DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
MAY 12, 2009

TIME AND PLACE:	The meeting was called to order at 10:05 a.m. on Tuesday, May 12, 2009, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Room 2, Henrico, VA.
PRESIDING OFFICER:	Damien Howell, P.T., Vice-Chair
MEMBERS PRESENT:	David Boehm, L.C.S.W., Ex-officio Paula H. Boone, O.D. Susan, Chadwick, Au.D. Marty Martinez, Citizen Member Vilma Seymour, Citizen Member
MEMBERS NOT PRESENT:	Jennifer Edwards, Pharm.D Meera Gokli, D.D.S.
STAFF PRESENT:	Elizabeth A. Carter, Ph.D., Executive Director for the Board Elaine Yeatts, Senior Regulatory Analyst Eric Gregory, Assistant Attorney General, Board Counsel Justin Crow, Research Assistant Carol Stamey, Operations Manager
OTHERS PRESENT:	David Jennette, CSA, VASA Iliana Diaz, CSA, VASA Natalie Napolitano, VSRC Gerald Milsky, VOTA Adelya Carlson, NVAHEC Jihane Aou Chobke, NVAHEC Richard Parisi, MD, VASM Anna Rodriquez, VASM Kathe Henke, VASM Robin C. Wilson, Johnston Memorial Hospital
QUORUM:	With seven members present, a quorum was established.
AGENDA:	No additions or changes were made to the agenda.
PUBLIC COMMENT:	Natalie Napolitano, Virginia Society of Respiratory Care (VSRC), presented comment in favor of state regulation of polysomnographers. Adelya Carlson, Director of Testing and Training, Northen Virginia Area Health Education Center (AHEC), offered her

assistance with the Board's study of Medical Interpreters.

Richard Parisi, M.D., Virginia Academy of Sleep Medicine, presented comment in favor of regulating polysomnographers. Specifically, he stated that the risk of harm was relatively low; however, there were adverse emergencies such as coronary heart disease, low oxygen levels, strokes and risk of inadequate recording of data leading to incorrect diagnosis.

APPROVAL OF MINUTES: Dr. Boone moved to approve the minutes of the February 3, 2009 Public Hearing as amended. The motion was seconded and carried unanimously.

Dr. Boone moved to approve the minutes of the February 3, 2009 Regulatory Research Committee. The motion was seconded and carried unanimously.

Ms. Seymour moved to approve the minutes of the December 17, 2008 Regulatory Research Committee as amended. The motion was seconded and carried unanimously.

UPDATE ON EMERGING PROFESSIONS: Mr. Justin Crow provided an update on the current emerging professions through slide presentation. The presentation is incorporated into the minutes as Attachment 1.

The Committee discussed each of the emerging professions and voted as follows.

Orthotists & Prosthetists - Ms. Seymour moved that orthotists and prosthetists not be regulated at this time. The motion was seconded and carried unanimously.

Medical Interpreters – Mr. Martinez moved that staff contact the Department of Health and the Department of Medical Assistance Services to request their input regarding the state's oversight of the profession. The motion was seconded and carried unanimously.

Polysomnographers – Dr. Chadwick moved that Mr. Crow present the study to the Respiratory Therapy Advisory Committee for recommendation back to the Board. The motion was seconded and carried unanimously.

Surgical Assistants and Surgical Technologists – Mr. Martinez moved that a public hearing for public comment be held to receive additional information. The motion was seconded and carried unanimously.

NEW BUSINESS: Mr. Boehm apprised the Committee that in response to HB1146, the Board of Social Work had produced a study relating to the

exempt status of persons working as social workers in state settings. He asked the Committee to review the report and provide feedback.

ADJOURNMENT: The meeting adjourned at 11:50 a.m.

David R. Boehm, L.C.S.W. Ex-Officio, Chair	Elizabeth A. Carter, Ph.D. Executive Director for the Board

Attachment 1

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Emerging Professions Review

Orthotist & Prosthetist
Medical Interpreter
Polysomnographer
Surgical Assistant
Surgical Technologist

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Orthotists & Prosthetists

Criticality Survey

Dr. Juan Montero
Mr. Damien Howell
Thank you!

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Risk of Harm

Research Indicates:

- Utilization Rates
- Preventive Screenings
- Patient/physician Satisfaction
- Interpreter errors
  - Ad hoc vs. professional
  - Trained vs. untrained?

