

2nd AGENDA

PHYSICAL THERAPY LICENSING BOARD

August 27, 2013 – 9:00 a.m.

Room 402 – 4th Floor

Heber M. Wells Building

160 E. 300 S. Salt Lake City, Utah

This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Sign Per Diem
2. Call Meeting to Order
3. Review and approve May 21, 2013 minutes
4. Compliance report

APPOINTMENTS:

Please note: The compliance report and/or probation interviews may result in a closed meeting in accordance with §52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual.

9:30 a.m. - James Nackos, probation interview

10:00 a.m. - Craig Bischoff, probation interview

10:20 a.m. - Steven Orrock, probation interview

10:40 a.m. - Marilyn Morris, PT, request to waive continuing education. CANCELED

11:00 a.m. - Ed Dieringer, PT, discussion regarding scope of practice issues

BOARD BUSINESS/DISCUSSION ITEMS:

1. Environmental Scan
 - Discussion of issues and updates regarding the physical therapy profession
2. Lindsy Gordon report on FSBPT Leadership meeting
3. Open and Public Meetings Act Training (changes were made during the 2013 Legislative session)
4. Rule discussion regarding PT and PTA examination, testing and PT failures of the exam.
5. Physical Therapy Minimum Data Set

Next Scheduled Meeting: December 17, 2013

Meeting scheduled for the next quarter: To be determined

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

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SWORN STATEMENT
SUPPORTING CLOSURE OF BOARD MEETING

DOPL-FM-010 05/02/2006

I J. Trent Casper acted as the presiding member of the LT Physical Therapy
Licensing Board Board, which met on 8/27/2013

Appropriate notice was given of the Board's meeting as required by §52-4-202.

A quorum of the Board was present at the meeting and voted by at least a two-thirds vote, as detailed in the minutes of the open meeting, to close a portion of the meeting to discuss the following:

- the character, professional competence, or physical or mental health of an individual (52-4-205(1)(a))
- strategy regarding pending or reasonably imminent litigation (§52-4-205(1)(c))
- deployment of security personnel, devices, or systems (§52-4-205(1)(f))
- investigative proceedings regarding allegations of criminal misconduct (§52-4-205(1)(g))

The content of the closed portion of the Board meeting was restricted to a discussion of the matter(s) for which the meeting was closed.

With regard to the closed meeting, the following was publically announced and recorded, and entered on the minutes of the open meeting at which the closed meeting was approved:

- (a) the reason or reasons for holding the closed meeting;
- (b) the location where the closed meeting will be held; and
- (c) the vote of each member of the public body either for or against the motion to hold the closed meeting.

If required, and/or kept or maintained, the recording and any minutes of the closed meeting will include:

- (a) the date, time, and place of the meeting;
- (b) the names of members present and absent; and
- (c) the names of all others present except where such disclosure would infringe on the confidentiality necessary to fulfill the original purpose of closing the meeting.

Pursuant to §52-4-206(5), a sworn statement is required to close a meeting under §52-4-205 (1)(a) or 52-4-205(1)(f), but a record by tape recording or detailed minutes is not required.

- A record was not made
- A record was made by: Tape Recording Detailed Written Minutes

Pursuant to §52-4-206(1), a record by tape recording is required for a meeting closed under §52-4-205(1)(c) or 52-4-205(1)(g), and was made.

- Detailed written minutes of the content of a closed meeting although not required, are permitted and were kept of the meeting.

I hereby swear or affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.

J. Trent Casper
Board Chairman or other Presiding Member

8/27/2013
Date of Signature

MINUTES

UTAH PHYSICAL THERAPY LICENSING BOARD MEETING

May 21, 2013

Room 403 4th Floor – 9:00 A.M.
Heber M. Wells Building
Salt Lake City, UT 84111

CONVENED: 9:15 a.m.

ADJOURNED: 12:13 p.m.

Bureau Manager:
Board Secretary:

Debra Hobbins, DNP, APRN, LSUDC
Shirlene Kimball

Division Staff:

Susan Higgs, Compliance Specialist
Masuda Medcalf, Administrative Law Judge

Conducting:

J. Trent Casper, Chairperson

Board Members Present:

J. Trent Casper, Chairperson
Kim Cohee
Lindsi Gordon
Anne H. Jones, public member
Kim Reid

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

Rules Hearing:

Judge Medcalf conducted the Rule Hearing. The Rule Hearing began at 9:16 a.m. Dr. Hobbins explained the Rule amendment clarifies that a physical therapist shall provide treatment to a patient at least every tenth treatment, not every tenth day. She reported members of the Board and the Utah Physical Therapy Association are in agreement with the change. Ms. Medcalf reported the Rule was published May 1, 2013 and will go into effect June 7, 2013 if there are no major comments. The Rule Hearing was closed at 9:30 a.m.

Oath of Office administered to Kim Reid:

Dr. Hobbins administered the Oath of Office to Kim Reid. Board members welcomed Mr. Reid as a member of the Board.

Dr. Hobbins:

Dr. Hobbins reported that in accordance with the Legislative bill that went into effect May 14, 2013, all

documents provided to Board members during a meeting will be available on the web site along with the recording of the meeting. Dr. Hobbins stated that in reviewing probationer files, there are some psychological evaluations that should not be made public due to confidentiality. The Board would need to close the meeting during a detailed discussion of an evaluation. Ms. Higgs' compliance report would also be closed if confidential information will be discussed.

Dr. Hobbins reported there is an evaluation that needs to be reviewed and discussed in detail for this meeting. Mr. Casper made a motion to close the meeting in accordance with the Open and Public Meetings Act, section 58-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual. Ms. Cohee seconded the motion. All Board members voted in favor of the motion. The meeting was closed at 9:22 a.m. Ms. Cohee made a motion to open the meeting. Ms. Jones seconded the motion. All Board members voted in favor of the motion. The meeting was opened at 10:02 a.m.

Susan Higgs,
Compliance report:

Ms. Higgs reported James Nackos would be requesting termination of probation.

Ms. Higgs reported Craig Bischoff is in compliance with the terms and conditions of his Order.

Ms. Higgs reported Steven Orrock is a new Order.

