



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Frederick B. Davis
Master Case No.: M2016-162
Document: Stipulation to Informal Disposition

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

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

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

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

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

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

**STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION**

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

FREDERICK B. DAVIS, MD
License No. MD00010139

Respondent.

No. M2016-162

**STIPULATION TO INFORMAL
DISPOSITION**

The Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, and evidence contained in case file number 2015-8912. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On February, 5, 1968, the State of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is not board certified but self designates his practice specialty as psychoanalysis and psychiatry. Respondent's license is currently active.

1.2 Respondent began treating Patient A on July 25, 2014. Patient A had a history of anxiety, depression, and suicidal ideation. Respondent prescribed Clonazepam 1 mg – 1 tablet per day to Patient A. On August 25, 2014, Respondent increased Patient A's Clonazepam prescription to 3 tablets per day. Respondent began prescribing Seroquel to Patient A in late September 2014.

1.3 On November 9, 2014, Respondent began prescribing Alprazolam 1 mg – 1 tablet per day to Patient A while continuing to prescribing Clonazepam. On January 25, 2015, Respondent increased Patient A's Alprazolam prescription to 4 tablets per day, subsequently reduced to three tablets a day.

1.4 Respondent began prescribing Invega to Patient A in early January 2015.

1.5 Patient A would deliver medications to Respondent for administration on numerous occasions; however, she was authorized to pick up all prescriptions issued by Respondent, and possessed excessive quantities of Benzodiazepines from time to time.

1.6 On August 22, 2015, Patient A refilled prescriptions issued by Respondent for Alprazolam 1 mg tablets, quantity 90, and Clonazepam 1 mg tablets, quantity 90. On August 27, 2015, Patient A ingested a large quantity of benzodiazepine medication when she was out on a hiking trail. Patient A became scared after ingesting the pills and called a family member who initiated emergency response. Patient A reported that she had been collecting medications with the intention to one day overdose.

1.7 Respondent did not maintain accurate records of prescriptions issued to Patient A, including prescription date, dosage, or administration. Respondent did not document whether Patient A was taking medication as directed and did not account for residual medications when authorizing refills. Respondent did not adequately document his rationale for prescribing or increasing medications or medication efficacy during the course of treatment, including off label prescribing and prescribing two benzodiazepine-class medications at the same time.

2. STIPULATION

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

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

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

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

2.5 If the Commission accepts the Stipulation it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public

Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

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

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

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

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Continuing Medical Education – Recordkeeping.** Respondent must successfully complete not less than five (5) credit hours of Category 1 CME – pre-approved by the Commission – covering the subject of general medical and specialty practice recordkeeping, including prescribing records. Respondent will complete the required course or courses within six (6) months of the effective date of this Agreed Order. Respondent shall provide the Commission with course certificates within one (1) month of completion. The Commission may provide to Respondent a list of pre-approved courses upon request.

3.2 **Paper.** Respondent must submit a typewritten paper demonstrating his familiarity with general medicine, the identification of risk factors for attempting suicide, and specialty practice recordkeeping principles, with specific reference to medication prescribing records, including the need to document a rationale for off-label and overlapping polypharmaceutical prescribing. The paper must be a minimum of one thousand (1,000) words, contain a bibliography, refer to what Respondent learned in the CME required in Paragraph 3.1, and state how Respondent intends to apply what he learned in his practice. The paper must be submitted no more than two (2) months after completing the CME in Paragraph 3.1.

3.3 **Protocol.** Respondent must submit a written protocol regarding the prescribing of all medications to patients with active suicidal ideation or exhibiting risk factors for attempting suicide. The protocol must provide for the tracking of medication

prescribed, dispensed, and taken, including but not limited to: registration and access to the State of Washington Prescription Monitoring Program (PMP); the use of a patient contract regarding the dispensing and administration of prescribed medications, including disclosure of other prescribing providers and use of a single pharmacy; and accounting for residual medications when renewing prescriptions, including communications with dispensing pharmacies. The protocol must be submitted no more than two (2) months after completing the CME in Paragraph 3.1.

3.4 **Submitting Paper and Protocol.** The paper and protocol referred to in Paragraphs 3.2 and 3.3 must be submitted to the Commission or its designee for approval, in both electronic and printed format, to the respective address below:

1. Medical.compliance@doh.wa.gov
2. Compliance Officer
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, Washington 98504-7866

3.5 **Prescription Monitoring Program Registration.** Respondent must register for access to the State of Washington PMP and conduct an initial check of all new patients to verify the patient's controlled substance prescribing history. Thereafter, Respondent must conduct a PMP check whenever a patient reports suicidal ideation or substance abuse, or engages in drug seeking behavior.

