

## 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 students, 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 for physicians and licensed acute care hospitals operating in Idaho.

The Board staff includes an Executive Director, Associate Director, Board Attorney, two registered nurse and one physician assistant Quality Assurance Specialists/Investigators, two Physician Licensing Managers, Compliance Monitor, Allied Health Licensing Manager, Prelitigation Manager and Prelitigation Assistant, Finance Specialist and a Receptionist/Investigative 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 licensure, 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 Idaho Code 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.

**Patient Freedom of Information Act Idaho Code 4601-4604**

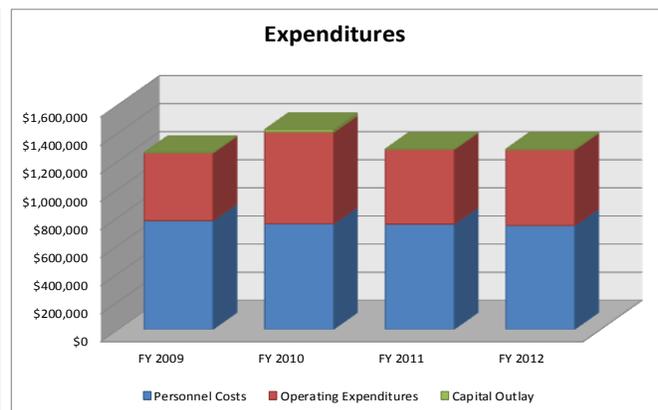
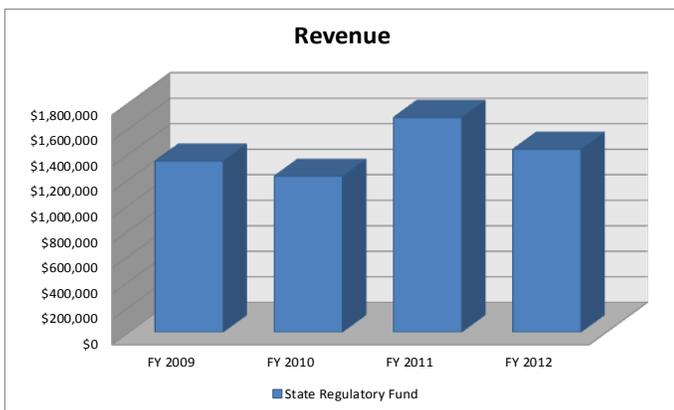
**DECLARATION OF PURPOSE.** In recognition of the importance of health care to all Idahoans, it is the intent of the legislature to provide patients with easily accessible profile information on specified licensed or registered health care professionals. By creating a database of individual profiles that the public may access, patients will be able to make more informed decisions about whom they wish to engage when in need of health care services. The database should include educational background and work history, disclosure of any final board disciplinary actions, criminal convictions, malpractice history, and other pertinent information as required by this chapter. The following licensed and registered professional health care providers are subject to this chapter: physicians and surgeons and osteopathic physicians and surgeons, physical therapists, dentists, podiatrists, chiropractors, optometric physicians, psychologists, physicians' assistants, nurse practitioners, and certified registered nurse anesthetists

**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 2009	FY 2010	FY 2011	FY 2012
State Regulatory Fund	\$1,339,400	\$1,221,400	\$1,682,400	\$1,432,000
<b>Total</b>	<b>\$1,339,400</b>	<b>\$1,221,400</b>	<b>\$1,682,400</b>	<b>\$1,432,000</b>
Expenditure	FY 2009	FY 2010	FY 2011	FY 2012
Personnel Costs	\$774,400	\$751,700	\$749,123	\$739,167
Operating Expenditures	\$483,100	\$653,200	\$532,966	\$540,306
Capital Outlay	\$1,200	\$17,800	\$1,523	\$3,498
Trustee/Benefit Payments				
<b>Total</b>	<b>\$1,258,700</b>	<b>\$1,422,700</b>	<b>\$1,283,612</b>	<b>\$1,282,971</b>



