

**PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES**  
**June 13, 2002**

The meeting was called to order at approximately 10:35 A.M. on Thursday, June 13, 2002.

Committee members present: Lance Talmage, M.D.; Robert Zaayer, P.A.-C; Katherine Clark, D.O.; and Michael Bowen, P.A.-C.

Staff members present: Cathy Hacker, Kay Rieve, and Thomas Dilling.

***I. Election of new chairperson***

The committee unanimously voted to elect Robert Zaayer, PA-C as the new chairperson.

***II. Review of March 14, 2002 Minutes***

Dr. Talmage moved to approve the march 14, 2002 Physician Assistant Policy Committee minutes. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

***III. Supplemental utilization plan documentation***

Dr. Talmage stated that he had received some comments from a group that utilized a large number of physician assistants in regard to the physician credentialing requirements for supplemental utilization plans. He further noted that he felt that documentation should be limited to hospitals where the physicians are planning to utilize the physician assistants. He noted that the hospitals are credentialing the physicians to perform these functions and that this Board need not duplicate the effort. The committee concurred.

Dr. Clark stated that the committee was not receiving the credentialing criteria from the hospitals for the physician assistants to perform these functions. Ms. Hacker informed the committee that most of the physicians are saying that the hospitals do not have credentialing criteria for physician assistants to perform specific functions.

Dr. Talmage requested that Ms. Hacker, Ms. Rieve and himself get together to write up a recommendation to present to the Board to alleviate the requirement for documentation of all physicians privileges for the past five years. The recommendation should be limited to only those institutions where the physician assistants will be utilized.

***IV. Physician assistant patient load***

Dr. Talmage stated that there is becoming a greater concern in the physician assistant community that the Board is limiting them to seeing no more than 25 patients per day. Dr. Clark noted that it was dependent upon what the physician assistant is doing as to whether or not they could see more than 25 patients per day in an eight hour day. Mr. Zaayer concurred and noted that in the emergency department he could work a twelve hour shift and that the 25 patient per day limitation when working in the minor care section of the emergency department is very limiting.

Mr. Zaayer stated that he would gather some information from the associations that address patient load and submit it for review at a later date.

***V. Review of physician assistant supplemental utilization plans***

The committee began the meeting by discussing the supplemental utilization plan application(s) from **Children's Hospital, Hematology-Oncology** that are requesting that their PA(s) be allowed to perform performance of lumbar puncture, performance of bone marrow aspiration from the posterior iliac crest and performance of bone marrow biopsy from the posterior iliac crest.

The committee reviewed these applications and noted that they were requesting to observe all lumbar punctures and that no specific number of biopsy's or aspirations was given. Then committee noted that this was not in keeping with the Board's recommendation of 25 observed procedures.

Dr. Clark moved to approve these applications pending receipt of clarification from this group that they will observe no less than 25 procedures for each function to determine competency before utilizing 100% direct supervision for all functions. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

The committee then discussed the supplemental application from **Buckeye Urology & Andrology** that is requesting that their PA(s) be allowed to perform insertion of filliform and follower catheters.

Dr. Clark stated that if the Board was approving the insertion of central and arterial lines that she saw no reason why this function should not be approved

The committee reviewed this application and noted that they were requesting to observe 5 procedures to determine competency, which is not in keeping with the Board's recommendation of 25 observed procedures and that they were requesting 100% onsite supervision.

Dr. Talmage stated that he was not satisfied with the term clinical contact hours and that he would need some further clarification.

Mr. Zaayer asked if the training and education was adequate. Dr. Clark stated that discussing insertion of a catheter for an hour was adequate and that 2 hours of actually inserting them was adequate.

Dr. Clark moved to approve this application pending receipt of clarification from this group that they will observe no less than 25 procedures to determine competency and utilize 100% direct supervision as well as an explanation of the term clinical contact hours. Mr. Bowen seconded. All members voted aye. The motion carried.

The committee then discussed the application from **Tristate Urogynecology** that is requesting that their PA(s) be allowed to perform instillation of intravesical chemotherapeutic agents as directed by the supervising physician.

Dr. Talmage noted that they would be utilizing 100% onsite supervision, observing no less than 20 procedures to determine competency.

Mr. Bowen moved to approve this application with clarification from the group that they would observe no less than 25 procedures to determine competency. Dr. Talmage seconded. All members voted aye. The motion carried.

The committee then discussed the application from **Knox Cardiology** that is requesting that their PA(s) be allowed to perform noninvasive cardiovascular studies.

Ms. Hacker informed the committee that the Board had previously proposed to deny a request from another group that was very similar to this. She stated that although this group is requesting noninvasive cardiovascular studies, which is listed in 4731-4-02 the attached documentation does not support that request. It was noted that the backup documentation reflects pharmacological agents used in stress testing, which is an invasive procedure and would require part V of the supplemental application as well as an amendment to request stress testing and pharmacological stress testing.

