Idaho State Board of Medicine

THE REPORT

Fall 2021

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

Message From the Board:

PROVIDER BURNOUT IN THE WORLD OF COVID-19

Guillermo Guzman, MD, Board Member

The stressors of the day to day activities that fade into routine and become almost imperceptible. The added patient at the end of our shift, followed by a phone call that still needs to be completed. The almost mandatory extra hour to finish your medical records and then on to review laboratory and radiology results waiting in your inbox. Only to start again the next day. And on to the next week. And so on.

As if the routine practice of medicine was not sufficient we now add COVID-19 - a novel coronavirus that has completely transformed our communities. That has changed the practice of medicine and expedited Telehealth as many patients still need access to you but are either unable or unwilling to come to the office. The emergency room with its providers overwhelmed. Surgeons having to scramble and reschedule elective surgeries as there were no beds on that day. Hospitalists now dealing with the burden of the usual admissions plus those sick enough with Covid that also need care. Intensivists now facing a shortage of ventilators. The list could go on and on with individual illustrations of the greater or lesser extent that all specialties have been affected by COVID-19.

On September 17th is National Physician Suicide Awareness day and now more than ever we need to rethink provider resiliency and well-being. Providers are leaving our profession for many reasons but at the end of the day it is the aggregate of what it means to practice of medicine that contributes to the dissatisfaction with our profession.

It is estimated that 40% of burnout is a result of practice inefficiency, 40% is a consequence of an organization's culture and the

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remaining 20% is a direct result of a personal inability as health care providers to stay resilient.

Hospital systems are now coming to terms with the above statistics and are creating provider well-being departments that are rethinking the practice of medicine in order to enable us to care for our patients in a humane way for years to come. Medical societies are also refocusing their energies to help us remain resilient by creating awareness. On our part as providers, we have an obligation to stay healthy, both in mind and in spirit. To seek medical care when needed to be able to continue to provide for our patients. To seek counseling when appropriate to allows us to provide quality care. To truly rest when away from your work and dedicate our time also to our family and friends.

Most providers experiencing burnout do offer advance warning of personal struggles in their practices and, just as we care for our patients, so should we care for our colleagues by helping them seek the care they need. It is important that we become familiar with our local resources by contacting local and/or state medical societies. Additionally, employer Human Resources departments are excellent resources.

Medicine can be very rewarding, and we should not forget why we chose health care as a profession.

"The function of man is to live, not to exist"

-Jack London

The Board of Medicine conducts random CME audits! If you are selected, be prepared to provide documentation.

Idaho Prescription Drug Monitoring Program

The Idaho Board of [Medicine, Pharmacy] in conjunction with the Idaho Department of Health and Welfare, the Idaho Board of [Medicine, Pharmacy], and the Idaho Board of Dentistry have developed a course, "Opioid Prescribing Guidelines and Use Of the Idaho Prescription Drug Monitoring Program" to provide tips on utilizing the Idaho PDMP and implementing the CDC Guideline for Prescribing Opioids for Chronic Pain into your practice. See the following pages for more information.

Course completion will result in one (1) continuing education credit.

To access this course, please click HERE.

Title: Opioid Prescribing Guidelines and Use of the Idaho Prescription Drug Monitoring Program

Original Release Date: September 1, 2018
Review Date: September 1, 2020
Re-release Date: June 1, 2021
Expiration Date: May 31, 2023

Target Audience
This learning activity is designed for Idaho health care prescribers.

Educational Objectives
Upon completion of this educational activity, participants should be able to:

1. Describe the opioid epidemic within the state of Idaho.
2. Integrate *CDC's Guideline for Prescribing Opioids for Chronic Pain* within provider practices.
3. Create and interpret PDMP data reports.
4. Utilize patient prescription history to inform clinical decision-making.

Identify the warning signs of medication misuse in patients.

Accreditation
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards, the Idaho State Board of Medicine and the Idaho Department of Health and Welfare. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation
The Federation of State Medical Boards designates this enduring material for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Federation of State Medical Boards certifies that non-physicians will receive a participation certificate stating that they participated in the enduring material that was designated for 1.0 *AMA PRA Category 1 Credit*™.

Course Director & Presenter
Magni Hamso, MD, MPH
Medical Director, Idaho Department of Health and Welfare, Division of Medicaid
Staff Physician, Boise VA Medical Center

Dr. Hamso is an Associate Program Director and a Clinical Assistant Professor at the University of Washington Boise Internal Medicine Residency Program (BIMR) based at the Boise Veteran Affairs Medical Center (BVAMC) and a primary care physician at Terry Reilly Health Services (TRHS), a federally-qualified health center in Boise, Idaho. She was born in Norway and split her childhood between Norway and the DC-area, before attending college at Yale University and medical and public health school at Columbia University. She completed her residency and chief residency at Montefiore/Einstein's Primary Care and Social Internal Medicine Residency Program in the Bronx, New York.