Other complications:

- Informed Consent
- Confidentiality

- Providing dedicated, professional interpreting services equalizes health outcomes
- Professional interpreters still commit significant errors
- Documented cases of harm due to poor interpretation
- Difficult to distinguish between types of ad hoc interpreters

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Medical Interpreters

Specialized Skills & Training

- Specialized language skills in two languages
- Diverse cultures
- Western medical culture
- Proper role of the interpreter
- Health care ethics

No nationally recognized education or certification standards

Current "Basic" Education:

- 40-hours
- Medical Terminology
- Interpreter Role
- Cultural Awareness

Current Certifications

- Private companies
- IMIA/CHIA
- NCIHC

Autonomous Practice

- Linguistic Autonomy
- Employment Arrangement
  - Staff
  - Contractor
  - Independent Contractor
  - Volunteer
  - Remote Interpreting

Title VI of the1964 Civil Rights Act requires that practitioners accepting Federal reimbursement provide *competent* interpretation services at their own expense.

However, practitioners do not have the language skills to judge competence. Additionally, there are no national standards of competence.

Practitioners depend on the interpreter, or the interpreter's employer, to judge competency and to communicate competency.

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Medical Interpreters

Scope of Practice

- Interpreters
- Other Providers
  - Language Concordant Practitioners
  - Medical Staff
  - Non-medical Staff
  - Volunteers
  - Family & Friends

Sign Language Interpreters

• "Qualified" by RID and VDDHH

Court Interpreters

• Voluntary certification in a few languages

• Specialized jargon

• Special need for accuracy

• Ethical and legal issues

• Need for professionalism in proceedings—trust in the system

Economic Impact

- Shortages
  - Court Interpreters
    - $20/hr extra for certified interpreters
  - Sign Language Interpreters
- Training programs
  - AHECs
  - Non-profits
  - Some College
  - Some Medical Centers
  - Private companies

Not Reimbursed by Medicare

- Medicaid Pilot Program in NoVa
- $125,000 grants from VDH to local health departments for interpreter services

Barriers to Entry

- 40-hour training course ≈ $750
- IMIA certification ≈ $200
- Some Grants for Training (VDH)

Benefits to Practitioners/Industry

- Reduced Medical Errors
- Increased Preventive Care
- Reduced Diagnostics Testing

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Medical Interpreters

Alternatives to Regulation

Federal Requirements

- Practitioners must provide competent interpretation
- Federal Guidelines on locating/qualifying interpreters

Virginia CLAS Act

- Provides resources on LEP population
- Translated Documents

Reimbursement

- **Medicaid Pilot Program**
  - **Requires AHEC trained interpreters**
- **Creation of education and assessment programs essential**

Despite these programs and guidelines, it is difficult for practitioners to identify competent interpreters without widely recognized standards or competency programs

Least Restrictive Regulation

Licensure

- May exacerbate existing shortages
- Education & Certification capacity an issue

Voluntary Certification

- Create recognizable standard

Registry

- "One-Stop Spot" for information on qualifications

No Regulation

- Rely on Federal Requirements & Guidelines
- Private Professional Development
- Continued roll-out of AHEC programs

State	Program
California	**Certifies** Medical Interpreters for **Court-related** Medical Exams Only
Iowa	**Voluntary** training and **registration** of qualified interpreters
Washington	**Certifies** interpreters for DSHS program use only
Oklahoma	Program **cancelled** after a few years
Indiana	Program **cancelled** before implementation by new governor
Oregon	**Registry** for "Qualified" interpreters on the books, Certification not fully funded

Risk of Harm

Respiratory Care

- ≈ 95 % of diagnoses in sleep clinics
- CMS- little risk from CPAP/BiPAP

Compliance

- CPAP ≈ 60%
- Patient Education increases compliance

Patient Vulnerability

- Patients asleep/medication
- Assault Incidents

Morbidities associated with Sleep Apnea

- Heart disease, diabetes, hypertension, stroke. . .
- Diminished Quality of Life
- Drowsy Driving
  - Untreated sleep apnea ≈ 2x crash rate of the general population
  - 3,240 Fatigued/Apparently Asleep Va. drivers in accidents per year
  - 38 Fatalities
  - 510 (of these) Alcohol related

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Specialized Skills & Training

Medicare reimburses (at IDTF) credentialed

- Respiratory Therapists
- Pulmonary Function Techs
- Electroneurodiagnosticians
- Registered Polysomnographers

RPSGT Credential

- Historically accepted OTJ training
- Rapidly raising standards to ***sleep-specific*** education

Education

- CAAHEP Accredited
  - Add-ons to RT & EEG
  - PSG Certificates
- A-STEP
  - Stop-gap
  - 2- week clinical introduction
  - 14 online modules

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Scope of Practice

Polysomnography Certification

- Sleep Scoring
- Electromyograph
- Electrooculogram
- EEG
- Electrocardiograph
- Multiple sleep latency test
- Sleep disorders

The National Board for Respiratory Care recently introduced the –Sleep Disorder Specialty credential for CRTs & RRTs. This credential will allow Respiratory Therapists to attain a sleep-related credential with OTJ training.

