter
- Malpractice Settlement Letter
- Special Letter (see comments below)

- Complainant Notification Letter
- Whistleblower
- Criminal History Letter
- Task Request

Date received: 8/31/05
 Date assigned: 8/31/05

Investigator: Bonita James
 Priority: 2

Comments: _____

REV UPDATED TIMELINES UPDATED ASI UPDATED TIMEKEEPING UPDATED

TASK 05-09-0606

**MEDICAL QUALITY ASSURANCE COMMISSION
CASE REVIEW DECISION**

Date: 08-17-05

Respondent: Silverstein Pamela

Program File #: 04-10-0019MD

RCM: Harder

Staff Attorney: Berg

Panel B took the following action:

• **Closed:** NCFA; Other reason: _____

• **STID:** Terms: CME Topic: _____

Paper: _____ Reimbursement: \$ _____ Probation Time: _____

• **SOC:** Alleged Violations: .180(1) , (2) , (3) , (4) , (5) , (6) , (7) ,
(8) , (9) , (10) , (11) , (12) , (13) , (14) , (15) , (16) , (17) ,
(18) , (19) , (20) , (21) , (22) , (23) , (24) , (25) . Or .170

• **Summary Action:** Suspension Limitation: _____

• **Notice of Correction:** _____

• **Interim order for evaluation:** _____

• **Deferred:**

 Further legal review; Further investigation; Practice Review; Expert review

Directives/Notes: Summary from pathologist Practice/Record Review 5-10
Charts / 5 A typical squamous cell - 5 cervical cancer
find patient letter - Any notification letters sent?

MEDICAL QUALITY ASSURANCE COMMISSION
CASE REVIEW DECISION

7/14
Site w/ investigations.

Date: July 7, 2005

Respondent: Silverstein, Pamela G.

Program File #: 2004-10-0019MD

RCM: Harder

Staff Attorney: Berg

Panel B took the following action:

• **Closed:** NCFA; Other reason: _____

• **STID:** Terms: CME Topic: _____

Paper: _____ Reimbursement: \$ _____ Probation Time: _____

• **SOC:** Alleged Violations: .180(1) _____, (2) _____, (3) _____, (4) _____, (5) _____, (6) _____, (7) _____,
(8) _____, (9) _____, (10) _____, (11) _____, (12) _____, (13) _____, (14) _____, (15) _____, (16) _____, (17) _____,
(18) _____, (19) _____, (20) _____, (21) _____, (22) _____, (23) _____, (24) _____, (25) _____. Or .170 _____

• **Summary Action:** Suspension Limitation: _____

• **Notice of Correction:** _____

• **Interim order for evaluation:** _____

• **Deferred:** _____

Further legal review; Further investigation; Practice Review; Expert review

Directives/Notes: Waiting for additional information from INO.

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS SECTION 2
CLOSING MEMORANDUM

July 20, 2005

TO: James Smith, HCI IV

FROM: Bonita D. James, HCI

SUBJECT: Pamela G. Silverstein, M.D.
#2004-10-0019MD

This case file was sent to Investigations to obtain some additional information. Specifically, it was requested that medical records be obtained that support the statement by the plaintiff's expert, Dr. Kaufman, that the patient had evidence of metastases to the periaortic lymph nodes and right common iliac lymph nodes in October/November 2003. Additionally, it was requested that the respondent provide a statement addressing any changes that she had made to her practice as a result of this case.

The plaintiff's counsel, Mr. J. Gregory Casey, was contacted to ascertain if there were any medical records to support Dr. Kaufman's opinion regarding the patient's cancer. Mr. Casey said that Dr. Kaufman got his information from the patient's oncologist medical records. Mr. Casey said that he would have to get the records from archives and also get permission from his client. He said that he would have his assistant work on this for him.

On July 20, 2005, Mr. Casey's office provided a copy of the patient's medical records from her oncologist. See pages 32-101.

With regard to the request for the respondent to provide a statement concerning the changes that she had made in her practice since this case, the respondent stated the following:

1. We reviewed our protocols regarding management of abnormal cervical findings and abnormal Pap smears. The protocols were confirmed to be appropriate and up to date.
2. The case was reviewed and discussed in detail with all health care providers in the practice.
3. Emphasis to all providers was on care and accuracy in reading and management of abnormal Pap smear reports.
4. The system of review, recalls, and reminders was also examined to tighten areas of vulnerability to errors and omissions. See page 31.

On July 20, 2005, this file is forwarded for review.

7/25/05
JMS

CONFIDENTIAL LEGAL MEMORANDUM
Attorney Work Product

DATE: May 26, 2005

TO: Bónita James, Health Care Investigator
Lynn Larsen-LeVier, PA-C

FROM: Larry Berg, Staff Attorney

RE: Pamela Silverstein, MD
2004-10-0019MD

1 - Attorney Work Product - RCW 42.56.290

04-10-0019 MD
Silverstein, Pamela

- Respondent Notification Letter
- NHA Notification Letter
- Malpractice Settlement Letter
- Special Letter (see comments below)

- Complainant Notification Letter
- Whistleblower
- Criminal History Letter
- Task Request

05-06-0612

Date received: 6/1/05
Date assigned: 6/2/05

Investigator: Bonita James
Priority: 2

Comments: _____

- REV UPDATED
- TIMELINES UPDATED
- ASI UPDATED
- TIMEKEEPING UPDATED

9/30

**MEDICAL QUALITY ASSURANCE COMMISSION
CASE REVIEW DECISION**

Date: April 7-8, 2005

Respondent: Silverstein, Pamela G. Program File #: 2004-10-0019MD

RCM: Harder Staff Attorney: Rosemary Irvin

Panel B took the following action:

• **Closed:** NCFA; Other reason: _____

• **STID:** Terms: CME Topic: _____

Paper: _____ Reimbursement: \$ _____ Probation Time: _____

• **SOC:** Alleged Violations: .180(1) _____, (2) _____, (3) _____, (4) _____, (5) _____, (6) _____, (7) _____,
(8) _____, (9) _____, (10) _____, (11) _____, (12) _____, (13) _____, (14) _____, (15) _____, (16) _____, (17) _____,
(18) _____, (19) _____, (20) _____, (21) _____, (22) _____, (23) _____, (24) _____, (25) _____. Or .170 _____

• **Summary Action:** _____ Suspension _____ Limitation: _____

• **Notice of Correction:** _____

• **Interim order for evaluation:** _____

• **Deferred:**
_____ Further legal review; _____ Further investigation; _____ Practice Review; _____ Expert review

Directives/Notes: to next meeting

**DEPARTMENT OF HEALTH
Medical Quality Assurance Commission**

CONFIDENTIAL LEGAL MEMORANDUM

DATE: March 31, 2005
TO: Ellen Harder, Reviewing Commission Member
FROM: Rosemary Irvin (253) 395-2788
Staff Attorney, Department of Health
RE: **PAMELA G. SILVERSTEIN, MD**
Case No. 2004-10-0019MD

Companion Case: Franklin Hammond Martin, M.D.
Case No. 2004-10-0020MD

Respondent's ASI address:

910 W 5th STE 510
Spokane, Washington 99204

Respondent: 54- year-old Board-certified OB/Gyn DOB: 09/30/49

Complainant: Physician Insurance Exchange

License Issued: January 1981

License Expires: September 2005

Prior Complaints: #94-03-0002MD. Closed. (file unavailable)
#95-02-0011MD. Closed. (file unavailable)
#98-07-0058MD. Medical malpractice settlement for \$200,000.Closed.
#03-10-0047MD. Closed.

SUMMARY

Missed diagnosis of cervical cancer over a four-year period.

FACTS

1 - Attorney Work Product - RCW 42.56.290

1 - Attorney Work Product - RCW 42.56.290

Staff Assignment Worksheet

Respondent Name: Silverstein, Pamela G.

Case#(s): 2004-10-0019 MD Docket No.: _____

Program: Medical Program contact: _____

Reviewing Member: Harder

<input type="checkbox"/> Bahn, Mike	P or B	<input type="checkbox"/> Hoehn, Karl	P or B	<input type="checkbox"/> Weeks, Kristi	P or B
<input type="checkbox"/> Berg, Larry	P or B	<input checked="" type="checkbox"/> Irvin, Rosemary	<input checked="" type="checkbox"/> P or B	<input type="checkbox"/> Weinstein, Elyette	P or B
<input type="checkbox"/> Evans-Cordts, Barb	P or B	<input type="checkbox"/> Jensen, Karen	P or B	<input type="checkbox"/> Weisman, Mike	P or B
<input type="checkbox"/> Farrell, Mike	P or B	<input type="checkbox"/> Kelly, Trent	P or B	<input type="checkbox"/> Young, Judy	P or B
<input type="checkbox"/> Gilbert, Margaret	P or B	<input type="checkbox"/> Landreau, Teresa	P or B	<input type="checkbox"/> Banning, Gail	P or B
<input type="checkbox"/> Hanley, Patrick	P or B	<input type="checkbox"/> McLaughlin, Jim	P or B	<input type="checkbox"/> Bradley,Carolynn	P or B
<input type="checkbox"/> Harris, Peter	P or B	<input type="checkbox"/> Staiger, Janet	P or B	<input type="checkbox"/> Young, Debi	P or B

P = Primary B = Back-up

Received through IRP CMT ISU or Re-assigned on: 3/09/05

File to Staff Attorney or Paralegal on: 3/18/05

ACTION REQUESTED:

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Legal Review / Triage | <input type="checkbox"/> NOC |
| <input type="checkbox"/> Mental Evaluation | <input type="checkbox"/> NOD / BAP |
| <input type="checkbox"/> SOA / STID | <input type="checkbox"/> SOC |
| <input type="checkbox"/> Cease & Desist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Default / Waiver | |

SUMMARY Task Force Case

INITIAL WHEN SYSTEM IS UPDATED

X ASI X TIMELINES _____ TALLY _____ Excel

Health Professions Legal Service Unit JOB ASSIGNMENT REQUEST FORM

PARALEGALS

- To: Carolynn Bradley
 Debi Young
 Gail Banning

ADMIN SUPPORT

- To: Brittany Reed
 Debbie Sloan
 Donna Thorson
 Erika Quinn-Ellenbecker
 Joleen Karl
 Russ Holm
 Sonja Craddock

OTHER

- _____

STAFF ATTORNEY / PARALEGAL	RESPONDENT	CASE NUMBER
		DOCKET NUMBER
RESPONDENT'S ATTORNEY	REVIEWING MEMBER	AAG
		PROGRAM CONTACT
DATE REQUESTED	DATE DUE	DATE COMPLETED

