



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



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Idaho State Board of Medicine

THE REPORT

SPRING 2022

Message From the Board of Medicine:

PROFESSIONAL BOUNDARIES

Dr. David McClusky III, MD—Board Chair

The provider-patient relationship is held to the highest legal standards of care through a fiduciary responsibility founded on trust. It is a relationship where one individual voluntarily allows another to ask intimate questions many would not be permitted to ask; listen to private information not otherwise shared openly; touch them in areas that would be inappropriate in other settings, and provide treatments that are incursive and potentially dangerous. It's sacred, but also asymmetrical. Any perceived breach risks betrayal, disappointment, disillusionment, and potential fear of seeking medical care when needed.

Boundaries are the parameters that establish the limits of this relationship. The word implies that there are "edges" of appropriate behavior that require caution when relations come close to or even breach the threshold. Some of these edges are "sharp". For example, the US Federal Government has set explicit parameters, or "administrative boundaries" designed to protect privacy (e.g. HIPAA), prevent fraud (e.g. Medicare/Medicaid fraud laws), and avoid conflicts of interest by limiting gifts or other incentives (e.g. Sunshine Act). Other edges are "blunt" and more contextual; suited for an environment that is designed to allow clinicians to tailor interactions to individual patient needs. These are known as "professional boundaries." Although professional boundaries are less explicit, there are parameters that providers can use as a guide to better understand how certain behaviors, either intentional or unintentional, can traverse these edges.

Of the many bodies that help to establish these types of parameters, boards of medicine play a unique role in both delineating and upholding these by adjudicating professional boundaries concerns. In Idaho, this is codified in Idaho Statute 15-1814(22)

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where the board is asked to consider complaints against any licensee, “Engaging in any conduct which constitutes an abuse or exploitation or a patient arising out of the trust and confidence placed in the physician by the patient.”

Not all boundary issues arise from corrupt and unethical providers. Some arise from misunderstandings, while others may have been thought to be necessary and helpful. If a patient perceives that there is a concern, however, the intent is often a secondary consideration. Taking this into account, everyone is susceptible to boundary concerns if given the right circumstances. In addressing many of these complaints over time, what boards of medicine have learned is that knowledge is crucial to help providers either avoid or try to prevent this type of misunderstanding.

Situations that commonly appear in complaints can be categorized into several domains¹:

1. Sexual Relationships/Contact

Sexual relationships are perhaps the most widely publicized form of boundary violation. It has garnered the most attention in the medical literature and is perhaps the most explicit of the professional boundary violation to consider. Dr. Robert Ward outlined the issues associated with sexual boundaries and the Idaho Board of Medicine’s guidance on this issue in a newsletter article in 2013.²

Research has suggested that sexual relations transgressions are often preceded by a progressive series of non-sexual boundary violations.¹ This “slippery slope” highlights the importance of considering non-sexual boundary issues as potentially serious in the context of a potential continuum. This has led to the increased vigilance in identifying and ultimately adjudicating multiple types of professional boundaries to help prevent these more serious types of offenses.³

2. Dual Relationships

Dual relationships are those that involve a non-medical or non-clinical relationship between you and your patient. Examples include: Family, friends, colleagues, staff members, and business partners. The coexisting relationship contaminates the provider-patient interaction and can impact clinical objectivity. These are the most common risk factor for boundaries transgressions and the source of multiple types of complaints.

Much has been written about the conflicts associated with dual-relationships in medicine. It is well known that prescription of DEA scheduled medications to yourself or anyone in your family is prohibited in most states (including Idaho), for example. Dr. Julie Bouchard outlined many of these issues in her IBOM newsletter article in 2018.⁴ Personal

relationships with patients are often hard to avoid in rural settings, but recognition of the potential impact of the dual nature of the relationship and individualization of boundary setting can mitigate the complexities that can influence a providers management of the patient.⁵

3. Gifts and Services

As noted above, accepting gifts from industry is regulated in the Physician Payments Sunshine Act (section 6002 of the Affordable Care Act of 2010). This does not address gift offers from patients or other non-medical entities. Small gifts may be intended to show signs of patient appreciation and considered less concerning. More significant services or expensive gifts can be problematic in that they could represent either a conscious (or even unconscious) bribe, or an unanticipated quid pro quo. Providers accepting these gifts may put themselves in a position where there is a conflict of interest that could influence decision making. Asking a patient for professional services in the midst of a provider-patient interaction may also establish a dual-relationship that would be discouraged. For example, if a provider has been having legal troubles and asks their patient, a lawyer, for advice, this would initiate a potential business transaction that compromises the visit.

