

BOARD OF PHYSICAL THERAPY

Department of Health Professions

Perimeter Center

9960 Mayland Drive, Suite 300

Henrico, Virginia 23233

Board Room #4, Second Floor

Tuesday, August 11, 2015

10:00 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – May 1, 2015

INFORMAL CONFERENCES HELD – (Informational Purposes Only)

- May 8, 2015 – 3 IFC's

PUBLIC COMMENT

AGENCY DIRECTORS REPORT – Dr. David Brown, DC

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn - Tab 2

NEW BUSINESS

- Workforce Data – **Elizabeth Carter**
- Legislative/Regulatory Reports– **Elaine Yeatts – Tab 3**
 - Report on status of NOIRA for dry needling
 - Adoption of regulatory changes for direct access certification – conforming to change in the Code of Virginia
- Guidance Document for Auditing CE/Active Practice – **Tab 4**
- FSBPT Reports – **Sarah Schmidt**
 - Board Member & Administrator Training – June 2015
 - Leadership Forum – August 2015

Tab 1

**UNAPPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a board meeting on Friday, May 1, 2015 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #3, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Sarah Schmidt, PTA, President
Michael Styron, PT, MBA, Vice-President
Melissa Wolff-Burke, PT, EdD,
Dixie Bowman, PT, DPT, EdD
Dr. Allen R. Jones, Jr., PT, DPT
Steve Lam, Citizen Member

BOARD MEMBERS ABSENT:

Peggy Belmont, PT

DHP STAFF PRESENT FOR THE MEETING:

Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
David Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst

BOARD COUNSEL

Erin Barrett, Assistant Attorney General

QUORUM:

With 6 members present, a quorum was established.

GUEST PRESENT

Richard Grossman, VPTA
Tom Bohanon, VPTA

CALLED TO ORDER

Ms. Schmidt, President, called the meeting to order at 10:07 a.m.

ORDERING OF THE AGENDA

The agenda was accepted as re-ordered.

ACCEPTANCE OF MINUTES

Upon a motion by Dr. Allen R. Jones, Jr. and properly seconded by Dixie Bowman, the Board voted to accept the minutes of the November 21, 2014 board meeting. The motion passed unanimously.

Upon a motion by Michael Styron and properly seconded by Dr. Allen R. Jones, Jr, the Board voted to accept the November 21, 2014 Formal hearing minutes. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

Regulatory Report – Elaine Yeatts

Ms. Yeatts stated that the board had no regulatory actions pending.

Legislative Report – Elaine Yeatts

Ms. Yeatts gave the members a report of the 2015 General Assembly including the following Bills:

SB776; HB1457; HB1963; and HB2063

Ms. Yeatts explained that **HB2063 (Attachment #1)** referred to Telemedicine services and prescriptions for which the Board of Physical Therapy does not currently prescribe.

Ms. Yeatts reviewed **HB1457 (Attachment #2)** regarding Direct Access to Physical Therapy that will become Law as of July 1, 2015. In summary, Ms. Yeatts stated that as of July 1st, any newly licensed DPT will not require additional certification for Direct Access. Anyone who already holds a Direct Access certification will no longer be required to complete the CE requirement or pay an additional renewal fee for Direct Access.

Following discussion, Ms. Yeatts concluded that the board will have the authority after July 1, 2015 to make the regulations conform to the new Law.

Discussion on Dry Needling – Elaine Yeatts

The Board discussed Dry Needling at length. Upon a motion by Michael Styron and properly seconded by Dr. Allen R. Jones, Jr., the board voted to begin the regulatory process to incorporate the verbiage from Guidance Document 112-9 into regulations. The motion carried unanimously.

AGENCY DIRECTORS REPORT – Dr. David Brown

Dr. Brown began his report welcoming the board members and again inviting each of them to meet with him in order to become better acquainted. He stated they could coordinate through Ms. Hahn or his office for a time that was convenient.

Dr. Brown shared that criminal background checks will be required for RNs and LPNs beginning in 2016. He said Nursing is the first board in DHP to include this requirement for licensure, noting that the Nurse Licensure Compact requires this information. He stated that because the Physical Therapy Board will be working on Compact Licensure, it will be great to have the largest board start the process as future guidance for other boards.

