

## ***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 has primary responsibility 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, Allied Health/Prelitigation Assistant, Finance Specialist, Discipline Assistant, and a Receptionist/Prelitigation and Licensing 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 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.

**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 2013	FY 2014	FY 2015	FY 2016
State Regulatory Fund	\$1,839,600	\$1,889,300	\$1,683,600	\$1,705,100
<b>Total</b>	<b>\$1,839,600</b>	<b>\$1,889,300</b>	<b>\$1,683,600</b>	<b>\$1,705,100</b>
Expenditures	FY 2013	FY 2014	FY 2015	FY 2016
Personnel Costs	\$818,700	\$868,300	\$838,720	\$869,800
Operating Expenditures	\$620,400	\$603,100	\$679,303	\$707,000
Capital Outlay	\$19,500	\$2,900	\$19,738	\$18,400
Trustee/Benefit Payments	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$1,458,600</b>	<b>\$1,474,200</b>	<b>\$1,537,761</b>	<b>\$1,695,200</b>

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

Cases Managed and/or Key Services Provided	FY 2013	FY 2014	FY 2015	FY 2016
Complaints Received/Investigations	355/206	350/215	368/233	283/175
Licensing of health professions	9617	10348	10382	10,803
Pre-litigation screening panels	111	106	115	111
On Line Public Information/Licensee service	84%	85%	85%	87%

The Board receives complaints regarding all health care professions, health care and prison 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.

**Performance Highlights**

Successfully conducted succession planning and leadership development by the hiring of a new Executive Director (effective August 2015); hired new Associate Director (effective 7/25/2016 – FY 2017), and posted position application for new in-house Attorney (7/25/2016 – FY 2017). Additionally, the Board of Medicine (BOM) awarded a new vendor and is in the process of developing a new contract for the upgrade of its database system from that of an outdated Access platform to a web-based platform, adding necessary functionality to maintain increased needs, accessibility and quality. The Board of Medicine was also able to improve retention and remain competitive by adjusting salary wages (CEC) during FY2016.

**Part II – Performance Measures**

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
<b>GOAL: Promote Customer/Constituent Service Through Improved Communication with Stakeholders</b>						
1. Board members are able to access needed information on website or through secure access, feedback confirms access.	actual					-----
	benchmark	<i>Delayed due to database transition</i>	<i>Delayed due to database transition</i>	<i>Delayed due to database and vendor transition. Limitations of state IT policy may impact secure access for Board members</i>	<i>All Board materials provided and accessed online</i>	
2. Develop a secure access for physician information to expedite credentialing, eliminate duplication and enhance communication.	actual					-----
	benchmark	<i>Delayed due to database transition</i>	<i>Delayed due to database transition</i>	<i>Delayed due to database transition</i>	<i>With the upgraded database system in 2017, BOM anticipates this functionality in FY 2019/2020</i>	
<b>GOAL: Promote Responsible Government Through Efficient Use of Technology and Responsible Utilization of All Resources</b>						
1. Enhance licensing functions and reduce redundancies in licensure practices	actual					-----
	benchmark	<i>Delayed due to database and vendor transition</i>	<i>Delayed due to database and vendor transition</i>	<i>Delayed due to database and vendor transition</i>	<i>All physician license applications are provided and updated online, including real time online status updates for applicants -√</i>	
2. 70% of all allied health licensing functions are accomplished through an on-line application similar to existing physician application.	actual					-----
	benchmark	<i>Delayed due to database and vendor transition</i>	<i>Delayed due to database and vendor transition</i>	<i>Delayed due to database and vendor transition</i>	<i>With the new upgraded database system, BOM will have increased licensing functionality in 2018</i>	
3. Streamline the administration of the pre-litigation process	actual					-----
	benchmark	<i>Court procedures reviewed and technology used to reduce costs</i>	<i>Cost reduction by using electronic copies instead of paper</i>	<i>Cost reduction by using electronic copies instead of paper.</i>	<i>Electronic tracking of 100% hearing request; outcomes captured = cost savings</i>	
<b>GOAL: Promote Professionalism by Identifying and Addressing the Education and Training Needs of the Staff and Board Members</b>						

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
4. 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	actual					-----
	benchmark	Ongoing, retirements in the next 3 years will cause loss of four key positions	Ongoing, retirements in the next 2-3 years will cause loss of four key positions.	Ongoing, retirements in the next year will cause loss of four key positions	Executive Director in place; new Associate Director (hire date 7/25/2016); and process in place to hire of new in-house Attorney (7/2016) with anticipated start date of 10/2016	
5. Board members and staff have access to training resources.	actual					-----
	benchmark	Reevaluate training and orientation needs annually	Identify and plan for funds to meet training needs -√	Training needs identified for each staff- √	Staff reassigned and trained in high workload areas. Educational sessions a component of Board Meetings (new laws, developing issues in the profession, processes, positions of the Board, etc.) - Ongoing	
<b>GOAL: Promote Continuity Through Succession Planning and Leadership Development</b>						
6. Provide ongoing Leadership Development.	actual					-----
	benchmark	Leadership development is ongoing; retirements may impact training. Funding adequate -√	Leadership development is ongoing; retirements may impact training. Funding adequate-√	Nat'l and local resources identified and in-use by staff/ leadership√	Executive Director in place; new Associate Director (hire date 7/25/2016); and process in place to hire of new in-house Attorney (7/2016) with anticipated start date of 10/2016	
7. Salaries are adequate to retain and attract qualified staff	actual					-----
	benchmark	Delayed due to budget limitations	Delayed due to budget limitations	Assess salaries and budget accordingly	Appropriate CECs provided to all staff √	

**For More Information Contact**

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