

MINUTES

**UTAH
PHYSICIAN ASSISTANT
LICENSING BOARD MEETING**

March 5, 2012

**Room 210 – 2nd Floor – 8:30 A.M.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 8:34 A.M.

ADJOURNED: 10:28 A.M.

Bureau Manager:
Board Secretary:
Compliance Assistant:

Noël Taxin
Karen McCall
Susan Higgs
Debra Troxel

Board Members Present:

Jeffrey M. Coursey, Chairperson
Lori G. Buhler
J. Paul Clark, MD
Larry Reimer, MD
Shari Bloom, PA-C
David Schmitz, MD
Kyle Harmer, PA-C

Guests:

Bob Bunnell

DOPL Staff Present:

Karl Perry, Assistant Attorney General
Irene Woodford, Investigator
Laurie Neff, Investigator

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

Swearing in of Lori G. Buhler and Harmer,
PA-C

Noel conducted the swearing in of Lori G. Buhler and
Kyle Harmer, PA-C, as Board members. The Board
members welcomed them.

Introduction of New Compliance Person

Ms. Taxin introduced Debra Troxel and explained Ms.
Troxel will now be the compliance person for the
Physician Assistant probationers.

MINUTES:

The minutes from the January 20, 2012 Board meeting

were read.

Dr. Reimer made a motion to approve the minutes as read. Ms. Bloom seconded the motion. **The Board vote was unanimous.**

APPOINTMENTS:

9:20 am

Susan Higgs, Compliance Update

Ms. Higgs updated the Board regarding the compliance or non-compliance of probationers.

Ms. Higgs reported **Mr. Pontious** is currently out of compliance based on the following information not being submitted as requested at the January meeting:

1. A copy of the PACE program certificates of completion;
2. The triplicate copies of any controlled substance prescriptions written.

Ms. Higgs stated there were a few controlled substance prescriptions on Mr. Pontious CSD file and no triplicate prescriptions have been received for them.

Ms. Taxin reminded the Board of their request for triplicate copies of all prescriptions written not just the controlled substance prescriptions and for Mr. Pontious to report on the PACE program and what changes Mr. Pontious will make in his practice. She stated a report was received from Daniel Liston as the employer but to complete the file he will still need to submit a letter confirming he has read the Stipulation and Order and is willing to assist Mr. Pontious in being successful in his probation.

Dr. Reimer commented Mr. Pontious had informed the Board at the January meeting that he would only write prescriptions for weight loss and would not be writing any Schedule II medications which is indicated in his Delegation of Services Agreement. He stated there is a prescription on the list for testosterone which is not generally a weight loss drug and additionally oxycodone.

Dr. Clark responded patients usually gain weight

with testosterone.

Ms. Higgs stated she did not call Mr. Pontious this time to inform him of the deficient items as he took notes at the last meeting.

Mr. Coursey asked if Ms. Taxin could update the Board regarding the investigation.

Ms. Taxin responded the investigation is moving forward for a hearing possibly in May as Mr. Pontious, the attorneys and she were unable to resolve the issues. She stated the Board should listen to all the facts and make their decision based on those facts. Ms. Taxin then explained the process and stated once all the facts are presented in the hearing the Board could recommend no additional action be taken, suspend the license until certain conditions have been met, extend the current probation or revoke the license. She stated it is somewhat awkward meeting today as Mr. Pontious is out of compliance and the Board has concerns. Ms. Taxin requested the Board to remember the database information is a guide only.

Dr. Reimer voiced thinking it may be a larger issue than the Board is aware of and if Mr. Pontious is prescribing the medications on CSD then he may be in a professional situation that may not be a good one for him.

9:00 am

David Pontious, Probationary Interview

Mr. Pontious met for his probationary interview.

Ms. Bloom conducted the interview.

Mr. Pontious reported he is enjoying his employment and if he has an issue he is able to contact one of the five supervising Physicians who will come right in and check the patients for him.

Ms. Bloom reminded Mr. Pontious of the request in January to submit a copy of the PACE program certificates of completion.

Mr. Pontious responded he brought the original for the

Division to make a copy.

Ms. Bloom requested Mr. Pontious to give a verbal report on what he learned at the PACE program.

