

DRAFT
Department of Health Professions
Board of Health Professions
REGULATORY RESEARCH COMMITTEE
February 5, 2013

TIME AND PLACE: The meeting was called to order at 9:00 a.m. on Tuesday, February 5, 2013, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA, 23233.

PRESIDING OFFICER: Irene V. Farquhar, Chair

MEMBERS PRESENT: Allison Gregory
Yvonne Haynes
Charlotte Markva

MEMBERS NOT PRESENT: Maureen Clancy

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

OTHERS PRESENT: Lee Bechtel, Virginia Perfusion Society
Tim Musselman, Virginia Pharmacists Association

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

EMERGENCY EGRESS PROCEDURES: Dr. Carter provided the emergency egress procedures.

AGENDA: There were not edits made to the agenda.

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 October 2, 2012 meeting. All committee members were in favor, none opposed.

On properly seconded motion by Ms. Gregory, the December 3, 2012 minutes were unanimously approved with the amendment requested by Susan Ward of the Virginia Hospital and Healthcare Association concerning her public comment statements. The revised phrasing is as follows:

Ms. Ward responded to comments on existing oversight and hospitals' ongoing monitoring of credentials and privileges. She stated that the VHHA is awaiting findings of the Board's study before stating a position on licensure of Perfusionists. The VHHA will be providing written comment to the Board before the December 14, 2012 deadline.

EXECUTIVE DIRECTOR: HB 1501 - Pharmacy; collaborative agreements. Relative to the Pharmacy Scope of Practice Study.

Dr. Carter discussed the bill and asked Tim Musselman, Executive Director of the Virginia Pharmacists Association to provide additional information that he may be aware of. Mr. Musselman stated that pharmacy technician registration education training is determined by each state making a military crosswalk difficult. He stated that Carilion and VCU are developing collaborative team based approaches and that Sentara has pharmacists in their medical homes. He stated that this is greatly helping to keep readmission rates down. He further stated that pharmacists are largely involved in information sharing and that electronic information exchanges like the PMP program are heavily utilized.

Dr. Carter will provide updates concerning HB1501 and will move the focus onto Pharmacy Technician education and training and presented findings at the next meeting in May.

HRSA Grant Application

Dr. Carter informed the committee that the HWDC applied for a \$2 million HRSA technical assistance grant. The results will be announced in late summer, with work to begin in September 2013 if successful.

Lactation Consultants & Medical Assistants

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

General Assembly & Regulatory Action

Ms. Yeatts provided handouts on the status of regulatory action by Board and a report of the 2013 General Assembly bills.

STUDIES:

Perfusionist Study Overview and Presentation

A PowerPoint presentation regarding the overview of the Perfusionists study and public comment was presented by Mr. Crow. (Attachment 1)

The Committee reviewed the seven criteria. On properly seconded motion by Ms. Gregory, the Committee recommended that no regulation of Perfusionists was necessary at this time. The vote was not unanimous; Ms. Haynes opposed and Dr. Farquhar abstained. The recommendation will be forwarded to the Full Board for review and consideration at the May 14, 2013 meeting.

NEW BUSINESS:

Dr. Carter recommended monitoring ongoing scope of practice changes, across professions, in light of evolving team delivery models and in response to health reform's impact and changing patient demographics. She stated that there are several

professions that may have overlapping scopes and it would be useful for the Board to remain abreast of how this potential conflict is being resolved within teams.

ADJOURNMENT:

With no other business to conduct, the meeting adjourned at 10:47 a.m.

