Oregon Board of Physical Therapy Board Meeting

Call to Order



Oregon Board of Physical Therapy Board Meeting

Statutory Purpose

To protect the public health, safety, and welfare for all Oregonians by maintaining standards for qualify care, professional skill and competence through the effective regulation of the practice of physical therapy.

OREGON BOARD OF PHYSICAL THERAPY BOARD MEETING AGENDA

November 17, 2023 8:30 AM - until end of business

Meeting by Web-conference

Members of the public may attend the remotely by registering via the link posted on our website at: https://www.oregon.gov/pt/Pages/meetings.aspx

I Call to Order -- Public Session

A Board Motions - Board actions as result of Executive Session.

- **B** Consent Agenda Items These items are being presented as a consent agenda; the Board members review the consent agenda items ahead of the meeting and will adopt the items as a single motion unless specific items are flagged for discussion and/or individual motion.
 - 1 Board Meeting Minutes, Draft—Sept 22, 2023.
 - 2 Ratification of PT/PTA Licenses & Temp Permits issued Sept 1st, 2023 Oct 31st, 2023.
 - **3** Executive Director's Report for November 2023.

C Public Comments

The Board welcomes public comments. At this point in the meeting, the Board Chair will ask if anyone attending would like to make comment—speakers will be asked to identify themselves for the record when speaking.

D Board Member/Committee/Delegate Reports

- 1 New Board Member Introduction
- 2 PT Compact Commission and FSBPT Delegate Updates
- 3 Strategic Plan Progress Review
- 4 Open Roundtable

E Board General Discussion & Action Items

- 1 9:00 AM Presentation: Oregon Wellness Program Tim Goldfarb
- 2 9:30 AM Presentation: DOJ Medicaid Fraud Division Rob Seimetz & Elizabeth Ballard-Colgrove
- **3 Rulemaking Forecast**—*The Board will discuss anticipated future rulemaking related to recent statutory changes, PTCC rulemaking, rule clarifications, and statutorily required 5-year rule amendment review. The Board may consider motions to initiate rulemaking processes or delegate authority for the purpose of initiating the rulemaking process.*
- 4 Discussion: FSBPT 2023 Annual Education Meeting Those in attendance will report on content from FSBPT 2023 Annual Education Meeting. Will discuss topics and any possible next steps or future agenda items.

F Other Business

II Adjournment

This proposed agenda subject to last minute changes without prior notice. A request for an interpreter or other accommodations for persons with disabilities should be made at least 48 hours before the meeting to 971-673-0200 or physical.therapy@oregon.gov

A - Board Motions as Result of Executive Session



B – Consent Agenda

- September Minutes
- Ratification Report
- Director's Report



Oregon Board of Physical Therapy Board Meeting Minutes September 22, 2023 (DRAFT)

Board Members Present: Erica Shanahan, PTA, Chair; Hoku Okumura, PT, Vice Chair; Erin Crawford, PT; Sandra Hahn; Becca Reisch, PT; Susan Reynolds, PT.

Board Members Absent: Michael Rennick, PT (excused) and (one position vacant).

<u>Staff:</u> Michelle Sigmund-Gaines, Executive Director; Sherri Paru, PT, Clinical Advisor/Investigator, Gayla Goodwin, Licensing Coordinator, Sarah Casey, Operations and Policy Analyst.

Staff Absent: None.

Legal Counsel: Angie Hunt, AAG.

PUBLIC (OPEN) SESSION

Chair Shanahan convened the Board into Public Session at 8:06 AM for the purpose of roll call. No members of the public were present.

EXECUTIVE (CLOSED) SESSION

After roll call, the meeting was convened into Executive Session at 8:07 AM pursuant to ORS 192.660(2)(f) and ORS 192.660(2)(L).

At 12:24 PM, Chair Shanahan adjourned Executive Session.

PUBLIC (OPEN) SESSION

Chair Shanahan convened the Board into Public Session at 12:49 PM.

Board Members Present: Erica Shanahan, PTA, Chair; Hoku Okumura, PT, Vice Chair; Erin Crawford, PT; Sandra Hahn; Becca Reisch, PT; Susan Reynolds, PT.

