

**PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES**  
**April 8, 2014**

The meeting was called to order at approximately 1:34 p.m. on Tuesday, April 8, 2014.

Committee members present: Melissa Bowlby, PA-C; Anita Steinbergh, D.O.; James Fry, PA-C; Sean Stiltner, D.O.; James Zedaker, P.A.; and Eric Luckage.

Staff members present: Sallie Debolt, and Cathy Hacker

***I. Review of the March 11, 2014 minutes:***

Dr. Steinbergh moved to approve the minutes from the March 11, 2014 meeting. Mr. Luckage seconded the motion. All members voted aye. The motion carried.

***Review Special Services plans:***

The committee began the meeting by reviewing the special services plans from Orthopaedic specialist and Sports Medicine that is requesting approval for the following procedures: Dequervain injections, AC Joint injections, carpal tunnel injections, CMC thumb joint injections and Pes Anserine injections.

Ms. Bowlby pointed out the fact that there was not a didactic and clinical training component to the application. Dr. Steinbergh agreed.

Dr. Steinbergh moved to table these applications until we receive a didactic and clinical training plan. Mr. Fry seconded the motion. All members voted aye. The motion carried.

The committee then reviewed the special services applications from Reconstructive Orthopaedic and Sports Medicine groups request for the following procedures: subacromial bursa injections, ganglion cyst injection/aspiration, lateral/medial epicondyle injections, AC joint injection, olecranon bursa injection/aspiration, trigger finger injection, intra-articular hip injection, greater trochanter bursa hip injection, CMC thumb joint injection, plantar fascial injection and Dequervain's injection.

Dr. Stiltner stated that these applications were within the same training education and supervision as those that have been approved in the past.

Dr. Stiltner moved to approve all of these applications. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

The committee then considered the special services application from Universal Dermatology and Vein Clinic that is requesting approval of the following procedures: Basic Excisional surgery and electrodesiccation and curettage.

Mr. Fry joined the meeting.

It was noted that the application for basic excisional surgery of benign cysts, moles, simple benign tumors and basal cell carcinoma did not include a clinical or didactic component for training nor was there a mention of how many years of experience in dermatology the PA would need prior to performing these procedures. Dr. Steinbergh felt that 2cm lesions were too large for a PA to perform excisions. She further stated that there should not be any offsite supervision. She requested that the lesions be less than 1 cm in size and that the physician see the patient's pre and post procedure. Ms. Bowlby indicated that offsite supervision would be appropriate for follow up care if the physician has seen and made the decision that this is the appropriate treatment prior to the PA treating. It was the consensus of the committee that it would be appropriate for the PA to perform these procedures with offsite supervision so long as the physician has made the determination that this is the appropriate treatment prior to the PA performing the procedure.

Dr. Steinbergh moved to table this application and request that they submit a didactic and clinical training component, assure the committee that the PA(s) would have 2 years of dermatology experience, the lesions would be less than 1 cm and that the physician would see the patient pre and post procedure. Dr. Stiltner seconded the motion. All members voted aye. The motion carried.

The committee had the same concerns with the application for electrodesiccation and curettage however they were also concerned that the PA may be performing this procedure on squamous cell carcinoma and melanoma.

Dr. Stiltner moved to table this application and request that they submit a didactic and clinical training component, assure the committee that the PA(s) would have 2 years of dermatology experience, the lesions would be less than 1 cm, add a statement that the PA would not use this procedure on squamous cell carcinoma or melanoma and that the physician would see the patient pre and post procedure. Mr. Fry seconded the motion all members voted aye. The motion carried.

The committee then considered the special services request from The Family Medical Group that is requesting their PA(s) to perform Cryotherapy of benign and superficial malignant lesions.

Mr. Fry recused himself from the discussion as he works with this group at times.

Dr. Steinbergh and Dr. Stiltner both said that they felt that it was not appropriate for PA's to perform cryotherapy on malignant lesions and that the PA's would need 2 years of dermatology experience to perform cryotherapy. Ms. Debolt stated that the dermatology model plan for cryotherapy requires that the PA have 2 years of Dermatology experience and if not then the physician sees and evaluates the lesions pre and post procedure until they do. Dr. Steinbergh stated that she wants the physician to see the lesions pre and post procedure. Mr. Zedaker and Dr. Stiltner noted that the Board had previously approved a pediatric practice in 2011 and asked if they had required 2 years of dermatology experience at that time. Dr. Steinbergh stated that we did not have the model supervisory plan in place at that time and now that we do we need to hold all practices to the same standards. She further stated that this application had no quality assurance plan or clinical or didactic program. Ms. Bowlby stated that there was a clinical and didactic plan on this application. Ms. Bowlby stated that in the model cryotherapy plan that if the PA(s) have less than 2 years of experience the physician could see the patients pre

and post procedure, make the determination that this is the appropriate treatment and then the PA could perform cryotherapy. She felt that the PA's in this practice could be held to that requirement. Ms. Debolt noted that this applications requirement for level of supervision were confusing. Ms. Bowlby stated that the level of supervision in this practice would be determined by practice protocol. Dr. Steinbergh requested that the level of supervision needs to be clearly defined. She further stated that there should be no superficial malignant lesions, the physician should see all patients pre and post procedure and she wants to see them utilize the same requirements for training and experience that are required in the model supervisory plan for cryotherapy. Mr. Zedaker stated that this would tie the primary care physicians hands as the physician may see a lot of dermatology cases in his practice and just because he is not a dermatologist should not be an issue. Ms. Debolt and Dr. Steinbergh both agreed that the PA(s) should have 2 years of dermatology experience. Dr. Steinbergh questioned how the physician would determine competency other than watching and teaching the 30/30 procedures indicated in this application. Mr. Zedaker stated that military PA's see all types of patients and do not refer patients to specialists such as dermatologists. Dr. Stiltner requested that they remove their request for malignant lesions and that the physician see the patient pre and post procedure as well as defining the level of supervision that they plan to utilize.

Dr. Steinbergh moved to table this application and refer it to the PA committee so that we could get Dr. Bechtel's thoughts as a dermatologist on this matter. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

### **III. Orthopaedic model supervisory plan application review:**

Ms. Bowlby stated that she and Ms. Debolt had worked together to make a few changes to this application.

Mr. Fry stated that he believes that once the physician had evaluated the patient and made the decision that this is the appropriate treatment the physician did not need to be onsite all of the time. Dr. Steinbergh stated that the physician must be onsite to create a plan of care for the patients. Once the plan of care is created then the physician would not need to be onsite while the PA is performing the injections. The committee discussed rewording the supervision section and adding wording that would require that once the treatment plan has been completed by the PA as outlined by the physician the physician would need to see the patient and document the completion of the treatment in the chart.

Dr. Stiltner moved to table this application until the changes could be made. Dr. Steinbergh seconded the motion all members voted aye. The motion carried.

### **IV. New Business matters**

No new business matters were discussed.

The Physician Assistant Policy Committee meeting was adjourned by Ms. Bowlby at approximately 3:17 p.m. on Tuesday, April 8, 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 April 8, 2014.

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Melissa Bowlby, PA-C  
Chair, PAPC

Copies of documents and/or materials referenced in the minutes of the Physician Assistant Policy Committee meeting are available at the Board offices.