

[View this email in your browser](#)



# Idaho Medical Association

Table of Contents:

In this Issue...

- [Board of Medicine Updates](#)
- [New IMA Members](#)
- [NAAG Sends Letter to Congressional Leadership Urging Removal of Federal Barriers to Treat Opioid Use Disorder](#)
- [Section 1115 Medicaid Waiver: Comments Requested](#)
- [New Dean Chosen to Lead the Idaho College of Osteopathic Medicine](#)
- [Opioid and Substance Use Disorder Advisory Group Meets](#)
- [Clarifications Regarding Adult Recommendations for MMR Vaccination](#)
- [Clearwater Valley and St. Mary's Hospital Announce Letter of Intent to Transfer Ownership to Kootenai Health](#)
- [Stress of Litigation](#)
- [Medical Practice Opportunities](#)

## IMAgEs

August 15, 2019

**Board of Medicine Updates** The Idaho State Board of Medicine (BOM) recently appointed several new members, including a new physician member. The current roster of BOM members are as follows (new members in bold):

Steven Malek, MD, Chairman  
 David McClusky III, MD, Vice-Chairman  
 Julia Bouchard, MD, Member  
 Catherine Cunagin, MD, Member  
 Keith Davis, MD, Member  
 Erich Garland, MD, Member  
 Mark Grajcar, DO, Member  
 Paula Phelps, PA-C, Member

The BOM is currently considering a number of issues of importance to IMA members, such as approval of the naturopathy scope of practice and formulary and the restructuring of the current Physician Recovery Network (PRN) Program.

As reported in the July *IMAgEs*, BOM canceled the first RFP for the new Physician Health Program to replace the PRN Program and is working on a new RFP. IMA has been told the first RFP was cancelled due to issues identified by the Idaho Department of Purchasing and not because of any substantive concern with the RFP itself. Without significant changes to the original RFP, IMA will be removed from the administration of the PRN Program and IMA's PRN Committee (consisting of a dozen Idaho physicians with decades of experience in treating their peers with substance use disorders) will be dismantled.

BOM intends to create a Physician Health Program that addresses both substance use disorders and behavioral health/physician wellness issues separately. The programs will be administered by BOM and they will appoint the new PRN physician committee. The existing separation between the BOM and program participants that is fostered by IMA serving as an independent administrator will be eliminated and the

## New look, same protection.

- Serving the professional liability needs of physicians since 1975
- No profit motive and low overhead
- Vastly superior dividend policy



Learn more

physician regulatory board will be running the program instead of the physician advocacy organization.

Any IMA member who has concerns with the BOM's vision for the new Physician Health Program and the dismantling of the very successful PRN program can contact their colleagues serving on the BOM.

[\[Back to Top\]](#)

The Idaho Medical Association Welcomes New Members A warm welcome to these physicians who have recently joined the IMA:

Bryan B. Brimhall, MD, Gastroenterology, Boise  
Rekha Chandran, MD, Hematology, Pathology, Internal Medicine, Meridian  
Andrea Sylvie Christopher, MD, MPH, Internal Medicine, Boise  
Olga Derman, MD, Hematology, Pathology, Boise  
Joel I. Lans, MD, FACP, FACG, Gastroenterology, Internal Medicine, Meridian  
Michelle Shaub, DO, Internal Medicine, Boise  
Gabriel E. Valle Eger, MD, Internal Medicine, Boise

[\[Back to Top\]](#)

NAAG Sends Letter to Congressional Leadership Urging Removal of Federal Barriers to Treat Opioid Use Disorder The National Association of Attorneys General (NAAG) has sent a letter to congressional leadership in both chambers, asking for the removal of federal barriers that are currently preventing healthcare providers from offering treatment for opioid use disorder.

The letter (<https://www.naag.org/assets/redesign/files/sign-on-letter/Final%20Letter%20-%20Federal%20Barriers%20to%20Treatment.pdf>), which was signed by 39 state attorneys general including Idaho Attorney General Lawrence Wasden,

“We all understand that effective treatment is key to saving lives and helping to stop this epidemic. In particular, research shows that Medication-Assisted Treatment (MAT) – the use of medications, in combination with counseling and behavioral therapies – is a highly effective approach to the treatment of opioid use disorders,” reads the letter.

