



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Christopher J. Pepin, MD
Master Case No.: M2016-43
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:

CHRISTOPHER J. PEPIN, MD
License No. MD00037201

Respondent.

No. M2016-43

**STIPULATION TO INFORMAL
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. 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 April 8, 1999, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in internal medicine. Respondent's license is currently active.

1.2 Between September 2000, and July 2013, Respondent served as Patient A's primary care provider. Patient A suffered from hypertension, chronic back pain from a herniated disc, morbid obesity, and strabismus which impaired her vision. Patient A was also uninsured and unemployed, and Respondent was aware Patient A could not afford to pay multiple office visits. Furthermore, Patient A lived in Bremerton and had to take the ferry in order to see Respondent in his Seattle clinic. In consideration of Patient A's financial limitation, Respondent arranged for the clinic's charity foundation to pay Patient A's medications.

1.3 Over a ten-year period, Patient A had three urinalysis screenings in which results revealed elevated glucose levels, a strong indication of diabetes. Elevated glucose levels require monitoring and additional lab work, particularly with Patient A's obesity and hypertension. There is no documentation to reflect

Respondent's review of Patient A's urinalysis screens or consideration of a possible diabetes diagnosis.

1.4 In November 2011, Patient A presented with complaints of right foot pain. Respondent diagnosed foot cellulitis with erythema (superficial reddening of skin), and he prescribed an antibiotic and a pain reliever.

1.5 By February 2012, Patient A complained of nausea, fever, and persistent pain with swelling related to her right foot. She also had a new complaint about her left foot where an ulcer formed over the top of the foot and over a bunion. Respondent changed the antibiotic, but continued Patient A's medication regimen without documenting consideration of other possible conditions.

1.6 In March 2012, Patient A, ill and distressed, presented to the emergency department with extensive erythema with swelling and black tissue in her left foot consistent with wound infection. Patient A's hospital lab work showed blood sugar level of 570 and hemoglobin A1C of 12 compatible with a likely diagnosis of diabetes mellitus.

1.7 The hospital physician diagnosed Patient A with osteomyelitis (infection in the bone) and complicating diabetes mellitus with peripheral neuropathy. The physician performed an emergency debridement of the gangrenous left foot, but this did not resolve the infection in the foot and ankle. Patient A then underwent a below-the-knee amputation of her left foot.

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's website, 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 Course.** Within three (3) months of the effective date of this Stipulation, Respondent agrees to successfully complete a Commission-approved six (6) credit Category 1 continuing medical education (CME) course covering the subject of screening for and treating diabetes in adults. Respondent will submit proof of the satisfactory completion of the course to the Commission's Compliance Officer within thirty (30) days of completion. This CME shall be in addition to mandatory continuing education hours required for license renewal.

3.2 **Paper.** Within three (3) months of completing the term in paragraph 3.1, Respondent shall prepare and submit an authoritative and comprehensive, type-written report of at least 2,500 words discussing (1) what Respondent learned from the CME course described in paragraph 3.1, (2) how Respondent will incorporate this clinical knowledge in his practice, and (3) how Respondent will assure that this standard of care will be upheld despite a patient's financial limitations. Respondent will submit the papers to the Commission for review and approval. This requirement will not be satisfied until the paper is approved by the Commission or its designee.

3.3 **Presentation.** Within nine (9) months of the effective date of this Stipulation and after completing the terms in paragraphs 3.1 and 3.2, Respondent will present the information from his paper to staff and colleagues at his workplace. Respondent will provide documentation of the presentation to the Commission within one month after making the presentation.

3.4 **Personal Appearances.** Respondent will personally appear before the Commission in approximately twelve (12) months, or as soon thereafter as the Commission's schedule permits. The purpose of the appearances is to provide meaningful oversight of Respondent's compliance with the requirements of this Stipulation. Thereafter, Respondent will make personal appearances annually until the Commission terminates this Stipulation, unless the Commission waives the need for subsequent appearances.

3.5 **Practice Review.** Respondent agrees that a representative of the Commission may make announced annual visits to Respondent's practice to review patient records. Respondent will maintain a log of hypertension patients who are also at risk for diabetes mellitus and have Hemoglobin A1C greater than 7. The representative will select patient names at random from Respondent's log and review and copy selected patient records. The representative may also interview Respondent.

