



## IDAHO STATE BOARD OF MEDICINE

# THE REPORT

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SPRING 2011

### My Turn in the Bucket

Laura McGeorge, MD

In 2011, I will complete my 6-year term with the Idaho State Board of Medicine. I am grateful to have had the opportunity to serve, and I certainly have learned a lot. The State of Idaho currently licenses 4900 physicians, 550 physician assistants, 420 dietitians, 170 athletic trainers and 865 respiratory care practitioners. The overwhelming majority of these professionals are dedicated to their patients, and practice outstanding care. Some physicians and PAs are brought to the attention of the Board due to minor complaints by patients. Many of these complaints might have been avoided, had the physician better communicated with the patient. Occasionally, despite the best of care and communication, a complaint will ensue. We are, after all, in a “people” business. The Board investigates all complaints including the occasional complaint against the other licensees of the Board.

There is very small minority of physicians and PAs who do come before the Board. I have just completed reviewing this December’s meeting cases and would like to share with you some common themes. One recurring issue noted by the Board involves chart documentation. In the past, the Board has noted excessively brief notes with illegible handwriting. With electronic medical records, there is a new trend of “chart note perseveration.” Reading the notes can be a bit like the movie *Ground Hog Day*, in which, on sequential visits, the charted exams are nearly identical. Frequently, other parts of the notes can also be identical. This makes the note less credible and the charting suspect. When there is a pattern of very poor documentation, the physician can be required by the Board to take a documentation course.

A recent case brought before the Board involved “the wrong diagnosis.” What actually happened in this instance was that the doctor was providing the appropriate care, but a “scribe” entered the wrong final diagnosis on the record. Scribes may “take notes,” but the physician is clearly morally and legally responsible for everything in his or her note. In the case described above, the patient was then given the wrong information by the discharging nurse, and the primary care doctor received a note with that wrong diagnosis.

Another recent complaint involved a failure to diagnose a serious condition. This also resulted in a malpractice settlement. The complainant stated that he was taking this action (complaint to Board and lawsuit) because the physician “didn’t demonstrate concern.” The Board also receives complaints regarding “unprofessional conduct,” a fairly common theme in complainants’ letters and, likely, in lawsuits. Obviously, none of us are perfect, but we may mitigate our risks by treating all patients with the utmost respect and by communicating well.

Other recurrent issues brought before the Board have involved disabled physicians. This is sometimes related to mental or physical illness, substance abuse (alcohol, legal, or illicit drugs), or a combination of both. Currently, there are approximately 25 physicians on confidential Stipulation and Orders (S+O) due to substance abuse. These are monitored by the Physician Recovery Network (PRN). As long as these physicians stay sober and work the program, they may continue to practice medicine. Current cases involve problems with alcohol, marijuana, zolpidem (Ambien), and narcotics.

One more important thing-- **always** be honest and *lay it all out*. It is always better to disclose too much on your renewal application questions than to have the Board learn from other sources about your lawsuit, out-of-state license problems, privileging, arrests, or other *missteps*. We are all short on time, but it is in your best interest to always fill out your renewal questionnaire yourself, in order to avoid authorizing or signing incorrectly-answered questions which have been filled in by your assistant.

In closing, I would like to offer thanks to the physicians and other providers in Idaho who work hard in providing care to the patients of our beautiful state. Thanks for my turn in the bucket!

## **Idaho's Impaired Physician Program: the Physician's Recovery Network**

**By Ron Hodge, JD**

**Associate Director, Idaho Medical Association**

### **Background: PRN Structure and Governance**

The PRN was formed in 1986 with the support of the Idaho Medical Association (IMA) House of Delegates. The mission of the Idaho Physician Recovery Network is to facilitate prevention, identification, intervention, monitoring, and rehabilitation for Idaho physicians/physician assistants who have, or are at risk for, developing disorders associated with functional impairment - all done in a manner consistent with state law including the Medical Practice Act. The PRN advocates for physicians and physician assistants, but just as importantly is also committed to protect the public.

