At times, and in various circles of our collective medical society, continuous medical education (CME) has been heralded as critical to providing medical care. While others have viewed it in derision and vehemently opposed it, they reluctantly comply given it’s required to maintain licensure. There have been valid concerns with specific CME offerings given possible commercial influence with masked marketing concerns creating issues as a result regarding its questionable legitimacy. Additionally, there have been real issues with time limitations given our collective practice patterns of time constraints with ever-increasing workloads and the demands of our everyday lives. It has been a struggle for some to devote time for CME given the divergent requirements of our remnants of time away from our clinics and patient care.

Others have appropriately pointed out conflicting financial obligations time away from patient care/revenue while simultaneously paying for CME in its myriad forms. Nonetheless, CME has its merits and is critical for physicians as historical exemplary performance under applicable evidence-based medicine at that time period may now be construed as partially or fully incorrect or even potentially negligent.

As medicine has continued to rapidly advance, along with our professional and personal lives, thankfully the CME landscape has changed and evolved over the years as well. CME providers, under clear and repeated recommendations from a host of sources including physicians, have recognized the need to adapt their products as a whole. No longer is it limited to expansive conference halls in exotic locales. There are now multiple and ever-expanding options that can be adapted to individual needs and circumstances. Now there are a litany of choices in innumerable and variable forms:

Continued on page 2
CME has become more interactive and adapted to our hectic lifestyles and has become less structured and more feasible in many ways.

A few words of intuitive caution should increasingly be kept in our heads when choosing a CME course. Always be mindful of faculty/speaker disclosures of potential conflicts of interest along with commercial influence and biases in multiple forms (which may not necessarily be negative). Also, CME reporting mandates vary based on specific requirements of applicable boards, specialties, hospitals, and other credentialing sources. Before engaging in a specific CME activity, please ensure that a given CME is valid and accredited to give applicable AMA PRAS/ABMS/AOA, or GME hours. As a reminder, in Idaho, 40 hours over two years is the mandate to maintain licensure. It is not necessary to submit these hours to the board of medicine under routine licensure applications, but it is vital that appropriate and complete records of CME hours are kept by individual providers in case of a CME audit or should the need arise for validation. Keeping this in mind, there is enhanced access to centralized online CME databases to ease reporting to applicable boards/certification programs if the individual physician utilizes that specific tool and interface.

CME will surely continue to transform with its inherent issues with ongoing regulation, methods of delivery and evaluation along with unanticipated barriers (e.g., Covid). We should all pursue our CME thoughtfully and make it meaningful to each of our practices and adapted to our individual situations and circumstances.

Caring Talented Health Care Professionals can suffer too...

PRN Physician Recovery Network

Saving Careers—Saving Lives
(208) 577.2489
CME Credit Can Now be Reported Directly to the Idaho Board of Medicine

Good news! Your participation in accredited CME activities can now be reported directly to the Idaho Board of Medicine (BOM). The BOM is collaborating with the Accreditation Council for Continuing Medical Education (ACCME), with the goal of streamlining the CME credit reporting process and reducing your reporting burden so you can focus on your patients, rather than paperwork.

How does the Collaboration work?

When you register for a CME activity, ask the CME education organization to report your CME credit in ACCME's Program and Activity Reporting System (PARS). To have your credit reported, provide the following:

- First and Last Name
- Idaho Medical License number (Find your number [here](#).)
- Month/day of birth

You may also need to click a button or otherwise agree to have your participation information sent to the BOM. Once the CME education organization has reported your participation, and it has been accepted in ACCME’s system, the BOM will be able to view and verify your participation. If the CME education organization does not know how to report your credit, you can tell them to email ACCME at info@accme.org and ACCME staff can assist them.

If you are audited, the BOM will look at your reported CME in the ACCME system to verify your credit. Given this is a new process, we will continue to accept CME certificates as proof for any CME that was not reported in ACCME’s system.

