

**VIRGINIA BOARD OF HEALTH PROFESSIONS  
DEPARTMENT OF HEALTH PROFESSIONS  
FULL BOARD MEETING  
JANUARY 18, 2007**

**TIME AND PLACE:** The meeting was called to order at 10:10 a.m. on Thursday, January 18, 2007, at the Department of Health Professions, 6603 W. Broad St., 5<sup>th</sup> Floor, Room 2, Richmond, VA.

**PRESIDING OFFICER:** David R. Boehm, President

**MEMBERS PRESENT:** Susan G. Chadwick, Au.D.  
Lynn M. Cooper, Citizen Member, Board of Nursing  
Meera A. Gokli, D.D.S.  
Mary Gregerson, Ph.D.  
David H. Hettler, O.D.  
Damien Howell, P.T.  
Billie W. Hughes, F.S.L.  
Vilma Seymour, Citizen Member  
Mary M. Smith, N.H.A.  
Demis L. Stewart, Citizen Member  
Lucia Anna Trigiani, Esq., Citizen Member  
John P. Turner, L.P.C.  
John T. Wise, D.V.M.

**MEMBERS NOT PRESENT:** Jennifer H. Edwards, Pharmacy  
Juan M. Montero, II, M.D.  
Joanne Taylor, Citizen Member

**STAFF PRESENT:** Emily Wingfield, Chief Deputy Director  
Amy Marschean, Assistant Attorney General  
Elizabeth A. Carter, Ph.D., Executive Director for the Board  
Elaine Yeatts, Senior Regulatory Analyst  
Susan Stanbach, Senior Management Analyst  
Faye Lemon, Director, Enforcement  
Carol Stamey, Administrative Assistant

**OTHERS PRESENT:** Kate Nosbich, Deputy Executive Director, Medicine  
Sammy Johnson, Deputy Director, Enforcement  
Richard Morrison, Ph.D., AARP

**QUORUM:** With fourteen (14) members present, a quorum was established.

**AGENDA:**

Revisions to the agenda were made as follows: AARP presentation was moved to follow the approval of the minutes and the Legislative/Regulatory Update was moved to follow the AARP presentation.

**APPROVAL OF MINUTES:**

On properly seconded motion by Ms. Cooper, the Board voted unanimously to adopt the minutes of the October 18, 2006 meeting.

**PUBLIC COMMENT:**

Dr. Richard Morrison, AARP consultant, presented a slide presentation on assuring the continued competence of licensed health care practitioners in Virginia. Dr. Morrison requested the Board's collaborative input to AARP's project by reviewing and commenting on AARP's findings and recommendations throughout the year and by continuing professional development guidance to assist the boards with guidance on this issue. Dr. Morrison also requested, at the Board's sole discretion, endorsement of the findings and recommendations including proposed legislation at the end of the project (October 2007). The slide presentation is incorporated into the minutes as Attachment 1.

**Action**

On properly seconded motion by Ms. Trigiani, the Board voted unanimously to refer the matter to the Education Committee for further review.

**UPDATE ON LEGISLATION AND REGULATIONS:**

Ms. Yeatts presented a summary of the 2007 Legislation that may affect the Department of Health Professions specifically.

**REPORT FROM CHIEF DEPUTY DIRECTOR:**

Ms. Wingfield, Chief Deputy Director, speaking on behalf of Ms. Ryals, informed the Board of the agency's move this summer.

**STRATEGY FOR EDUCATIONAL EFFORTS:**

Ms. Jolly presented an update on the Board's educational strategies to enhance transparency, public protection and internal communication developed at the Board's retreat in October. She stated that the development of "how to's" would be forthcoming and communicated through e-mail.

**EXECUTIVE DIRECTOR'S REPORT:**

**Budget**

Dr. Carter noted that the Board continued to stay within

its allotted budget.

### **Sanction Reference Study**

Dr. Carter reported that the Board of Veterinary Medicine had been trained in the use of its new Sanctions Reference system. They will begin using the system in February to aid in the case decision making process. Further, that the Board of Optometry had completed its interviews and will begin data collection. The behavioral science boards will begin its interviews in February and the remaining boards will begin their interviews in the Spring.

