



# THE REPORT

## June 2024

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



Message From the Board of Medicine:

[POTENTIAL PITFALLS AND PROTECTIONS UTILIZING THE EMR](#)

Christian Zimmerman MD, MBA, Board Member

The DOPL Newsletter is intended to serve its statewide licensees with contemporaneous and disputative subject matter (i.e. the Electronic Medical Record). These sanguine subjects are pertinent to board discussions among both regional and national organizations as they relate to healthcare delivery and patient care. For better or worse, the Electronic Medical Record (EMR) and its omnipresence, constitute/define the practice of medicine since its obligatory adoption 15 years ago<sup>1,2</sup>. Reportedly, it can command thirty percent of the patient management schema and reliance is intramural within systems and patient cross coverage. Family Practice physicians, on average, spend 35 minutes per visit on patient practice while most specialties report greater than 2 hours/day on computer data analysis and input. Physicians in this country expectedly spend more time than international colleagues.<sup>3,4</sup> This additional amount of toil and vigilance predictably expands responsibility and accountability for physicians and advanced providers alike. With added burden also renders combined liability as the informational management portion of

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patient care becomes more complex.

The intent of this discussion is to examine, analyze, and iterate the enveloping nature of the EMR, areas of concern for practitioners rendering, and areas of focal improvement in maximizing patient care and protection during the process.

The obvious concerns about patient privacy protection, coding and billing, data integrity, record retention, and patient access issues fall within the purview of the parent organization for which one is employed. The crux of this discussion is based in medical malpractice potential and patient errors as they relate to either.

The electronic health record provides many conveniences, and additional burdens liken to any paper based medical record.

It can be the saving defense in a malpractice claim and ,conversely, your adversary if not applied correctly.

Some finer points bulleted as potential pitfalls and protections are:

### **Pitfalls**

- **Copy/pasting info without Updating.** If every note on rounds has the exact same information, it appears as if you were not actively managing the patient; make sure to update material so it's accurate for the events of that particular day.
- Also, if you have **Templates** that pull in information, such as lab and radiology results, make sure you review and address them and they reflect the corresponding day's information; otherwise, it creates the appearance of duplicity and dismissal of critical information
- **Erroneous diagnoses.** It can be easy to pick something close to what the patient has, but it might not be truly accurate. It's important to take the time to make sure the diagnoses (and the appropriate codes) accurately reflect what is happening with the patient and updating those as the patient's condition changes.

**Disclaimer Phrases.** Any disclaimer that says there may be errors in your note is just pointing out to the attorneys and everyone else that you don't bother to read your own note and make sure it's accurate. Better to apologize for missing a typographical error than tell the world you can't be bothered to proofread notes and points of care.

### **Protections**

- **Time/Date/Signature Stamps.** The electronic record makes it very clear who did what, where, and when. This can be very helpful and specific for illustrating the time course of caring for the patient which is in the best interests of all parties.
- **Forced Medication Reconciliation.** Even though this can seem inconvenient, it provides an opportunity to make sure the patient's med list is accurate, timely and demonstrates attention to detail to the most important possible pitfall in healthcare.
- **Drug Interaction/Safety Warnings.** The electronic record may give warnings about drug interactions in real time to protect all providers from obviating/causing potential harm to the patients during hospital/clinic interactions.
- **Reminders.** There are baked in reminders and ones we can set for ourselves that help us make sure we are providing the best, evidence-based, care.

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**Informed consent and documentation:** Proper documentation of informed consent for treatments and procedures is crucial. EMRs should include clear records of discussions with patients about risks and benefits, ensuring legal compliance.

**Retention and record access:** Healthcare providers must follow legal requirements for retaining electronic records and providing patient access to their records. Failure to do so can result in legal disputes.

**Billing and coding errors:** EMRs are often linked to billing and coding systems. EMR systems are considered avenues for improper billing claims and are subject to OIG (Office of the Inspector General) scrutiny. Errors in these systems can lead to overbilling or underbilling, potentially resulting in legal and regulatory penalties.

**Patient access and ownership:** Disputes may arise over who owns, and controls patient records stored in EMRs. Patients have the right to access their health information, and healthcare organizations need to navigate these legal obligations.

