

Part I – 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 nurses 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 2012	FY 2013	FY 2014	FY 2015
State Regulatory Fund	\$1,645,000	\$1,839,600	\$1,889,300	
Total	\$1,645,000	\$1,839,600	\$1,889,300	
Expenditure	FY 2012	FY 2013	FY 2014	FY 2015
Personnel Costs	\$739,167	\$818,700	\$868,300	
Operating Expenditures	\$540,306	\$620,400	\$603,100	
Capital Outlay	\$3,498	\$19,500	\$2900	
Trustee/Benefit Payments				
Total	\$1,282,971	\$1,458,600	\$1,474,200	

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	CY 2012	CY 2013	CY 2014	CY 2015
Complaints Received/Investigations	372/248	355/206	251/163 YTD	
Licensing of health professions	7908	9617	9646 YTD	
Pre-litigation screening panels	110	111	64 YTD	
On Line Public Information/Licensee service	84%	84%	84%	

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 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 90% of licensee (27% 2006)</p>	<p>Web 1500 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, 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>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>
<p>4. Goal-Identify and address training needs of staff and members on an ongoing basis</p>	<p>Ongoing</p>	<p>Ongoing</p> <p>Staff Turnover due to retirement</p>	<p>100% staff trained in functional area</p>

Part II – Performance Measures – New

Performance Outcome Measure	FY 2013	FY 2014	Benchmark
<p>1. GOAL- Promote customer/constituent service through improved communication with stakeholders</p> <p>Functional Area: Licensing and discipline</p>	<p>Delayed due to database transition</p>	<p>Delayed due to database transition</p>	<p>BENCHMARK</p> <p>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>Functional Area-All</p>	<p>Through ZZB process, staff realigned to workload</p> <p>Training ongoing/staff levels stable</p>	<p>Staffing adequate.</p> <p>Training ongoing, retirements may impact flexible cross coverage of certain functions.</p>	<p>BENCHMARK</p> <p>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>Functional Area-Licensing</p> <p>Functional Area-Prelitigation</p>	<p>Delayed due to database transition</p> <p>Initial cost reduction in copying/distribution by using electronic copies/100% requests now tracked. Database transition in progress will monitor in new DB</p>	<p>On line application delayed due to database transition</p> <p>Mailing costs reduced with increased use of electronic communication Currently 100% of hearings tracked on current DB</p>	<p>BENCHMARK 70% of all allied health licensing functions are accomplished through an on line application similar to the existing physician application</p> <p>BENCHMARK: Electronic tracking of 100% hearing requests, hearings and outcomes captured and cost savings opportunities identified</p>
<p>3. GOAL Promote professionalism by identifying and addressing the education and training needs of the staff and Board members</p> <p>Functional Area-All</p>	<p>Ongoing</p>	<p>Ongoing, retirements in the next 1-3 years will cause loss of four key positions.</p>	<p>BENCHMARK 100% of staff trained in functional area, members orientated to process and procedure and funding adequate to meet training needs</p>
<p>Performance Outcome Measure</p>	<p>FY 2013</p>	<p>FY 2014</p>	<p>Benchmark</p>
<p>4. GOAL Promote continuity through succession planning and leadership development for key positions</p> <p>Functional Area: All</p>	<p>Ongoing</p>	<p>Leadership development is ongoing, retirements may impact training. Funding adequate</p>	<p>BENCHMARK 100% of staff trained in functional area, members orientated to process and procedure and funding adequate to meet training needs</p>

For More Information Contact

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