



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



Inside this issue:

Stance & Role on the Opioid Crisis	1
BOM COVID-19 Response	3
2020 License Renewal Extended	3
Pain Management in the Pediatric Population	4
Physician Recovery Network	5
Tapering Opioids	6
Licensing NMDs	7
Board Actions	8
Board Members and Staff	9

Idaho State Board of Medicine

THE REPORT

June 2020

Message From the Board

Stance and Role on the Opioid Crisis

By: Chair Steven J. Malek, MD,

The Board of Medicine feels it is important to clarify our role in dealing with the opioid crisis. Misconceptions exist which are leading to patient harm. In one case, a malpractice carrier in the state mandated educational meetings which clearly misrepresented what the Board does and tries to achieve, stating that prescribing narcotics could easily lead to revocation of a prescriber's license. We strive to take a measured and appropriate response to complaints filed related to controlled substance prescribing. License revocation is a drastic step rarely taken, and the cases presented by the malpractice carrier were providers who were convicted of multiple felony violations of federal law.

Complaints to the Board can be generated from multiple sources, including the individual patients or their family members, other providers, and the Board of Pharmacy. These include complaints about overprescribing, mixed controlled substance prescribing including opioids and benzodiazepines, and abrupt discontinuation of controlled substances. In some cases, providers have apparently told patients they can no longer prescribe opioids because it violated Board of Medicine regulations, a frank inaccurate statement.

Our expectations, set forth in the [Boards Opioid Policy](#), are in line with the [CDC guidelines](#) for opioid prescribing and tapering. These are readily available on the CDC website and there are apps available for download to ease accessibility for the provider. We encourage every provider to utilize these resources. They are well thought out and protect the patient and the provider. The [CDC Guideline for Prescribing Opioids for Chronic Pain](#) provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The [Pocket Guide: Tapering Opioids for Chronic Pain](#) is also available to assist in developing a safe tapering program for chronic pain patients.

Continued on page 2

When we feel there is an issue with a provider's prescribing practices, several steps are taken. First and foremost, the provider is given a chance to respond to the complaint and a fair investigation is conducted by our staff. Some complaints are dismissed with no further action. The Board may feel there is a concern that is best addressed by an outside neutral evaluation from an expert in pain management. Those experts provide advice which we incorporate into our decision making. If there is a need for further education, courses in pain management may be ordered by the Board, with the goal of assisting the provider to manage their chronic pain patients. Only in the most egregious cases have restrictions been placed on prescribing controlled substances.

Our mandate by State law is regulation of the practice of medicine. We feel strongly that assisting providers, helping them provide quality, safe care for their patients, is an important part of our function.

We devote hours of our volunteer time fulfilling our responsibilities. We are committed to ensuring the citizens of Idaho receive the best possible care, and we have the utmost appreciation for what you all do to achieve that standard.

Mandatory PDMP Check

In Effect on 10/1/2020

The 2020 Idaho legislature passed, and Governor Little signed, [Senate Bill 1348](#) that requires prescribers to check the PDMP in most prescribing situations. The mandatory check requirement will go into effect on 10/1/2020. In preparation, the Idaho Board of Pharmacy is initiating statewide Gateway integration to put PDMP access in the EHRs.



Providers and healthcare facilities that have already integrated Gateway into their workflow express satisfaction with the ease and

convenience of being able to access the PDMP in this way. There will be no charge to providers or facilities to connect. Interfaces are already built for 130 hospital, pharmacy and clinic software programs.

More information will be made available in the coming weeks to assist with enrollment. If you have questions about the Gateway integration process please contact Teresa Anderson at Teresa.anderson@bop.idaho.gov. Questions relating to mandatory checking can be sent to Board of Pharmacy Executive Director, Nicki Chopski at Nicki.chopski@bop.idaho.gov.



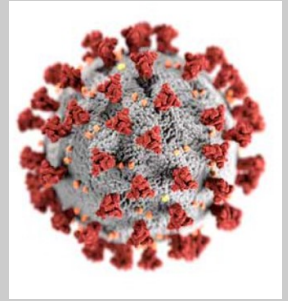
Encourage your patients to dispose of unused or expired prescription medications. Keeping unused medications at home increases access and the potential for diversion and abuse. Misused prescription drugs are often obtained from family and friends, sometimes stolen from a home medicine cabinet without notice.

