

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
June 10, 2014

The meeting was called to order at approximately 1:37 p.m. on Tuesday, June 10, 2014.

Committee members present: Anita Steinbergh, D.O.; James Fry, PA-C; Sean Stiltner, D.O.; Robert Zaayer, PA-C.; James Zedaker, PA-C.; Margaret Huwer, Pharm.D.; and Theresa Ash, Pharm.D;

Staff members present: Sallie Debolt, and Cathy Hacker

Guests: Beth Adamson, OAPA

I. Election of new chairperson

Dr. Steinbergh began the meeting by moving to elect Mr. Fry as the new chairperson of the PAPC. Mr. Zedaker seconded the motion all member voted aye. The motion carried.

II. Review of the May 13, 2014 minutes:

Dr. Steinbergh moved to approve the minutes from the May 13, 2014 meeting. Mr. Fry seconded the motion. All members voted aye. The motion carried.

III. Formulary Review:

Ms. Debolt handed out an email that was asking if PA's could prescribe Fiorcet (butalbital). She stated that this medication is on the formulary as CTP may prescribe and that this was for informational purposes only.

Mrs. Ash stated that at the last meeting there were questions regarding mucolytic agents and that the committee needed to visit the issue of why they are on the formulary under CTP may not prescribe. She stated that it would be appropriate for PA's to prescribe these medications for patients 12 years and older. However she felt that Xolair (omalizumab) should remain in the CTP may not category as it is a last line of therapy medication that could have adverse side effects. Mr. Zedaker disagreed and felt that if this medication had been physician initiated then the PA should be able to refill the medication. Mr. Fry pointed out that biologics are under the PI category in case the physician is not available and the patient needs a refill. Ms. Huwer asked if in these situations the physician would be available. Mr. Fry stated that the physician could be reached by phone and that offices have standing protocols in place in the event of a bad reaction to the medication. Mr. Zedaker stated that it is difficult to get an appointment with an allergist.

Dr. Stiltner joined the meeting.

Dr. Steinbergh moved to leave Xolair in the CTP may not prescribe category. Ms. Ash seconded the motion. All members voted aye with the exception of Mr. Zedaker who voted nay. The motion carried.

The committee then considered the remaining mucolytic agents Pulmozyme (dornase alfa) and Acetadote (N-Acetylcysteine).

It was noted that these medications are used for Cystic Fibrosis and that the FDA studies showed reduced risks of infection and that there were no adverse reactions.

Ms. Ash moved to approve these medications in the physician initiated category. Dr. Steinbergh seconded the motion all members voted aye. The motion carried.

Ms. Debolt stated that effective on September 1, 2014 Tramadol will be a schedule IV medication.

IV. *Special services application*

The committee then discussed the special services plans from **Family Medical Group** that is requesting approval for the following procedures: Cryotherapy:

Dr. Steinbergh reminded the committee that there was not a quorum at the May meeting to vote on this application. She had taken the application to the PA committee for discussion and to have Dr. Bechtel comment.

She informed the committee that Dr. Bechtel stated that this is not an appropriate treatment for malignant and precancerous lesions. He further stated that the standards for cryotherapy use in a family practice setting needs to be the same as the standards for using cryotherapy in a dermatology setting. Mr. Zaayer agreed with this statement. Ms. Debolt stated that it would require that the PA have 2 years of dermatology experience prior to performing cryotherapy in a family practice setting. Dr. Steinbergh pointed out that this application does not indicate that the physician would see, evaluate and determine that this is the appropriate treatment prior to the PA treating. Dr. Steinbergh stated that previous approvals for cryotherapy did not allow for performance on the face head or genitals. Dr. Stiltner recommended that a letter be sent to this group requesting that they amend this application to reflect that the physician would see the patient and determine that this is the appropriate treatment for the lesion prior to the PA performing cryotherapy. They need to assure the committee that the PA would not perform cryotherapy on the face or genital area, cryotherapy would not be performed on malignant or precancerous lesions, and that the PA would have 2 years of dermatology experience prior to being able to perform the procedure.

Mr. Zedaker stated that there would be few PA's that would be able to meet these requirements and that this was done as part of primary care by PA's in the military and felt that this was an unachievable goal.