Dr. Talmage moved to table this application pending receipt of part V of the application and an amendment so that the application is requesting stress testing and pharmacological stress testing. Dr. Clark seconded. All members voted aye. The motion carried.

The committee then discussed the application from **Knox Cardiology** that is requesting that their PA(s) be allowed to perform endotracheal intubation with successful completion of ACLS course.

The committee noted that the Board has previously approved this function with the same levels of training and education.

Dr. Clark stated that she would like to require 100% onsite supervision.

Dr. Mr. Zaayer moved to approve this application with an amendment from the physicians that they would directly observe no less than 25 procedures to determine competency and then utilize 100% onsite supervision. Dr. Clark seconded. All members voted aye. The motion carried.

The committee then discussed the applications from **Heidi Donnelly, M. D.** that is requesting that their PA(s) be allowed to perform excisional biopsy of trunk and or extremities with intermediate repair of lesions < 1.6 cm, incise & drain superficial skin infections & hematomas, perform destruction of benign & premalignant lesions by liquid nitrogen, perform destruction of malignant lesions by curettage & desiccation, Botox injections for cosmetic purposes, sclerotherapy for cosmetic purposes, and collagen injections for scar enhancement or other cosmetic reasons.

It was noted that these procedures can be performed by physician assistants however, they need to be seen and evaluated by the physician pre and post procedure. The committee further felt that all procedures should be observed by the physician no less than 25 times to determine competency as well as utilizing 100% onsite supervision for all of these functions.

Dr. Clark moved to approve these applications with the amendment that the physician would see all patients pre and post procedure, observing no less than 25 procedures to determine competency and utilizing 100% onsite supervision. Mr. Bowen seconded. All members voted aye. The motion carried.

The committee then discussed the applications from **Heidi Donnelly, M. D.** that is requesting that their PA(s) be allowed to harvest full & split thickness skin graft after the supervising physician has identified the donor site.

Dr. Talmage stated that he would like to see the physician observing more procedures to determine competency and then utilizing 100% direct supervision.

Mr. Bowen stated that each patient and graft location was different and that you could go in too deep. Mr. Zaayer stated that this was a surgical procedure that is similar to vein and artery harvesting. Mr. Zaayer further noted that in the vein and artery harvesting applications that the Board has been approving them with 100% direct supervision. Dr. Talmage stated that he was not comfortable allowing the physician assistant to perform this procedure without 100% direct supervision. Dr. Clark stated that there were many risks to the patient.

Dr. Talmage moved to approve this application with the amendment that the physician would see all patients pre and post procedure, observing no less than 25 procedures to determine competency and utilizing 100% direct supervision. Mr. Bowen seconded. All members voted aye. The motion carried.

The committee then discussed the applications from **Heidi Donnelly, M. D.** that is requesting that their PA(s) be allowed to orient cut & stain frozen section of MOHS layers and orient cut & stain frozen section of biopsies.

It was noted that lab tech could perform this function and it was felt that this is well within the ability of a physician assistant.

Dr. Talmage moved to approve these as written. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

The committee then discussed the applications from **Heidi Donnelly, M. D.** that is requesting that their PA(s) be allowed to perform cold knife removal of benign lesions and cold knife biopsy for lesions of unknown behavior.

The committee felt that this is a surgical procedure that would require that a physician perform these procedures. It was also noted that there would be inadequate supervision and that no specific size of lesion(s) indicated.

Dr. Talmage move to deny these applications based on the above observations. Dr. Clark seconded. All members voted aye. The motion carried.

The committee then discussed the applications from **Heidi Donnelly, M. D.** that is requesting that their PA(s) be allowed perform Dermabrasion or resurfacing of scars.

Mr. Zaayer stated that he was very uncomfortable with this procedure being performed under offsite supervision. Dr. Talmage stated that if you go in too deeply you can cause infection and significant scarring. Mr. Bowen stated that these patients were high risk and that the PA and the physician could be very open to lawsuits. He further stated that he was very uncomfortable with all of these procedures being performed under offsite supervision.

Dr. Talmage recommended tabling this application and requesting that the physician amend this application to reflect 100% direct supervision with 25 directly observed procedures to determine competency. The committee also requested that the physician assure them that the physician would be the one to determine the strength of the application as well as how they would handle an emergency situation.

The committee then discussed the applications from **Heidi Donnelly, M. D.** that is requesting that their PA(s) be allowed to superficial and medium depth chemical peels.

Dr. Talmage stated that he would be comfortable with PA's performing this function providing that the physician determine the strength of the solution, pre and post procedure physician review and that the physician observe no less than 25 procedures to determine competency then 100% direct supervision thereafter.

The PA Policy Committee meeting was adjourned at approximately 12:50 P.M. on Thursday, June 13, 2002.

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 June 13, 2002.

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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.