The Idaho Office of Drug Policy (ODP) offers a prescription drug take-back program to prevent diversion of prescription medication. You can anonymously drop off unwanted, unused, or expired prescription medications like opioids at hundreds of locations across Idaho for safe disposal.

To find a prescription drug take-back location near you visit the [ODP take-back program webpage](#) and search by zip code to find a drop-box near you.

Board of Medicine COVID-19 Response

The Board of Medicine is actively responding to the coronavirus outbreak by serving our mission to protect consumers of health care through regulation. Our staff has been working hard to assist our licensees and the people of Idaho throughout this evolving situation.



Governor Brad Little issued a proclamation declaring a public health emergency regarding the threat of novel coronavirus (COVID-19) on March 13, 2020. In this Proclamation, the Governor authorized the Board of Medicine to temporarily exercise enforcement discretion, implement temporary rules, and waive certain licensing and related requirements to maximize access to health care services and provider support.

In response, the Board released its own [proclamation](#) to comply with the Governor's proclamation and take the steps necessary to address access to medical care in response to COVID-19 with four protocols for licensing and practice.

The licensing and practice protocols include:

- [PROTOCOL 1](#): Temporary Licensure for Retired or Inactive Physicians, Physician Assistants, and Respiratory Therapists
- [PROTOCOL 2](#): Temporary waiver of registration requirement for Supervising Physicians
- [PROTOCOL 3](#): Modified Delegation of Service Form and Protocol
- [PROTOCOL 4](#): Temporary Licensure for qualified MD/DO residents and graduates of accredited Physician Assistant and Respiratory Therapy programs.

To accomplish these actions the Board [temporarily suspended several administrative rules](#) and issued [emergency guidelines for prescribing chloroquine, hydroxychloroquine, and azithromycin](#), encouraging providers to align their prescribing practices with the Idaho Board of Pharmacy Temporary Rule 704. The protocols and temporarily suspended rules will expire once Governor Little ends the public health emergency.

In addition, the Board extended all license renewals and supervisory registrations set to expire on June 30, 2020 to October 31, 2020. For more information on license renewal, please read the 2020 spring license renewal article below or visit the Board website.

The Board will keep licensees updated as we move forward and Idaho goes through the stages of reopening. Please feel free to contact the Board if you have any questions; staff is available to answer any questions you may have and provide guidance.

2020 Spring License Renewal Cycle Extended to October 31, 2020

The Board of Medicine is extending all license renewals and supervisory registrations set to expire on June 30, 2020 in Idaho. All licensees and those with supervisory registrations will not be required to renew their license or registration until October 31, 2020. This change will assist our medical professionals in focusing on patient care during the coronavirus outbreak.

This applies to physicians and surgeons, physician assistants, athletic trainers, dietitians, respiratory therapists and polysomnographers. **This does not apply to licenses that expire on June 30, 2021.**

The expiration date of your current license or supervisory registration has been updated to October 31, 2020, in the Board's database. We are also extending the reporting of CMEs for the FY2020 renewal cycle to 90 days after the State of Emergency is lifted by the Governor. We will not be issuing new wallet cards to reflect the updated license expiration date, but the new date will be reflected on the BOM website.

Notices for the 2020 renewal cycle will be sent out after July 1, 2020. We encourage you to review your current mailing address on the Board of Medicine's website and provide a valid email address that you access frequently.

For additional information or questions about the new process, please visit the [Board of Medicine website](#) or contact Licensing Manager Phyllis Tambling at licensing@bom.idaho.gov.

Pain Management in the Pediatric Population

While medical providers most commonly struggle with the safest and most effective approach to treat chronic pain in adult patients, the risks of utilizing opioids within the pediatric population are less often considered. Data has shown that legitimate opioid use before high school graduation is independently associated with a 33% increased risk of future opioid misuse after high school.¹ The brain is undergoing a period of rapid development during adolescence and the maturing reward center is particularly sensitive to psychoactive substances.² While there are valid reasons for the judicious use of opioids in the pediatric population, it makes sense to carefully consider the enhanced risks and weigh appropriate alternatives.



In the United States, children and adolescents are most commonly prescribed opioids for dental procedures, outpatient surgery and trauma-related Emergency Department (ED) visits. Some of the most common reasons are wisdom tooth extraction at the dentist; ankle sprains, clavicle and radius fractures in the ED; and post-operatively for tonsillectomies and orthopedic procedures.

