Tennessee Board of Medical Examiners
Advanced Practice Professionals Taskforce Meeting

Thursday, January 17, 2019

MINUTES

The Advanced Practice Professionals Taskforce of the Tennessee Board of Medical Examiners was called to order at 12:49p.m. in the Thompson Room, Erlanger Health System, 973 East 3rd Street, Chattanooga, TN 37403 by Dr. Melanie Blake, Taskforce Chair.

Board members present:	Melanie Blake, MD Phyllis Miller, MD Neal Beckford, MD
Board member(s) absent:	None
Staff present:	Andrea Huddleston, JD, Deputy General Counsel Angela Lawrence, BME Executive Director Candyce Waszmer, Administrative Director

The meeting was called to order at 12:49pm CST by Dr. Melanie Blake. Dr. Blake avers that the meeting is being held in the Thompson room, at Erlanger Health System, located at 979 East 3rd Street in Chattanooga, TN. The Thompson room location has been sunshined and there is seating for at least twenty-five (25) people if anyone wishes to attend.

Dr. Blake and Dr. Phyllis Miller were present in the Thompson room in Chattanooga, TN, representing a quorum of the Committee. Dr. Neal Beckford teleconferenced into the meeting from Memphis, TN. Ms. Andrea Huddleston, Ms. Angela Lawrence, and Ms. Candyce Waszmer teleconferenced into the meeting from Nashville, TN.

Proposed rule revisions to 0880-6-.01 – .02 were previously disseminated to the members for their review. Also, the members were provided with a copy of their meeting minutes from March 2018.

Dr. Blake questioned if the statute required the words involving “supervision” be changed to “collaboration”. Ms. Huddleston stated the statute does not make that requirement but also to consider that the statute requires these rules be amended and agreed upon by the Board of Medical Examiners, the Board of Nursing and the Committee on Physician Assistants.

Rule 0880-6-.01 Definitions

(3) Protocols – an addition has been made which requires the protocols to at a minimum state the permissible functions, activities and scope of the supervisee. The Taskforce agreed to keep this new language.

0880-6-.02 Clinical Supervision Requirements

(1) The Taskforce agreed that the language in this section should specify the supervising physician must hold a full unencumbered license.

(5g) Protocols "shall include a quality improvement process/plan for identification of common clinical problems and improvement of outcomes with outcome measures". The Taskforce consensus is there is a need to measure outcomes for improvement. A brief discussion considered whether or not it would be difficult for solo practitioners to measure these outcomes. The consensus remained that the outcomes should be measured and this is a practice that should already be in place.

(7f) The supervising physician shall make a personal review…within thirty (30) days "when the patient is a new patient to the practice". Dr. Beckford spoke against the need to review all new patient charts because in some practices new patients might be thirty (30) percent of the patients seen. It is expected that the new patient charts, as well those patients when a controlled drug has been prescribed, are included in the twenty (20) percent chart review requirement of the supervising physician. Ms. Huddleston informed the Taskforce that during her research on such rules, some other states have specific rules which apply to supervisees who are new to the field compared to experienced supervisees and specific rules based on whether or not the supervision is provided remotely or on-site. However, the proposed rules before them do not make any of those distinctions. There was a consensus from the Taskforce that this requirement shall remain; however, for the language to clearly state that new patient charts and those charts with controlled drugs are included in the required twenty (20) percent review.

(8) An addition made was to state "charts may be reviewed and signed electronically". Also added, is that the supervising physician and supervisee are equally responsible for ensuring that the appropriate number and type of charts are made available for review and are in fact reviewed.

Ms. Huddleston reported there are disciplinary cases where the supervising physician has been unaware that the supervisee was not sending twenty (20) percent or all of the charts involving controlled drugs. Also, that supervising physicians have access to pull a Controlled Substance Monitoring Database query on their supervisee and can compare this report to the charts with controlled drugs to ensure they are receiving all of the patient names that appear on the report. The Taskforce stated pulling the query could be a suggestion for physicians but this should not be made a requirement within the rules. Further discussion was on how a physician may not know the supervisee that well if the supervisee was not hired on by that physician.

The Taskforce had no concerns with the proposed changed to (8).

(9) From this section the following was changed: "The supervising physician shall be required to visit any remote site at least once every ninety (90) days" and "on-site visits should include, at minimum observation of the remote practice site and discussion/review of the quality improvement process and measures". Ms. Huddleston reported there have been issues where a supervising physician was not making adequate site visits and there is a need to identify what is expected from these visits. The Taskforce all agreed these changes were appropriate and shall remain.

(10) This added section places a limitation on the number of supervisees a supervising physician may have. From her research, Ms. Huddleston reported that some states limit the number of supervisees to four (4) but the presented rules suggest a limitation based on the number of hours worked to represent a combination of full-time and part-time supervisees. The Taskforce is interested in knowing what the average number is at this point in time. Ms. Huddleston reminded the Taskforce that it was previously discussed that the Tennessee Medical Association (hereinafter "TMA") would assist in this data collection through a poll of their members but information on this data has not been provided to staff.

Ms. Huddleston suggested there could be a limitation imposed but also exemptions and waivers to this limitation included in the rules. One example she offered is that a health department or hospital might be considered for an exemption to the limitation. The Taskforce reported they need more information on current practices before making a determination on this matter.

(13) The following language was added "Supervising physicians must notify the Board in writing of the termination of a supervision agreement within seven (7) days of the termination". Ms. Huddleston suggested this language could be revised even further to include that the supervising physician and supervisee are both required to notify their board/committee about the termination. The consensus of the Taskforce is that this language is needed and the suggested revision should be made.

The Taskforce reviewed the March 2018 meeting minutes and discussed the issues raised by TMA. A discussion was held regarding the need for the advanced practice professional and supervising physician to be knowledgeable in the same specialty. The current rule 0880-6-.02(3) state the two shall have experience and/or expertise in the same area of medicine. Ms. Huddleston reported there are often arguments over what qualifies as the "same area of expertise". The Taskforce felt this language was already clear. Ms. Huddleston presented an example as to whether a supervising physician whom does not regularly prescribe controlled substances should supervise an advanced practice professional who does regularly prescribe controlled substances. Dr. Blake stated the physician should have the authority to prescribe at the same level the supervisee has.

Ms. Huddleston proposed more research could be conducted about what other states require regarding the specialty and area of expertise of the supervising physician and advanced practice professional. Also, that there should be a follow-up with TMA to further understand their opinion on this matter.

The Taskforce will present an update to the full Board at the upcoming January meeting to gather any input and opinions about what they have currently drafted. The next Taskforce meeting shall be scheduled by staff and will be held in February. At that meeting the Taskforce will review the research and any information from TMA to form a consensus on the remaining items within these rules. Once the Taskforce finalizes their rule proposal, it will be presented to the full Board at their March 2019 meeting. It is assumed that by April, the Taskforce will be ready to meet with members of the Board of Nursing the Committee on Physician Assistants.

The meeting was adjourned at 1:46pm CST.