

# Idaho State Board of Medicine

# **THE REPORT**

# June 2025

Message From the Board of Medicine:

Artificial Intelligence (AI) and The Prescient Provider

Christian G. Zimmerman, Vice Chairman

Idaho State Board of Medicine

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



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# **Introduction**

Integrating artificial intelligence (AI) into healthcare delivery can transform the industry efficiently and expediently. However, it also raises safety, regulatory, and ethical concerns as to the benefits and risks associated with AI in health care, such as biases, transparency, and data privacy.<sup>1</sup> "Proactive measures are required to ensure that AI technologies are developed and deployed responsibly, striking a balance between innovation and the safeguarding of patient well-being".<sup>1</sup>

This second quarter newsletter condenses a recent and comprehensive article on AI published in *The Interactive Journal of Medical Research* (Chustecki, 2024), includes the personal experience of the specialty surgical practice in which I work with its ongoing usage, and highlights the proposed strategies guiding the responsible and impactful adoption of these technologies in healthcare. By examining current trends and challenges, Chustecki's review (2024) "...aims to lay the groundwork for advancing AI's role in enhancing health care delivery, improving patient outcomes, and supporting healthcare systems..." (p.2).

The Presentation of the existing literature seeks to provide insights into the diverse applications of AI, its associated benefits, and the regulatory considerations surrounding clinical practice integration.<sup>1</sup> This article (with the assistance of the aforementioned publication) also addresses informed decision-making among healthcare professionals and utilizing the benefits of AI while navigating active risks within healthcare delivery.

### **Technical Discussion**

In a recent article in *Future Healthcare Today* (Sindle, 2025), the technological advancement of AI holds promises for revolutionizing patient care and administrative operations by leveraging vast longitudinal patient data, applying rapid data gathering, and synchronously applying patient management.<sup>1</sup> "AI encompasses a spectrum of technologies, including machine learning (ML), natural language processing (NLP), rule-based expert systems (RBES), physical robots, and robotic process automation, each offering unique capabilities from predictive modeling. *The integration of AI into healthcare affords focused diagnostic accuracy, informed decision-making, and optimized treatment planning while potentially reducing medical errors and improving patient outcomes*".<sup>1</sup>

However, AI adoption in healthcare incurs several ethical and regulatory challenges.<sup>1</sup> These concerns range from protecting patient data and privacy to algorithmic biases that perpetuate disparities in healthcare outcomes.<sup>1</sup> The regulatory landscape is evolving with technological advancements, a iming to establish governance frameworks that ensure the use of AI in healthcare delivery.<sup>1</sup> Additionally, the advent of large language models, like BERT (Bidirectional Encoder Representations from Transformers), and GPT (Generative Pretrained Transformer) have further expanded the capabilities of AI in healthcare.<sup>1</sup> "These models leverage vast amounts of text data to learn rich representations of language, enabling tasks ranging from clinical documentation improvement to automated summarization of medical literature".<sup>1</sup>

### Benefits of (AI) in Healthcare Delivery

Medical Benefits Helps in prediction of various risks and diseases Helps in prevention and control of various risks and diseases Leads to better data-driven decisions within the healthcare system Assists in improving surgical outcomes Supports Mental Health <u>Economic and Social Benefits</u> Reduction in post-treatment expenditures Cost savings in early diagnosis Cost savings in enhanced clinical trials Patient empowerment Relieving medical practitioners' workload

(Chustecki, 2024)

#### **Risks and Diseases**

AI can play an impactful role by predicting which patients are at high risk of readmission based on their medical history, current condition, and other variables such as lifestyle and social determinants of health.

