

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

September 10, 2008, 8:30am-12:30pm  
Oregon Dental Association Conference Room  
8699 Sun Place, Wilsonville, Oregon 97070

**FINAL MEETING SUMMARY**

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

Sam Imperati welcomed the group to the second Human Health-Related Scope of Practice Advisory Group (PAG) meeting, explaining that he was the facilitator contracted by Oregon Consensus (OC) for this project. Sam thanked 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 the June 27, 2008 Meeting Summary and the revised Collaboration Principles
- Agree on the Framing of Scope of Practice Recommendation
- Develop Organizational Structure to Accomplish PAG tasks

Sam then briefly reviewed today's agenda.

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

**PAG Facilitation Team:**

Christine Evans, Oregon Consensus, PAG Intern  
Sam Imperati, Institute for Conflict Management, Inc., PAG facilitator  
Laurel Singer, Oregon Consensus, Health and Human Services Program Manager

**PAG Members:**

Matt Anderson, Oregon Legislature, Senate Health Committee.  
Doug Barber, Oregon Academy of Family Physicians, Peace Health, Willamette Dental Group.  
Patty Curran, Kaiser Foundation Health Plan of the Northwest.  
Jack Dempsey, Oregon Nurses Association.  
Phil Donovan, Oregon Association of Naturopathic Physicians.  
Courtnei Dresser, Oregon Medical Association.  
Andi Easton, Oregon Association for Hospitals and Health Systems.  
Patty Glenn, Oregon Board of Massage Therapists.

Amy Goodall, Oregon Association of Orthopedists.  
Brett Hamilton, Oregon Dental Association.  
Nan Heim, Oregon Academy of Ophthalmology.  
Tracy Klein, Oregon State Board of Nursing.  
Bunny Lewis, Nurse Practitioners of Oregon.  
Lynnea Lindsey, Oregon Psychological Association.  
Jim Markee, Oregon Society of Anesthesiologists.  
John McCulley, Occupational Therapy Association of Oregon, Oregon Psychiatric Association, Oregon Speech Language Hearing Association.  
Debra Orman McHugh, Oregon Board of Psychologist Examiners.  
Kate Pelosi, Oregon Chapter American College of Nurse Midwives.  
Tracy Rutten, Oregon Physical Therapy Association.  
Gary Schnabel, Oregon Board of Pharmacy.  
Lara Smith, Oregon Orthotic and Prosthetic Association, Oregon Psychological Association, Oregon Veterinary Medical Association, National Alliance on Mental Illness.  
Cathy Swensen, Oregon Federation of Nursing and Health Professionals.  
Martin Taylor, CareOregon.  
William TenPas, The ODS Companies.  
David Walls, Osteopathic Physicians and Surgeons of Oregon.  
Stephen Yermal, Oregon Association of Nurse Anesthetists.

#### **PAG Interested Parties:**

Patrick Braatz, Oregon Board of Dentistry.  
Felicia Holgate, Oregon Occupational Therapy Licensing Board and alternate for Patty Glenn, Oregon Board of Massage Therapists.  
Betsy Smith Jones, Oregon Psychological Association, Oregon Optometric Physicians Association, Oregon Veterinary Medical Association.  
Senator Laurie Monnes-Anderson, Oregon Legislature, Senate Health Committee.  
Bob Oleson, Oregon Doctors of Chiropractic.  
Alan Tressider, Oregon Dental Association.

#### **III. Approval of Meeting Summary from June Kick off Meeting:**

Sam noted the June 27, 2008 Meeting Summary was sent out 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 June Meeting Summary, Sam asked the PAG if there were any necessary changes to be made to the document.

One error was detected: David Walls was misspelled as David Wall.

Sam proceeded by asking the PAG to notify the facilitation team if there were any further concerns with the document.

