



*Public Protection
through fair and
impartial application
and enforcement of
practice acts*

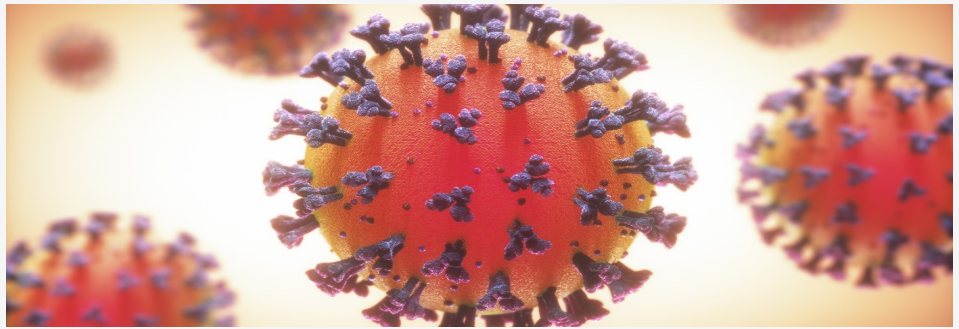


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THE REPORT

Winter 2020



Coronavirus Disease 2019 (COVID-19)

An outbreak of coronavirus disease 2019 (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) began in Wuhan, Hubei Province, China in December 2019, and has spread throughout China and to 31 other countries and territories, including the United States.

Federal, state and local health departments and other partners are implementing strategies to slow and try to contain transmission of COVID-19 in the United States.

These measures require the identification of cases and contacts of persons with COVID-19 in the United States and the recommended assessment, monitoring, and care of travelers arriving from areas with substantial COVID-19 transmission. Although these measures might not prevent widespread transmission of the virus in the United States, they are being implemented to 1) slow the spread of illness; 2) provide time to better prepare state and local health departments, health care systems, businesses, educational organizations, and the general public in the event that widespread transmission occurs; and 3) better characterize COVID-19 to guide public health recommendations and the development and deployment of medical countermeasures, including diagnostics, therapeutics, and vaccines.

Person-to-person spread of COVID-19 appears to occur mainly by

Continued on page 2

respiratory transmission. How easily the virus is transmitted between persons is currently unclear. Signs and symptoms of COVID-19 include fever, cough, and shortness of breath. Based on the incubation period of illness for Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) coronaviruses, as well as observational data from reports of travel-related COVID-19, CDC estimates that symptoms of COVID-19 occur within 2–14 days after exposure. Preliminary data suggest that older adults and persons with underlying health conditions or compromised immune systems might be at greater risk for severe illness from this virus.

Both MERS-CoV and SARS-CoV have been known to cause severe illness in people. The complete clinical picture with regard to COVID-19 is not fully understood yet. Reported illnesses have ranged from mild to severe, including illness resulting in death.

During the week of February 23, CDC reported community spread of the virus that causes COVID-19 in [California \(in two places\), Oregon and Washington](#). Community spread in Washington resulted in the first death from COVID-19 as well as the first reported case of COVID-19 in a health care worker, and the first potential outbreak in a long-term care facility. Health authorities in Washington, announced the 2nd death on Sunday evening (3/1) - one of the ill residents of a long-term care facility had died of the virus and that three more were in critical condition. [The death was the second in Washington](#).

Rhode Island also announced its first probable case on March 1, If confirmed, it will be the second on the East Coast, after a previously announced case in Massachusetts.

Idaho public health officials are monitoring the novel coronavirus disease (COVID-19) situation very closely. As of March 2, 2020 Idaho Department of Health and Welfare (IDHW) reports that 32 people in the state have been monitored for coronavirus with 2 people tested. 18 people are no longer being monitored. As of this time, there are no confirmed cases of COVID-19 in Idaho. Healthcare providers across the state should be prepared in the event that COVID-19 makes its appearance in Idaho.

Idaho officials are working with CDC and other states and are also in regular communication with Idaho public health districts and healthcare providers around the state.