Dr. Brown shared that an external audit of the Health Practitioners Monitoring Program by the Citizen Advocacy Center was completed this winter in order to evaluate the structure and functioning of the program. He expects to receive the completed report sometime in mid-May or June with recommendations on how to make the program even better.

Dr. Brown encourages board members and staff to attend National Association Meetings as he sees it to be a great way to be a great board member and to share our knowledge at the national level. Dr. Brown does ask that anyone who attends a national conference or meeting to send him an email with at least 3 takeaways from the meeting. They can encompass good or not so good takeaways.

Dr. Brown stated that the 'Training for Board Members' was scheduled for September 28th and that he encourages all members new and seasoned to attend. He said that the training will focus on disciplinary side of what board members do; how to be effective; how to chair a meeting; how to write Orders; and will include involvement from the Office of the Attorney General.

This concluded the Agency Directors Report.

BREAK

The Board took a recess at 11:05 a.m. and reconvened at 11:20 a.m.

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

Expenditure and Revenue Summary

Ms. Hahn began her report by reviewing the expenditure and revenue summary.

Cash Balance as of June 30, 2014	\$288,153
YTD FY15 Revenue	1,124,500
Direct and allocated expenditures	< <u>349,825</u> >

Cash Balance as of 01/31/15 **\$1,062,828**

She explained that each year the law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures of each regulatory board are more than 10% apart, the board is required by law to adjust fees so that the fees are sufficient, but not excessive to cover expenses. The adjustment can be either an increase or decrease in fees. Ms. Hahn indicated that she did not foresee any changes but reminded the board that we should be receiving the letter from the Director based upon this analysis in the near future.

Licensee Statistics (as of May 9 th)	May 2013	vs.	May 2015
PT	6,218		6,835
PTA	<u>2,529</u>		<u>2,812</u>
Total	8,747		9,647
 DAccess	 722		 990

Discipline Statistics (as of May 9th)

Investigations	13
Probable Cause	7
APD	0
Informal Stage	3
Formal Hearing Stage	1
Total Cases	24

During May 2013 we had 19 open cases

Cases being monitored for compliance	15
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Detailed Case Offenses

July 1, 2014 through March 31, 2015; 7 cases resulted in Orders:

- 3 resulted from out of state orders

- 1 for breach of confidentiality
- 1 for failure to meet CE requirements
- 1 failing to comply with a previous Order
- 1 for patient records fraud

Virginia Performs (Q3 2015)

- Clearance Rate was 40 %
- Age of Pending Caseload (10%) percent of patient care cases over 250 days (target is no more than 20%)
- Time to Disposition – 100% closed within 250 days (target >90%)
- Licensing Standard less than 30 days – 100%
- Customer Satisfaction – 100%
- Q3 Caseloads: Received =10, Closed =4
- Pending cases over 250 days =2; Closed cases within 250 days=4

Ms. Hahn attributed the high customer satisfaction rating to the licensing staff as well as Missy Currier, the Deputy Director of Licensing. She stated that their professionalism, dedication and knowledge of all three of her boards do not go unnoticed.

January 2015 Exam Results:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test takers
US Applicants	38	30	24	6	8	4	4
Foreign Applicants	4	2	1	1	2	1	1
Total	42	32	25	7	10	5	5

2015 YTD PT Exam Stats:

- 76.2% pass rate/23.8% fail
- Total of 38 US Applicants have taken exam–
- (30/passed – 8/failed) = 78.95% pass rate
- Total of 4 Foreign Applicants have taken exam – (2/passed – 2/failed) = 50% pass rate

January 2015 PTA Exam Results:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test takers
US Applicants	21	9	7	2	12	7	5
Foreign Applicants	0	0	0	0	0	0	0
Total	21	9	7	2	12	7	5

2015 YTD PTA Exam Stats:

- 42.9% pass rate/57.14% failure rate
- Total of 21 US Applicants have taken exam
- (9/passed – 12/failed)
- No Foreign Applicants took the January exam

Board Committee's:

Ms. Hahn stated that Sarah Schmidt would be putting together the new 2015 Committee List. Ms. Hahn requested that the members email her if they had a particular interest to serve on any of the committee's.

CE Audits:

Ms. Hahn indicated that Continuing Education Audits were done for the January 1, 2013 thru December 31, 2014 renewal cycle.