#### IV. Adopt Collaboration Principles Document:

Sam explained that he incorporated the input from the first PAG meeting into the Collaboration Principles document and these changes to the document were highlighted as track-changes. He walked the PAG through the changes, explaining that there were two main changes. The first was found in Section I. Purpose of PAG and the second in Section V. Decision-Making and Commitments (the changes are underlined below):

**Previous I. Purpose of PAG:** The purpose of PAG is to develop recommendations to the Oregon Senate and House Health Care Committees about a process they can use in response to scope of human health care practice requests. If PAG members are able to reach consensus, representatives of these legislative committees have agreed to implement and pilot these recommendations during the 2009 legislative session and after a trial period, evaluate the process for future action. In the event of no consensus, those committees will review PAG's majority and minority recommendations, and decide how to proceed.

**Current I. Purpose of PAG:** The purpose of PAG is to develop recommendations about a process for scope of human health care practice requests. If PAG members are able to reach consensus, Senator Laurie Monnes-Anderson and Representative Mitch Greenlick have agreed to give serious consideration to the recommendations for piloting during the 2009 legislative session, and after a trial period, evaluating them for future use. In the event of no consensus, they will review PAG's majority and minority recommendations, and decide how to proceed.

**Sentence added to V. Decision-Making and Commitments: Decision Making.**  
**Section:** However, in the event of no consensus, representatives of the Oregon Senate and House Health Care Committees will review PAG's majority and minority recommendations, and decide how to proceed.

Sam then asked for the PAG's comments and/or concerns with these changes. The group discussed who the recommendations would be going to and what the definition of consensus was to the PAG. Sam explained consensus in terms of "1-2-3" Consensus Polling and then took the poll of the PAG regarding the adoption of the revised Collaboration Principles document.

All members voted a "one," and the Collaboration Principles document was adopted by the PAG. The Collaboration Principles document will be finalized and will be signed by members at the October 1, 2008 PAG meeting.

Lastly, Sam asked the non-member interested parties to let Laurel know at the break if they would like to be added or removed from active PAG membership.

## **V. Update of Project Budget:**

Laurel Singer, the OC Health and Human Services Program Manager, explained that she was sharing the PAG budget with the PAG in the spirit of transparency, knowing that it is important for members to know where the money is coming from. Laurel explained that OC has budgeted \$28,916.00 for the contract facilitator (at a discounted rate), indirect costs (food and travel), and OC staff time. OC donated its OC staff time changing the net budget to \$14,997.00. Laurel then thanked all the associations which have donated funds or pledged to donate funds to the PAG:

American College of Nurse Midwives (OR Chapter), Chiropractic Association of Oregon, Dentists of Oregon (DOPAC), ODS, Oregon Association of Naturopathic Physicians, Oregon Association of Nurse Anesthetists (ORANA), Oregon Association of Ophthalmologists, Oregon Association of Optometric Physicians, Oregon Association of Physician Assistants, Oregon Medical Association, Oregon Physical Therapy – Political Action Committee, Oregon Psychological Association

Laurel told the PAG that \$4,247.00 was still needed to fill the budget gap and she asked the PAG to talk to their associations and/or provide the OC facilitation team with funding suggestions.

Laurel reiterated that Sam has volunteered many many hours to this project and thanked him for his contribution.

## **VI. Review Background Materials:**

How an Idea Becomes a Law:

Sam first reviewed the document How an Idea Becomes a Law (annotated for scope of practice requests). Based upon the request of some participants in the first PAG meeting, the OC facilitation team annotated the existing document with the help of Senator Monnes Anderson to explain how scope of practice requests become law in Oregon. See original at <http://www.leg.state.or.us/process.html#>.

Sam and Senator Monnes Anderson prefaced the document by stating that it does not cover every nuance, but gives readers a general idea of how the process works. Members and interested parties were then encouraged to contact the OC facilitation team if they have further questions regarding this process.

State-by-State Comparison of Other Scope Processes and Working Draft List of Criteria:

Sam explained that intern, Christine Evans, with the help of PAG members, did a research project on what processes other states are using to change their scope of practice. Sam stated that he wanted the PAG to have the document as a resource. He then asked the group to contact the OC facilitation team if they know of additional processes, which were not mentioned in the OC document.

