



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Rae Wisler
Docket No.: 07-04-A-1047MD
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
AUG 21 2007
Adjudicative Clerk Office

In the Matter of

RAE WISLER
Credential No. MD00031984

Respondent

Docket No. 07-04-A-1047MD

STATEMENT OF CHARGES

The Health Services Consultant of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by the evidence contained in program file number 2005-08-0035MD. The patient referred to in this Statement of Charges is identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On July 12, 1994, the state of Washington issued Respondent a credential to practice as a Physician and Surgeon. Respondent's credential is currently active.

1.2 Respondent began treating Patient A in 1998. Patient A has a history of Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Polysubstance Dependence in remission, and high anxiety. Respondent failed to consider or diagnose Bipolar Disorder in spite of noting common or typical manic symptoms in the patient's records.

1.3 Respondent simultaneously prescribed multiple medications in high doses to alleviate Patient A's anxiety, including: Neurotin (gabapentin) 3600 mg/day, Seroquel 1200 mg/day, and Klonopin (clonazepam) 4 mg day. These medications would typically have a significant impact alone or in combination to counteract anxiety. However, Patient A continued to have significant symptom complaints.

1.4 Respondent failed to adequately monitor the therapeutic effects of Patient A's polypharmacy, and she continued to overlook indications that Patient A had been misdiagnosed.

1.5 Further, Respondent failed to reevaluate her diagnosis and treatment plans for Patient A in spite of adverse side effects noted in Patient A's medical records. Respondent continued to risk overmedication of Patient A in spite of the patient's acknowledgement that she over used her prescribed medications and the disclosure in 2003 that Patient A regularly used marijuana.

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:

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:

...

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.

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3. NOTICE TO RESPONDENT

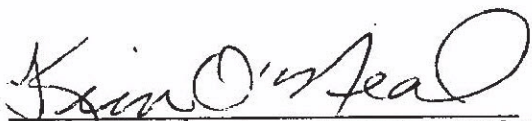
The charges in this document affect the public health, safety and welfare. The Health Services Consultant of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2007

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



ERIN OBENLAND
HEALTH SERVICES CONSULTANT



Kim O'Neal, WSBA # 12939
ASSISTANT ATTORNEY GENERAL

FOR INTERNAL USE ONLY:

PROGRAM NO. 2005-08-0035MD

CONFIDENTIAL SCHEDULE

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

Patient A





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Rae Wisler, MD
Master No.: M2007-59162
Docket No.: 07-04-A-1047MD
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

FILED
APR 29 2008
Adjudicative Clerk Office

In the Matter of

RAE WISLER, MD
License No. MD00031984,

Respondent

Docket No. 07-04-A-1047MD

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

The Health Services Consultant of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in case number 2005-08-0035MD. 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 July 12, 1994, the state of Washington issued Respondent a credential to practice as a Physician and Surgeon. Respondent's credential is currently active.

1.2 Respondent began treating Patient A in 1998. Patient A has a history of Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Polysubstance Dependence in remission, and high anxiety. Respondent failed to consider or diagnose Bipolar Disorder in spite of noting common or typical manic symptoms in the patient's records.

1.3. Respondent simultaneously prescribed multiple medications in high doses to alleviate Patient A's anxiety, including: Neurontin (gabapentin) 3600 mg/day, Seroquel 1200 mg/day, and Klonopin (clonazepam) 4 mg day. These medications would typically have a significant impact alone or in combination to counteract anxiety. However, Patient A continued to have significant symptom complaints.

1.4 Respondent failed to adequately monitor the therapeutic effects of Patient A's polypharmacy, and she continued to overlook indications that Patient A had been misdiagnosed.

1.5 Further, Respondent failed to reevaluate her diagnosis and treatment plans for Patient A in spite of adverse side effects noted in Patient A's medical records.

Respondent continued to risk overmedication of Patient A in spite of the patient's acknowledgement that she over used her prescribed medications and the disclosure in 2003 that Patient A regularly used marijuana.

