

PUBLIC MEETING MINUTES
Occupational Therapy Licensing Board

The Oregon Occupational Therapy Licensing Board met Thursday Feb.4, 2011 at the Portland State Office Building Room 445 at 800 NE Oregon St. Board members present were: Genevieve deRenne, MA, OTR/L, FAOTA, Chair; Alan King, OTR, Vice-Chair; Mashelle Painter, B.S., COTA/L; and public members, Robert Bond and Mitch Schreiber. Felicia Holgate, Director was present. With a quorum present, Genevieve deRenne called the meeting to order at 10:00 a.m. Mr. King took over as Chair after the first item on the Agenda. Also present at part of the meeting was Linda Hartung Smith who is interested in a Board position when there is an opening.

1. Vote for Chair and Vice-Chair positions: MOTION WAS MADE BY Genevieve deRenne and SECONDED BY Mitch Schreiber TO ELECT Mr. Alan King AS CHAIR OF THE BOARD and Mr. Robert Bond VICE-CHAIR OF THE BOARD. Motion was passed unanimously.

2. Minutes: The Board reviewed Oct. 14, 2010 Public meeting minutes. Genevieve deRenne **MOVED THAT THE PUBLIC MINUTES OF Oct. 14, 2010 BOARD MEETING BE APPROVED.** Robert Bond **SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.**

The Board reviewed Confidential Oct. 14, 2010 meeting minutes. Mashelle Painter **MOVED THAT THE CONFIDENTIAL MINUTES OF Oct. 14, 2010 BOARD MEETING BE APPROVED.** Robert Bond **SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.**

3. Ratify List of Licensees: Licenses issued since the last Board meeting were distributed. Robert Bond **MOVED TO RATIFY THE LIST OF LICENSEES ISSUED SINCE THE LAST BOARD MEETING.** Mashelle Painter **SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.**

As of Feb.3, 2012 there were 252 OT Assistants, and 1408 OTs for a total of 1660 licensed OTs. We issued 15 new licenses per month from Oct – to Feb. There is usually a drop in applications during the holidays and New Year.

4. Report of the Director: Director, Felicia Holgate sends monthly reports.

Staff: With Staff still out on medical leave the Director has someone part time to help in the office. Some work is not getting done as quickly as in the past.

Budget Review: The Director gave a **fiscal summary.** Monthly revenue, expenditure, and payment statements are scanned and sent to Board members. The Board reviewed the current accounts. The final Legislatively Approved **2009-2011 Budget is \$338,178** which gives the board an **average monthly amount of \$14,000.**

2010 Expenditures: Sept. \$10,072; October \$12,295; Nov. \$9,537; and Dec. \$9,639.

2010 Revenues: Sept. \$4,175, Oct. \$1,650, Nov. \$1,894; and Dec. \$2,426. An average of \$14,000/month is allocated in this biennium. The legislature will be looking at our healthy ending balance to help in with the deficit in the general fund during the 2011 session.

Budget Binders: The next biennium Governor's Recommended **2011-2013 Budget** binders are due soon. There are changes to the process due to the new Governor. **The total Agency Request is for 2011-13 Biennium is approximately \$375,040.** There is a "policy package" which is needed for adding the extra cost of doing fingerprinting/LEDS. The legislature must approve this increase in allocation even though the licensee pays for the fingerprinting by a separate check.

There is a bill to have a pilot project for a modified short budget presentation and the Director will try to be part of the pilot. The Budget hearings are tentative scheduled for Tue-Wed. Feb. 22-23.

Fingerprinting: The Director is exploring having the Nursing Board help process the fingerprinting because they process each day what we would need all year. The current payment of \$52 per license applicant pays for the state policy fingerprints and mailings. Initially we estimate having fingerprints of all new applicants which is about 150-200 a year. The rules will be adopted and the costs must be approved by the legislature as part of our budget in the 2011 session.

New carpets are in and files were cleaned out, shredded, and refiled. With the ability of working on the laptop at home there was no disruption in work. Suite 407 Directors treated this as a Business Continuity Plan test and at the same time updated contact information for BCP.