3.6 **Cost Recovery.** Respondent shall reimburse costs to the Commission in the amount of one thousand dollars (\$1,000), 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 the Department of Health, Accounting Department at P.O. Box 1099, Olympia, Washington 98507-1099

3.7 **Address for reports.** All contracts, reports, or other documents required by this Stipulation to be provided to the Commission shall be sent to

Compliance Officer
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, Washington 98504-7866

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

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

3.10 **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.

3.12 **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.

3.13 **Termination.** Respondent shall be subject to the terms of this Stipulation for two (2) years. After two years of satisfactory compliance with the requirements, Respondent may petition to the Commission in writing to terminate this Stipulation. The Commission will issue a notice scheduling a date and time for Respondent to appear, unless the Commission waives the need for a personal appearance.

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. Tier B applies to cases where substandard practices caused moderate harm or risked moderate to severe patient harm. Respondent allegedly failed to document any discussion or follow-up of possible diabetes diagnosis even after three urinalysis screens revealed elevated glucose levels in an obese patient with hypertension. Patient A frequently contacted Respondent about her health conditions, and when she presented with foot pain Respondent prescribed antibiotics and did not document plans for further screening. Respondent over emphasized Patient A's financial limitations as reason not to require additional preventative health screenings. Patient A's late diabetes diagnosis resulted in health complications that

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contributed to her foot problems and eventual amputation. Tier B applies to this case.

4.2 Tier B requires the imposition of sanctions ranging from two years to five years oversight. Under WAC 246-16-800(3)(d), the starting point for the duration of the sanctions is the middle of the range. The Commission uses aggravating and mitigating factors to move towards the maximum or minimum ends of the range.

4.3 The mitigating factors in this case outnumber the one aggravating factor thereby justifying an imposition at the low end of the range. The sanctions are appropriate within the Tier B range given the facts of the case and mitigating and aggravating factors. It is mitigating that Respondent has been licensed for 17 years with no prior discipline, and he cooperated with the Commission's investigation. It is also mitigating that Respondent has admitted his deviation from the standard of care, and he expressed remorse about Patient A's outcome. Respondent's conduct is an isolated incident that is unlikely to reoccur because Respondent has established a more rigorous monitoring system at his clinical practice. The aggravating factor is the impact Respondent's conduct had on Patient A's worsening condition and significant injury.

4.4 The sanctions in this case are designed to protect the public and address Respondent's substandard care. The sanctions include: CME course; submission and presentation of two papers which discuss the issues in this case; practice review; personal appearances; and cost reimbursement.

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5. RESPONDENT'S ACCEPTANCE

Christopher

I, CHARLES J. PEPIN, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, REBECCA S. RINGER, 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.

Charles J. Pepin

CHARLES J. PEPIN, MD
RESPONDENT

3/29/16

DATE

Rebecca S. Ringer

REBECCA S. RINGER, WSBA# 16842
ATTORNEY FOR RESPONDENT

3/29/16

DATE

6. COMMISSION'S ACCEPTANCE

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

DATED: _____, 2016.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

PANEL CHAIR

PRESENTED BY:

PHI V. LY, WSBA #9451564
COMMISSION LEGAL INTERN

LAWRENCE J. BERG, WSBA# 22334
COMMISSION STAFF ATTORNEY

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5. RESPONDENT'S ACCEPTANCE

I, CHRISTOPHER J. PEPIN, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, REBECCA S. RINGER, 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.

CHRISTOPHER J. PEPIN, MD
RESPONDENT

DATE

REBECCA S. RINGER, WSBA# 16842
ATTORNEY FOR RESPONDENT


DATE

6. COMMISSION'S ACCEPTANCE

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

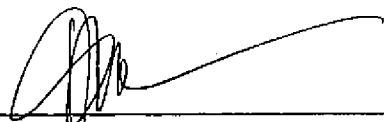
DATED: March 31, 2016.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

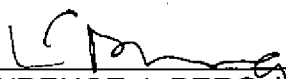


PANEL CHAIR

PRESENTED BY:



PHI V. LY, WSBA #9451564
COMMISSION LEGAL INTERN



LAWRENCE J. BERG, WSBA# 22334
COMMISSION STAFF ATTORNEY