In all cases, a detailed pain assessment of the pediatric patient is vital and an important step in determining the most prudent and effective, individual approach for pain control. Self-reporting is the most utilized and proven method of assessment in adults and can also be used effectively for older children. Younger children, however, often lack the cognitive and communicative skills necessary to adequately express their true level of pain. Available for the younger or non-

verbal children are modified adult pain scales such as the Objective Pain Scale (OPS) and the Wong-Baker Faces Rating Scale. An additional and necessary level of assessment can be attained utilizing behavioral scales. In a review commissioned by the [Pediatric Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials](#), the FLACC and CHEOPS pain scales were found to be the most effective for use for acute events as well as procedural and post-operative pain.³

Accurate assessment of different age groups is an important step in avoiding both overtreatment and undertreatment of pain. When pain control is necessary, opioids should be included in the treatment plan only after safer alternatives are considered. For acute pain management and the short-term period of recovery following many minor procedures, multiple studies have shown that acetaminophen used in conjunction with NSAIDs can be as effective as opioid combinations, with fewer side effects. Perioperative pain management, with the goal of lessening the need for narcotics during recovery, can include regional blocks and postoperative local infiltration of the wound.⁴

Most major children's hospitals now have dedicated pediatric pain services that use a multimodal approach to pain management—mild analgesics, local and regional analgesia, together with opioids when indicated. Seattle Children's Hospital, through a partnership with clinical performance management platform MDmetrix, recently established the nation's first "opioid-free" surgery center. Physicians there have been able to eliminate opioids for most types of outpatient surgeries using non-opioid multimodal pain medications such as dexmedetomidine and ketorolac, NSAIDs and regional anesthesia.⁵

Continued on page 5

Continued from page 4

In cases where opioids are indicated, the lowest-potency opioid should be chosen and prescribed for the shortest duration necessary. The state PDMP should be utilized to determine if the child or adolescent has previously been prescribed opioids and, if so, how often. Additionally, parents should be instructed to keep the medications in a secure location and ensure that only the prescribed amount is taken. Finally, it is important to educate parents about the risk of opioid addiction and recommend that any leftover medications be disposed of properly.

¹ Miech R, Johnston L, O'Malley PM, Keyes KM, Heard K. Prescription Opioids in Adolescence and Future Opioid Misuse. *Pediatrics*. 2015;136: e1169–e1177. PMID:26504126

² Levy S. Youth and the Opioid Epidemic. *Pediatrics*. February 2019;143(2): e20182752; DOI: <https://doi.org/10.1542/peds.2018-2752>

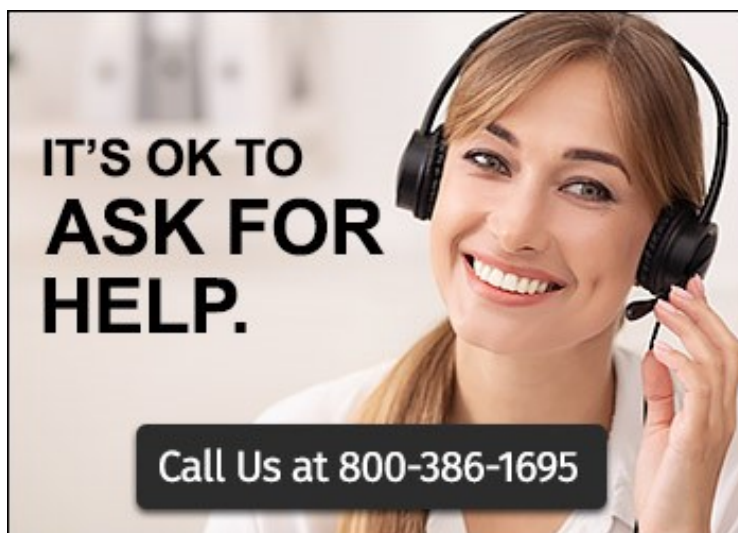
³ Von Baeyer C, Spagrud L. Systematic review of observational (behavioral) measures of pain for children and adolescents aged 3 to 18 years. *Pain*: January 2007-Volume 127-Issue 1-p 140-150; DOI: 10.1016/j.pain.2006.08.014