FSBPT:

Ms. Hahn shared that a letter (**Attachment #3**) was emailed to licensees informing them about **aPTitude**– Tracking Continuing Competence and that the letter has also been posted on the website. As of the day of the meeting, the following Virginia licensees have signed up for **aPTitude**:

- 396 total have signed up
 - 286 elected to share tracking with Virginia (72%)
 - 110 elected not to share tracking (28%)

Physical Therapy Licensure Compact:

Ms. Hahn reported on the timeline and status of the Licensure Compact

- **Advisory Phase** – January 2014 – July 2014
- Advisory Task Force Consisting of:
 - Licensing Board Members & Administrators
 - APTA representatives
 - Health Policy and Administration representative
 - Public Members
 - FSBPT representatives
 - Consultants
- Recommended moving forward with a compact
- Recommended a Compact Model

- **Drafting Phase** – November 2014 – April 2015
- Drafting Task Force
 - Licensing Board Members & Administrators
 - APTA representatives
 - Public Members
 - FSBPT representatives
 - Consultants
- Developed draft compact language based on model recommended by Advisory Task Force
- Will present to the membership during the FSBPT October Annual Meeting.

Telehealth:

Ms. Hahn discussed pulling information together and to possibly establish a committee to develop a Telehealth policy for the Board of Physical Therapy.

Ms. Hahn also shared that just “Hot off the Press” we received the April 2015 Telehealth in Physical Therapy Policy Recommendations for Appropriate Regulation (just approved by the FSBPT Board of Directors). She also stated that we also have the following information for a committee to review:

- National Council of State Board of Nursing Position Paper on Telehealth Nursing Practice
- Virginia’s new law regarding Telemedicine BOM GD 85-12
- BOM Ad Hoc Committee Report on Telemedicine

Board Business:

Ms. Hahn reiterated what Dr. Brown reported earlier about the Board of Nursing being successful during the general assembly for approval on legislation that will require fingerprint based criminal history checks.

She stated that during the November board meeting, the board discussed the addition of a criminal history question to be added to the renewal form. Ms. Hahn spoke to the IT staff who agreed that could certainly make that happen hopefully by the board’s next renewal cycle.

Calendar

Ms. Hahn provided the members with the remaining 2015 meetings:

- August 11th and November 13th

Ms. Hahn also indicated that there was potential for holding a formal hearing prior to the August meeting and that she would inform the members as soon as a date was established.

With no further questions, Ms. Hahn concluded her report.

NEW BUSINESS

Guidance Document for Auditing CE/Active Practice – Lisa Hahn

Ms. Hahn provided draft verbiage for a Guidance Document related to auditing procedures for continuing education and active practice requirements. Following discussion, Ms. Hahn

indicated that she would reword some of the verbiage to conform to the regulations and she will bring it back for approval during the August 2015 meeting.

NC Dental Board vs. FTC Supreme Court Decision – Erin Barrett, Asst. Attorney General

Ms. Barrett provided an update regarding *North Carolina Dental Board Examiners v. FTC*.

ADJOURNMENT

Upon a motion by Michael Styron and properly seconded by Dixie Bowman, the board voted to adjourn the meeting at 12:15 p.m.

Sarah Schmidt, PTA, President

Lisa R. Hahn, MPA, Executive Director

Date

Date

ATTACHMENT #1

HB 2063 Telemedicine services; provision of health care services.

Chief patron: Kilgore

Summary as passed House:

Telemedicine services; prescriptions. Amends the definition of telemedicine services to encompass the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. The measure also provides that for the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when certain conditions are met. This bill is identical to SB 1227.

03/16/15 Governor: Acts of Assembly Chapter text (CHAP0115)

ATTACHMENT #2

HB 1457 Direct access to physical therapy.

Chief Patron: John M. O'Bannon, III

SUMMARY AS INTRODUCED:

Direct access to physical therapy. Provides that a physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization may evaluate and treat patients for up to 30 days after an initial evaluation without a referral if (i) the patient is not receiving care from a licensed health care provider for the symptoms giving rise to the presentation at the time of his presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed health care provider at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a health care provider from whom he is currently receiving care, (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner, and (c) the physical therapist notifies the identified practitioner no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. The bill allows a physical therapist who has not completed a doctor of physical therapy program approved by the American Physical Therapy Association or received a certificate of authorization to conduct a one-time evaluation of a patient who has not met the criteria for evaluation and treatment without a referral and direction, provided the physical therapist does not provide treatment. The bill eliminates the requirement for continuing education for physical therapists who have received a certificate of authorization and eliminates the advisory committee established to consult with the Board of Physical Therapy in promulgating regulations for minimum education, training, and experience criteria. This bill is identical to SB 776.