Supervision: The Director continues to cross check all 251 OT Assistants to see what they checked on the 2010 online renewals in the Supervision BOX and what the OT who are supervising wrote down. There were a LOT of discrepancies. The Board discussed how different districts are, how much turnover there can be and whether there is some way to make supervision documentation easier for OTs working in Education. The Director also confirmed that it would be good to have an educational meeting with temp companies on supervision.

Workforce Data: The Director showed some of the initial data and charts coming from the Workforce data collection collected with renewals. More data should be available in the next month or so as it is submitted to the legislature.

Semi-Independent Boards: The Director made available the new updated Semi Independent report. The matter will be discussed at the May planning meeting. The Governor supports Semi-independence and there might be an opportunity for the Board to discuss becoming semi-independent. Board members need to have more information about the advantages and disadvantages. A recent report from Semi-Independent Boards was available to Board members.

Orthopedic Therapy Services: The Director and Board chair worked with this group to make clear that the therapists there were both PT and OT and that the OT were shown as OTR not OT/R. No further action was needed.

5. Closed Session: Disciplinary/Investigations/Complaints: In accordance with ORS 192.660, which allows the Board to meet in Executive Session on matters to consider information obtained as part of investigations of licensees, the following cases had formal motions made:

- **OT 2010 – 06: Renewal Application:** No action taken
- **OT 2010 – 07: OT Assistant:** No action taken
- ◆ **OT 2010-12:** Status given. File closed
- **OT 2010-13:** Complaint received. No action taken. File will be closed.
- ◆ **OT 2011-1:** The Director will follow up

False advertising – web site changed. No action taken

New Applications with issues: Several new applications with issues brought to the Board’s attention were reviewed and have been or will be issued. Those that were issued were ratified by the Board.

Lunch: Board members and the Director had lunch and continued with the meeting Agenda. During lunch and part of the meeting Linda Hartung Smith joined the Board and discussion. She may be interested in a future board opening as an OT.

6. Health Boards AUDIT Report: The Director provided the recommendations of the Health Professional Licensing Board AUDIT. The AUDIT team composed of other Directors and a public board member met with the Director in August. Random files were reviewed. A public Board member of the Board and the former Association President were contacted. A copy of the report went to the Governor’s office and legislature. The recommendations were:

1) The OT Board should allocate resources for additional staff to address the issue of Director burnout especially during renewals and other high volume periods.

The Director uses the services of a former Board member but will also use someone in Portland to also use during peak times to help fill in.

2) The OT Board should seek additional resources to provide enough money to pay for cost of potential contested case (AG and professional services) proceeding/s and other legal expenses.

This is a budget issue for the legislature. At the present time the Board has \$23,351 budgeted for AAG costs for the 2011-13 Agency Budget request. The Health Related Board Directors have a bill to explore how to have extra money reserved for emergency AG costs.

3) The Legislature should approve the OT Board’s policy package to establish FBI criminal background fingerprint checks for applicants; and will consider whether to do LEDS checks.

The policy package was submitted and approved by DAS and the Governor’s office. It is part of the Board budget. There may be a lot of additional work involved.

4) The OT Board should establish an Ethics and Jurisprudence state examination for applicants as regards the relevant statutes and rules, as have many other health boards.

The Director wants to have an open book test taken online with a certificate printed upon completion to be submitted as part of the application process.

5) The OT Board should require that an endorsement applicant provide primary source written verification of license from every state they have ever held a license, regardless of the license current status. DONE Oct. 2010

The Board already voted at the October Board meeting to require applicants to send verification from every state in which they were ever licensed (and not only those in the last 5 years). The change was made to the application forms on the web site in October.

History: the Director reviewed old application files and found in a 1987 application verifications were sent from jurisdictions where the applicant held a current license. In an 1998 license applications the Board asked that Letters of Verification were required in any states they held current license or those in the last 5 years.

6) The OT Board should be expanded to seven members by adding one OT member and one Public member with no ties to the OT profession.

This recommendation will be put on the next strategic planning session.

7. Rule and Laws:

Impaired Practitioner Program: The Director and Mr. Bond listened to the Jan 26th meeting on the current program and a possible “step down” less expensive impaired practitioner program. The current new statewide program, which is the only impaired practitioner program which can be used in Oregon, is very expensive and the OT Licensing Board is not currently a part of it. The “step down” program would still be very expensive. The estimated costs for having 8 licensees in the program would be \$15,344 for the Board and estimated \$14,634 for each licensee. Mr. Bond talked about HB 2345 which implemented the program.

