

**HUMAN HEALTH-RELATED SCOPE OF PRACTICE  
PROCESS ADVISORY GROUP (PAG)**

November 11, 2008, 8:30am-12:30pm  
Oregon Dental Association Conference Room  
8699 Sun Place, Wilsonville, Oregon 97070

**DRAFT MEETING SUMMARY AND MEETING EVALUATION**

**[NOTE: The PAG did not review this Summary because it was the last meeting.](#)**

**I. Welcome – Sam Imperati, Executive Director of the Institute for Conflict Management, Inc.**

Sam Imperati welcomed the group to the fourth and final Human Health-Related Scope of Practice Advisory Group (PAG) meeting, thanking everyone for attending the meeting, and for their continued interest in working on scope of practice issues.

Sam explained the goals for today's meeting, as follows:

- Approve Meeting Summary (from October 1, 2008)
- Finalize PAG Recommendations: Edit Facilitator's Single Text Document
- Identify Next Steps for Implementation

Sam then asked participants to introduce themselves to the group.

**II. Participant Self-introductions (in alphabetical order according to PAG status):**

**PAG Members:**

Patty Curran, Kaiser Foundation Health Plan of the Northwest.

Bill Cross, Oregon Optometric Physicians Association.

Jack Dempsey, Oregon Nurses Association.

Phil Donovan, Oregon Association of Naturopathic Physicians.

Courtnei Dresser, Oregon Medical Association.

Amy Goodall, Oregon Association of Orthopedists, Oregon Chapter, American College of Cardiologists, Oregon Ambulatory Surgery Center.

Nan Heim, Oregon Academy of Ophthalmology, Oregon Medical Board, Oregon State Ambulance Association.

Tracy Klein, Oregon State Board of Nursing.

Bunny Lewis, Nurse Practitioners of Oregon.

Lynnea Lindsey, Oregon Psychological Association.

Ashley Northam, Oregon Speech-Language Hearing Association, Oregon Board of Examiners for Speech Pathology and Audiology.

Bob Oleson, Oregon Doctors of Chiropractic.  
Tracy Rutten, Oregon Physical Therapy Association.  
Lara Smith, Oregon Orthotic and Prosthetic Association  
National Alliance on Mental Illness (NAMI), Oregon Veterinary Medical Association.  
Cathy Swensen, Oregon Federation of Nursing and Health Professionals.  
David Walls, Osteopathic Physicians and Surgeons of Oregon.  
Stephen Yermal, Oregon Association of Nurse Anesthetists.

**PAG Interested Parties and/or Alternates:**

Felicia Holgate, Oregon Occupational Therapy Licensing Board and alternate for Ryan Fisher, Oregon Association of Naturopathic Physicians.  
Patty Glenn, Oregon Board of Massage Therapists.  
Senator Laurie Monnes Anderson, Oregon Legislature, Senate Health Committee  
Betsy Smith Jones, Alternate for Lara Smith, Oregon Orthotic and Prosthetic Association, National Alliance on Mental Illness (NAMI), Oregon Veterinary Medical Association.  
Alan Tressider, The Tressider Company, Oregon Dental Association.  
Tu Van Trieu, Portland State University, Conflict Resolution Department.

**PAG Facilitation Team:**

Christine Evans, Oregon Consensus, PAG Intern

Sam Imperati, Institute for Conflict Management, Inc., PAG facilitator and Oregon Consensus Contractor

Laurel Singer, Oregon Consensus, Health and Human Services Program Manager

**III. Approval of the October Meeting Summary:**

Sam noted the October 1, 2008 Meeting Summary was sent electronically to all members and interested parties for their review. Sam mentioned that copies of this document, as well as the other PAG documents and materials, were located on the table by the door. Coming back to the October Meeting Summary, Sam asked the PAG if there were any necessary changes to be made to the document.

No corrections were noted and the October 1, 2008 Meeting Summary was approved by the PAG.

**IV. Finalizing PAG Recommendations—Editing the Single Text Document:**

Sam explained to the PAG that a new single text document was created based upon discussion at the October PAG meeting and PAG member suggested edits to the Microsoft Track-Changes document called, “3<sup>rd</sup> Survey Results & Facilitator’s 9/27/08 Working Draft Proposal.” The Oregon Consensus team took the PAG

member's input and placed it all in one single text document in an effort to finalize a recommendation to be given to Senator Laurie Monnes Anderson and Representative Mitch Greenlick. This single text document was titled, "Facilitator's 10/30/08 One Text Draft for PAG Scope of Practice Process Pilot Recommendation."