ATTACHMENT #3

Dear Licensees;

We want to inform all Physical Therapists and Physical Therapist Assistants about the Federation of State Boards of Physical Therapy (FSBPT) **aPTitude** System and how it can help you store and track continuing education (CE) activities. This new option is available to all licensees and the best news is that usage of aPTitude is **free** for licensees.

You can access aPTitude at <https://pt.fsbpt.net/aPTitude>. After creating a user account, you can start recording and tracking your CE activities in the system. After you record the activity, you must also upload the completion certificate. You can accomplish this by simply scanning or taking a picture of your completion certificate and uploading to aPTitude.

This is a great way to keep your CE certificates in one place and it can certainly help you if you are ever selected for a continuing education audit.

If you have any questions, please contact FSBPT at 703 299-3100.

Sincerely,

Lisa R. Hahn

Lisa R. Hahn, MPA, Executive Director
Board of Physical Therapy

Tab 2

Virginia Department of Health Professions
Cash Balance
As of May 31, 2015

	116- Physical Therapy
Board Cash Balance as of June 30, 2014	\$ 288,153
YTD FY15 Revenue	1,229,445
Less: YTD FY15 Direct and In-Direct Expenditures	506,995
Board Cash Balance as of May 31, 2015	<u>1,010,602</u>

Virginia Department of Health Professions
Revenue Report
July 1, 2014 through May 31, 2015

Description	Revenue		Total Revenue YTD	(Over) Under	% of Budget Remaining
	Operating Budget	May-15		Revenue Operating Budget	
Revenue					
2401 · Application Fee	126,000.00	31,905.00	170,965.00	-44,965.00	-36%
2406 · License & Renewal Fee	1,009,400.00	680.00	1,042,090.00	-32,690.00	-3%
2407 · Dup. License Certificate Fee	550.00	40.00	725.00	-175.00	-32%
2409 · Board Endorsement - Out	5,900.00	980.00	9,880.00	-3,980.00	-67%
2421 · Monetary Penalty & Late Fees	5,235.00	65.00	5,795.00	-560.00	-11%
2432 · Misc. Fee (Bad Check Fee)	35.00		0.00	35.00	100%
3020 · Misc. Sales-Dishonored Payments	0.00		-10.00	10.00	0%
Total Revenue	1,147,120.00	33,670.00	1,229,445.00	-82,325.00	-7%

Expenditures	Expense		Current Year Expenditures	(Over) Under	% of Budget Remaining
	Operational Budget	May-15		Operational Budget	
Employer Retire Contrb-Def Ben	11,371.00	831.76	9,802.80	1,568.20	13.8%
Salary Social Security&Medicare	7,056.00	473.71	5,726.22	1,329.78	18.8%
Group Life Insurance	1,218.00	80.28	958.14	259.86	21.3%
Employer Health Ins Premium	25,020.00	1,807.00	21,701.73	3,318.27	13.3%
Retiree Health Ins Cr Premium	1,079.00	70.84	843.77	235.23	21.8%
VSDB & Longterm Disability Ins	674.00	44.54	504.16	169.84	25.2%
Salaries, Classified	92,216.00	6,745.64	80,861.36	11,354.64	12.3%
Deferred Comp Match Payments	864.00	24.00	304.00	560.00	64.8%
Salaries, Annual Leave Balance	0.00	-	185.30	(185.30)	0.0%
Salaries, Sick Leave Balances	0.00	-	373.43	(373.43)	0.0%
Express Services	5.00	23.58	174.56	(169.56)	-3391.2%
Postal Services	10,000.00	461.33	9,919.17	80.83	0.8%
Printing Services	600.00	16.30	183.94	416.06	69.3%
Telecom Services (VITA)	1,000.00	77.06	893.02	106.98	10.7%
Telecom Services (Non-State)	0.00	26.96	310.04	(310.04)	0.0%
Inbound Freight Services	0.00	-	0.48	(0.48)	0.0%
Organization Memberships	2,500.00	-	2,725.00	(225.00)	-9.0%
Employee Training/Workshop/Conf	1,000.00	-	-	1,000.00	100.0%
X-Ray & Laboratory Services	300.00	-	-	300.00	100.0%
Fiscal Services	15,500.00	-	17,651.14	(2,151.14)	-13.9%
Management Services	4,000.00	-	14.93	3,985.07	99.6%
Legal Services	300.00	-	275.00	25.00	8.3%
Custodial Services	0.00	9.72	65.70	(65.70)	0.0%
Electrical Repair & Maint Srvc	25.00	-	19.65	5.35	21.4%
Equipment Repair & Maint Srvc	0.00	-	162.75	(162.75)	0.0%
Clerical Services	4,919.00	-	-	4,919.00	100.0%