## **VII. Framing the Scope of Practice Recommendations (Based on Survey Monkey Results):**

Due to time and money constraints, Sam created an off-line Survey Monkey questionnaire based on the input at the first PAG meeting, the results of the first Survey Monkey, looking at the input that members sent in via e-mail, the State-by-State Comparison document, and other published scope of practice documents (“Changes in Healthcare Professions Scope of Practice: Legislative Considerations” document). Twenty-one PAG members took the survey. All open-ended survey results were placed in alphabetical order by the first word of the sentence to secure the anonymity of the participants.

Sam gave the PAG time to look over the results.

Sam briefly went over the second Survey Monkey results and asked the group for their comments and thoughts. The PAG briefly discussed the impact of the scope change on monetary reimbursement, regulatory board roles that vary by profession, and a process to balance public safety and financial security for the profession.

Sam then told the PAG about the facilitator technique of creating a “One Text Draft,” including the facilitator’s proposals based upon the survey results. Sam explained that this technique was used by Jimmy Carter for the Camp David Accords and helps processes move along more efficiently.

When using this technique, the facilitator takes the input of the participants and places it into one document in an effort to find as much common ground as possible. The facilitator then will write out the visible themes as a proposal to the group. The facilitator will then place the document on the screen or hand it out to the group as a place to begin the conversation. Often times the proposal is based upon the majority input, sometime the minority, and sometimes both. The group can talk about the glaring differences, fine tune the document, and eventually come up with a solution that all can live with. Sam also disclosed that this technique could be problematic because it forces the facilitator to make a judgment call on what the group is feeling about a subject. The upside, however, is that it is not designed to preclude any voice inconsistent with the proposal.

Sam asked the group if they would prefer to start with his “Framing the Scope of Practice Recommendation” document with his Facilitator’s Working Draft Proposal or if they would like to from scratch with the Survey Results document. The group decided based upon “1-2-3” consensus polling to start with Sam’s “Framing the Scope” document.

The OC facilitation team passed out the facilitator’s one text proposal and gave the PAG about a 10-minute break to read them over.

### **BREAK**

After the break, Sam presented these goals for the “Framing the Scope” section of the PAG meeting:

- Create a list of what needs attending to
- Determine what the big-deal topics are that need to be discussed in real time, and
- Determine what issues are missing that need to be put on the table

Sam then began to go through the Working Draft Proposal Summary section, question by question, 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. Purpose: get an idea of the areas that will take a little amount of work and be done off-line versus those that need more time and creativity, which should be done at a meeting. This was not an official poll on the merits.

Facilitator’s Working Draft Proposal: This section shows changes that were made to the original document in real time at the meeting using the Microsoft Word Track-Changes feature. The “1-2-3” consensus polling is shown in bold:

### **Part B: Facilitator’s Working Draft Proposal (with Meeting Edits)**

- 1) The current scope of practice process should be modified.

New Issue: Define what is and is not a scope issue and how that is determined

**Poll: Mostly ones, a couple twos**

- 2) This will be done by piloting the changes in the 2009 session before they are considered for any long-term, bicameral, and nonpartisan process.

**Poll: Mostly ones, a couple twos**

- 3) The pilot will process will be available to any human health related scope of practice shift. Attend

**Poll: Mostly ones, a couple twos, a couple threes. This question needs further attention.**

- 4) The A) House Health Committee and Senate Health & Human Services Committee, B) Their current Chairs, C) existing regulatory boards, and/or D) the Appointed Committee will determine which scope of practice petitions will be piloted.

New Issue: Scope petitions given to other committee

**Poll: Show of hands: A) Six, B) Five, C) Three, D) Two**

- 5) Legislative concept to interim chairs can start this process. Petitions that will go through the pilot process will be selected after the legislative concept has come out of legislative counsel and prior to being heard by the legislative committee.

Before completed, group must see actual bill language.

If and when permanent, look at establishing a date by which all petitions must be submitted prior to the next legislative session. Begin the new process within 30 days and have the process last no more than 90 days.