2. SUMMARY OF EVIDENCE

- 2.1 Investigation file in Case No. 2005-48311 (program file number 2005-08-0035MD).
- 2.2 Medical Records for Patient A.
- 2.3 Respondent's written statement dated November 21, 2005. Respondent also provided followup information dated November 30, 2007.
- 2.4 Expert review.

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 Department of Health Legal Service Unit at PO Box 47873, Olympia, WA 98504-7873.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Michael J. Weisman, Department of Health Staff Attorney, PO Box 47873, Olympia, WA 98504-7873, (360) 236-4811 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 credential. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: March 19, 2008.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION


ERIN OBENLAND
HEALTH SERVICES CONSULTANT


MICHAEL WEISMAN, WSBA #17758
DEPARTMENT OF HEALTH STAFF ATTORNEY

FOR INTERNAL USE ONLY:

Case No. 2005-48311 (PROGRAM NO. 2005-08-0035MD)

**CONFIDENTIAL SCHEDULE
RAE WISLER, MD
CASE NO. 2005-03-0035MD**

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: Rae Wisler, MD
Master No.: M2007-59162
Docket No.: 07-04-A-1047MD
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:

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of

RAE WISLER, MD
Credential No. MD00031984

Respondent

Master Case No. M2007-59162
Docket No. 07-04-A-1047MD


**NOTICE AND ORDER FOR
WITHDRAWAL OF STATEMENT
OF CHARGES**

Section 1: FACTS and MOTION

1.1 On July 31, 2007, the Medical Quality Assurance Commission (Commission) issued a Statement of Charges against Respondent.

1.2 Based on further review of the matter, on March 24, 2008, the Commission determined that the Statement of Charges should be withdrawn in lieu of the Statement of Allegations and Stipulation to Informal Disposition, if approved by the Commission.

Dated March 27 2008.


KIM O'NEAL, WSBA # 12939
ASSISTANT ATTORNEY GENERAL

Section 2: ORDER

Based on this Notice, the Commission hereby ORDERS that the Statement of Charges is WITHDRAWN without prejudice.

DATED: April 10, 2008

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION

Frederick H. Dow Jr MD
PANEL CHAIR

FOR INTERNAL USE ONLY:

Case No. 2005-48311 (PROGRAM NO. 2005-08-0035MD)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Rae Wisler, MD
Master No.: M2007-59162
Docket No.: 07-04-A-1047MD
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: **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 Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

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

In the Matter of

RAE WISLER, MD
License No. MD00031984

Respondent

Docket No. 07-04-A-1047MD

**STIPULATION TO INFORMAL
DISPOSITION**

1. STIPULATION

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

1.1 Rae Wisler, MD, Respondent, is informed and understands that the Health Services Consultant of the Medical Quality Assurance Commission (Commission), on designation by the Commission, has made the following allegations.

A. On July 12, 1994, the state of Washington issued Respondent a credential to practice as a Physician and Surgeon. Respondent's credential is currently active.

B. Respondent began treating Patient A in 1998. Patient A has a history of Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Polysubstance Dependence in remission, and high anxiety. Respondent failed to consider or diagnose Bipolar Disorder in spite of noting common or typical manic symptoms in the patient's records.

C. Respondent simultaneously prescribed multiple medications in high doses to alleviate Patient A's anxiety, including: Neurontin (gabapentin) 3600 mg/day, Seroquel 1200 mg/day, and Klonopin (clonazepam) 4 mg day. These medications would typically have a significant impact alone or in combination to counteract anxiety. However, Patient A continued to have significant symptom complaints.

D. Respondent failed to adequately monitor the therapeutic effects of Patient A's polypharmacy, and she continued to overlook indications that Patient A had been misdiagnosed.

E. Further, Respondent failed to reevaluate her diagnosis and treatment plans for Patient A in spite of adverse side effects noted in Patient A's medical records.