<input type="checkbox"/> BAP <input type="checkbox"/> Copy <input type="checkbox"/> File <input type="checkbox"/> Materials For: <input type="checkbox"/> RM, <input type="checkbox"/> MC, <input type="checkbox"/> AAG, <input type="checkbox"/> Expert <input type="checkbox"/> Default / Waiver <input type="checkbox"/> Expert Contract & File Preparation <input type="checkbox"/> Interim Order - Forms & Records Preparation <input type="checkbox"/> Modification / Reinstatement <input type="checkbox"/> Notice of Correction <input type="checkbox"/> Pre-Hearing Memo <input type="checkbox"/> RAGS	<input type="checkbox"/> Schedule Settlement Conference <input type="checkbox"/> Service <input type="checkbox"/> Settlement <input type="checkbox"/> SOC Packet <input type="checkbox"/> STID or Agreed Order <input type="checkbox"/> Summary Limitation / Suspension <input type="checkbox"/> Transfer of Case to AGO <input type="checkbox"/> Triage / Legal Review <input type="checkbox"/> Letter and _____ <input type="checkbox"/> Other _____ SOA: _____ hours _____ # of violations
--	--

ADDITIONAL INSTRUCTIONS / COMMENTS:



Health Profession Quality Assurance
Individual Case Summary Report
As of 03/21/2005 11:12:47 AM

Printed By GOTHOMBER0303 03/21/2005 11:12:52 AM

Profession: Medical License #: MD00018869 Name : Silverstein, Pamela G
Case #: 2004-10-0019 Description: Unprof - Malpractice Reporting Docket #: N/A
Date Opened: 10/04/2004 Date Closed: Total Days As of 03/21/2005: 168

Current Step = Case Disposition

Step Name	Step Start	Step End	Step Due	Auth Days	Extend Days	Days Used	Days Remain	Next Step
Intake/Assess	10/04/2004	10/06/2004	10/25/2004	21	0	2	19	Investigation
Investigation	10/06/2004	11/24/2004	03/25/2005	170	0	49	121	Case Disposition
Case Disposition	11/24/2004		04/13/2005	140	0	117	23	

Respondent: Silverstein, Pamela G.
Case #: 04-10-0019 MD
IRP Presenter: Larsen-LeVier

MEDICAL QUALITY ASSURANCE COMMISSION
Initial Review Panel
Case Assignment Transmittal
MAR - 9 2005

Date: _____

To: _____ Legal _____, Staff Attorney
_____ Investigations
_____ Licensing Manager
_____ Medical Consultant
_____ Case Coordinator
_____ Compliance Officer

The following action was ordered by the Initial Review Panel at the MAR - 9 2005 meeting:

- | | |
|--|--|
| <input type="checkbox"/> Close "no cause for action" | <input type="checkbox"/> Close with letter of concern |
| <input type="checkbox"/> Close "no jurisdiction" | <input type="checkbox"/> Close no jurisdiction. To local Medical Society |
| <input type="checkbox"/> Administrative closure | <input type="checkbox"/> Expert Review by _____ |
| <input checked="" type="checkbox"/> To RCM _____ | <input type="checkbox"/> Legal Review |
| <input type="checkbox"/> Close "below threshold" | |

_____ Further investigation concerning _____

_____ Practice review with emphasis on _____

_____ Other _____

Special Instructions: _____

**INITIAL REVIEW PANEL
CASE REVIEW
Case Number: 2004-10-0019MD & 0020MD**

Date: February 22, 2005
Presented by: Lynn Larsen-LeVier, PA-C

Respondent: 0019 - Pamela G Silverstein MD County Spokane
0020 - Franklin H Martin MD

Complainant: Physician Insurance Exchange

CASE SUMMARY

The Respondents:

0019MD	Board Certified OB/Gyn DOB: 9/30/49 Licensed since: 1/81
0020MD	Board Certified Pathology DOB: 5/20/43 Licensed since: 7/79

MD/PA	_____
AGE	_____
FOP	_____
TOM	_____
C/C	_____, _____, _____
Disp	_____

The Complainant:
Physician Insurance Exchange

Malpractice Settlement:
\$416,667 for 0019MD
\$555,555 for 0020MD but this company paid only \$125,000 for each MD.

The Complaint:
The Respondents allegedly failed to timely discover cervical cancer in a 27-year-old female. The Patient had two years of post-coital bleeding and in November 2002, she had an AGUS PAP. No colposcopy was performed. The Patient was told to return in six months for a repeat PAP and by that time she had a stage IB1 adenocarcinoma of the cervix with involvement of the pelvic, common iliac, and periaortic lymph node chain. There was a third MD who paid out over 1 million, but he is deceased.

Complaint Review:
The Patient was a 25-year-old female in May 2001 when she came in for her annual PAP. She had been faithful about having annual PAP exams. The Patient had a history of cervical friability and had been treated for bacterial vaginosis (BV) in the past.

On May 25, 2001, during the annual exam, the ARNP provider noted that the Patient's cervix was "very friable". The PAP was limited by obscuring blood. Prior to this date, the PAP tests were negative for abnormal cells. On this date because there were endometrial cells present, the slide was reviewed by the pathologist. That pathologist has since died. He read the slide as normal.

On November 25, 2002, the Patient returned for her annual exam. She told the ARNP provider that she had experienced bleeding with intercourse for the prior six months after going off her

oral contraceptive pills. On exam, the ARNP provider noted a very friable cervix that bled with speculum motion. GC and chlamydia cultures were taken. The ARNP provider asked the Patient to return to the clinic if the cultures were negative and have Respondent 0019 examine her cervix. GC and chlamydia cultures were negative. Apparently the Patient did not return or was not scheduled for a return visit. The PAP from this November 2002 annual was read by Respondent 0020MD as positive for atypical glandular cells of uncertain significance (AGUS). When the report landed in the clinic, it was reviewed by Respondent 0019MD and she asked the clinic to contact the Patient and have her schedule a repeat PAP in 6 months. This was not the protocol for Respondent 0019's office for an AGUS PAP.

In July 2003 the Patient was sent a PAP reminder.

On September 30, 2003, the Patient returned for her "rePAP". The PAP for this exam was positive for atypical glandular cells of uncertain significance and highly suspicious for endometrial/endocervical adenocarcinoma.

The Patient was called and scheduled for a colposcopy on October 27, 2003. The colpo was performed by another MD provider and was positive for invasive moderately differentiated endocervical adenocarcinoma with squamous cell carcinoma in situ. The Patient was subsequently seen by a Gyn/Oncologist.

On November 19, 2003 during exploratory surgery it was discovered that her right pelvic and periaortic lymph nodes were involved with cancer. She was treated with external beam radiation and possibly implant therapy.

Plaintiff's counsel had a pathologist review the Patient's PAPs dating back to June 1999. The reviewing pathologist felt that, in retrospect, he was able to recognize atypical glandular and squamous cells of uncertain significance, so both ASCUS cells as well as AGUS cells. Additionally he felt the specimen from May 2000 was positive for multiple groupings of atypical glandular cells and should have been read as a rule out adenocarcinoma in situ vs. high grade squamous intraepithelial neoplasia (HGSIL). Additionally, an OB/Gyn expert for the Plaintiff asserted that in November 2002 when the pathology report was finally accurate, the Patient should have been brought back in for a colposcopy immediately rather than waiting 6 months.

Respondent 0019MD asserts that it was the protocol for the clinic to do colposcopies on AGUS slides but unfortunately they believed that the report was misread as an ASCUS and that was why no colposcopy was done.

In his letter to the Commission, Respondent 0020MD, the pathologist, indicates that the lab has changed procedures for reviewing slides and also does more extensive follow up with clinics once abnormal slides have been identified.

Prior Cases:

0019MD

#94-03-0002MD. Beyond archival retention. Closed.

#95-02-0011MD. Beyond archival retention. Closed.

#98-07-0058MD. Medical malpractice settlement for \$200,000. Alleged improper management of a post-surgical Patient, which brought about the development of a septic-like condition. This,

in turn, aggravated a pre-existing undiagnosed cardiac abnormality, that led to the death of a 38-year-old married female Patient. Closed NCFA.

03-10-0047MD. Closed ncfa. The Complainant reports that on September 5, 2003, she underwent a laparoscopy procedure by the Respondent for suspected endometriosis. The Complainant notes that the Respondent lacerated the iliac artery during the procedure, necessitating emergency intervention by another provider. The Complainant notes that the day-surgery turned into a nine-day hospital stay and that she is now faced with a number of bills that she finds she is unable to pay due to the fact that she is unable to work.

0020MD

None

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS SECTION 5
CLOSING MEMORANDUM

November 22, 2004

TO: James Smith, HCI IV

FROM: Bonita D. James, HCI

SUBJECT: Pamela G. Silverstein, M.D.
#2004-10-0019MD

CROSS REFERENCE: Franklin H. Martin, M.D.
#2004-10-0020MD

This case originated from a medical malpractice settlement report from Physicians Insurance Company regarding an alleged failure to order further testing resulting in a delayed diagnosis of cervical cancer in a 27-year-old female.

The plaintiff's counsel was contacted for an expert opinion or any other information that they felt the Commission should review for this case. See pages 16-29.

The respondent said that various providers saw the patient at the Woman Health Clinic from March 1995 until October 2003. She said that during that time, the patient was found to have a friable cervix in 1999 with a Pap smear indicative of inflammatory atypia. The patient was treated at that time with resolution. The patient had normal Pap smears in 2000 and 2001. Her cervix was noted to be normal in 2000, but was again friable in 2001 and 2002.

The respondent said that she became involved in the patient's care when she saw a Pap smear report of November of 2002 that was reported as Atypical Glandular Cells of Uncertain Significance. She said that she recommended a repeat Pap smear in six months. The respondent said that as her protocol of management of AGUS smears does recommend a colposcopy, the recommendation of the repeat Pap smear probably represented a misreading of the report (as ASCUS, rather than AGUS).

The respondent said that the patient returned ten months later, after two reminders, for a repeat Pap smear in September of 2003. The results were read as Atypical Glandular Cells of Uncertain Significance, highly suspicious for endometrial/endocervical adenocarcinoma. The patient returned in October for 2003, for a colposcopy, cervical and endometrial biopsy, which showed invasive moderately well differentiated endocervical adenocarcinoma. The patient was then transferred to GYN Oncology for further evaluation and treatment.

11/24/04

The respondent said that evidently review of the previous Pap smears prior to November 2002, revealed that the pathology department had misread those Paps and the patient actually did not have a prior history of normal Paps before her 2002 Pap. She said that it appears that adenocarcinoma may have been present as early as 2000, in retrospective review by pathologists.

Prior cases: **#03-10-0047MD** -- A patient reported that on 9-5-03, she underwent a laparoscopy procedure by the respondent for suspected endometriosis. She said that the respondent lacerated the iliac artery during the procedure, necessitating emergency intervention by another provider. Closed NCFA.
#94-03-0002MD -- Beyond archives retention. Closed.
#95-02-0011MD -- Beyond archives retention. Closed.
#98-07-0058MD -- MMP settlement report for \$200,000.00. Alleged improper management of a post-surgical patient, which brought about the development of a septic-like condition. This in turn, aggravated a pre-existing undiagnosed cardiac abnormality that lead to the death of a 38-year-old female patient. Closed NCFA.