⁴ Verghese S, Hannallah R. Acute pain management in children. *J Pain Res*: 2010; 3: 105-123; DOI: 10.2147/jpr.s4554

⁵ Franz A, Dahl J, Huang H, Verma S, Martin L [Lynn], Martin L [Elizabeth], Low D. The Development of an Opioid Sparing Anesthesia Protocol for Pediatric Ambulatory Tonsillectomy and Adenotonsillectomy surgery – A Quality Improvement Project [Abstract]. *Paediatric Anaesthesia*. 2019 Jul;29(7):682-689. DOI: 10.1111/pan.13662. Epub 2019 Jun 19

Physician Health Program

The Board's physician health program, known as the Physician Recovery Network (PRN), is available to help physicians and physician assistants who are impaired due to chemical dependence, behavioral or mental health issues. The PRN's mission is to facilitate prevention, identification, intervention, monitoring and rehabilitation for Idaho physicians who have or are at risk for developing disorders which are associated with functional impairment. The PRN is an alternative to formal discipline by the Board and can help providers before they potentially pose a threat to their patients, co-workers, or families.



Anyone who suspects an impairment can contact the PRN anonymously; all information is confidential! Reporting will not put a license in jeopardy, and all information is confidential. The PRN has a high success rate and gives providers an opportunity to get help and support throughout the program. Once a report is received, trained healthcare professionals investigate the allegations and coordinate a treatment program, then monitor the recovery of each impaired provider.

For additional information:

- [Physician Recovery Network – Idaho Medical Association](#)
- [Addiction and Recovery Services for Physicians – Southwest Medical Associates](#)

Tapering Opioids—CDC/HHS Recommendations for Patient Care

The decision to taper a patient's opioids can arise for many different reasons. The patient may request reduction due to financial concerns or adverse effects, there may be reduced improvement in pain and function, or there may be signs of substance use disorder. Enhanced monitoring and patient communication ensure safer pain management, reduce the risk of withdrawal from discontinuing opioids too quickly, and prevent abuse, misuse, and overdose.

When tapering becomes necessary, the Board of Medicine encourages every provider to utilize the CDC guidelines for opioid prescribing. [The Pocket Guide: Tapering Opioids for Chronic Pain](#) is available to assist in developing a safe tapering program. The CDC recommends that tapering plans should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications.

In General,

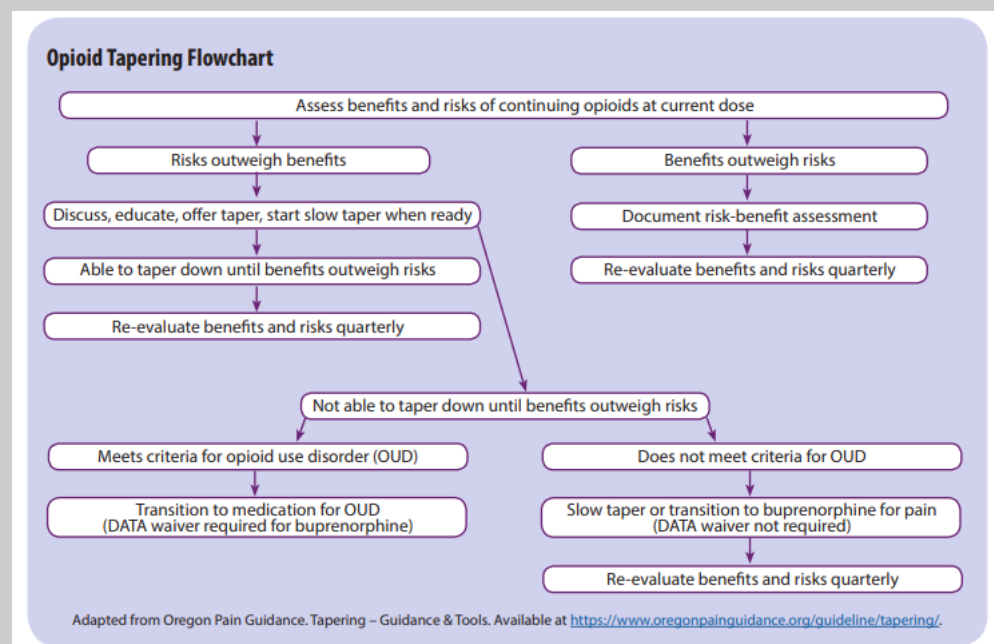
- **Go slow!** A decrease of 10% per month is a reasonable starting point for patients taking opioids more than a year and 10% a week for patients taking opioids for a shorter time.
- **Consult!** Coordinate with specialists and treatment experts as needed.
- **Support!** Make sure patients receive appropriate psychosocial support.
- **Encourage!** Patient collaboration is important to successful tapering. Tell patients “I know you can do this” or “I’ll stick by you through this.”