Board Members Absent: Michael Rennick, PT (excused) and (one position vacant).

<u>Staff:</u> Michelle Sigmund-Gaines, Executive Director; Sherri Paru, PT, Clinical Advisor/Investigator, Gayla Goodwin, Licensing Coordinator, Sarah Casey, Operations and Policy Analyst.

Staff Absent: None

Legal Counsel: Angie Hunt, AAG.

<u>Members of the Public Present:</u> Noel Tenoso, PT; Ruggie Canizares, PT; Taylor Sarman, APTA-OR Lobbyist

Board Motions:

Case PT 786-12/22

Motion by Member Hahn to close case. Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 792-01/23

Motion by Member Hahn to close case. Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 798-02/23

Motion by Member Hahn to close case. Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 795-01/23

Motion by Member Hahn of finding of violation of ORS 688.135(5), ORS 688.140(2)(m), OAR 848-040-0105(5), OAR 848-040-0170(1), OAR 848-045-0020(2)(i)(j). Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 5-0. Member Reisch recused.

Case PT 801-03/23

Motion by Member Hahn of finding of violation of ORS 688.135(5), ORS 688.140(2)(m), OAR 848-040-0105(5), OAR 848-045-0020(2)(j). Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 811-05/23

Motion by Member Hahn to close case. Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 812-06/23

Motion by Member Hahn to close case. Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 820-08/23

Motion by Member Hahn to close case. Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 821-08/23

Motion by Member Hahn to close case. Motion seconded by Member Reynolds. Motion passed unanimously by a vote of 6-0.

Case PT 818-07/23 and PT 819-07/23

Motion by Member Hahn to ratify the administrative closure of these cases pursuant to delegated authority.

Motion seconded by Member Reynolds.

Motion passed unanimously by a vote of 6-0.

Consent Agenda Items

The following items were presented as a consent agenda. Board members reviewed the items prior to the meeting.

- 1 Board Meeting Minutes, Draft-July 19/21, 2023.
- 2 Ratification of PT/PTA Licenses & Temp Permits issued July 1, 2023 Aug 31, 2023.
- 3 Executive Director's Report for Sept 2023.

Director Sigmund-Gaines highlighted items in the administrative section of the Executive Director's report. Staff are currently working through the external audit for the 21-23 biennium and will be involved in the IT system migration to a new version starting soon. Staff have also started preparations for the upcoming 2024 renewals. Also noted was the financial report. All financial reports will be incorporated into the Governor's Report after the external audit is completed and will be part of the consent agenda at the next Board meeting.

Member Hahn moved to approve the consent agenda items as written. Member Reynolds seconded the motion. Motion passed unanimously by a vote of 6-0.

Public Comments

None.

Board Member/Committee/Delegate Reports

New Board Appointment

Director Sigmund-Gaines shared that Governor Kotek has appointed Dwight Terry as our new Board Public Member, pending confirmation by the Senate during September legislative days later this month.

PT Compact Commission and FSBPT Delegate Updates

Director Sigmund-Gaines noted that the FSBPT annual education meeting will be held in Jacksonville, Florida October 19-21. The PT Compact annual meeting will be held December 5, 2023 and will be a virtual meeting. Also discussed were the upcoming FSBPT webinars and opportunities to serve on the various committees. Staff Paru will be presenting during the Oct 10 webinar regarding optimizing regulatory effectiveness in investigation and discipline. Public Attendee, Ruggie Canizares, after recognition from the Chair, provided a few FSBPT updates encouraging attendance at the annual education meeting.

Strategic Plan Progress Review

Director Sigmund-Gaines reviewed the main areas of focus of our 5-year strategic plan. Governor Kotek has implemented a statewide initiative to standardize the way all state agencies perform their strategic planning. We will need to transition our documentation over to a standard template. However, we will continue to use our more visual display of information as well. Additional information will be presented at the November meeting where we will map out the 2024 plan that will align with the statewide mandates.

Open Roundtable

No Comments.