Mr. Pontious responded he learned some new things but there were things that did not apply for him. He stated he originally got in trouble for prescribing for his sister-in-law and learned he should never prescribe to family. He stated his documentation was not up to par and he is working on getting into the habit of writing more notes. He stated any medications he suggests, the supervising Physicians make sure are written appropriately which protects him and the patients. Mr. Pontious stated the course was not geared toward Physician Assistants as much as it was for Physicians so there was not much discussion about supervision but he did learn it is important to have a good Physician supervisor. He stated he also learned it is important to write notes but if additional notes are needed they should be written in a different type or color of pen and initialed. He stated he has never done billing so has had to go back to the books to learn more on billing. Mr. Pontious stated the PACE program was helpful and he got to know several other people, compared notes, talked about some things and learned he cannot get lax but must stick to it so he does not get into trouble.

Ms. Taxin stated the Board would need to make a motion and vote regarding accepting the certificates and verbal report.

Ms. Bloom made a motion to accept the certificates of completion and the verbal report on the PACE program as having met those conditions.

Dr. Clark seconded the motion.

The Board vote was unanimous.

Ms. Bloom stated the Division has not received any triplicate prescriptions to match those on the controlled substance database list.

Mr. Pontious responded he has not written any

controlled substance prescriptions. He questioned if MD Diet has filled using his name as this has occurred before. He stated he electronically sends his recommendations for any prescriptions to Dr. Barnett or Dr. Heiner to review and prescribe if appropriate. Mr. Pontious reviewed the list and recognized two names only. He stated the clinic had a glitch in their system that inadvertently put the prescriptions under his name instead of the prescribing Physician. Mr. Pontious stated that electronic task error has now been remedied.

Ms. Taxin stated she will have the prescriptions pulled to identify who signed for them.

Dr. Clark asked why Mr. Pontious would prescribe testosterone for weight loss as it will cause the patient to gain weight and why would he prescribe testosterone to male patients.

Mr. Pontious responded testosterone will increase energy and help male patients loose the belly fat. He explained for women the testosterone is probably a mixture of testosterone and estrogen. He stated he is no longer prescribing that medication for women but did at MD Diet.

Ms. Taxin clarified Mr. Pontious assesses the patient and sends an email to Dr. Barnett or Dr. Heiner with his assessment and recommendation and they prescribe for the patient.

Mr. Pontious responded yes.

Mr. Coursey asked what medications Mr. Pontious is recommending be prescribed.

Mr. Pontious responded when he puts a diabetic patient on a low carbohydrate diet he also starts them on a low dose of fentermine as the low carbohydrate diet will affect the blood sugars. He stated he has also adjusted blood pressure medications as loosing weight will affect the blood pressure. Mr. Pontious stated he also sends letter advising patients he is not the Primary Care Practitioner and does not do hormone therapy.

Ms. Taxin asked about how many patients Mr. Pontious sees per day.

Mr. Pontious responded if there are follow up appointments they are about 30 minutes and he could see ten patients in a day. He stated if it is a first appointment he may see the patient one to one and half hours so he might only see five patients in a day. Mr. Pontious voiced appreciation for the support and supervision he is now receiving. He stated this is the type of practice he wanted.

Mr. Coursey asked if Mr. Pontious has conducted the A1C test on patients.

Mr. Pontious responded no.

Mr. Course asked why he would change medications without doing an A1C test to determine if a change in medication is necessary.

Mr. Pontious responded he has diabetics test their blood sugars one to three times a day and if it is below 100 or above 150 they are advised to see their Primary Care Practitioner or come back to him for an adjustment on their medication. He asked if the Board had concerns regarding this procedure as he wants to be in compliance with his Order.

Ms. Taxin stated the Division will research the prescriptions as it is a concern that Mr. Pontious stated he has not written any controlled substance prescriptions and yet there are some on the CSD list. She stated Mr. Pontious's supervisor needs to clarify what he is allowed to prescribe in the practice. She stated the Delegation of Services Agreement will need to clarify if oxycodone and testosterone are within the scope of his prescribing at their practice.

Ms. Bloom suggested Mr. Pontious contact MD Diet and inform them they should discontinue using his old prescription pads and he should also contact the Pharmacies where the prescriptions on the CSD list were filled.

Mr. Coursey asked what percent of the patients do not have a Primary Care Practitioner.

Mr. Pontious responded everyone he has seen has a Primary Care Practitioner. He stated the process does not move forward from the front desk if they do not have a one but he does have one young man who does not have a Primary Care Practitioner. He stated he has informed his supervisors and they have given him names to refer this patient to.

Dr. Schmitz stated Mr. Pontious should not be managing hypertension or diabetes and avoid writing prescriptions for those maladies. He stated Mr. Pontious should be recommending those patients see their Primary Care Practitioner to adjust their medications.

Mr. Pontious responded he, Dr. Barnett and Dr. Heiner have gone through an extensive training program on weight loss and adjusting the medications. He voiced concern for a patient driving and possibly passing out due to incorrect doses of medications.