Conversely, physicians or PAs that provide gifts, unique services, or refrain from charging a fee potentially place patients in a similar position. Patients may feel an obligation to reciprocate and may not be openly discuss this with the provider. If other patients learn of the unique treatment, they may also resent the perceived favoritism of one individual over another.

4. Patient Access

The most common scenario where these types of complaints occur is when a provider provides special accommodations for a patient after-hours or without staff present. It is acknowledged that this may sometimes be logistically necessary, but realize that there is a high risk potential in this setting. It is difficult to defend against perceptions of inappropriate behavior or impropriety when staff or other colleagues are not present. This also applies to situations where care is provided outside of the regular clinical setting (e.g. at a party, or in a patient’s home). The general rule is that if you are providing services in a unique way or in a unique environment this also increases the risk potential.

One area that is related to this involves technological “access” points that include social media sites, or even cell phone communications. There may be reasons to provide your personal contact information, but expectations should be well defined so not to be seen as unresponsive or

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abandoning a patient at a critical moment when you may be unavailable. Social media posts should refrain from providing direct patient care—particularly if you are unsure of the patient’s location. State licensure laws still apply to social media posts and you do not want to be perceived as providing care in a state where you are unlicensed. For an excellent overview of the use of social media, please see the Federation of State Medical Board’s position paper released in 2019.⁵

5. Self disclosure or sharing personal information

It is often important to establish a personal connection with patients to build rapport and put patients at ease. Revealing personal information that is either excessive or out of context (e.g. discuss your own problems of the day), can be misconstrued as a mechanism to satisfy one’s own need for comfort or sympathy. It may also place a burden on patients to feel the need to “provide for the provider” which is not appropriate when the patient is paying for the time. Also, realize that these types of conversations are not only catalysts for the development of dual-relationships where one may not previously exist, but personal disclosure has been identified as a known trigger for the sexual relationship slippery slope that one should work hard to avoid.

The situations and circumstances listed above are meant to highlight patterns of boundaries concerns. They are not intended to serve as a basis for rules used to characterize these types of issues. Some boundary lapses and crossings may be intentional in certain circumstances. Strict rules do not account for the dynamic boundaries and “edges” in these situations. This list is also not meant to be all-inclusive. The ever-changing nature of medical practice with its evolving types of practice, changing environments of care, expanding means of communication, as well as therapeutic advances may bring other types of concerns that have not been encountered. To account for this, another tactic to help prevent boundaries concerns is to become familiar with models used to characterize and assess risk potential.

Martinez’s graded-risk model, published in 2000, was created in response to concerns with strict rule-based approaches to stratify boundary concerns. Instead, he takes a more context-based approach that asks providers to monitor multiple ethical elements: (1) the potential harm to the patient and the relationship, (2) the potential benefit to the patient and the relationship, (3) the presence, absence or degree of coercive and exploitative elements involved, (4) the provider’s motivation and intentions, and (5) the provider’s aspiration to professional ideals (or a strong service to commitment to others and the profession).⁶ Using these elements, he created a matrix to provide guidance (Table 1). Unwanted sexual contact would be a Type I offense. Relating a personal story

to put the patient at ease or offering sliding fees to patients in financial trouble could be considered Type IV. Type III crossings, which he believes are the most common, are intended to benefit patients and keep their interests at the forefront. In type III situations, there is still low to middle potential for harm in the right circumstance. These may fit into the category of acting “above the call of duty”, and require the most attention in mitigating risk. Having lunch with a current patient, significant disclosure of personal information, accepting gifts and services, and more social physical contact (e.g. a hug) may be included in this category.

Another example, and perhaps a more simplified approach, was proposed by Appel in 2021.⁷ His “three-prong test” is based on whether a boundary breach benefits the patient, minimizes entanglement in their personal affairs, and includes a concordance of understanding of the nature or purpose of the crossing. Any action should be motivated by an intent to benefit the patient and it should have a reasonable chance of providing benefit. A traditional risk-benefit analyses used in contemplating the core bioethical values of beneficence and non-maleficence can serve as a framework for this consideration. Entanglement, “may be best thought of as a form of engagement that significantly immerses a physician in a patient’s personal or professional life to the degree that either the non-medical relationship overshadows the medical relationship or that extrication from the non-medical relationship impacts the medical relationship.”⁷ Some entanglements that appear beneficial to the patient may unintentionally lead to harm. Extra-medical social engagements (after hours dinner and drinks), combining social and professional activities (an exam in a private room at a wedding), or mixing professional interests (asking for an accountant for help with your taxes – what if they do them poorly?) are examples where entanglements need to be monitored. It is also important to highlight his emphasis on concordance and information sharing to align both the patient and the provider’s perceptions of the intended act. This issue had not been considered in previous models and maybe one of the most robust methods to prevent misunderstanding through clear communication and setting appropriate expectations.

