

**MARYLAND BOARD OF PHYSICIANS
PHYSICIAN ASSISTANT ADVISORY COMMITTEE**

OPEN MEETING MINUTES

**WEDNESDAY, May 2, 2012
ROOM 108 & 109, Patterson Avenue, Baltimore, MD 21215**

PRESENT: Mark Dills, PA-C, Chairman, Matthias Goldstein, PA-C,
Richard Bittner, Esq., Consumer Member, Chimene Liburd, M.D.,
J. Lawrence Fitzpatrick, M.D.

STAFF PRESENT: Ellen Douglas Smith, Chief, Allied Health Programs, Gwendolyn Joyner,
Administrative Specialist, Robin Bailey, Public Policy Analyst, Karen
Wulff, Public Policy Analyst.

ABSENT: David Wagner, Esq., Board Counsel

GUEST: Muriel Kneib, PA-C, President, Maryland Academy of Physician Assistants

CALL TO ORDER:

Mark Dills, PA-C, Chair called the meeting to order at 4:09 p.m.

APPROVAL OF MINUTES

On a motion made by Dr. Fitzpatrick and seconded by Mr. Goldstein the minutes from the April 4, 2012 meeting were approved.

BOARD COUNSEL – David Wagner, Esq.

Nothing to Report

LEGISLATIVE UPDATE – Robin Bailey, Public Policy Analyst, Karen Wulff Public Policy Analyst

House Bill 824, which requires the Governor to appoint the Board Chair, has not been signed yet. Ms. Bailey distributed a handout on the legislative wrap up. Although the information in the handout was not pertaining to PAs, Ms. Bailey thought the information may be of interest to Committee members. Ms. Bailey also stated that the Board staff will be working on some regulations. Recommendation 44 from the Sunset Review requires Board staff to adopt regulations by December 31, 2012 for determining what constitutes an advanced duty and how many successful procedures a physician assistant must be deemed able to safely perform a delegated medical act.

Ms. Bailey stated that she thinks it is not the legislative intent to specify exactly what is an advanced duty (as for as each particular procedure), but to specify what is a core duty vs. what is an advanced duty. Legislation is suggesting having a standardized procedure log that would be available from the website, some more detailed, some less detailed. Board staff thinks it would be good to have different procedure logs. As for the number of procedures, Ms. Bailey stated that is something the Committee would have to discuss. She stated she does not know if you can put a particular number of procedures in the regulations, because some procedures are more complex than others. Ms. Bailey and Ms. Wulff would like the Committee members to suggest what they would like to see on the procedure logs.

Mr. Goldstein stated that there should be a procedure log where the PA should say something about the patient, for example: 52 year old female who had a medical procedure, state that the procedure was performed without complications, under the direct supervision of the supervising physician. He stated it is meaningless and there is no way to track it.

Mr. Goldstein stated that the supervising physician is providing the oversight to the PA. The physician is stating that he/she feels comfortable with the PA performing the procedure. Mr. Goldstein also said he does not think that numbers (for example: 200 stress test) of procedures really make a lot of sense. He stated what if a PA comes to Maryland from another state and has performed stress test for years, but has not maintained a procedure log for the stress test. The PA is required in Maryland to provide a procedure log showing 200 stress tests. He said he never understood how that number was decided. Ms. Smith stated that it came from the American College of Cardiology Fellowship. Mr. Goldstein stated that fellow is actually interpreting the EKG, and determining whether or not the patient will go to the Catheterization laboratory (cath lab) or if that person needs further testing. He also said that an eight year old child can be trained to perform a stress test. Nothing goes on during a stress test. The person who is performing the test is meaningless. The treadmill monitors the heart rate, and the PA is there to make sure there are no complications with the stress test.

Board Updates

Update from April 25, 2012 Board Meeting

Mr. Dills informed the Committee that the Board did not approve the delegation agreement addendums for two PAs because they included transfer of tissue flaps. The Board did not feel comfortable with approving the addendums that included flaps. The transfer of flaps was not included in the letter from the supervising physician. The Board asked for clarification on the transfer of tissue flaps procedure.