James Nackos, PT
Probation interview:

Ms. Cohee conducted the interview. Mr. Nackos reported things are going better. He reported his supervisor is good at answering questions and his work in the clinical setting is going well. He stated he attends support meetings four times a month. Board members questioned whether he has any stressors. Mr. Nackos stated he does not have any stressors at this time and feels his support system is adequate. He stated he loves to remodel and has something going on all the time. Mr. Nackos is requesting that his probation be terminated. Mr. Casper stated he would like to discuss moving his meetings to every six months and to continue to monitor the probation. Mr. Casper indicated Mr. Nackos has only completed the equivalent of one-month full time clinical practice. Mr. Nackos stated he was being seen every six months, but he had requested to be seen quarterly. He

indicated he now has numerous letters of support. Mr. Nackos' probation began February 16, 2011 and the term of the probation was for as long as he is licensed as a physical therapist. Mr. Nackos has currently completed 27 months of the probation. Mr. Casper questioned whether the Board feels Mr. Nackos has spent sufficient time in the clinical setting to be allowed off probation. Mr. Nackos stated he had not planned on making the request for termination of probation, but others suggested he request the termination and he found the support overwhelming. He stated he thinks he is ready to be off probation. He stated he feels he has grown from the experience and his wife would not write a letter of support if she did not think he was ready. Ms. Cohee stated the public would want to know what has changed and why the probation should be terminated. Mr. Nackos stated he has not been tempted, not even once to take the drugs. He stated he thinks about his actions everyday, and feels that at this point, he would not do it again. He indicated he has made some simple changes. He was very stressed at the time of the incident and made a terrible decision. Mr. Nackos stated he understands there will always be temptations and stressors, but also stated he has made huge strides and has learned to deal with stressors. Ms. Gordon stated that when the situation that led to the probation occurred, he was in his own outpatient clinic. She questioned whether he is considering owning his own clinic again. Mr. Nackos stated no, he would remain in the job he has now. Dr. Hobbins indicated her concern is that he has only been in the clinical setting for the equivalent of one month. The clinical setting is where the issues took place and she does not feel one month is a long enough period. Mr. Nackos stated he is not sure what else he can say. He stated he understands the point, but feels he is ready to be off probation. However, he stated if the Board wants him to continue with probation he will. Board members questioned what his long-term plans are. He stated he would like to keep it open; he loves his current job of teaching, but would like to work in the clinical setting also. Ms. Gordon stated she feels he is on the right track. Ms. Cohee stated she feels comfortable with Mr. Nackos and does not feel that more time would make her more comfortable. In addition, given the fact that he stated he would continue to teach, she would recommend probation be terminated. Mr. Reid stated he understands Dr. Hobbins concerns, but he concurs with Ms. Gordon

and Ms. Cohee. Mr. Reid stated he would congratulate Mr. Nackos on what he has accomplished at this point and would encourage him to continue to be aware of the issues. Ms. Jones stated Mr. Nackos appears to have taken the steps necessary to move forward. Mr. Casper stated he feels Mr. Nackos has integrity; however, he feels Mr. Nackos has not spent enough time in the clinical setting. He stated he would feel better if Mr. Nackos remained on probation for at least another three months. Ms. Cohee made a motion to approve the request for termination of probation. Mr. Reid seconded the motion. Mr. Casper opposed the motion. All other Board members in favor of the motion.

Craig Bischoff, PT
Probation interview:

Ms. Jones conducted the interview. Mr. Bischoff stated he has completed the continuing education hour requirement. He stated he feels good about his job, and feels everything is going quite well. He stated he conducts nine home health visits per week and it has not affected his regular job. He stated he enjoys seeing patients in home health and it is helping him to regain his confidence. Mr. Bischoff's essay was accepted. He will be seen again in August 2013. **Mr. Bischoff is in compliance with the terms and conditions of his Order.**

Paul Lastayo,
Reinstatement application:

Dr. Lastayo has been conducting research at the University of Utah. According to the Physical Therapy Practice Act, research is the practice of physical therapy and he should have maintained a physical therapy license. Dr. Lastayo let his license lapse and he indicated he did not think about renewing the license. However, he understands, after reading the law, that research is part of the practice of physical therapy. Mr. Casper stated the Board could require him to retake the examination or practice under supervision. Dr. Lastayo stated he understands, and indicated that he is embarrassed that he missed the renewal in 2009 and did not think about renewing because he was not doing patient care. He stated he has no excuses; he just failed to renew the license. Ms. Gordon stated she is concerned with his statement that he has not been practicing. Research is the practice of physical therapy. Dr. Lastayo stated he was not implying anything; he was working, but did not have hands on patient care and just did not think. Ms. Cohee made a motion to reinstate the license. Mr. Reid seconded the motion. All Board members in favor of

Steven Orrock,
New Order:

reinstating the license. Mr. Casper indicated Dr. Lastayo might be hearing from investigations and receiving a fine for practicing without a license. Dr. Lastayo stated he understands.

Mr. Orrock explained the circumstances that brought him before the Board. Mr. Orrock indicated he has been a physical therapist since 1991 and indicated he owns his own practice. He stated for a period of about ten years, he also worked at a health club. He indicated he is on probation due to a relationship with a client, whom he met at the health club, and then that individual became a patient at his clinic. Ms. Cohee stated that in relationships with clients, there is a position of power and questioned his understanding of his position of power. Mr. Orrock stated that his office policy has always been to leave the door open or have other staff members going in and out to stop any inappropriate activity. He stated he never wanted to place a patient at risk, and a patient was never at risk in the clinic. Dr. Hobbins indicated that the Board had reviewed his evaluations and his letter as the Order directed, however, the letter does not address lessons learned, or the power differential. Board members would like to see the letter from him to address the issues of the violation as they relate to the code of ethics and power. He is also requested to provide additional continuing education. Mr. Orrock indicated he has completed the additional continuing education. Mr. Orrock will be required to have supervision and he indicated since he is self-employed and has staff that work for him, he has considered requesting Michael Bragenton be approved as his supervisor. He stated that he has not spoken with Mr. Bragenton regarding supervision, but he has known him for 24 years and they have maintained contact as friends. Mr. Bragenton is an athletic trainer as well as a physical therapist and currently works in home health. Board members indicated they would need to have Mr. Bragenton submitted a letter indicating he is willing to provide supervision.

Mr. Casper stated Mr. Orrock needs the following:

1. Paragraph #2, make sure the courses required in the Order have been completed and provide an Essay that addresses the issues that brought him before the Board.
2. Paragraph #3. Ms. Cohee made a motion to close

the meeting in accordance with 58-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual. Mr. Reid seconded the motion. All Board members voted in favoring of closing the meeting. The meeting was closed at 11:16 a.m. A motion was made to open the meeting and the meeting was opened at 11:25 a.m. Mr. Orrock stated he is attending 12-Step meetings, has a sponsor and has a good support system. Mrs. Orrock was present at the meeting with Mr. Orrock. Mrs. Orrock indicated Mr. Orrock has been making progress and feels he is a different person now. Mr. Orrock stated he exercises to relieve stress. He stated he also spends more time with his family and loves to garden. Board members indicated he might need to be careful on the amount of time he feels he must be exercising. Mr. Orrock stated he feels it is manageable at this time.