No model is perfect, and all are subject to subjectivity and ethical judgment. None are ideally suited for decision-making and adjudication. These processes are complex and take multiple factors into account. However, the examples and models provided can serve as a sound foundation with which to appraise your behaviors over time.

Complaints to the Board of Medicine “must be written and signed. The Board will acknowledge receipt of a complaint, initiate a preliminary review and open a case file if warranted.” -www.bom.idaho.gov

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One last tactic that may help as you consider how to navigate boundaries issues within your practice is to ask yourself the following series of questions adapted from work published by Bird in 2013.⁹

- Is what I am doing not accepted medical practice?
- Does what I am doing fit into any of the recognized high-risk situations that I am aware of?
- Is what I am doing not in the best interest of the patient?
- Is what I am doing self-serving?
- Is what I am doing exploiting the patient for my benefit?
- Is what I am doing gratuitous (not what the patient asked for)?
- Is what I am doing secretive or coercive? Would I be reluctant to share it with my spouse, partner, or colleagues?
- Am I revealing too much about myself or my family?
- Is what I am doing causing me stress, worry, or guilt?
- Has someone already commented on my behavior, or suggested I stop?

If the answer to any of these questions is “yes” then you may be dealing with a professional boundaries concern. Consider the impact your actions may be having on your patient, realize it could be negatively perceived, and recognize that it could be eroding their trust and faith in your relationship.

Trust, confidence, and psychological safety are the cornerstone of any great provider-patient relationship. Professional boundaries exist to protect the integrity of our fiduciary responsibilities afforded through the maintenance of these values. We hope that we have provided the knowledge needed to help you keep these boundaries in mind.

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Table 1: Boundary Crossings*

Type of Boundary Crossing	Risk of Harm to Patient and Professional Relationship	Coercive and Exploitive elements	Potential Benefit to Patient and Professional-Patient Relationship	Professional Intentions and Motives	Professional Ideals	Recommendations
I	High	Present	None-Low	Professional self-interests over patient interests	Absent	Discouraged and prohibited
II	High	Ambiguous	Low	Professional self-interests blur patient interests	Absent or Minimal	Highly Discouraged. Rarely Justified
III	Low-Middle	Absent	Middle-High	Patient Interests over Professional self-interest	Present (Discernment and Judgement Important)	Encouraged as Benefit Increases
IV	None-Low	Absent	Middle-High	Patient Interests over Professional self-interests	Present (Ideal Model of Care)	Strongly encouraged

*Adapted from Martinez, R. A model for boundary dilemmas: ethical decision-making in the patient-professional relationship. *Ethical Hum Sci Serv Int J Critical Inq* 2000, 2: 43–61.

Idaho Telehealth Access Act Covid-19 Guidance

The state of Idaho is under a federal 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 is in place **until July 1, 2022**, unless extended by DOPL announcement. To ensure continuity of patient care after the waiver ends, healthcare professionals providing telehealth services should pursue Idaho licensure or prepare a transition plan for patient care.

Issued: September 9, 2021

Updated: March 15, 2022



University of Idaho
WWAMI Medical Education

Need CPE Credit?

ECHO Idaho is a free, virtual, [jointly-accredited](#) continuing education opportunity for Idaho healthcare professionals, offering hour-long CPE every week on a variety of healthcare topics, including:

- Behavioral Health in Primary Care
- Viral Hepatitis and Liver Care
- Opioids, Pain and Substance Use Disorders
- Pediatric Autism
- COVID-19

For more information, and to register, visit their website:
www.uidaho.edu/echo





IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF MEDICAID



Idaho Medicaid and Maternal Health

The drug overdose epidemic has escalated over the last few years, with over 100,000 individuals dying from a drug overdose nationwide in 2021. Substance use disorders (SUD) affect individuals throughout our communities, including women who are pregnant. Idaho's Maternal Mortality Review Committee monitors annual pregnancy-associated deaths, and most of the maternal deaths over the last three years were among Idaho Medicaid participants and about half were related to SUD.