[\[Back to Top\]](#)

**Section 1115 Medicaid Waiver: Comments Requested** As we reported to you at the end of the 2019 legislative session, lawmakers passed a bill to add work reporting requirements to Idaho's voter-approved Medicaid expansion. The Idaho Department of Health and Welfare (DHW) is expected to file a Section 1115 Medicaid Waiver, an application to the federal government to require work reporting, very soon. As a part of this process, DHW will open a public comment period on this waiver for 30 days.

The IMA Board of Trustees adopted policy on Medicaid expansion that states IMA will not support any provisions that:

- Lead to delayed implementation of Medicaid expansion
- Add administrative burdens and costs to the state in administering Medicaid expansion
- Take away coverage from eligible individuals or are punitive in nature

The provisions in the work reporting waiver will not lead to delayed implementation of Medicaid expansion in Idaho, but will undoubtedly add administrative burdens and costs to the state that could otherwise go toward helping Idahoans. In states where work reporting requirements have been enacted, thousands of otherwise eligible Medicaid recipients lost health coverage, and some even lost their jobs. In addition, work reporting requirements imposed by some states have been deemed illegal in federal court.

Please watch for an email from us when the waiver is filed and the comment period is open. Please consider submitting a comment to the Idaho Department of Health and Welfare voicing your opinion on this Section 1115 Medicaid Waiver to implement work reporting requirements in Idaho.

[\[Back to Top\]](#)

## New Dean Chosen to Lead the Idaho College of Osteopathic Medicine

Following an extensive, nationwide search, the Idaho College of Osteopathic Medicine (ICOM) is pleased to announce the appointment of Thomas Mohr, DO, MS, FACO, FAOGME, as its new Dean and Chief Academic Officer, effective October 21, 2019. Dr. Mohr is currently serving as Associate Dean for Graduate Medical Education at the University of the Incarnate Word School of Osteopathic Medicine in San Antonio, Texas. He is the Executive Director and the Designated Institutional Officer for the Texas Institute for Graduate Medical Education and Research. He holds the rank of Full Professor of Internal Medicine.

Previously, he served in senior roles at Rocky Vista University College of Osteopathic Medicine in Colorado, including Department Chair of Specialty Medicine, Curriculum Committee Chairman, Vice Dean and Acting Dean. Before his experience at Rocky Vista University, Dr. Mohr served as Division Chief and Associate Professor at Michigan State University School of Osteopathic Medicine.

In addition to serving on the founding faculty for two new osteopathic medical schools, Dr. Mohr was the founding director of a residency program and two new GME Consortia. He has led the efforts to secure nearly \$10M in grants and contracts over the years, and has participated in the development and launch of more than 25 new residency programs.

Dr. Mohr practiced full-spectrum primary care internal medicine for ten years in Michigan through the MSU HealthTeam, and has continued to maintain a part-time clinical practice as a hospitalist in medically underserved regions. He received his D.O. degree from the Chicago College of Osteopathic Medicine at Midwestern University, and earned a B.S. in biology and M.S. in neurobiology and physiology at Purdue University.

"Dr. Mohr's collaborative leadership style and vision for advancing ICOM, his experience as a practicing physician, and his many accomplishments in advancing both undergraduate and graduate medical education make him extremely well suited to assume the vigorous and challenging duties of Dean/CAO," said Dr. Tracy J. Farnsworth, ICOM President.

"I am honored to be selected to work with the outstanding team of faculty and staff at ICOM," Dr. Mohr said. "Their dedication and commitment to providing the highest quality education for ICOM's students is inspiring. I am impressed by the support and engagement of the community who understands the importance of ICOM in improving access to excellent medical care. This is an exciting time for the ICOM family, and I am humbled to be asked to serve as ICOM's next Dean."

[\[Back to Top\]](#)

Opioid and Substance Use Disorder Advisory Group Meets Kicking off the work of his Governor's Opioid and Substance Use Disorder Advisory Group on August 15, Governor Brad Little said, "Sometimes I've observed this issue from way too close. It's one of the things that when they give you the keys, you want to do something." Little said he's known people who died as a result of opioid abuse.

Melinda Smyser, administrator of the state Office of Drug Policy, said 248 Idahoans died from drug overdoses last year. "That's 248 too many," she said.

The advisory group, which will meet for the next 18 months, is charged with recommending solid steps to address the opioid issue in Idaho, from mandating reporting of overdose deaths; to policies that direct law enforcement and prosecutors to refer first-time, non-violent drug offenders to local crisis centers rather than arrest and indictment; to prescribing practices, alternate pain treatment, public awareness and more.