Commercial Support
This learning activity is not funded by any commercial entity.

Disclosure of Commercial Interest
As an organization accredited by the ACCME, the Federation of State Medical Boards (FSMB) requires that the content of CME activities and related materials provide balance, independence, objectivity, and scientific rigor. Planning must be free of the influence or control of a commercial entity and promote improvements or quality in healthcare.

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All persons in the position to control the content of an education activity are required to disclose all relevant financial relationships in any amount occurring within the past 12 months with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.

The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. The FSMB has implemented a mechanism to identify and resolve all conflicts of interest prior to the activity. The intent of this policy is to identify potential conflicts of interest so participants can form their own judgments with full disclosure of the facts. Participants will be asked to evaluate whether the speaker's outside interests reflect a possible bias in the planning or presentation of the activity.

The speaker, course director and planners at the Federation of State Medical Boards, the Idaho State Board of Medicine and the Idaho Department of Health and Welfare have no relevant financial interests to disclose.

Disclosure of Unlabeled Uses
This educational activity may contain discussion of published and/or investigational uses of agents that are not approved by the U.S. Food and Drug Administration. For additional information about approved uses, including approved indications, contraindications, and warnings, please refer to the prescribing information for each product, or consult the Physicians' Desk Reference.
Faculty and Staff Disclosures

Idaho Telehealth Access Act COVID-19 Guidance

The state of Idaho is under a declaration of emergency due to the ongoing occurrence and imminent threat to public health and safety arising from the effects of COVID-19. Pursuant to the emergency, the Division of Occupational and Professional Licenses (DOPL) will assist the current status of healthcare professional capacity by exercising enforcement discretion to provisions of the Telehealth Access Act to restore allowances from 2020. Any healthcare professional may provide telehealth services in or into Idaho, so long as the healthcare professional is licensed or registered and in good standing with another U.S. state or jurisdiction and acting in good faith.

A healthcare professional providing telehealth services will consider the following provisions prior to providing patient care:

- A healthcare professional providing telehealth services in or into Idaho must be licensed or registered in any U.S. state or jurisdiction, and in good standing with no active or pending disciplinary action;
- A healthcare professional providing telehealth services in or into Idaho must act in good faith, exercise reasonable care, and follow applicable federal regulations;
- A healthcare professional providing telehealth services in or into Idaho must possess the necessary education, training, and experience for the services being provided; and
- A healthcare professional providing telehealth services in or into Idaho must use sufficient technology to establish a patient-provider relationship for the services being provided.

The Division enforcement discretion ends with the termination of the state of Idaho declaration of emergency unless ended sooner by DOPL announcement.

Issued: September 9, 2021

Crisis Standards of Care: Strategies for Scarce Resource Situations

On September 16, 2021, the Idaho Department of Health and Welfare activated Crisis Standards of Care (CSC) statewide in Idaho because of the recent surge in new COVID-19 cases. CSC was activated on September 7 for the Panhandle and North Central health districts and the rest of the state followed after more hospitals reported insufficient resources to provide the standard level of care to patients.

CSC is a plan developed to provide a framework health systems can use to prioritize patients in order to achieve the best outcomes during a crisis. The plan contains strategies to maximize resources in five areas: Emergency Management and Public Safety, Emergency Medical Services (EMS) Hospital, Public Health, and Out of Hospital Care. As part of this plan, the Idaho Department of Health and Welfare adapted and modified a guidance document intended to provide recommendations for the expansion of capacity and the allocation of scarce resources during a public health emergency. The guide includes protocols focused on "…saving the most lives and life years, within the context of ensuring meaningful access for all patients, ensuring individualized patient assessments, and diminishing the negative effects of social inequalities that lessen some patients' long-term life expectancy."

One section of the aforementioned guide that is particularly relevant to the current COVID-19 crisis is the recommended guidance for the triage of mechanical ventilation. This triage protocol involves the determination of a patient's Sequential Organ Failure Assessment (SOFA) score and determination of life-limiting comorbidities, in order to determine a patient's Priority Score and Priority Category for ventilator access. The protocol is to be followed in order and step by step:

MECHANICAL VENTILATION – STRATEGIES FOR SCARCE RESOURCE SITUATIONS

STEP 1: Evaluate the patient's clinical indication for scarce life-saving resources.