Many primary care providers are interested in learning more about applying the CDC’s guidelines for tapering and enhancing patient collaboration. The CDC offers several web-based training opportunities through CME courses on the best practices for tapering.

- [Dosing and Titration of Opioids: How Much, How Long, and How and When to Stop?](#)
- [Motivational Interviewing](#)
- [Fostering Collaborative Patient-Provider Relationships in Pain Management and Opioid Prescribing](#)

Not all patients require tapering - the CDC guidelines do not recommend discontinuing opioids if the risks outweigh the benefits. The guidelines do not apply to cancer treatment, palliative care patients, and end-of-life care, as well as to patients who are prescribed opiates for short term use and experience good pain management and with minimal side effects.

The [HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics](#) gives guidance to providers considering reducing opioid dosage or discontinuation of long-term opioid therapy for chronic pain. This opioid tapering flowchart can be used as guidance to make decisions on tapering plans for providers:



Expanding Healthcare Options Through the Licensing of Naturopathic Medical Doctors

The Board of Medicine (Board) will soon be licensing Naturopathic Medical Doctors (NMD) in Idaho. On July 1, 2020 the Board will receive its first applications for NMDs. The new licensure based on a law established during the 2019 legislative session allows NMDs to practice primary healthcare.

NMDs diagnose, prevent, and treat acute and chronic illness to restore and establish optimal health by supporting the person's inherent self-healing process. Naturopathic medical doctors work to identify underlying causes of illness, and develop personalized treatment plans to address them.

NMDs in Idaho may:

- Perform physical and laboratory examinations for diagnostic purposes.
- Order and perform diagnostic and imaging tests.
- Dispense, administer, and prescribe prescription drugs and medical devices as authorized by the naturopathic medical formulary as set forth in rule.
- Perform minor office procedures.
- Perform therapies for which they are trained and educated, consistent with primary care and the provisions of the law.
- Admit patients to a hospital at which they are credentialed and privileged to do so.
- The practice of naturopathic medicine does not include the practice of obstetrics.

Eligible for a License in Idaho		
	<ul style="list-style-type: none">- NMD- Licensed Naturopathic Physician- Naturopathic Medical Doctor	<ul style="list-style-type: none">- ND- Naturopath- Traditional Naturopath Naturopathic Doctor
4+ Year accredited naturopathic medical school (CNME accredited)	Yes	No
National licensing exam (NPLEX)	Yes	No

To become a licensed NMD applicants must:

- Graduate from a CNME accredited naturopathic medical program.
- Receive a passing grade on the naturopathic physicians licensing examinations administered by the North American Board of Naturopathic Examiners.
- Complete a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database.
- The board may require an applicant to be personally interviewed by the board, the naturopathic medical board, or by a designated committee.

The licensure of NMDs is the first step to expanding healthcare options for Idahoans. Although the NMD licensure does not mandate coverage for patients, it opens the door for an insurance company to consider coverage for the services of a provider and creates opportunities for growth among naturopathic practices.

For additional information on NMDs and to apply for licensure (after July 1, 2020) visit the [Naturopathic Medical Board page on the Board of Medicine website](#).

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.

Davis, John (Jack) K, D.O. (O-112), Anthony, NM

In 2016, licensee pled guilty to one felony count of interstate communication of a threat of bodily injury under 18 U.S.C. § 875(c). He failed to respond to the Board's offer of a Stipulation and Order to revoke his license. His license was subsequently revoked.

Duque, John, M.D. (M-14720), Deerfield Beach, FL

Licensee failed to remain in compliance with Idaho law regarding the provision of telehealth by failing to establish a provider-patient relationship prior to prescribing controlled substances. He was publicly reprimanded and ordered to pay a fine of \$1000.00.