And lastly, **CPOE** (Computer Provider Order Entry), literally the center of our EMR universe, can offer safety features such as allergy alerts, drug-drug, drug-food, and drug-disease interaction checks, can suggest safe medication dose ranges and intervals, can guide users in implementing clinical practice guidelines and care pathways, and embed reference material such as drug and disease monographs, toxicology information, and local policies and protocols. Utilizing these pathways provides guidance and protection for patient care.

**Concluding comments:** Albeit a reflection of a provider's observation and administration during the course of care and a potential advocate for that provider in any proceeding or action, the onus on record detail and timeliness cannot be stressed. Likened to past paper charting and supplemental dictations, the best mechanisms to insure, protect and repercuss one's care from fruition is through thoroughness and transparency. Utilizing a more comprehensive and supplemental inclination of record keeping, such as the practice of referencing a particular part of the EMR, ultimately allows for better patient care and safety, especially when complex issues arise.

1. [Text - H.R.1 - 111th Congress \(2009-2010\): American Recovery and Reinvestment Act of 2009 | Congress.gov | Library of Congress](#)
2. [Federal Mandate for Electronic Medical Records \(EMR\) \(usfhealthonline.com\)](#)
3. [System-Level Factors and Time Spent on Electronic Health Records by Primary Care Physicians | Artificial Intelligence | JAMA Network Open | JAMA Network](#)
4. [Interaction Time with Electronic Health Records: A Systematic Review - PMC \(nih.gov\)](#)
5. [Computer Provider Order Entry - StatPearls - NCBI Bookshelf \(nih.gov\)](#)



## JOIN PROVIDER BRIDGE TO SUPPORT EMERGENCY RESPONSE

The incidence of emergencies and disasters has increased steadily in the U.S. since the 1980's. In 2023, the United States experienced 25 disasters, including a deadly wildfire in Maui and Hurricane Idalia in Florida. By registering for Provider Bridge, you will join thousands of qualified medical providers who are ready to provide care and contribute to the effective emergency management of these disasters.

### **Provider Bridge Supports States' Emergency Preparedness and Response**

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals that can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies.

Joining the Provider Bridge platform allows you to create and own a time-stamped, digital report ("passport") that includes your name, provider type, professional school and graduation date, NPI, state license number(s), specialty or area of practice, and DEA registration(s), as well as any disciplinary history. Each license is verified via data sharing with the Federation of State Medical Boards (FSMB), the National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS).

Provider Bridge also allows entities, including state medical and nursing boards, hospitals, healthcare institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency or deploy to a disaster site. Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states.

Currently, Provider Bridge includes physicians, PAs, and nurses and is positioned to expand to include other medical professionals, such as mental health providers (psychologists, counselors, social workers), respiratory therapists, EMS providers, and others.

### **Register Now!**

Provider Bridge supports expeditious emergency response most effectively by having a large number of medical professionals registered on the platform. Registration is free and takes only a few minutes at the following link: <https://provider.providerbridge.org/>.

### **What to Expect After Registering for Provider Bridge**

Once you have registered for Provider Bridge, there are no additional steps you need to take. You can generate a certified pdf of your passport to present at an emergency site. Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile). In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

For more information, go to <https://www.providerbridge.org/> or contact:

Anne K. Lawler, JD, RN

Provider Bridge Program Officer

(208) 331-2341

## REPORTING TO THE IDAHO PDMP CLEARINGHOUSE

Please make a note of the following reminder:

According to Board Rule IDAPA 24.36.01.600, all drug outlets and prescribers dispensing controlled substances in or into Idaho must report specific data to the Idaho PMP Clearinghouse by the end of the next business day. This includes the "date sold" of the prescription and zero reports.

To comply with this rule, all licensed pharmacies and Prescriber Drug Outlet Registration holders must submit Controlled Substance dispensation data by following the data submission guide available on the Board's website. This guide provides information on the reporting format, required data elements, and registering with the PMP Clearinghouse.

