



IDAHO STATE BOARD OF MEDICINE

VOLUME 2012 ISSUE SPRING 2012

Prescription Drug Abuse

By John Rusche, MD

Minority Leader, Idaho House of Representatives

Abuse of prescription drugs is a growing problem nationwide and here in Idaho. It is a multifaceted problem, and no single approach can be expected to successfully address it.

Physicians are intimately involved in the problem. We examine and diagnose patients in offices, ERs and urgent care settings. We prescribe and refill medications. We treat patients for the pain that often accompanies illness or injury. And we help identify and treat addictions to medications.

Prescription misuse causes more deaths than any other drug except alcohol. More than cocaine, methamphetamine, or heroin. Because of this, a work group has been examining possible approaches to curbing the epidemic. Physicians and other prescribers play prominently in the proposed Idaho response.

Here are a few ways:

- Be aware that just because you prescribe it doesn't mean that it is taken by the patient. Patients often chose to not use the full amount, and the residual can be taken by family members. Sometimes, the entire prescription is sold – there is good money in that business.
- Also be aware that patients may get prescriptions from multiple providers. The Board of Pharmacy has a database of controlled prescriptions dispensed, and recent statutory changes allow interstate exchange of that dispensing information. It is one way to assure that the medication history is accurate.
- Make sure you understand the best practices in pain treatment and addiction identification. The Board of Medicine is working with medical liability carriers to develop a premium discount for those prescribers who have documented recent training in appropriate use of pain medications.
- The current Prescription Monitoring Program of the Board of Pharmacy allows the identification of which prescribers accesses the data and which do not. That information can be correlated with patients who see multiple doctors and appear to be receiving excessive amounts of medication. The database was created at the request of physicians and should be used.

The Work Group has encouraged the Board of Medicine to take a major role in working with their licensees on this problem. And we are pleased that the approach is not only regulatory but also has an educational component. Both the carrot and the stick are available.

(continued on next page)

(Prescription Drug Abuse continued from page one)

There are other components of this effort; media communications on locking up and destroying medications, education for adolescents on the dangers of taking pills – just because a doctor prescribes a medication for someone doesn't mean it can't hurt you, better communication between the Boards of Medicine, Nursing, Dentistry, and Pharmacy and with the law enforcement and prosecutor professionals, and improved efforts on treatment for those patients with addiction.

This is a very difficult and complex issue. But it needs to be addressed, and the Board of Medicine and the physicians of the state have an integral role.

John Rusche, MD

Minority Leader, Idaho House of Representatives,

Are you a Health Professional Seeking a Mentor?

The PCSS-O Peer Support System enlists clinical experts in the fields of addiction medicine/psychiatry and pain management to be mentors to health professionals seeking guidance in their clinical practice in prescribing opioid medications.

This is not a program to offer medical advice about specific patients. Rather, this program is one in which experts offer general information to clinicians about evidence-based clinical practices in prescribing opioid medications.

This Peer Support program is one component of a large program of education and mentoring services for prescribers of opioid medications. Prescribers' Clinical Support System for Opioid Therapies (PCSS-O) is a three year grant funded by The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). This is a collaborative project led by American Academy of Addiction Psychiatry with: American Dental Association, American Medical Association, American Osteopathic Academy of Addiction Medicine, American Psychiatric Association, American Society for Pain Management Nursing, and International Nurses Society on Addictions.

If you are a health professional seeking a mentor to provide support in your undertaking of safe and effective opioid prescribing please complete the [Online Get Peer Support application](#).

Sincerely,

The PCSS-O Team

400 Massasoit Avenue, Suite 307 (2nd Flr)

East Providence, RI 02914

P: (855) 227-2776 (PCSSO) F: (401)272-0922

info@pcss-o.org www.pcss-o.org

PHYSICIAN RE-ENTRY AFTER ABSENCE FROM PRACTICE

Cathleen M. Morgan, JD, Attorney for the Board

Re-entry so often applies in our world of change; like the return of astronauts in an earth-orbiting spacecraft from outer space into the Earth's atmosphere or physicians returning to practice after a period of clinical inactivity.