This is a rapidly evolving situation and information will be updated as it becomes available. For the most current information and interim guidance please confer regularly with these agencies:

- U.S. Department of Health and Human Services (HHS) <https://www.hhs.gov/>
- Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/coronavirus/index.html>
- Idaho Department of Health and Welfare <https://healthandwelfare.idaho.gov/COVID19/tabid/4664/Default.aspx>.

As more is learned about this novel virus and this outbreak, public health officials will rapidly incorporate new knowledge into guidance for action by federal, state and local health departments, health care providers, and communities.



APRNAC Representative Needed



The Board of Medicine has four representatives to the Advanced Practice Registered Nurse Advisory Committee (APRNAC). There is currently an opening for a physician to serve on the APRNAC and the Board is seeking a physician to be nominated to the Board of Nursing for appointment to this Committee.

The Board of Medicine representatives to the APRNAC serve three-year terms. The Committee meets quarterly or at such times as may be determined by the Committee or the Board of Nursing to be necessary. Meetings are held in Boise or by teleconference with travel and related expenses reimbursed by the Board of Nursing; in-person meetings are one day in length with time allowed for morning travel and afternoon

departure for most travelers.

The Committee: (a) responds to questions posed by the board or board staff regarding advanced practice nursing; (b) considers non-routine applications for advanced practice nursing licenses and makes recommendations to the Board; (c) reviews complaints against advanced practice nurses and makes recommendations to the board; and (d) recommends to the board the scope of practice of advanced practice nurses, using national standards as a guideline.

If you are interested, please submit a letter and curriculum vita or resume to Anne Lawler at the Board of Medicine (anne.lawler@bom.idaho.gov) by March 10, 2020.



Public members to serve on Prelitigation Hearings for consideration of Medical Malpractice claims for damages against physicians or licensed acute care general hospitals in Idaho.

Lay Panelist volunteers must be responsible adult citizens of Idaho but may not be lawyers, physicians or hospital employees. Lay Panelists may serve more than one (1) time in a year as a member of a Prelitigation Hearing Panel.

The composition of a Prelitigation Hearing Panel includes one (1) Idaho licensed physician; one (1) layman panelist; one (1) resident lawyer and one (1) person serving as an administrator of a licensed acute care general hospital in cases involving claims against hospitals.

If a Lay Panelist agrees to serve, he/she receives copies of documents and/or medical records for review before the Prelitigation Hearing. At the Prelitigation Hearing, the Lay Panelist will meet with the other Panelists and hear the claim made by or on behalf of any patient who is an alleged victim of medical negligence. Upon deliberation, the Hearing Panel issues an Advisory Decision and returns all copies of documents and/or medical records to the Board. A Prelitigation Hearing will typically last two (2) hours, but may vary in duration.

In order to properly convene future Prelitigation Hearing Panels, the Board must recruit Lay Panelist volunteers in the following six regions (hearings are held in each region:

Region 1 - Boise

Region 2 - Idaho Falls

Region 3 - Pocatello

Region 4 - Coeur D'Alene

Region 5 - Lewiston

Region 6 - Moscow

How to Apply: The Board would appreciate receiving name(s) and telephone number(s) of possible volunteers to be Lay Panelists by contacting Jennifer Woodland in Prelitigation.

Email: Jennifer.woodland@bom.idaho.gov

Telephone: 208.577.2509

The New Delegation of Services Agreement: A Guide For Supervising Physicians and Physician Assistants

By: Paula Phelps, MHE, PA-C



A revised Delegation of Services (DOS) agreement went into effect December 23, 2019. The DOS is a written document that represents a mutually agreed upon working relationship between the physician assistant (PA) and the supervising physician (SPHY), and the alternate supervising physician (ASPHY). The new DOS is very simple and straightforward. The four main areas addressed are:

1. The medical specialty and type of practice where the PA will provide services.
2. Prescriptive authority of legend drugs, controlled substances, and a list of drugs outside of Family Practice which will be prescribed by the PA.
3. Notarized Affidavit of Primary Supervising Physician attesting to the physician assistant's education, qualifications and clinical abilities within the scope of the Primary Supervisor's specialty.
4. List of practice sites and addresses.