Respondent continued to risk overmedication of Patient A in spite of the patient's acknowledgement that she over used her prescribed medications and the disclosure in 2003 that Patient A regularly used marijuana.

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.

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 **Practice limitation:** Respondent agrees that she will not treat patients with borderline personality disorder or patients with a dual axis diagnosis (also called 'dual diagnosis'). If a patient has symptoms or history that indicates these diagnoses, Respondent will transfer the patient to another practitioner as soon as possible, but in no case in more than ninety (90) days. This restriction applies to current patients as well as new patients. Respondent will not authorize a prescription for medication for transferred patients for longer than ninety (90) days. Respondent agrees she will not continue to treat the patient, and will not continue to prescribe medications for the transferred patient. Respondent will send each transferred patient a letter informing the patient that care is transferred to the new practitioner.

2.2 **Peer Consultations:** Respondent will initiate a peer consultation by telephone regarding patients with symptoms of 1) bi-polar depression/manic depression, or 2) attention deficit hyperactivity disorder (ADHD/ADD) combined with another co-morbid condition; *and* who are receiving medications prescriptions from Respondent for both psychiatric conditions. The consultant(s) will be a board certified psychiatrist approved in advance by the Commission. Respondent will record the substance of the consultation in the patient chart along with contact information for the consultant. Respondent is responsible for consulting with her peers using her best professional judgment. Consultations should be within fourteen (14) days of treatment with medications. This paragraph applies to both existing and new patients.

2.3 **Patient screening:** Respondent agrees to complete implementation of her patient screening within ninety (90) days of the effective date of this Stipulation. Respondent agrees to use her patient screening procedure to help screen out patients not suited to her practice; including dual diagnosis patients, and to help identify patients Respondent is best suited to treat.


2.4 **Board certification renewal:** Respondent agrees to prepare for re-certification in psychiatry before her board certification expires at the end of 2009.

2.5 **Quarterly reports:** Respondent will provide quarterly reports indicating she complies with this Stipulation. Respondent will include a report of the consultations she has undertaken under para. 2.2. The report will include a short description of the reason for the consultation, the consultation findings, and Respondent's response to the consultation.

2.6 **Practice reviews:** The Commission reserves the right to conduct practice review(s) to verify that Respondent complies with the Stipulation.

2.7 **Reimbursement:** Respondent agrees to pay a \$1,000 (One Thousand Dollars) administrative reimbursement for the cost of investigation within one hundred-eighty (180) days of the effective date of this Stipulation. Failure to pay the reimbursement, when due, constitutes a violation of this Stipulation. The reimbursement will be paid by certified check or money order payable to the State Treasurer and mailed to:

Department of Health
Medical Commission
PO Box 1099
Olympia, WA 98507-1099

2.8 **Release:** Respondent may request in writing that the Commission release her from this Stipulation no sooner than twelve (12) months from the effective date of this Stipulation. The Commission will send the Respondent a letter and she does not have to appear before the Commission for release. Nevertheless, the Respondent and the Commission agree the limitations in paragraphs 2.1, 2.2, 2.3 and 2.7 will remain part of Respondent's practice and she agrees they will continue after this Stipulation ends. 

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

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

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

2.12 Respondent shall inform the Commission and the Adjudicative Service Unit in writing, of changes in her residential and/or business address within thirty (30) days of such change.

2.13 The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Service Unit 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.

I, RAE WISLER, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, 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.

Rae Wisler MD
RAE WISLER, MD
RESPONDENT

3/19/08
DATE

3. ACCEPTANCE

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

DATED: April 10, 2008.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Frederick H. Dale Jr MD
PANEL CHAIR

PRESENTED BY:

Michael J. Weisman
MICHAEL WEISMAN, WSBA #17758
DEPARTMENT OF HEALTH STAFF ATTORNEY

April 10, 2008
DATE

FOR INTERNAL USE ONLY:

PROGRAM NO. 2008-03-0035MD