Board General Discussion & Action Items

Rules Advisory Committee (RAC) Follow-Up Report

Staff Casey reviewed the RAC recommendations regarding Non-CAPTE accredited applicants presented at the May Board meeting. During the discussion at the May meeting, it was suggested that the committee consider a requirement of supervised practice, as in the FSBPT Model Practice Act. The Board asked that the committee research additional information regarding supervised practice requirements in other states. Staff Casey presented their findings and explained the implications of requiring supervised practice. Currently only 15 states require supervised practice. Since the majority do not, and some of those may be members of the PT Compact, there would be inconsistencies for those applying for licensure in OR versus those practicing in OR with a compact privilege. The committee recommends that given these circumstances, we should not require supervised practice. However, they agreed it should be considered in the future if the majority of jurisdictions move towards requiring supervised practice. Recommendations remained to remove the requirement that the TOEFL be taken within 2 years of the NPTE date and that all 4 passing scores need to be achieved on the same test date for exam applicants.

Additionally, for endorsement applicants, the recommendations stand to remove the requirement for practice hours and a letter from the employer.

Member Hahn moved to adopt the proposed amendments as temporary rules, effective immediately, and direct staff to initiate the permanent public administrative rulemaking process to amend OAR 848-010-0015 and OAR 848-010-0022. Member Reynolds seconded the motion. Motion passed unanimously by a vote of 6-0.

Model Practice Act (MPA)

Director Sigmund-Gaines along with Chair Shanahan, as the delegate and Noel Tenoso, APTA-OR participated in the MPA workgroup. Director Sigmund-Gaines explained the purpose of the workgroup which included a line-by-line comparison of the MPA to our current statutes and rules. The intent of the crosswalk exercise was to identify and discuss any differences between the two and produce an informational item for both the Board and the APTA-OR chapter. The report would be used to consider if there is anything in the MPA that either the Board or APTA-OR would like to pursue as a statute/legislative change. Noel added that the association is just starting the discussions. Next opportunity for any statutory changes would be the 2025 legislative session. Director Sigmund-Gaines provided a brief overview of the prioritized items listed on the document. Discussions will continue at future meetings.

OMB-Medical Chaperones

The Director of the Oregon Medical Board was slated to present to the Board today, however was unable to attend. Director Sigmund-Gaines provided the background and overview of the Oregon Medical Board's rule OAR 847-0110-0140 relating to requirements for medical chaperones during sensitive examinations. The Board has been getting a number of inquiries from licensees asking if this rule applies to PTs and PTAs. This rule only applies to those licensed under the Oregon Medical Board, however, this does not prohibit PTs or PTAs from offering the use of a medical chaperone. Also discussed was the APTA Pelvic Health Use of Chaperones Position Statement.

Staff Paru gave an update on her work with the Sexual Boundaries Committee. They have just developed an informative brochure for patients that will be available soon.

OBPT 2024 Board Meeting Schedule

Director Sigmund-Gaines presented the 2024 Board meeting schedule keeping with the standard 3rd week of odd months. This schedule may be adjusted as needed during the year.

The Board had the option of having the Sept meeting as an in-person or virtual meeting and chose an in-person meeting.

Member Hahn moved to adopt the 2024 Board meeting calendar as amended. Member Reynolds seconded the motion. Motion passed unanimously by a vote of 6-0.

Other Business

Staff Paru provided an update on the next Rules Advisor Committee. This committee will be reviewing rules regarding reassessments and discharges. We are in the initial stage of communicating with interested committee members and scheduling meetings. We hope to have the committee's initial recommendations to discuss at the Jan 2024 meeting.

Meeting Adjourned at 2:55 PM.

