

**DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
NOVEMBER 10, 2009**

TIME AND PLACE: The meeting was called to order at 10:43 a.m. on Tuesday, November 10, 2009, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA.

PRESIDING OFFICER: Damien Howell, P.T., Chair

MEMBERS PRESENT: Susan, Chadwick, Au.D.
Jennifer Edwards, Pharm.D.
Marty Martinez, Citizen Member

MEMBERS NOT PRESENT: David Boehm, L.C.S.W., Ex-officio
Vilma Seymour, Citizen Member

STAFF PRESENT: Elizabeth A. Carter, Ph.D., Executive Director for the Board
Justin Crow, Research Assistant
Laura Chapman, Operations Manager

OTHERS PRESENT: David Jennette, CSA
Helen French, RN, BSN
Rebecca Music, AD, CST
Juan M. Montero, II, MD
Linda Starks
J. T. Magee, Jr.
Bennett Edwards
Kathe Henke, Virginia Academy of Sleep Medicine
Bonnie P. Vencill, RN, CNOR, Southside Regional Medical
Sue Stallings, Sentara College of Health Sciences

QUORUM: With four members present, a quorum was established.

AGENDA: No additions or changes were made to the agenda.

PUBLIC COMMENT: Helen French, RN since 1974. She has spent 30 years in the OR. She would like the state of Virginia to register Surgical Technologists. Her opinion is based on her education and experience.

Sue Stallings, CRN would like Surgical Technologists to be certified. On the job training is not the same as certification.

Bonnie Vencill, RN, CNOR Is in agreement with certification and licensure. Submitted comments to the August 11, 2009 presentation given by Mr. Crow.

J.T. Magee, Jr. Kinesiotherapist, McGuire Medical Veterans

Center. The state of Virginia could use the services of Kinesiotherapy.

Linda Starks, Program Director of Surgical Technologists at Fordham College. She has been a Surgical Tech for 18 years and her main concern is patient safety and patient outcome. She agrees that certification is necessary.

Rebecca Music, AD, CST is a certified Surgical Tech and would like to know what information the board needs to be able to make a decision on certification.

Dr. Juan Montero, II, MD Dr. Montero agrees that Surgical Technologists and Surgical Assistant need to be certified. He feels this will elevate the standard of care in Virginia. He noted that the nation was interested in Virginia's sunrise and recognized the significance of the professional standards being promoted through the educational program at Eastern Virginia Medical School.

APPROVAL OF MINUTES: Dr. Edwards moved to approve the minutes of the August 11, 2009 Regulatory Research Committee meeting. The motion was seconded and carried unanimously.

Dr. Edwards moved to approve the minutes of the August 11, 2009 Regulatory Research Committee Public Hearing meeting. The motion was seconded and carried unanimously.

Dr. Edwards moved to approve the minutes of the September 30, 2009 Regulatory Research Committee meeting. The motion was seconded and carried unanimously.

EMERGING PROFESSIONS UPDATE: Research Assistant Justin Crow provided an update on the research gathered, to date, on the efficacy of an Allied Health Board and on the Emerging Professions currently under review. The slide presentation is incorporated into the minutes as Attachment 1.

The Committee discussed each issue and voted as follows.

Allied Health Professions Board – The Committee agreed that this issue is worthy of continued study. Mr. Crow was asked to provide additional information at the February 2010 meeting.

Polysomnographers – The Committee had previously recommended licensure for Polysomnographers. The issue at hand was whether they should be regulated under the Board of Medicine through the Respiratory Therapy Advisory Committee or through a new Advisory Committee of their own. The Board of Medicine previously indicated that they believed licensure was

required; however, their opinion concerning under which committee scenario had not yet been given. It is possible that they could be placed under the Allied Health Professions Board, if it becomes established in the future. But given the vulnerability of patients and the relative lack of direct oversight, the need to regulate sooner than later was deemed of greater significance than under which structure. A motion to bring this issue to the full board was carried unanimously.

Surgical Assistants and Surgical Technologists – Specifically, the Committee is seeking clarification and any additional data on scope of practice, overlapping roles and level of autonomy. The Committee does agree that persons assuming the scrub role and 2nd assistant should be certified and those acting as 1st assistant should be licensed. Dr. Chadwick moved to table the decision until a legislative proposal could be drafted and public comment on it received. The Committee will meet prior to the next full Board meeting in February to review the additional information and render its recommendations.