Opportunity to Create an Account in CME Passport

With this collaboration, you also have the option to create a CME Passport account. CME Passport is a free, centralized tool for you view, track, and generate transcripts of your reported CME credit. Any CME credit an education organization uploads into ACCME’s system will show up in your CME Passport account. You may use your CME Passport account to share a transcript of any credit that is reported on your behalf with any organization you choose. You will not need to share a transcript of your CME credit with the Idaho BOM, since BOM staff have access to any credit reported on your behalf. CME Passport is also a great place to go to find CME activities that meet your educational needs. You are not able to upload your own CME credit into CME Passport. Only accredited education providers can report credit on your behalf. Learn more [here](#).

We are optimistic that this collaboration will lead to a simpler and more efficient way to meet your licensing requirements!
February 13, 2023

RE: Mandatory Checking of the Prescription Drug Monitoring Program (PDMP)

Dear Controlled Substance Registrant,

Idaho Code 37-2722 went into effect on October 1, 2020, mandating that prescribers check the Prescription Drug Monitoring Program (PDMP) database. When this law was passed, enforcement was to be educational initially. Beyond a suitable period, enforcement could then be a collaborative effort by the Board of Pharmacy and the respective licensing boards.

We want to thank those prescribers who abide by the law and check the PDMP prior to prescribing. **The period for enforcement discretion ends March 31, 2023. Those prescribers not checking the PDMP prior to prescribing an opioid analgesic or benzodiazepine in accordance with Idaho Code 37-2722 are in violation of the law and subject to disciplinary action.** The PDMP records each inquiry it receives (whether by the provider or their delegate).

Idaho has instituted Statewide Gateway integration to make PDMPs more convenient to use and access. Integrations into electronic health record (EHR) systems helps streamline the process. The integration eliminates the need for providers to log in separately to the PDMP. Though integration is not mandatory, it is highly encouraged, and funds are available for providers or facilities. For additional information visit: PDMP Gateway-Welcome Kit.

Please be sure your user profile is accurate and up to date. For additional information a FAQ is posted at www.BOP.idaho.gov. Questions can be sent to pdmp@dopl.idaho.gov. Thank you for your efforts to comply with the Idaho Uniform Controlled Substance Act.

Sincerely,

Nicki Chopski, PharmD
Health Professions Bureau Chief
Division of Occupational and Professional Licenses
Q. What is the Prescription Drug Monitoring Program (PDMP)?
A. The prescription drug monitoring program is a statewide electronic database which collects designated data on controlled substances dispensed in the state of Idaho.

In an effort to assist prescribers and pharmacists with patient related to controlled substance prescriptions and to combat prescription drug abuse, the Idaho PDMP was implemented in 1997 (under title 37, chapter 27, 37-2726(2)). It is a tool provided to prescribers of controlled substances and to pharmacists who are considering dispensing controlled substance prescriptions to patients.

Q. Who is considered a registered Idaho prescriber?
A. A professionally licensed Idaho prescriber that has an active Idaho Practitioner Controlled Substance Registration an associated Federal DEA Controlled Substance Registration, and prescribes to human patients.

Q. Who is considered a registered prescriber delegate?
A. Nurse, medical or office assistant, current student of a health profession if a licensed practitioner or registered graduate of such profession who may access the database, or a registered pharmacy technician who is designated by a supervising practitioner or pharmacist.

Q. How does a person become a registered delegate?
A. The person must create a PDMP delegate user account and select a supervisor (prescriber). The prescriber will receive the request via their PDMP account for approval.

Q. Are there any exceptions for PDMP mandatory checking?
A. Yes, 37-2722 (f)(1)(2) states in pertinent part:
   The review is not required:
   (1) For patients:
      (i) Receiving treatment in an inpatient setting:
      (ii) At the scene of an emergency or in an ambulance:
      (iii) In hospice care: or (iv) In a skilled nursing home care facility: or
   (2) For a prescription in a quantity intended to last no more than three (3) days.

Q. Does reviewing a patient history once validate all controlled substance prescriptions for that encounter?
A. Yes. A prescriber or prescriber’s delegate needs only view PDMP once per patient encounter no matter if two or more prescriptions are prescribed.

Q. Is there a way for a prescriber to view past searches?
A. Yes, in the user account under RX Searches there is a Prescriber Report option. This will provide a snapshot of prescribing history for covered substances for the most recent report as well as available historical reports.