Description	Revenue		Total Revenue YTD	(Over) Under	% of Budget Remaining
	Operating Budget	May-15		Revenue Operating Budget	
Food & Dietary Services	750.00	-	393.78	356.22	47.5%
Laundry & Linen Services	0.00	-	11.58	(11.58)	0.0%
Manual Labor Services	700.00	0.55	45.65	654.35	93.5%
Production Services	2,245.00	25.86	503.98	1,741.02	77.6%
Skilled Services	11,930.00	4,179.28	17,504.04	(5,574.04)	-46.7%
VITA Pass Thru Charges	0.00	(2,950.08)	-	0.00	0.0%
Travel, Personal Vehicle	3,000.00	603.76	2,081.71	918.29	30.6%
Travel, Public Carriers	0.00	-	(51.84)	51.84	0.0%
Travel, St Owned/Leasd Vehicle	1,500.00	-	-	1,500.00	100.0%
Travel, Subsistence & Lodging	1,500.00	-	40.04	1,459.96	97.3%
Travel, Meal Reimb-Not Rpt Irs	300.00	-	(110.50)	410.50	136.8%
Office Supplies	1,000.00	64.40	583.94	416.06	41.6%
Stationary & Forms	0.00	-	1.39	(1.39)	0.0%
Gasoline	0.00	-	19.55	(19.55)	0.0%
Packaging & Shipping Supplies	50.00	-	-	50.00	100.0%
Custodial Repair & Maint Matrl	0.00	-	2.56	(2.56)	0.0%
Electrcal Repair & Maint Matrl	15.00	-	17.24	(2.24)	-14.9%
Food & Dietary Supplies	200.00	-	-	200.00	100.0%
Personal Care Supplies	0.00	-	13.57	(13.57)	0.0%
Computer Operating Supplies	10.00	4.55	41.48	(31.48)	-314.8%
Property Insurance	29.00	-	28.15	0.85	2.9%
Equipment Rentals	0.00	1.37	4.13	(4.13)	0.0%
Building Rentals	0.00	0.81	2.16	(2.16)	0.0%
Bldg Rental-NonState DGS Adm	7,843.00	698.82	7,241.25	601.75	7.7%
General Liability Insurance	107.00	-	101.08	5.92	5.5%
Surety Bonds	7.00	-	5.96	1.04	14.9%
Other Computer Equipment	0.00	-	39.99	(39.99)	0.0%
Reference Equipment	60.00	-	48.95	11.05	18.4%
Office Appurtenances	35.00	-	-	35.00	100.0%
Total Expenditures	\$210,928.00	13,322.04	182,226.13	\$28,701.87	13.6%