For instance, and repletely mentioned in two of the referenced articles, the currently used AI models can analyze electronic health records (EHRs) and '*identify patients who are likely to be readmitted within 30 days* '.<sup>1,2</sup> This ability enables healthcare providers to intervene proactively, thus mitigating the risk of readmission. For example, "Google collaborates with health delivery networks to develop prediction models that alert clinicians of high-risk illnesses like sepsis and heart failure".<sup>1</sup> Several current models can also forecast populations at risk of specific diseases or accidents.<sup>1,4</sup> "In addition, AI algorithms, such as effective learning, aid in disease classification and enable more personalized care".<sup>1</sup>

#### <u>Risks of AI in Healthcare</u>

AI diagnosis is not always superior to human diagnosis AI programs may be difficult to understand and ambitious Implementation may be time consuming Transparency issues and risks with data sharing Author bias No accountability in diagnosis summation Data accessibility and availability Regulatory concerns and Social challenges

(Chustecki, 2024)

#### Prevention of Diseases

AI can play a significant role in the prevention and control of certain social diseases. By analyzing publicly available social media data, AI can predict the prevalence of several socially mediated diseases (infectious disease occurrence and propagation) and notify authorities and patients alike.<sup>1</sup> AI can also analyze trends in web data to reduce the stigma associated with social disease prevention and care and identify and flag truths and misinformation.<sup>1</sup>

#### **Data Processing**

"Data charting forms were developed and refined based on the narrative review research question. The forms included fields for recording data such as the objective of each paper, institutional affiliations of authors, publication year, country of the first and corresponding authors, conflict of interest disclosures, health context of interest, AI applications or technologies discussed, ethical concepts, issues or

implications raised, reference to global health, and recommendations for future research, policy, or practice".<sup>1</sup>

#### Potential Surgical Improvement

"AI has made significant advancements in surgical procedures. Robotic surgery, such as colorectal, gynecologic, prostate, and oral and maxillofacial surgery, enhances surgical precision and predictability. Shared tele -surgical techniques driven by AI enable remote surgery and provide better supervision of surgeons. AI-powered surgical mentorship allows skilled surgeons to offer real-time advice and guidance to other surgeons during procedures, improving surgical outcomes".<sup>1</sup>

#### The Economics

AI has demonstrated superior accuracy and speed in analyzing medical images, such as CT scans in stroke management, leading to the early detection and treatment delivery for these time-sensitive diseases. By enabling prompt diagnosis and action through program utilization such as *VIZ*, local stroke centers manage potential CVA treatments before further issues escalate. <sup>5</sup> AI can help reduce health care costs associated with emergent stage diagnoses. In addition, AI's ability to process and interpret various medical tests, such as MRI and CT scans, with high accuracy reduces the likelihood of physician errors, contributing to cost savings.<sup>1</sup>

"AI-powered programs can simulate and evaluate numerous potential treatments to predict their effectiveness against various diseases, optimizing the drug development process in clinical trials. By leveraging biomarker monitoring frameworks and analyzing large volumes of patient data, AI accelerates the evaluation of potential treatments, leading to significant cost savings in the development of life-saving medications".<sup>1</sup>

#### Personal Experience and Enhanced Decision Making

For the better part of a year, The St. Alphonsus Health System and Neuroscience's Institute has utilized the Digital Analysis Expressions (DAX) program as an efficiency enhancement communicative tool in our clinics.<sup>6</sup> From a process standpoint, patient consent is primarily obtained (using a *Haiku*-based application), which then allows real-time transcription of both history/physical, data/modality collation, and surgical planning to be recorded, transcribed, and available contemporane ously.<sup>7</sup> After editing, immediate submission routinely saves hours of post-clinic reiteration and time. It has been well received by patients, but more importantly, it has become extremely useful for both staff and advanced providers.

AI enables better data-driven decisions within our healthcare system. "In a digitalized health care environment, the quality of decision-making relies on the availability and accuracy of underlying data. AI can assist in decision-making by offering real-time recommendations based on clinical guidelines or advancements, reducing the likelihood of medical mistakes".<sup>1</sup> For example, IBM Watson Health uses built-in integrations to provide clinical decision support and achieve a high level of agreement with physician recommendations.8

### Current AI models utilizing the Artificial Intelligence (AI), such as Data Analysis *Expression*<sup>4</sup>, (DAX).

- Design, implement and evaluate machine learning models in healthcare delivery
  - Manage, process, and analyze data to prepare for AI integration in healthcare
  - Process and analyze text data to prepare for AI integrations in healthcare
  - *Apply natural language processing and data management models to daily* workflows in healthcare