3. Supervision. The Division will check Mr. Bragenton's license to make sure it is in good standing. However, Board members expressed concern that the proposed supervisor's current area of practice is home health. Mr. Orrick stated Mr. Bragenton understands the clinic's practice and has helped in the clinic on occasion. Mr. Bragenton is aware of treatment protocols and knows what to look for in documentation. He is also removed from Mr. Orrock so he is not on his payroll. Mr. Orrock stated he has not contacted Mr. Bragenton and Mr. Bragenton is not aware of the requirement for supervision. Board members indicated if Mr. Bragenton agrees to be the supervisor, he will need to submit a copy of his CV and meet with Mr. Orrock weekly to review patient records. If Mr. Bragenton is not willing to provide supervision, Mr. Orrock will need to submit the name of a new supervisor. Mr. Orrock stated his office manager is aware of the Order, but the rest of his staff is not aware because he did not want anything to reflect on the patient. He stated this patient will not be coming back to the clinic. Dr. Hobbins indicated the Order is online, and anyone can review the Order.

Mr. Orrock's next meeting will be August 2013. **Mr. Orrock is in compliance with the terms and conditions of his Order.**

minutes as written. Ms. Gordon seconded the motion. All Board members voted in favor of the motion.

Dr. Hobbins, Discussion regarding approval to sit for the examination:

Dr. Hobbins indicated that the Division has been allowing individuals to sit for the examination prior to graduation from an approved program. She indicated that the Statute does not allow an individual to test prior to graduation and the Division will no longer allow an individual to sit for the examination prior to graduating beginning with the July 2013 examination. Dr. Hobbins indicated she contacted 22 schools and FSBPT. FSBPT reported they will place the information in their newsletter.

Open and Public Meetings Training:

Training tabled.

Kathryn Ann Clark,
Requesting a waiver of Continuing
Education:

Board members reviewed a request from Kathryn Clark to waive the continuing education for this renewal period. Ms. Clark indicated she has been living out of the country and has not been able to obtain the required continuing education. Board members indicated continuing education can be obtained online, and therefore, she would have had the two years to obtain the CE. Ms. Gordon made a motion to deny the request to waive the continuing education. Ms. Cohee seconded the motion. All Board members voted in favor of the motion. Mr. Casper requested the letter to Ms. Clark give her some suggestions according to the Physical Therapy Practice Act rules on obtaining the continuing education.

Next Meeting:

The next meeting will be scheduled for August 27, 2013, at 9:00 a.m.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

Date Approved

(ss) _____
J. Trent Casper, Chairman
Physical Therapy Licensing Board

8/22/13

Date Approved

(ss) 
Debra Hobbins, Bureau Manager, Division of
Occupational & Professional Licensing



Dr. James Nackos

Debra Hobbins <dhobbins@utah.gov>

Tue, Jul 30, 2013 at 4:47 PM

To: Trent Casper <jtcasper1@gmail.com>, Kim Cohee <kim.cohee@hsc.utah.edu>, lindsilinz@yahoo.com, Shirlene Kimball <skimball@utah.gov>, annehj@comcast.net, kreidpt@hotmail.com
Cc: Susan Lenaburg <SHIGGS@utah.gov>, Mark Steinagel <msteinagel@utah.gov>

Dear Physical Therapy Board Members:

At the May 21, 2013 Board meeting, the Board voted to release Dr. Nackos from probation, while Mr. Casper and I disagreed with that recommendation. The Board's recommendation was forwarded to Mr. Mark Steinagel, Division Director.

Prior to Mr. Steinagel making a decision on Dr. Nackos' case, Dr. Nackos made several phone calls to me and ultimately obtained legal counsel. Mr. Nackos' attorney corresponded with Mr. Steinagel. Mr. Steinagel considered his own research into the case along with the Board's recommendation in making a decision. The decision was made not to release Dr. Nackos from probation.

Mr. Steinagel's rationale for his decision is explained in the letter sent to Dr. Nackos' attorney earlier this month. I attached a copy of his letter to this email for your information and so that at the next Board meeting on August 27th, we can begin the process of setting a term to Dr. Nackos' probation, as mentioned in the letter.

Please feel free to contact me or Mr. Steinagel if you have questions or concerns. Thank you for your service on the Physical Therapy Licensing Board.

Warmest regards,

Deb

Debra F. Hobbins, DNP, APRN, LASUDC
Bureau Manager--Boards of Nursing, Midwifery, PT, OT, and Vocational Rehab
PHONE: (801) 530-6789
FAX: (801) 530-6511
E-MAIL: dhobbins@utah.gov

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State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

Wednesday, July 3, 2013

Adam Ford
Ford & Huff LC
10542 South Jordan Gateway, Suite 300
South Jordan, UT 84095

Subject: Your Letter Dated June 29, 2013 Regarding Dr James Nackos

Dear Mr. Ford:

I received your letter, dated June 29, 2013 requesting early release from probation for Dr. James Nackos. Your letter also addresses your concerns surrounding the request Dr. Nackos made and his communication with Dr. Debra Hobbins. This letter will address your concerns and request.

Letter and Concerns

After reading your letter and looking into the matter further, I have the following concerns about Dr. Nackos' situation:

1. The probationary agreement Dr. Nackos originally entered was indefinite. For some reason DOPL staff was concerned enough that they required an indefinite term of probation. Indefinite terms of probation are uncommon.
2. Dr. Nackos was informed (according to the Board's minutes from the December 5, 2011 meeting) that his probationary agreement would receive a term once he began working in a clinical setting. According to our records (please correct me, if they are wrong), Dr. Nackos received permission from the Board on December 4, 2012 and began working in a clinical setting one day per week in March 2013.
3. Dr. Nackos has missed six required "call-ins" for drug testing during his probation.
4. Your letter states that Dr. Nackos has "honored his probationary DOPL license for the past 3 years." The order was effective on February 11, 2011. Your letter was dated June 29, 2013. That term is closer to two years than three years.
5. Your letter omits the fact that the Board chair voted against eliminating the probationary term. Therefore, Dr. Hobbins was not the only person with concerns, as stated in your letter. Three of the Board members were appointed after Dr. Nackos' agreement began.
6. Dr. Hobbins disputes Dr. Nackos representations of her phone calls, including her concerns that "6 years was simply 'too early' to lift restrictions" and that Dr. Nackos would not be receiving his license in spite of the Board vote. She agrees with the conflicting language in the letter that "the final decision would be made by [me]."

