

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
December 9, 2008

The meeting was called to order at approximately 1:56 p.m. on Tuesday, December 9, 2008.

Committee members present: Eugene Imbrogno, M.D.; John Jonesco, D.O.; David Ballinger, PA-C.; Lance Talmage, M.D.; and Michael Bowen, P.A.-C.

Staff members present: Cathy Hacker

Guests: Beth Adamson, Executive Director, Ohio Association of Physician Assistants

I. Review of the September 9, 2008 minutes.

Mr. Ballinger moved to approve the September 9, 2008 minutes of the Physician Assistant Policy Committee. Dr. Talmage 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 **Northeast Ohio Infectious Disease Associates** that is requesting approval of: removal of central venous catheters in an office setting.

The committee acknowledged that this group had sent in an amendment to this application to reflect that they would utilize 100% onsite supervision for this procedure instead of the 100% offsite as originally indicated.

Dr. Talmage moved to approve this application. Dr. Jonesco seconded the motion. All members voted aye. The motion carried.

The committee then discussed the application from **William Lovett, M.D.** that is requesting approval of: exercise stress testing.

The committee noted that they had tabled this application at their August 2008 meeting and had requested that Dr. Lovett amend this application to reflect 100% onsite supervision. The committee noted that Dr. Lovett had amended the application to reflect the requested change.

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

The committee then discussed the application from **HMT Dermatology** that is requesting approval of: Excisions-benign nevi, cysts, atypical nevi and lipomas.

The committee expressed concerns with the depth needed to remove skin cysts and asked that Dr. Torok amend the application to reflect excision of skin cysts of the epidermis only. The committee also indicated that the excision of lipomas could be a difficult task and requested that Dr. Torok also remove the request for the removal of lipomas. The committee requested that the staff send a letter to Dr. Torok requesting these changes and to request that Dr. Torok assure the committee and the Board that the supervising physician has made the determination that the excisions need to be done.

Mr. Ballinger moved to table this application pending the receipt of these amendments. Dr. Talmage seconded the motion. All members voted aye. The motion carried.

The committee then discussed the application from **Orthopaedic Specialists and Sports Medicine** that is requesting approval of: application of casts.

The committee was curious as to the need for this request. Ms. Hacker explained that this procedure was previously approved in the Statute, and that for whatever reason when the new Statutes were implemented that it had been omitted. She further stated that the staff was working on legislation that would correct this.

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

The committee then discussed the application from **South Dayton Surgeons** that is requesting approval of: lap band port access.

The committee noted that this was a fairly simple procedure in that the port is already in place from bariatric surgery. The physician assistant would simply be adding or removing a solution to the patient's stomach as needed.

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

The committee then discussed the application from **Spectrum Orthopaedics** that is requesting approval of: inject/aspirate bursa/joint fingers, inject/aspirate bursa/bursa fingers, inject tendon sheath trigger finger, inject/aspirate joint/bursa hip, inject/aspirate bursa/bursa wrist, inject tendon sheath wrist, inject/aspirate joint/bursa wrist, inject/aspirate bursa/bursa shoulder, inject/aspirate bursa/joint shoulder, inject aspirate carpal tunnel, inject ganglion cysts, inject tendon sheath plantar fascia, inject/aspirate bursa/bursa inject/aspirate joint/bursa toes, inject/aspirate joint/bursa ankle, inject/aspirate bursa/bursa ankle, injections ligament ankle, inject tendon sheath ankle, inject/aspirate bursa/bursa olecranon, inject/aspirate joint/bursa olecranon, inject/aspirate bursa/bursa elbow, inject/aspirate bursa/joint elbow, inject tendon sheath elbow, inject/aspirate joint bursa acromioclavicular, inject/aspirate bursa/bursa acromioclavicular.

After considerable discussion regarding the need for PA's to perform these injections and aspirations it was noted that the physicians are spending most of their time in surgery while the PA's are doing these procedures in the office to facilitate patient care. The committee felt that the deep structure injections/aspirations need to be performed by the most experienced person in the practice due to the potential for damage and the risk of infection. The concern of the committee was that the smaller joints are harder to reach and indicated that they were comfortable with PA's performing the bursa aspirations/injections. It was further stated that the clinical decision making for ligament injections is critical and noted that the physicians in this practice will see the patients and make the decisions for these injections.

The committee requested that this group amend these applications to remove the hip joint and only inject/aspirate the greater trochanter bursa of the hip. The committee also expressed great concern regarding the ankle requests specifically with regard to the Achilles tendon. The committee requested that this group be more specific as to which ligaments, tendons, and bursas of the ankle they are referring to. The committee specifically requested that this group assure them that the PA's will not be injecting or aspirating the Achilles tendon.

The committee stated that the remaining requests have been previously approved by the Board and that the PA's in this group would have similar training, education and supervision to perform these injections and aspirations as previously approved requests.

Dr. Talmage moved to table inject aspirate joint/bursa hip, inject aspirate joint/bursa ankle, inject aspirate bursa/bursa ankle, inject ligament ankle, and inject tendon sheath ankle pending the above clarification. Dr. Jonesco seconded the motion. All members voted aye. The motion carried.

Dr. Talmage moved to approve the remaining requests. Dr. Jonesco seconded the motion. All members voted aye. The motion carried.

The committee concluded the meeting by discussing the inquiry concerning PA's changing of gastrostomy tubes. The committee felt that this is within the abilities of a PA. They stated that the tube must have been in place for at least 2 weeks and in the event that the tube was accidentally pulled out that the PA could reinsert the tube providing that it was done within 48 hours of the removal.

The Physician Assistant Policy Committee meeting was adjourned at approximately 2:41 p.m. on Tuesday December 8, 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 December 9, 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.