Test or Procedure	CRT	CPFT	-SDS	RPSGT	R. EEG T
General					
Patient History	X		X	X	X
Polysomnogram (PSG)			X	X	
Maintenance of Wakefulness Test (MWT)			X	X	
Multiple Sleep Latency Test (MSLT)			X	X	
Sleep Disorders			X	X	
Medical Emergencies	X	X	X	X	X
Diagnostics					
PSG Scoring			X	X	
Sleep Stages			X	X	
Electromyograph (EMG)			X	X	
Electrooculogram (EOG)			X	X	
Electroencephalography (EEG)			X	X	X
Electrocardiography (ECG)	X	X	X	X	
Oximetry	X	X	X	X	
Capnography	X	X	X	X	
Spirometry	X	X	X	X	
Interventions					
PAP Titration	X		X	X	
Supplemental Oxygen Titration	X	X	X	X	
Sleep-Related Pathologies					
Respiratory	X	X	X	X	
Neurologic			X	X	X
Psychiatric			X	X	X

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Autonomous Practice

- Polysomnograms by Prescription
  - Split Night Study (Prescribed)
    - Independently identify apnea
    - Independently apply CPAP/BiPAP
- Final Diagnosis by Licensed Practitioner
- Usually work at night, often alone with patients, with minimal supervision

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Economic Impact

Fast growing field
- Profitable
- Rapidly expanding education capacity

Salary
- Overall, slightly less than RT salaries

Practitioner supply
- May be restricted with sleep-specific or respiratory therapist specific standards

- Education in Virginia
  - Accredited
    - Naval School of Health Sciences (CAAHEP)
    - Sleep Disorder Center (A-STEP Introduction)
    - Keswick Sleep Center (A-STEP Equivalent)
  - Unaccredited
    - Tidewater Community College RT add-on
- Border States
  - 11 CAAHEP accredited programs

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Alternatives to Regulation

- Exemption
  - By credential
  - By task (i.e. CPAP)
  - By venue (i.e JCAHO accredited)
- By Polysomnography Job Descriptions
  - Trainee/Technician/ RPSGT
  - Facilitate OTJ Training
- Enforcement of RC act
- Policy Statement

Any regulation or alternative will affect different practitioners in different manners.

The professional sleep community is moving towards standards that require formal, sleep-specific education. This includes facility accreditation and certification standards.

Determining who is qualified to perform polysomnography may guide whether regulations are inclusive or exclusive.

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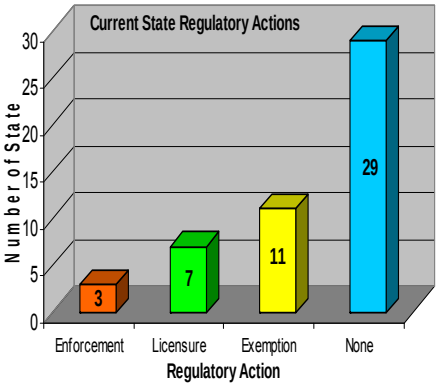
Least Restrictive Regulation Consistent with Public Protection

- Licensure
  - Designed to be inclusive or exclusive
- Voluntary Certification
- Registration
  - Criminal Background Checks
- No Regulation
  - Enforcement?
  - Confusion?



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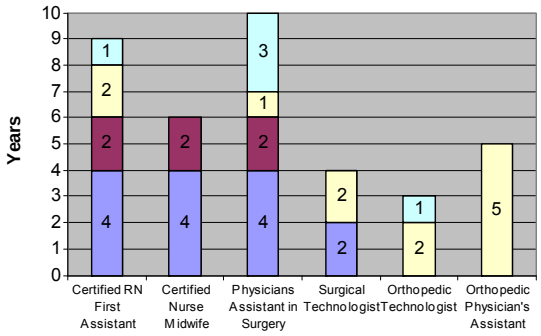
Surgical Assistant/Surgical Technologist



Minimum Qualifications for Certification in First Assisting

- First Assisting Experience
- Medical/OR Experience
- Post-Graduate Education
- Undergraduate Education

Not Shown:

Ophthalmologic Assistant

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