Continued on page 6
Q. How does the division know that a prescriber or prescriber’s delegate has checked the Idaho PDMP and are there any requirements for documenting when checked?
A. The PDMP system tracks compliance for each inquiry. While there is no requirement by law for the prescriber or prescriber’s delegate to document PDMP checks, it may be best practice to do so.

Q. Signing in and out of the PDMP system takes too much time. How can I quickly obtain the necessary patient data and still meet the mandatory requirements?
A. PDMP data can be integrated into an electronic health record (EHR) through our PDMP integration platform.

Q. How does integrating with the PDMP platform help me get data faster?
A. The PDMP data is integrated into the EHR or pharmacy management system. This integration empowers clinicians to access patient data at the point of care.

Q. Does checking via the PDMP integration platform count towards the mandatory checking?
A. Yes, the PDMP integration does track compliance for each inquiry search.

Q. Is PDMP integration mandatory?
A. No, PDMP integration is not necessary and if chosen PDMP data will still be accessible through the Idaho PDMP web portal.

Q. Is there a cost for the PDMP Integration?
A. Yes, there is a fee. However, the Idaho Board of Pharmacy will provide for the initial user license fee expenses to set up the integration.

Q. How long does it take for integration to be completed?
A. The process and timeline for integration is dependent upon your EHR or pharmacy management system vendor.

Q. How do I register for the integration?
A. To register for PDMP Integration into your EHR or Pharmacy Management System review the following Gateway Integration Welcome Packet. Then go to https://connect.bamboohealth.com/ and click Create An Account to begin.

Q. How do I check my Mandatory Use Compliance rate?
A. Log into your PDMP account at https://idaho.pmpaware.net/login.
   - Navigate to the Menu drop-down at the top-left of the screen.
   - Under Data, select Mandatory Use.
   - Find and navigate to the tab My Mandatory Use Compliance Report.
   - Select the DEA(s) applicable.
   - Click View Report
   - Review the Mandatory Use Compliance Report

If you encounter any technical issues with the report, please submit a support ticket at https://bamboohealth.zendesk.com/hc/en-us.
There are 48 boards within the Division of Occupational and Professional Licenses (DOPL). Boards are given authority by law to regulate the profession by developing and enforcing various requirements. The Licensing Boards are charged with protecting the public health, safety and welfare through the licensure and regulation. Board members are advocates of the public and should strive to always act in the public’s best interest. All board members:

- Must be residents of Idaho
- Are volunteer positions appointed by the Governor’s office
- Meet on an average of 4 time per year (once a quarter)

There are currently vacancies for public members and healthcare providers on multiple boards and commissions here in the great State of Idaho.

**Current Vacancies:**

State Board of Medicine
- Seeking 3 MDs
- Seeking a public member

Genetic Counselor’s Licensing Board
- Seeking a licensed physician

Board of Denturgy
- Seeking a public member

Speech, Hearing & Communication Services Licensure Board
- Seeking an Audiologist
- Seeking a Speech Pathologist
- Seeking a Sign Language Interpreter
- Seeking a public member

State Board of Veterinary Medicine
- Seeking a public member

Physical Therapy Licensure Board
- Seeking a public member

State Board of Podiatry
- Seeking a public member

Board of Pharmacy
- Seeking a public member

If you or someone you know is interested in serving on a Licensing Board, please follow the link below to fill out an application.


To see all Boards are accepting applications please visit; [https://gov.idaho.gov/appointment-vacancies/](https://gov.idaho.gov/appointment-vacancies/). The [appointment application link](https://gov.idaho.gov/appointment-vacancies/).
## 2023 Board Meeting Schedules

