



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Mark A. Thibert, MD
Master Case No.: M2013-1389
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:

No. M2013-1389

MARK A. THIBERT, MD
License No. MD00048052

**STIPULATION TO INFORMAL
DISPOSITION**

Respondent.

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 12, 2007, 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 On February 11, 2011, Patient A, a 76-year-old man, saw Respondent in the clinic to address Patient A's report of a wound on his head that was not healing, hand lesions, diarrhea and white stools, gassiness, and having to go to the bathroom more frequently than normal. Respondent was Patient A's primary care provider, and he ordered a complete blood count (CBC) and complete metabolic panel. The lab work identified that Patient A had worsening renal function and a blood glucose level of 132 mg/dL (non-fasting). Respondent asked Patient A to return in one month for a follow-up basic metabolic panel.

1.3 On March 13, 2011, Patient A's follow-up lab work identified improved kidney function; however, Patient A's blood glucose level increased to 283 mg/dL, indicative of diabetes even if Patient A had not fasted prior to the lab test. Medical staff documented that the clinic's physician assistant called and spoke with Patient A's wife regarding the improved kidney results only; Patient A's high glucose level was not

identified as an issue, and the staff did not raise it with his wife. Respondent did not see or speak to Patient A following the lab results or for the next ten months.

1.4 Respondent saw Patient A on November 20, 2011, to address Patient A's wife's concerns about changes in Patient A's mentation, including a time when he got lost coming home. Respondent administered the Mini-Mental State Exam, on which Patient A scored 28/30. Respondent did not order any lab tests. Respondent failed to discuss the March lab results and failed to review Patient A's significantly increased blood glucose level from February to March 2011. Respondent's notes indicate that he reviewed medications, allergies, and past medical history as reported during the February 2011 visit, and social history as reported during a December 2009 visit. Respondent's notes do not indicate that he reviewed the February 2011 lab results or the March 2011 lab results.

1.5 On December 27, 2011, Patient A called the clinic to request a fasting blood sugar test because he reported he had lost seven pounds in a week and was thirsty all the time. When his glucose level tested at 655 mg/dL, the clinic staff called Patient A and directed him to be seen immediately, either at the clinic or at the Emergency Department (ED). Patient A was seen in the clinic and diagnosed with Diabetes Mellitus Type 2. Due to his altered mental state Patient A was directed to go to the ED for insulin and IV fluids.

1.6 Patient A was admitted to the hospital from the ED. Patient A was diagnosed with acute renal injury secondary to dehydration. Patient A's A1C test result indicated that he had had elevated blood sugars at least over the past three months. The patient was discharged the following day without evidence of diabetic ketoacidosis or a hyperosmolar state.

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 **Protocol.** Within ninety (90) days of the effective date of this Stipulation, Respondent must develop and submit for Commission review and approval a written protocol which will ensure that Respondent (1) reviews the results of any lab work or tests he orders, (2) follows up on the forwarded reports and pertinent test results from other medical practitioners to whom he has referred his patients, or follows up on the lack of such reports if not received; (3) documents his review of all lab work, test results, and reports; and (4) follows up in a timely manner with patients about test results or missed tests which had been ordered. The protocol must also identify with specificity how Respondent will implement these changes in his practice to ensure on-going compliance with the protocol. Respondent is encouraged to consult with his malpractice insurance carrier's risk management staff in developing the protocol. Respondent must

submit the written protocol to the Commission at the following address: Compliance Officer, Medical Quality Assurance Commission, P.O. Box 47866, Olympia, WA 98504-7866.

3.2 **Cost Recovery.** Respondent must pay one thousand dollars (\$1,000) to the Commission as partial reimbursement of some of the costs of investigating and processing this matter. Payment must be received by the Commission within sixty (60) days of the effective date of this Stipulation. Respondent must 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, WA 98507-1099.

3.3 **Petition to Terminate.** Respondent may petition the Commission in writing to terminate this Stipulation after successfully fulfilling all terms of the Stipulation. When Respondent files such a petition, a date and time will be arranged for Respondent's appearance before the Commission, unless the Commission waives the need for Respondent's personal appearance. The petition to terminate must be mailed to the following address: Compliance Officer, Medical Quality Assurance Commission, P.O. Box 47866, Olympia, WA 98504-7866.

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 in writing of changes in his residential and/or business address within thirty (30) days of such change.

3.8 **Effective Date.** The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. Respondent should not submit any fees or compliance documents until after the effective date of this Stipulation.

ORIGINAL

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices cause moderate patient harm or created the risk of moderate to severe patient harm. Respondent's failure to review lab results resulted in the significant delay in Patient A's diagnosis, caused moderate harm, and created the risk of severe patient harm.

4.2 Tier B sanctions range from two to five years of oversight. However, under WAC 246-16-800(2)(c) the Commission may deviate from the sanction schedule if the schedule does not adequately address the facts in a case.

4.3 The sanctions imposed by this Stipulation deviate from the sanction schedule because Respondent has moved his practice to Oregon. A period of oversight is not possible because Respondent's practice is in another state, and the Commission does not have jurisdiction to conduct practice reviews to confirm the Respondent is adhering to the protocol he develops. The sanctions include submission and approval by the Commission of a practice protocol, partial cost recovery, and a possible personal appearance upon Respondent's petition to terminate.

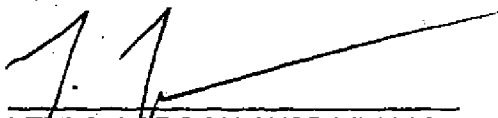
5. RESPONDENT'S ACCEPTANCE

I, MARK A. THIBERT, 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.


MARK A. THIBERT, MD
RESPONDENT

DATE

9/27/15


LEVI S. LARSON, WSBA# 39225
ATTORNEY FOR RESPONDENT

DATE

9/28/15

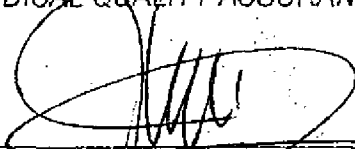


6. COMMISSION'S ACCEPTANCE

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

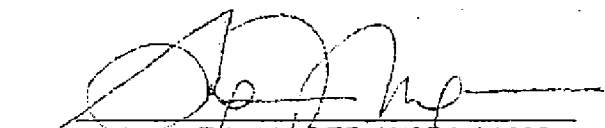
DATED: September 29, 2015.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION



PANEL CHAIR

PRESENTED BY:



SUZANNE L. MAGER, WSBA #19284
COMMISSION STAFF ATTORNEY