Dr. Nackos' Request

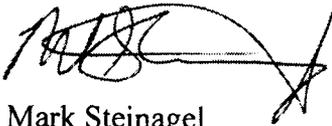
For the reasons above, I will support Dr. Hobbins and the Board chair in denying Dr Nackos' request for early termination of probation at this time.

Dr Nackos first needs to establish with the Board a term of probation that begins at the point he began working in a clinical setting.

If Dr Nackos will achieve perfect compliance, including no missed drug testing calls, I would be willing to consider early termination at the later of the halfway mark of his probationary term or six consecutive months on a termed probation without a missed call-in. Of course, DOPL and the Board will have to consider all conduct that occurs before agreeing to early termination.

I hope this letter better explains the direction Dr Nackos needs to proceed. If you have any questions, I am happy to address them.

Sincerely,



Mark Steinagel
Director
DOPL

To: Debra Hobbins, DNP, APRN, LASUDC
Bureau Manager--Boards of Nursing, Midwifery, PT, OT, and Vocational Rehab
From: Ed Dieringer, PT
Date: August 15, 2013
Re: Physical Therapist and/or Nursing Practice Act Issue re: PT/INR Testing

Thank you for the opportunity to bring these concerns before the committee for discussion.

As a member of leadership in the Utah Physical Therapy Association, I was approached by a physical therapist regarding his concern about IHC Home Health having physical therapy performing Prothrombin/International Normalized Ratio (PT/INR) measurement procedure as part of anticoagulant medication management for home health patients. As you are aware, this procedure involves sticking the finger with a needle, milking blood from the finger tip, applying the blood to the PT/INR machine for anticoagulant medication management, and reporting the measurement to a nurse at the home health agency. I have not substantiated whether other agencies are performing this procedure in a like manner.

Further, when I confirmed this practice with IHC Home Health, I was told that the purpose of having a physical therapist perform the PT/INR procedure is that the agency saves significant expense by not having to incur the costs of a separate nursing visit to perform this function. Instead, the physical therapist performs it during a regular physical therapy treatment session. In "PT only" cases, the agency is reimbursed at the prospective payment base rate for medical care, plus the additional physical therapy visit rate. The agency does not incur the costs of a nurse to perform an onsite assessment, to complete the OASIS data set, or to perform regular visits thereafter. In other words, it is my understanding that in some cases, home health patients are receiving medication management under physician's orders without ever having been physically seen by the home health nurse. In other cases, the nurse performs the initial assessment, completes the OASIS, and then delegates this function to the physical therapist. I am unsure as to whether there are nursing supervisory visits of the delegated task. I understood from speaking with you, however, that this medical procedure is not a nursing task and so does not fall under the purview of nurse delegation rules found at R156-31b-701. Delegation of Nursing Tasks (attached for reference).

First, I submit that the performance of PT/INR measurement is clearly a medical procedure when performed by a licensed professional. Second, by physician's order and industry standard, the procedure is controlled as a function of nursing - a home health nurse receives the order under medication management and then assigns, performs, or delegates the task. Medication management, including the PT/INR measurement procedure, is not a specifically listed or implied modality under the Physical Therapy Practice Act, or part of specialized training of physical therapists. It is not an allowed physical therapy intervention under commercial payers' medical billing practices.

To complicate this further, when the PT performs the PT/INR procedure, they must either increase their overall treatment time or decrease direct physical therapy intervention time with the patient. The result of counting the provision of nonreimbursable care as part of PT treatment time may be considered as fraud by Medicare and commercial payers. There are similar instances where Medicare has taken a portion of its money back for time provided that was not considered a skilled intervention.

Although this issue may not be under DOPL's purview, DOPL should be concerned that decreasing actual physical therapy treatment time may not be best medical practice and may

place the patient at risk for harm. Decreasing PT intervention time at the home visit may lead to increased PT visits, each of which is additionally reimbursed. Under current standards of practice, this can be interpreted as poor patient practice and/or overutilization of therapy services. Add on the agency's elimination of a nurse from performing assessment visit(s) and the risk for potential harm to the patient increases dramatically.

Please consider the following:

PT/INR testing, when performed by a licensed clinician, is a medical procedure subject to DOPL rules:

1. This procedure has medical procedure billing codes associated with it - CPT codes (99211) and HCPCS codes (G0248,G0249,G0250).
2. At the most basic process level, the state and federal government require a physician's order for this procedure. The fact that a licensed medical clinician performs the procedure subject to their clinical license/practice act, or delegates it, further supports that PT/INR testing is a medical procedure subject to DOPL rules.
3. The Utah Bureau of Facility Licensing considers this procedure to be medically-based. When I queried Kelly Criddle, Director of Facility Licensure, regarding which professionals and/or entities could perform this procedure, he replied that he would rely on DOPL to provide guidance. He was not able to answer my question of whether a nonmedical entity, such as a personal care agency, could perform this procedure.
4. This procedure can be performed by a non-licensed individual. This, however, is not the issue before us. In these cases, a licensed clinician, operating under and governed by a practice act and a licensed medical facility, is performing the medical procedure.

PT/INR testing and monitoring is integral to medication management which is a specialized training and function of nursing and, therefore, subject to purview of the Nursing Practice Act.

1. The licensed nurse has specialized education, skill, and training for application of the PT/INR testing. Although a licensed clinician can teach a patient to perform this procedure independently, the act of teaching and operating the machine requires nursing skills to ensure accurate and safe performance. When the patient or non-clinician caregiver is unable to perform this procedure independently, then the technical aspects of this procedure indicate that it requires the skills of a clinician to be performed safely and obtain reliable results.
2. Nursing is necessary and inherent to the delivery of safe healthcare in the home, particularly when medication management is indicated. When the PT/INR procedure order is received by a home health agency, it is industry standard that a nurse receives and processes these orders. Additionally, these orders are usually directed at nursing under the expectation that a nurse will monitor anticoagulant medication management. Even if the order for PT/INR testing is not obviously an order for nursing to carry-out, it is standard practice that a nurse would assess the patient's medical history along with physician's orders to determine the safety of delegating this procedure to another individual. Of critical importance is that this is under the purview of nursing practice due to their specialized training. Also, due to the medical complexities of a patient on anticoagulant therapy, to assure the medical safety of an individual isolated in the home, the nurse should be performing an onsite assessment. Upon delegation, the delegatee

is expected to report back to the nurse, and the nurse should be expected to perform supervisory visits as found in R156-31b-701.

