



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Kevin Sloan, MD
Master No.: M2008-118032
Document: Statement of Charges

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:

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

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

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

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

FILED

FEB 06 2009

Adjudicative Clerk

In the Matter of

No. M2008-118032

KEVIN SLOAN, MD

License No. MD00029132

STATEMENT OF CHARGES

Respondent

The Disciplinary Manager, on designation by the Medical Quality Assurance Commission (Commission) makes the allegations below, which are supported by the evidence contained in case no. 2007-51793. The patient referred to in this Statement of Charges is identified in the attached Confidential Schedule.

1: ALLEGED FACTS

1.1 On October 16, 1991, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 Respondent is board-certified in psychiatry with a sub-specialty certification in addiction psychiatry.

1.3 Respondent practiced below the standard of care in prescribing Schedule II narcotic pain medications for [REDACTED] Patient A, between March 2006 and March 2007. Specifically, Respondent wrote [REDACTED] eight prescriptions for injectable meperidine (Demerol) and nine prescriptions for methadone. Respondent was aware that other providers wrote [REDACTED] prescriptions for injectable meperidine, which she routinely exhausted.

2: ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(4), which provides in part:

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

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

unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

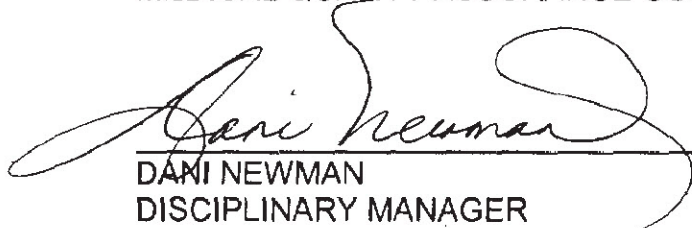
2.2 The above violation provides grounds for imposing sanctions under RCW 18.130.160.


3: NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline pursuant to RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

DATED: February 6, 2009.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION


DANI NEWMAN
DISCIPLINARY MANAGER


KRISTIN BREWER, WSBA #38494
ASSISTANT ATTORNEY GENERAL

CONFIDENTIAL SCHEDULE

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

Patient A





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Kevin Sloan, MD
Master No.: M2008-118032
Document: Statement of Allegations

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:

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

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

In the Matter of

KEVIN SLOAN, MD
License No. MD00029132

Respondent

No. M2008-118032

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in program file number 2007-51793. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On October 16, 1991, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board-certified in psychiatry.

1.2 Respondent practiced below the standard of care in prescribing Schedule II narcotic pain medications for [REDACTED], Patient A, between May 2006 and March 2007. Specifically, Respondent wrote Patient A seven prescriptions for injectable meperidine (Demerol) and eight prescriptions for methadone. Respondent knew that Patient A was exhausting her prescriptions for Demerol from other providers treating her severe migraine headaches, and that Patient A was experiencing narcotic pain medication withdrawal symptoms. Respondent prescribed Patient A methadone in an attempt to provide adequate pain control while avoiding narcotic pain medication withdrawal effects. Respondent prescribed Patient A Demerol to provide adequate acute pain relief for an acute condition not treated by other providers (cellulitis-related arm ulcers requiring debridement). Respondent provided documentation of his treatment of Patient A.

1.3 During the investigation, Respondent informed the Commission that he had entered into a contract with Washington Physicians Health Program (WPHP) in July 2007.

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2. SUMMARY OF EVIDENCE

- 2.1 Prescriptions written by Respondent for Patient A.
- 2.2 Records for Patient A
- 2.3 Investigative file, number 2007-51793.

3. ALLEGED VIOLATIONS

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

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

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

....

4. NOTICE TO RESPONDENT

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

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

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Karen Caillé, Staff Attorney for the Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866, (360) 236-2788 within fourteen (14) days.

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

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

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

DATED: _____

May 27, 2009.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION

Beverly H. Luter
DANI NEWMAN
DISCIPLINARY MANAGER

Karen M. Caille
KAREN M. CAILLE, WSBA #31351
DEPARTMENT OF HEALTH STAFF ATTORNEY

CONFIDENTIAL SCHEDULE

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

Patient A





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Kevin Sloan, MD
Master No.: M2008-118032
Document: Withdrawal of Statement of Charges

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:

Customer Service Center
P.O. Box 47865
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Phone: (360) 236-4700
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

FILED

JUN 10 2009

Adjudicative Clerk

In the Matter of

KEVIN SLOAN, MD
License No. MD00029132

Respondent

No. M2008-118032

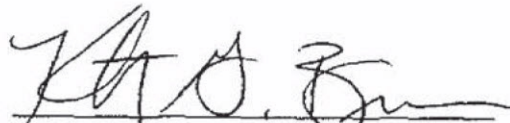
NOTICE AND ORDER FOR
WITHDRAWAL OF STATEMENT
OF CHARGES

Section 1: FACTS and MOTION

1.1 On February 6, 2009, the Medical Quality Assurance Commission (Commission) issued a Statement of Charges against Respondent.

