

**MARYLAND BOARD OF PHYSICIANS
CARDIOVASCULAR INVASIVE SPECIALISTS (CIS) WORKGROUP
OPEN MEETING MINUTES
July 23, 2018**

MEMBERS PRESENT: Dr. Martin Alborno, Dr. Anthony Chiaramonte, Dr. Daniel Durand, William Fisher, Dr. Mahadevappa Mahesh, Dr. Joseph Marine, Sandra E. Moore, Andrew Nicklas, Ellen Douglas Smith, and Danielle Vranian

MEMBERS PRESENT BY PHONE: Dr. Harry C. Knipp

MEMBERS ABSENT: Amy Dukovic, Lisa Pervola, and Jennifer Witten

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

GUESTS: Delegate Bonnie Cullison, Kim Davidson, Valerie Fowler, Noa McElgunn, Peggy McElgunn, Zach McElgunn, Elaine Michewicz, Vanessa Purnell, Lindsay Rowe, Kelly Scible, and Jonathan Sibley

CALL TO ORDER / INTRODUCTIONS

Dr. Koya, the workgroup facilitator, called the meeting to order at 1:05 p.m. and noted that Maryland Delegate Bonnie Cullison was in attendance. Delegate Cullison thanked the group for their work.¹ Ms. Vranian and Dr. Durand, first-time attendees, introduced themselves. Dr. Knipp announced himself by phone.

APPROVAL OF MEETING MINUTES

Mr. Nicklas made a motion to approve the minutes of the June 2018 CIS Workgroup meeting, and Mr. Fisher seconded. Ms. Moore suggested a correction. The minutes were approved with the correction.

COSTS/FISCAL INFORMATION

Dr. Koya reviewed preliminary fiscal information prepared by Board staff. She reported that, if RCIS were to be licensed in Maryland (as a separate group), licensure activities to be performed by Board staff would increase operations costs for the Board, resulting in an estimated application fee of approximately \$380 per RCIS.²

Dr. Koya and Ms. Darin responded to follow-up questions from workgroup members and Delegate Cullison.

Dr. Marine joined the meeting at approximately 1:24 p.m.

¹ Delegate Cullison was a sponsor of one of the two bills (cross files) regarding CIS licensure introduced during the 2018 Maryland General Assembly session.

² The estimate is based on 145 RCIS in Maryland – a number discussed at the first workgroup meeting on June 18, 2018. The estimate does not include costs of Board compliance activities.

ALLIANCE OF CARDIOVASCULAR PROFESSIONALS

Dr. Koya introduced Peggy McElgunn, Executive Director of the Alliance of Cardiovascular Professionals, who provided an overview of her organization and its membership. She discussed the team approach to healthcare, the “triple aim” concept (to increase access to healthcare, to improve quality, and to provide value and reduce costs for patients), RCIS training and credentials, and the role of the physician in the cath lab.

Workgroup members commented on or had questions about topics in the presentation. There was additional discussion about RCIS educational curriculum and training. Ms. Darin provided some clarification regarding several topics, including liability for Maryland licensees, variation of fluoroscopy duties by RCIS in certain states, unlicensed practice in Maryland, and x-ray duties addressed in §14-306 of the Health Occupations (H.O.) Article.

Workgroup members also discussed fluoroscopy technology, radiation safety, the role of RTs, the market for RCIS professionals, workplace shortages, and physician supervision.

Ms. Smith joined the meeting at approximately 2:20 p.m.

Ms. Darin raised questions about terminology (performing fluoroscopy and assisting with a procedure) and how RCIS would fit into Maryland’s statute.

Ms. McElgunn stated that clarification is being sought from Maryland to accept that RCIS “assist” (take direction from the cardiologist) during fluoroscopy.

Dr. Albornoz noted certain tasks in fluoroscopy that an RCIS cannot do. Dr. Koya asked Dr. Albornoz to outline the duties of RCIS.

Dr. Koya announced a break at 2:32 p.m. The workgroup reconvened at 2:46 p.m. Ms. McElgunn concluded her presentation by reminding workgroup members of the “triple aim” and encouraging workgroup members to amend or interpret current regulations to include the team approach in the cath lab instead of moving toward licensure.

CONTINUED RESEARCH ON OTHER STATES

Mr. Woodard presented additional research regarding the regulation of CIS in other states.