### **Criminal Background Check Study**

Dr. Carter informed the Board of Delegate Purkey's request for a study on criminal background checks for health care licensees and applicants. She reported that the agency is at its highest number of disciplinary cases and the inclusion of criminal background checks would most likely result in a significant increase in the number of disciplinary cases.

It was requested that renewal cards be revised to include a questionnaire statement regarding criminal history within the last year. Dr. Carter will bring this issue to Ms. Ryals.

Ms. Faye Lemon, Director of Enforcement, briefed the Board that she had begun the process of holding open dialogue sessions with the various boards and associations.

### **Agency Performance Measures**

Dr. Carter presented a summary of the agency's key performance measures as part of the Governor's Virginia Performs initiative:

- (1) Resolve 90% of disciplinary cases within 250 days;
- (2) Increase positive ratings in the customer satisfaction survey from 94% to 97%; and
- (3) Complete 90% of licensure applications within 30 days after receipt of all required items.

Dr. Carter stated that an internal staff committee had met to review the case categories in L2K to better define cases involving patient care. Meeting these goals will require greater teamwork than ever before. To this end,

additional dialogue among staff members and the boards will be ongoing throughout this year and the next with additional reporting on performance presented to each board and unit within the Department.

Dr. Carter also reported that the Board will begin the process of reviewing emerging professions and the various boards will be contacted for their input. Additionally, the current regulations of the dialysis technicians and dietitians and nutritionists will be reviewed for effectiveness in protecting the public.

Ms. Lemon also reported that the staffing and enforcement processes of other states devoted to disciplinary activities will be researched.

**QUESTION ABOUT BOARD REPORTS:**

Mr. Boehm polled the board members regarding the presentation of individual board reports. It was the consensus of the Board that only items of interest to other boards will be presented at the full board meeting.

**NEW BUSINESS:**

Mr. Boehm requested that members submit suggestions for continuing education items for presentation at future board meetings. Dr. Gregerson requested that Dr. Carter provide the presentation she did at the Citizens Advocacy Center meeting.

Ms. Cooper reported that the Board of Nursing had received presentations from HPIP and Mr. Casway. She noted that both presentations were beneficial to the Board in case adjudication.

**ADJOURNMENT:**

The meeting adjourned at 1:40 p.m.

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David R. Boehm, L.C.S.W.  
Board President

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

## Attachment 1

### Advancing the Safety and Quality of Health Care

assuring the continued competence of licensed health care practitioners in Virginia

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#### Who We Are

- AARP, more than 38 million members
  - AARP Virginia, nearly one million members
  - Citizen Advocacy Center, providing training and support for public members of licensing boards
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#### AARP Virginia

##### Task Force on Health Care Reform

- Charles Alexander
  - Kaye Berry
  - Raymond Boyd
  - Gerri Holmes
  - Dan Johnson
  - Richard Lindsay MD
  - William Lukhart
  - James Moore
  - Richard Morrison PhD
  - Nancy Roberts
  
  - Kenneth Olshansky MD
  - Joseph Sailor
  - Donald Simpson
  - Edward Susank
  - Neil Walsh
  - Rose Wesson
  - Bill Kallio, Madge Bush and Amy Gilbody, AARP/VA
  - Ilene Henshaw and Joyce Dubow, AARP National
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#### Why We're Concerned

- Continued problems with patient safety and health care quality
  - 44,000 to 98,000 preventable hospital deaths annually
  - Gap between “best practices” and actual practices: fewer than ½ of Americans receive recommended care
- Practitioner competence & system safety issues
- CE alone has little impact on practice performance
- Virginians overwhelmingly support continuing competence requirements for health practitioners

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## Sources

- Fifty years of policy studies
- IOM studies on safety and quality of care
- Pew Health Professions Commission recommendations
- McGlynn et al. "The Quality of Health Care Delivered to Adults in the US" NEJM June 2003
- Continued initiatives of the Citizen Advocacy Center
- AARP Public Policy recommendations 2000-2006
- AARP Public Policy Institute report on "Implementing Continuing Competency Requirements for Health Care Practitioners" (2006)
- "Strategies to Improve Health Care Quality in Virginia" AARP Survey January 2007 (in print)

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## Licensing Boards are the Key

- Only licensing boards may impose requirements for initial and continued competence for all practitioners.
- Federation of State Medical Boards, National Council of State Boards of Nursing, National Association of Boards of Pharmacy and other national licensing associations agree that licensing boards have a responsibility and duty to assure the continued competence of licensees

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## Why Virginia?