**WASHINGTON STATE MEDICAL QUALITY ASSURANCE COMMISSION
REQUEST FOR INVESTIGATIVE SERVICES**

TO: *Medical Investigations Unit*
FROM: *Cindy Hamilton, Intake Coordinator*
PHONE: *236-4805*

DATE: 10-6-04

CASE #: 04-10-0020MD

RESPONDENT: SILVERSTEIN, PAMELA G. MD

LOCATION: SPOKANE, WA

PRIORITY: 3 **CODE:** 04

INVESTIGATOR ASSIGNED: Bonita James

PA CONSULTANT ASSIGNED: LLL

COMPLAINANT: Physicians Insurance

BACKGROUND COMMENTS

INITIAL ASSESSMENT REVIEW
Case Number: 2004-10-0019MD & 0020MD

Date: October 5, 2004
Presented by: Lynn Larsen-LeVier, PA-C

Respondent: Pamela G Silverstein MD & Franklin H Martin MD County: Spokane

Complainant: Physician Insurance Exchange

CASE SUMMARY

The Respondents:

Board Certified OB/Gyn
DOB: 9/30/49
Licensed since: 1/81
Board Certified Pathology
DOB: 5/20/43
Licensed since: 7/79

MD/PA	___
AGE	___
FOP	___
TOM	___
C/C	___, ___
Disp	___

The Complainant:

Physician Insurance Exchange

Malpractice Settlement:

\$416,667 for 0019MD and \$555,555 for 0020MD but this company paid only \$125,000 for each MD

The Complaint:

The Respondents failed to timely discover cervical cancer in a 27-year-old female. The Patient had two years of post-coital bleeding and in November 02 an AGUS PAP. No subsequent colposcopy was performed. The Patient was to return in six months for a repeat PAP and by that time she had a stage IB1 adenocarcinoma of the cervix with involvement of the pelvic, common iliac, and periaortic lymph node chain. There was a third MD who paid out over 1 million, but he is deceased.

Complaint Review:

NA

Prior Cases:

0019MD four
0020MD None

Code: 04

Notification: Yes No

Investigative Plan Suggestions:

- There is an ARNP involved in the early care.
- Will need to contact Plaintiffs counsel and ask if they had expert report and if they had overread on PAP slides.
- Respondents statements

**INITIAL REVIEW PANEL
CASE PRESENTATION**

Case Number:
03-10-0047MD

RRR

MD/PA	_____
AGE	_____
FOP	_____
TOM	_____
C/C	_____, _____, _____
Disp	_____

Date: February 10, 2004
Presented by: Bill N. Crowell, PA-C

Respondent: Pamela Gee Silverstein, MD Spokane County

Complainant: Ronna Falkner

CASE SUMMARY

The Respondent: Is a 54-year-old Board Certified OB/GYN physician, who has been licensed in the State of Washington since January 12, 1981.

The Complainant: A former patient.

Malpractice Settlement: N/A

The Complaint: Medical negligence.

Complaint Review: The Complainant reports that on September 5, 2003, she underwent a laparoscopy procedure by the Respondent for suspected endometriosis. The Complainant notes that the Respondent lacerated the iliac artery during the procedure, necessitating emergency intervention by another provider. The Complainant notes that the day-surgery turned into a nine-day hospital stay and that she is now faced with a number of bills that she finds she is unable to pay due to the fact that she is unable to work.

The Respondent, represented by counsel, replies by saying that while doing a diagnostic laparoscopy on the Complainant, a 26-year-old female, an injury to the left iliac vein occurred at the bifurcation of the right and left iliac veins from the inferior vena cava. The Respondent goes on to say that this was thought to have occurred when the trocar brushed the sacral promontory on entry of the abdominal cavity.

The Respondent contends that this type of injury is a recognized complication of laparoscopy and can occur despite due care. The Respondent points out that the injury was promptly recognized, that a general surgeon was consulted and an immediate repair of the iliac vein was completed.

Postoperatively, the Complainant received packed red blood cells and was placed on anticoagulant therapy per general surgery. In addition, the Respondent notes that the Complainant developed an abdominal wall hematoma during her hospitalization that spontaneously drained. The Complainant was doing well at her 7-week postoperative check-up.

Admitted on September 5, 2003, the Complainant was discharged on September 13, 2003.

Prior Cases: 3

RRR

#94-03-0002MD. Beyond archival retention. Closed.

#95-02-0011MD. Beyond archival retention. Closed.

#98-07-0058MD. Medical malpractice settlement for \$200,000. Alleged improper management of a post-surgical patient, which brought about the development of a septic-like condition. This, in turn, aggravated a pre-existing undiagnosed cardiac abnormality, that led to the death of a 38-year-old married female patient. Closed NCF.

PRIOR

CASE NUMBER	COMPLAINANT	COMPLAINT DATE	INVESTIGATOR	TYPE	STATUS
94030002	PHYSICIAN INSURANCE	03-01-1994			CLOSED
95020011	2 - DOH Licensee Heal...	02-03-1995		13	CLOSED
98070058	PHYSICIANS INS EXCH	07-28-1998		35	CNAG
2003100047	2 - DOH Licensee Health Prof...	10-09-2003		19	CNAE
2004100019	PHYSICIANS INSURANCE	10-04-2004		35	ASSESS

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

Name and Mailing Address:

PAMELA SILVERSTEIN MD
910 W 5TH AVE STE 510
SPOKANE WA 99204-2972

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: 1-509-747-1055

Birthdate: 09/30/1949

Birthplace: HOUSTON, TX UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: INTERNAL MEDICINE

**Self-Designated Practice Specialties/Areas of Practice (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, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

Current and/or Historical Medical School:

BAYLOR COLL OF MED, HOUSTON TX 77030

Degree Awarded: Yes

Reported Year of Graduation 1974

American Medical Association

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Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: BAYLOR COLL OF MED
Specialty : INTERNAL MEDICINE

State: TEXAS
07/1974 - 06/1975
(VERIFIED)

Institution: BAYLOR COLL OF MED
Specialty : INTERNAL MEDICINE

State: TEXAS
07/1975 - 12/1975
(VERIFIED)

Institution: BAYLOR COLL OF MED
Specialty : UROLOGY

State: TEXAS
06/1978 - 06/1981
(VERIFIED)

Note: 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: 1975

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	01/12/1981	09/30/2005	ACTIVE	UNLIMITED	08/17/2004
COLORADO	MD	10/14/1975	05/31/1983	INACTIVE	UNLIMITED	07/13/2004
TEXAS	MD	08/17/1974	12/31/1982	INACTIVE	UNLIMITED	08/30/2004

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

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Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

ECFMG Certification:

Applicant Number:

Note: 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 in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

FEDERAL DEA REGISTRATION INFORMATION WAS LAST REPORTED TO THE AMA ON 09/01/2004.
DEA REGISTRATION IS VALID THROUGH 02/28/2005.

Note: 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(s)*:

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 "display agent" of the ABMS Specialty 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 accrediting bodies such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	01/01/1984		INITIAL	09/08/2004

Note: 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. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2004 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

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.

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515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

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. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources
Attn: Physician Profile Unit
515 N. State Street
Chicago, IL 60610
312 464-5199
312 464-5900 (fax)

crh0303
INDIVIDUAL NAME
LAST SILVERSTEIN
FIRST PAMELA
MIDDLE GEE

REAL SYSTEM
(JR, SR, III)

V2.5.7 12:15:12 PM
REFERENCE # MD00018869
SOC SEC NUM 3-DOH Licensee Soci...

RESIDENCE INFORMATION
910 W 5TH AVE STE 510
SPOKANE WA 99204

PHONE: () - COUNTY: 32
() - LGL ST:

NOTES

---ADDITIONAL INFORMATION---
SEX F = MARRIED Y =
OTHER NAME
CORP. OFFICER =
TRUST ACCOUNT
BIRTH PLACE
DATE 09-30-1949
SCHOOL CODE 048-04
CE UNITS 0.00 REQD BY 09-30-2005

CURRENT STATUS: A D EXPIRATION DATE: 09-30-2005 FIRST ISSUE DATE: 01-12-1981
RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 09-18-2003
COMPLAINTS O/C: 0/4 AUTHORITY:

2004-10-0019 MD
35/4

~~09~~ 10/4/2004

Brd Cert - Ob Gyn
1974 / Baylor ; Houston, TX

Companion Case

→ Martin, Franklin Hammond
2004-10-0020 MD

Complainant

Physicians Insurance



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

March 23, 2006

Pamela G. Silverstein, MD
910 W 5th Ave
Suite 510
Spokane, WA 99204

SUBJECT: Pamela G. Silverstein, MD; MD00018869; Case No. 2004-10-0019MD

Dear Dr. Silverstein:

The Medical Quality Assurance Commission has completed its investigation regarding a medical malpractice payment report.

In order to take action, the Commission must prove that there were violations of rules or regulations governing the profession. After careful consideration of the records and information obtained during its investigation, it was determined that disciplinary action is not necessary.

As a reminder, you may submit an additional written statement if you wish it to be added to the case file. The file will be subject to release within the guidelines established by Washington public disclosure laws. Public disclosure requests usually come from insurance companies and employers.

Thank you very much for your cooperation in this matter. If you have any questions, please feel free to contact me at (360)236-4791 or Maryella Jansen, Deputy Executive Director, at (360)236-4791.

Respectfully,

LISA NOONAN, Case Management Manager
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

February 9, 2006

Pamela G. Silverstein, M.D.
910 West 5th Avenue, Suite 510
Spokane, WA 99204

Re: Our file no: #2004-10-0019MD

Dear Dr. Silverstein:

As you are aware, the Washington State Medical Quality Assurance Commission is in the process of reviewing the medical malpractice settlement report concerning your care of Ms.


4 - Healthcare Information Readily Identifiable... The Medical Commission has requested that you provide the following additional information:

1. A **detailed statement** describing your protocols regarding management of abnormal cervical findings and abnormal Pap smears. Attach written documentation of protocols regarding management of abnormal cervical findings and abnormal Pap smears used in your practice.
2. A **detailed statement** describing your system of review, recalls, and reminders regarding management of abnormal cervical findings and abnormal Pap smears. Attach written documentation of your system review, recalls, and reminders regarding management of abnormal cervical findings and abnormal Pap smears.
3. What is your process/protocols when a patient does not respond to your recalls and reminders? **Please explain.**
4. Do you perform PCR-typing for HPB when laboratory pathology indicates ASCUS? **If not, please explain.**

Under provisions of RCW 18.130.180(8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws. Failure to cooperate is unprofessional conduct pursuant to RCW 18.130.180(8).

