

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
March 11, 2008

The meeting was called to order at approximately 1:40 p.m. on Tuesday, March 11, 2008.

Committee members present: Eugene Imbrogno, M.D.; John Jonesco, D.O.; Anquetette Sloan, David Ballinger, P.A.-C.; Robert Zaayer, P.A.-C.; Kevin Mitchell, R.Ph.; and Michael Bowen, P.A.-C.

Staff members present: Cathy Hacker, Sallie DeBolt and Kay Rieve.

Guests: Beth Adamson, Executive Director, Ohio Association of Physician Assistants; Jimelle Rumberg, Executive Director, Ohio Podiatric Medical Association.

I. Review of the January 8, 2008 minutes.

Mr. Ballinger moved to approve the January 8, 2008 minutes of the Physician Assistant Policy Committee. Mr. Bowen seconded the motion. All members voted aye. The motion carried.

II. Review of Special Services Plan applications

The committee began the meeting by discussing the application from **Youngstown Orthopaedic Associates** that are requesting approval of greater trochanteric bursa hip injections.

The committee noted that the physicians from this group had attended the January 8, 2008 meeting and had at that time presented evidence to the committee that their PA's were very well trained and supervised at all times. The group had amended all of their applications to include a caveat that their PA's would all have a minimum of 2 years orthopaedic experience prior to being allowed to do any special services.

The committee noted that this application was in line with the discussion from the January meeting.

Mr. Ballinger moved to approve this application. Mr. Bowen seconded the motion. All members voted aye. The motion carried.

The committee then discussed the applications from **Crystal Clinic** that is requesting approval of injections of: Intraarticular Basal joints, intraarticular ankle joints, mortons neuroma, medial or lateral tendon sheath elbow, greater trochanter bursa hip, and subacromial bursa shoulder.

The committee noted that these applications had been reviewed at the January 2008 meeting and were tabled at that time. The committee had asked that staff send a letter

to this group asking them to amend these applications to reflect that their PA's would have a minimum of 2 years training in orthopaedics. They were to also clarify several points regarding decision making, pre and post procedure follow-up by the physicians and to ask for clarification of the need for so much offsite supervision.

The committee noted that in the response from this group that they stated that the PA's would have the 2 years experience however, they did not state that the experience would be in orthopaedics. They further noted that the physicians would not see the patients pre or post procedures and that the PA's were doing all of the decision making.

The committee stated that these procedures require complex medical decisions that should be made by a physician and that there appears to be no physician involvement in the patient care.

Dr. Jonesco moved to deny all of these requests due to these procedures requiring complex medical decisions that should be made by a physician. Mrs. Sloan seconded the motion. All members voted aye. The motion carried.

The committee then discussed the applications from **Cardinal Orthopaedic Institute** that are requesting approval of the following injections: Morton's Neuroma, olecranon-bursa elbow, subtalar ankle, lateral/medial epicondyl elbow, bicep tendon, subacromial shoulder, acromioclavicular shoulder and greater trochanter bursa hip.

The committee requested that staff send a request to this group to amend their applications to 100% onsite supervision or explain the need for 50% offsite supervision when there are this many supervising physicians in the group. The physician should assure the committee that the PA's will have a minimum of 2 years experience in an orthopedic practice prior to being allowed to perform these injections. Ask the group who is making the decisions that these injections need to be performed, does the physician see the patients pre and/or post procedure, define the ages of the patients that these injections will be performed, and invite someone from this group to the next available PAPC meeting to discuss these applications with the committee.

Mrs. Sloan moved to table these applications pending the above amendments. Mr. Bowen seconded the motion. All members voted aye. The motion carried.

The committee then discussed the application from **Advanced Dermatology and Dermatopathology** that are requesting approval of the following: laser therapy for benign skin lesions, such as warts, tetangiectasias and angiomas.

The committee noted that these procedures are prohibited by the light based medical device rules.

Mr. Ballinger moved to deny this application as it is prohibited by rule. Mrs. Sloan seconded the motion. All members voted aye. The motion carried.

The committee then discussed the applications from **Advanced Dermatology and Dermatopathology** that are requesting approval of the following services: cryotherapy of superficial, benign and precancerous lesions and electrodesiccation and curettage of superficial lesions.

The committee noted that these procedures had been approved in the past however, that was at a time when PA's could not see new patients or existing patients with new conditions without the supervising physician also seeing and evaluating the patient.

The committee also noted that these applications are requesting 95% direct supervision and had questions as to whether or not the physician understood this level of supervision. If the physician is going to utilize this level of supervision why is he/she not performing the procedure. The committee also had questions regarding who was making the decision for these procedures as once the procedure is done the tissue is destroyed and that would not leave anything to determine whether or not the lesions are cancerous.

The committee recommended that the staff send a letter to this group and ask who is making the decisions for these procedures. Does the physician see the patients pre and/or post procedure, and does the physician understand the direct supervision requirement. Is there a biopsy being done on these lesions, and what is the age of the patients. The committee also suggested inviting the physician to the next available meeting to discuss these applications.

Dr. Jonesco moved to table these applications pending the receipt of the above information. Mr. Bowen seconded the motion. All members voted aye. The motion carried.

The committee then discussed the applications from **Advanced Dermatology and Dermatopathology** that are requesting approval of the following services: excision of benign lesions and superficial non melanoma skin cancers

The committee discussed this application and noted that it would be appropriate for PA's to perform these procedures pending clarification that the physician has made the determination that the lesion needs to be excised and after the pathology has been determined.

Mrs. Sloan moved to approve this application pending the above amendments. Mr. Bowen seconded the motion. All members voted aye. The motion carried.

The committee then discussed the applications from **Genito Urinary Surgeons** that are requesting approval of the following services: microwave thermotherapy for prostate (BPH).

The committee noted that this function had been approved in the past and that the training education and supervision were appropriate.

Mr. Ballinger moved to approve this application. Mrs. Sloan seconded the motion. All members voted aye. The motion carried.

III. Correspondence

It has come to the Board's attention that 4730.22(B) requires that a supervisory plan must be in place in a health care facility for PA's to prescribe in that facility. These plans must be available for review for all persons working in the facility so that they are aware of what, if anything, the PA's are allowed to prescribe. Now this is contradictory to the rest of the law that states that PA's working in a health care facility licensed by the Ohio Department of Health do not need a supervisory plan to practice.

The committee discussed the different ways that these health care facilities could create their own "supervisory plans" through the credentialing process to allow the PA's (or not) to prescribe in their facilities.

The health care facilities may need to devise an additional form that would supplement the credentialing file for the PA to include what the supervising physician has allowed the PA to prescribe or any limitations that the supervising has imposed on the PA's prescribing abilities.

The Physician Assistant Policy Committee meeting was adjourned at approximately 3:17 p.m. on Tuesday March 11, 2008.

I hereby attest that these are true and accurate minutes of the Physician Assistant Policy Committee of the State Medical Board of Ohio, meeting on March 11, 2008.

Robert Zaayer, P.A.-C
Chair

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