Documentation of Training

Mr. Dills stated that the Board was concerned about documentation regarding the PA's training. Dr. Palestine, the supervising physician signed the training certificate. Mr. Dills informed the Board that this is a dermatology practice and the Committee felt comfortable accepting the certificates where the supervising physician provided the training. If the certificates were printed from a physician who

is not in a dermatology practice, they might be more concerned. The Board approved the addendum based on that information. Mr. Dills suggested to the PAAC that if a supervising physician is going to sign a PA's certificate as the person who is providing the training, the Committee should ask the physician to give more details about his/her training of the requested advanced procedure. Board members will feel more comfortable about approving the addendum.

NEW BUSINESS

Delegation Agreement Report

PAAC reviewed the report and there were no comments.

Addendums

Elizabeth Allen, PA-C/Trudy Hall, M.D. request to perform:

- Soft Tissue Injections
- Joint Aspirations and Injections
- Tendon Sheath Injections
- Neuromuscular Botox (for spasticity) Injections

Charles Brown, PA-C/Howard Robinson, M.D., request to perform:

- Intense Pulsed light Laser
- Surgical Excision/Biopsy
- Simple/Intermediate/Complex Repairs
- Narrow-Band UVB Treatment

Mr. Brown and Dr. Robinson were also asking for approval to perform complex repairs - transfer of tissue flaps. The Committee would like more detail on this procedure before recommending approval to the Board. The Committee agreed to recommend Intense Pulsed Light Laser, Surgical Excision/Biopsy and Narrow-Band UVB Treatment to the Board for approval.

Sara Canada, PA-C/Stephen Noga, M.D., request to perform:

- Intrathecal Chemotherapy Administration

Erin Donoghue, PA-C/Karl Riggle, M.D., request to perform:

- Central Line Placement

Mr. Dills stated that it appears from the procedure log that Ms. Donoghue has trained primarily for internal jugular (IJ) and subclavian, but the addendum does not specifically request those duties.

He noted that Ms. Donoghue has only performed two IJ procedures. The rest are subclavian. The Committee would like Ms. Donoghue to verify that she has performed more IJ placements.

Rosemary Ingado, PA-C/Haddia Hagos, M.D. request to perform:

- Intra – Muscular Injections (Trigger Point)

On a motion made by Dr. Liburd and seconded by Dr. Fitzpatrick the Committee voted to approve the addendums.

Further New Business

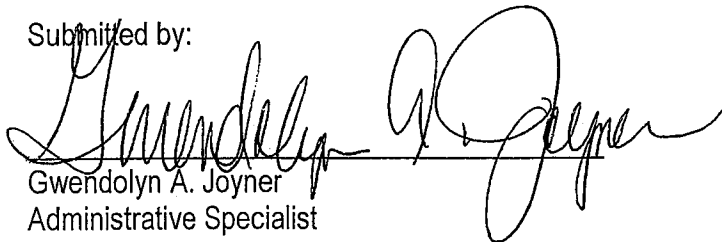
Day Spa Discussion

Mr. Goldstein sent an email to Ms. Smith stating he was informally approached by a friend of a PA who is having problems with her advanced duties addendum being approved. The PA works in Virginia for a Neurosurgeon who has a practice in Maryland. The PA wants to know what she can do since a part of her job depends on her being able to function in Maryland. Mr. Goldstein stated that he was familiar with the case and would find out what the PA can do.

The Committee suggested that the practice could hire another physician or that the PA could look for employment at another practice. Mr. Goldstein will inform the friend of the PA that she will receive a letter from the Board to explain what she can do.

On a motion made by Dr. Fitzpatrick and seconded by Dr. Liburd the meeting was adjourned at 5:53 p.m.

Submitted by:



Gwendolyn A. Joyner
Administrative Specialist