Dr. Schmitz stated if Mr. Pontious is adjusting or changing medications then he is also changing the chain of care for the patient and their medications which means if he changes medication he then takes responsibility. He stated Mr. Pontious may make recommendations and then be sure to inform the patient to see their Primary Care Practitioner within a week to cover his bases but should not be changing medications.

Dr. Clark stated Mr. Pontious could also make contact with the Primary Care Practitioner.

Mr. Coursey commented if Mr. Pontious's supervisors are not changing patient medications for hypertension and diabetes then Mr. Pontious should not change those medications.

Mr. Pontious again stated Dr. Barnett and Dr. Heiner have taken courses and been trained to change medications appropriately and they make sure he follows the appropriate protocols. He stated they rely

on him to make those medication adjustments.

Ms. Bloom asked if the medication adjustments are made verbally and then followed up with a phone call.

Mr. Pontious responded yes.

Ms. Taxin stated this is a new employment setting for Mr. Pontious. She requested Dr. Barnett and Dr. Heiner write a statement that Mr. Pontious is following their protocol and recommending specific medications and is also changing specific medications by naming those medications.

Mr. Coursey stated the Board has concerns for the patients. He stated when care is fragmented between Mr. Pontious and the Primary Care Practitioner there needs to be some continuity of care. He stated the basis for changing medications for diabetes is to do the A1C test.

Dr. Reimer commented Mr. Pontious should always involve the Primary Care Practitioner if he is changing medications as they need to know what medications patients are taking. He stated the Primary Care Practitioner should manage the diabetes.

Mr. Pontious stated part of the weight loss program is to drop the insulin in half the first week and then drop it again later. He stated he meets with each patient weekly and if there are any problems they can contact him at any time. He stated he only has one patient with several health problems and he has been in contact with the patients Primary Care Practitioner.

Dr. Schmitz clarified Mr. Pontious is adjusting insulin.

Mr. Pontious responded yes. He stated if the carbohydrates are lower the insulin needs to be adjusted. He stated he has no interest in managing diabetes but he does cut the insulin amounts for the short term insulin and the long term insulin.

Dr. Reimer stated if Mr. Pontious is cutting the insulin he is making profound changes and the Primary Care Practitioner needs to be involved and part of the team for the care of the patient. He stated Mr. Pontious also should not be writing or changed medications for blood glucose but should notify the Primary Care Practitioner to check the patient for appropriate changes in medications.

Dr. Clark stated the Primary Care Practitioner should check the A1C and make the insulin adjustments. He stated Mr. Pontious should contact the Primary Care Practitioner and could make recommendations but the Primary Care Practitioner should follow up with their patient.

Ms. Taxin suggested Mr. Pontious follow the guidance of his supervisors but also take into consideration the Board's recommendations.

Ms. Taxin stated Mr. Pontious was out of compliance today as he had not submitted a copy of the certificates of completion of the PACE program which were due December 8, 2011, however, he did bring in the original today. She stated there were no triplicate prescriptions received and yet the CSD indicate prescriptions written. Ms. Taxin stated Mr. Pontious needs to communicate with the Division/Board and write a note monthly regarding no prescriptions were written. She stated she will pull the prescription for oxycodone to verify who wrote it. Ms. Taxin stated Dan Liston, the business manager, will need to send a letter as the employer with his contact information and verify he has read the Order and is willing to assist Mr. Pontious is being successful in his probation. She stated Mr. Liston did send the employer report, there is just additional paperwork for him to complete. She stated Debra Troxel will now be the compliance person and Mr. Pontious will follow up with her in the future. She stated she believes the non-compliance should stand.

Board members concurred.

Mr. Coursey asked Mr. Pontious what percent of

the patients he sees does he confer with his supervisors and are 100% of his charts being co-signed by his supervisors.

Mr. Pontious responded if there are no concerns there is no conferring but if there are concerns he does confer with his supervisors. He stated he and the supervisors sit down together once a week to discuss patient care and he has them on text messaging at all times. He stated his supervisors are co-signing 100% of his charts at this time.

Ms. Bloom asked if Mr. Pontious contacts the Primary Care Practitioners for access to patient records.

Mr. Pontious responded yes, for records and lab work results.

An appointment was made for Mr. Pontious to meet again May 21, 2012.

Ms. Bloom requested Mr. Pontious to ask his supervisors to address on their next report the issue of the “glitch” in their system and that he has not prescribed any controlled substances.