Your response is requested **within fourteen (14) days** following your receipt of this letter. Please mail your reply to: **Bonita James, Health Care Investigator, Department of Health, Investigation Service Unit, P.O. Box 47874, Olympia, Washington 98504-7874.**

Thank you for your cooperation. If you have any questions, please feel free to contact me at **(360) 236-4803** or by fax at **(360) 586-4573.**

Sincerely,

Bonita James
Health Care Investigator



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PAMELA G SILVERSTEIN MD
 910 WEST 5TH AVE SUITE 510
 SPOKANE WA 99204

7003 3110 0000 9419 7979

See for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Julie Palmer</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Julie Palmer</i> C. Date of Delivery <i>2/3/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>PAMELA G SILVERSTEIN MD 910 WEST 5TH AVE SUITE 510 SPOKANE WA 99204</p>	<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from si) 7003 3110 0000 9419 7979</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

WOMAN HEALTH
OBSTETRICS • GYNECOLOGY • INFERTILITY

RECEIVED

FEB 21 2006

DEPARTMENT OF HEALTH
Investigation Service Unit

Pamela Gee Silverstein, M.D.
Valerie Ewert, C.N.M.
Adie Goldberg, A.C.S.W., M.Ed.

Lewis Meline, M.D.
Leanne Zilar, A.R.N.P.

Bonita James
Health Care Investigator
Department of Health
Investigative Service Unit
P.O. Box 47874
Olympia Wa 98504-7874

February 17, 2006

Dear Ms. James:

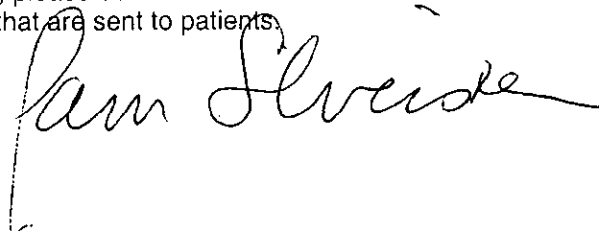
The following is in response to your letter of 2/9/06 regarding file no. #2004-10-0019MD

- 1) All Pap smears are reviewed by the nurses: normal Paps are referred to and signed off by provider; notification is sent to patient
- 2) abnormal Pap smears are pulled with charts, referred for review to provider; followup is determined by provider, and appropriate notification is then sent by letter by the nurses to the patient. Recall is put into computer.
- 3) Management of abnormal Pap smears:
 - a) ASCUS (reactive) rePap in six (6) months
 - b) ASCUS (inflammatory atypia vs mild dysplasia) :do colposcopy, with HPV done, if not pregnant. If pregnant, repeat or do colposcopy post partum.
 - c) CIN I : do colposcopy (with HPV). If pregnant, with CIN I, do colposcopy postpartum
 - d) CIN II-III (hi grade SIL) do colposcopy. If pregnant, do colposcopy without ECC.Repeat colposcopy postpartum.
 - e) AGUS: do colposcopy
 - f) Squamous cell Ca: do colposcopy
 - g) Inflammatory atypia: repeat Pap in six months
- 4) Reminders and recalls:
 - a) routine annual reminders are mailed to the patients
 - b) Once a patient is notified regarding an abnormal Pap, recall is placed in the computer. If the patient does not return for followup, reminders are sent out every month for three months. A phone call is made to the patient if immediate evaluation is deemed necessary.
 - c) Any abnormal finding requiring followup is placed in the computer for recall, with the same frequency of reminders.
- 5) HPV testing is ordered if more than one Pap smear shows ASCUS, or at the time of colposcopy, if ASCUS with possible mild dysplasia. The results of the HPV testing are utilized to determine the need for colposcopy or the nature of treatment in cases of possible or actual LGSIL.

If you have further questions, please do not hesitate to contact me. Enclosed are the office protocols and written letters that are sent to patients.

Sincerely

Pam Silverstein MD FACOG



Complications of Pregnancy

Acute Psychiatric Episode

- If client develops a psychiatric problem that requires immediate attention, and possible hospitalization, consult with physician for management plan
- If problem does not warrant immediate attention refer client to appropriate mental health services.
- Contact appropriate support services or Public Health Department (PHD) case management as indicated

Abnormal Pap Smear

Bethesda System	Comments	Patient Management	PAP F/U and Referral
Pregnant Patient			
Within normal limits			Repeat at 6 weeks postpartum
Unsat. No endo. Cells		If benign Pap hx. Pap at 6 weeks	Repap asap if H/O abn. Pap
Satisfactory but limited by inflammation	If consistent marked inflammation	Consider Tx. For cervicitis	Repeat at 6 weeks postpartum
Infection			
Trichomonas	Highly diagnostic	Offer treatment/wet mt	Send letter, repap at 6 weeks PP
Fungus consistent with Candida		Offer therapy if symptomatic	Send letter, repap at 6 weeks PP
Herpes simplex virus	Diagnostic of HSV	Culture unnec. Unless patient desires	Notify patient by phone or send letter
Reactive/Reparative			
Inflammation (Inflammatory Atypia)	GC, CT, or other pathogens or benign changes	Local Tx for specific cause.	Repap at 6 weeks PP, unless H.O abn paps, then repap in 3 months.
Epithelial Changes			
Atypical cells of undetermined significance (ASCUS)	Inflammation vs. Mild dysplasia ASCUS/Reactive is benign	Repap at 6 weeks PP If H/O CIN, repap in 3 months	Consider Colpo at 6 weeks PP if Ascus or LSIL in past 18 months
Low grade SIL	Includes HPV related changes/CIN I	Repap in 3 months and at 6 weeks PP	Must refer for colpo if LSIL in 18 months
High grade SIL	Includes CIN II, CIN III	Refer for Colpo	
Squamous Cell Carcinoma	High specificity for squamous cell cancer	Refer off site for medical	
If referred for Colposcopy, send patient letter of explanation and referral list for colpo providers. Following Colpo and/or Leep/Tx, continue with pap follow up q 3 months x 4, then q 6 months x 2 if WNL and MD ok.			

Glandular Changes			
AGUS	Eval., if AGUS/ pre-malignant change	Refer for colposcopy	Send letter and patient information
Atypical glandular cells of undetermined significance			
Adenocarcinoma	High specificity for adenocarcinoma of endocx, endometr	Refer off site for expert consultation.	

Bethesda System	Comments	Patient Management	PAP F/U and Referral
GYN Patient			
Within normal limits			Repeat in 1 year
Unsat. No endo. Cells		Notify patient	Repap asap
Satisfactory but limited by inflammation	If consistent marked inflammation	Consider Tx. For cervicitis	Repeat in 1 year
Infection			
Trichomonas	Highly diagnostic	Offer treatment/wet mt	Send letter, repap 1 year
Fungus consistent with Candida		Offer therapy if symptomatic	Send letter, repap 1 year
Actinomyces	Significant if IUD in place	See IUD protocol	Per IUD Protocol
Herpes simplex virus	Diagnostic of HSV	Culture unrec. Unless patient desires	Notify patient by phone or send letter
Reactive/Reparative			
Inflammation (Inflammatory Atypia)	GC, CT, or other pathogens or benign changes	Local Tx for specific cause.	Repap at annual unless H.O abn, then repap in 6 months
Atrophy with inflammation.	Common if post menopause	May Rx with Estrogen Cream x 3 months	Repap in 3 months
Epithelial Changes			
Atypical cells of undetermined significance (ASCUS)	Inflammation vs. Mild dysplasia ASCUS/Reactive is benign	Repap q 6 months x 3	Consider Colpo if Ascus or LSIL on any 2 paps in 18 months
Low grade SIL	Includes HPV related changes/CIN I	Refer for colpo (OR)	Repap q 6 months x 3
High grade SIL	Includes CIN II, CIN III	Refer for Colpo	
Squamous Cell Carcinoma	High specificity for squamous cell cancer	Refer off site for medical	
If referred for Colposcopy, send patient letter of explanation and referral list for colpo providers. Following Colpo and/or Leep/Tx, continue with pap follow up q 3 months x 4, then q 6 months x 2 if WNL and MD ok.			

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Atypical glandular cells of undetermined significance			
Adenocarcinoma	High specificity for adenocarcinoma of endocx, endometr	Refer off site for expert consultation.	

Allergic Reaction/Pruritus

- Try and identify the offending agent
- Discontinue any medication potentially contributing to the allergic reaction
- If pruritic urticaria papules of pregnancy are suspected, perform liver function studies to r/c cholestasis
- For pruritus: Benadryl 25 mg PO QID PRN
- If unresponsive to Benadryl: Atarax 10 mg PO QID PRN
- Suggest to client a soothing Aveeno oatmeal bath
- Suggest loose fitting cotton clothing, and to avoid overheating
- Suggest decreasing the use of soap and body lotions
- Suggest use of Calamine Lotion, Hydrocortisone Cream 0.5% or 1%
- Prescribe .1% Triamcinolone plus 1% Menthol in 8 oz Lubriderm. Apply QID PRN

Anemia

- Anemia threshold: Hct/Hgb
 - First trimester: 33%/11 g/dl
 - Second trimester: 32%/10.5 g/dl
 - Third trimester: 33%/11 g/dl
- Review diet history. Encourage high protein, iron, and vitamin C foods
- Refer to dietician for nutritional plan
- Supplement with routine prenatal vitamins and iron. Ferrous Sulfate 325 mg PO BID or TID between meals. PNV PO q.d.
- Consider ascorbic acid TID with iron to enhance absorption
- For those unable to swallow PO vitamins: 1 cc poly vi-sol liquid or chewable, 3 tsp ferrisol syrup, 1 Tums, 1 mg folic acid PO q day
- After four weeks order a CBC, and a reticulocyte count. If Hct/Hgb remains low, or falls below 30%/10 g/dl, may order the following labs:
 - B₁₂ levels
 - Serum folate level
 - Serum iron
 - Total iron binding capacity
 - Ferritin level
 - Stools for O & P, and guaiac
 - Hgb electrophoresis, with quantitative A2 and F

WOMAN HEALTH

OBSTETRICS • GYNECOLOGY • INFERTILITY

Pamela Gee Silverstein, M.D.
Valerie Ewert, C.N.M.

Lewis Meline, M.D.
Sharon Moses, A.R.N.P.
Leanne Zilar, A.R.N.P.
Adie Goldberg, A.C.S.W., M.Ed.

Your pap smear was read as normal, showing no evidence of dysplasia or malignancy. However, no endocervical cells were identified. Since the presence of these cells increases the accuracy of the pap smear, we would like to repeat it.

Please call 747-155 to schedule a repeat pap smear. This can be done by one of the nurse practioners.

If you have any questions please do not hesitate to call.

Sincerely,

WOMAN**H**EALTH
OBSTETRICS • GYNECOLOGY • INFERTILITY

Pamela Gee Silverstein, M.D.
Valerie Ewert, C.N.M.
Adie Goldberg, A.C.S.W., M.Ed.

Lewis Meline, M.D.
Leanne Zilar, A.R.N.P.

February 15, 2006

Dear ,

In reviewing our records, I noticed that you have not made an appointment for your _____ . It is very important that we _____ your _____ .