**Poll: Mostly ones, a couple threes. This question needs further attention.**

- 6) All bills containing scope-related changes should go through the process once fully implemented. During the pilot, it should process \_\_ (determined by the chairs) matters selecting them based upon the following criteria: diversity of proposal type, potential contentiousness, number of times proposal previously submitted, desire of proponents, amount of opposition, \_\_\_\_\_ and \_\_\_\_\_. Consider an application that lays out these issues.

**Poll: Mostly ones, some twos, some threes. This question needs further attention.**

- 7) The Legislature should retain the ultimate decision-making authority regarding requests for changes to scopes of practice, both during the pilot and thereafter.

**Poll: Mostly ones, one two**

- 8) The decisions about scope of practice requests should be based on pre-established criteria.

**Poll: Mostly ones, a couple twos**

- 9) Decisions about scope of practice requests should be based on the following pre-established criteria (listed alphabetically):
- A regulatory board (licensing) capable of protecting public,
  - Assessment of adequate training to insure patient safety
  - "Changes in Healthcare Professions' Scope of Practice: Legislative Considerations"
  - Consider current reimbursement rules for Medicare/Medicaid, etc.
  - Cost to the state and public.
  - Definition of the problem and
  - Education and Training
  - Evidence based.
  - Evidence that state approved educational programs provide or are willing to provide core curriculum to prepare practitioners
  - Existence of quality assurance standards exist in the profession,

- Extent to which it will increase or restrict entry into practice
- Health Care delivery needs, access and hard to fill positions
- Historical Evolution of practice area
- How consumers will benefit
- How consumers will not benefit
- Literature review
- Minimum insurance protections (liability coverage).
- National trends?
- Need for care
- Overall impact on health care costs; licensing board capability to regulate practice change
- Public confidence that practitioners are competent
- Recognition of the inevitability of overlapping of scopes of practice
- Regulatory Environment
- The scope and breadth of the change requested.
- Whether the proposed legislation creates drastically different requirements than other states (Affecting migrating practitioners).
- Why a change is necessary
- Will of the professionals in the field

**Poll: The PAG will talk about these issues later in real time or off-line via ranking with an AHP model.**

10) The criteria should be applied to all scope petitions.

**Poll: Mostly ones, a couple twos, a couple threes. This question needs further attention.**

11) The criteria should be weighted. A) It should be weighted as follows: \_\_\_\_\_, or B) The neutral forum should weight the criteria.

**Poll: Mostly ones, a couple twos, and a couple threes. This question needs further attention.**

12) The criteria should be weighted the same for all requested scope of practice petitions.

**Poll: The PAG will discuss this issue later.**

13) The process should include an agreed-upon template report that uniformly articulates issues for decision-maker consideration when evaluating scope of practice requests.

**Poll: Mostly one, one two**

14) The following information items should be included in the template report:

- Topics in Legislative Staff Measure Summary



- Sponsor
- Proponents
- Opponents
- Each of the Criteria noted above
- Summary or information presented by each side
- Summaries of scientific and medical information and studies used in the process.
- Areas of Agreement
- Areas of Disagreement
- Fiscal impact
- Regulatory Body Statement
- Synopsis of what the committee discussed as the pro's and con's of the proposal

**Poll: The PAG will decide on these items off-line later.**

15) The process should be conducted by a non-legislative or legislator (?), impartial forum.

**Poll: The PAG will discuss this question later.**

16) The neutral forum should provide the following services:

New Concept 1: Just the template

#### **Concept A: Concept: Facilitation/Mediation**

- Bring interest groups together to explore areas of agreement and disagreement
- Assist participants to create collaboratively a template that articulates issues for decision-maker consideration.

#### **Concept B: Verification and Recommendations to Participants**

- Verify data provided by participants
- Provided data from independent health care think tanks (Is this enough?)

#### **Concept C: Recommendations to the Legislature**

- Provide recommendations to committees/chairs
- The neutral forum will hold work sessions as needed, and seek expert testimony from affected professionals and health licensing boards, if applicable. Give them discretion on how to manage this in a way that informs the legislative process – not duplicates it. If the committee can reach a unanimous decision as to whether or not they would advise approving or denying the request, they will make a formal recommendation to the legislature. If a unanimous decision is not reached, the committee will provide a written report to the legislature explaining what they perceive the debate to be and why they could not reach consensus.