The PRN was created to help any Idaho physician or physician assistant who is impaired as a result of chemical dependence or mental illness. The program's primary mission is to advocate for and help impaired physicians, thereby protecting the public from unsafe practice by impaired professionals. The PRN provides a network of trained physicians and other healthcare professionals to aid in confidential investigations of alleged physician impairment and, when appropriate, conduct interventions and coordinate placement in a treatment program. The PRN develops and coordinates an individualized long-term monitored recovery program for each physician/physician assistant. The PRN seeks to educate Idaho physicians and other involved parties about the nature of the PRN program and about the problems of impaired physicians, and it seeks to establish liaisons with other professional organizations concerned with these issues.

The PRN has become an important source of confidential assistance to healthcare professionals who can acquire the help they need without necessarily jeopardizing their medical licenses. Most individuals join the program through some form of "benevolent coercion," seeking assistance because of some external pressure that comes primarily from professional colleagues. However, spouses, hospital administrators, lawyers, and others have also contacted the program about possible impairment or other abnormal behavior.

### **Frequently Asked Questions**

#### **Roles and Responsibilities of PRN Partners:**

##### ***What is the role and composition of the PRN Committee?***

The PRN consists of an IMA Committee of 16 volunteer members (13 physicians, two physician assistants, and one lay person) from around the state. The PRN Committee is the decision making body and is responsible for running the PRN program, supervision of the PRN contractor, Southworth Associates, as well as oversight of each PRN participant's recovery program.

##### ***What is the Idaho Medical Association's role as overseer of the PRN program?***

In order to partially fund an impaired-physician program for its physician members and non-members alike, the IMA has entered into a contract with the Idaho Board of Medicine (Board). The PRN program is funded entirely from financial support from the Board, the IMA and fees paid by PRN program participants. On occasion, the PRN has also sought, and received, contributions from Idaho hospitals.

This contract requires the IMA to provide to the Board a diversion program for impaired physicians.

The IMA Board of Trustees has consistently taken an arms-length approach to managing the PRN program. This approach has been taken in recognition of the expertise of the physicians on the PRN Committee and a desire to preserve confidentiality.

***What is the relationship between the Idaho Board of Medicine, Idaho Medical Association, the PRN Committee, and Southworth Associates?***

The relationship among the Board, the IMA, and the PRN program is controlled by two governing documents: the Idaho Peer Assistance Entity Agreements Act (Act) (Section 54-4401-4407, Idaho Code), and the PRN contract signed by the Board and the IMA.

The Act authorizes the Board (and many other professional boards) to enter into contracts with peer assistance entities for services for impaired professionals. The Act authorizes the named boards to raise license fees to pay for these services. The Act also includes extensive confidentiality provisions that protect PRN information from discovery and prohibits the forcing of PRN participants, committee members and others from testifying. The Legislature recognized that impaired professional programs do not work unless a confidential environment is provided that encourages people to self report or to report colleagues suspected of practicing while impaired.

However, the legislature also recognized that the public must be protected from impaired physicians. Therefore, the Act requires the PRN to report a physician to the Board if the PRN reasonably believes that the physician is practicing medicine while impaired. The Board can also require PRN records of a physician it believes is practicing while impaired.

To fulfill the provisions of the Board contract, the IMA, through the PRN Committee, contracts with John Southworth and Southworth Associates to provide impaired-physician services that the IMA cannot possibly perform in-house. These services include performing interventions, monitoring participants, providing educational outreach, and performing administrative support. The IMA and the PRN Committee have contracted with Southworth Associates since 1994. The terms of the contract with Southworth Associates are controlled and established by the IMA and the PRN Committee. The treatment, monitoring, and post-inpatient treatment requirements for the participants are controlled by the PRN Committee. Program participants are required to pay Southworth Associates part of the cost for monitoring services, but the amount a participant may be charged must be approved by the PRN Committee.

The PRN maintains an arms-length relationship with the Board while at the same time interacting with the Board in a manner that develops trust and satisfies legal requirements. As long as the physician/physician assistant is in compliance with the PRN program requirements, he/she will not be reported to licensing or disciplinary agencies. The PRN will contact the Board if a physician/physician assistant refuses to comply with PRN recommendations.

**PRN Processes Upon Receiving a Report:**

***What happens when a report is received?***

When a report, which may be anonymous, is made the PRN staff initiates a discreet inquiry. If substantial evidence of impairment is discovered after a complete but confidential investigation, an intervention takes place. The program coordinator sets up an appointment with the individual and facilitates a caring confrontation. If the person agrees, he or she is sent to a selected facility for a complete evaluation.