Ratification Report: New Licenses and Temporary Permits Issued 9/1/2023 - 10/31/2023

1:00000	Logal First		License	Lineman	Licourse	Liconce	Institut
License Number	Legal First Name	Legal Last Name	License Effective Date	License Method	License Status	License Type	Initial Registration Date
65092	Amanda	Witt	9/6/2023	Exam	Active	PT	9/6/2023
65091	Celia	Larson	9/6/2023	Exam	Active	PT	9/6/2023
64329	Lindsey	Ranzer	9/6/2023	Endorsement	Active	PT	12/10/2021
65093	Candace	Raczkowski	9/7/2023	Endorsement	Active	PT	9/7/2023
63048	Ronald Edu	Gurdiel	9/7/2023	Exam	Active	PT	11/13/2018
65094	Lauren	Anderson	9/8/2023	Endorsement	Active	PT	9/8/2023
65095	Corey	OConnor	9/11/2023	Endorsement	Active	PT	9/11/2023
10227	Travis	Gross	9/11/2023	Endorsement	Active	PTA	9/11/2023
65096	Melissa	Comeau	9/11/2023	Endorsement	Active	PT	9/11/2023
9818	Lesa	Johnson	9/12/2023	Endorsement	Active	PTA	10/7/2019
65097	Lisa	Woolridge	9/13/2023	Endorsement	Active	PT	9/13/2023
10228	Eucarice	Richmond	9/14/2023	Endorsement	Active	PTA	9/14/2023
65098	Daniel	Anderson	9/15/2023	Endorsement	Active	PT	9/15/2023
65099	Clyde	Weber	9/18/2023	Endorsement	Active	PT	9/18/2023
10229	Erika	Pinera	9/18/2023	Endorsement	Active	PTA	9/18/2023
65100	Keith	Cardona	9/19/2023	Endorsement	Active	PT	9/19/2023
65100	Adriana	Hernandez	9/20/2023	Endorsement	Active	PT	9/20/2023
10230	Kirsten	Williams	9/25/2023	Endorsement	Active	PTA	9/25/2023
10231	Keenan	Small	9/25/2023	Endorsement	Active	PTA	9/25/2023
65102	Michele	Wolfe	9/25/2023	Endorsement	Active	PT	9/25/2023
63206	Tanner	Sommer	9/25/2023	Endorsement	Active	PT	4/16/2019
65103	Renee	Hoppers	9/26/2023	Endorsement	Active	PT	9/26/2023
65104	Heather	Gerwin	9/27/2023	Endorsement	Active	PT	9/27/2023
65105	Sally	Basta	9/29/2023	Endorsement	Active	PT	9/29/2023
65106	Lucia	Valenzuela	9/29/2023	Endorsement	Active	PT	9/29/2023
65109	Ethan Ray	Dado	10/2/2023	Endorsement	Active	PT	10/2/2023
65107	Katherine	Perlberg	10/2/2023	Endorsement	Active	PT	10/2/2023
65110	Hannah May	Sandoval	10/2/2023	Endorsement	Active	PT	10/2/2023
65108	Aimee	Craig	10/2/2023	Endorsement	Active	PT	10/2/2023
62219	Matthew	Dorsey	10/4/2023	Endorsement	Active	PT	4/28/2017
65111	Derek	Olson	10/4/2023	Endorsement	Active	PT	10/4/2023
10225	Katelyn	Kusey	10/5/2023	Endorsement	Active	PTA	8/21/2023
65112	Cathleen	Sickles	10/5/2023	Endorsement	Active	PT	10/5/2023
65113	Margaret	Sullivan	10/9/2023	Endorsement	Active	PT	10/9/2023
65114	Andrea	Dean	10/9/2023	Endorsement	Active	PT	10/9/2023
65115	Jacquelyn	Bass	10/10/2023	Exam	Active	PT	10/10/2023
65116	Zachary	Meyer	10/11/2023	Endorsement	Active	PT	10/11/2023
65117	Noah	Dickerson	10/12/2023	Endorsement	Active	PT	10/12/2023
10232	Ricardo	Quimbar	10/13/2023	Endorsement	Active	PTA	10/13/2023
65118	Christine	Eble	10/16/2023	Endorsement	Active	PT	10/3/2023
10233	Daniel	Wales	10/17/2023	Exam	Active	PTA	10/17/2023
65119	Shirlyn	Yap	10/17/2023	Endorsement	Active	PT	10/17/2023
62109	Nicholas	Chambers	10/18/2023	Endorsement	Active	PT	1/31/2017
10234	April	Connelly	10/19/2023	Exam	Active	PTA	10/19/2023
10235	Rachel	Clark	10/20/2023	Exam	Active	PTA	10/20/2023
65120	Juan	Loyola	10/23/2023	Endorsement	Active	PT	10/23/2023
65121	Coulson	Lash	10/24/2023	Endorsement	Active	PT	10/24/2023
65122	Annamaria	Daucher	10/25/2023	Endorsement	Active	PT	10/25/2023