**Poll: 1/3 of the group chose a template report by a show of hands. The OC**

**facilitation team will call Senator Laurie Monnes Anderson and Representative Mitch Greenlick to discuss what product they favor. This question needs further attention.**

17) PILOT:

If full program adopted ... The forum should be appointed by: a) committee chairs, b) Governor and confirmed by the Senate, c) licensing boards, or d) PAG recommends the core group. Members should serve staggered four year terms. It should consist of seven members appointed on a bi-partisan basis. They should have no direct association (immediate family member/spouse) with any health care provider in Oregon.

**Poll: The PAG will come back to this question later.**

18) It should consist of seven members appointed on a bi-partisan basis. They should have no direct association (immediate family member/spouse) with any health care provider in Oregon. This neutral forum will invite the proponents, opponents, the relevant regulatory board(s), and the public to participate.

PILOT CORE GROUP CONCEPT: Facilitator, researcher, policy person, public member, and they design what is needed for that particular fuss.

**Poll: Mostly ones, a couple twos for a pilot core group.**

19) The membership will be the same for all petitions reviewed and not changed on a case-by-case basis.

Membership issue

Staffing issue like the pilot core group concept

**Poll: The PAG will come back to this question later.**

20) The pilot will be evaluated for effectiveness after the 2009 session.

**Poll: All ones**

21) The pilot will be evaluated using the following criteria (listed alphabetically):

- Cost effective
- Does it produce fair, balanced, and reasonable information that can assist legislators in understanding the potential implications, benefits, and dangers to the public (if any).
- Feedback of participants
- Feedback of legislators
- Has access to competent care been achieved?

- Less combative process
- Provides quality and consistent information to the committee chairs
- Timely
- Truly neutral

**Poll: The PAG will come back to this question later.**

22) The evaluation criteria should be weighted.

**Poll: The PAG will come back to this question later.**

23) The neutral forum core staff should evaluate the pilot and present its findings to the Legislature with input from the participants in this Scope of Practice Advisory Group and the legislature. That forum should be \_\_\_\_\_.

**Poll: All ones**

24) This evaluation should take place within one year after the 2009 session ends. After the pilot, it should be evaluated \_\_\_\_\_.

**Extend the timeframe based upon the number of cases.**

**Poll: Mostly ones, a couple twos**

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

**Poll: All ones**

26) For the pilot to succeed, the process must be professional, transparent, fair, and non-partisan.

**Poll: Mostly ones, a couple twos**

27) The pilot will be funded by legislature \_\_\_\_\_.

**Poll: All ones**

28) Additional Issues:

- a. How long the pilot should last and or how many cases
- b. Legislative Fiscal Office and Legislative Revenue Office construct
- c. Legislative concept article construct

Sam explained that he would take all of these changes and the polls and send out a new version to the PAG. Sam requested that all members review the new document and add their own Microsoft Track-Changes to it. Sam and the OC facilitation team will then compile all of the changes into one single text document, and that new document will be sent out to the PAG for review and the then-existing version will be discussed at our October 1, 2008 meeting.

### **VIII. Closing Matters: Meetings, Dates, and Locations – Sam Imperati and Laurel Singer**

Sam stated that the PAG has two more meetings before the groups recommendation goes to Senator Monnes Anderson and Representative Greenlick.

Laurel facilitated a discussion about the location of the next PAG meeting. The group decided that the Oregon Dental Association location in Wilsonville suited the needs of the group better than the Salem location that was previously planned for the October meeting. Laurel stated that OC would work with the Oregon Dental Association to make this happen.

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

Laurel thanked Brett Hamilton and the Oregon Dental Association for the room accommodations and thanked 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 June Meeting Summary and after the correct name spelling for David Walls was recorded, the PAG approved of the document.
- B. Sam polled the group regarding the Collaboration Principles document and the group consensus was to adopt it. The final Collaboration Principles document will be signed by members at the October 1, 2008 PAG meeting.
- C. Sam polled the group regarding the use of the “Framing the Scope of Practice Recommendation” document with his Facilitator’s Working Draft Proposal. The group consensus based upon “1-2-3” consensus polling was to start with Sam’s “Framing the Scope” document.