The PA, SPHY and ASPHY sign the forms. The physicians also certify that they have read IDAPA 22.01.01.162.01 Rules regarding Supervising Physicians. These rules state that the primary supervising physician accepts full responsibility for the medical acts of and patient services provided by the PA. Additionally, the SPHY and ASPHY attest that they will:

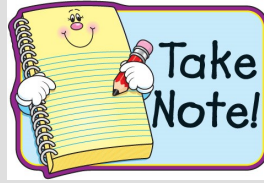
1. Have monthly on-site visits;
2. Review a representative number of the PA's charts. Please note: The Board recommends review of 10% of physician assistant records as a best practice, with the understanding that adequate supervision may require review of more than 10%, or fewer than 10% of records, based on the physician assistant's training and experience in a particular practice area.
3. Be available for consultation;
4. Not supervise more than four PAs without special permission of the Board of Medicine (BOM).

These are the basics of the new DOS, but does it change the nature of the physician – PA relationship? No, it just defines the collaborative nature of the relationship and sets expectations for how that should be carried out in Idaho. All healthcare providers need to know the limits of their training, knowledge, and experience and then seek consultation or a referral when a specific patient reaches that limit. As advanced practice providers, PAs do not have the breadth and depth of training that their physician counterparts do, however they are skilled members of the healthcare team and provide excellent care within their scope of practice.

As a clinically practicing PA educator, I teach my students that whenever I scratch my head about a patient because I am unsure what to do, it is time to consult my supervising physician. Early in my career, those consultations were needed more often than they are now, but I have always appreciated the formal relationship I have with my supervising physician. The DOS provides the formal agreement and makes sure that all parties know what they are agreeing to do.

To access an online copy of the DOS go to:

https://bom.idaho.gov/BOMPortal/PAC/PDF%20FORMS/pa_prac_change_forms_current.pdf



Physician Assistant Delegation of Services Agreement

Notes from Board Licensing Staff:

Thanks to all for your patience as we have adjusted to the new Delegation of Services (“DOS”) practice forms along with you. We are finding quicker turnaround times and fewer concerns with the new forms. That said, we would like to add a few tips to “Get it right the first time” and reduce the time it takes to verify your DOS agreement.

- Remember you may not begin your practice without an acknowledgement from the Board of Medicine that we have received and verified your change. Practicing without the Board’s acknowledgement is subject to disciplinary action and/or a fine.
- The new DOS form did not change any of the substantive requirements of the DOS form as set forth in Idaho Statute and Rule. Accordingly, PAs and SPHYs who have a current a DOS on file with the Board do not need to submit a new agreement. This new form is for:
 - ◊ New DOS submissions, whether by a new or existing licensee with a change in practice, or
 - ◊ Change in supervision
- Please consider printing a copy of the General Checklist to keep as a reference for future changes to your DOS agreement: https://bom.idaho.gov/BOMPortal/PAC/PDF%20FORMS/pa_prac_change_forms_current.pdf
- Always include the “Change of Notification” form so we know precisely who you are, how to contact you and which changes apply to which practice site and physician. Your contact information **is** required, and we will request you complete your Email address and Telephone number prior to sending your confirmation email.
- Please complete all of the information requested, even the “hard to see” specialty blank at the end of item #5 on the Affidavit form, (DOS1 Page 3).
- Please keep a copy of your DOS for your records as the Board does not provide completed DOS forms to licensees.



ATTENTION!! Watch for our upcoming Spring Renewal Notice!!

The Board of Medicine renewal cycle will begin in April 2020. Please note we have adjusted the renewal period to end June 1 to align payment processing with the State of Idaho’s fiscal year end. All future license expiration dates will be June 1.

ECHO IDAHO

Perinatal Substance Use Disorder

Specialist support for medical teams treating perinatal substance use disorder

Get expert knowledge about treating women and newborns with substance use concerns in a virtual learning network with other Idaho providers.

Learn best practices, connect with peers from around the state to discuss what really works and get feedback on difficult patient cases. Curriculum includes:

- Screening and treatment in pregnancy
- Substance exposure and risk
- Neonatal abstinence identification and treatment
- Perinatal mood and anxiety disorders

Interdisciplinary panel includes maternal fetal medicine physician, registered nurse/care coordinator, pediatrician, psychiatrist, psychologist and addiction medicine physician.