Sam explained that he would focus on the areas of concern as identified by Microsoft Track-Change edits. The meeting would be split into three parts, (1) the initial edit, (2) the big picture edit, and (3) the implementation of the recommendations.

Sam went through each area of concern of the Facilitator's 10/30/08 One Text Draft for PAG Scope of Practice Process Pilot Recommendation proposal by proposal, reading each Working Draft Proposal, and asking the PAG for their thoughts, comments, and their "1-2-3" consensus poll in order to "triage" the elements.

Facilitator's Working Draft Proposal: This section shows changes that were made to the recommendation section of Facilitator's 10/30/08 One Text Draft for PAG Scope of Practice Process Pilot Recommendation at the meeting using the Microsoft Word Track-Changes feature. Please refer to the prior draft (Attachment A) to see what suggestions were made and what information is considered. The "1-2-3" consensus polling is shown in bold:

### **Facilitator's 10/30/08 One Text Draft for PAG Scope of Practice Process Pilot Recommendation**

#### **The PAG recommends:**

- 1) Pilot the following changes to the current scope of practice review process for the 2009 session and evaluate them before they are considered for any long-term, bicameral, and non-partisan process.
- 2) That a "scope issue" be defined as a request to alter the statutory authority establishing the parameters of the clinical functions of a healthcare practitioner can legally provide to a patient.

**Poll for keeping "alter": All PAG members polled as a 1 or a 2, resulting in the rejection of suggestion A.**

**. Poll: All PAG members polled as ones, resulting in the deletion of "diagnosis, treatment, and level of care."**

- 3) The pilot will be available to any human health related scope of practice issue. If the process is proven successful, consider extending the process to all health-related scope of practice changes.

- 4) All scope issues go to Senator Monnes-Anderson or Representative Greenlick to determine which scope issues will be piloted.

**Poll: One PAG member polled as a 3, all other PAG members polled as a 1 or a 2, resulting in the deletion of suggestion C.**

- 5) The chairs determine the nature, and type of scope issues that will be piloted considering the following criteria: diversity of proposal type, potential contentiousness, number of times issue previously submitted, desire of proponents, and desire of opponents. Anyone can submit a request for participation in the pilot to either chair by addressing these issues. It is anticipated that three to four scope issues will be part of the pilot.
- 6) The process can begin when a legislative concept is given to Senator Monnes-Anderson or Representative Greenlick, or one of them requests a potential scope issue to go through the pilot process. The Legislative Counsel draft of the bill must be reviewed at some point during the process – not just a concept. The process should be completed before the bill gets a committee hearing.

**Poll: One PAG member polled as a 3, all other PAG members polled as a 1 or a 2, resulting in the deletion of suggestion D.**

- 7) The professional, transparent, fair, and non-partisan process will be convened by and/or conducted by an impartial forum made up of non-legislative members and legislative committee services staff. It will have the discretion to function in a way that informs the legislative process – not duplicates it.
- 8) The impartial forum will:

A) Provide a report to the committees/chairs that are hearing the bill.

**Suggestion E:** Provide a report to the committees/chairs that are hearing the bill. **Poll: All PAG members polled as a 1 or a 2, resulting in the deletion of “recommendation” and the addition of “report.”**

The PAG then discussed what this report would look like if implemented and Sam presented to the group that he believed that the PAG is struggling with the three following options:

- 1.) Filling out a template
- 2.) Report
  - a. Summary of presentations (a place to convene)
  - b. Evaluation/Judgment of Findings, Critical Analysis
  - c. Recommendations-**the PAG already polled against this**
- 3.) Facilitation/Mediation

Sam then polled on each of these options:

- 1.) **Poll for Filling out a Template: Two PAG members polled as a 3, all other members polled as a 1 or a 2, resulting in a majority report.**
- 2.) **Poll for Simple Summary Document (recording of what happened):**
  - a. **Summary of presentations - One PAG member polled as a 1, all other members polled as a 1 or 2, resulting in a majority report.**
  - b. **Evaluation and Critical Analysis which results in Findings of Fact - Four PAG members polled as a 3, all other members polled as a 1 or 2, resulting in a majority report.**
  - c. **Recommendations - the group already decided against this**
- 3.) **Poll Facilitation/Mediation: Eight PAG members polled as a 3, all other members polled as a 1 or 2.**

Sam summarized what had been decided (shown below) and then re-polled the PAG:

(1) Agree upon contents of a template, (2) interested parties will fill out the agreed-upon template, (3) go to the impartial person or entity and have at least one meeting where all interested parties get to talk and explore, (4) a summary of the dialogue will be made from these presentations (areas of agreement and disagreement), and (5) evaluation/critical analysis that will lead to findings of fact.