3. It needs to be recognized that anticoagulation therapy and monitoring is not "as simple as a finger stick." It requires specialized education, skills, training, and assessment of a nurse as part of a medication management regime. More than sticking a finger, the fact that testing needs to be performed by a clinician FOR the patient suggests that there is a level of complexity that requires nursing training. Additionally, anticoagulant medication action is commonly affected by other medications, variations in diet, and the patient's multimorbidities. Again, all these factors require the specialized training and skills of nursing.

Physical therapists do not receive specialized training in medication management and therefore medication management is not a task under the Physical Therapy Practice Act. PT/INR testing is not an expressed modality under the PT Practice Act or a billable procedure when performed by a PT.

1. Although this procedure can be delegated by a nurse to a licensed or non-licensed individual, this does not give the delegated licensed clinician the ability to perform a procedure which is not allowed for under the clinician's practice act. In this case, this procedure is not a listed physical therapy modality and is not a part of PT specialized training.
2. I have considered the question: If a PT can take blood pressure, oxygen saturation and heart rate measurements, why shouldn't he/she perform PT/INR testing? A PT utilizes his/her education, training, skills, and assessment of the information from the blood pressure cuff and oxygen saturation/heart rate monitor to immediately address the medical safety of the patient as an active part of physical therapy treatment. These measurements are a part of the PT's specialized training, utilized to assess the patient's immediate response to physical therapy interventions, and provide crucial data to direct appropriate action/correction during the course of treatment. These procedures are an integral part of teaching patients and families functional mobility, exercise tolerance to disease processes, environmental and physical adaptations, muscle reeducation, etc.

To conclude, let me first emphasize that I am in full support of cutting unnecessary costs for improved efficiency or efficacy where safe and applicable. I am all for expanding physical therapy licensure where appropriate. I am an advocate for home health care. I also fully recognize that PT/INR testing can be performed by trained, non-licensed individuals, such as the patient or caregiver. However, this is not what is occurring in the instances being considered. Rather, a licensed clinician is being delegated to perform this medical procedure by a nurse. The agency is billing for it, or at minimum, accounting for the cost of the licensed clinician's labor in the Medicare cost report.

Given the current ambiguities, I respectfully request that DOPL consider the PT/INR testing issue and clearly delineate:

1. For the Utah Bureau of Facility Licensing, whether PT/INR testing is a medical procedure requiring a healthcare ("medical-based") facility licensure to administer.

2. When provided by a licensed healthcare facility, which licensed professional(s) is/ are ultimately responsible for the medical safety of patients receiving medication management and PT/INR testing/teaching.
3. Which licensed clinicians and/or unlicensed personnel of a licensed healthcare facility can perform or be delegated to perform PT/INR testing and teaching of PT/INR testing.
4. The assessment and supervision responsibilities of the delegating licensed clinician.

Respectfully submitted,

Ed Dieringer, PT

Attachment: R156-31b-701. Delegation of Nursing Tasks.

In accordance with Subsection 58-31b-102(14)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

(1) The nurse delegating tasks retains the accountability for the appropriate delegation of tasks and for the nursing care of the patient. The licensed nurse shall not delegate any task requiring the specialized knowledge, judgment and skill of a licensed nurse to an unlicensed assistive personnel. It is the licensed nurse who shall use professional judgment to decide whether or not a task is one that must be performed by a nurse or may be delegated to an unlicensed assistive personnel. This precludes a list of nursing tasks that can be routinely and uniformly delegated for all patients in all situations. The decision to delegate must be based on careful analysis of the patient's needs and circumstances.

(2) The licensed nurse who is delegating a nursing task shall:

(a) verify and evaluate the orders;

(b) perform a nursing assessment, including an assessment of:

(i) the patient's nursing care needs including, but not limited to, the complexity and frequency of the nursing care, stability of the patient, and degree of immediate risk to the patient if the task is not carried out;

(ii) the delegatee's knowledge, skills, and abilities after training has been provided;

(iii) the nature of the task being delegated including the degree of complexity, irreversibility, predictability of outcome, and potential for harm;

(iv) the availability and accessibility of resources, including appropriate equipment, adequate supplies, and other appropriate health care personnel to meet the patient's nursing care needs; and

(v) the availability of adequate supervision of the delegatee.

(c) act within the area of the nurse's responsibility;

(d) act within the nurse's knowledge, skills and ability;

(e) determine whether the task can be safely performed by a delegatee or whether it requires a licensed health care provider;

(f) determine that the task being delegated is a task that a reasonable and prudent nurse would find to be within generally accepted nursing practice;

(g) determine that the task being delegated is an act consistent with the health and safety of the patient;

(h) verify that the delegatee has the competence to perform the delegated task prior to performing it;

(i) provide instruction and direction necessary to safely perform the specific task; and

(j) provide ongoing supervision and evaluation of the delegatee who is performing the task;

(k) explain the delegation to the delegatee and that the delegated task is limited to the identified patient within the identified time frame;

(l) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task; and

(m) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee.

(3) The delegator shall evaluate the situation to determine the degree of supervision required to ensure safe care.

(a) The following factors shall be evaluated to determine the level of supervision needed:

(i) the stability of the condition of the patient;

(ii) the training, capability, and willingness of the delegatee to perform the delegated task;

(iii) the nature of the task being delegated; and

(iv) the proximity and availability of the delegator to the delegatee when the task will be performed.

(b) The delegating nurse or another qualified nurse shall be readily available either in person or by telecommunication. The delegator responsible for the care of the patient shall make supervisory visits at appropriate intervals to:

- (i) evaluate the patient's health status;
- (ii) evaluate the performance of the delegated task;
- (iii) determine whether goals are being met; and
- (iv) determine the appropriateness of continuing delegation of the task.

(4) Nursing tasks, to be delegated, shall meet the following criteria as applied to each specific patient situation:

- (a) be considered routine care for the specific patient/client;
- (b) pose little potential hazard for the patient/client;
- (c) be performed with a predictable outcome for the patient/client;
- (d) be administered according to a previously developed plan of care; and
- (e) not inherently involve nursing judgment which cannot be separated from the procedure.

(5) If the nurse, upon review of the patient's condition, complexity of the task, ability of the proposed delegatee and other criteria as deemed appropriate by the nurse, determines that the proposed delegatee cannot safely provide the requisite care, the nurse shall not delegate the task to such proposed delegatee.

- (a) A delegatee shall not further delegate to another person the tasks delegated by the delegator; and
- (b) the delegated task may not be expanded by the delegatee without the express permission of the delegator.