Allocated Expenditures	Allocated FY15		Current Year Expenditures	(Over) Under	% of Budget Remaining
	Budget	May-15		Operational Budget	
9206 · Funeral/LTCA/PT	99,318.85	8,258.36	94,327.43	4,991.42	5.0%
9301 · DP Operations & Equipment	85,781.52	2,360.33	62,053.31	23,728.21	27.7%
9302 · Human Resources	13,352.41	144.84	12,828.34	524.07	3.9%
9303 · Finance	38,071.06	1,284.34	41,399.97	(3,328.91)	-8.7%
9304 · Director's Office	23,110.30	1,729.95	24,174.73	(1,064.43)	-4.6%
9305 · Enforcement	60,459.24	2,239.32	44,256.09	16,203.15	26.8%
9306 · Administrative Proceedings	20,895.36	2,027.24	11,295.01	9,600.35	45.9%
9307 · Impaired Practitioners	1,039.44	81.94	1,119.44	(80.00)	-7.7%
9308 · Attorney General	4,751.28	-	9,719.34	(4,968.06)	-104.6%
9309 · Board of Health Professions	13,650.60	1,060.86	12,488.52	1,162.08	8.5%
9310 · SRTA	-	-	0.00	-	-
9311 · Maintenance and Repairs	439.68	(44.29)	0.00	439.68	100.0%
9313 · Emp. Recognition Program	368.16	114.87	251.97	116.19	31.6%
9314 · Conference Center	231.12	202.30	324.20	(93.08)	-40.3%
9315 · Pgm Devlpmnt & Implmentn	13,413.77	922.49	10,530.96	2,882.81	21.5%
Cash Trnsfr Out- Appr Act Pt. 3	1,465.20	-	0.00	1,465.20	100.0%
Total Allocated Expenses	376,347.99	20,382.54	324,769.31	51,578.68	13.7%

Licensure Count Report

As of July 28, 2015:

Physical Therapists	7,116
Physical Therapist Assistants	2,953
	<hr/>
	10,069
Direct Access Certification	1,025

Discipline Statistics

As of 7/28/2015

Investigations	11
Probable Cause	8
APD	1
Informal Stage	0
Formal Stage	2
Total Open Cases	22

Monitoring:

PT Compliance Cases	8
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Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times:

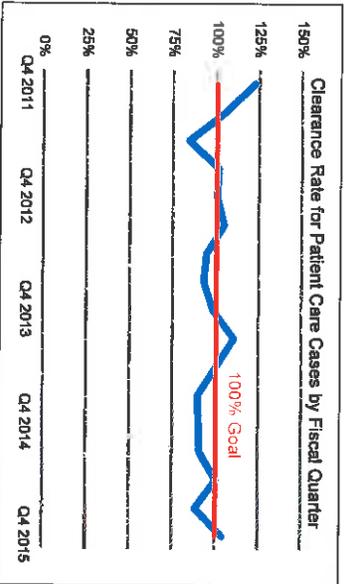
Quarterly Performance Measurement, Q4 2011 - Q4 2015

DAVID E. BROWN, D.C.
Director

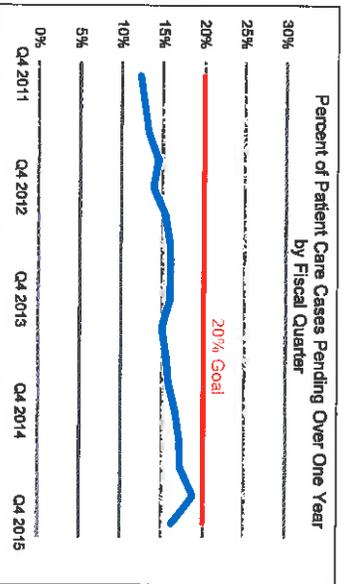
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website. In biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs), KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

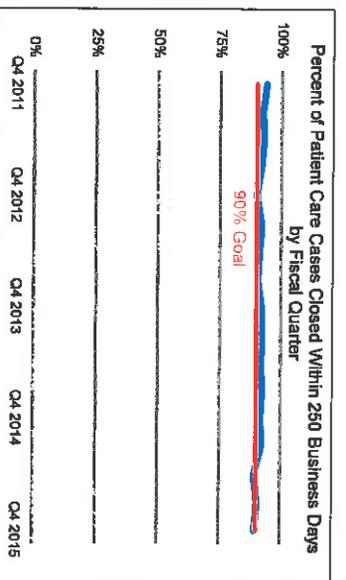
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 104%, with 849 patient care cases received and 882 closed.



Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. That goal continues to be achieved with 16% percent of patient care cases pending over 250 business days. For the last quarter shown, there were 2,168 patient care cases pending, with 351 pending over 250 business days.



Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. The current quarter shows 90% percent of patient care cases being resolved within 250 business days with 864 cases closed and 773 closed within 250 business days.