10236	Simona	Bogode	10/27/2023	Endorsement	Active	PTA	10/27/2023
10237	Jaezpr	Ellys	10/27/2023	Endorsement	Active	PTA	10/27/2023
10238	Jennifer	Manke	10/30/2023	Endorsement	Active	PTA	10/30/2023
65124	Daisy	Perez Buenrostro	10/30/2023	Endorsement	Active	РТ	10/30/2023
10239	Brian	Fischer	10/30/2023	Endorsement	Active	PTA	10/30/2023
65123	Erin	McHale	10/30/2023	Endorsement	Active	PT	10/30/2023
10240	Crystal	Hall	10/30/2023	Endorsement	Active	PTA	10/30/2023
5014	Sharon	Anoff	10/30/2023	Endorsement	Active	PT	6/17/2005
65125	Naomi	Jacobs-EL	10/31/2023	Endorsement	Active	PT	10/31/2023
65090	Jacob	Johnston	9/6/2023	Exam	Temp-Exp	PT	9/6/2023

License type	Endorsement	Exam	Total			
РТ	37	4	41			
Active	37	37 4				
Temp-Exp		1	1			
РТА	13	3	16			
Active	13	3	16			
Grand Total	50	7	58			

Note: Where Initial Registration Date is prior to License Effective date, licensing transaction is either a change from prior status, such as Temp to Active, or renewal of a lapsed license, or re-application of an expired license. Temp-Exp status means a temporary permit was issued but expired during the reporting period without an Active license being issued.

EXECUTIVE DIRECTOR'S REPORT

NOVEMBER 2023 | FOR THE PERIOD 09/01/2023 - 10/31/2023

23-25 BIENNIUM BUDGET VS. ACTUAL PERFORMANCE

Actuals to Budget through most current closed period (July 2023-Oct 2023).

	Actuals (to date)	Budget (to date)	\$ Variance	% of Budget (to date)
Income	\$55,961.91	\$56,791.48	\$ - 829.57	98.54%
Expense	\$240,102.83	\$316,521.33	\$ -76,418.50	75.86%

NOTES –The numbers above reflect the actuals and budget for the biennium to date, not total budget for the entire biennium. Expenses typically exceed Income during this period of the biennium because board income derives predominantly from renewals, which occur Jan-Mar 2024. Because the fiscal year budget is portioned equally each month for many expenses, and because expenses are higher during renewals, expenses appear lower than anticipated by end of the fiscal year. Please see the attached financial report for line-item trends to date. Of note, PT exam applications are noticeably lower than anticipated while PTA exam applications are higher.

ATTACHED FINANCIAL REPORTS

• July 2023-October Budget Vs. Actual Report

EDUCATION & OUTREACH ACTIVITIES

9/1/2023 – News Brief published.

9/12/2023 – HB 2618 Pre-study engagement meeting with ODE; Paru.

10/10/2023 – FSBPT Webinar Panel: Investigations; Paru.

10/20/2023—FSBPT Education Meeting Session Panel: Regulation in Age of Legalized Marijuana Panel: Chair Shanahan.

ADMINISTRATION HIGHLIGHTS

- Information Technology & Security: Staff have been working with state IT staff and Thentia to prepare for the migration to an upgraded version of the board's core licensing software. Migration was planned for October/November and will incorporate many of the board's current change requests. This work is currently delayed by the vendor but still projected to be complete by end of calendar year.
- 2024 Renewals: Staff have begun planning for the 2024 renewal season, evaluating opportunities for improvements, in conjunction with the licensing software migration to the new version.
- External Audit: Moss Adams, LLC began external audit of the 21-23 biennium. This external review is required by statute, and results reviewed by Secretary of State Audits Division, and reported to the Legislative Fiscal Office and Governor's Office as part of the final biennium report. The work is in process, and anticipated to be complete in November/December with final report available for January meeting.