PT grads licensing as PTA

Debra Hobbins <dhobbins@utah.gov>

Wed, Aug 21, 2013 at 10:26 AM

To: wmcwhorter@rmuohp.edu

Cc: Shirlene Kimball <skimball@utah.gov>, Kaylene Hyatt <khyatt@utah.gov>, Boyce Barnes <bbarnes@utah.gov>, Jeri Chappell <jchappell@utah.gov>, Ray Walker <raywalker@utah.gov>, Trent Casper <jtcasper1@gmail.com>

Dear Dr. McWhorter:

Thank you for contacting me. I reviewed the rule and statute and could find no prohibition to a graduate of a PT program who failed the FSBPT exam applying for licensure, and becoming licensed, as a PTA.

What the person would need to do is:

1. After failing the FSBPT exam, request withdrawal of the PT application, in writing.
2. Apply to become a PTA, meeting all the requirements on the PTA application.
3. Take the test and become licensed as a PTA.
4. Reapply for licensure as a PT when the appropriate time period has passed.
5. Take the test and become license as a PT.

I recognize this entails several fees, but at least the individual would be working as a PTA.

The **Physical Therapist Practice Act** states, in pertinent part:

(2) An applicant for a license as a physical therapist assistant shall:

- (a) be of good moral character;
- (b) complete the application process, including the payment of fees set by the division, in accordance with Section 63J-1-504, to recover the costs of administering the licensing requirements relating to physical therapist assistants;
- (c) submit proof of graduation from a physical therapist assistant education program that is accredited by a recognized accreditation agency;
- (d) pass an open-book, take-home Utah Physical Therapy Law and Rule Examination;
- (e) after complying with Subsection (2)(c), pass a licensing examination;
- (f) be able to read, write, speak, understand, and be understood in the English language and demonstrate proficiency to the satisfaction of the board if requested by the board; and
- (g) meet any other requirements established by the division, by rule.

The Physical Therapist Practice Act Rule states, in pertinent part:

R156-24b-302a. Qualifications for Licensure - Education Requirements.

- (3) In accordance with Subsection 58-24b-302(2), a physical therapist assistant shall complete one of the following

CAPTE accredited physical therapy education programs:

(a) an associates, bachelors, or masters program; or

R156-24b-302b. Qualifications for Licensure - Examination Requirements.

(1) In accordance with Subsections 58-24b-302(1)(e), (2)(e) and (3)(e), each applicant for licensure as a physical therapist or physical therapist assistant shall pass the FSBPT's National Physical Therapy Examination with a passing score as established by the FSBPT.

(2) In accordance with Section 58-1-309 and Subsections 58-24b-302(1)(d), (2)(d) and (3)(d), each applicant for licensure as a physical therapist or physical therapist assistant, including endorsement applicants, shall pass all questions on the open book, take home Utah Physical Therapy Law and Rule Examination.

(3) An applicant for licensure as a physical therapist or a physical therapist assistant must have completed the education requirements set forth in Section R156-24b-302, or be enrolled in the final semester of a CAPTE accredited program, in order to be eligible to sit for the examination required for Utah licensure as set forth in Subsection(1) above.

Please feel free to contact me if I can be of further assistance.

Warmest regards,

Deb

—

Debra F. Hobbins, DNP, APRN, LASUDC

Bureau Manager--Boards of Nursing, Midwifery, PT, OT, and Vocational Rehab

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R156-24b-302a. Qualifications for Licensure - Education Requirements.

(1) In accordance with Subsection 58-24b-302(1)(c), the accredited school of physical therapy for a physical therapist shall be accredited by CAPTE at the time of graduation.

(2) In accordance with Subsection 58-24b-302(3), an applicant for licensure as a physical therapist who is educated outside the United States whose degree was not accredited by CAPTE shall document that the applicant's education is equal to a CAPTE accredited degree by submitting to the Division a credential evaluation from the Foreign Credentialing Commission on Physical Therapy. Only educational deficiencies in pre-professional subject areas may be corrected by completing college level credits in the deficient areas or by passing the College Level Examination Program (CLEP) demonstrating proficiency in the deficient areas. Pre-professional subject areas include the following:

- (a) humanities;
- (b) social sciences;
- (c) liberal arts;
- (d) physical sciences;
- (e) biological sciences;
- (f) behavioral sciences;
- (g) mathematics; or
- (h) advanced first aid for health care workers.

(3) In accordance with Subsection 58-24b-302(2), a physical therapist assistant shall complete one of the following CAPTE accredited physical therapy education programs:

- (a) an associates, bachelors, or masters program; or
- (b) in accordance with Section 58-1-302, an applicant for a license as a physical therapist assistant who has been licensed in a foreign country whose degree was not accredited by CAPTE shall document that the applicant's education is substantially equivalent to a CAPTE accredited degree by submitting to the Division a credential evaluation from the Foreign Credentialing Commission on Physical Therapy. Only educational deficiencies in pre-professional subject areas may be corrected by completing college level credits in the deficient areas or by passing the College Level Examination Program (CLEP) demonstrating proficiency in the deficient areas. Pre-professional subject areas include the following:

- (a) humanities;
- (b) social sciences;
- (c) liberal arts;
- (d) physical sciences;
- (e) biological sciences;
- (f) behavioral sciences;
- (g) mathematics; or
- (h) advanced first aid for health care workers.

(4) An applicant who has met all requirements for licensure as a Physical Therapist except passing the FSBPT National Physical Therapy Examination—Physical Therapist may apply for licensure as a Physical Therapist Assistant.

R156-24b-302b. Qualifications for Licensure - Examination Requirements.

(1) In accordance with Subsections 58-24b-302(1)(e), (2)(e) and (3)(e), each applicant for licensure as a physical therapist or physical therapist assistant shall pass the FSBPT's National Physical Therapy Examination with a passing score as established by the FSBPT.

(2) In accordance with Section 58-1-309 and Subsections 58-24b-302(1)(d), (2)(d) and (3)(d), each applicant for licensure as a physical therapist or physical therapist assistant, including endorsement applicants, shall pass all questions on the open book, take home Utah Physical Therapy Law and Rule Examination.

(3) An applicant for licensure as a physical therapist or a physical therapist assistant must have completed the education requirements set forth in Subsection 58-24b-302(1)(e) and Section R156-24b-302a~~[, or be enrolled in the final semester of a CAPTE-accredited program,]~~ in order to be eligible to sit for the FSBPT National Physical Therapy Examination ~~[examination required for Utah licensure as set forth in Subsection(1) above.]~~

(4) An applicant for licensure as a physical therapist or a physical therapist assistant who has failed the FSBPT National Physical Therapy Examination...