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

This group will have two more meetings: October 1, 2008 and November 12, 2008. Both meetings will be held from 8:30 am - 12:30 pm at the Oregon Dental Association (8699 Sun Place, Wilsonville, Oregon 97070). A recommendation will be given to

Senator Monnes Anderson and Representative Greenlick in December.

Before the October meeting the OC facilitation team will:

1. Contact Senator Monnes Anderson and Representative Greenlick regarding the services that the pilot should provide.
2. Research the Legislative Fiscal Office's (LFO) process for vetting issues.

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

1. The September PAG Meeting Summary
2. The Microsoft Track-Changes "Framing the Scope of Practice Recommendation" document with the Facilitator's Working Draft Proposal (PAG member will edit this document using their Track-Changes feature).
3. A single-text document compiled from the PAG member's Track-Changes "Framing the Scope of Practice Recommendation" document with the Facilitator's Working Draft Proposal.
4. The third Survey Monkey Questionnaire

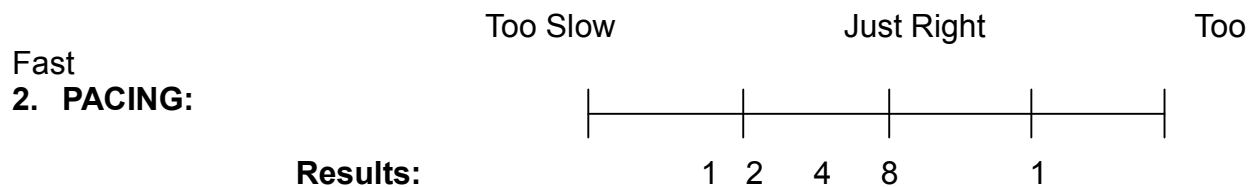
*Notes respectfully submitted by the OC Facilitation team.*

**Please see next page for summary of the meeting evaluations.**

## **SEPTEMBER MEETING EVALUATION SUMMARY**

### **Results from 16 evaluation forms**

<b>1. OVERALL MTG QUALITY:</b>	Poor	Fair	Good	Very Good	Excellent
<b>Results:</b>			4	1 9	1



**3. PRESENTATIONS:**

Poor      Fair      Good      Very Good      Excellent

**Results:**

5      9

**4. DOCUMENTS:**

Poor      Fair      Good      Very Good      Excellent

**Results:**

1      12

2

**5. DISCUSSION:**

Poor      Fair      Good      Very Good      Excellent

**Results:**

5      1      7      2

## 6. MOST USEFUL?

- Preparation of good materials – few extra days of having info available could have been valuable.
- Draft document
- Survey results
- Handouts
- Going through individual questions
- Comments
- Discussion leading to discernment...
- Having the recommendation document as a starting point for discussions.
- One text discussion draft
- The facilitation style was fine by me!
- The working draft helped move things along.
- Having a working document to take back and review and make suggestions off-line.
- I think the facilitation style is just right for this group.
- “Mediators” draft – good approach

## 7. LEAST USEFUL?

- Consensus Agreement
- Reading through documents that could have been reviewed ahead of time.
- Some participants talk too much

## 8. COMMENTS, SUGGESTIONS, OR QUESTIONS?

- We need Attila the Hun – Beefed up. Generally well done – might meet with small group to evaluate/discuss next draft before full group meets.
- More control over talkative people repeating or chatting to group.
- The pilot committee or pool could come from a small pool of impartial people plus ad a proponent and opponent to each committee.
- Do we have realistic time frames?
- Thanks!
- I like the aggressive style
- It would be helpful to use uniform terms. I have trouble conceptualizing when terms are used inter-changeably, e.g., participants, interest groups, forum, membership, “the committee,” neutral forum.
- Lobbyists seem to be talking twice as much as the regulators (maybe that’s ok).
- Too slow at the start, lost us at the end