Dr. Steinbergh stated that the Board feels that the PA's must meet the dermatology standards. She commented that there had recently been an applicant that had a lot of trauma surgery experience that was requesting to provide plastic type surgery

and the Board feels that it did not equate to the same level of training. The model supervisory plan for cryotherapy does not allow for family practice PA's to perform cryotherapy however they need to meet the same standards in family practice as the PA's in a dermatology practice. Mr. Zedaker stated that there was no evidence of poor outcomes from this procedure. Dr. Steinbergh requested studies on this. Ms. Debolt asked if PA's could obtain training in Dermatology.

Mr. Zedaker indicated that there is no pathway for PA's to obtain this training if they are not working in a dermatology practice. Mr. Zaayer stated that if the PA's in family practice was to perform the same number of procedures in a family practice setting as those practicing in dermatology then it should equate.

Dr. Stiltner indicated that he felt that identifying the lesion prior to treating with cryotherapy was crucial and that family practice does not teach this. Mr. Zaayer requested that the application be amended to reflect that the physician would evaluate the lesion and make the determination that this is the appropriate treatment prior to the PA treating.

Dr. Stiltner suggested that the model cryotherapy plan be modified to include family practice, keeping the requirements the same. Mr. Zedaker stated that we are shutting the door on family practice PA's ability to perform cryotherapy.

Dr. Steinbergh moved to table this application and request that they amend it to reflect that the physician would see and evaluate the lesion prior to the PA treating, remove the request for malignant and precancerous lesions and assure the committee that this would not be performed on the face or the genitals. Dr. Stiltner seconded the motion all members voted aye. Mr. Fry abstained. The motion carried.

The committee then discussed the special services plans from **The Vein Center** that is requesting approval for the following procedures: ambulatory phlebectomy:

Dr. Steinbergh informed the committee that this application was discussed at the May 2014 PA committee and they felt that this is an invasive procedure with a high risk of nerve damage and needs to be performed by a physician.

Dr. Stiltner moved to deny this application. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

V. *Review changes to the model orthopaedic plan:*

Ms. Debolt stated that at the last meeting it was requested that language be added to this application to require that the physicians have a log of procedures that have been performed by the PA to document competency for privileging. She noted that there is now language that requires a log to be maintained and submitted to the Medical Board for approval prior to the PA being able to perform the injection or aspirations without direct supervision. Mr. Zaayer questioned who is going to review and approve the logs. Dr. Steinbergh stated that this would be an administrative task and a process will be developed so that there will be an appropriate and timely review of the logs that are submitted.

Mr. Zaayer noted that in the didactic program that it requires that the PA attend lectures on the topic of joint injections presented by the Ohio Orthopaedic Association, American Osteopathic Association, American Academy of Orthopaedic Surgeons, American Academy of Physician Assistants, and the Ohio Association of Physician Assistants. He suggested that the word and be changed to or so that it was any of these association meeting and not all of the association meetings. The committee agreed with this amendment.

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

VI. Review changes to the rules:

Ms. Debolt explained to the committee that the Board is working on rule for Schedule III and IV medications for the maintenance of chronic weight management. She stated that this is a draft for comments and after the comments are summarized that these will be formally sent through the rules process. Mr. Fry stated that he was not clear on the 12 week requirement for the patient to revisit the physician. Ms. Debolt stated that that language was omitted from this version of the rule and would need to be added to include that that physician must see the patient every 12 weeks for follow up. Ms. Huwer agreed that this need to be clear as to how often the physician to see the patient and review the medical records. Mr. Fry asked that it clarify when the PA can treat and when the physician need to see the patient for medication refills.

Ms. Debolt informed the committee that HB 341 has passed the House and the Senate and that PA's are now required to sign up for and utilize the OARRS system. She further stated that any practitioner that was not signed up to utilize this system by January 1, 2015 could have their licenses suspended.

Ms. Huwer stated that the Pharmacy Board is working to make the OARRS application easier to complete.

VI. New business matters:

No new business matters were discussed.

The Physician Assistant Policy Committee meeting was adjourned by Mr. Fry at approximately 3:16 p.m. on Tuesday, June 10, 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 June 10, 2014.

James Fry, PA-C,
Chair, PAPC