Atmospheric re-entry has been defined as the movement of man-made or natural objects as they enter the Earth's atmosphere at extreme velocities. Controlled atmospheric entry for astronauts in spacecraft must be rigidly controlled via various advanced technologies to protect against severe aerodynamic heating and prevent fiery destruction.

Physician re-entry must also be carefully controlled to ensure the practice of medicine with reasonable skill and safety.

Physician re-entry been defined by the American Medical Association (AMA) as "a return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment."

In Idaho, physician re-entry is a return to clinical practice following clinical inactivity for a "period exceeding one (1) year, or when practice has been significantly interrupted." IDAPA 22.01.01.050.08.iii. The Idaho State Board of Medicine (hereinafter Board) must determine whether the physician wanting to re-enter practice "possesses the requisite qualifications to provide the same standard of health care as provided by" other Idaho licensed physicians. Given its charge "to assure the public health, safety and welfare . . . by the licensure and regulation of physicians," the Board has established an online resource to provide physicians with information relevant to re-entry requirements. Idaho Code § 54-1802.

An application for initial medical licensure or a change in status from inactive to active for a physician returning to clinical practice must include a written personal re-entry program which documents the method in which the physician intends to evaluate his clinical skills and competency. The personal re-entry program also should include a plan to address any education and/or training, deficiencies identified in the evaluation. A re-entry program may also include, but is not limited to, current Board Certification, concurrent continuing medical education and establishing a working relationship mentor who will directly supervise the provision of medical care.

Applicants will be given an opportunity to address the Board during their personal interviews. Their re-entry programs should be submitted at least twenty-one (21) days in advance of the scheduled interviews and should include any relevant evaluation program, training and/or education brochures. The Federation of State Medical Boards (FSMB) offers a list of some of the available re-entry and remedial programs available at: http://www.fsmb.org/pdf/IPE_Directory_AssessmentRemedial_Programs.pdf. Physicians may also wish to check with their specialty boards if they are or have been certified by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Board.

Upon consideration, the Board may approve, modify or deny an application and proposed re-entry program. A license to practice medicine in Idaho may be conditioned upon the successful completion of the proposed re-entry program.

Disclaimer - This article was prepared by the author. Neither the State of Idaho nor any agency thereof, nor any of their employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information or process disclosed, or represents that its use would not infringe privately owned rights. The views and opinions of author expressed herein do not necessarily state or reflect those of the State of Idaho or any agency thereof.

BOARD ACTIONS

BOARD ACTIONS

Details of disciplinary actions are available on the [Board of Medicine web site](#)

PLEASE NOTE

Some physicians have similar names, please verify information by license number on our web site.

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.

David Agler
M-9844 Boise
Board Action-Letter of Reprimand

Dharmesh Mehta, MD
M-11402 Iowa
Terms of Prior Order Satisfied (fine)

Basil Chang, DO
O-0638 Nevada
Terms of Prior Order Satisfied (fine)

Edgar Livingstone, MD
MI-5858 Arizona
Board Action-Order for Reciprocal Discipline

Daron Scherr, MD
M-7579 Idaho Falls
Board Action-Termination of Stipulation and Order

Charlotte Hovey, MD
M-10449 Florida
Board Action-Order for Reciprocal Discipline



Volunteers Wanted

Public members to serve on Prelitigation Hearings for consideration of Medical Malpractice claims for damages against physicians or licensed acute care general hospitals in Idaho.

Lay Panelist volunteers must be responsible adult citizens of Idaho but may not be lawyers, physicians or hospital employees. Lay Panelists may serve more than one (1) time in a year as a member of a Prelitigation Hearing Panel.

The composition of a Prelitigation Hearing Panel includes one (1) Idaho licensed physician; one (1) layman panelist; one (1) resident lawyer and one (1) person serving as an administrator of a licensed acute care general hospital in cases involving claims against hospitals.