1.2 Based on further review of the matter, on June 4, 2009, the Commission determined that the Statement of Charges should be withdrawn.

Dated May 27, 2009.

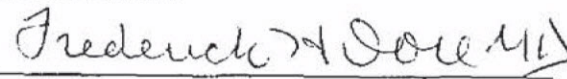

KRISTIN G. BREWER, WSBA # 38494
ASSISTANT ATTORNEY GENERAL

Section 2: ORDER

Based on this Notice, the Commission hereby ORDERS that the Statement of Charges is WITHDRAWN.

DATED: June 4, 2009.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION


PANEL CHAIR



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Kevin Sloan, MD
Master No.: M2008-118032
Document: Stipulation to Informal Disposition

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:

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

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

In the Matter of

KEVIN SLOAN, MD
License No. MD00029132

Respondent

No. M2008-118032

**STIPULATION TO INFORMAL
DISPOSITION**

1. STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Kevin Sloan, MD, Respondent, is informed and understands that the Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, has made the following allegations.

A. On October 16, 1991, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board-certified in psychiatry.

B. Respondent practiced below the standard of care in prescribing Schedule II narcotic pain medications for [REDACTED] Patient A, between May 2006 and March 2007. Specifically, Respondent wrote Patient A seven prescriptions for injectable meperidine (Demerol) and eight prescriptions for methadone. Respondent knew that Patient A was exhausting her prescriptions for Demerol from other providers treating her severe migraine headaches, and that Patient A was experiencing narcotic pain medication withdrawal symptoms. Respondent prescribed Patient A methadone in an attempt to provide adequate pain control while avoiding narcotic pain medication withdrawal effects. Respondent prescribed Patient A Demerol to provide adequate acute pain relief for an acute condition not treated by other providers (cellulitis-related arm ulcers requiring debridement). Respondent provided documentation of his treatment of Patient A.

C. During the investigation, Respondent informed the Commission that he had entered into a contract with Washington Physicians Health Program (WPHP) in July 2007.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

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

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

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

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. However, it is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.56 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in paragraph 1.1 above.

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

1.11 Respondent is advised and understands that a violation of the provisions of Section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

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2.13 If Respondent violates any provision of this Stipulation to Informal Disposition in any respect, the Commission may take further action against Respondent's license.

2.14 Respondent shall 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.

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

3. COMPLIANCE WITH SANCTION RULES

3.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate terms for stipulations to informal dispositions. The conduct alleged falls within Tier B of the "Practice Below Standard of Care" schedule found at WAC 246-16-810. Respondent prescribed the medications because Patient A was experiencing withdrawal symptoms from medications prescribed by other physicians in the treatment of Patient A's severe migraine headaches. Although Respondent's actions were meant to help Patient A, his prescribing of additional pain medications placed Patient A at risk of severe harm since she was also receiving pain medications from other providers.

3.2 Tier B of the schedule requires terms that range from a minimum oversight for 2 years (which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.) to a maximum of 5 years of oversight. The terms in this Stipulation are at the minimum of the range, oversight for two years with monitoring and quarterly reports by WPHP, and are consistent with the following mitigating factors.

3.3 The following are *mitigating factors*: (a) Respondent made contemporaneous records documenting his attempt to reduce Patient A's use of narcotic pain medications; (b) Respondent separated from Patient A in March 2007 (c) Respondent met with the WPHP in March 2007; and signed a contract with WPHP in July 2007; (d) WPHP endorsed Respondent's return to work in November 2007; (e) Respondent has been licensed in Washington for 18 years and has never had a complaint

2. INFORMAL DISPOSITION

Pursuant to RCW 18.130.172(2) and based upon the above stipulation, the parties agree to the following Informal Disposition:

2.1 Respondent will be monitored by the Commission regarding his compliance with the following terms and conditions for at least two years from the effective date of this Stipulation to Informal Disposition.

2.2 Respondent shall continue to comply with the contract he signed with Washington Physicians Health Program (WPHP). Respondent shall authorize and request a representative of WPHP to prepare and submit written quarterly reports to the Commission, addressing Respondent's progress in treatment, his compliance with the treatment program, and his ability to practice medicine in a safe manner. The first report shall be due thirty days from the effective date of this Stipulation to Informal Disposition.

2.3 Respondent agrees to sign a release form that allows WPHP to provide the Commission monitoring records and/or reports pertaining to his participation in and compliance with the program. If WPHP reports any violation of its contract with Respondent, including any evidence of chemical substance misuse or any positive urine screen for alcohol, or if Respondent violates any provision of this Stipulation to Informal Disposition in any respect, it may result in the Commission taking further disciplinary action against Respondent's license.

2.4 Respondent agrees to provide a copy of this Stipulation to Informal Disposition to the medical staff director or Chief Executive Officer of each hospital or clinic where he has privileges.