What does ECHO Idaho offer?

- Free CME for health care professionals
- Collaboration, support and ongoing learning with experts and other physicians/care teams
- Better care for patients in their home community

How does it work?

- Join 1-hour online video conferences for 10 scheduled sessions
- Sign up to participate to receive regular emails with login information, agendas and resources. Discuss and share:
 - Case presentations by participants
 - A brief, high-yield didactic presentation by perinatal experts

TEN ECHO SESSIONS HELD VIRTUALLY

March 11 - July 22, 2020
2nd and 4th Wednesdays
Noon — 1:00 p.m. MT

Audience: The target audience is family practice, pediatric, and OB/GYN physicians, NPs, PAs and nursing staff.

However, all clinicians are welcome, including social workers, care coordinators, addiction recovery specialists and others.

Cost: Participation in ECHO Idaho is free for clinicians and organizations!

Learn more and sign up for ECHO Idaho at www.uidaho.edu/echo

If you miss a session, recordings are available on the website

Questions? Contact us at echoidaho@uidaho.edu or 208-364-4569



University of Idaho
WWAMI Medical Education



Why ECHO Idaho Perinatal Substance Use Disorder?

Many communities in Idaho have no meaningful access to expert care for perinatal substance use, and women and newborns affected by substance use need medical support in their home communities.

Access to specialist knowledge, interactive education and mentoring through Project ECHO improves lives, reduces health care costs and improves access to care for families across Idaho.

SCHEDULE AND TENTATIVE TOPICS

3/11/2020	SUD in Pregnancy: Screening and Treatment
3/25/2020	Medications and Substances in Pregnancy: Exposure and Risk
4/8/2020	Neonatal Abstinence: Identification and Treatment
4/22/2020	Labor and Pain Management Considerations
5/13/2020	Social Work and Legal Implications
5/27/2020	Postpartum Considerations: SUD Treatment, Plans for Sobriety and Parenting
6/10/2020	Breastfeeding
6/24/2020	Perinatal Mood and Anxiety Disorders
7/8/2020	SUD and Parenting: Resources
7/22/2020	Marijuana Use in the Perinatal Period

Learn more and sign up for ECHO Idaho at www.uidaho.edu/echo

If you miss a session, recordings are available on the website

Questions? Contact us at echoidaho@uidaho.edu or 208-364-4569

The University of Idaho, WWAMI Medical Education Program is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Idaho, WWAMI Medical Education Program designates each live activity for a maximum of 1 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MEET OUR TEAM



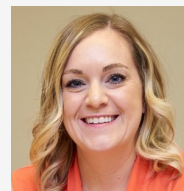
Alyson Smith, MD
Addiction Medicine and
Family Medicine



Jerri Woodworth, RNC-OB
Maternal Fetal Medicine
Care Coordinator, St. Luke's
Health System



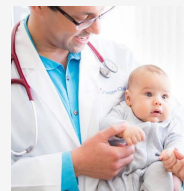
Nicole Fox, MD, MPA
Psychiatry, St. Luke's Health System



Rachel Root, PhD
Psychology, Treasure Valley
Psychology



Stacy Seyb, MD
Maternal Fetal Medicine,
St. Luke's Health System



TBD
Pediatrics



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Attention: Controlled Substance Registrants - PDMP Delegate List Review

Is your delegate list up to date? The New Year is an opportunity to ensure the delegates assigned by you are still active and accurate. The delegate review is to ensure that delegate users of the Idaho Prescription Drug Monitoring Program are still authorized to perform searches on their supervisor's behalf. As a supervisor, you are responsible for activities performed within the system by your delegate(s). **Please take a moment to perform the delegate review by doing the following:**



1. Login to your [Idaho PDMP](#) account
2. From your Dashboard click "View All Delegates"
3. Review Delegates listed
4. If delegates are correct, take no further action. If a delegate should be changed go to 5.
5. Select any delegate to remove.
6. Click on 'Remove'
7. Click on 'Reject'
8. Repeat steps 5, 6 and 7 until all unwanted delegates have been removed from the Delegate Management view.