**Profile of Cases Managed and/or Key Services Provided**

Cases Managed and/or Key Services Provided	CY 2009	CY 2010	CY 2011	CY 2012
Complaints Received/Investigations	346/220	281/186	390/237	239/145 YTD
Licensing of health professions	7811	7836	7944	7908 YTD
Pre-litigation screening panels	125	115	113	59 YTD
On Line Public Information/Licensee service				

The Board receives complaints regarding all health care professions and health care facilities. For those complaints that are outside of the statutory authority of the Board of Medicine, the Board reviews the complaint, corresponds with complainant and forwards the information to the appropriate regulatory agency for review.

**Part II – Performance Measures-Old**

Performance Outcome Measure	FY 2009	FY 2010	FY 2011	FY 2012	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)</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>Web 1500</p> <p>Written 282</p> <p>82.2% no paper form mailed</p>	<p>Written Requests decreased 25% Goal Obtained</p> <p>Revised Benchmark obtained</p> <p>84%</p>	<p>Reduce written/paper requests by 25%</p> <p>Increase online renewal use to 95% (Goal revised to 80-85%)</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)</p>	<p>BOM, COPD, PA, paperless</p> <p>50%</p>	<p>BOM, COPD, PA</p> <p>50% paperless</p> <p>Three smaller Boards use paper</p>	<p>BOM, COPD, PA paperless</p> <p>50%</p>	<p>BOM COPD, RT, AT, DT and PA paperless</p> <p>Benchmark obtained</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 or participates in at least six outreach/licensee activities per year</p>	<p>10 outreach activities in 2009</p>	<p>Ambitious education program created for FY 2011</p> <p>(5 outreach</p>	<p>Due to budget restrictions, goal not met</p>	<p>Due to budget restrictions, goal not met</p>	<p>Board initiates or participates in six outreach/licensee activities per year</p>

		activities)			
4. Goal-Identify and address training needs of staff and members on an ongoing basis	Ongoing	Ongoing Staff turnover due to retirement	Ongoing	Ongoing Staff Turnover due to retirement	100% staff trained in functional area

**Part II – Performance Measures- New**

Performance Outcome Measure	FY 2013	FY 2014	FY 2015	FY 2016	Benchmark
<p>1. GOAL- Promote customer/constituent service through improved communication with stakeholders</p> <p><b>Functional Area: Licensing and discipline</b></p>					<p><b>BENCHMARK</b> Customers and Board members are able to access needed information on website or through secure access, feedback confirms access</p>
<p>2. GOAL- Promote responsible government through efficient use of technology and responsible utilization of all resources</p> <p><b>Functional Area-All</b></p> <p><b>Functional Area-Licensing</b></p> <p><b>Functional Area-Prelitigation</b></p>	<p>Initial cost reduction in copying/distribution by using electronic copies</p>				<p><b>BENCHMARK</b> Staffing in each functional area is adequate and balanced for the workload. 100% of the staff are trained and flexible to meet demand in all functional areas</p> <p><b>BENCHMARK</b> 70% of all allied health licensing functions are accomplished through an on line application similar to the existing physician application</p> <p><b>BENCHMARK:</b> Electronic tracking of 100% hearing requests, hearings and outcomes captured and cost savings opportunities identified</p>
3. GOAL					

Promote professionalism by identifying and addressing the education and training needs of the staff and Board members  <b>Functional Area-All</b>					<b>BENCHMARK</b> 100% of staff trained in functional area, members orientated to process and procedure and funding adequate to meet training needs
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Performance Outcome Measure	FY 2013	FY 2014	FY 2015	FY 2016	Benchmark
4. GOAL Promote continuity through succession planning and leadership development for key positions  <b>Functional Area: All</b>					<b>BENCHMARK</b> 100% of staff trained in functional area, members orientated to process and procedure and funding adequate to meet training needs

### For More Information Contact

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