

Part 1 – Agency Profile

Agency Overview

Established in 1892 and operated under the Department of Law Enforcement until 1949, the Board of Medicine functions as a self-governing agency supported solely by dedicated funds from licensees of the agency. The Board serves as the primary vehicle in the state for licensure and discipline of physicians, doctors of osteopathy, physician assistants, dietitians, respiratory therapists, and athletic trainers. The Board provides for limited permits for polysomnographers as it applies to the practice of respiratory therapy. The Board registers medical interns, externs, residents, physician assistant trainees, and polysomnography trainees in approved training programs. The Board regulates supervising physicians who supervise physician assistants, residents, interns and externs, cosmetic procedures and directing physicians who supervise athletic trainers. The Board has primary responsibility for the coordination of malpractice prelitigation hearings.

The Board staff includes an Executive Director, Associate Director, Board Attorney, three registered nurse Quality Assurance Specialists/Investigators, Physician Licensing Manager, Compliance Monitor, Allied Health Licensing Manager, Prelitigation Manager, PA Licensing Coordinator, Investigative Assistant, Finance Specialist and a Receptionist/Prelitigation Assistant.

The Board functions with four licensing boards, the Committee for Professional Discipline and the Physician Assistant Advisory Committee. The allied health boards and committees advise and make recommendations to the Board in matters of licensure and discipline of their respective professions. The Committee on Professional Discipline makes recommendations to the Board of Medicine regarding physician discipline.

Board of Medicine members are appointed by the Governor. Committee on Professional Discipline members and allied health board members are appointed by the Board of Medicine.

The office of the Board of Medicine is on 1755 Westgate Drive, Suite 140, Boise, Idaho, 83704. Information about the Board is available at <http://bom.idaho.gov>.

Core Functions/Idaho Code

The core functions of the Board include licensing, discipline, and pre-litigation. Statutory authority is as follows for each of the professions regulated:

Title 54

Physicians and Physician Assistants Chapter 18 54-1802. PURPOSE. Recognizing that the practice of medicine is a privilege granted by the state of Idaho and is not a natural right of individuals, the purpose of this chapter is to assure the public health, safety and welfare in the state by the licensure and regulation of physicians, and the exclusion of unlicensed persons from the practice of medicine.

Dietitians Chapter 35 54-3501. PURPOSE. The legislature finds and declares that the provision of medical and therapeutic nutritional services affects the public health, safety, and welfare. The legislature further finds that it is in the public interest to aid in the provision of medical and therapeutic nutritional services of high quality to the people of Idaho. To aid in fulfilling these purposes, this chapter provides for the licensure and regulation of dietitians within the state of Idaho.

Athletic Trainers Chapter 39 54-3901. LEGISLATIVE INTENT. In order to promote the public health, safety, and welfare, to promote the highest degree of professional conduct on the part of athletic trainers, and to assure the availability of athletic trainer services of high quality to persons in need of such services, it is the purpose of this chapter to provide for the registration of persons offering athletic trainers services to the public

Respiratory Therapist and Polysomnography Permits Chapter 43 54-4302. LEGISLATIVE INTENT. In order to promote the public health, safety, and welfare; to promote the highest degree of professional conduct on the part of persons providing respiratory care to the public; and to assure the availability of respiratory care services of high quality to persons in need of such services, it is the purpose of the provisions of this chapter to provide for the licensure and regulation of persons offering respiratory care services to the public.

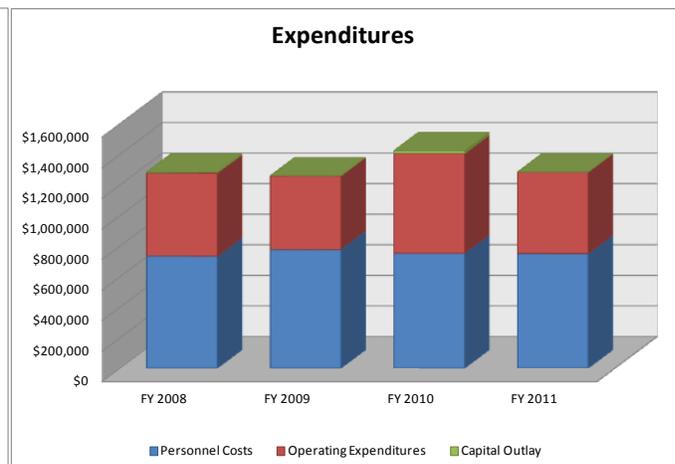
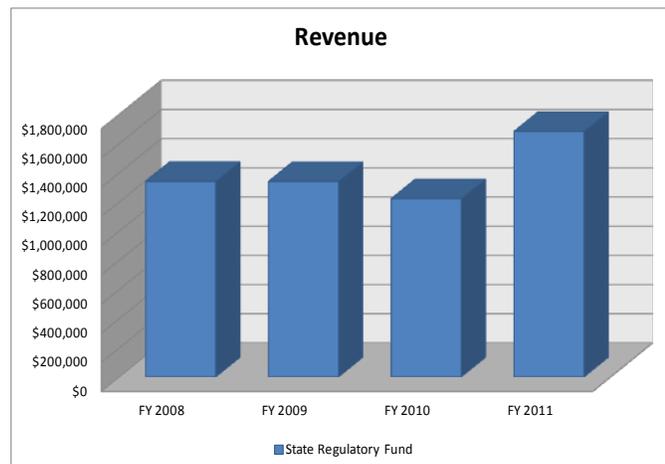
Medical Malpractice 6-1001. The Idaho state board of medicine, in alleged malpractice cases involving claims for damages against physicians and surgeons practicing in the state of Idaho or against licensed acute care general hospitals operating in the state of Idaho, is directed to cooperate in providing a hearing panel in the nature of a special civil grand jury and procedure for pre-litigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in the state of Idaho, which proceedings shall be informal and nonbinding, but nonetheless compulsory as a condition precedent to litigation. Proceedings conducted or maintained under the authority of this act shall at all times be subject to disclosure according to chapter 3, title 9, Idaho Code. Formal rules of evidence shall not apply and all such proceedings shall be expeditious and informal.