DISCUSSION ITEMS:

FYI

Ms. Taxin stated Continuing Education (CE) audit notices have gone out for renewing the PA licenses. She stated she brought up NCCPA recertification at the last meeting as some PA's believe the NCCPA Certification should be required on all renewals but several do not meet the NCCPA qualifications so a determination has not been made to make it a requirement for renewal.

Ms. Taxin stated she has also been requested to count CPR, BCLS, ACLS and PALS certification or recertification for CE. She stated they are listed as category 1 under the NCCPA allotment but some licensees are stating they are finding it difficult to verify they attended the courses. Ms. Taxin stated the Division will need documentation of the credit and will not be able to count more than 16 hours and the

remaining hours would need to be in courses that relate directly to PA practice.

Ms. Taxin stated it appears many of the PA's being audited have not completed the CE requirements.

Dr. Reimer asked if there is any CE requirement regarding quality assurance.

Ms. Taxin responded it has been discussed but the Rule for CE has not changed or included quality assurance requirements.

Dr. Schmitz stated most Physicians are trained and then specialize. He asked if PA's need to complete general CE or if they need CE in a specialty.

Ms. Taxin responded the CE in Rule for PA's is general but the PA may complete specialty oriented CE.

Mr. Coursey responded as PA's start moving toward specialties they then will need to do CE in their specialty. He stated if the PA is working in a specialty he believes their CE should be within that specialty.

Ms. Taxin agreed.

Ms. Bloom voiced believing it is important to maintain the NCCPA Certification.

Dr. Reimer asked if there is requirement for quality care.

Ms. Taxin responded there is a requirement called maintenance of licensure. She stated she would hope PA's complete CE within their background and something that relates to their specific practice. She stated when the audits are reviewed if the information submitted does not apply to the PA's practice she does request additional courses.

The Board thanked Ms. Taxin for the update.

the investigative unit to meet with the Board and report on cases with investigations. She stated there will be no specific cases discussed but if the Board wants something more than is presented they may request it for the next report.

Ms. Taxin then introduced Irene Woodford.

Ms. Woodford delivered an overview of the 2011 investigative statistics.

Dr. Reimer asked if the Board could be informed regarding what the complaints were about.

Ms. Taxin responded yes. She stated she will request the information be on the report for next year but she believes many were in regard to PA's not following the Delegation of Services and not submitting Notification of Change documents when they change jobs.

The Board thanked Ms. Woodford for the report.

Annual Board Member Training

Ms. Taxin conducted the yearly Board Member Training.

Ms. Taxin reviewed the Open and Public Meetings Act guidelines with formal Board meetings for business and reminded the Board that all Board meetings are recorded with the recording being retained for a year.

Ms. Taxin reviewed the guidelines for Board meetings and explained that Board business must be conducted in the formal Board meeting with an agenda having been posted 24 hours in advance for any interested public people to be able to attend. She explained additional agenda items cannot be added after the 24 hour deadline and will be on the next scheduled Board meeting agenda. She explained a quorum of Board members is required to make decisions with motions and votes.

Ms. Taxin explained the purpose for closing a meeting and stated with the Open Public Meetings Act there are very few reasons to close a meeting for the public

to leave. Ms. Taxin reviewed electronic (telephonic) participation by Board members and for interviews. She stated Board members and public visitors may be requested to leave a Board meeting if they are being disruptive.

Ms. Taxin covered the issue of requesting a probationer, an applicant or any individual to leave the meeting for Board discussion and stated meetings are open and comments should be made to the individual in order for them to understand the issues.

She stressed the importance of Board members being professional, remembering they are here to protect the public, to be fair, attentive and balanced in their comments and decisions. She stated Board members should be respectful to each other as well as any probationers, visitors or appointments. She stated they should listen and consider other view points; sometimes being creative but clear and open in communication and hold judgment until after all the facts have been presented.

Ms. Taxin recommended the Board review and be familiar with their Laws and Rules in order to make correct decisions. She stated they should be positive role models.

Ms. Taxin covered the fire drill and her expectations for everyone to get out of the building and meet across the street in the parking lot to be accounted for. She asked the Board to let her know if they have any special needs and to be aware of any visitors who may have special needs in order for her to get assistance for Board members or visitors. Ms. Taxin reviewed the fire escape locations.

The Board thanked Ms. Taxin for the information.

NEXT MEETING SCHEDULED FOR:

May 21, 2012

ADJOURN:

The time is 10:28 am and the Board meeting is adjourned.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

May 21, 2012
Date Approved

(ss) Jeffrey M. Coursey
Chairperson, Utah Physician Assistant Licensing Board

March 20, 2012
Date Approved

(ss) Noel Taxin
Bureau Manager, Division of Occupational & Professional Licensing