To access the guide, please visit the Board's website <https://dopl.idaho.gov/bop/> and go to the 'Additional Board Information' section. Then click on the Prescription Drug Monitoring Program (PDMP) banner and check out the 'Daily Pharmacy Dispensation Reporting Requirements.'

It's important to note that this rule has been in effect since March 2017, but not all entities have been fully compliant. Any dispensers who fail to report are in violation of the rule and may face disciplinary action.

If you have any questions or concerns regarding this matter, please feel free to contact Wendy Muir, PDMP Information Coordinator, at [pdmp@dopl.idaho.gov](mailto:pdmp@dopl.idaho.gov) or call 208-605-4703.



# DELEGATE REVIEW

## CS Registrants – PDMP Delegate List Review

Is your delegate list up to date?

It is important to periodically check that the delegates assigned by you are still active and accurate. The delegate review ensures delegate users of the Idaho Prescription Drug Monitoring Program (PDMP) are still authorized to perform searches on their supervisor's behalf. As a supervisor, you are responsible for activities performed within the system by your delegate(s). Please take a moment to perform the delegate review by doing the following:

If a supervisor needs to remove a delegate connection from their account, they can do so after signing onto their pmp account ([idaho.pmpaware.net/login](http://idaho.pmpaware.net/login)).

From the menu under User Profile select Delegate Management

**From the Delegate Management Dashboard:**

Click Remove next to the name of the delegate you wish to temporarily remove;

The delegate is removed but is kept in pending status.

If a supervisor wants to re-add a previous delegate that is in pending status:

Select the pending delegate from the list of delegates;

Click Approve. The delegate is re-added as an approved delegate.

If a supervisor would like to completely remove a delegate in pending status:

Select the pending delegate.

Click Reject – the delegate will be completely removed from the account.

If you have any questions please send emails to [pdmp@dopl.idaho.gov](mailto:pdmp@dopl.idaho.gov)



**vitality** [ vahy-tal-i-tee ] [SHOW IPA](#)  

See synonyms for **vitality** on [Thesaurus.com](https://www.thesaurus.com)

*noun, plural vi-tal-i-ties.*

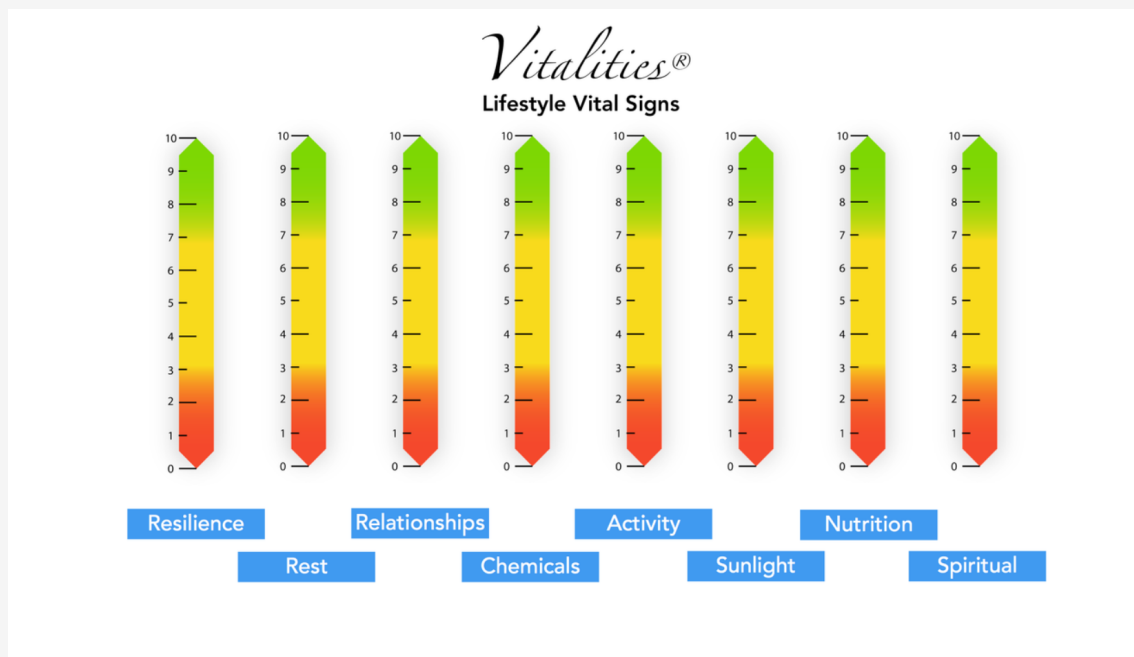
1. exuberant physical strength or mental vigor:  
*a person of great vitality.*
2. capacity for survival or for the continuation of a meaningful or purposeful existence:  
*the vitality of an institution.*