LICENSE COUNTS BY STATUS AS OF OCT 31, 2023

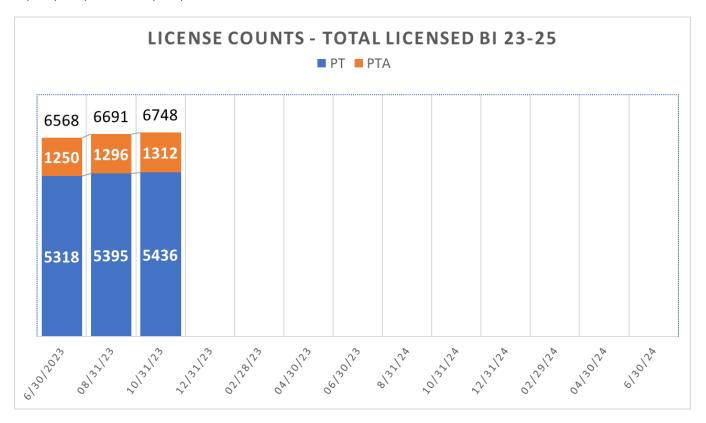
License Status	РТ	ΡΤΑ	TOTAL
Active	5,427	1,310	6,737
Change since last	+41	+15	+56
Restricted	1	1	2
Probation	2	1	3
Suspended	6	0	6
Total Licensed	5,436	1,312	6,748
Net change since last	+41	+16	+57
Temp Permit	3	0	3
Temp-Military Spouse	2	0	2

License Status	РТ	ΡΤΑ	TOTAL
Lapsed (five or fewer years)	1,529	522	2,051
Change since last	(6)	(2)	(8)
Expired (more than five years)	4,819 (2)	1,457 (3)	6,276 (5)
Total Previously Licensed	6,348	1,979	8,327

Applications Submitted by Type	EXA	END	TOTAL
PT	4	38	42
PTA	4	13	17
TOTAL	8	51	59

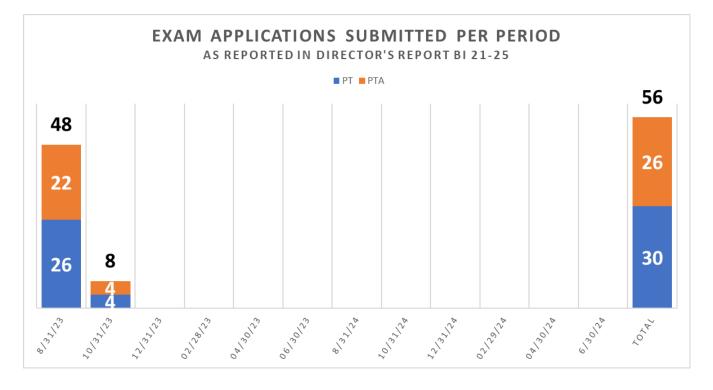
BIENNIUM TOTAL ACTIVE LICENSE COUNTS AS OF OCT 31, 2023

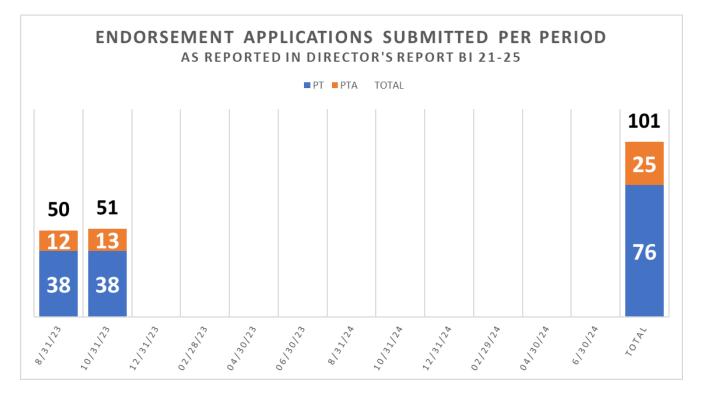
NOTE: Numbers are reported at the end of each month prior to Board meetings, which will allow for alignment with the Biennium reporting. License counts by status for the prior section and this section are sourced from the licensing system licensee status statistical report and reflect the counts as of a given day. "Active" license counts includes non-lapsed or expired licenses currently on suspension, probation or restriction, but does not count temporary permits. Not all current license holders are currently practicing in the state of Oregon; therefore, total counts may not reflect current actual workforce capacity, only licensed capacity.