Please call our office at your earliest convenience to schedule an appointment. If you have any questions, or if there is some problem preventing you from keeping this appointment please do not hesitate to call the office.

Sincerely,

WOMAN HEALTH

OBSTETRICS • GYNECOLOGY • INFERTILITY

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Valerie Ewert, C.N.M.
Adie Goldberg, A.C.S.W., M.Ed.

Lewis Meline, M.D.
Leanne Zilar, A.R.N.P.

February 15, 2006

Dear ,

Your pap smear report was read as Inflammatory Atypia. This indicates a possible inflammation and usually does not indicate any serious problem. This is **not** considered a pre-cancerous condition. However we do need to repeat the pap smear in six months and in one year to make sure that there are no further abnormal changes.

We will send you a reminder notice in six months so that you may schedule your repeat pap smear. If you have any questions, please do not hesitate to call.

Sincerely,

WOMAN HEALTH

OBSTETRICS • GYNECOLOGY • INFERTILITY

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Adie Goldberg, A.C.S.W., M.Ed.

Lewis Meline, M.D.
Leanne Zilar, A.R.N.P.

February 15, 2006

Dear ,

Your Pap smear done on _____ showed _____ dysplasia. Dysplasia refers to changes in the skin covering the cervix that could be precancerous. Because the cell changes are not cancer, dysplasia can usually be treated on an outpatient basis. However, since the Pap smear is a screening method only, a further test is necessary before deciding on the best treatment.

This test is called a colposcopy. This is described in the enclosed pamphlet.

It is important that we evaluate your abnormal Pap smear thoroughly. Please call the office to schedule your colposcopy. If you have any further questions, or if I can clarify the procedure for you, please do not hesitate to contact me.

Sincerely,

WOMAN HEALTH

OBSTETRICS • GYNECOLOGY • INFERTILITY

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Sincerely,

WOMANHEALTH

OBSTETRICS • GYNECOLOGY • INFERTILITY

(509) 747-1055 • (509) 747-7984 Fax

Pamela Gee Silverstein, M.D.

Valerie Ewert, C.N.M.

Adie Goldberg, A.C.S.W., M.Ed.

Lewis Meline, M.D.

Leanne Zilar, R.N.

Just a reminder that we need to repeat your pap smear.

Please call the office at 747-1055 for an appointment as soon as possible.


(If you have already had your repeat pap smear, or have scheduled your appointment, please disregard this notice.)

Deaconess Health & Education Bldg.
910 W. 5th Avenue • Suite 510
Spokane, Washington 99204

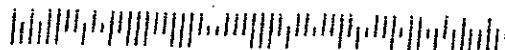
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Health Care Investigator
Bonita James
P.O BOX 47874
Olympia, WA 98504-7874



SILVERSTEIN IN
2004-10-0019 MD
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
Olympia, Washington 98504

October 6, 2004

Pamela Gee Silverstein, MD
910 W 5th Avenue Suite 510
Spokane, WA 99204

Dear Dr. Silverstein:

SUBJECT: Pamela Gee Silverstein, MD
Case No. 2004-10-0019MD

The purpose of this letter is to inform you that the Medical Quality Assurance Commission has received a Medical Malpractice Payment Report. By law all insurance companies are required to report settlements and judgments according to RCW 18.71.350.

A case file has been opened and we will request appropriate records from the insurance carrier. Once we have reviewed the records you may be asked to submit additional information

You may submit a written statement about the report at any time. If the Commission receives any inquiries about the status of your license while this case is still open, only its existence will be disclosed. Once the 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 feel free to this office at (360) 236-4798.

Respectfully,

COPY

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

Enc.: *What Happens Next?*
RCW 18.130.180

(R)Notify-MEDMAL.DOC





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Olympia, Washington 98504

October 21, 2004

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Pamela G. Silverstein, M.D.
910 W. 5th Avenue, Suite 510
Spokane, WA 99204

Re: Our file no. #: 2004-10-0019MD

Dear Dr. Silverstein:

The Washington State Medical Quality Assurance Commission received a medical malpractice payment report from Physicians Insurance Company regarding an alleged failure to order further testing resulting in a delayed diagnosis of cervical cancer in a 27-year-old female. Patient's name is

4 - Healthcare Information ... Date of occurrence was 12-02-2002.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050(2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws. Failure to cooperate is unprofessional conduct pursuant to RCW 18.130.180(8).

Additionally, the Washington State Medical Quality Assurance Commission is a "health oversight agency" as defined under HIPAA, 42 CFR Section 164.501. Therefore, covered entities do not need to see consent or authorization from the patient to release medical records to the Washington State Department of Health/Medical Quality Assurance Commission.

Under provisions of the above laws, please provide the following:

- 1. A written statement explaining the factual background of the case.**



Pamela G. Silverstein, M.D.
October 21, 2004
PAGE TWO

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation.

You are free to consult with and engage an attorney at your expense to represent you in this matter prior to making your response. Your response(s) may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you please have the attorney file a Notice of Appearance at the address below.

Your reply is requested within fourteen (14) days following your receipt of this letter. Please mail your response in care of:

Bonita James, Health Care Investigator
Department of Health
Medical Quality Assurance Commission
Medical Investigations Unit
P.O. Box 47866
Olympia, WA 98504-7866

If you have any questions, please feel free to contact me at **(360) 236-4803** or by fax at **(360) 586-4573**.

Sincerely,



Bonita James
Health Care Investigator

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PAMELA G SILVERSTEIN MD
 910 W 5TH AVENUE SUITE 510
 SPOKANE WA 99204

See Reverse for Instructions

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Melissa Birkeland</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Melissa Birkeland</i> C. Date of Delivery <i>2/5/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;"> PAMELA G SILVERSTEIN MD 910 W 5TH AVENUE SUITE 510 SPOKANE WA 99204 </p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from se)</p> <p style="text-align: center; font-size: 1.2em;">7003 0500 0004 5140 8289</p>	



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

October 21, 2004

Mr. Jess Gregory Casey
Casey Law Offices, P.S.
316 W. Boone Avenue, Suite 880
Spokane, WA 99201-2346

RE: Our case file #: 2004-10-0020MD

Dear Mr. Casey:

The Washington State Medical Quality Assurance Commission is currently investigating a medical malpractice settlement report concerning Dr. Franklin H. Martin and Dr. Pamela G. Silverstein. We have been informed that your law firm represented the patient in this case, 4 - Healthcare Informatio...

I am contacting you to see if there were any expert reviews for this case, and also to find out if you had the patient's PAP slides over read. If you have the requested documents, please send a copy of the documents to me by November 5, 2004. Please send the documents to: **Bonita James, HCI, Medical Quality Assurance Commission, Medical Investigations Unit, P.O. Box 47866, Olympia, WA 98504-7866.**

Thank you in advance for your attention to this matter. If you need to contact me, I can be reached at (360) 236-4803 or by fax at (360) 586-4573.

Sincerely,

Bonita James
Health Care Investigator



WomanHealth

FAX COVER LETTER

910 WEST 5TH AVE, SUITE 510
SPOKANE, WA 99204
PHONE (509) 747-1055
TOLL FREE (800) 329-2458
FAX (509) 747-7984

RECEIVED
NOV 04 2004
DEPARTMENT OF HEALTH
Investigations

DATE: 11-4-04

ATTENTION: Vicki Creighton

RE: Dr. Pam Silverstein

SENDER: Melissa, Clinic Coordinator

NUMBER OF PAGES IN ADDITION TO THIS COVER PAGE: 3
*IF ALL PAGES ARE NOT RECEIVED, PLEASE CONTACT THE OFFICE.

*****PLEASE NOTIFY US IMMEDIATELY*****
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Wendy Smith, A.R.N.P.

Lewis Meline, M.D.
Sharon Moses, A.R.N.P.
Leanne Zilar, A.R.N.P.
Adie Goldberg, A.C.S.W., M.Ed.

29 October 2004

To Whom It May Concern:

This letter is in reply to your request on File No. 2004-10-0019MD.

4 - Healthcare Information ... was a patient of WomanHealth from March 1995 until October 2003. She was followed by various providers during that time and was found to have a friable cervix in 1999 with a Pap smear indicative of inflammatory atypia. She was treated at that time with resolution. She had normal Pap smears in 2000 and 2001. Her cervix was noted to be normal in 2000, but was again friable in 2001 and 2002.

I became involved in her care when I saw a Pap smear report of Nov 2002 which was reported as Atypical Glandular Cells of Uncertain Significance. I recommended a repeat Pap smear in six months. As my protocol of management of AGUS smears does recommend a colposcopy, this recommendation of a repeat Pap smear probably represented a misreading of the report (as ASCUS, rather than AGUS). She returned (after two reminders) ten months later for a repeat Pap smear in September 2003, which was read as Atypical Glandular Cells of Uncertain Significance, highly suspicious for endometrial/endocervical adenocarcinoma. She returned in October 2003 for colposcopy, cervical and endometrial biopsy which showed invasive moderately well differentiated endocervical adenocarcinoma. She was then referred to Gyn Oncology for further evaluation and treatment.

Evidently review of the previous Pap smears prior to Nov 2002 revealed that the pathology department had misread those Paps and she actually did not have a prior history of normal Paps before her 2002 Pap. Rather, it appears that adenocarcinoma may have been present as early as 2000 in retrospective review by pathologists.

If you have any further questions, please contact me.

Sincerely

Pam Silverstein MD

Deaconess Health & Education Bldg. • 910 W. 5th • Suite 510
Spokane, Washington 99204 • (509) 747-1055 • Fax (509) 747-7984

WomanHealth

FAX COVER LETTER

910 WEST 5TH AVE, SUITE 510
SPOKANE, WA 99204
PHONE (509) 747-1055
TOLL FREE (800) 329-2458
FAX (509) 747-7984

DATE:

11-4-04

ATTENTION:

Vicki Creighton

RE:

Dr. Pam Silverstein

SENDER:

Melissa, Clinic Coordinator

NUMBER OF PAGES IN ADDITION TO THIS COVER PAGE: 3

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Sincerely

Pam Silverstein MD

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 Spokane, Washington 99204 • (509) 747-1055 • Fax (509) 747-7984

CASEY LAW OFFICES, P.S.

J. Gregory Casey
Attorney
Brandon R. Casey
Attorney

ATTORNEYS AT LAW
ROCK POINTE TOWER, SUITE 880
316 WEST BOONE AVENUE
SPOKANE, WASHINGTON 99201
Telephone: (509) 326-7500 Facsimile (509) 326-7503

Sheila M. Sprayberry
Paralegal
Christell A. Casey
Paralegal

November 18, 2004

Washington State Department of Health
Attn: Bonita James, HCI
Medical Quality Assurance Commission
Medical Investigations Unit
P.O. Box 47866
Olympia, WA 98504-7866

RECEIVED
NOV 23 2004
DEPARTMENT OF HEALTH
Investigations

RE:
Your Case File #: 2004-10-0020MD

Dear Ms. James:

In response to your request, I have enclosed the following Declarations from experts that I contacted in this case:

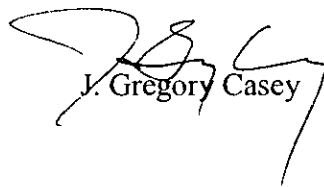
- 1) Declaration of Dr. Israel;
- 2) Declaration of Dr. Kaufman; and
- 3) Declaration of Dr. Beck.