- A history of leadership among all states in protecting the public
- The unique structure:
  - Board of Health Professions oversight
  - Requirement for public members on all licensing boards
  - All boards can make regulations necessary to assure continued competence (Code § 54.1-103A and §54.1-201.5)
- BHP's historic concern for improving continuing professional development programs
  - "Continuing competence is one of the dominant issues in professional regulation. The community of regulators acknowledges the need for prevention and agrees that some system for monitoring the acquisition of knowledge, skills and ability of health care practitioners is a warranted use of state regulatory powers." (1985)
  - Adoption of six principles for evaluating existing and proposed competency requirements (1992) in response to growing numbers of boards imposing traditional CE requirements.

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## BHP's Six Principles for CPD

- Evidence-based
- Require demonstration of acquired competency
- Credible and relevant to changing environment

- National level of evidence
  - Administratively feasible, cost-effective and equitably applied and enforced
  - Least restrictive provisions consistent with public protection
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### **Application of the Principles**

- BHP has the statutory duty and authority “*to promote development of standards to evaluate the competency of healthcare professions*” (Code §54.1-2510.9)
  - JLARC reported the Board’s performance relative to this authority as “*unsatisfactory*” (House Document 31:1999, p. 63). A lack of resources was cited as a major problem.
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### **AARP Recommended Standards**

- State laws and implementing regulations should require that – as a condition of relicensure – licensees participate in periodic continuing professional development programs that include:
    - Assessment
    - Execution of a learning plan based on that assessment
    - Periodic demonstration of continuing competence
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### **Continuing Education (CE) ≠ Continuing Professional Development (CPD)**

- Meta-analyses show that *traditional* CE is not effective in changing performance. We know what works best, but we consistently use CE methods that are the least effective (Davis et al. JAMA 1991, 1995, 1999)
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### **How AARP Virginia Can Help**

- In collaboration with BHP:
    - Assess safety and quality issues that are Virginia-specific
    - Tabulate, in detail, the continuing education/continuing competence requirements for all professions regulated by DHP Boards
    - Assess these requirements against the standards recommended by BHP and AARP
    - Report and update findings and recommendations to BHP at each quarterly meeting in 2007
    - Recommend any legislation required to assist boards in meeting the recommended standards
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### **What We Ask of BHP**

- Approval to pursue this work in collaboration with the Board and its Executive Director
  - Consideration of the findings and recommendations of our work throughout the year
  - Development of guidance documents to help boards implement CPD programs that meet BHP and AARP standards
  - At the Board’s sole discretion*, endorsement of the findings and recommendations of our collaborative effort -- including proposed legislation -- at the end of the project (October 2007)
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### **Questions? Contacts**

- Bill Kallio, State Director, AARP Virginia
- Madge Bush, Associate State Director for Advocacy AARP Virginia
- Richard Morrison, Coordinator for the Review
- David Swankin, President/CEO, Citizen Advocacy Center

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### **Contact Information:**

- AARP Virginia
- Madge Bush [mbush@aarp.org](mailto:mbush@aarp.org) (804) 344-3059
- 700 West Main Street Suite 901
- Richmond, VA 23219
- Citizen Advocacy Center (202) 462-1174
- David Swankin [www.cacenter.org](http://www.cacenter.org)
- 1400 Sixteenth Street Suite 101
- Washington, DC 20036

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### **THANK YOU**

- AARP National Office
  
- AARP Virginia
  
- The Citizen Advocacy Center
  
- The citizens of the Commonwealth of Virginia