Proposed Rules: The Director is waiting for the update system to file rules online through the Sec. of State. Copies will be send to licensees in the next newsletter and put on the web site. A new rule was drafted to required educational records to be kept for 7 years.

8. Planning meeting at May meeting in Bend: The Director will set up a Saturday meeting to discuss continuing policy issues for the Board to discuss after the Friday Board meeting.

9. NBCOT conference report and recommendations: Mashelle Painter and Director Felicia Holgate attended the NBCOT conference this year. Topics included:

New Vision of CE: Mashelle Painter was appointed to the NBCOT CE audit committee. The Director was appointed to a Focus Group on Redesigning CE in the Health Professions. The Institute of Medicine (IOM) look at making CE more than something to satisfy licensing requirements but rather having a national inter- professional public-private entity to develop Continuing professional development (CPD) that is self directed and practice based learning and to teach how to identify problems and how to apply solutions. The consensus was that improving learning through better CE was positive but that NBCOT and others would continue to monitor the

IOM report and progress. If there are national recommendations to change learning, NBCOT is an appropriate vehicle to improve state CE requirements. NBCOT does have self – assessments available for different practice levels.

NBCOT certification required for Licensing: There was discussion of requiring NBCOT certification for licensure. Only one state requires NBCOT certification. If Oregon considers requiring Certification for licensure the Board might also consider an Inactive status for those keeping up with CE but not currently practicing.

Impact of Federal Healthcare: The model of having patient-centered Medical/Health Homes and other new models will change how and where healthcare is delivered. It will see how best to manage chronic conditions, primary care and care coordination, prevention and wellness and prevention of adverse events. New models are pushing for expanded scopes of practice. Responses can be to deny, scramble or innovate.

eHealth/Telepractice/Telerehabilitation: How are states going to regulate it? Consensus was that the state where the practice is given (ie patient) is where regulation would occur. One model outlined use of a cost effective business model tracking measured outcomes. Patients logged in and answered the typical Q and A they would have in a Doctor's visit, choosing symptoms in a predefined questionnaire going to various screens. Patients chose e-visits because of convenience, liking computer option, fast response, avoiding travel, use for routine symptoms and concern about taking time off work. Evaluation found a majority had as high satisfaction as a regular visit. This will be a topic coming up in the future.

Appropriate Roles, Functions, Responsibilities of Board members and Execs: Topics covered were liability and accountability, Open records and meetings, Administrative Rules, Code of Conduct, Mission, Vision and Values, Board members vs. staff responsibilities, Professional vs Public Member and Media relations. It was striking how different state laws and rules were and how they function. For example some board approved each application form.

There were also sessions on HIPPA and HIPDA date reporting and Indiana's Digital certification for verifications. Finally, there was discussion about cross training for health professionals.

10. Legislative: Lots of bills affecting health boards are proposed. The updated LINUS list was provided. SB 140 is the Board's bill on discipline, subpoenas and civil penalties. A one page outline was provided. The Director is meeting with the Chair of the Senate committee on SB 140 on Tue and the hearing will probably be set for Wed. Feb. 9 at 3 p.m.

11. New Business:

Wound Care: The Board discussed the issue of what an OT can do in wound care and that for performing debridement of necrotic tissue/nonviable tissues using close pulsated lavage or sharps debridement. An OT would need very specialized training for this but it is within the scope of an OT to perform. As advanced practice the OT should be able to show education, training and experience in the area.

The Board discussed use of a Doctorate in OT. There are many issues to consider such as salary levels, academic vs. clinical knowledge. There is only 8 hours plus a dissertation that separates a Masters from a Doctorate. The Board also discussed the gap between OT and OT Assistants, movement to generalize OT/PT degrees, Tele-health, help for rural communities, and who becomes the gatekeeper for rehabilitation.

Upcoming meetings in 2011:

Friday, May 6-7 Meet Friday in Bend - with strategic planning on Saturday

Friday, meeting changed from Aug 5 to August 12 in Lincoln City

Mid Oct at OTA/O conference – in Portland.

Alan King adjourned the Feb. 4 at 2:05 p.m.

Felicia Holgate, Director Feb. 17, 2011