#### Conclusion

In summary, AI presents a potentially transformative force in healthcare, with the conceivability to enhance patient care, reduce errors, and broaden medical knowledge.<sup>1</sup> However, its successful integration into healthcare requires ongoing adaptability and parallel with human expertise, open transparency, and a deliberate, incremental approach to its eventual integration as a standard of care.1 "AI's impact on healthcare is evolutionary... and collaboration between stakeholders, standardization, education, and robust policies are essential to harness its full potential while upholding patient-centric care and innovation".1

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# **Fee Changes**

During their November 2024 meeting, the Board voted to reduce physician and surgeon fees by 20% and during their February 2025 meeting, the Board voted to reduce Physician Assistant (PA) fees by 15%. This adjustment helps the Board comply with statutory mandates to maintain a cash balance between 30% and 150% of annual operating expenses. The Board will continue to monitor its financials and adjust the licensure fees as necessary. The fee change for physicians and surgeons went into effect January 1, 2025. The fee change for PA's went into effect April 1, 2025.

The fees noted below are annual fees. For those renewing for two (2) years, the fee will be double the amount shown.

Board	License Type	<b>Fee Type</b>	Previous Fee	New Fee
Medicine	Osteopathic Physician and Surgeon, Physician and Surgeon	<ul> <li>License Renewal Fee</li> <li>Application Fee</li> <li>Initial Licensure Fee</li> </ul>	\$200.00	\$160
	Physician Assistant, Physician Assistant -	<ul> <li>License Renewal Fee</li> <li>Initial Licensure Fee</li> </ul>	\$50.00	\$42.00
	Graduate	<ul> <li>Application Fee</li> </ul>	\$100.00	\$85.00
		<ul> <li>Reinstatement Fee</li> </ul>	\$50.00	\$35.00



# **Buprenorphine Saves Lives**

A Report From The Division of Medicaid Idaho Department of Health and Welfare

Screen for opioid use disorder (OUD), treat with buprenorphine (Suboxone/Subutex/Zubsolv), and help combat the opioid overdose epidemic! You can make a difference in the life of your patient and your community simply by starting buprenorphine for patients with OUD. Over the past year, the United States has seen more than a 25% reduction in drug overdose deaths in part due to medications such as buprenorphine. Although this is amazing progress, over 100,000 people died a preventable death from drug overdose in 2024, and only one in four individuals with OUD received recommended medications. Buprenorphine products are easy to start and are lifesaving, cutting the risk of overdose death in half.

#### What are the benefits of buprenorphine for OUD?

Buprenorphine manages cravings and withdrawal symptoms from opioids, such as oxycodone, heroin, and fentanyl. It protects against opioid overdose, reduces the risk of death from overdose, helps prevent the spread of communicable diseases such as hepatitis and HIV, and can reduce incarceration. Buprenorphine is also a potent pain medication.

#### How does buprenorphine work?

Buprenorphine is a partial opioid agonist, which means that although it stimulates the opioid receptors, it has a very low risk of causing respiratory depression or overdose due to its ceiling effect. Also, it binds to the opioid receptors very tightly, at higher doses essentially preventing other opioids from binding and from causing euphoria or respiratory depression. Buprenorphine is long-lasting, eliminating withdrawals and the ups and downs that typically drive the behaviors associated with addiction.

#### Can I start buprenorphine in the clinic or in the pharmacy?

Yes! Buprenorphine can be started in any setting. Buprenorphine is typically started at low doses and increased until withdrawal symptoms and cravings are controlled. The dose can be increased quickly for patients already in withdrawal (over days if done from home or clinic/pharmacy; over hours if done in the emergency room) or slowly over the course of a week if not in withdrawal and still using. See the resources below for more information about how to initiate buprenorphine.