Idaho Medicaid would like to determine how to better serve our pregnant participants with SUD. We would like to hear from clinicians who provide behavioral health care and prenatal care to pregnant women with SUD.

Please join us for a virtual conversation with your colleagues to discuss:

- How can we help you better care for your pregnant patients with SUD?
- How could a telephone-based case management program support your work?

As a thank you for participating, you will receive a free naloxone overdose prevention kit, courtesy of the Idaho Harm Reduction Project.

BEHAVIORAL HEALTH TREATMENT CLINICIANS:

Tuesday, April 5, 12:30-1:30pm MST

Webex: <https://idhw.webex.com/idhw/j.php?MTID=mb396f408a353f011017e72754b9d8dff>

PRENATAL CARE CLINICIANS (OB/GYN, FAM MED, CNM):

Tuesday, April 12, 12:30-1:30pm MST

Webex: <https://idhw.webex.com/idhw/j.php?MTID=mae8c0e1e7bc85b126ebc8eff83b0389a>

MEDICAL CARE ADVISORY COMMITTEE:

Wednesday, April 27, 1:30-2:30pm MST

Webex: <https://idhw.webex.com/idhw/j.php?MTID=m932443d06c9a5832f65c2cde77b22d4a>

In Person: 3232 Elder Street, Conference Room D-East

*Please contact Rachel Groat, Administrative Assistant to Idaho Medicaid's Medical Director, with questions:
rachel.groat@dhw.idaho.gov*

What Do You Know about NMDs in Idaho?

Naturopathic medical doctors (NMDs) are educated and trained in accredited naturopathic medical colleges. They diagnose, prevent, and treat acute and chronic illnesses to restore and establish optimal health by supporting the patient's inherent self-healing process. NMDs work to identify underlying causes of illness and develop personalized treatment plans to address them.

In 2019, the Idaho legislature passed a law to license Naturopathic Medical Doctors (NMDs) to practice primary healthcare in Idaho. This was done to expand the number of primary care providers available in the state. On July 1, 2020, the first Naturopathic medical doctors (NMDs) were able to complete online applications for licensing by the Idaho Board of Medicine. The law does not mandate insurance coverage for NMDs. However, licensing is the first step for an insurance company to consider coverage for the services of a provider.

To obtain naturopathic medical doctor licensure in Idaho applicants must:

- Graduate from an approved naturopathic medical program. Per [Idaho Code 54-5101](#), "Approved naturopathic medical program" means a naturopathic medical education program in the United States or Canada that provides the degree of doctor of naturopathy or doctor of naturopathic medicine, that includes graduate level, full-time, didactic, and supervised clinical training, and is either accredited or has achieved candidacy status for accreditation by the nationally recognized accrediting body for naturopathic medical programs.
- Pass the Naturopathic Physicians Licensing Examinations (NPLEX) administered and approved 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 interview for the applicant, limited to a review of the applicant's qualifications and professional credentials.

The law also established an advisory board. The Naturopathic Medical Board (NMB) under the Idaho Board of Medicine. NMDs joined other allied health professionals overseen by the Board of Medicine: Physician Assistants, Dietitians, Respiratory Therapists, & Athletic Trainers. The NMB is responsible for making recommendations to the Board of Medicine concerning the qualification of NMD applicants for licensure, along with regulation of existing licensees through the application of the statute and rules pertaining to the practice of naturopathic medicine. The NMB includes a medical doctor, three naturopathic medical doctors, and a public member who makes recommendations to the Board of Medicine.

In the state of Idaho, the law created a distinction between a traditional naturopathic doctor (ND) and a licensed naturopathic physician/naturopathic medical doctor (NMD). A title of distinction was made between licensed naturopathic doctors with other naturopathic providers. Per [Idaho Code 54-5110](#), CERTAIN ACTS PROHIBITED. It shall be unlawful and a misdemeanor for any person to engage in any of the following acts:

To represent oneself as licensed to practice naturopathic medicine under this chapter or to use the title or designation "licensed naturopathic physician," "physician of naturopathic medicine," "naturopathic medical doctor," or "NMD," unless such person is so licensed. The use of the term "naturopath," "naturopathic doctor," or "ND" by persons not

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not licensed under this chapter shall not be restricted.