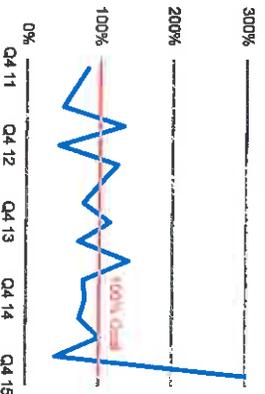


Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

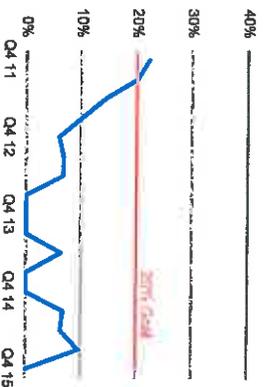
Clearance Rate

Physical Therapy - In Q4 2015, the clearance rate was 300%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 67%.

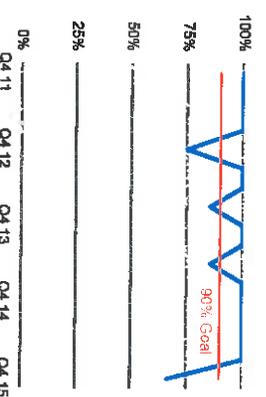
Q4 2015 Caseloads:
 Received=2, Closed=6
 Pending over 250 days=0
 Closed within 250 days=4



Age of Pending Caseload (percent of cases pending over one year)

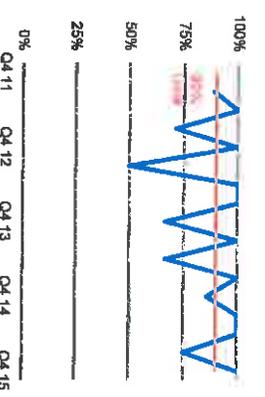
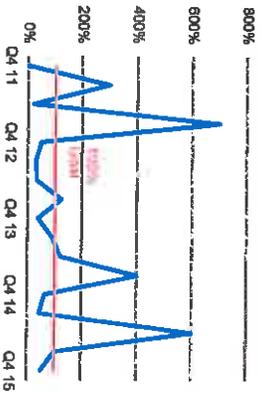


Percent Closed in 250 Business Days



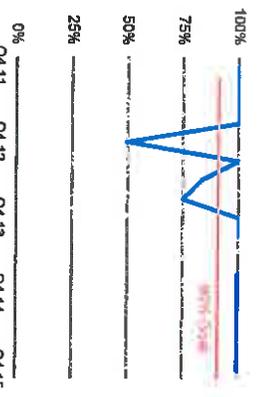
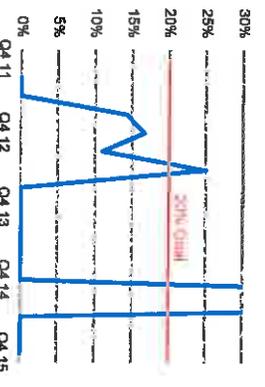
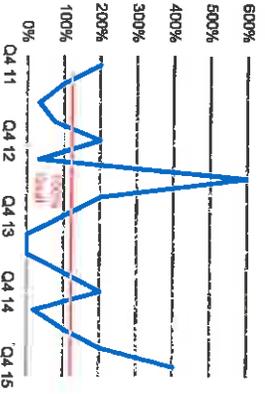
Funeral - In Q4 2015, the clearance rate was 50%, the Pending Caseload older than 250 business days was 22% and the percent closed within 250 business days was 100%.

Q4 2015 Caseloads:
 Received=4, Closed=2
 Pending over 250 days=4
 Closed within 250 days=2



Audiology - In Q4 2015, the clearance rate was 400%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.

Q4 2015 Caseloads:
 Received=1, Closed=4
 Pending over 250 days=0
 Closed within 250 days=4



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

MEMORANDUM

TO: Members of Boards at the Department of Health Professions

FROM: David E. Brown, D.C., Director *DB*

DATE: April 3, 2015

RE: Board Member Development Day – September 28, 2015

As a former member of the Board of Medicine, I am well aware of the commitment of time and energy you devote to serving as a member of one of our regulatory boards at the Department. We are incredibly grateful for the time you take from your professional and personal lives to serve the Commonwealth in this capacity.

We offer new board member training as an orientation to the work of boards and the Department. However, I believe as you actually experience the policy and disciplinary workload, additional training would be beneficial in helping you become more effective in conducting and participating in meetings and hearings. For this reason, we are having a Board Member Development Day to provide more in-depth training, especially on conflicts of interests, conducting disciplinary proceedings, deliberations, making findings of facts and conclusions of law.