<table>
<thead>
<tr>
<th>Board of Medicine</th>
<th>Board of Athletic Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- February 9, 2023 @ 8:30 am</td>
<td>- February 15, 2023 @ 8:30 am</td>
</tr>
<tr>
<td>- May 18, 2023 @ 8:30 am</td>
<td>- May 10, 2023 @ 8:30 am</td>
</tr>
<tr>
<td>- August 10, 2023 @ 8:30 am</td>
<td>- August 16, 2023 @ 8:30 am</td>
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<tr>
<td>- November 9, 2023 @ 8:30 am</td>
<td>- November 15, 2023 @ 8:30 am</td>
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<thead>
<tr>
<th>Naturopathic Medical Board</th>
<th>Committee on Professional Discipline</th>
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<tbody>
<tr>
<td>- January 23, 2023 @ 9 am</td>
<td>- January 18, 2023 @ 8:30 am</td>
</tr>
<tr>
<td>- April 24, 2023 @ 9 am</td>
<td>- March 17, 2023 @ 8:30 am</td>
</tr>
<tr>
<td>- July 16, 2023 @ 9 am</td>
<td>- June 29, 2023 @ 8:30 am</td>
</tr>
<tr>
<td>- October 2, 2023 @ 9 am</td>
<td>- September 28, 2023 @ 8:30 am</td>
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<thead>
<tr>
<th>Dietetic Board</th>
<th>Board of Respiratory Therapy</th>
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</thead>
<tbody>
<tr>
<td>- March 13, 2023 @ 8:30 am</td>
<td>- March 16, 2023 @ 8:30 am</td>
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<tr>
<td>- November 13, 2023 @ 8:30 am</td>
<td>- September 20, 2023 @ 8:30 am</td>
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<thead>
<tr>
<th>Physician Assistant Advisory Committee</th>
<th>All Meetings will be held at:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- March 3, 2023 @ 8:30 am</td>
<td><strong>11341 W Chinden Blvd.</strong></td>
</tr>
<tr>
<td>- June 16, 2023 @ 8:30 am</td>
<td><strong>Building 4</strong></td>
</tr>
<tr>
<td>- September 29, 2023 @ 8:30 am</td>
<td><strong>Boise, ID 83714</strong></td>
</tr>
<tr>
<td>- December 1, 2023 @ 8:30 am</td>
<td><strong>Room: TBD</strong></td>
</tr>
</tbody>
</table>

For meeting updates visit: [Home - DOPL (idaho.gov)](http://www.idaho.gov)
Idaho State Board Of Medicine
11341 W. Chinden Bldg #4
Phone: 208-327-7000
Fax: 208-327-7005
E-mail: BOM-info@dopl.idaho.gov

Visit our Website at:
www.bom.idaho.gov

IDAHO STATE BOARD OF MEDICINE
David McClusky III, MD, (Chair)
Catherine Cunagin, MD, (Vice Chair)
Paula Phelps, PA, Member
Guillermo Marcelino Guzman Trevino, MD, Member
Keith Davis, MD, Member
Ked Wills, ISP, Member
Mark Grajcar, DO, Member
Jared Morton, MD, Member
Michele Chadwick, Public Member
Paul Anderson, Public Member

COMMITTEE ON PROFESSIONAL DISCIPLINE
Michelle Ebbers, MD, Member (Chair)
Amy Laurel Cooper, MD, Member
Larry T. Curtis, MD, Member
Kathleen Sutherland, MD, Member
Heidi Bird, Public Member

Board of Athletic Trainers
Dani Michelle Moffit, AT
David Hammons, AT
Alta Graham, Public Member
Timothy Nicolello, AT

Physician Assistant Advisory Committee
Mary Eggleston Thompson, PA (Chair)
Erin Sue Carver, PA
Valentin Roy Garcia, Public Member
Heather M. Frazee Whitson, PA
Nathan Thompson, PA

Respiratory Therapy Licensure Board
Michelle Jarvis, Public Member (Chair)
Robb Hruska, RT/PSG
Phillip Hager, RT
Tim Seward, RT
Lisa Taylor, RT/PSG

Dietetic Licensure Board
Suzanne Marguerite Linja, LD (Chair)
Carol Fellows Kirkpatrick, PhD, LD
Pamela Howland, Public Member
Kimberly Jill Young, LD

Naturopathic Medical Board
Joan Haynes, NMD (Chair)
Tara Lyn Erbele, MD
Nicole Marie Maxwell, NMD
Cory J. Szybala, NMD
Kelsey Jae, JD, Public Member

DOPL