3.6 **Practice Reviews.** Respondent agrees that a Commission representative may make an announced visit to Respondent's practice to review Respondent's compliance with recordkeeping standards, including prescribing records and Respondent's appropriate reference to the PMP. The Commission will give Respondent a minimum of fourteen days advance notice of the proposed visit. Respondent will cooperate with the Commission in scheduling the visit. The practice review may include inspection of office and medical records, and interviews of Respondent and office staff. Practice reviews may occur approximately six (6) months after the effective date of this Stipulation and continue every six months until this Stipulation is terminated, unless waived by the Commission. A minimum of two (2) practice reviews must be completed.

3.7 **Cost Recovery.** Respondent agrees to reimburse costs to the Commission in the amount of five hundred dollars (\$500.00) which must be received by

the Commission within six (6) months of the effective date of this Stipulation. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to: Department of Health, Medical Quality Assurance Commission, P.O. Box 1099, Olympia, Washington 98507-1099.

3.8 **Compliance Orientation.** Respondent shall complete a compliance orientation in person or by telephone within sixty (60) days of the effective date of this Stipulation. Respondent must contact the Compliance Unit at the Commission by calling 360-236-2763, or by sending an email to Medical.compliance@doh.wa.gov within ten (10) days of the effective date of this Stipulation. Respondent must provide a contact phone number where Respondent can be reached for scheduling purposes.

3.9 **Personal Appearances.** Respondent must personally appear before the Commission in approximately six (6) months of the effective date of this Stipulation, or as soon thereafter as the Commission's schedule permits. Thereafter, Respondent must make personal appearances annually or as frequently as the Commission otherwise requires until the Commission terminates this Stipulation, unless the Commission waives the need for an appearance. Respondent will be provided notice of the dates and locations of appearances by the Commission.

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

3.11 **Costs.** Respondent must assume all costs of complying with this Stipulation.

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

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

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

3.14 **Termination of Stipulation.** Respondent may petition the Commission to terminate this Stipulation after completing all requirements and no sooner than twelve (12) months after the effective date of this Stipulation. The Commission will issue a

notice scheduling a date and time for Respondent to appear, unless the Commission waives the need for an appearance.

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions, including Stipulations to Informal Dispositions under RCW 18.130.172.

Respondent's alleged conduct falls under Tier A of the "Practice below Standard of Care" schedule, WAC 246-16-810. Respondent's alleged inadequate recordkeeping caused minimal patient harm or a risk of minimal patient harm.

4.2 WAC 246-16-800(3)(c) directs the Commission to identify aggravating or mitigating factors to determine appropriate sanctions. It is mitigating that Respondent frequently met with Patient A, that he took possession and administered prescribed medications to Patient A, and that Patient A's health continues to improve while being treated by Respondent, despite her attempted overdose suicide. It is aggravating that Respondent enabled Patient A to possess medication sufficient to attempt an overdose suicide.

4.3 Tier A sanctions range from zero to three years of meaningful oversight. WAC 246-16-800(3)(d) states that the starting point for the duration of oversight is the middle of the range and then aggravating and mitigating factors move the appropriate sanctions towards the maximum or minimum ends of the range. The mitigating and aggravating factors identified justify duration in the middle of the sanction range. This Stipulation requires continuing education, research and writing of a paper, utilization of the PMP when monitoring patient health, personal appearances, and maximum cost recovery. The sanctions stated in this Stipulation are sufficient to protect the public and ensure that similar alleged violations do not occur.

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5. RESPONDENT'S ACCEPTANCE

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

Frederick B. Davis MD
FREDERICK B. DAVIS, MD
RESPONDENT

8/22/16
DATE

V. Andrew Cass
V. ANDREW CASS, WSBA #31365
ATTORNEY FOR RESPONDENT

8/23/2016
DATE

6. COMMISSION'S ACCEPTANCE

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

DATED: October 7, 2016.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

Mimi Kinslow
PANEL CHAIR

PRESENTED BY:

Lawrence J. Berg
LAWRENCE J. BERG, WSBA# 22334
COMMISSION STAFF ATTORNEY

ORIGINAL