Triage to Non-Critical Care
Advance directive requesting non-critical care interventions only
Cardiac arrest for which survival is unlikely: unwitnessed arrest, recurrent arrest without hemodynamic stability, arrest unresponsive to standard interventions and measures.
Severe trauma: traumatic brain injury with no motor response to painful stimulus (i.e. best motor response = 1 on Glasgow Coma Scale), trauma-related arrest, or severe burn where predicted survival ≤ 10% even with unlimited
Any other conditions resulting in immediate or near-immediate mortality even with aggressive therapy.

STEP 2: Use the Sequential Organ Failure Assessment (SOFA) score to determine the patient's prognosis for hospital survival.

Sequential Organ Failure Assessment - SOFA Score						
ORGAN SYSTEM	**Score = 0**	**1**	**2**	**3**	**4**	**Score 0-4**
RESPIRATORY PaO2/FIO2	> 400	≤ 400	≤ 300	≤ 200	≤ 100	
HEMATOLOGIC Platelets	> 150	≤ 150	≤ 100	≤ 50	≤ 20	
HEPATIC Bilirubin (mg/dl)	< 1.2	1.2 - 1.9	2.0 - 5.9	6 - 11.9	≥ 12	
CARDIOVASCULAR Hypotension	None	Mean Arterial Pressure < 70 mmHg	Dopamine ≤ 5 or any Dobutamine	Dopamine > 5 or Epi ≤ 0.1 or Nor-Epi ≤ 0.1	Dopamine > 15 or Epi > 0.1 or Nor-Epi > 0.1	
CENTRAL NERVOUS SYSTEM Glasgow Coma Scale	15	13 - 14	10 - 12	6 - 9	< 6	
RENAL Creatinine	< 12	1.2 - 1.9	2.0 - 3.4	3.5 - 4.9	≥ 5.0	
				TOTAL SCORE 0-24		

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STEP 3: Using the chart below, determine the patient's priority score based on their SOFA score (1 to 4 points, depending on severity) plus the presence or absence of comorbid conditions that may impact their near-term survival. Add the points from the first line of the table (Save the most lives) to the points from the second line of the table (Save life-years) to obtain a Priority Score. **Lower scores indicate a higher likelihood of benefiting from critical care.**

Principle	Specification	POINT SYSTEM			
		1	2	3	4
Save the most lives	Prognosis for survival to hospital discharge - SOFA Score	SOFA score < 6	SOFA score 6-8	SOFA score 9-11	SOFA score 12+
Save life-years	Prognosis for near-term survival (medical assessement of comorbidities)	No points added	Major comorbidities with substantial impact on near-term survival **ADD 2 POINTS**	No points added	Severe, life-limiting comorbidities for which death is expected in the near-term despite successful treatment of acute illness (e.g., meets hospice criteria) **ADD 4 POINTS**

STEP 4: Assign the patient, whether adult or pediatric, to a Priority Category, based on their Priority Score. Prioritize patients in the "Red" category for ventilator access first, then patients in the "Orange" category, then patients in the "Yellow" category.

Use Raw Score from Step 3 to Assign Priority Category	
Level of Priority and Code Color	Priority from Step 3 Scoring System
RED Highest Priority	**Priority Score 1-3**
ORANGE Intermediate Priority (reassess as needed)	**Priority Score 4-5**
YELLOW Lowest Priority (reassess as needed)	**Priority Score 6-8**

As stated in the ethical goal of the mechanical ventilation allocation framework shown in part above, a local Triage team separate from the patient's treatment team would determine ventilator allocation using the recommended steps. The framework also contains guidance for pediatric patients and for resolving "ties," in the event that multiple patients in the same Priority Category need access to the same ventilator.

The tables shown above are for illustrative purposes only and do not represent this framework in its entirety. To see the entire mechanical ventilation allocation protocol and all other guidance recommendations, please see the document in its entirety at https://coronavirus.idaho.gov/idaho-resources/.

- Jason Weaver, Medical Investigator, Idaho State Board of Medicine

ECHO Idaho's COVID-19 series provides a platform for Idaho's clinicians to learn the latest and most dependable information about COVID-19 on a national and state level. Get practical information fast about topics including variants, vaccines and boosters, pediatric and geriatric patients, and behavioral health ramifications for patients of all ages, providers and clinicians.

Each session features our COVID-19 specialist panel with infectious disease, epidemiology, pulmonary and critical care, and hospital staffing and administration experts.

What does ECHO Idaho offer?

- Free CME for healthcare 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?

- Free, virtual hour-long sessions offered every other week
- Discuss and share case presentations by participants.
- Submit a question ahead of time with the **COVID-19 Clinical Question** form on our website.