Dr. Kaufman reviewed the pathology slides and his Declaration will set out his opinions regarding his review.

If you need anything further, please don't hesitate to contact me.

Very truly yours,

CASEY LAW OFFICES, P.S.


J. Gregory Casey

JGC/sms
Enclosures

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SUPERIOR COURT, STATE OF WASHINGTON, COUNTY OF SPOKANE

TRICIA N. KROUS and GREG T. KROUS,
individually, and as wife and husband,

Plaintiffs,

vs.

PAMELA G. SILVERSTEIN, M.D. and
JOHN DOE SILVERSTEIN, individually, and
as wife and husband; WOMANHEALTH,
INC., P.S., a Washington Professional Service
Corporation,

Defendants.

Case No. 2004-02-01021-1

**DECLARATION OF
LAWRENCE M. ISRAEL, M.D.**

I, Lawrence M. Israel, hereby declare that:

I am a duly licensed physician and have practiced in the State of Washington.

I have personal knowledge of the facts set out in this declaration. My CV is
attached hereto as Exhibit A.

My opinion is based upon my review of Tricia Krous' medical records.

After reviewing Tricia Krous' medical records, it is my opinion that there was a
delay in responding to pertinent patient information. It is my further opinion that the
lack of response by the Defendant physician and her staff, as described in the medical
records, violated the standard of care in the state of Washington.

It is my opinion, based upon the patient's complaints and the tests, including the
lab results received by Dr. Silverstein's office in November of 2002, that an
examination and follow up care of the patient should have been pursued at that time.

Declaration of Lawrence M. Israel, M.D.- 1

*CASEY LAW OFFICES, P.S.
ATTORNEY AT LAW
W. 316 Boone, Suite 880
SPOKANE, WA 99201
(509) 326-7500*

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SUPERIOR COURT, STATE OF WASHINGTON, COUNTY OF SPOKANE

TRICIA N. KROUS and GREG T. KROUS,
individually, and as wife and husband,

Plaintiffs,

vs.

PAMELA G. SILVERSTEIN, M.D. and
JOHN DOE SILVERSTEIN, individually,
and as wife and husband; WOMANHEALTH,
INC., P.S., a Washington Professional Service
Corporation,

Defendants.

Case No.

**DECLARATION OF
LAWRENCE M. ISRAEL, M.D.**

I, Lawrence M. Israel, hereby declare that:

I am a duly licensed physician and have practiced in the State of Washington.

I have personal knowledge of the facts set out in this declaration. My CV is attached hereto as Exhibit A.

My opinion is based upon my review of Tricia Krous' medical records.

After reviewing Tricia Krous' medical records, it is my opinion that there was a delay in responding to pertinent patient information. It is my further opinion that the lack of response by the Defendant physician and her staff, as described in the medical records, violated the standard of care in the state of Washington.

It is my opinion, based upon the patient's complaints and the tests, including the lab results received by Dr. Silverstein's office in November of 2002, that an examination and follow up care of the patient should have been pursued at that time.

Declaration of Lawrence M. Israel, M.D.- 1

*CASEY LAW OFFICES, P.S.
ATTORNEY AT LAW
W. 316 Boone, Suite 880
SPOKANE, WA 99201
(509) 326-7500*

1 It is my opinion that the Defendant's response to the November 25, 2002 Pap
2 Smear, which had a diagnosis of "Atypical glandular cells of uncertain significance"
3 was inappropriate, as this diagnosis is potentially a much more serious problem and
4 demands immediate evaluation. Their management plan was appropriate for a
5 diagnosis of "Atypical squamous cells of undetermined significance," which was not
6 the diagnosis of Tricia Krous' Pap smear. Therefore, it is also my opinion that the
7 letter sent from the Defendants to Tricia Krous in December of 2002, regarding the Pap
8 smear on November 25, 2002, advising her to come back in six months, misrepresented
9 the Pap smear, using an old classification scheme that indicates nothing more than
10 inflammation. Therefore, the Defendants did not fully inform the patient of her
11 condition and the need for immediate further evaluation and treatment. It is my opinion
12 that this did not meet the standard of care in the state of Washington at that time.
13

14 It is also my opinion that the violation of the standard of care during Tricia
15 Krous' treatment by the Defendants caused a delay in the diagnosis and treatment of
16 her current condition.

17 I am of the opinion that, on a more probable than not basis, a delay of this
18 nature in the diagnosis of adenocarcinoma of the cervix reduces the chance for survival
19 of the patient.

20 Finally, it is my opinion, based upon my review of the medical records, that
21 Tricia Krous has a significantly reduced chance of survival and that if her condition
22 would have been diagnosed in November of 2002, her chance of survival would have
23 been significantly greater.

24 I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER
25 THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS
26 TRUE AND CORRECT.

27 DATED this 21 day of March, 2004.

28
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30 
31 LAWRENCE M. ISRAEL, M.D.
32

Declaration of Lawrence M. Israel, M.D.- 2

CASEY LAW OFFICES, P.S.
ATTORNEY AT LAW
W. 316 Boone, Suite 880
SPOKANE, WA 99201
(509) 326-7500

MICHAEL W. KAUFMAN, M.D., LTD.

Department of Pathology
 Evanston Hospital
 2650 Ridge Avenue
 Evanston, Illinois 60201-1783

(847) 570-2753
 Fax (847) 570-2927

April 4, 2004

TO: GREGORY CASEY, ATTORNEY AT LAW

FROM: MICHAEL W. KAUFMAN, M.D.

RE: REVISION OF DECLARATION

I, Michael W. Kaufman, M.D. hereby declare that:

I am a duly licensed physician who is board certified in both Anatomic Pathology and in Cytopathology. I am familiar with the medical standards of care for a pathologist or a cytotechnician reviewing and interpreting Pap smears. I am also knowledgeable about the standard of care nationally, and that the standard of care in the State of Washington is identical to these national standards. I am, therefore, knowledgeable regarding the standard of care in the State of Washington.

I have personal knowledge of the facts set out in this Declaration. My current Curriculum Vitae is attached hereto as Exhibit A.

My opinions in this matter are given to a reasonable degree of medical and pathologic certainty. They are based upon a review of the medical records of [redacted], upon the cytology and surgical pathology slides of [redacted], as well as upon my training, education and experience in the fields of Anatomic Pathology and Cytopathology over the past 32 years.

The following pathology slides of [redacted] from Pathology Services, P.S. were reviewed:

Specimen	Date Collected:
99:DG5751	06/03/99
00:DG5203	05/22/00
01:DG5172	05/25/01
02:DG10707	11/25/02
03:DM2043	09/30/03
03:DS9013	10/27/03

Specimen 99:DG5751. Upon review of this Pap smear, it is my opinion that the Pap smear quality was less than optimal, in that it demonstrated drying artefact, degenerated cells, too thick a specimen, and demonstrated inflammatory cells obscuring epithelial cells. The smear demonstrated atypical cells of both squamous (ASCUS) as well as of glandular (AGUS) of uncertain significance. It is my opinion that another Pap smear should have been performed within 3-6 months.

Specimen 00 DG5203. Upon review of this Pap smear, it is my opinion that there were multiple groupings of atypical glandular cells, rule out adenocarcinoma in situ vs. high grade squamous intraepithelial neoplasia (HGSIL). The original

MICHAEL W. KAUFMAN, M.D., LTD.

Department of Pathology
 Evanston Hospital
 2650 Ridge Avenue
 Evanston, Illinois 60201-1783

(847) 570-2753
 Fax (847) 570-2927

Casey - 2

interpretation, which was reported as normal, fell below the standard of care. The smear should have been reported as abnormal with a recommendation for immediate follow-up.

Specimen 01:DG5172. Upon review of this Pap smear, it is my opinion that there was blatant evidence of both adenocarcinoma-in-situ (vs. invasive adenocarcinoma) as well as HGSIIL, possibly representing squamous carcinoma in situ with involvement of endocervical glands. The original interpretation, which was reported as normal, fell below the standard of care. The smear should have been reported as abnormal with a recommendation for immediate tissue confirmation.

Specimen 02 DG10707. Upon review of this Pap smear, it is my opinion that there was blatant evidence of both adenocarcinoma of the endocervix (AIS vs. invasive) and squamous carcinoma in situ. The original interpretation, which was reported as "atypical glandular cells of uncertain significance", also fell below the standard of care. The report should have had language which recommended immediate follow up, as the cells were clearly abnormal.

It is my opinion that the cytology technician screeners for Empire Health Labs (Empire Health Services) misread the pathology slides on at least three occasions and reported inaccurate information, and it is my opinion that their actions violated the standard of care.

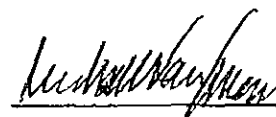
It is also my opinion that the pathologists at Pathology Services, P.S., specifically Frank H. Martin, M.D. and T. Dean Gillund, M.D., who signed off on the reports, failed to diagnose the abnormal cells found on the Pap smear, and it is my opinion that their actions also violated the standard of care.

4 - Healthcare Informatio... was not diagnosed with invasive adenocarcinoma of the endocervix until October/November, 2003, at which time she already had evidence of metastases to periaortic lymph nodes and right common iliac lymph nodes. It is my understanding that Ms. 4 - Healt... ' prognosis is guarded and that she will likely succumb to her carcinoma.

I am of the opinion that if Ms. 4 - Healt... ' glandular and squamous cellular abnormalities were diagnosed in early 2000, that her life would have been spared. It is also probable that had proper diagnosis and treatment been accomplished in early 2000, that Ms. 4 - Healt... ' ability to have children would not have been sacrificed.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Dated this 4th day of April, 2004



MICHAEL W. KAUFMAN, M.D.
 SILVERSTEIN, PAMELA MD_2004100019 PAGE 86

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SUPERIOR COURT, STATE OF WASHINGTON, COUNTY OF SPOKANE

TRICIA N. KROUS and GREG T. KROUS,
individually, and as wife and husband,

Plaintiffs,

vs.

PAMELA G. SILVERSTEIN, M.D. and
JOHN DOE SILVERSTEIN, individually, and
as wife and husband; WOMANHEALTH,
INC., P.S., a Washington Professional Service
Corporation; PATHOLOGY SERVICES,
P.S., a Washington Professional Service
Corporation; EMPIRE HEALTH SERVICES,
d/b/a DEACONESS MEDICAL CENTER, a
Washington non-profit Corporation; and
FRANK H. MARTIN, M.D. and JANE DOE
MARTIN, individually, and as husband and
wife;

Defendants.