If the evaluators indicate that the person is impaired and in need of treatment, the person is then asked to sign a contract with the PRN. If the physician/physician assistant is willing to enter the PRN program, the PRN requires the person to abide by the PRN contract requirements for a period of generally five years. Typically, a physician/physician assistant is required to complete an inpatient program at a facility that meets the criteria of the PRN. These programs include a complete medical and psychiatric work-up as well as counseling.

When physicians/physician assistants follow their recovery program, the PRN can be a powerful advocate. In the past, the PRN has advocated on behalf of physicians/physician assistants to the Board, federal agencies, judges, medical liability insurance carriers, and hospitals.

***What happens when a licensee self-reports to the PRN? Does this process differ from when the Board refers a licensee to the PRN?***

A substantial percentage of PRN participants self report to the PRN. There are advantages to self reporting and voluntarily entering the PRN program as opposed to being diverted to the PRN program by the Board as part of a stipulation and order. Volunteer participants do not have to submit a report to the National Practitioner Data Bank. Further, reporting to the Board regarding volunteers is very limited while reporting on participants diverted to the PRN by the Board is unlimited.

***Why are participants required to complete a three-day inpatient evaluation in a facility approved by Southworth Associates?***

Some physicians have questioned why they are required to travel to a specially selected facility for their evaluation instead of undergoing an outpatient evaluation locally. While substance use disorders afflict people from all walks of life and at all ages, it has long been recognized that some populations require special care and treatment. For instance, adolescents require special evaluation and treatment due to their education and development needs; pregnant women due to the potential long term effects on their children; physicians and commercial pilots due to the nature of their work and the potential threat to public safety.

Additionally, physicians comprise a group that has an exceptionally high death rate among those that have drug and alcohol problems. While it may seem onerous for physicians and other health professionals to be evaluated in a more intensive setting than the general public, the potential benefits to both the practitioner and the public far outweigh any inconvenience. A longer and more intense evaluation at a specialized center outside of the practitioner's community has four distinct advantages to ones typically provided in any community. These advantages are:

1. Allows for a more complete evaluation with collateral information including observations made outside of the limited outpatient setting.
2. Ensures abstinence during the evaluation and observation for withdrawal symptoms.
3. Allows for greater expertise in evaluating this special needs population including separate evaluations for physical disorders, psychological/psychiatric/cognitive disorders as well as substance use issues.
4. Allows for greater access to specialized treatment resources when needed.

Physicians have numerous special issues including greater access to drugs, greater public exposure in the community, potential for multiple legal and administrative issues and greater ability to use resources to hide their dependency issues, all of which require a group of evaluators practiced in evaluating this population. Idaho physicians deserve no less than the best care our profession has to offer.

***What is contained in the PRN participant monitoring contract?***

The PRN is designed to support the recovery process of physicians/physician assistants and to help ensure the safe practice of medicine. The monitoring contract created for each participant outlines the recovery plan for the individual physician/physician assistant. This contract serves as a powerful tool in documenting the recovery process and helping physicians/physician assistants return to the practice of medicine. The success of the program depends not only on the positive outcome of the physician's/physician assistant's recovery but also on the support of physician volunteers, hospitals, medical societies, and countless others who are instrumental in creating a supportive peer network and ensuring that appropriate monitoring is followed.

The overall Chemical Dependency Monitoring contract is a five-year contract designed to guide and document a physician's/physician assistant's recovery from substance abuse or chemical dependency. Requirements of this contract include, but are not limited to, weekly attendance at 12-Step meetings, weekly attendance at professionally-facilitated support group meetings, regular attendance with a 12-Step sponsor and physician monitor, and participation in random urine drug screening.

For the physician/physician assistant who needs monitoring for behavioral or mental health issues, a contract similar to the chemical dependency contract is designed but also includes regular meetings with a psychiatrist or therapist who monitors and reports on the behavioral/mental health aspect of recovery. The PRN has established weekly support groups across the state of Idaho that are professionally facilitated. In addition to weekly support groups for participants, some areas in the State have also established a support group designed for the spouses/significant others of the participants to involve them in the recovery process, thereby helping to maintain a balance in the recovery environment of the physicians/physician assistants. (Continued on following page....)