2.5 Respondent agrees to notify the Commission and the Adjudicative Service Unit in writing of any employment or change in employment in the health care field. The notification must be made within thirty days of the employment or change in employment and shall include the complete new employment address and telephone number, including the name and address of hospitals for which he has privileges.

2.6 Respondent agrees that he will not provide prescriptions or medical care to any family members, except in emergent circumstances.

2.7 Respondent agrees to pay \$1000 for the administrative costs incurred in this case. Respondent shall pay \$250 within six months, \$250 within twelve months, \$250 within eighteen months, \$250 within twenty-four months of the effective date of this

Stipulation to Informal Disposition. The certified or cashier's check or money order, made payable to the Department of Health shall be sent to the following address:

Department of Health
Medical Quality Assurance Commission
P.O. 1099
Olympia, WA 98507-1099

2.8 Respondent agrees to appear before the Commission on an annual basis and present proof that he is complying with the Stipulation to Informal Disposition. Respondent shall continue to appear annually unless otherwise instructed in writing by the Commission or its representative, or until the Commission releases Respondent from the terms and conditions of this Stipulation to Informal Disposition. Respondent's first appearance before the Commission shall be one year from the effective date of this Stipulation to Informal Disposition, or as soon thereafter as the Commission's schedule permits.

2.9 In the event Respondent should leave Washington State to reside or to practice outside the State, Respondent agrees to notify the Commission in writing of the date of departure and return. Periods of residency or practice outside Washington State will not toll the duration of the terms of the Stipulation to Informal Disposition, provided that Respondent is enrolled in a monitoring and treatment program and has signed a Memorandum of Agreement with WPHP.

2.10 Respondent may file a written petition for release from this Stipulation to Informal Disposition and termination of the Commission's oversight no sooner than two years after the effective date of this Stipulation to Informal Disposition. The Commission's oversight and monitoring of Respondent shall continue until Respondent files a written petition for termination. The Commission may require Respondent to appear personally before the Commission. Termination of the Commission's oversight and release from the Stipulation to Informal Disposition may be by written Order of the Commission.

2.11 Respondent shall obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

2.12 Respondent shall assume all costs of complying with this Stipulation to Informal Disposition.

made against him; (f) Respondent cooperated fully with the investigation and identified the prescriptions he had written for Patient A; (g) this situation is unlikely to reoccur.

3.4 There are no *aggravating* factors.

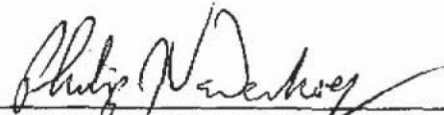
4. RESPONDENT ACCEPTANCE

I, KEVIN SLOAN, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, PHILIP VANDERHOEF, 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.



KEVIN SLOAN, MD
RESPONDENT

6/1/2009
DATE



PHILIP VANDERHOEF, WSBA #14564
ATTORNEY FOR RESPONDENT

6/1/09
DATE

5. COMMISSION ACCEPTANCE

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

DATED: June 4, 2009.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Frederick H. Sorensen
PANEL CHAIR

PRESENTED BY:

Karen M. Caille

KAREN M. CAILLE, WSBA #31351
DEPARTMENT OF HEALTH STAFF ATTORNEY

June 4, 2009
DATE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Kevin L. Sloan, MD
Master Case No.: M2008-118032
Document: Release from Informal Disposition

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

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

The following information has been withheld:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.56.050, RCW 42.56.350(2)

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

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

June 22, 2011

FILED
JUN 23 2011
Adjudicative Clerk

Kevin L. Sloan, MD



Re: Master Case No.: M2008-118032
Case No.: 07-03-0055MD
ILRS Case No.: 2007-51793
Credential No.: MD29132

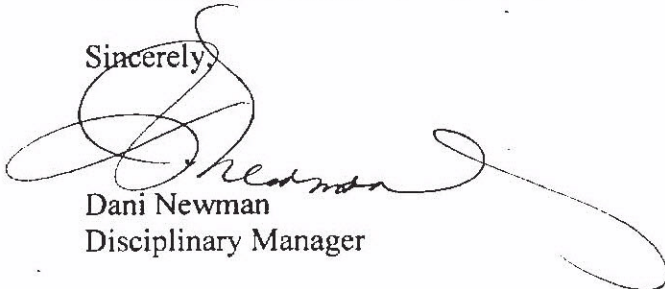
Dear Dr. Sloan:

This letter is to officially inform you and other interested parties that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation to Informal Disposition* signed on June 4, 2009. You have demonstrated satisfactory compliance with the terms and conditions of the agreement. You are now released from the requirements of the Stipulation effective upon receipt of this letter.

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

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

Sincerely,



Dani Newman
Disciplinary Manager

cc: Adjudicative Service Unit
Philip VanDerhoef, Attorney for Respondent
Karen Caille, Staff Attorney