Pharmacy

R156-17b-303c. Qualifications for Licensure - Examinations.

(1) In accordance with Subsection 58-17b-303(1)(h), the examinations that shall be successfully passed by an applicant for licensure as a pharmacist are:

(a) the NAPLEX with a passing score as established by NABP; and

(b) the Multistate Pharmacy Jurisprudence Examination(MPJE) with a minimum passing score as established by NABP.

(2) An individual who has failed either examination twice shall meet with the Board to request an additional authorization to test. The Division, in collaboration with the Board, may require additional training as a condition for approval of an authorization to retest.

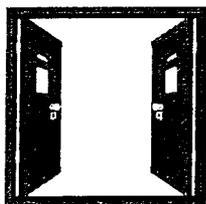
Proposed Nursing

R156-31b-301e. Examination Requirements.

(1)(a) An applicant for licensure as an LPN or RN shall pass the applicable licensure examination in no more than four attempts within five years of the applicant's date of graduation from the nurse education program.

(b) An individual who does not pass the applicable licensure examination pursuant to this Subsection (1)(a) shall complete another approved nursing education program before again attempting to pass the licensure examination.

Open and Public Meetings Act Training



Training Outline

- Background
- Public Policy
- Definitions
- General Rule
- Notice Requirements
- Minutes of Open Meetings
- Closing a Meeting
- Record of Closed Meetings
- Electronic Meetings
- Disruptive Behavior
- Litigation and Enforcement



Background - Training Requirement - §52-4-104

The presiding officer of each public body is responsible to ensure that all members of the public body are provided with annual training on the Open and Public Meetings Act.



Definitions - §52-4-103(7)

"Public body" means any administrative, advisory, executive, or legislative body of the state or its subdivisions that:

1. is created by the Utah Constitution, a statute, rule, ordinance, or resolution;
2. consists of two or more persons;
3. expends, disburses or is supported in whole or part by tax revenue; and
4. is vested with the authority to make decisions regarding the public's business.

Definitions - §52-4-103(9)(a)

"Quorum" means a simple majority of membership of a public body, unless otherwise defined by applicable law.



Definitions - §52-4-103(8)

- "Public statement" means a statement made in the ordinary course of business of the public body with the intent that all other members of the public body receive it.



Agenda Requirements - §52-4-202(6)

- A public notice that is required to include an agenda must be specific enough to notify the public as to the topics to be considered at a meeting.
- Except for emergency meetings, a public body may not consider a topic that is not listed under a properly noticed agenda.
- A topic not included on an agenda that is raised by the public during an open meeting may be discussed but no final action may be taken at that meeting.

Minutes and Recordings of Open Meetings - §52-4-203

- Except for site visits and field tours, written minutes and recordings must be kept of all open meetings.
- The minutes and recordings are public records, but minutes are the official record of action taken.
- Anyone in attendance can make their own recording unless it interferes with the conduct of the meeting.



Minutes and Recordings of Open Meetings - §52-4-203(2)

Written minutes and recordings must include:

- the date, time and place of the meeting;
- the names of members present and absent;
- the substance of all matters proposed, discussed, or decided, which may include a summary of comments made by members of the public body;
- a record by individual member, of votes taken;

Closing a Meeting - §52-4-204

Closed meetings are never required, but may be held provided:

- a. a quorum is present;
- b. two-thirds of the members in a properly noticed open meeting vote to close the meeting;
- c. the only matters discussed in the closed meeting are those permitted in Section 52-4-205; and
- d. no ordinance, resolution, rule regulation, contract or appointment is approved in the closed meeting.



NO ADMITTANCE

Closing a Meeting - §52-4-204(4)

The following must be publicly announced and entered on the minutes of the open meeting:

- the reason or reasons for holding a closed meeting;
- the location where the closed meeting will be held; and
- the vote by name, of each member of the public body, either for or against the motion to hold a closed meeting.



NO ADMITTANCE

Closing a Meeting - §52-4-205

The purposes for closing a meeting include:

- discussion of the character, professional competence, or physical or mental health of an individual;
- strategy sessions to discuss pending or reasonably imminent litigation;
- deployment of security personnel, devices, or systems; and
- investigative proceedings regarding allegations of criminal misconduct.



NO ADMITTANCE

Electronic Meetings - §52-4-207(2)

A public body may not hold an electronic meeting unless it has adopted a resolution, rule, or ordinance governing the use of electronic meetings. Commerce R151-1-2 provides:



- Such meetings are permitted but may be limited based on budget, public policy, or logistical considerations.
- A director or designee may establish such meetings on his or her own initiative or acting upon a timely request from a board member.
- A quorum of a board is not required to be present at a single anchor location.
- Any number of separate connections are permitted unless limited based upon available equipment, etc.

Electronic Meetings - §52-4-207(3)

A public body convening or conducting an electronic meeting must:

- give public notice under Section 52-4-202;
- post written notice at the anchor location(s);
- provide at least 24-hour notice to the public body, including how members will be connected, so members may participate in and be counted as present for all purposes;
- establish one or more anchor locations, at least one of which must be in the normal meeting location; and
- provide space and facilities at the anchor location so interested persons and the public can attend, monitor and participate.

Definitions - §52-4-103

- "Electronic meeting" means a public meeting convened or conducted by means of a conference using electronic communications.
- "Anchor location" means the physical location from which an electronic meeting originates or the participants are connected.
- "Participate" means the ability to communicate with all of the members of a public body, either verbally or electronically, so that each member of the public body can hear or observe the communication.

Criminal Penalty for Improperly Maintaining Records - §63A-12-105

Intentionally mutilating, destroying, or otherwise damaging or disposing of the record-copy of a record knowing it is in violation of the laws governing retention of the record is a class B misdemeanor and the employee involved may also be subject to disciplinary action.

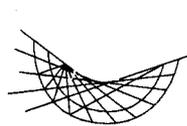


Enforcement of Open and Public Meetings Act - §52-4-303

- The attorney general and county attorneys are responsible for enforcement of the Open and Public Meetings Act.
- The attorney general is required on at least a yearly basis to provide notice to all public bodies of any material changes to the Open and Public Meetings Act.
- A person denied any right under the Act may bring suit to compel compliance with or enjoin violations or determine the applicability of the Act, and may be awarded attorney fees and court costs if successful.