"This snuck up on everybody," Little told the new advisory group, which gathered in Boise for its first meeting. "There were some flags that went up early, and unfortunately most states ... didn't address it early enough."

Little said the news that U.S. life expectancy is actually going down, in part because of drug overdoses, told him "this is really an all-hands-on-deck issue." He told the group, which includes law enforcement, state agencies, lawmakers, prosecutors, hospitals, pharmacists, treatment providers, insurers, and representatives of veterans, tribes and more, that he wants recommendations he can turn into legislative proposals by January.

"I'm very excited about the breadth, the width and the depth of your committee, Melinda," he told Smyser, "and I look forward to your recommendations. I look forward to us having a very concrete plan on what we need to do, so that in January when I give my State of the State (address to the Legislature), hopefully by that point in time there'll be some ongoing work that we have to do, but hopefully at that time we've got a really good plan going forward." [Russell, *Idaho Press*, 8/15]

[\[Back to Top\]](#)

## Clarifications Regarding Adult Recommendations for MMR Vaccination

The Idaho Immunization Program would like to share clarification regarding MMR vaccination recommendations in adults and want to assure you that the recommendations to protect adults against measles have not changed from the Advisory Committee on Immunization Practices (ACIP) MMR Recommendations statement that was published in 2013.

(<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>).

Background: Most adults in the US are at low risk for measles.

- From January 1 to May 3, 2019, 764 cases were reported to the Centers for Disease Control and Prevention (CDC). Of these, 195 (26 percent) measles cases were reported in adults ≥18 years of age. (NNDSS).
- From 2001 - 2015, the reported incidence for adults ≥18 years of age was <0.5/1,000,000. (Clemmons, et al, JAMA 2017).

Seroprevalence of measles IgG in the U.S. for persons 20-49 years of age ranges from 87.9 percent to 93.3 percent (Lebo et al., OFID 2017).

Recommendations: One dose of MMR vaccine, or other presumptive immunity, is

sufficient for most U.S. adults born on or after 1957.

Some adults may have received a killed measles vaccine during the 1960's. The killed measles vaccine was available from 1963 to 1968 and administered to less than 5 percent of adults. The ACIP recommendation is to re-vaccinate anyone who received the killed vaccine. However, this only affects a very small proportion of adults that were vaccinated during those years.

To support healthcare providers during the current multi-state measles outbreak, the CDC has developed a digital toolkit with products for you and your patients about vaccines and measles. These products include accurate, science-based evidence to help you counter misinformation about measles and MMR vaccine (<https://www.cdc.gov/measles/toolkit/healthcare-providers.html>).

[\[Back to Top\]](#)

Clearwater Valley and St. Mary's Hospital Announce Letter of Intent to Transfer Ownership to Kootenai Health Clearwater Valley Hospital and Clinics (CVHC), St. Mary's Hospital and Clinics (SMH), and Kootenai Health have entered into a letter of intent to transfer ownership of the two critical access hospitals from Essentia Health to Kootenai Health. CVHC and SMH are owned and operated by Essentia Health, a non-profit healthcare system. Essentia Health's other facilities are primarily located in Minnesota, Wisconsin and eastern North Dakota.

The Idaho hospitals provide outstanding patient care, however, because they are geographically remote from Essentia Health's headquarters and other facilities, it is hard for them to collaborate and coordinate care across the Essentia Health System. In February 2019, with Essentia Health's approval and support, CVHC and SMH issued a Request for Proposal (RFP) seeking a business relationship with a health system in closer to north-central Idaho.

After careful consideration, Kootenai Health was selected to partner with CVHC and SMH. The three organizations will work together over the next several months to finalize the terms of the partnership, develop a transition plan, and seek their respective organizational boards' approval. Kootenai Health is committed to maintaining the catholic identity and supporting operations of SMH in a manner consistent with its Catholic tradition, including compliance with the Ethical and Religious Directives for Catholic Health Care Services. The target date for this transition is being finalized but is anticipated in early 2020.

Kootenai Health already has a management agreement with Syringa Hospital in Grangeville, Idaho. This partnership with CVHC and SMH will allow additional collaboration and service enhancements for all three hospitals and clinics throughout the region. More information on the proposed transition will be made available as plans develop.

