MARYLAND BOARD OF PHYSICIANS
CARDIOVASCULAR INVASIVE SPECIALISTS (CIS) WORKGROUP
OPEN MEETING MINUTES
August 20, 2018

MEMBERS PRESENT: Dr. Martin Albornoz, Dr. Anthony Chiaramonte, Amy Dukovcic, William Fisher, Sandra E. Moore, Andrew Nicklas, Lisa Pervola, Ellen Douglas Smith, and Danielle Vranian

MEMBERS PRESENT BY PHONE: Dr. Harry C. Knipp and Dr. Joseph Marine[1]

MEMBERS ABSENT: Dr. Daniel Durand, Dr. Mahadevappa Mahesh, and Jennifer Witten

STAFF PRESENT: Stacey Darin, Assistant Attorney General; Yemisi Koya, Director, Communication, Education and Policy Unit and CIS Workgroup Facilitator; and Sandi Van Horn, Health Policy Analyst

GUESTS: Kim Davidson, Valerie Fowler, Peggy McElgunn, Zach McElgunn, Lindsay Rowe, Kelly Scible, and Jonathan Sibley

CALL TO ORDER / ANNOUNCEMENTS / FISCAL UPDATE

Dr. Koya, the workgroup facilitator, called the meeting to order at 1:02 p.m. Ms. Dukovcic, attending for the first time, introduced herself. Dr. Koya made announcements about (1) workgroup member and audience conduct; and (2) expectations for today's meeting. She also provided an update to her July presentation of the Board's fiscal analysis regarding potential CIS licensure. She reported that the estimated fee would be more than $500 per CIS (for two years), if the total number of CIS who would apply for initial licensure in Maryland was 100 instead of 145.[2] The Board is contemplating keeping the licensure fee at an estimated $380 (the amount discussed at the July meeting), and there likely would be a fee of possibly $130 for a physician agreement similar to those of licensed physician assistants (delegation agreements) and athletic trainers (evaluation and treatment protocols).[3]

APPROVAL OF MEETING MINUTES

Dr. Albornoz made a motion to approve the minutes of the July 2018 CIS Workgroup meeting, and Ms. Moore seconded. There was no opposition to the motion; therefore, the minutes were approved.

PRESENTATION FOLLOWUP

Peggy McElgunn, Executive Director of the Alliance of Cardiovascular Professionals, reported that the survey (discussed at the July meeting) was not yet completed. She will present at the next meeting in September.

UPDATE: AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS (ASRT)

Ms. Moore reported on a letter, dated July 31, 2018, from the ASRT to the Board, indicating the radiographer credentials (primary and post-primary certifications) that the ASRT deems appropriate for work in the catheterization lab.[4] Ms. Moore stated that the ASRT is not advocating for RCIS as a stand-alone position.

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[1] Dr. Marine called in while traveling to the meeting and arrived at approximately 1:45 p.m.
[2] The lower number accounts for RCIS who may not qualify for licensure in Maryland or who may leave Maryland.
[3] A full fiscal analysis by the Board has not been completed.
[4] At the July meeting, Dr. Durand sought clarification regarding ASRT's first letter, dated June 27, 2018, to the Board.

DUTIES OF RCIS IN MARYLAND[5]

Dr. Albornoz presented a scope of practice that he drafted to describe "reasonable" duties for RCIS in Maryland in an invasive cardiac cath/electrophysiology lab. There was discussion about supervision by a physician and items listed as possible "X-ray duties."[6] Dr. Koya granted a request by Mr. Fisher for Ms. Scible (cardiovascular technology program faculty) to address the workgroup about CIS coursework and hands-on training offered by Howard Community College (HCC). Mr. Fisher noted that Maryland students obtain clinical experience (under supervision) beyond the 45 hours of classroom time. Ms. Scible commented about the limitations on training due to Maryland's current law.

Dr. Koya asked workgroup members if there was consensus that the items listed as "clinical" duties on the suggested scope of practice were not X-ray duties. Workgroup members agreed and then considered the first item in the next section of "possible" X-ray duties (placing the patient on the X-ray table and positioning the patient in collaboration with nursing/anesthesia). Workgroup members discussed the team assisting the patient and a guide on the table for patient placement. Workgroup members reached consensus on moving the item about patient placement to the list of "clinical" duties.

Dr. Koya brought up the next task in the section of "possible" X-ray duties: turning the X-ray equipment on and off. Dr. Chiaramonte suggested that this item and the remaining items in that section are "X-ray duties." Dr. Knipp "seconded" the comment. Dr. Koya clarified with Dr. Chiaramonte that he was making a motion and that Dr. Knipp had seconded. In response to a question, Ms. Darin explained the options regarding licensure or an exception to licensure in statute if the workgroup determines that the rest of the listed items are "X-ray duties." The workgroup also could consider defining "X-ray duties" in statute.

Dr. Albornoz commented on his experience as an interventional cardiologist and opined that RTs and RCIS in the catheterization lab are interchangeable. A discussion about liability and legal issues began. In response to a question, Dr. Albornoz stated that in most cases in the catheterization lab the physician is stepping on the pedal but it helps to have flexibility in certain situations. Dr. Marine commented that all personnel in the catheterization lab are under the direction of the cardiologist. Ms. Darin reminded the workgroup that "independence" of the practitioner is one of the considerations for licensure.

Ms. Moore provided a document describing the duties of the cardiovascular radiographer and inquired about emergencies (such as repairing an artery) that could occur in the catheterization lab, requiring other types of (non-cardiac) imaging by a radiographer.