FREE SESSIONS HELD VIRTUALLY

First and third Tuesdays
11 a.m. to noon Pacific time
Noon to 1 p.m. Mountain time

Audience: The COVID-19 series equips Idaho's healthcare workforce - including providers, clinicians, policymakers and administrators - with strategies to address the pandemic.

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 208-364-4640.

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COVID-19 Program Structure

ECHO IDAHO
COVID-19

Each session provides participants with an update and interpretation of COVID-19 numbers nationally and in Idaho, an opportunity to ask questions about diagnosis and treatment of coronavirus through a case review and help identifying helpful resources – whether that be related to administration or clinical practice.

TENTATIVE SESSION TOPICS INCLUDE:

- The Delta Variant
- Vaccine Hesitancy
- Long-COVID
- Behavioral Health Ramifications for Patients and Providers
- Boosters
- COVID-19 in Pediatric and Geriatric Care
- COVID-19 Impact on Opioid and Drug Use in Idaho
- Preparing to Re-Open: Back-To-School and Back-To-Work

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

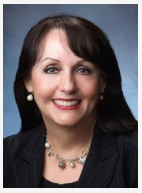
If you miss a session, recordings are available on the website.

Questions? Contact us at echoidaho@uidaho.edu or 208-364-4640.

Text @echoID to 81010 to sign up for text reminders.

MEET OUR TEAM

Sky Blue, MD
Infectious Disease Medicine, Sawtooth Epidemiology and Infectious Disease



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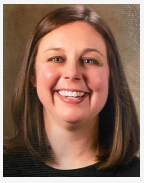

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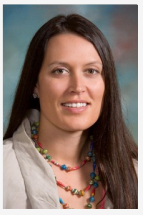

Ann Lima, MD, MPH
Rural Family Physician, Clearwater Valley Hospital and Clinics, Orofino

Cathy Oliphant, PharmD
Pharmacist, Professor and Co-Chair, ISU College of Pharmacy

Amy Walters, PhD
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Medical Consultants to the Board

The Idaho Board of Medicine is responsible for investigating and, when appropriate, conducting disciplinary actions against physicians for violations of the Idaho Medical Practice Act. The Board fulfills its statutory responsibility by investigating complaints, reports of malpractice payments, changes in staff privileges, disciplinary actions by other state medical boards, and other reports that come to its attention.

Complaints and other types of investigations, along with supporting materials, including the physician's response to the allegations and medical records, are first reviewed by the Board investigators and a summary of the findings is presented to the Board for it to determine if further investigation or expert review is warranted. Only a relatively small portion of cases received by the Board are sent for expert review.

The Board uses qualified medical consultants to determine whether the accepted standard of care has been met. The Board will ask for a consultant for a variety of reasons. The Board may simply need additional information and an opinion about a case not otherwise available.

Submitting a case for review does not necessarily imply there were departures from the standard of care. A reviewer for the Board is neither an advocate for the Board nor an advocate for the physician.

There are some specialties that come to the Board's attention more frequently than others, such as pain management. As a result, medical consultants in some specialties or areas of practice may be asked more frequently than others to perform a review. The Board needs medical consultants in all areas of practice, but the frequency with which consultants are asked to perform reviews is variable and depends on multiple factors. Being a medical consultant is not the same as being asked to provide testimony as an expert witness on community standard during a pre-litigation hearing panel.

If the Board determines that discipline action is indicated, and no agreement with the physician regarding discipline action can be reached, a hearing may be scheduled and a consultant would be asked to provide expert testimony. The majority of cases are settled without going to a hearing.

Medical consultants to the Board must be Board Certified and recently retired from or currently in a clinical practice similar to the named provider. In addition, medical consultants to the Board must be free from current Board disciplinary review.

Consultants to the Board are reimbursed at a rate of $150 per hour for a medical record case review and completion of a report containing a summary of findings.

If you hold an unrestricted Idaho medical license and are interested in joining the Board's pool of independently contracted medical consultants, please email info@bom.idaho.gov for more information.

BOARD OF MEDICINE FACEBOOK PAGE

The Board of Medicine is now on social media. Find us on Facebook and give us a like for the latest updates from the Board.

Find us on Facebook!

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 may 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.

Carroll, Ronald E., M.D. (M-4116), Payette, ID

Licensee failed to adequately fulfill his responsibilities as a supervising physician as required by his delegation of services agreement, statute and board rule. He signed a stipulation and order agreeing to not supervise or collaborate with a physician assistant for a period of two years.

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

Licensee's Idaho medical license was revoked reciprocal to an order for revocation issued by the Commonwealth of Massachusetts Board of Registration in medicine.

Idaho State Board Of Medicine

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