#### How much buprenorphine is enough?

Increase the buprenorphine dose based on cravings and withdrawal symptoms, but note that higher doses are more effective at preventing overdoses. A common dose range will be between 12mg and 32mg per day. Buprenorphine can be taken once daily or in divided doses.

#### Should I be worried about illicit opioid use while on buprenorphine?

OUD is a chronic disease and returns to use are common. As well, sometimes a patient's goal is to reduce use and not stop entirely. Buprenorphine prescribing should be continued to help prevent the risk of overdose and death. Consider increasing the dose of buprenorphine if the patient is experiencing cravings that are leading to a return to use.

#### What if the patient refuses to engage in the rapy?

Buprenorphine independently reduces the risk of overdose and death. Access to buprenorphine should never be contingent on engagement in therapy.

# Are there buprenorphine options for patients who cannot remember to take their medications or seem to lose their prescriptions?

Yes! Consider long-acting injectable formulations of buprenorphine (Sublocade or Brixadi). These formulations are administered by a healthcare provider in a pharmacy or clinic. The health care provider must be REMS certified to administer long-acting injectable buprenorphine.

#### Should I also prescribe naloxone (Narcan)?

Yes! All patients with OUD or who are prescribed an opioid should have naloxone for reversal of opioid overdose on hand. Are there any safety tips for treating OUD with buprenorphine?

- Check the Prescription Drug Monitoring Program when prescribing all opioids including buprenorphine.
- Ensure the patient has naloxone.
- Discuss safe storage for their medication.
- Offer regular HIV and hepatitis testing.
- Connect patients to the Never Use Alone Hotline.
- See patients regularly, combining in-person and virtual visits.

#### Practical Resources:

- <u>Idaho DHW Managing Substance Use</u>
- <u>ASAM Patients Guide to Starting Buprenorphine at Home</u>
- <u>SAHMSA Buprenorphine Quick Start Pocket Guide</u>
- Low Dose Initiation (microdosing)

## Expert Input:

### • Project ECHO Idaho

- o Opioid, Pain and Substance Use Disorders: 2nd & 4th Thurs 12:15-1:15pm MST
- o Curbside Consult for Opioid and Substance Use Treatment: 1st and 3rd Thurs 12:30-1:30pm MST

o Providers Clinical Support System

#### Additional Learning:

- Grayken Center for Addiction
- <u>The Curbsiders Addiction Medicine Podcast</u>
- <u>ASAM Free Modules (login required)</u>

### Idaho Medicaid Support:

**Emergency Fills**: If you have a prior authorization pending and your patient needs their medication urgently, the pharmacy can fill a 72-hour emergency supply. The override codes for billing a 72-hour emergency supply at the pharmacy are:

- Reason for Service code: TP (Payer/processor questions)
- Professional Service code: MR (Medication review)
- Result for Service code: 1F (Filled, with a different quantity)

For more information about Idaho Medicaid's pharmacy benefit, including the most recent Preferred Drug List, visit <u>https://medicaidpharmacy.idaho.gov.</u>

For questions about Prior Authorizations, call 1-866-827-9967 Mon-Fri 8am-5pm MST

For support with MOUD, especially with special populations (perioperative use of buprenorphine, pregnancy, etc.) please reach out to the Idaho Department of Health & Welfare's Opioid and Benzodiazepine Safety Pharmacists<sup>1</sup>, Elaine Ladd and Amy McHenry.

Elaine Ladd, PharmD 208-364-1829 elaine.ladd@dhw.idaho.gov

Amy McHenry, RPh 208-364-1829 amy.mchenry@dhw.idaho.gov

#### **References**

Treatment for Opioid Use Disorder: Population Estimates — United States, 2022 | MMWR

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#### Acknowledgment

Thank you to University of Washington – Boise Addiction Medicine Fellow Dr. Jacob Darnell for his contributions to this article.

1. The Idaho Department of Health & Welfare Division of Public Health Drug Overdose Prevention Program (DOPP) is using their CDC Overdose Data to Action in States (OD2A-S) grant to facilitate a unique partnership with the Division of Medicaid pharmacy program to use the prior authorization process to educate and support providers in Idaho to make safer decisions when prescribing opioids and BZDs and ultimately reduce reliance on long-term opioid and BZD therapy.