Kinesiotherapists – The Committee deemed that the information received to date did not fully address the issues in the standard criteria for evaluating the need for regulation. There has been no substantiated evidence of actual harm. However, it is still unclear whether there is a real *potential* for harm posed by failure to properly perform in keeping with current national kinesiotherapy standards. The Committee discussed the appropriateness of reviewing emerging professions, such as this, in terms of the “Toronto Model.” This health regulatory approach protects the public’s safety by reviewing and regulating activities that pose a public threat. Such activities are termed “controlled acts.” On properly seconded motion by Mr. Martinez, the decision to consider continuing the review was tabled pending additional information targeted at determining which acts performed by kinesiotherapists have a real potential for harm if performed below standards. This issue may be subsumed within the Allied Health Professions Board review.

Community Health Workers- Dr. Carter briefed the Committee on the Community Health Workers research project described at the previous Committee meeting in September. Dr. Chadwick moved to formally include Community Health Workers into the 2010 Work plan.

Medical Interpreters – Mr. Crow reported that the Committee has still not received a response from the Department of Health regarding its possible oversight of the professions. Dr. Carter noted that James Madison had conducted a study into Community Health Workers who were aiding patients in local communities manage chronic health conditions. Medical interpreters were

cited as an important resource for communities. She noted that the Board should consider incorporating its research regarding medical interpreters into the Community Health Workers study for a broader perspective on both emerging professions.

ADDITIONAL PUBLIC COMMENT:

Helen French, RN asked to speak and indicated that she does not want Surgical Assistants and Surgical Technologists to be “on the job” trained. She feels all need an education to back-up what they do.

Rebecca Music, AD, CST also requested to speak and stated that she feels that as a matter of public safety the scrub role and 2nd assistant need to be certified and the 1st assistant needs to be licensed. She further stated that Virginia has the potential to be a trend setter by certification and licensure of Surgical Assistants and Surgical Technologists.

Bennett Edwards, Jr. also asked to speak. He reported that he was the Co-Director of the Norfolk State Kinesiotherapy Program. He stated that kinesiotherapy works with rehabilitation of the whole person, not just one part of the person. Kinesiotherapists are able to integrate the “whole person” back into society.

NEW BUSINESS:

No new business was presented.

ADJOURNMENT:

The meeting adjourned at 12:12 p.m.

Damien Howell, P.T.
Chair

Elizabeth A. Carter, Ph.D.
Executive Director for the Board



Emerging Professions Review

Allied Health Board

Ongoing:

Polysomnography
Surgical Assistant
Surgical Technology

Requests:

Kinesiotherapy
Community Health
Workers



Review of Allied Health Regulation

- Trends
 - Increased complexity/technology
 - Creates increasing specialization
 - Specially trained professionals may have more expertise in technical areas than physicians or other licensed practitioners
 - Results in increased requests/need for regulation
 - Creation of Rigid Professional Silos
 - Limits flexibility
 - Staffing
 - Workforce/career development
 - Numerous Boards/scopes of practice
 - Excessive costs
 - Regulatory burden
 - Micromanagement
 - Patients may have limited choice of allied health practitioner
 - Choose physician, surgeon or hospital



Review of Allied Health Regulation

- Models of Allied Health Board Structure
 - Composite Boards
 - Behavioral Sciences (VA:1976-198?)
 - Rehabilitative Therapy (VA: Studied in 1986, Massachusetts)
 - Alternative Practitioners
 - Allied Health Board
 - Studied in Virginia in 1989
 - Recommended by Ad Hoc Committee
 - Not recommended by BHP



Review of Allied Health Regulation

- Models of Allied Health Regulation
 - Recognize/Require Private Certifications
 - Leverages existing private networks
 - In VA: Dialysis Technicians, Dieticians & Nutritionists
 - Ontario Model
 - Regulation of Controlled Acts—Not Scope of Practice
 - Only regulated professions may perform controlled acts and only within scope of practice
 - Michigan OneSource
 - Clearinghouse for professional credentials and privileges
 - Lowers administrative burden and ensures accuracy
 - In development
 - Licensed/Certified Health Care Practitioner
 - Proposed in UK
 - Basic training in ethics, infection control, basic skills, etc.



Polysomnography

Adopted Board of Medicine

Recommendation:

- Establish a license for the practice of polysomnography based upon appropriate education and training
- Licensed respiratory care practitioners that practice polysomnography not be required to obtain a license to practice polysomnography

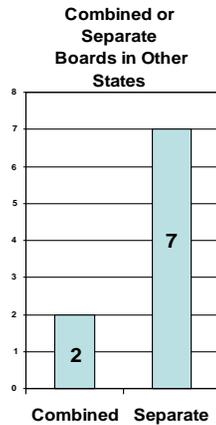


Polysomnography

- Numbers
 - 979 persons performing polysomnograms?
 - Many are likely nurses or respiratory therapists
 - 293 Registered Polysomnographic Technologists
 - Some are likely nurses or respiratory therapists
 - 132 sleep centers?
 - 48 attached to hospitals (nurses and respiratory therapists)
 - The number of non-RTs seeking polysomnography licensure may be less than the number of RPSGTs.