Case No. 2004-02-01021-1

**DECLARATION OF
HERBERT BECK, M.D.**

I, Herbert Beck, M.D. hereby declare that:

I am a duly licensed gynecology oncologist and am familiar with the medical standards of care for a gynecologist. I am also knowledgeable about the standard of care nationally and the standard of care in Washington State is the same.

Declaration of Herbert Beck, M.D.- 1

*CASEY LAW OFFICES, P.S.
ATTORNEY AT LAW
W. 316 Boone, Suite 880
SPOKANE, WA 99201
(509) 326-7500*

1 I have personal knowledge of the facts set out in this declaration. My CV is
2 attached hereto as Exhibit A.

3
4 My opinions are based upon my review of Tricia Krous' medical records and
5 the Declaration of Dr. Kaufman.

6
7 After reviewing Tricia Krous' medical records, it is my opinion that Defendant
8 Dr. Silverstein and her staff failed to promptly respond to clinical and pathological
9 information that she and her office had in November of 2002. It is my further opinion
10 that the lack of response by the Defendant Dr. Silverstein and her staff, as described in
11 the medical records, was a violation of the standard of care.

12
13 It is also my opinion, based upon the patient's complaints and tests received by
14 Dr. Silverstein's office in November of 2002, that follow up care of the patient should
15 have been pursued at that time.

16
17 It is my opinion that the Defendant Dr. Silverstein or her staff did not fully
18 inform the patient of her condition and the need for immediate further evaluation and
19 treatment. It is my opinion that their lack of communication violated the standard of
20 care.

21
22 It is also my opinion that the violation of the standard of care during Tricia
23 Krous' treatment by the Defendant Dr. Silverstein and her staff caused a delay in the
24 diagnosis and treatment of her current condition.

25
26 I am of the opinion that, on a more probable than not basis, had there not been
27 this delay in the diagnosis and treatment of Tricia Krous, her chance of survival would
28 have been greatly improved, with a greater than a 50% 5 year survival rate. I am

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32 Declaration of Herbert Beck, M.D.- 2

CASEY LAW OFFICES, P.S.
ATTORNEY AT LAW
W. 316 Boone, Suite 830
SPOKANE, WA 99201
(509) 326-7500

1 further of the opinion that because of the delay in the treatment, on a more probable
2 than not basis, the chance of her surviving this disease has been greatly diminished, to
3
4 less than a 50% 5 year survival rate.

5 I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER
6
7 THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS
8 TRUE AND CORRECT.

9 DATED this 24th day of August, 2004.
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14 Herbert Beck
15 HERBERT BECK, M.D.
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Declaration of Herbert Beck, M.D.- 3

CASEY LAW OFFICES, P.S.
ATTORNEY AT LAW
W. 316 Boone, Suite 880
SPOKANE, WA 99201
(509) 326-7500

CURRICULUM VITAE

HERBERT H. BECK, III, M.D.

PERSONAL DATA:

Current professional titles:

Assistant Professor, Clinical, Department of Obstetrics and Gynecology, Northwestern University Medical School.

Senior Attending Physician, Division of Gynecologic Oncology, Evanston Northwestern Healthcare, Evanston Hospital

Senior Attending Physician, Division of Gynecologic Oncology, Evanston Northwestern Healthcare, Highland Park Hospital

Consultant, Gynecologic Oncology, Lake Forest Hospital.

Consultant, Gynecologic Oncology, Condell Hospital.

Office address: 1000 Central Street, Evanston, IL 60201

Telephone: 847-570-0005

FAX: 847-570-1386

E-Mail: skipbeck@northwestern.edu

Home address: 27648 Oak Hill Lane, Mettawa, IL 60048

Telephone: 847-367-5125

Citizenship: U.S.A., born July 29, 1949, in Detroit, Michigan.

Marital status: married (Juliann Beck), since 12-11-84

Children: Kathryn Helen Beck (11-1-85), James Byron Beck (6-22-88)

Social security number:

EDUCATION:

High school: New Trier Township High School, Winnetka, IL, 1963-1967.

University: A.B., cum laude in sociology, 1971, Princeton University, Princeton, NJ, 1967-1971.

City of London College, London, U.K., second semester 1970 (semester abroad program)

Medical school: M.D., 3-76, Northwestern University Medical School, 1972-1976.

GRADUATE MEDICAL EDUCATION:

Internship and residency in obstetrics and gynecology, Northwestern University, Chicago, IL, with Dr. John Sciarra as department chairman, 1976-1980.

Fellowship in Gynecologic Oncology, Loyola University Medical Center Affiliated Hospitals,

Maywood, IL, with Dr. John H. Isaacs as program director, 1980-1983.

POSTDOCTORAL RESEARCH TRAINING: none.

BOARD CERTIFICATION AND MEDICAL LICENSURE:

Diplomate of the National Board of Medical Examiners, 7-1-77, certificate #165453

Diplomate of the American Board of Obstetrics and Gynecology, 1985, certificate #21418

Diplomate of the American Board of Obstetrics and Gynecology with Certification of Special Qualification in Gynecologic Oncology, April, 1998 Through December 2008, certificate #80392660

Medical license: Illinois #036-055075, 1977 to present, expires 7-31-05

Illinois Controlled Substance License #336-019753, expires 7-31-05

Drug Enforcement Agency #AB7712549, expires 7-31-2006

HONORS AND AWARDS:

Listed in January, 1993, Chicago magazine as one of Chicago-Area Top Doctors (Gynecologic Oncology).

Listed in January, 2001, Chicago magazine as one of Chicago-Area Top Doctors (Gynecologic Oncology).

Elected Full Member of the Society of Gynecologic Oncologists, 1999.

Holden Farrar, M.D. Medical Student Teacher of the Year Award, Co-Winner, 2000.

MILITARY SERVICE: none.

FACULTY APPOINTMENTS:

Instructor, clinical, Department of Obstetrics and Gynecology, Northwestern University Medical School, 1983-1988.

Associate, clinical, Department of Obstetrics and Gynecology, Northwestern University Medical School, 1988 to 2001.

Assistant Professor, clinical, Department of Obstetrics and Gynecology, Northwestern University Medical School, 2001 to present.

HOSPITAL STAFF APPOINTMENTS:

Assistant Attending Physician, Department of Obstetrics and Gynecology, Evanston Hospital, 1983-1985.

Associate Attending Physician, Department of Obstetrics and Gynecology, Evanston Hospital, 1985-1991.

Attending Physician, Department of Obstetrics and Gynecology, Evanston Hospital, 1991-1997.

Senior Attending Physician, Department of Obstetrics and Gynecology, Evanston Hospital, 1998-

present.

Chairman, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Cook County Hospital, 1990-1992.

Associate Chairman, Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Cook County Hospital, 1992-1995.

Consultant, Gynecologic Oncology, Department of Obstetrics and Gynecology, Lake Forest Hospital, 1988 to present.

Consultant, Gynecologic Oncology, Department of Obstetrics and Gynecology, Highland Park Hospital, 1995 to present.

Consultant, Gynecologic Oncology, Department of Obstetrics and Gynecology, Condell Hospital 1999 to present.

ADMINISTRATIVE APPOINTMENTS:

Director of the Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Evanston Northwestern Healthcare, Evanston Hospital, 1985 to 2001.

See Cook County Hospital notation above.

SUMMARY OF TEACHING EXPERIENCE:

Undergraduate:

Formal lecture concerning ovarian cancer to third year Northwestern Medical School students rotating through Evanston Hospital every six weeks, 1984 to present.

Intraoperative surgical, postoperative, and outpatient teaching of third and fourth year medical students from University of Illinois and Chicago Medical School rotating on gynecologic oncology service at Cook County Hospital, 1990-1995.

Intraoperative surgical and postoperative teaching of third and fourth year Northwestern Medical School students rotating on my gynecologic oncology service at Evanston Hospital, 1983 to present.

Graduate:

Intraoperative surgical and postoperative teaching of Northwestern University OB/GYN rotating through my gynecologic oncology service, Evanston Hospital, 1983 to present.

Intraoperative surgical, postoperative, and outpatient teaching of residents from Cook County Hospital rotating on gynecologic oncology service, 1990-1995.

Continuing medical education:

Conduct the Department of Obstetrics and Gynecology, Evanston Hospital, Grand Rounds, pertaining to gynecologic oncology topic, every three months, 1984 to present.

COMMITTEE SERVICE:

Medical school: none

University: none.

Hospital: member of Department of Obstetrics and Gynecology, Evanston Hospital, Executive Committee, 1984 to present.

Evanston Hospital Tumor Committee, 1984 to 1999.
Evanston Hospital Research Sub-Committee, 1985-1996.

PROFESSIONAL AND SCIENTIFIC ACTIVITY:

Memberships:

American Medical Association, 1983 to present..
Illinois State Medical Society, 1983 to present.
Chicago Medical Society, 1983 to present.
Fellow, the American College of Obstetricians and Gynecologists, 1986 to present.
Associate Member, Robert H. Lurie Cancer Center, Northwestern University Medical School,
1988 to present.
Member, Association of Chicago Gynecologic Oncologists, 1989 to present.
Member, John H. Isaacs Society, 1988 to present.
Candidate Member, Society of Gynecologic Oncologists, 1989-1998.
Full Member, Society of Gynecologic Oncologists, 1999 to present.

Editorial service: none.

Review bodies: none.

Professional public service: none.

RESEARCH GRANTS/CONTRACTS:

None under my name, although I was Principal Investigator for the Gynecologic Oncology Group at the Evanston Hospital Community Clinical Oncology Program, 1984-1995.

SCHOLARLY PRODUCTIVITY:

Refereed journal articles:

Beck, Herbert (with Janardan Khandekar), "Delayed Recurrence of Primary Fallopian Tube Carcinoma," *Southern Medical Journal*, vol. 86, no. 11, pp. 1314-1315, November, 1993
Beck, Herbert, Goldberg. R., Sand, P., "Patient Symptoms in Early Stage Ovarian Cancer," *Journal of Pelvic Surgery*, vol. 7, no. 2, pp. 79-82, March/April, 2001.

Books and book chapters:

"Retroperitoneal Tumors," in *Pelvic Surgery: A Multidisciplinary Approach*, Eds. Isaacs, Byrne, pp. 91-117, Futura Publishing, Mount Kisco, New York, 1987.

Proceedings and non-refereed papers: none.

Exhibits and audio visual material: none.

Abstracts: none.

Invited lectures, symposia, visiting professorships:

Review Course in Obstetrics and Gynecology: Cook County Graduate School of Medicine,
"Endometrial Carcinoma: Changing Concepts and Management," 1983, 1984, 1985, 1986.