- Poll (1-3): All PAG members polled as a 1, showing consensus**
- Poll (4): All PAG members polled as a 1 or 2, showing consensus**
- Poll (5): Eight PAG members polled as a 3, all other members polled as a 1 or 2, showing a tie.**

Sam then did a confirmatory vote for the evaluation/critical analysis that would lead to findings of fact.

**Poll: Nine PAG members polled as a 3, all other members polled as a 1 or 2, resulting in the deletion of step five, above. (evaluation/critical analysis that would lead to findings of fact.) Items 8C, 8D, 9B were then deleted for consistency.**

- B) Hold at least one work session with the interested parties, and seek expert testimony from affected professionals and affected health licensing boards.

\_\_\_\_\_ was deleted for consistency with the decision for no evaluation/critical analysis that would lead to findings of fact.  
 \_\_\_\_\_ was deleted for consistency with the decision for no evaluation/critical analysis that would lead to findings of fact.  
 \_\_\_\_\_ was deleted for consistency with the decision for no

**evaluation/critical analysis that would lead to findings of fact.**

- 9) The Senator Monnes-Anderson or Representative Greenlick will appoint the core group of the impartial forum. That core group should consist of the following:

**Suggestion G: Add:** The PAG makes itself available to the senators for guidance in this selection if the Senators would find that helpful.

**Poll to add suggestion G: Two PAG members polled as a 3, all other members polled as a 1 or 2, resulting in the addition of suggestion G.**

- A) Process Member (non-recommending/voting). (Suggestions received to date, but no PAG recommendation yet include: A professional in the mediation field, impartial facilitator from PSU group, Sherrill Gelmon, PhD, Portland State University, RAI: Research Associates Institute, or National Policy Consensus Center.)

**Suggestion H: Add: A** staff person (non-recommending/voting) to take minutes/notes, compile reports, schedule meetings and hearings, etc.

**Poll to add Suggestion H: All PAG members polled as a 1 or 2, resulting in the addition of suggestion H.**

1.

**Poll: Two PAG members polled as a 3, all other members polled as a 1 or 2, resulting in the deletion of 9B.**

Laurel reminded the group that from the outset PAG members were clear they wanted to “tweak” the current process, not implement a complete overall. The group, as a whole, seemed to agree they could see value in third party involvement provided its role was to meaningfully inform the legislative process. At this point, however, the group could not reach consensus on what the role of that third party should be: some wanted it to recommend and others wanted it to provide an analysis. It was suggested that further exploration of these ideas could be done following, or as part of, the pilot evaluation.

- 10) Decisions about scope issues will be based on the following criteria:

A) Historical Context

1. What is the problem the scope issue is addressing?
2. How does the proposed change solve the problem?

3. How does it address health care delivery needs, access to needed care, and hard to fill positions?
4. Has there been a historical evolution of the profession towards the addition of the new skill or service?

**Poll to remove criterion 4: Nine PAG members polled as a 3, all other members polled as a 1 or 2, resulting in criterion 4 staying in the recommendation.**

5. What is the evidence of this evolution?

**Poll to remove criterion 5: Nine PAG members polled as a 3, all other members polled as a 1 or 2, resulting in criterion 5 staying in the recommendation.**

6. How does the new skill or service fit within or enhance a current area of expertise?

**Poll to keep criterion 6 in the recommendation: All PAG members polled as a 1 or 2, resulting in criterion 6 staying in the recommendation.**

## B) Education and Training

**Suggestion L: Add additional question:** What are the current educational requirements?

**Poll to add suggestion L: All PAG members polled as a 1 or a 2, resulting in the addition of suggestion L.**

1. Does current entry-level education prepare practitioners to perform this skill as their experience increases?
2. Is there evidence that state-approved educational programs provide or are willing to provide core curriculum to prepare practitioners?
3. If the change in scope is an advanced skill that would not be tested on entry-level licensure examination, how is competence in the new technique assured?
4. What competence measures are available and what is the validity of these measures?
5. Are there educational and training programs within the profession for obtaining the new skill or technique?