Advisory Board Structure



Licensees needed to break even:

Combined Advisory Board: 27

Independent Advisory Board: 64

Issues:

Distinctiveness of Profession?

Separate professions performing the same task—need for coordination?

Number of licensees?



Surgical Technologist/Surgical Assistant

Task-Oriented Categories

Scrub Role	“Second Assistant”	First Assistant
<ul style="list-style-type: none"> Clean and prep room and equipment Set up operating room and instrument trays Assemble medications or solutions Transport Patient With circulator, verify chart, patient identity, procedure and site of surgery Shave and drape patient Maintain Sterile Field Perform counts with circulator Assist surgeon with gown and gloves Pass instruments Prepare sterile dressing 	<ul style="list-style-type: none"> Hold retractors, instruments or sponges Sponge, suction or irrigate surgical site Apply electrocautery to clamps Cut suture material Connect drains to suction apparatus Apply dressing to closed wounds Venipuncture (Inserting IV) Manipulation of endoscopes within the patient Skin stapling 	<ul style="list-style-type: none"> Position patient Place retractors, instruments or sponges Cauterization and clamping Closure and subcutaneous closure Harvest veins Placing hemostatic agents Participate in volume replacement and autotransfusion Injection of local analgesics Select and apply dressing to wounds Assist with securing drainage systems

Table 1: Framework of roles within the Surgical Assistant and Surgical Technologist continuum, and illustrative tasks.



Regulatory Issues

- Supervision of Tasks—Credentialing and Privileging
 - Practice by LPNs & RNs
 - Policy Options
 - No Regulation
 - Force into existing regulatory apparatus
 - Informed Consent
 - Voluntary Certification/Title Protection
 - Mandated Certification (Facility Licensing/Delegation)
 - Registration/Licensure
 - Tiered Licensure
 - Review of Allied Health Regulation
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Requests:

Kinesiotherapy

Community Health Workers



Kinesiotherapy

- Developed during WWII
 - Bed-ridden Soldiers back to full strength
 - Focus on full physical and psychological reconditioning
- Kinesiotherapy & other rehabilitative therapy professions

Kinesiotherapy	Physical Therapy	Occupational Therapy	Athletic Trainers
Reconditioning following illness or injury, or to cope with ongoing conditions	Rehabilitation of specific acute injuries	Increased functionality in daily life and work	Conditioning and training to prevent injuries and first aid for acute injuries



Kinesiotherapy

- Potential for Harm?
 - Patients have elevated risks
 - Cardiovascular events
 - Injury or reinjury
 - Knowledge of limitations/contraindications related to certain conditions
 - Develop and assess interventions with limited supervision
 - Exercise professionals w/o therapeutic training may provide these services
- Previous Studies
 - 1982: OT and KT reviewed, none regulated
 - 1986: Rehabilitative Therapy comprehensive review*: none recommended for regulation
 - 1986-present: Occupational Therapists, Massage Therapists and Athletic Trainers regulated
 - 2009: KT requests new review

*Included activity coordinators; art, dance and music therapists; athletic trainers; corrective therapists (kinesiotherapists); massage therapists; occupational therapists; orientation and mobility specialists; orthotists & prosthetists and recreation therapists



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Community Health Workers

- Models of Care (DHHS)
 - Member of care delivery team
 - Health system navigator
 - Screening and health education provider
 - Outreach-enrolling-informing agent
 - Organizer
- Services (DHHS)
 - Interpretation & Translation
 - Culturally appropriate health education & Information
 - Assist people in receiving care
 - Informal counseling & guidance on health behaviors
 - Advocate for individual and community health needs
 - Provide some direct services
 - First Aid
 - Blood Pressure Screening



Community Health Workers

- Risk for Harm?
 - Serve vulnerable populations
 - LEP populations, pregnant teens, etc.
 - Limited supervision
 - Advanced Roles
 - Limited primary care roles
 - Medical interpreting
 - Limited counseling
 - Grand-Aid Pilot
 - CHWs as part of an acute care team
 - Special training for 28 commonly encountered conditions
 - Connected through supervision and electronic health record to nurse/physician
 - Increased risk for harm?
 - May advise on when to seek care from licensed practitioners
 - Indications for OTC medications or other minor interventions
 - May not contact licensed team member for every encounter, but linked by medical record
 - Medical Interpreters
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