From: <https://www.dictionary.com/browse/vitality>

### It is a new season and a great time to check your vital signs

By Paula Phelps and Steven Reames

As healthcare providers, we understand the importance of checking our patients' vital signs every time they come in: blood pressure, PHQ, heart rate, lung sounds. But have you ever thought of the importance of your own vital signs, specifically as they relate to your work? Can you *honestly* provide the best care you want to when you are severely depleted?



From: <https://www.vitalities.com/examples.html>

The graphic above is a nice reminder that there are a variety of indicators affecting your personal vitality:

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some are physical like activity, rest, and nutrition. Others are heart and soul factors such as relationships, resilience, and spirituality. How much each individual factor recharges or leaves you drained is different for you than it is for other colleagues.

There is a growing acknowledgment that taking care of your needs should become fused with our medical commitments. In 2020, The Collaborative for Healing and Renewal in Medicine (CHARM) published the “Oath to Self-Care and Well-Being in the American Journal of Medicine. It begins with, “We SOL-EMNLY PLEDGE to embrace and promote the well-being of ourselves, our colleagues, and the medical community as part of our responsibility to the effective care of our patients, ourselves, and in partnership with our healthcare organization.” The World Medical Association Declaration of Geneva updated its Physician’s Pledge in 2017, reflecting the same ethical commitments.

Prior to this, CHARM also published the Charter of Physician Well-Being in 2018 in JAMA. It also provides a holistic view of clinician vitality and commitments made at an individual level, within organizations, and, more broadly, within society. Collectively, they lead to four guiding principles.

- Patient care: Effective patient care promotes and requires physician well-being.
- Well-being of all: Physician well-being is related with the well-being of all members of the health care team.
- High-value care: Physician well-being is a quality marker.
- Shared responsibility: Physician well-being requires collaboration between individual physicians and their organizations.

In Idaho, the Board of Medicine has taken a strong affirmative stance toward physician and physician assistant well-being. First, it provides a mechanism for medical licensees to confidentially enroll in a program designed to help them overcome anything that may impair safe patient care. The Health Professionals Recovery Program operates under statutory protections so that licensees can avoid any board disciplinary action against them while getting help or treatment. This is a top-tier program compared to industry standards. HPRP boasts a 79%+ recovery rate over the last 30 years it has been in existence.

If you are a member of the Idaho Medical Association, you also have access to the Physician Vitality Program. Operated by Ada County Medical Society for members of IMA, the Idaho Academy of Family Physicians, and MIEC, this membership benefit provides five free confidential counseling sessions each year. You might even consider taking your vital signs each year “prophylactically” with an annual tune-up appointment. You might find that you are handling your career and life stress with healthy coping mechanisms, great resilience, and embracing the joy of the vocation. But, like an annual physical, it might also expose something you have been ignoring or avoiding dealing with as well.

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This does not imply at all that personal vitality is only your responsibility, as the Charter makes clear: this needs to be a partnership between medical licensees, their employers, the industry, and society as a whole. Advocacy on these matters can actually boost your sense of health if you lean in to effect changes beyond just your well-being. We encourage you to commit to becoming aware of your own human needs as you treat the needs of other humans around you.

To learn more:

CHARM's Oath to Self-Care and Well-Being

[https://www.amjmed.com/article/S0002-9343\(19\)30865-4/fulltext](https://www.amjmed.com/article/S0002-9343(19)30865-4/fulltext)

CHARM's Charter on Physician Well-Being

<https://jamanetwork.com/journals/jama/fullarticle/2677478>

Physician Vitality Program

<https://physicianvitality.org>

Health Professionals Recovery Program

<https://dopl.idaho.gov/health-professionals-recovery-program/>

# Health Professionals RECOVERY Program (HPRP)

formerly Physician Recovery Network

The goal of the Health Professionals Recovery Program is to assist health professionals and their families in identifying substance use disorders that may be a potential threat to the individual or their loved ones. The program aims to lessen the negative impacts on the individual and their career.