Action Challenging Closed Meeting - §52-4-304

- In a lawsuit brought to challenge the legality of a closed meeting a court is required to review the recording or written minutes of the closed meeting in camera, and decide the legality of the closed meeting.
- If the court determines that the public body did not violate the Act regarding closed meetings, it must dismiss the case without disclosing or revealing the information from the recording or minutes of the closed meeting.
- If the court determines the public body did violate the Act regarding closed meetings, it must publicly disclose or reveal from the recording or minutes all information about the portion of the meeting that was illegally closed.



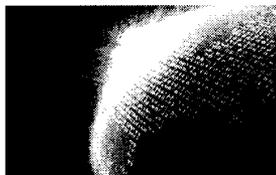
THE PHYSICAL THERAPY MINIMUM DATA SET

Your Presenters

- Mark Lane PT
 - Vice President,
 - Federation of State Boards of Physical Therapy
- Kathy Arney PT
 - Continuing Competence Consultant
 - North Carolina Board of Physical Therapy Examiners

What is it?

- A consistent set of data elements to be collected on all licensees at regular intervals in order to understand workforce needs related to access to healthcare



Why?

- An appropriate supply of physical therapists and physical therapist assistants is vital to ensure that access to care at the highest quality is available to those who require it.
- The current healthcare environment is characterized by substantial change, and it is critical to know and predict health care workforce
 - Understanding who we are and what we do
 - How do physical therapists fit into new delivery models
 - Primary care providers



Why?

- Identification of workforce needs
 - Is there a shortage of therapists or a mal-distribution?
 - Are there access gaps?
 - What about the future?
- Workforce planning
 - Educational planning
 - Class size
 - Number of educational programs
 - Rural employment incentives
 - International health care workers and immigration
 - Federal Legislation
 - Telehealth
 - New healthcare models improving access and quality

It is Not a New Concept

States already collecting workforce information

- North Carolina
- Oregon
- Minnesota
- Others?



It is a Critical Regulatory Issue

- Assuring that the health care consumers in your jurisdiction can access quality care now and into the future.
- We are not alone:
 - ▣ Physicians
 - ▣ Pharmacists
 - ▣ Nursing
 - ▣ OT
 - ▣ Physicians Assistants
 - ▣ Social Workers
 - ▣ Psychologists
 - ▣ Psychiatrists
 - ▣ Dentists
 - ▣ Dental Hygienists



2012 FSBPT Delegate Assembly Motion

Motion:

The delegate assembly supports and encourages the FSBPT member jurisdictions to work with FSBPT staff, HRSA and other appropriate entities to define the components of a minimum dataset (MDS) of licensed physical therapists and physical therapist assistants and develop a database that includes the components of this MDS.



A Tri-alliance

- ▣ Federation of State Boards of Physical Therapy
- ▣ American Physical Therapy Association
- ▣ Federal Government: Health Resources Services Administration



Minimum Data Set Task Force March 2013

Kathy Amey PT	NC	Melissa Cere PT	FL
Carlton Curry Esq	MD	Michael Hmura PT	OR
Jim Helder	OR	Mike Landry PT (sp)	NC
Stephanie Lunning PT	MN	Sheila Schaffer PT	MD
Jessica Sapp	FL	Patrick Tarnowski PT (sp)	MN
Mark Lane PT,	Staff	Mark Goldstein	Staff
Self Mahmoud	Staff	Nancy White PT	Staff

Christina Hosenfield	Staff
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Purpose

- ▣ Determine the Minimum Data Set needed in order for the professional association, licensing boards and the state and federal government to project, plan for and address physical therapy work force needs.
- ▣ Identify challenges and opportunities in collecting this minimum data set by state licensing boards
- ▣ Provide input into the development of a MDS database.

The Physical Therapy Minimum Data Set (recommended)

- ▣ Three Sections
 - ▣ Demographics
 - ▣ Education, Training & Licensure
 - ▣ Employment



The Recommended Physical Therapy Minimum Data Set

Demographics	
	Name
	Unique Identifier
	Birthdate
	Sex
	Race/Ethnicity

Education, Training & Licensure	
	Entry Degree
	Year of Graduation
	State (US only) or Country of Education
	PT Licenses Held (PT or PTA)

The Recommended Physical Therapy Minimum Data Set (cont.)

Employment	Employment status
	Hours in direct patient care per week
	Weeks worked in past year in direct patient care
	Location of direct care sites
	Hours in the field of physical therapy per week (Includes administration, teaching, research)
	Weeks worked in the field of physical therapy
	Location of work in the field of physical therapy
	Practice settings
	Future employment plans in next 5 years

MDS Task Force Recommendations

- Provider unique identifiers: there may need to be multiple types of identifiers so we can be compliant with jurisdiction requirements.
- Provide resources to states to minimize additional work load or need for additional hardware and software.
- The collection of data should be part of the renewal process if possible.
- Different renewal time frames: 1, 2 and 3 year (NY is the only jurisdiction that has a 3 year renewal)

MDS Task Force Recommendations (cont.)

- All at once versus throughout the year
- Provide flexibility in building the data base; Data base should be able to include whatever additional data a jurisdiction may want beyond the MDS so specific reports can be generated for that jurisdiction
- When possible, pre-populate the fields that are common to multiple data bases so that licensees do not have to answer the same questions more than once.

MDS Task Force Recommendations (cont.)

- MDS should include both PTs and PTAs
- Incorporate the MDS data into the FSBPT's ELDD in order to combine duplicate elements
- The Task Force should continue to exist through the creation of the system and at least the first data collection cycle in order to continue to provide input into the development, implementation and communications related to the PT MDS Database.

Important Details

- Who Will Have Access to the Data?
 - FSBPT & its members
 - APTA
 - HRSA
- Only de-identified information will be shared with these entities
- FSBPT will house the information and develop, support and maintain the data systems.

Next Steps

- Develop the infrastructure to house and maintain the data
- Work with each jurisdiction to implement



What Can You Do Now?

- Discuss with your licensing boards
- Determine what you need to do to add the data elements to your renewal forms; if possible begin adding any new data elements
- Determine any other barriers to implementation in your jurisdiction
- Discuss with other licensing professions to see what they are doing and how they have overcome barriers
- Respond to an upcoming survey from FSBPT

Discussion

- Roadblocks
 - Use of a unique identifier
 - Statutory limitations
 - Florida scenario
 - State resource limitations
 - Other(?)
- Opportunities
 - Collaboration with other professions
 - Other (?)



Resources Available

- <https://www.fsbpt.org/RegulatoryTools/index.asp>
 - Physical Therapy Minimum Data Set
 - MDS Questionnaire (coming soon)
 - Rationale for data elements
 - PowerPoint presentation
 - Article on the importance of the MDS
 - SHEP Center Seminar Series

Additional Comments/Questions