EDUCATIONAL BACKGROUND AND TRAINING OF RAD TECHS AND RCIS

Mr. Fisher discussed the similarities of and differences between the cardiovascular technology and rad tech programs at Howard Community College. Mr. Fisher responded to questions about program options and hands-on training.

RCIS SCOPE OF PRACTICE

Mr. Nicklas presented on the RCIS scope of practice, as prepared by the Alliance of Cardiovascular Professionals.

EDUCATION / CREDENTIALING EXAMINATION / DEFINITION OF TERMS

Ms. Moore distributed items regarding examinations from the American Registry of Radiologic Technologists. Accredited radiography programs are required to have a certain curriculum with academic and clinical training. She presented a comparison of training hours for radiography programs offered in Maryland. She also discussed C-arm units, scatter radiation, and suggested definitions related to fluoroscopy.

Mr. Nicklas read the definition of “practice radiography” in Maryland statute.³ He suggested that the definition be altered for RCIS, under supervision of a cardiologist, with the setting limited to a cardiac cath lab.

There was discussion about discrepancies between terminology or tasks in the ARRT materials and the scope of practice for rad techs in Maryland.

Ms. Vranian pointed out that the definition in statute is related to licensure requirements and that licensed rad techs also are subject to Maryland regulations.

In response to a question about continuing education for RCIS, Mr. Fisher noted that RCIS are required to complete 36 CE credits every three years.

Dr. Koya permitted Ms. Scible, a guest from Howard Community College, to respond to a question about instruction in patient safety. Ms. Scible estimated that 70% of her course is on patient or staff safety.

Dr. Koya asked workgroup members to review the definition of “fluoroscopy” offered by Ms. Moore and Dr. Mahesh. She also requested that Dr. Mahesh and Dr. Marine work on the meanings of “assist” and “perform” and determine the steps in a fluoroscopic procedure (by all personnel in the team) from the time the patient enters through the time the patient exits.

Ms. Darin suggested that it would be helpful if the workgroup determined the meaning of the term “x-ray duties,” which is utilized in §14-306 of the H.O. Article.⁴ Another option, if a change to law is not recommended, may be to request clarification from the Board on which parts of the fluoroscopy procedure are considered “x-ray duties.”

NCRP 168 ARTICLE

Dr. Mahesh presented on his article, titled “NCRP 168: Its Significance to Fluoroscopically Guided Interventional Procedures.”⁵ There was discussion about radiation injuries to patients.

³ See the definition of “Practice Radiography” under H.O. Article, §14-5B-01.

⁴ H.O. Article, §14-306 is titled “Duties delegated by a licensed physician.”

⁵ The article, written by Dr. Mahesh, is ©2013 American College of Radiology.

AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS (ASRT) LETTER

Dr. Durand sought clarification about the reference to the Cardiovascular Credentialing International certification in the second paragraph of the letter. Ms. Moore will follow up with ASRT.

DISCUSSION

Dr. Koya asked the workgroup if any members wanted to keep licensure of RCIS in consideration. At least three members expressed support for keeping possible licensure as an option; therefore, there was no unanimous decision to exclude possible licensure at this time.

Dr. Koya opened discussion regarding standardized objective criteria presented at the June meeting.

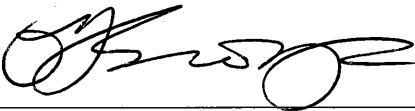
Regarding criteria #2 (specialized skill and training required), workgroup members commented on the clinical aspect of training, safety features of fluoroscopic machines, and scatter radiation. Dr. Koya assigned some additional tasks for the next meeting. Ms. McElgunn agreed to survey her organization's membership about the badge readings of RCIS in other states. Ms. Moore agreed to research the number of clinical hours of training rad techs receive in Maryland programs. Mr. Fisher said he could find the (national) requirements for hours of training for an accredited program for RCIS. Mr. Fisher also agreed to locate feedback from students who graduated and are employed as RCIS about their preparation for the workforce. Further discussion about criteria #2 was tabled.

Workgroup members discussed criteria #3 (extent of autonomous practice) and the common practice of an RCIS working at the direction of the physician. Discussion regarding criteria #4 (scope of practice) and criteria #5 (economic costs) followed. Mr. Nicklas volunteered to obtain information on the costs to hospitals (such as overtime and loss of staff) in the current environment.

ADJOURNMENT

Dr. Koya adjourned the meeting at 4:36 p.m.

Respectfully Submitted by,



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