Want to
earn your
x-waiver
without
leaving
the office?

**FREE
MAT WAIVER
TRAINING
by ECHO Idaho**

"ECHO for
MAT [Medication
for Addiction
Treatment] is
easy to access
and very valuable."

— MD, Pocatello

DATES: February 25 and September 22, 2020

TIME: 12:30 - 5 pm MT

For more information, visit uidaho.edu/echomat | 208-364-4569



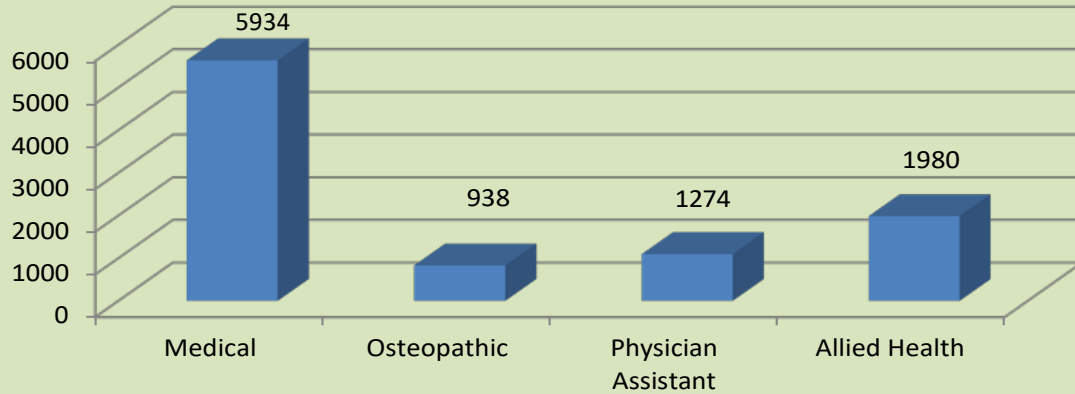
Providers
Clinical Support
System



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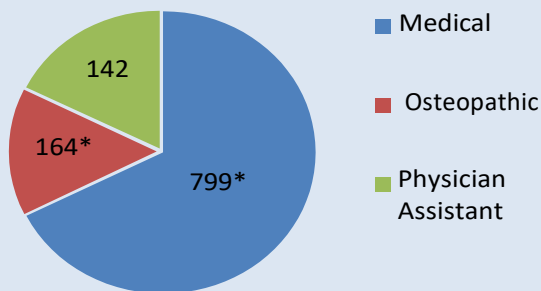
2019 Licensing Wrap-up

Current Total Number of Active Board Licensees [10,126]



Physician and Physician Assistant Licensing in 2019

Total # of Licenses Issued [1105]



*Includes 66 medical residents and 23 Osteopathic residents

126

•Physicians newly registered to supervise P.A.'s, medical students, interns and residents.

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•Physicians newly registered to supervise cosmetic and laser personnel.

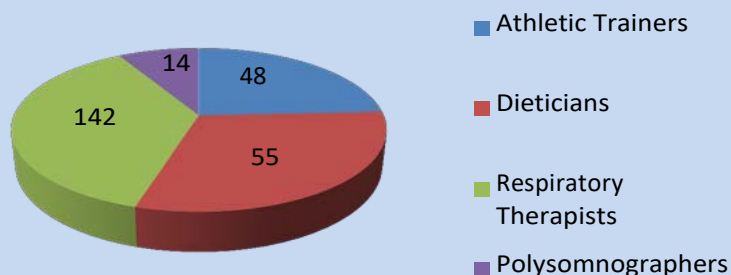
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•Physicians newly registered as directing physicians for athletic trainers

*Compared to 2018, 2019 showed a 27% increase in the number of active allopathic licenses issued, +16% in osteopathic licensees and +5% in active physician assistant licensees