Title IV of Public Law 99-660- The Health Care Quality Improvement Act of 1986-requires state licensing boards, hospitals and other entities to report certain licensing and discipline actions to a national database.

Public Law 104-191- The Health Insurance Portability and Accountability Act of 1996- requires the reporting and disclosing of certain actions to combat fraud and abuse in health insurance and health care delivery

Revenue and Expenditures

Revenue	FY 2008	FY 2009	FY 2010	FY 2011
State Regulatory Fund	\$1,340,200	\$1,339,400	\$1,221,400	\$1,682,400
Total	\$1,340,200	\$1,339,400	\$1,221,400	\$1,682,400
Expenditure	FY 2008	FY 2009	FY 2010	FY 2011
Personnel Costs	\$732,200	\$774,400	\$751,700	\$749,122.60
Operating Expenditures	\$543,800	\$483,100	\$653,200	\$532,966.36
Capital Outlay	\$6,300	\$1,200	\$17,800	\$1523.38
Trustee/Benefit Payments				
Total	\$1,282,300	\$1,258,700	\$1,422,700	\$1,283,612



Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	CY 2008	CY 2009	CY 2010	CY 2011
Complaints Received/Investigations	330/233	346/220	281/186	242/154 YTD
Licensing of health professions	8383	7811	7836	7890YTD
Pre-litigation screening panels	103	125	115	77 YTD
On Line Public Information/Licensee service				

Part II – Performance Measures

Performance Outcome Measure	FY 2008	FY 2009	FY 2010	FY 2011	Benchmark
<p>1. GOAL- Meet or exceed the public demand for information</p> <p>Web site utilized as primary source for information/ documents/ verification (231/written 232/web 2006) (1)</p> <p>Increase online renewal use to 40% of licensee (27% 2006) (2)</p>	<p>Web 1050</p> <p>Written 830</p> <p>75.19%-No paper form mailed</p>	<p>Web 1015</p> <p>Written 640</p> <p>79.2% no paper form mailed</p>	<p>Web 1290</p> <p>Written 391</p> <p>84% renewed online/no paper form</p>	<p>Written Requests decreased 25% Goal Obtained</p> <p>On Line renewal 96%</p> <p>Goal obtained</p>	<p>Reduce written requests by 25%</p> <p>Increase online renewal use to 95%</p>
<p>2. GOAL- Utilize technology to improve agency function and reduce cost</p> <p>100% of all committee and board meeting are paperless (2006-Board of Medicine and Committee on Professional Discipline are paperless) (3)</p>	<p>BOM, COPD, PA, paperless 50%</p>	<p>BOM, COPD, PA paperless 50%</p>	<p>BOM, COPD, PA 100% paperless</p> <p>Three smaller Boards use paper</p>	<p>BOM, COPD, RT, AT and PA paperless</p> <p>One Board uses paper</p>	<p>100% of all board/committee meetings are paperless</p>
<p>3. Goal- Improve and cultivate public outreach activities/continue to improve communication with licensees</p> <p>Board initiates participates in at least six outreach/licensee activities per year (4)</p>	<p>8 outreach activities in 2008</p>	<p>10 outreach activities in 2009</p>	<p>Ambitious education program created for FY 2011</p>	<p>Due to budget restrictions, goal not met</p>	<p>Board initiates or participates in six outreach/licensee activities per year</p>
<p>4. Goal-Identify and address training needs of staff and members on an ongoing basis</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>100% staff trained in functional area</p>

For More Information Contact

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