Dr. Koya returned to Dr. Chiaramonte's motion; however, no further action was taken.

STEPS IN A FLUOROSCOPIC PROCEDURE

Dr. Marine presented a draft of information about "performing fluoroscopy," including a proposed definition. Workgroup members had no comments.

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[5] Mr. Nicklas arrived during this discussion.

[6] "X-ray duties" is a term in Health Occupations Article, §14-306, Annotated Code of Maryland, which has been discussed at prior meetings.

CLINICAL HOURS IN MARYLAND RAD TECH EDUCATIONAL PROGRAMS

Ms. Moore directed workgroup members to the ASRT letter (already discussed), a letter from the Maryland Society of Radiologic Technologists, and a statement from a Maryland radiologist assistant. She also presented on Maryland radiography program clinical hours. Ms. Moore and Mr. Fisher discussed the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT), plus standards regarding training program hours and competency. Mr. Fisher spoke about a JRC-CVT survey of accredited programs and information that was provided in a letter from the JRC-CVT.

Dr. Koya asked workgroup members to think about standardized objective criteria item 2 (specialized skill and training) and then called for a five-minute break at approximately 2:15 p.m. Upon reconvening, Ms. Darin reported that during the break there was a question about the Board's rad tech committee, which is an advisory group to the Board. There will be a Board meeting (open to the public) at which representatives of the rad tech committee and the CIS Workgroup can present opinions or recommendations, which the Board will evaluate for its decision to be in the report due to legislators. Dr. Koya will communicate with workgroup members about meeting logistics.

Ms. Pervola opened discussion on a scenario involving certain individuals, such as a nurse or ultrasound tech, who could sit for the RCIS credentialing exam without having didactic training on radiation safety or by graduating from a non-accredited program. Workgroup members reviewed a letter from Cardiovascular Credentialing International (CCI) distributed during the break.

Dr. Koya noted that the workgroup had consensus that RCIS in Maryland only would work in the catheterization lab, so the question is whether RCIS need the same expansive educational background that rad techs possess. There was continued discussion on accredited education; the credentialing exam; "performing" or "assisting with" fluoroscopy; physician delegation, possibly to a nurse, to step on the pedal in an emergency situation; competency in comparison to hours of training; and additional fluoroscopy training for RCIS. Ms. Darin said she could look into the Maryland Board of Nursing statute. Ms. Pervola mentioned California's requirements; she will provide information for the next meeting.

There also was discussion about acceptable requirements for possible RCIS licensure or an exception in Maryland. Ms. Darin reviewed Health Occupations (H.O.) Article, §14-306, Annotated Code of Maryland in reference to physician assistants, who are permitted to perform certain nonfluoroscopic X-ray procedures after meeting specific requirements. Workgroup members further discussed the advantages and disadvantages of licensure for RCIS in Maryland.

There was a second break at approximately 3:45 p.m. The workgroup reconvened at approximately 3:55 p.m. Ms. McElgunn provided additional information regarding California's exemption letter.[7]

Workgroup members and Ms. Scible commented on the possible impacts of licensure of RCIS in Maryland and liability issues for hospitals, physicians, and other licensees in the catheterization lab. Ms. Dukovcic spoke about the team approach, plus risks to patients if catheterization labs are not fully staffed.

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[7] Ms. McElgunn will provide the letter for the next meeting.

During this discussion, Dr. Chiaramonte several times questioned the opposition to licensure.

At approximately 4:30 p.m., Dr. Koya assigned workgroup members to three smaller groups to discuss whether or not they wanted licensure. Dr. Albornoz, Mr. Fisher, and Mr. Nicklas reported back to the full workgroup, but there still was no consensus reached on licensure. Mr. Fisher noted that he was not sure how RCIS licensure or an exemption in Maryland would impact his enrollment at HCC. Mr. Nicklas further commented that solving the workforce issue should be the primary goal. Dr. Koya and Ms. Darin mentioned other issues for consideration, such as the reason for the legislature's inclusion of fluoroscopy X-ray duties under H.O. Article, §14-306, out of concerns for patient safety.[8]

Dr. Chiaramonte commented that he would be willing to give a bit on the fluoroscopy issue if, for example, the RCIS in the catheterization lab had appropriate training. However, he was concerned, as are others, that an exception to licensure could lead to other groups seeking exemptions. Dr. Albornoz commented on the regulatory environment of Maryland and the perspective of the legislature. Dr. Koya stated that she was not calling for a vote on licensure at this time. She returned to the remaining agenda items.

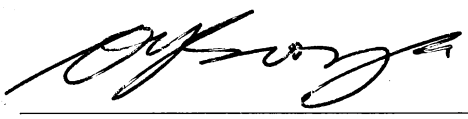
NATIONAL STANDARDS FOR TRAINING HOURS IN ACCREDITED PROGRAMS
Mr. Fisher agreed that his earlier comments regarding national standards were sufficient regarding this agenda item.

FEEDBACK FROM STUDENTS
Mr. Fisher reported that he did not find data or specific comments about readiness for employment in a catheterization lab.

FINANCIAL IMPACT TO HOSPITALS
Mr. Nicklas reported on issues related to hospitals using staffing agencies. Due to a shortage of rad techs, hospitals in Maryland turn to staffing agencies and incur higher costs to staff cardiac catheterization labs.

ADJOURNMENT
Dr. Koya adjourned the meeting at 5:02 p.m.

Respectfully Submitted by,



Dr. Yemisi Koya
Director, Communication, Education and Policy Unit

[8] In Maryland, under H.O. Article, §14-306(e), only a licensed individual may perform X-ray duties involving fluoroscopy.