Not all states use the same titles. Twenty-three states have licensing or registration laws for naturopathic medical doctors with laws differing from state to state. In neighboring states, it is more common to see the ND and naturopath designations.

Per [Idaho Code 54-5102](#) Scope of practice for Naturopathic medical doctors in Idaho:

- (1) Naturopathic medical doctors provide primary care, including but not limited to the following services:
 - (a) Naturopathic medical doctors may use physical and laboratory examinations consistent with naturopathic medical education and training for diagnostic purposes. Naturopathic medical doctors may order and perform diagnostic and imaging tests consistent with naturopathic medical education and training. All diagnostic and imaging tests not consistent with naturopathic medical education and training must be referred to an appropriately licensed health care professional for treatment and interpretation.
 - (b) Naturopathic medical doctors are authorized to dispense, administer, and prescribe prescription drugs and medical devices as authorized by the naturopathic medical formulary as set forth in the rule.
 - (c) Naturopathic medical doctors may perform minor office procedures.
 - (d) Naturopathic medical doctors may perform those therapies for which they are trained and educated, consistent with the provisions of this chapter.
 - (e) Naturopathic medical doctors may admit patients to a hospital at which they are credentialed and privileged to do so.
- (2) The practice of naturopathic medicine does not include the practice of obstetrics.

For questions regarding Naturopathic Medical Doctors in Idaho contact us:

Email: info@bom.idaho.gov

Mailing Address: PO Box 83720, Boise, ID 83720-0058

Physical Address: Logger Creek Plaza, 345 W. Bobwhite Ct., Suite 150

Phone: 208-327-7000 or Fax 208-327-7005

For a full review of the Idaho Statutes and Rules for Naturopathic Medical Doctors please visit:

<https://legislature.idaho.gov/statutesrules/idstat/Title54/T54CH51>

<https://adminrules.idaho.gov/rules/current/24/243304.pdf>



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

ECHO IDAHO

Viral Hepatitis and Liver Care

Specialist support for medical teams treating viral hepatitis and liver diseases

Led by a panel of subject matter experts based in Idaho, this series will help build your confidence as you learn best practices for treating viral hepatitis and other liver diseases.

Connect with peers from around the state to discuss what really works and get feedback on patient cases. Each drop-in session is designed to be collaborative, engaging, and immediately applicable to your practice.

Interdisciplinary panel includes experts in family medicine, hepatology, gastroenterology, pharmacy and HIV treatment.

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.
- Sign up to receive regular emails with login information, agendas and resources. Discuss and share:
 - Case presentations by participants
 - A brief, high-yield didactic presentation by infectious disease experts.

ECHO SESSIONS HELD VIRTUALLY

2nd and 4th Mondays
Jan. 10 - Aug. 22, 2022
11 a.m. to noon Pacific time
Noon to 1 p.m. Mountain time

Audience: The target audience is primary care physicians, but all clinicians are welcome.

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 208-364-4072.



Why ECHO Idaho Viral Hepatitis and Liver Care?

Chronic liver disease and cirrhosis were the ninth leading cause of death in Idaho in 2019.

In Idaho, access to treatment is limited and screening rates remain low despite the fact that hepatitis C can be cured with well-tolerated treatments.

SCHEDULE AND TENTATIVE TOPICS

1/10/2022	Epidemiology of Chronic Liver Disease in Idaho
1/24/2022	Abnormal Liver Function Tests
2/14/2022	Staging & Progression of Liver Disease
2/28/2022	Alcohol Related Liver Disease
3/14/2022	Medications in Chronic Liver Disease
3/28/2022	HCV Treatment, Part I
4/11/2022	HCV Treatment, Part II
4/25/2022	Education for Patients With Hepatitis C
5/9/2022	HCV & Substance Use Disorder
5/23/2022	HCV & Pregnancy
6/13/2022	Hepatitis B
6/27/2022	Fatty Liver
7/11/2022	HCC Screening & Surveillance
7/25/2022	Motivational Interviewing in Primary Care
8/8/2022	Management of Cirrhosis: Part I
8/22/2022	Management of Cirrhosis: Part II

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 208-364-4072.

Text @**echohepc** to 81010 to sign up for text reminders.

*Last updated 2/14/2022.

ECHO IDAHO

Viral Hepatitis and Liver Care

MEET OUR TEAM



Anushka Burde, PharmD, AAHIVP, BCACP

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