Research shows that disciplinary actions don't necessarily intervene in the progression of addiction. However, individualized alcohol or substance use disorder treatment can be an effective method for medical professionals and society at large.

Are you ready to make changes?

Do you feel that yourself or someone you know is going down the wrong path?

Do you know someone in the medical community struggling who needs help?

You can choose the direction you are headed and get help addressing substance use or mental health.

For further information about this program contact Katie Stuart.

Katie Stuart, CIP

Website: [dopl.idaho.gov/health-professionals-recovery-program](https://dopl.idaho.gov/health-professionals-recovery-program)

Phone: (208) 869-5085

Email: [Katie.Stuart@dopl.idaho.gov](mailto:Katie.Stuart@dopl.idaho.gov)

## WELLNESS

In addition to DOPL's Health Professional Recovery Program (HPRP), many medical licensees in Idaho also have the option of utilizing the Physician Vitality Program (PVP). PVP was created by Ada County Medical Society in 2016 to address the growing needs of those facing the epidemic of physician burnout, as well as other occupational and personal stressors. The program is currently available to all medically licensed members of the Idaho Medical Association and Idaho Academy of Family Physicians: physicians (including residents), physician assistants, and nurse practitioners. Idaho medical students should seek services provided through their school.

PVP provides five confidential appointments at no cost, with a strong emphasis on maintaining the privacy of individuals seeking help. While many clinicians have access to Employee Assistance Programs (EAPs) through their insurance plans, they often hesitate to use them due to genuine or perceived confidentiality concerns. PVP created its own panel of clinically licensed mental health professionals available throughout Idaho and via telehealth and chose those with a reputation for serving medical clinicians. It is suitable for those seeking help for depression, grief, relationship and work challenges, imposter syndrome, and other issues commonly faced by those who practice medicine. To find out more about this program, visit [www.physicianvitality.org](http://www.physicianvitality.org).



[mental health wellness psychology mind psychological psychiatry wooden-1194333.jpg!d \(1200x799\) \(pxhere.com\)](https://www.pexels.com/photo/mental-health-wellness-psychology-mind-psychological-psychiatry-wooden-1194333-jpg/d-1200x799/)

## 2024 Board Meeting Schedules

<p><b>Board of Medicine</b></p> <ul style="list-style-type: none"> <li>• August 22</li> <li>• November 14</li> </ul>	<p><b>Board of Athletic Trainers</b></p> <ul style="list-style-type: none"> <li>• To Be Determined</li> </ul>
<p><b>Naturopathic Medical Board</b></p> <ul style="list-style-type: none"> <li>• To Be Determined</li> </ul>	<p><b>Committee on Professional Discipline</b></p> <ul style="list-style-type: none"> <li>• July 18</li> <li>• October 08</li> </ul>
<p><b>Dietetic Board</b></p> <ul style="list-style-type: none"> <li>• June 11</li> </ul>	<p><b>Board of Respiratory Therapy</b></p> <ul style="list-style-type: none"> <li>• June 12</li> </ul>
<p><b>Physician Assistant Advisory Committee</b></p> <ul style="list-style-type: none"> <li>• June 07</li> <li>• September 06</li> <li>• December 06</li> </ul>	<p>All Meetings will be held at:</p> <p><b>11341 W Chinden Blvd.</b>  <b>Building 4</b>  <b>Boise, ID 83714</b>  <b>Room: TBD</b></p> <p>For meeting updates visit:  <a href="https://www.idaho.gov/DOPL">Home - DOPL (idaho.gov)</a></p>



## Idaho State Board Of Medicine

11341 W. Chinden Bldg #4

Phone: 208-334-3233

Fax: 208-327-7005

E-mail: [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)

Visit our Website at:

<https://dopl.idaho.gov/bom/>

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