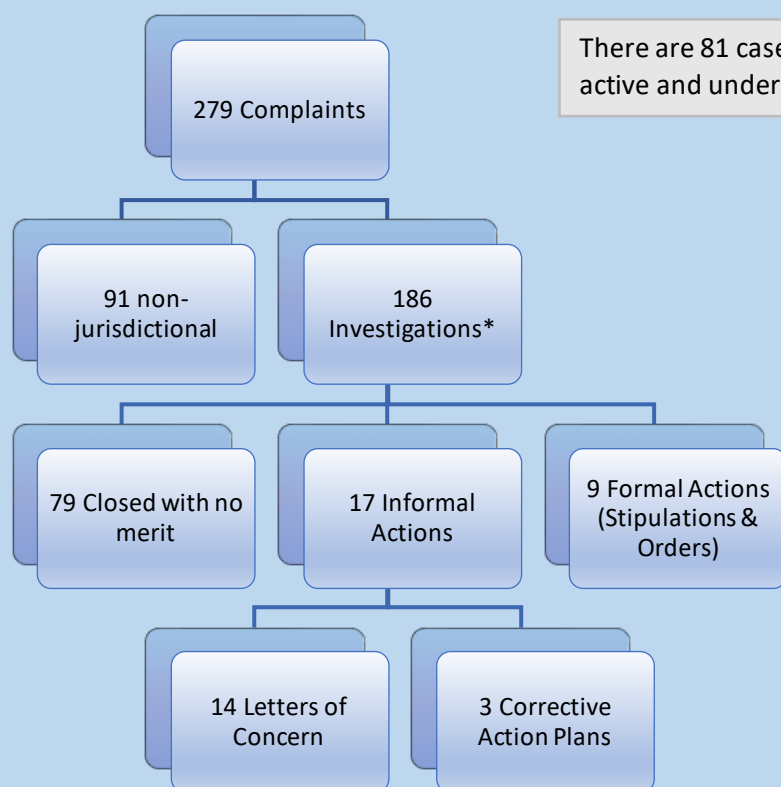
In 2019, 242 (28%) of all medical licenses (allopathic and osteopathic) were issued through the Interstate Medical Licensure Compact.

Other Allied Health Licensing in 2019



*Compared to 2018, 2019 showed a 14% increase in the number of athletic trainer licenses issued, a 26% decrease in dietitian licenses, an 89% increase in active respiratory therapist licenses and a 17% increase in polysomnographer licenses.

Board Discipline in 2019

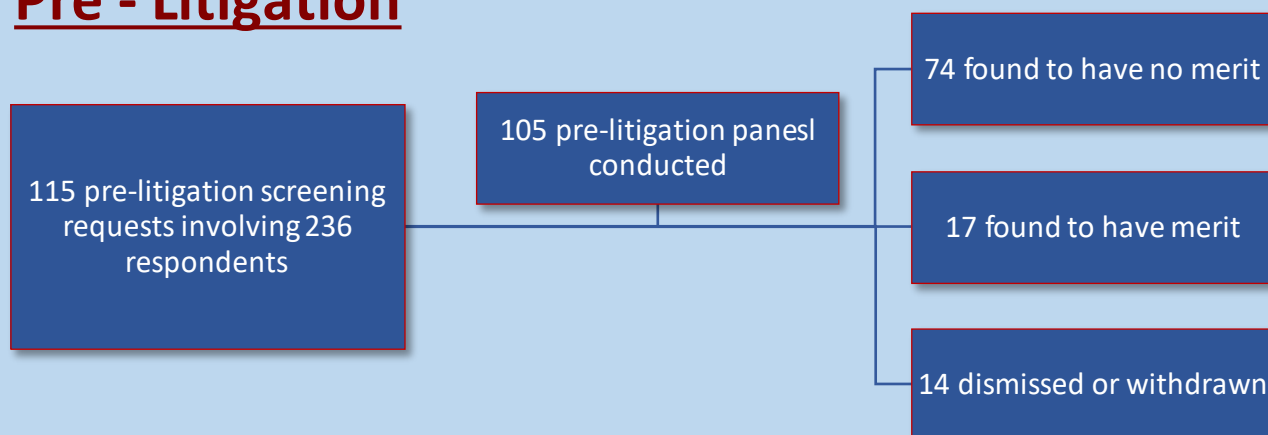


There are 81 cases opened in 2019 that are still currently active and under investigation.

