

**DRAFT**  
**Department of Health Professions**  
**Board of Health Professions**  
**REGULATORY RESEARCH COMMITTEE**  
**October 2, 2012**

**TIME AND PLACE:** The meeting was called to order at 10:00 a.m. on Tuesday, October 2, 2012, Department of Health Professions, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 2, Henrico, VA, 23233.

**PRESIDING OFFICER:** Jonathan Noble, OD

**MEMBERS PRESENT:** Jonathan Noble, OD  
Allison Gregory  
Charlotte Markva

**MEMBERS NOT PRESENT:** Yvonne Haynes  
Maureen Clancy

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

**OTHERS PRESENT:** Susan Ward, VHHA  
James Pickral, Jr., Virginia Pharmacists Association

**QUORUM:** A quorum was established with three members in attendance.

**AGENDA:** There was one edit to the agenda. A heading of Pharmacy Scope of Practice Update was added by Dr. Carter.

**PUBLIC COMMENT:** There was no public comment.

**APPROVAL OF MINUTES:** A motion was made by Ms. Gregory and properly seconded to approve the minutes of the September 17, 2012 meeting. All committee members were in favor, none opposed.

**EXECUTIVE DIRECTOR:** **Pharmacy Scope of Practice & Team Delivery Study Update**  
Dr. Carter met with the Board of Pharmacy on October 1, 2012 and received their insights on the study report and comments received, to date, as well as their response to the questions posed at the Committee's last meeting concerning who bears ultimate responsibility for patient care and whether pharmacist practice in collaborative teams would be restricted to chronic care management.

The Board of Pharmacy comments were positive concerning the recommendations put forward by the Virginia Pharmacists Association (VPhA) in response to the Committee's review:

- Allow patients to opt out of a collaborative agreement

rather than opt in.

- Allow disease-state specific protocols rather than only patient-specific protocols
- Allow collaborative agreements to include all patients under the care of a physician or a physician group rather than per-patient and per-physician only.
- Allow Nurse Practitioners and Physician Assistants to be listed as authorizers of collaborative agreements.
- Allow for electronic collaborative agreements and protocols rather than paper only.

Additionally, at the Board of Pharmacy meeting, on October 1<sup>st</sup>, VPhA representative James Pickral, Jr. also advised that Board that the association would like to include two an additional recommendations, that implementation of therapy within team-based settings occur post-diagnosis and that they are not seeking a separate state certification for advanced practice pharmacists such as exists in New Mexico and North Carolina.

In response to, “Which party bears the ultimate responsibility for patient care?” the answer from the Board was “yes” implying that all practitioners bear responsibility for providing appropriate patient care, but the answer is also based on the specifics of each collaborative practice agreement. In response to “ Is the expanded practice authority envisioned to be limited to management of chronic disease?” acute care would also be likely to be incorporated into collaborative practice.

Dr. Carter also advised that it her understanding there are negotiations underway between the Virginia Pharmacists Association and the Medical Society of Virginia that are planned to result in a legislative proposal in 2013.

Mr. Pickral was present and asked by the Chair if he had anything further to add. Mr. Pickral confirmed the information that Dr. Carter received from the Board of Pharmacy and emphasized the importance of collaborative agreements allowing for agreements with groups of practitioners to facilitate the emerging team model of care..

Due to the impending legislation, the Committee agreed that the Pharmacy Scope of Practice & Team Delivery study should continue after the General Assembly has had the opportunity to address the anticipated 2013 legislation. The Committee’s report and all comments, to date, will remain available for reference on the website.

A motion was made by Ms. Markva and properly seconded to continue with the Pharmacy Scope of Practice & Team Delivery study. All committee members were in favor, none opposed.

**Pharmacy Technician Scope of Practice**

Staff will continue to prepare information on the pharmacy technician scope of practice for presentation at the next meeting scheduled for February 5, 2013.

**Lactation Consultants**

Dr. Carter informed the Committee that no additional information has been received from the Lactation Consultants.

**STUDIES:**

**Perfusionist Study Presentation**

A PowerPoint presentation regarding Perfusionists was presented by Mr. Crow. (Attachment 1) The Committee requested that a public hearing be held to receive public comment on the profession.

**NEW BUSINESS:**

There was no new business.

**ADJOURNMENT:**

With no other business to conduct, the meeting adjourned at 10:24 a.m.

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Jonathan Noble, OD  
Chair

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



# Perfusionists Overview

Regulatory Research Committee  
Board of Health Professions

Justin Crow  
Research Analyst

October 02, 2012  
Perimeter Center  
Henrico, Virginia

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## Perfusionists

1. Operate the Heart Lung Machine during open heart surgery
    1. Circulation and respiration
    2. Administer pharmaceuticals, blood components, anesthetics
    3. Myocardial protection
    4. Pre & Post op management of VADs, Pacemakers
    5. Point of care laboratory tests
  2. Intensive Care Unit
    1. Long-term extracorporeal life support (ECLS)
    2. Set-up, consult, oversight
  3. Other
    1. Transport
    2. Organ donations
    3. Isolated perfusion (e.g., targeted chemotherapy)
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## Credentialing

1. Education
    1. Bachelor in Perfusion, or post-graduate certificate/masters
    2. CAAHEP-Accredited
  2. Private Certification
    1. Voluntary
    2. American Board of Cardiovascular Perfusion
    3. Requires CE & Caseload to maintain
  3. Medical Staff Privileging
    1. CMS Condition of Participation for surgical staff
    2. Must be privileged by the medical staff to perform specific procedures
    3. Reviewed and updated at least every 2 years
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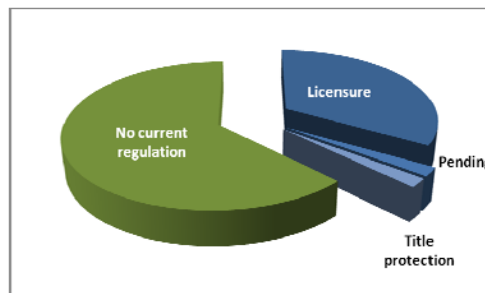
## Regulation in other states

**Licensure:** 17 States

**Title Protection :** 1 State

**Legislation on Governor's Desk:** 1 State

**No Regulation:** 31 States & Washington D.C.





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## Workforce Adequacy

1. Wages & Salaries typical of education and field
  2. High job placement rate for new graduates
  3. Graduate numbers declining
    1. 224 in 1992 to 106 in 2008
    2. 35 programs in 1994 to 17 currently
  4. CABG volumes declined by 38% between 2001 & 2008
    1. The number of hospitals performing CABG increased 12%
  5. New Work Opportunities
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## ECLS/ECMO Specialist

1. Monitor/Maintain long-term ECLS in ICUs
  2. ECMO centers in tertiary-level ICUs (Three in Virginia)
  3. Experienced Registered Nurses, Respiratory Therapists or other ICU personnel
  4. Trained on the job
  5. Extracorporeal Life Support Organization (ELSO)
    1. Qualifications guidelines
    2. Training guidelines
    3. Specialist manual
    4. Specialist certification?
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## Key Issues

1. Voluntary certification—not all maintain certification
    1. Caseload requirement for certification
  2. Limited number of perfusionists/declining graduation rates
  3. Diffusion of ECLS technology
  4. ECMO Specialist professional development
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