Irene V. Farquhar
Chair

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



Perfusionists Overview

Regulatory Research Committee
Board of Health Professions

Justin Crow
Research Analyst

February 5, 2012
Perimeter Center
Henrico, Virginia



Public Comment Summary

The Board received six written comments from the public:

- Comment supporting regulation:
 - Mike Brown, Virginia Perfusion Society
 - R. Edward Houck, Member, Senate of Virginia, 1984-2012
 - Alex Sang Na, M.D., Medical Director, Cardiac Surgery, Mary Washington Hospital
 - Lee Bechtel, Virginia Perfusion Society
- Comment opposing regulation:
 - James W. Dunn, Bon Secours Virginia Health System
 - Susan C. Ward, Virginia Hospital & Healthcare Association



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. Requires CE & Caseload to maintain (15 CE, 40 Cases)
 2. 18% Failure Rate
 3. Unlimited Retake
 3. Hospital Hiring Process
 1. Hospitals set own standards
 4. 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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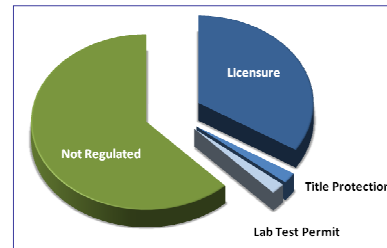


Regulation in other states

Licensure, certification (or equivalent) required: 7 States
Licensure, certification NOT required for renewal: 8 States
Licensure, standards in development: 2 States
Title Protection : 1 State (California)
Permit for laboratory tests: 1 State (New York)
No Regulation: 31 States & Washington D.C.

There is some debate about the value of caseload requirements within the perfusionist community.

Lower licensure standards may create a lower standard to practice than current professional standards



Workforce Adequacy

1. 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. Perfusion Trends (National)
 1. CABG volumes declined by 38% between 2001 & 2008
 1. New treatments and surgical techniques
 2. The number of hospitals performing CABG increased 12%
 3. Boomers aging
 4. Expanded use of ECMO technology in ICUs, ERs, & other areas



Economic Impact of Regulation

1. Highly Specialized, Limited Role
 2. Low number of Perfusionists
 1. 96 Certified Perfusionists in 2013
 2. ≈21 Facilities
 3. Limited number of educational programs
 1. 17 Programs graduated 106 Perfusionists in 2008
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Risk of Harm

1. Serious Injury or Death- Perfusionist caused
 1. 1986: 1/1000 (Reed & Stafford Estimate)
 2. 2000: 1/1453 (Mejak et al. survey results)
 3. 2011: "in *most instances* to negligible levels" (Kurusz' characterization)
 2. "Five Periods of Increasing Perfusion Safety"
 1. 1970s: Accreditation, certification & recertification
 2. 1980s: FDA-sponsored study, survey research
 3. 1990s: Guidelines, checklists, scopes of practice, clinical recommendations, written protocols, safety devices
 4. 2000s: Systems approach, QA/QI, analogies, error recognition
 5. 2010 & Beyond: evidence-based practice, registries, automation, publications, simulators, internet
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Risk of Harm

1. Error v/s the “3 ‘I’s” (Incompetence, Impairment, Impropriety)
 1. Credentialing v/s discipline
 2. Persons let go or denied privileges may switch employers or locales, or work as temporaries.
 3. These folks do not lose their certification. ABCP does not have a discipline role.
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Policy Options

1. Licensure
 1. Monopoly on operating the heart/lung machine during surgery for licensed providers
 2. Meet minimum standards for entry & maintenance
 3. Discipline impaired/incompetent perfusionists
 2. Title Protection
 1. Only certified perfusionists use protected titles (e.g., Perfusionist, Certified Perfusionist)
 2. Prevent misrepresentation by Board-eligible perfusionists, or those who let certification lapse
 3. Usually used for practitioners with contact with the public but could be used here to encourage certification
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Policy Options

3. Voluntary State Certification
 1. State Run "Certification"
 2. May lose certification due to discipline
 4. Registration
 1. Mandatory roster of practitioners—no entry requirements
 2. May include mandatory reporting requirements (e.g., criminal convictions, loss of privileges, certifications)
 3. Method of tracking & gathering information on practitioners
 5. No Regulation
 1. The current system adequately protects the public
 2. The economic impact of regulation outweighs the benefits
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