*Nature of Investigations

Standard of care - 124
 Adverse action - 18
 Unlicensed practice - 8
 Crime - Renewal - 7
 Narcotic prescriptions - 5
 Malpractice - 4
 Application - 4
 Conduct - 2
 Records - 1
 Boundaries (non-sexual) - 1
 Inappropriate prescribing - 1
 Alcohol - 1
 Drugs - 1
 Impaired - 1

Pre - Litigation



The board pays travel, lodging, and other panel expenses for each pre-litigation hearing.

The Board continues to pay panel chairpersons \$1000 for each hearing.

Board Actions

Explanation of Terms

The following are non-reportable, non-disciplinary actions:

- **Letter of Concern:** non-disciplinary letter issued for a minor violation the Board feels my pose a risk to public safety.
- **Corrective Action Plan:** confidential, non-reportable practice remediation.
- **Fine:** a fee imposed for failure to provide accurate information on renewal.

The following are reportable disciplinary actions:

- **Stipulation and Order (S&O):** an agreement between the Board and the practitioner regarding authorization to practice or placing terms or conditions on the authorization to practice.
- **Public Reprimand:** a formal admonishment of conduct or practice.
- **Suspension:** temporary withdrawal of authorization to practice.
- **Revocation:** cancellation of the authorization to practice.
- **Administrative Complaint:** occurs when a licensee refuses to sign a recommended stipulation. Commences formal administrative disciplinary hearing process.

Arata, Michael, M.D. (M-14420), Newport Beach, CA

Licensee violated FDA regulations governing proper conduct of clinical studies involving investigational products. Was issued an order reciprocal to a California order for stayed license revocation with probation for a five-year term with conditions including prohibition of solo practice and prohibition of physician assistant and advanced practice nurse supervision.

Brevig, Brandon, DO (0-0660), Garden City ID

Licensee was disciplined for alleged boundary violations involving two female patients. Entered into a Stipulation and Order requiring no solo practice, no treatment of female patients, a physician monitor, regular counseling and a Board-approved sexual boundaries course.

Disanto, Vinson, D.O. (O-0527), Springdale, AZ

Licensee was found to be unable to safely practice medicine due to significant educational needs in medical knowledge, clinical judgement and documentation which warranted remediation. Was issued a reciprocal order for license revocation.

Lu, Kang, M.D. (M-11662), Crestview, FL

Licensee was arrested in Massachusetts and charged with possession of a large capacity firearm, possession of a large capacity feeding device, possession of ammunition and sexual conduct for a fee. His license was suspended pending the outcome of the criminal charges filed.

McGuffey, Tina, M.D. (M-9309), Emmett, ID

Licensee failed to remain in compliance with a prior Stipulation and Order addressing concerns regarding her treatment of patients with chronic pain and controlled substance prescribing practice. Was issued an order to not prescribe controlled substances for chronic pain, with the exception of hospice patients or in an end-of-life setting. Can prescribe Tramadol for pain with appropriate monitoring and supervise physician assistants with limitations.

Pitzer, Neil, M.D. (M-12530), Aurora, CO

Licensee falsely attested on a license renewal application to not having been subjected to investigation or disciplinary actions since last renewal. Was ordered to pay a \$500 fine.

Trudeau, Randy, P.A. (PA-1082), Couer D'Alene, ID

Licensee pled guilty to three counts of Injury to a Child. His license to practice medicine was revoked.

[illegible]

The following licensees had prior Stipulated Orders that were terminated by the Board:

Burbank, Nicole, M.D. (M-9657), Coeur D'Alene, ID

Elder, Michael, D.O. (O-230), Parker, CO

Lee, Robert, M.D. (M-7277), Idaho Falls, ID

Smith, Dell, M.D. (M-7155), Twin Falls, ID

Barbo, Michael J, P.A. (PA-660), Rigby, ID

Pitzer, Neil L, M.D. (M12530), Aurora, CO



Idaho State Board Of Medicine

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Elisha Fawkes, Licensing Specialist

Jodi Adcock, Licensing Specialist

Pam Thornburg, Licensing Specialist

Claudia Lawson, Licensing Specialist

Jennifer Woodland, Pre-litigation Specialist

Chris Johnson, Reception and Administrative Asst.