Guilfoyle, Mark, D.O. (0-0993), Jefferson, NH

Licensee was found by the State of New Hampshire Medical Board to have failed to detect evidence of breast cancer in a number of patients. Licensee was issued a Board order to voluntarily cease his reading and interpretation of mammograms for as long as he is licensed in the state of New Hampshire. The Idaho Medical Board issued a reciprocal Board order.

Lovin, Jeffrey, M.D. (M-5645), Del Mar, CA

Licensee falsely attested on a license renewal application to not having been subject to informal or formal proceedings by the federal government or any branch of the military, licensing board, hospital, healthcare organization, agency or professional association to revoke, suspend, restrict or limit a professional license/registration/permit. Was ordered to pay a \$500 fine.

Pratoomratana, Patrice, L.R.T. (LRT-1182), Pocatello, ID

Licensee violated the terms of a Board issued Stipulation and Order and falsely attested on license-renewal application that she had not been arrested, cited, charged with, or convicted of, a felony or misdemeanor other than minor traffic violations, regardless of the outcome since last renewal. Her license was revoked.

Vanbuskirk, Thomas, L.R.T (LRT-301), Garden City, ID

Licensee falsely attested on a license renewal application to not having been arrested, cited, charged with, or convicted of, a felony or misdemeanor other than minor traffic violations, regardless of the outcome since last renewal. Was ordered to pay a \$500 fine.

Wurster, Carl, M.D. (M-4925), Boise, ID

Licensee pled guilty to felony possession of a controlled substance. His license was suspended pending the outcome of his current criminal proceedings.

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

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

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

Sena, Gary, P.A. (PA-146), Rexburg, ID

Tambakis-Odom, Constance, M.D. (M-14518), Wilmington, NC

Thorpe, Tyson, P.A. (PA-1423), Coeur D'Alene, ID



Idaho State Board Of Medicine

Logger Creek Plaza
345 Bobwhite Court, Suite 150
Boise, Idaho 83706

Phone: 208-327-7000

Fax: 208-327-7005

E-mail: info@bom.idaho.gov

Visit our Website at:

www.bom.idaho.gov

IDAHO STATE BOARD OF MEDICINE

Steven Malek, MD, Chairman

David McClusky III, MD, Vice Chairman

Julia Bouchard, MD, Member

Catherine Cunagin, MD, Member

Keith Davis, MD, Member

Erich Garland, MD, Member

Mark Grajcar, DO, Member

Paula Phelps, PA, Member

Ked Wills, ISP, Member

Michele Chadwick, Public Member

Erwin Sonnenberg, Public Member

COMMITTEE ON PROFESSIONAL DISCIPLINE

Laura McGeorge, MD, Chairman

Barry Bennett, MD, Member

William Ganz, MD, Member

William H. Miller, MD, Member

Robert Yoshida, Public Member

Naturopathic Medical Board

Joan Haynes, NMD (Chair)

Brandi Solace, NMD

Cory Szybala, NMD

Martin Tubach, MD

Kelsey Jae, JD, Public Member



Physician Assistant Advisory Committee

Mary Eggleston Thompson, PA (Chair)

Heather M. Frazee Whitson, PA

Anntara Smith, PA

Erin Sue Carver, PA

Valentin Roy Garcia, Public Member

Dietetic Licensure Board

Rebecca Tufts Sulik, LD (Chair)

Katie Rebecca Miner, LD

Suzanne Marguerite Linja, LD

Pamela Howland, Public Member

Board of Athletic Trainers

Richard Bingham, AT (Chair)

Forrest Pecha, AT

James Spooner, AT

Alta Graham, Public Member

Respiratory Therapy Licensure Board

Michelle Jarvis, Public Member (Chair)

Carla Miller, RT, RPSGT

David Blakeman, RT

Erica Mazzarella, RT

Lutana Haan, RT

Board Staff

Anne Lawler, Executive Director

Angela Wickham, Associate Director

Shasta Kilminster-Hadley, Board Attorney

Phyllis Tambling, Licensing Manager

Debbie Taylor, Financial Technician

Irina Voyce, Management Assistant

Frutoso Gonzalez, Medical Investigator

Darlene Parrott, Medical Investigator

Jason Weaver, Medical Investigator

Debbie Mitchell, Medical Investigator

Felicia Kruck, Investigations Specialist

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.