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## **Calendar of Board of Medicine Meetings for 2011**

(Meetings are held in Boise unless otherwise noted)

June 3, 2011

September 2, 2011

December 2, 2011

***What services are offered to participants after successful completion of the contract?***

The PRN offers continued monitoring to graduates of the program through Phase III monitoring which includes participation in random drug screening approximately three times per year. Through extended monitoring, the PRN will continue advocating for the recovering physician/physician assistant even after an initial five-year monitoring contract has been completed.

One of the most important activities of the PRN is the education of physicians, healthcare administrators, hospitals, and the public regarding the prevention, early identification, intervention, and treatment of addiction and other illnesses affecting physicians and physician assistants. As more people are educated about addiction and its effect on the health professional, we are seeing earlier identification and intervention taking place, alleviating some of the problems that arise as the disease progresses. It is our desire to reach out to more hospitals and organizations to help educate them on identifying the signs and symptoms of the “troubled colleague” and inform them of the purpose of the PRN program.

***What is the success rate for participants in the PRN program?***

Nationally, professional health programs have high success rates ranging from 85 to 90 percent. The PRN’s recent experience is consistent with those results. Success is generally defined as a physician/physician assistant achieving a chemically free/professionally productive lifestyle.

***How can physicians learn more about the PRN program?***

For more information on the PRN program, contact Southworth Associates at 800-386-1695 or Ron Hodge, JD at the Idaho Medical Association at 208-344-7888.

**Idaho Board of Medicine**

David McClusky, II, MD, Chairman	Leo Harf, MD, Vice-Chairman
Laura McGeorge, MD, Member	Barry Bennett, MD, Member
Trudy Jackson, Public Member	William Cone, MD, Member
Ralph Sutherland, DO, Member	Joyce McRoberts, Public Member
Jerry Russell, Director, Idaho State Police	William Ganz, MD, Member

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Stephen Morano, MD, Member

Wendell Wells, MD, Member

AC Jones, MD, Member

Mike Johnson, Public Member

**Physician Assistant Advisory Committee**

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Amy J. Waselchuk, PA

Paula B. Phelps, PA

***Important Reminders!!***

All licensees are responsible for ensuring accurate information is on file at the Board of Medicine. Report all name and contact information changes to the Board at 208.327.7000 or bom.idaho.gov

Physician Assistants—Please remember, per IDAPA 22.01.03.030, failure to maintain a current Delegation of Services Agreement and documentation of a primary supervising physician on file at the Board of Medicine office is a violation of IDAPA 22.01.03.030, and constitutes grounds for disciplinary action, assessment of administrative fines and/or inactivation of your license!

## Public Board Actions

(October 2010—February 2011)

Details regarding the following public actions may be obtained by going to the “Disciplinary Actions” tab on the Board of Medicine website at <http://bom.idaho.gov>

**PLEASE NOTE : Licensees may have similar names, please verify information by license number!**

### Physicians

**Agler, David W.** (Boise, ID)

M-9844

Stipulation and Order

**Hawthorne, Michael L.** (Atlanta, GA)

M-10957

Order Imposing Fine

**Brown, Alex** (Scottsdale, AZ)

M-11060

Order Imposing Fine

**Hiatt, Scott R.** (Boise, ID)

O-289

Voluntary Surrender of License

**Dopson, Warren F.** (Twin Falls, D)

M-8903

Stipulation and Order

**Levatter, Ross E.** (Phoenix, AZ)

M-10557

Reciprocal Board Order

**Harris, Michael T.** (Idaho Falls, ID)

M-6846

Order Terminating Stipulation and Order

**Rych, Glenn D.** (Moscow, ID)

M-4592

Voluntary Surrender of License

### Physician Assistants

**Nielsen, Kathleen R.** (Boise, ID)

PA-411

Stipulation and Order

### Athletic Trainers

**Hamilton, Kent E.** (Boise, ID)

AT-057

Stipulation and Order

### Explanation of terms:

- Stipulation: an agreement, admission, or concession.
- Stipulation and Order: an agreement between the Board and the practitioner regarding authorization to practice or placing terms or conditions on the authorization to practice.
- Suspension: temporary withdrawal of authorization to practice.
- Reprimand: a formal admonishment of conduct or practice.
- Revocation: cancellation of the authorization to practice.