

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
December 9, 2014

The meeting was called to order at approximately 1:35 p.m. on Tuesday, November 4, 2014.

Committee members present: Anita Steinbergh, D.O.; James Fry, PA-C; James Zedaker, PA-C.; and Robert Zaayer, PA-C.

Staff members present: Sallie Debolt, and Cathy Hacker

Guests: Beth Adamson, OAPA; Patricia Dickerson, M.D.

I. Review of the November 4, 2014 minutes:

Mr. Fry began the meeting by asking the members if anyone had comments on the minutes. Mr. Zaayer stated that the vote regarding the hip injections should reflect the he voted against approval.

Mr. Fry moved to approve the minutes from the November 4 2014 meeting as amended. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

II. Special services application

The committee then discussed the special services plans from **Dermatology and Aesthetic Care** that is requesting approval for the following procedures: Shave Biopsy, skin tag removal, punch excision biopsy, clavus (corn) removal, and intralesional injections.

The committee began the meeting by discussing the application from Dermatology & Aesthetic Care that is requesting approval for shave biopsies.

Dr. Steinbergh stated that she was concerned with the number of observed procedures and felt that it needs to be more than 5. Dr. Dickerson stated that the PA has already observed her in performing 50 procedures and that she would change the application to reflect this. Dr. Steinbergh advised Dr. Dickerson that these applications are not specific to one PA. Mr. Zaayer asked Dr. Dickerson how often these are done in their office. Dr. Dickerson stated that some offices label this as a biopsy and the PA's are already doing them. She further stated that this procedure is done a lot in their office using lidocaine to numb the area. Dr. Steinbergh stated that a PA with 1 year of dermatology experience will have a greater understanding of the dermis and epidermis than PA's without dermatology experience. Mr. Zaayer suggested that the PA watch the physician in performing 25 procedures and then the physician watch the PA in performing 25 procedures to determine competency that would be the same requirement that we require for joint injections. Dr. Steinbergh informed Mr. Zaayer that this procedure is not comparable

to joint injections and felt that the PA observing the physician in performing 10 procedures and then the physician observing the PA in performing 10 procedures would be sufficient. Mr. Fry noted that the application indicates that the shadowing of a nurse practitioner is being used to train the PA and felt that this was not acceptable. Dr. Steinbergh agreed and requested that this language be removed. Dr. Dickerson stated that the nurse practitioner was not training the PA, that the PA was just following the practitioner. Mr. Fry pointed out that this application indicates that the physician would see and evaluate the patient prior to the initial treatment however the last page of the application states that the physician will not see the patient pre and post procedure. Dr. Dickerson stated that this was just an oversight when the initial changes were made and that she would make the application reflect that she would see the patient and make the decision that this is the correct treatment prior to the initial treatment.

Dr. Steinbergh moved to approve this application pending the changes to 10 and 10 observed procedures, the removal of the language that the PA would follow a nurse practitioner as part of the training process and that the physician would see and evaluate the patient prior to the initial treatment. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

The committee then discussed the application from Dermatology & Aesthetic Care that is requesting approval for skin tag removal.

It was noted that the number of observed procedures was adequate however they requested the same language changes regarding the removal of the PA following the nurse practitioner (NP) and add the language that the physician will see and evaluate the patient prior to the first procedure to determine that this is the appropriate treatment for the patient prior to the PA treating.

Dr. Steinbergh moved to approve this application as amended. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

The committee then discussed the application from Dermatology & Aesthetic Care that is requesting approval for punch excision biopsy.

It was requested that the number of observed procedures be changed to reflect that the PA would observe the PA in performing 10 procedures and then the physician would observe the PA in performing 20 procedures to determine competency and requested the same language changes regarding the removal of the PA following the nurse practitioner (NP) and add the language that the physician will see and evaluate the patient prior to the first procedure to determine that this is the appropriate treatment for the patient prior to the PA treating.

Dr. Steinbergh moved to approve this application as amended. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

The committee then discussed the application from Dermatology & Aesthetic Care that is requesting approval for clavus (corn) removal.

Dr. Steinbergh stated that she has concerns with the depth of the removal and the pain, bleeding and possible infection that can occur with this procedure. Dr.

Dickerson stated that they take the top of the callus off and remove the core and that this is done without anesthetic and that there is no pain or bleeding on the plantar surface. Dr. Steinbergh stated that some physicians have trouble doing these procedures effectively. Dr. Dickerson stated that they do not break the skin. Mr. Zedaker reminded the committee that we are requiring the PA to have 2 years in dermatology practice and that the PA will have more training in doing this than most physicians. Dr. Dickerson stated that this is a fairly simple procedure with low risk. Mr. Zaayer stated that the concern should be with the PAs that do not have the training and the 2 years of dermatology experience and that not all practitioners have the same dexterity in performing these types of procedures. Ms. Debolt stated that not all supervising physicians may be as mindful of patient safety as Dr. Dickerson. Dr. Steinbergh stated that she had a bad experience and that is why she is not comfortable with PAs performing this procedure. Mr. Zedaker stated that competency is more important than the number of observed procedures. Mr. Fry stated that after 2 years in the dermatology practice the PA will do many more than the required procedures.

Mr. Zedaker moved to approve this application pending the changes to 20 and 20 observed procedures, the removal of the language that the PA would follow a nurse practitioner as part of the training process and that the physician would see and evaluate the patient prior to the initial treatment. Mr. Zaayer seconded the motion. All members voted aye except Dr. Steinbergh who voted against approval. The motion carried.

The committee then discussed the application from Dermatology & Aesthetic Care that is requesting approval for Intralesional injections.

Mr. Zaayer asked on what types of lesions these injections would be done . Dr. Dickerson indicated that they would be injecting acne cysts, and epidermal cysts. Dr. Steinbergh asked Dr. Dickerson if these were to be done on the face and Dr. Dickerson indicated that these could be done on the face but that they are not deep dermal injections.

Dr. Steinbergh moved to approved this application pending the changes to 20 and 20 observed procedures, the removal of the language that the PA would follow a nurse practitioner as part of the training process and that the physician would see and evaluate the patient prior to the initial treatment. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

III. *New business matters:*

Ms. Debolt informed the committee that an applicant for a provisional certificate to prescribe was to be discussed at the PA committee tomorrow. It was noted that this applicant's Master's program was not an ARC-PA accredited program however the university that he graduated from does hold the proper accreditation. Ms. Debolt indicated that the Board was going to issue the applicant a license based on the University holding accreditation even though the program does not hold accreditation. Mr. Zedaker stated that kinesiology is a clinical science. Mr. Fry stated that he reviewed the program online and the goal of the training is clinically relevant to the physician assistant practice. Dr. Steinbergh stated that the program includes exercise physiology and sports medicine. She further stated that she was

impressed with this applicant's letter outlining his practice and noted that he also has a DEA from Virginia. Mr. Zedaker noted that accreditation is expensive and that the Universities don't get programs accredited except if it is for licensure purposes and a kinesiologist is not a licensed practitioner. Mr. Zedaker further stated that the programs do not need accreditation so long as the University holds the appropriate accreditation. Mr. Fry requested that licensure issues be brought to the PAPC as well as the PA committee.

The Physician Assistant Policy Committee meeting was adjourned by Mr. Fry at approximately 2:42 p.m. on Tuesday, December 9, 2014.

I hereby attest that these are the true and accurate minutes of the Physician Assistant Policy Committee of the State Medical Board of Ohio, meeting on December 9, 2014.

James Fry, PA-C,
Chair, PAPC