[\[Back to Top\]](#)

### ***Stress of Litigation***

August 29, 2019 - 6:00 pm – 8:00 pm

The Riverside Hotel, 2900 Chinden Blvd., Boise; Clearwater Room

Presented by MIEC

#### Agenda:

Complimentary buffet dinner will be served starting at 6:00 pm; the program will begin promptly at 6:30 pm. IMA physicians along with spouses/partners are invited.

#### Stress of Litigation program description:

Most physicians will be sued for malpractice at some point in their careers. Have you ever wondered what the litigation process would be like? How it could impact your practice, your relationships, and your health? The Idaho Medical Association and MIEC cordially invite physicians and their partners/spouses to this dinner program to hear firsthand from a doctor who has been there and survived. The panel of speakers will include:

- A physician who will share his personal experiences of coping with a medical malpractice lawsuit;

A defense attorney who will explain the anatomy of a lawsuit and how physicians can participate to maximize their defense, as well as what NOT to do;

- A risk management specialist who will offer tips for reducing liability and resources to support Idaho physicians faced with a lawsuit.

Registration: [https://www.idmed.org/idaho/Idaho\\_Public/Calendar/Event\\_DetailCore.aspx?EventKey=MIEC082919](https://www.idmed.org/idaho/Idaho_Public/Calendar/Event_DetailCore.aspx?EventKey=MIEC082919)

MIEC members that are not IMA members can email [membership@idmed.org](mailto:membership@idmed.org) or call 208-344-7888 to register for the event.

[\[Back to Top\]](#)

## Medical Practice Opportunities

### OB/GYN Opportunity with Intermountain Healthcare – Burley, Idaho

What does it mean to be a part of Intermountain Healthcare? It means that the quest for clinical excellence is not just a goal, but a given. It means building an environment where physicians and employees can deliver the best in healthcare. And it's realizing each employee or volunteer is vital to the healing process, because we can only achieve the extraordinary together. Being a part of Intermountain Healthcare means joining with a world-class team of over 36,000 employees and embarking on a career filled with opportunities, strength, innovation, and fulfillment. Our mission is: Helping people live the healthiest lives possible®. Our patients deserve the best in healthcare, and we deliver.

We are currently looking for an OB/GYN physician to join the team at Cassia Regional Hospital in Burley, Idaho. Enjoy a competitive salary and our comprehensive benefits package, which includes a pension, 401K, malpractice coverage, and CME. Relocation provided, up to 15K.

For more information, contact us at  
[physicianrecruit@imail.org](mailto:physicianrecruit@imail.org)  
 800-888-3134  
[PhysicianJobsIntermountain.org](http://PhysicianJobsIntermountain.org)

### Indigo Urgent Care – Spokane, WA

Seeking board certified FM or EM physicians interested in full time or per diem. Currently have three clinics and opening three more by end of year. Full time = 12, 13, or 14 shifts/month. Per diem = 3 shifts/month. Schedule done two months in advance. Clinics operate seven days a week from 8 am to 8 pm. X-ray and lab on-site. EPIC used. Competitive hourly rate, bonus potential and med mal paid. Generous benefit pkg for full time status. For more information or immediate consideration, please contact Lori at:  
[recruiter@multicare.org](mailto:recruiter@multicare.org)

### Volunteer Medical Director

Volunteer Medical Director/supervising physician needed for Pocatello Free Clinic. This nonprofit clinic provides free healthcare services to patients without insurance, Medicaid or Medicare. It is staffed by many volunteers and a few part-time employees, including one PA and one NP. The Medical Director would need to be onsite at least once monthly, but no direct patient care is required. Approximate time commitment: 1-1.5hr/month. For more info, contact Cindy Bunde, PA, [bundcynt@gmail.com](mailto:bundcynt@gmail.com) or 208-251-1447.

To place a Medical Practice Opportunities Classified Advertisement, please contact:  
 Margy Leach, Director of Communications at 208-344-7888 or by email [margy@idmed.org](mailto:margy@idmed.org).

[\[Back to Top\]](#)

Idaho Medical Association  
P.O. Box 2668, 305 West Jefferson, Boise, ID 83701  
Phone: (208) 344-7888 - Fax: (208) 344-7903 - Email: [mail@idmed.org](mailto:mail@idmed.org)

[Click here](#) to choose the types of mailings that we send to you.  
[Click here](#) to Unsubscribe.