If a Lay Panelist agrees to serve, he/she receives copies of documents and/or medical records for review before the Prelitigation Hearing. At the Prelitigation Hearing, the Lay Panelist will meet with the other Panelists and hear the claim made by or on behalf of any patient who is an alleged victim of medical negligence. Upon deliberation, the Hearing Panel issues an Advisory Decision and returns all copies of documents and/or medical records to the Board. A Prelitigation Hearing will typically last two (2) hours, but may vary in duration.

In order to properly convene future Prelitigation Hearing Panels, the Board must recruit Lay Panelist volunteers in the following six regions: Hearings are held in each Region.

Region 1 - Boise

Region 2 - Idaho Falls

Region 3 - Pocatello

Region 4 - Coeur D'Alene

Region 5 - Lewiston

Region 6 - Moscow

How To Apply: The Board would appreciate receiving name(s) and telephone number(s) of possible volunteers to be Lay Panelists by contacting Alissa Murphy, in Prelitigation, by email: lisa.murphy@bom.idaho.gov or telephone: 208.327.7000 ext. 226.

Board Welcomes New Members

The Board of Medicine welcomes new members:

David McClusky, MD, to the Committee on Professional Discipline

Dave Martin, PA, to the Physician Assistant Advisory Committee



REMINDERS

Have you moved? Changed practice locations? Notified the Board of Medicine of the new address? It is fast and easy on the Board website's [online address change](#) option.

Physician Assistants

Do you have a current delegation of services agreement for each practice location? Have you changed supervising physicians? Any change in supervising physicians must be reported to the Board within two weeks. Make sure that all change notifications to the Board are up to date. Click on [forms](#) to select the appropriate notification forms.

Proposed Rule Changes

IDAPA 22.01.12 Rules Related to Health Care Workers

At its March 2012 meeting the Board of Medicine acted to seek repeal of these rules as the rules are outdated and redundant of language existing in current laws and rules of the Board.

IDAPA 22.01.14 Rules Relating To Complaint Investigation

The Board of Medicine proposes to update and clarify the rules relating to complaint investigations

The Board proposes changes to the Medical Practice Act and IDAPA 22.01.09 Rules for the Licensure of Physician Assistants to allow members of the Physician Assistant Advisory Committee to opt out of the Public Employee Retirement System of Idaho (PERSI) and changes to the grounds for discipline related to drug and alcohol charges, arrests or convictions..

Changes will be available on the Board of Medicine [website](#)

IDAHO STATE BOARD OF MEDICINE

Leo Harf, MD, Chairman

Barry Bennett, MD, Vice Chairman

William Cone, MD, Member

William Ganz, MD, Member

Trudy Jackson, Public Member

Joyce McRoberts, Public Member

Jerry Russell, Director, Idaho State Police

Ralph Sutherlin, DO, Member

Robert Ward, MD, Member

Joseph Williams, MD, Member

Please note if you are submitting a response to a Board inquiry or a completed application, the completed material must be received in the Board office at least 20 days before the scheduled meeting date. Materials not received in that time frame will be added to the next regularly scheduled meeting agenda.

Board meetings are posted on the [Idaho Board of Medicine web site](#)

COMMITTEE ON PROFESSIONAL DISCIPLINE

A.C. Jones, III, MD, , Chairman

Julia Bouchard, MD, Member

Mike Johnson, Public Member

Stephen Marano, MD, Member

David McClusky, MD, Member

BOARD STAFF

Nancy Kerr, Executive Director

Mary Leonard, Associate Director

Cathleen Morgan, Board Attorney

Cynthia Michalik, Quality Assurance Specialist

Connie Pyles, Quality Assurance Specialist

Janet Whelan, Quality Assurance Specialist

Lisa Murphy, Prelitigation Manager

Darlene Parrott, Compliance Monitor

Lisa Osterman, Physician Licensing Manager

Jodi Adcock, Allied Health Licensing Manager

Mary McCulley, Finance

Jennifer Woodland, Physician Licensing

Felicia Kruck,, Receptionist and Discipline

Claudia Lawson,, Prelitigation