# PDMP, CSR, & DEA Registration Tips

What comes first, the chicken or the egg? When a person applies to the Board of Pharmacy for authorization to distribute, prescribe, and administer controlled substance drugs, do you ever wonder where to start? Here is the information in the order that works best for all.

How the Controlled Substance Registration (CSR), Prescription Drug Monitoring Program (PDMP) & Drug Enforcement Administration Registration (DEA) process works (not a guarantee of issuance):

- 1. Apply for the <u>PDMP account</u>. In the CSR# field, enter "pending," then verify the provided email address through a system-generated email request. Note: The PDMP account will remain pending until the CSR and DEA are issued.
- 2. Submit a **Practitioner Controlled Substance Registration** application. Sign in to the <u>Online Services account</u>. On the '**More**' option page and in the **License/Registration Actions box**, click on **Apply for a License/Registration/Certification**. For any questions regarding this application process, contact the Board of Pharmacy Licensing department at <u>HP-Licensing@dopl.idaho.gov</u>.
- 3. Once the CSR is active, if it has not already been issued, apply for the associated <u>Federal DEA registration</u> via the DEA website or request an address change, whichever is applicable.
- 4. Proof of the DEA registration must be provided to the Board of Pharmacy Licensing team at <u>HP-Licensing@dopl.idaho.gov</u>. Once the DEA number has been entered into the CSR record, the PDMP account will be activated within the next business day or two, and a system-generated email notification will be sent.



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# Health Professions Recovery Program

(HPRP)

#### Struggling in Silence? You're Not Alone—Help Is Here for Health Professionals

You entered your profession to care for others. But who's caring for you?

If you're a health professional silently battling substance use or mental health challenges—or if someone you love is—it's time to take the first step toward healing. The **Health Professionals Recovery Program (HPRP)** is here to support you with compassion, not judgment.

Addiction and mental health struggles don't discriminate. They can affect anyone—even the most dedicated and high-achieving professionals. Research shows that punishment doesn't stop addiction. But individualized, caring support does. That's exactly what this program offers: a confidential path forward that protects your well -being, your career, and your future.

#### You don't have to wait for things to get worse. You don't have to face it alone.

Ask your self:

- Are you feeling overwhelmed, burned out, or unlike yourself?
- Is someone you care about in the medical field showing signs of struggle?

Do you want to regain a sense of peace, purpose, and control?

You don't have to hit rock bottom to get help. You just have to take the first step.

You are not broken. You are not alone. You are human—and help is available.

Many have walked this path before you and found a better, healthier life on the other side. If you're unsure about reaching out, consider attending a virtual or in-person meeting through <u>International Doctors in Alcohol-ics Anonymous (IDAA)</u>—a non-judgmental, confidential community of peers who understand exactly what you're going through.

Take back your direction. Reclaim your strength. We're here when you're ready.

Contact: Katie Stuart & (208) 577-2489 🖾 Katie.Stuart@dopl.idaho.gov

dopl.idaho.gov/health-professionals-recovery-program

N OF OCCUPATIONAL

2025 Board Meeting Schedules				
Board of Medicine	Physician Assistant Advisory Committee			
<ul> <li>8/28/2025</li> <li>11/13/2025</li> </ul>	<ul> <li>7/23/2025</li> <li>10/21/2025</li> </ul>			
Allied Health Advisory Board <ul> <li>7/30/2025</li> <li>10/08/2025</li> </ul>	<ul> <li>Committee on Professional Discipline</li> <li>7/31/2025</li> <li>10/16/2025</li> </ul>			
Maternal Mortality Review Committee	All Meetings will be held at: <b>11341 W Chinden Blvd.</b> <b>Building 4</b> <b>Boise, ID 83714</b> <b>Room: TBD</b> For meeting updates visit: <u>Home - DOPL (idaho.gov)</u>			
	DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES			

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