



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Savitha Subramanian, MD  
Master Case No.: M2015-1180  
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:

**SAVITHA SUBRAMANIAN, MD**  
License No. MD00043201

Respondent.

No. M2015-1180

**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 January 20, 2004, the State of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in internal medicine and specializes in endocrinology, diabetes and metabolism. Respondent's license is currently active.

1.2 On July 16, 2014, Patient A first saw Respondent after being referred by her gynecologist for concerns about "not feeling well" and for questions about whether her hypothyroidism needed additional evaluation and management.

1.3 Patient A described that the Respondent told her to throw out her other medications prescribed by her trusted long term gynecologist, go on an antidepressant, and see a therapist. This advice was upsetting to Patient A.

1.4 At the close of the visit, Patient A went to the laboratory and gave a blood sample for testing. When Patient A did not hear of the test results from the clinic after about ten days, she contacted the clinic and was told that the results could not be found.

1.5 In a response to the complaint by Patient A that she did not receive timely test results from the Respondent, the Respondent stated, through her lawyer, that the results were available through a patient electronic record portal called eCare. However, Patient A had not enrolled in eCare and thus did not have access to the test results. The

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Respondent stated she planned to disclose and review the test results with the patient at a return visit in 3 months. Patient A eventually established care with another endocrinologist.

1.6 Respondent's treatment of Patient A fell below the standard of care when Respondent failed to timely communicate test results which showed that Patient A's Hemoglobin A1C, HPLC was at 6.1%. This test result is within a range that can be characterized as "prediabetes," signifying that a patient may develop a diagnosis of diabetes within ten (10) years. A diagnosis of diabetes requires a test result of 6.5% or higher.

## 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.

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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 **Paper.** Within ninety (90) days of the effective date of this Stipulation, Respondent will write and submit an authoritative paper of at least one thousand (1,000) words, with annotated bibliography, on the importance of timely communication of laboratory results to patients and others with a need to know. The paper will additionally contain an explanation of how the Respondent will change her practice so as to make sure that all of her future patients will receive timely test result information. The paper must be approved by the Commission or its designee. Respondent will submit the paper to:

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

3.2 **Required Education.** The Respondent will successfully complete a course on how to maintain and improve communication between physician and patient within six (6) months of the effective date of this Stipulation. This education will be in addition to mandatory continuing education hours required for license renewal. Respondent will obtain Commission approval in advance for the course. Respondent will submit proof of satisfactory course completion to the Commission within thirty (30) days of such completion. If the course requires completion of a written report, Respondent will ensure that the Commission receives a copy of Respondent's written report. If the course instructors inform the Commission that Respondent did not receive an "unconditional pass" or otherwise satisfactorily complete the course, the Commission may require Respondent to re-take the course. Submissions for advance course approval and proof of course completion must be sent to:

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

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The following courses are pre-approved:

The Center for Personalized Education for Physicians.

***Clinician-Patient Communication Course.***

<http://www.cpepdoc.org/programs-courses/clinician-patient-communication>

UC San Diego - Physician Assessment and Clinical Education (PACE) Program.

***Clinician-Patient Communication Course.***

<http://www.paceprogram.ucsd.edu/CPD/PatientCom.aspx>

Case Western Reserve University Continuing Medical Education Program.

***Managing Difficult Communications in Medical Practice.***

<http://mediswww.case.edu/cme/activities/documents/Communications.pdf>

3.3 **Cost Reimbursement.** Respondent will reimburse costs to the Commission in the amount of one thousand dollars (\$1,000.00), which must be received by the Commission with ninety (90) days of the effective date of this Stipulation. Respondent will reimburse the Commission using a 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.

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

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

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

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

3.8 **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 will not submit any fees or compliance documents until after the effective date of this Stipulation.

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3.9 **Termination of Stipulation.** Respondent may petition the Commission in writing to terminate this Stipulation no sooner than twelve (12) months from the effective date and only after satisfying all the terms 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. Tier A of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices result in no or minimal patient harm or a risk of minimal patient harm. Respondent's care of Patient A did not cause severe harm or death. Respondent did cause minimal patient harm in that Patient A was left emotionally upset and her concerns were not addressed. There was no apparent danger from the failure to treat and she was able to obtain the necessary treatment from another physician. The failure to inform Patient A of her blood test results was a lapse in care and caused Patient A emotional turmoil. Fortunately, the only abnormal result was a hemoglobin A1C of 6.1 percent, barely outside the normal range.

4.2 Tier A requires the imposition of sanctions ranging from zero (0) years of oversight to three (3) years of 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.

Mitigating Factors:

- Respondent has been licensed in the State of Washington for over ten (10) years without previous disciplinary action; and
- Respondent cooperated with the Commission's investigation.

Aggravating Factors:

- The Commission has not identified any aggravating factors.

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**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

Murm Wuslow  
PANEL CHAIR

PRESENTED BY:

Gordon Wright  
GORDON WRIGHT, WSBA #32997  
COMMISSION STAFF ATTORNEY

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