Original research reports submitted (but not accepted) for publication:

Beck, Herbert, "Stage I, Comprehensively Staged, Ovarian Cancer: The Significance of Tumor Rupture, Clear Cell Histology, and Positive Peritoneal Cytology after Adjuvant Chemotherapy," 22 pages, submitted to Gynecologic Oncology (rejected 3-11-98), Obstetrics and Gynecology (rejected 10-30-97),

Rev. 8-04

9



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Olympia, Washington 98504
June 15, 2005

Pamela G. Silverstein, M.D.
910 West 5th Avenue, Suite 510
Spokane, WA 99204-2972

Re: Our file no: 2004-10-0019MD

Dear Dr. Silverstein:

As you are aware, the Washington State Medical Quality Assurance Commission is reviewing the medical malpractice settlement report concerning your care of Ms. [4 - Healthca...]. The Medical Commission has requested that you provide a statement addressing the following:


1. Have you made any changes to your practice as the result of the [4 - Healthca...] case? If so, please explain the changes made and the purpose of the changes.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. **The Health Care Information Act, RCW 70.02.050 (2)(a)**, requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws. **Failure to cooperate is unprofessional conduct pursuant to RCW 18.130.180(8).**

Additionally, the Washington State Medical Quality Assurance Commission is a “**health oversight agency**” as defined under HIPAA, 42 CFR Section 164.501. Therefore, covered entities do not need to see consent or authorization from the patient to release medical records to the Washington State Department of Health/Medical Quality Assurance Commission.

Your reply is requested within seven (7) days following your receipt of this letter. Please mail your response to: Bonita James, HCI, Department of Health, Investigation Service Unit, P.O. Box 47874, Olympia, Washington 98504-7874.

If you need to contact me, I can be reached at (360) 236-4803 or by fax at (360) 586-4573.

Sincerely,

Bonita James
Health Care Investigator

Public Health - Always Working for a Safer and Healthier Washington



RECEIVED

JUL 07 2005

DEPARTMENT OF HEALTH
Investigation Service Unit

WOMAN HEALTH
OBSTETRICS • GYNECOLOGY • INFERTILITY

Pamela Gee Silverstein, M.D.
Valerie Ewert, C.N.M.
Adie Goldberg, A.C.S.W., M.Ed.

Lewis Meline, M.D.
Leanne Zilar, A.R.N.P.

June 22, 2005

State of Washington Department of Health
Attention: Bonita James, HCI
Investigation Service Unit
P.O. Box 47874
Olympia, WA 98504-7874

To Whom It May Concern,

This letter is in reply to your request re File no. 2004-10-0019MD

In response to the 4 - Healthcare Information Re... case,

- 1) We reviewed our protocols regarding management of abnormal cervical findings and abnormal Pap smears. The protocols were confirmed to be appropriate and up to date.
- 2) The case was reviewed and discussed in detail with all health care providers in the practice.
- 3) Emphasis to all providers was on care and accuracy in reading and management of abnormal Pap smear reports.
- 4) The system of review, recalls, and reminders was also examined to tighten areas of vulnerability to errors and omissions.

If you have any further questions, please contact me.

Sincerely,

Pamela G. Silverstein, M.D.

Cc: Mike Myers

RECEIVED

CASEY LAW OFFICES, P.S.

JUL 20 2005

J. Gregory Casey
Attorney
Brandon R. Casey
Attorney

ATTORNEYS AT LAW
ROCK POINTE TOWER, SUITE 880
316 WEST BOONE AVENUE
SPOKANE, WASHINGTON 99201
Telephone: (509) 326-7500 Facsimile (509) 326-7503

DEPARTMENT OF HEALTH
Investigation Service Unit

Sheila M. Sprayberry
Paralegal
Christell A. Casey
Paralegal

July 18, 2005

Washington State Department of Health
Attn: Bonita James, HCI
Investigations Service Unit
P.O. Box 47874
Olympia, WA 98504-7874

RE:

4 - Healthcare Inform...

Your Case File #: 2004-10-0020MD

Dear Ms. James:

Pursuant to your request, enclosed please find the medical records from 4 - Healthcare Inform... oncologist, Dr. Snyder.

I apologize for the delay in getting these records to you and if you should need anything further, please don't hesitate to contact me.

Very truly yours,

CASEY LAW OFFICES, P.S.

Sheila M. Sprayberry ITZ

Sheila M. Sprayberry
Paralegal

JGC/sms
Enclosures

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

In the Matter of the)
Investigation of) No. 2004-10-0019MD
)
Pamela G. Silverstein, M.D.)
)
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_____)

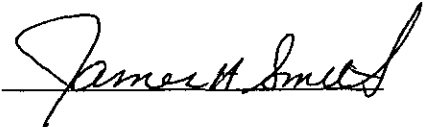
THE STATE OF WASHINGTON TO: Empire Health Laboratories
ATTN: Marlene Wakabayashi, Interim Manager
800 West 5th Avenue
Spokane, WA 99210-0248

On behalf of the Medical Quality Assurance Commission and pursuant to the authority granted to the Commission in RCW 18.130.050(3), you are ordered to produce and furnish to the Investigation Service Unit, Department of Health, P.O. Box 47874, Olympia, WA 98504-7874, or to the Department of Health Investigator, Bonita James, or other authorized agent of the Commission, on or before October 14, 2005, at 5:00 p.m., copies of the following documents and records:

1. Pathology reports for 12 female patients of Dr. Pamela G. Silverstein who had pap smears that were diagnosed with AGUS and ASCUS over the past three years. Provide 6 reports with a diagnosis of AGUS and 6 reports with a diagnosis of ASCUS.

You are hereby given notice and informed that in the case of willful and intentional failure of any person to comply with this subpoena, application to the appropriate court of this or any other jurisdiction, or other suitable administrative action pursuant to the authority granted to the Commission in Chapter 18.130 RCW will be taken.

DATED this 20th day of September, 2005.

By: 

James H. Smith
Deputy Chief Investigator
Department of Health

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MARLENE WAKABAYASHI
EMPIRE HEALTH LABORATORIES
800 WEST 5TH AVENUE
SPOKANE WA 99210-0248

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 5140 8432

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARLENE WAKABAYASHI
EMPIRE HEALTH LABORATORIES
800 WEST 5TH AVENUE
SPOKANE WA 99210-0248

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

LL BISHOP 9-22-05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number 7003 0500 0004 5140 8432
(Transfer from's)

PS Form 3811, February 2004. Domestic Return Receipt 102595-02-M-1540



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Olympia, Washington 98504

September 20, 2005

Marlene Wakabayashi, Interim Manager
Empire Health Laboratories
800 West 5th Avenue
Spokane, WA 99210-0248

Dear Ms. Wakabayashi:

Pursuant to our telephone conversation on September 14, 2005, please find a Subpoena Duces Tecum requesting pathology reports for 12 female patients of Dr. Pamela Silverstein. If during your search you have any questions or need some clarification, please feel free to contact me at (360) 236-4803.

Thank you in advance for you anticipated cooperation.

Sincerely,

Bonita James,
Health Care Investigator
Department of Health
Investigation Service Unit





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 20, 2005

Pamela G. Silverstein, M.D.
910 West 5th Avenue, Suite 510
Spokane, WA 99204

Re: Our file no: 2004-10-0019MD

Dear Dr. Silverstein:

As you are aware, the Washington State Medical Quality Assurance Commission is reviewing the medical malpractice settlement report concerning your care of Ms. 4 - Healt...
4 - Healthca... The Medical Commission has requested that some additional information be obtained.

Specifically, please provide a copy of the medical records for **each patient listed below** showing how you documented their cervical smear results, notification that was sent to the patient regarding the cervical smear results, and your follow-up with the patient regarding the cervical smear results.

<u>Patient name</u>	<u>DOB</u>	<u>Date Submitted</u>	<u>Cytologic Interpretation</u>
4 - Healthcare Information Readily Identifiable to a Perso...		01/08/03	AGUS
		02/12/04	AGUS
		04/29/04	AGUS
		08/11/04	AGUS
		06/28/05	AGUS
		08/26/05	AGUS
		01/24/03	ASCUS
		06/05/03	ASCUS
		03/26/04	ASCUS
		07/14/04	ASCUS
		02/17/05	ASC
		04/20/05	ASCUS

Under provisions of RCW 18.130.180(8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. **The Health Care Information Act, RCW 70.02.050 (2)(a)**, requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws. **Failure to cooperate is unprofessional conduct pursuant to RCW 18.130.180(8).**



Pamela G. Silverstein, M.D.
October 20, 2005
Page two

Additionally, the Washington State Medical Quality Assurance Commission is a **“health oversight agency”** as defined under HIPAA, 42 CFR Section 164.501. Therefore, covered entities do not need to see consent or authorization from the patient to release medical records to the Washington State Department of Health/Medical Quality Assurance Commission.

Your reply is requested within fourteen (14) days following your receipt of this letter.
Please mail your response to: Bonita James, HCI, Department of Health, Investigation Service Unit, P.O. Box 47874, Olympia, Washington 98504-7874.

If you need to contact me, I can be reached at (360) 236-4803 or by fax at (360) 586-4573.

Sincerely,



Bonita James
Health Care Investigator



RECEIVED

OCT 13 2005

DEPARTMENT OF HEALTH
Investigation Service Unit

October 11, 2005

Bonita James, Health Care Investigator
State of Washington
Department of Health, Investigation Service Unit
310 SE Israel Rd.
Tumwater, WA 98501

Dear Ms. James,

Enclosed are the twelve reports for female patients of Dr. Pamela G. Silverstein, that you requested per Subpoena Duces Tecum, dated September 20, 2005.

There are 6 reports with a diagnosis of AGUS and 6 reports with a diagnosis of ASCUS from the last 3 years.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marlene Wakabayashi".

Marlene Wakabayashi, MT (ASCP), CLS (NCA)
Interim Laboratory Manager
Empire Health Laboratories

Redaction Summary (34 redactions)

5 Privilege / Exemption reasons used:

- 1 -- "Attorney Work Product - RCW 42.56.290" (6 instances)
- 2 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (2 instances)
- 3 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)
- 4 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (23 instances)
- 5 -- "Preliminary Drafts, Notes, Recommendations, Intra-Agency Memorandums - RCW 42.56.280" (1 instance)

8

- Page 7, Attorney Work Product - RCW 42.56.290, 1 instance
- Page 8, Attorney Work Product - RCW 42.56.290, 1 instance
- Page 8, Preliminary Drafts, Notes, Recommendations, Intra-Agency Memorandums - RCW 42.56.280, 1 instance
- Page 14, Attorney Work Product - RCW 42.56.290, 1 instance
- Page 24, Attorney Work Product - RCW 42.56.290, 1 instance
- Page 28, Attorney Work Product - RCW 42.56.290, 1 instance
- Page 29, Attorney Work Product - RCW 42.56.290, 1 instance
- Page 43, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
- Page 48, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 50, 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 73, 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 76, 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 78, 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 80, 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 81, 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 85, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
- Page 86, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
- Page 90, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 95, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
- Page 96, 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 97, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
- Page 170, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances