



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Glenn T. Strand, MD
Docket No.: 02-06-A-1025MD
Document: Final Order

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

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

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

Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4677
Fax: (360) 586-2171

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

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

In the Matter of the License to Practice) as a Physician and Surgeon of:)	Docket No. 02-06-A-1025MD
GLENN T. STRAND, M.D.,) License No. MD00004520,)	FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER
Respondent.)	

APPEARANCES:

Respondent, Glenn T. Strand, M.D., by
Aoki & Sakamoto LLP, per
Russell M. Aoki, Attorney at Law

Department of Health, by
The Office of Attorney General, per
Kim O'Neal, Assistant Attorney General

PRESIDING OFFICER: Arthur E. DeBusschere, Health Law Judge

COMMISSION PANEL: Chelle L. Moat, M.D., Panel Chair
Rogelio Ruvalcaba, M.D.,
Michael J. Snell, Public Member

The Medical Quality Assurance Commission convened a hearing on July 25, 2003, in Renton, Washington. The Department of Health issued Statement of Charges on August 21, 2002 (the 2002 Statement of Charges), alleging the Respondent violated the Uniform Disciplinary Act. License Revoked.

ISSUES

Did the Respondent engage in unprofessional conduct as alleged under RCW 18.130.180(4)?

FINDINGS OF FACT, CONCLUSIONS
OF LAW AND FINAL ORDER

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If the Department proves unprofessional conduct, then what is the appropriate sanction under RCW 18.130.160?

SUMMARY OF DECISIONS

The Respondent violated RCW 18.130.180(4) during his treatment of 14 patients. The Respondent's license to practice as a physician and surgeon in the state of Washington is revoked.

PROCEDURAL HISTORY AND HEARING

On October 24, 2002, the Respondent filed an Answer to the 2002 Statement of Charges. The Adjudicative Clerk Office scheduled a hearing, which was continued to allow for additional discovery. Prehearing Order No. 1. The Presiding Officer then issued a Protective Order to protect the confidentiality of patient records. Prehearing Order No. 2.

On April 23, 2003, the Respondent amended his Answer to not contest the truth of the allegations contained in Paragraphs 1.2 through 1.42 of the 2002 Statement of Charges. Accordingly, the Presiding Officer ordered that Paragraphs 1.2 through 1.42 be conclusively deemed true for all further proceedings and that the Department did not need to submit proof. Prehearing Order No. 3.

The Respondent testified, primarily regarding the issue of appropriate sanctions. He also presented the testimony of Dr. Stephen Melson. The Presiding Officer admitted Exhibits Nos. 1 through 41. Robert Lewis, Court Reporter, recorded the proceedings.

ARGUMENT OF THE PARTIES

The Department requested that the Commission revoke the Respondent's license. The Department argued that in 1999, the Commission placed conditions on Respondent's practice, yet he continued to violate the Uniform Disciplinary Act. The Department argued that the Respondent had the opportunity to make changes in his practice, but failed to do so, and continued to create unreasonable risks that his patients could be harmed. The Department further asserted that the Respondent's proposal to have Dr. Melson monitor the Respondent's records was the same proposal, which the Commission adopted in a Final Order in 1999. The Department argued that, therefore, any recommendations Dr. Melson made would be insufficient to protect the public. The Department argued that even though the Respondent had surrendered his DEA license and cannot prescribe controlled substances, the only alternative for protection of the public was to prevent the Respondent from practicing.

The Respondent asserted that he should be allowed to continue to practice. He pointed out that the present circumstances are different than those that existed before the 2002 Statement of Charges was issued. He argued that under the 1999 Final Order, the Commission policed the Respondent to ensure that he practiced within the accepted standard of care. He asserted that under his current proposal, Dr. Melson would review his records and meet with him on a weekly basis. The Respondent pointed out that Dr. Melson has years of experience and is willing to assist him. The Respondent testified that he has devoted his life to his practice and that he treats homeless people and people, who other physicians would not treat. This, the

Respondent asserted, was a very important service. The Respondent declared that he would be able to devote the time to improve his record-keeping skills because he practices part-time. The Respondent asked that the Commission order him to make necessary changes within three to six months, and to report on his efforts at the end of that time.

I. FINDINGS OF FACT

1.1 Glenn T. Strand, M.D., is licensed to practice as a physician and surgeon in the state of Washington. He has a psychiatric practice in Seattle, Washington and has been practicing for over 40 years. He has had the same office for 25 years.

1.2 On August 21, 2002, the Department issued the 2002 Statement of Charges against the Respondent, alleging in Paragraphs 1.2 through 1.42, that his treatment of 14 patients, Patients One through Fourteen, and his record keeping practices violated the Uniform Disciplinary Act, RCW 18.130.180(4). Since the Respondent did not contest Paragraphs 1.2 through 1.42 of the 2002 Statement of Charges, the Commission hereby enters a Finding of Fact that the allegations contained in Paragraphs 1.2 through 1.42 of the 2002 Statement of Charges are true. The Commission herein adopts and incorporates those paragraphs as Findings of Fact 1.2.

1.3 In his treatment of Patient One through Fourteen, the Respondent was negligent and showed a pattern of conduct that created unreasonable risk of harm to his patients.

1.4 The Respondent's medical and prescription records revealed a pattern of prescribing controlled substances that was consistent with supporting addictions. The

Respondent's record-keeping practices were not in accordance with accepted psychopharmacological standards of care for the prescription of drugs and for patient follow-up care.

1.5 In May 1999, this Commission indefinitely suspended the Respondent's license to practice (the 1999 Final Order). The Respondent violated RCW 18.130.180(4) for his treatment of 10 patients. He violated RCW 18.130.180(1) and (13) for his misrepresentations to Washington State Department of Social and Health Services (DSHS). The Commission stayed the effect of the suspension upon conditions, which included the following: (1) to follow specific record-keeping directives, (2) to allow an approved psychiatrist to review his patient records, (3) to take specified medical education courses, and (4) to pay a fine.

1.6 In December 1999, this Commission charged that the Respondent failed to comply with the terms of the 1999 Final Order. In June 2000, the Respondent and the Commission entered into an Agreed Order (the 2000 Agreed Order), which included the following conditions: (1) to comply with the terms of the 1999 Final Order, (2) to ensure that his patient progress records were typed and placed in patients' files within one week of the office visits, and (3) to have Dr. David Roys review the records.

1.7 G. Christian Harris, M.D., who is a psychiatrist, offered to evaluate the Respondent's work and records. Dr. Harris shares an office with Dr. Melson, who agreed to review the Respondent's records as a proposed condition of the Respondent's ongoing medical practice.

1.8 Stefen J. Melson, M.D., has a full-time psychiatric practice in Seattle, Washington. From October 1974 to October 2002, Dr. Melson practiced as a

psychiatrist at Virginia Mason Hospital where he also performed supervisory and administrative duties. After retiring from Virginia Mason Hospital, he started a private practice in October 2002. Dr. Melson was willing to review the Respondent's files.

1.9 Approximately two months prior to the hearing in this matter, Dr. Melson reviewed 10 to 20 of the Respondent's patient records. The records did not meet accepted standards for medical practice. The progress notes were for the most part one or two handwritten lines. The progress notes were not signed. They did not follow a medical format which included specific descriptions of the patients' presenting problems, current conditions, mental status evaluations, medications or treatment plans. The patient records failed to document the Respondent's clinical thinking and treatment judgment and they did not demonstrate the thought process, which lead the Respondent to his medical conclusions and treatment recommendations.

1.10 Dr. Melson offered a plan to monitor the Respondent's medical records. He offered to assist the Respondent in developing a standardized format for files and records, which Dr. Melson utilizes in his practice. However, the Respondent would need to take a considerable amount of time to separate his active patient files from his inactive patient files and to adopt the standardized format. Dr. Melson offered to meet with the Respondent for training sessions on his record-keeping. The training sessions would be once a week for two or three weeks. Each training session would take about two hours.

1.11 After the training sessions, Dr. Melson offered to regularly meet the Respondent for about an hour a week. Dr. Melson could review the records of patients that the Respondent has seen during that week. During his review of Respondent's

records, Dr. Melson could question the Respondent about his record-keeping.

Dr. Melson, however, would not be able to deal with any other aspects of Respondent's treatment of a patient. Dr. Melson has the expertise, but not the time to extensively evaluate the Respondent's clinical abilities.

1.12 In the summer of 2001, the Respondent treated between 10 to 15 patients per day, about one patient per half-hour. Some patients had scheduled appointments and some just came to his office as "drop-ins." Some of those patients were drug addicts. Due to his busy schedule, the Respondent fell behind in maintaining his patient records.

1.13 In the summer of 2001, the federal Drug Enforcement Administration (DEA) arrested the Respondent for over-prescribing controlled substances. On August 30, 2001, the Respondent surrendered his DEA Registration Privileges and ceded his privilege to prescribe drugs contained in Schedules II, III, IV and V of a list of controlled substances. Since that time, the Respondent has been prohibited from possessing or dispensing any controlled substances listed in the Schedules.

1.14 The Respondent continued to provide psychiatric care after he surrendered his DEA license. Instead of prescribing controlled substance, he continued to prescribe other medications, such as Lithium, Soma and Phenergan. He prescribed Lithium for patients with a bi-polar diagnosis. He prescribed Soma to patients, who had physical or back injuries, who were frightened about upcoming back surgeries, or who have muscle spasms and have difficulty sleeping at night. He prescribed Soma to 50 percent of his patients. He diagnosed muscle spasms in cooperation with the patients' family physicians. He prescribed Phenergan for acid reflux for patients, who

were in a methadone program, or if a patient had been using street medications and developed digestive problems.

1.15 To insure his patients were monitored for safe Lithium blood levels, the Respondent referred them to family physicians. The monitoring of patient kidney and thyroid functions was also performed by the family physicians. Usually, the patients reported the results of their tests to him. Besides the laboratory monitoring for medications, the Respondent examined his patients for certain physical symptoms. However, the patients' family physicians diagnosed their physical conditions.

1.16 After the Respondent surrendered his DEA license, the Respondent maintained a "part-time" practice. The Respondent was at his office six mornings per week, including Saturdays. He usually worked from 8:30 a.m. to 1:30 or 2:00 p.m., except on Thursdays, when he left at about 12:30 p.m. The Respondent's hours depended, in part, on the number of patients that arrived at his office without an appointment. He saw about four new patients each week. He saw his regular patients for about 30 minutes, except for the small family groups, and he took about 45 minutes for a new patient examination. The Respondent treated about eight to ten patients per day, except on Thursdays and Saturdays, when he saw about four to six patients. His record keeping was handwritten. About 90 percent of his patients were repeat patients and he was familiar with their history.

LEGAL ANALYSIS

Under RCW 18.130.180(4), the following conduct is defined as unprofessional conduct for any license holder:

Incompetence, negligence, or malpractice which results in injury to a

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

In considering the charges pursuant to RCW 18.130.180(4), the Commission reviewed the factual allegations, which were deemed to be true, and reviewed the patients' medical records. Exhibit Nos. 1 through 34. The Commission also considered the opinions reported by Patrick J. Donley, M.D., who also reviewed the medical records of Patients One through Fourteen. Exhibit Nos. 39, 40 and 41. The Commission was persuaded by his report and opinions stated therein.

Upon a finding of unprofessional conduct, the Commission has the authority to order appropriate sanctions. RCW 18.130.160, in part, states:

In determining what action is appropriate, the disciplining authority must first consider what sanctions are necessary to protect or compensate the public. Only after such provisions have been made may the disciplining authority consider and include in the order requirements designed to rehabilitate the license holder or applicant.

Regarding sanctions, the Commission considered the Respondent's pattern of misconduct. The Respondent demonstrated an inability to practice within accepted standards of care. In 1999, the Respondent violated the UDA because of his treatment of 10 patients and his misrepresentations to DSHS. In 2001 the Respondent surrendered his DEA Registration and lost his privileges to prescribe controlled substances. In 2001, the Respondent violated the UDA because of his treatment of 14 patients. As reported by Dr. Melson within a few months before this hearing, the Respondent's records were significantly inadequate in the documentation of treatment.

Regarding sanctions, the Commission considered not only this pattern of misconduct, but also the Respondent's rehabilitation history. Since the 1999 Final Order, the Commission provided the Respondent opportunities to bring his practice within accepted standards of care. Under the 1999 Final Order, the Commission ordered specific record keeping directives, educational courses and supervision by a reviewing psychiatrist. Under the 2000 Agreed Order, the Commission ordered that the Respondent comply with conditions already ordered in the 1999 Final Order. In addition, the Commission ordered the Respondent to have his patient progress notes typed and filed. The Commission concludes that it cannot provide any additional opportunities for rehabilitation.

Here, the Respondent's plan was no different than what has been attempted before. Dr. Melson has a full-time practice, but has offered to devote a limited amount of time per week to review the Respondent's patient records. Even if Dr. Melson could provide both monitoring of his medical records and mentoring of his clinical practices, the Respondent's plan for rehabilitation would be insufficient. Even though the Respondent now has a "part-time" practice, the Commission was not convinced that sufficient measures could be taken to protect the public. The Commission has already tried the Respondent's plan, the public is at risk, and there is no alternative but revocation.

II. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over the Respondent's license and over the subject matter of this proceeding. RCW 18.71; RCW 18.130.

2.2 The burden is on the Department to prove the allegations in the Statement of Charges by clear and convincing evidence. *Nguyen v. Department of Health*, 144 Wn.2d 516, 534, cert. denied, 535 U.S. 904 (2002).

2.3 The Commission used its experience, competency and specialized knowledge to evaluate the evidence presented in this case. RCW 34.05.461.

2.4 Based upon Findings of Fact, Paragraphs 1.1 through 1.4 along with the above Legal Analysis, the Commission concludes that the Department proved by clear and convincing evidence that Respondent violated RCW 18.130.180(4).


2.5 Based upon Findings of Fact, Paragraph 1.1 through 1.16, along with the above Legal Analysis, the Commission concludes that under RCW 18.130.160, the Respondent's license to practice as a physician and surgeon in the state of Washington should be revoked for a period of no less than ten (10) years.

III. ORDER

Based on the foregoing, the Commission hereby ORDERS the Respondent's license to practice as a physician and surgeon in the state of Washington is REVOKED for a period of no less than ten (10) years from date this Order is signed. The Respondent shall promptly deliver to the Commission his original license and current registration, including both the wall and wallet copy.

Dated this 8th day of October, 2003.

Medical Quality Assurance Commission


CHELLE L. MOAT, M.D., Panel Chair

CLERK'S SUMMARY

Charge
RCW 18.130.180(4)

Action
Violated

NOTICE TO PARTIES ON REVOCATION

RCW 18.71.019. Application of Uniform Disciplinary Act -- Request for review of revocation order

The Uniform Disciplinary Act, chapter 18.130 RCW, governs unlicensed practice and the issuance and denial of licenses and discipline of licensees under this chapter. When a panel of the commission revokes a license, the respondent may **request review of the revocation order** of the panel by the remaining members of the commission not involved in the initial investigation. The respondent's request for review must be filed within twenty days of the effective date of the order revoking the respondent's license. The review shall be scheduled for hearing by the remaining members of the commission not involved in the initial investigation within sixty days. The commission shall adopt rules establishing review procedures.

NOTICE TO PARTIES

This order is subject to the reporting requirements of RCW 18.130.110, Section 1128E of the Social Security Act, and any other applicable interstate/national reporting requirements. If adverse action is taken, it must be reported to the Healthcare Integrity Protection Data Bank.

Either party may file a **petition for reconsideration**. RCW 34.05.461(3); RCW 34.05.470. The petition must be filed within 10 days of service of this Order with:

The Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879

and a copy must be sent to:

Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

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The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied 20 days after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A **petition for judicial review** must be filed and served within 30 days after service of this order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the 30-day period will begin to run upon the resolution of that petition. RCW 34.05.470(3).

The order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office. RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail. RCW 34.05.010(19).

<p><u>FOR INTERNAL USE ONLY:</u> (Internal tracking numbers) Program No. 2008-09-0018, 2001-06-0045 & 2001-11-0066</p>
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