

**VIRGINIA BOARD OF HEALTH PROFESSIONS
ENFORCEMENT COMMITTEE
APRIL 15, 2004**

TIME AND PLACE: The meeting was called to order at 10:40 a.m. on Thursday, April 15, 2004 at the Department of Health Professions, 6603 W. Broad St., 5th Floor, Room 1, Richmond, VA.

PRESIDING OFFICER: Jerry A. Hinn, D.V.M., Chair

MEMBERS PRESENT: Lynne Cooper
David H. Hettler, O.D.
Diane L. Reynolds-Cane, M.D.
Demis Stewart
Harold S. Seigel, D.D.S.
Alan Mayer, Ex-Officio

MEMBERS NOT PRESENT: Michelle Easton, R.Ph

STAFF PRESENT: Robert A. Nebiker, Director
Elizabeth A. Carter, Ph.D., Executive Director for the Board
Howard Casway, Senior Assistant Attorney General
Emily Wingfield, Assistant Attorney General, Board Counsel
Faye Lemon, Director of Enforcement
Sammy Johnson, Deputy Director of Enforcement
Susan Stanbach, Senior Management Analyst
Carol Stamey, Administrative Assistant

OTHERS PRESENT: None

QUORUM: With six members present, a quorum was established.

PUBLIC COMMENT: No public comment was presented.

APPROVAL OF MINUTES: On properly seconded motion by Ms. Cooper, the Committee voted unanimously to approve the minutes of the meeting of January 12, 2004.

SANCTION REFERENCE UPDATE: Dr. Carter reported that the Board of Medicine would be meeting next week to discuss the alternative options available for implementation of the sanction reference manual/worksheets. Dr. Carter will inform the Board of the results of the Board of Medicine's decision via e-mail. Further, the Boards of Pharmacy and Dentistry will be reviewing the results of their studies and Nursing will begin its review next week.

INTRODUCTION OF NEW BOARD COUNSEL:

Dr. Hinn introduced and welcomed Emily Wingfield as the Board's new counsel and thanked Mr. Casway for his many years of excellent service to the Board.

PRIORITY SYSTEM REVIEW:

Dr. Carter presented the results of the Priority System Review Plan adopted at the January 2004 meeting regarding case resolution time. The review involves two primary issues. The first is to determine if boards were hampered by the 1997 legislation which provided for special conference committee orders but at the same time removed boards' ability to proceed directly to formal hearings, absent summary suspensions. The second issue involved the need to simplify the case priority system to more clearly reflect the level of harm and to ensure that patient care cases were addressed before property violations.

Analysis of trends revealed that there has been a significant improvement in overall mean case resolution time for all priorities and an overall increase in the proportion of loss of license outcomes across priorities at the same time that there has been a substantial increase in the number of cases received and closed. There was an increase in mean Board-level time for Priority 1 & 2 cases in 1998 but a drop thereafter. Other variables that could account for this rise and drop include the institution of the Health Practitioner Intervention Program in 1997 and a significant drop in agency personnel -- specifically in the Administrative Proceedings Division -- due to the Workforce Transition Act employee buyouts. It was discussed that if there had been any adverse effects attributable to the 1997 legislation, they were not discernable and the special conference committee orders most likely provided a net overall benefit. Therefore, the committee deemed that no statutory change be recommended.

With regard to revising the case priority system, Dr. Carter briefed the Committee on the agency's move to collapse the current six-level system into a four-level system. To help ensure clarity and good inter-rater reliability, a draft describing each priority level with examples was distributed to the members for review and comment. It will also be distributed to each Board's Executive Director and other agency personnel for comment. Once finalized, inter-rater reliability will be assessed. Implementation of the new system is expected to begin July 1, 2004. Internal staff will develop and conduct training and evaluation. A copy of the draft is incorporated into the minutes as Attachment 1.

**UPDATE ON AGENCY
DISCIPLINARY PERFORMANCE:**

Ms. Stanbach briefed the Committee on the agency's performance in meeting the "Case Standards," overall and by board. A substantial general improvement from last year was noted. A copy of the performance evaluation summary is incorporated into the minutes as Attachment 2.

Mr. Nebiker noted that the case mix was changing due to the required mandatory reporting. Because the information is coming from individuals with usually firsthand knowledge and with a background to understand standards of care issues, the cases are more likely to be valid, more detailed and concrete. He reported that internal staff had conducted presentations among the various hospital and healthcare associations regarding mandatory reporting.

NEW BUSINESS:

No new business was presented.

ADJOURNMENT:

On properly seconded motion by Dr. Hettler, the Committee adjourned at 11:35 a.m.

Jerry A. Hinn, D.V.M., Chair

Elizabeth A. Carter, Ph.D, Executive Director for the Board