With this advance notice, I hope you will set aside September 28, 2015 on your calendar to participate in board member development. All of the attorneys general who provide counsel to the Boards will be involved in the training, as will our Executive Directors and others in the agency. More information and a detailed schedule will follow.

If any of you have topics or questions you would like to have addressed in the training, please send them directly to me at: david.brown@dhp.virginia.gov. We want to enhance your experience as a board member, so we would appreciate hearing any of your suggestions.

Thank you again for all you do for our boards and for the Commonwealth. I hope to see you on the 28th

Tab 3

Project 4314

BOARD OF PHYSICAL THERAPY

Change to direct access certification

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year.

2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year.

3. A fee of \$50 for a physical therapist and \$25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.

2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.

3. The fee for a returned check shall be \$35.

4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.

~~F. Direct access certification fees.~~

~~1.5. The application fee for direct access certification shall be \$75 for a physical therapist to obtain certification to provide services without a referral.~~

~~2. The fee for renewal on a direct access certification shall be \$35 and shall be due by December 31 in each even-numbered year.~~

~~3. A fee of \$15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.~~

18VAC112-20-81. Requirements for direct access certification.

A. An applicant for certification to provide services to patients without a referral as specified in § 54.1-3482.1 of the Code of Virginia shall hold an active, unrestricted license as a physical therapist in Virginia and shall submit evidence satisfactory to the board that he has one of the following qualifications:

~~1. Completion of a doctor of physical therapy program approved by the American Physical Therapy Association;~~

~~2. Completion of a transitional program in physical therapy as recognized by the board;~~

or

~~3.~~ 2. At least three years of postlicensure, active practice with evidence of 15 contact hours of continuing education in medical screening or differential diagnosis, including passage of a postcourse examination. The required continuing education shall be offered by a provider or sponsor listed as approved by the board in 18VAC112-20-131 and may be face-to-face or online education courses.

B. In addition to the evidence of qualification for certification required in subsection A of this section, an applicant seeking direct access certification shall submit to the board:

~~1.~~ A completed application as provided by the board;

2. Any additional documentation as may be required by the board to determine eligibility of the applicant; and

3. The application fee as specified in 18VAC112-20-27.

18VAC112-20-130. Biennial renewal of license and certification.

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and

2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

~~D. In order to renew a direct access certification, a licensee shall be required to:~~

~~1. Hold an active, unrestricted license as a physical therapist; and~~

~~2. Comply with continuing education requirements set forth in 18VAC112-20-131 I.~~

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state or federal government agencies;

- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course; and
- g. The National Athletic Trainers Association.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he has met the standard of the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment tool was taken.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

~~I. Physical therapists holding certification to provide direct access without a referral shall include four contact hours as part of the required 30 contact hours of continuing education in courses related to clinical practice in a direct access setting.~~

Tab 4

Virginia Board of Physical Therapy

Procedures for Auditing Continuing Education

1. The Department of Health Professions Board of Physical Therapy audits a random sample of licensees to investigate compliance with the Board's continuing competency requirements and active practice requirements and reports the results of the audits to the Board.
2. Board staff reviews each audit report and either:
 - a. Sends an acknowledgement letter of fulfillment of the continuing competency requirements and active practice requirements, or
 - b. Opens a case for probable cause
3. Once a case is opened for probable cause, staff may:
 - a. Issue a Pre-Hearing Consent Order (PHCO) specifying the sanctions:
 1. Monetary Penalty of \$100 per missing contact hour,
 2. Monetary Penalty of \$300 for a fraudulent renewal certification, and;
 3. Require submission of proof of completion of the missing contact hour(s) within 90 days of Order entry. These contact hours cannot be used toward the next annual requirement for renewal;
 - b. For those licensees who fail to meet the active practice requirements, they must take the FSBPT Practice Review Tool (PRT) within 90 days of Order entry. If they are also found deficient in meeting the continuing competency requirements, they may also earn credit by taking and passing the PRT.
 - c. If the licensee fails to respond to the audit or does not wish to sign the offered PHCO, the case will be referred to an informal fact-finding conference (IFC).
 - d. If the licensee has been previously disciplined for not meeting the continuing competency requirements, the matter will be referred directly to an IFC.