6. Are there quality assurance standards and criteria established for these programs to insure patient safety?
7. Who develops these standards?
8. How and by whom are these programs evaluated against these standards?

**Suggestion M:** Additionally, explain how these programs are evaluated by third parties?

**Poll to add suggestion M: Two PAG members polled as a 3, all other PAG members polled as a 1 or a 2 after making it into a two-part question, resulting in the addition of suggestion M.**

#### C) Evidence

1. What is the evidence within the profession related to the particular procedures and skills involved in the changes in scope?
2. What is the evidence that the procedure or skill is beneficial or not beneficial to consumers and public health?

**Add suggestion N:**

**Poll: Seven PAG members polled as a 3, all other PAG members polled as a 1 or a 2, resulting in the deletion of suggestion N.**

3. What does the literature (literature review) say about these issues?

**Suggestion O: Add a question, which was edited at the meeting to read:** What are the economic and patient safety risk-benefit analyses of the proposed scope change?

**Poll to add Suggestion O after the edit: Four PAG members polled as a 3, all other PAG members polled as a 1 or a 2, resulting in the addition of the edited suggestion O.**

#### D) Regulatory Environment

1. Is there a regulatory board (licensing) capable of protecting public and regulating the proposed practice change?

**Suggestion P:** What are the capabilities of the existing regulatory boards (licensing) to protect the public and regulate the proposed



practice change?

**Poll to add Suggestion P: All PAG members polled as a 1 or a 2, resulting in the addition of suggestion P by consensus.**

2. Is the regulatory board authorized to develop rules related to a changed or expanded scope?
3. Will minimum insurance requirements be in place?
4. Is the regulatory board able to determine the assessment mechanisms for determining if an individual professional is competent to perform the task?
5. Is the regulatory board able to determine the standards that training programs should be based on?
6. Does the regulatory board have sufficient authority to discipline any practitioner who performs the task or skill incorrectly or might likely harm a patient?
7. Have standards of practice been developed for the new task or skill?
8. How has the education, training and assessment within the profession expanded to include the knowledge base, skill set and judgments required to perform the tasks and skills?
9. What measures will be in place to assure competence?
10. What impact will the proposed change have on increasing or restricting entry into the practice?

C) Additional Factors

**Poll: Nine PAG members polled as a 3, all other PAG members polled as a 1 or a 2, resulting in the deletion of suggestion Q.**

**Suggestion R: Add new question, which was edited at the meeting from the draft:** Does the proposed scope change mean a change in existing supervision requirements, and if so, to what extent?

**Poll to add the above language in lieu of original suggestion R: All PAG members polled as a 1 or a 2, resulting in the addition of the question.**

1. What will be the overall impact on health care costs?
2. What are the advantages and disadvantages of overlapping scopes of practice and are they inevitable?
3. What do the professionals in the field want?

**Suggestion S: Add a question, which was edited at the meeting from the draft:** Who are the then-known individual proponents and opponents of the proposed scope change?

**Poll to add Suggestion S: All PAG members polled as a 1 or 2 based upon the edits, resulting in the addition of suggestion S.**

11) Language added at the meeting: The proponents and opponents of all scope issues will fill out this template and some will go through the scope pilot. (Prior draft language, which was deleted per below poll: The above criteria will be applied to all piloted scope issues and will be weighted on a case-by-case basis by the impartial forum.)

**Poll to have ALL scope issues fill out the template and SOME scope issues to go through the pilot: All PAG members polled as a 1 or 2 based upon the above edits, resulting in the adoption of the edited #11.**

12) The process will include the completion of a template report that uniformly articulates issues for consideration when evaluating scope of practice issues, including:

- A) Information gathered on the above criteria
- B) Summaries of scientific and medical information and studies
- C) Summary or information presented by each side
- D) Areas of Agreement
- E) Areas of Disagreement
- F) Synopsis of what the committee discussed as the pros and cons of the proposal
- G) The topics found in Fiscal Impact Statement and Legislative Staff Measure Summary if they are not available at the time the report is issued
- H) Provide a summary of the unanimous recommendation on approval or

denial of the scope request (in whole, in part, or with modifications)

**Poll to add suggestion T: All PAG members polled as a 3, resulting in the deletion of suggestion T.**

- l) If a unanimous recommendation is not reached, provide a report framing the debate and the reasons it could not be reached
- 13) The impartial forum, the PAG, and the pilot participants will evaluate the pilot and present their findings to the Legislature within six months after the 2009 session ends. The pilot will be evaluated for effectiveness after the 2009 session based upon the following criteria that they will weigh:

**Poll to add suggestion U: All PAG members polled as a 3, resulting in the deletion of suggestion U.**

- A) Produces fair, balanced, and reasonable information that assists legislators in understanding any potential implications, benefits, and dangers to the public
- B) Produces positive legislator and participant feedback
- C) Promotes access to competent care
- D) Creates a less combative process
- E) Provides quality and consistent information
- F) Is timely
- G) Is truly impartial

**Suggestion V: Add Criterion: Is cost effective. Poll to add suggestion S: All PAG members polled as a 1 or 2, resulting in the addition of suggestion S.**

14) The final decision on the pilot's success or failure, along with the decision to continue, modify, or terminate it, rests with the Legislature.

15) The pilot will be funded by the Legislature and not the interested parties.

Senator Laurie Monnes Anderson explained that she is trying to get about \$50,000 in funding for this pilot. If she is unsuccessful in this endeavor, there may be a bill that will be drafted regarding funding.

16) Because the PAG cannot anticipate all of the practical details and ramifications

surrounding this pilot, it recommends that Senator Monnes-Anderson and Representative Greenlick use their good judgment in finalizing the pilot consistent with the intent of these recommendations.

The PAG suggested that the template report requirements be easily accessible to all those who seek to alter their scope of practice.

### **VIII. Identify Next Steps for Implementation**

Sam then addressed Senator Monnes Anderson about the implementation of this recommendation. Senator Monnes Anderson asked the PAG about fundraising and contributing funds to the legislature for funding the Oregon Consensus Program for the next six months. Senator Monnes Anderson stated that she would put a communication together listing what she would need in terms of funding which would be disseminated to the group.

### **VIII. Closing Matters: Recommendation Meeting – Sam Imperati**

The OC team will summarize the recommendations agreed to at this meeting and they will be presented to the Legislature at their November 20, 2008 Senate Health Committee meeting. The PAG members do not need to be present for this meeting. A final draft of these recommendations will be sent out to the PAG prior to this meeting.

### **IX. Closing Comments – Laurel Singer**

Laurel explained that OC asks participants to fill out an evaluation at the end of their collaborative processes. This evaluation asks participants about their experience, how they viewed the process and its outcomes as a way to build evidence for collaboration decision-making.

Laurel then thanked Senator Monnes-Anderson and all of the PAG members and interested parties for coming to the meeting. Lastly, Laurel asked the PAG to take a moment to fill out the meeting evaluation.

### **X. Summary of Major Decisions**

- A. Sam polled the group regarding the October 1, 2008 Meeting Summary and the PAG approved of the document with no edits.
- B. The PAG finalized their recommendations

### **XI. Summary of Next Steps**

The OC team will clean up the recommendations, send them out to the group and then present them to Senator Monnes Anderson's Senate Health Committee on November 20, 2008.

Before the recommendation meeting, all participants will receive the following documents electronically via e-mail:

1. The OC Process Evaluation
2. The Final Recommendation to the Legislature

*Notes respectfully submitted by the OC Facilitation team.*

### NOVEMBER MEETING EVALUATION SUMMARY

#### Results from 10 evaluation forms

**1. OVERALL MTG QUALITY:** Poor Fair Good Very Good Excellent  
**Results:** 3 5 1

**2. PACING:** Too Slow Just Right Too Fast  
 Results: 1 1 3 1 3 2

**3. PRESENTATIONS:** Poor Fair Good Very Good Excellent  
**Results:** 2 5 2

**4. DOCUMENTS:** Poor Fair Good Very Good Excellent  
**Results:** 1 4 4 1

**5. DISCUSSION:** Poor Fair Good Very Good Excellent  
**Results:** 1 6 2 1

**6. MOST USEFUL?**

- Ability to move to practical.
- Sam—Wow you do great work! I liked the comment “my friends vs. yes we can.”
- The discussion was most helpful.
- Good to have Senator Monnes Anderson in attendance!
- Discussion

## **7. LEAST USEFUL?**

- Redundancy...same as last time.
- Get the lobbyists out.
- It felt as if the group spend much of the meeting time spinning out wheels and talking in circles. In summary the decision was the most useful and least useful.
- Going to majority instead of dealing with consensus

## **8. COMMENTS, SUGGESTIONS, OR QUESTIONS?**

- Move to practical in tandem with theoretical.
- Everything fell apart due to time.