BIENNIUM TOTAL NEW APPICATIONS SUBMITTED AS OF OCT 31, 2023

NOTE: Application data taken from licensing system based on date of submittal; applications may not be complete when first submitted and final approval, if granted, may appear in a different reporting period. The charts reflect the total submitted within each reporting period as well as total count for biennium to date for each license application type. The data includes applications also requesting a temporary permit.





PT COMPACT OREGON PRIVILEGE HOLDERS – AS OF OCT 31.2023

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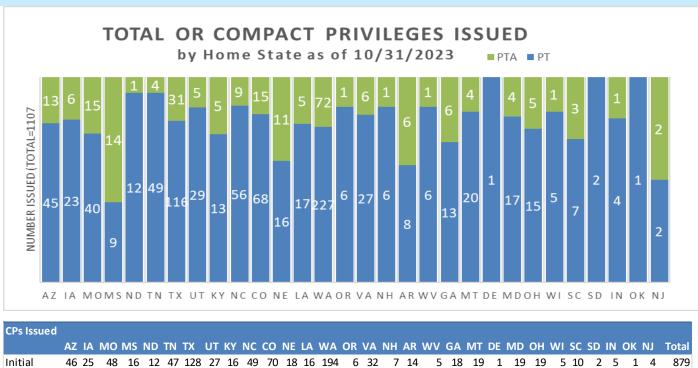
Renewal

7

7 1

6 19

12 4



Total	58 29	55	23	13	53	147	34	18	65	83	27	22	299	7	33	7	14	7	19	24	1	21	20	61	0	2	5	1	4
NOTES:	Cumul	ativ	e to	tal	priv	vileg	ges	pur	cha	ase	d si	nce	e Ore	ego	n be	ega	n is	suir	ng p	rivil	ege	s—	not	tota	ln	υm	ıbe	r o	f
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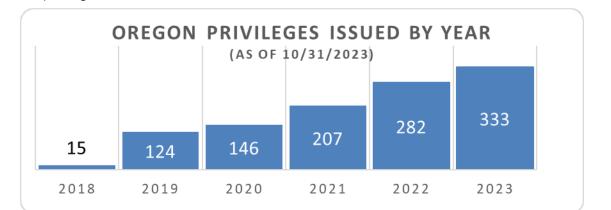
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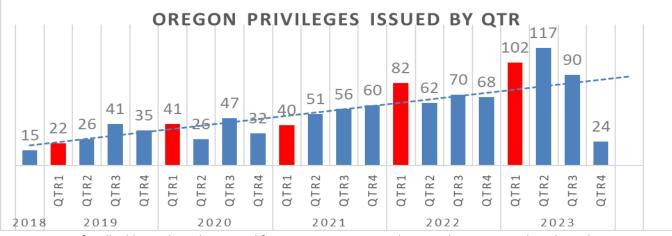
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NOTES: Data for all tables and graphs sourced from PTCC compact privilege purchase reports; data through 10/31/2023.

Nov-23 OBPT Open Cases

- 22 Total Open Cases
- 5 Presenting to Board Nov 2023 Meeting
- 3 Post Board Meeting (Notice/Hearing Process)
- 14 Remaining Open Cases

Remaining Open Case Aging (date of complaint thru Present to Board)

- 6 Case(s) currently over four months (120 days)
- 3 Additional case(s) will be over four months (120 days) by Nov 2023 meeting
- 5 Case(s) that will be under four months (120 days) by Nov 2023 meeting
- 14 Total

Based on case tracking status on 11/10/2023.

NOTE: Approval of the Executive Director's Report will also authorize extension(s) of investigation period for case reporting to the Board under ORS 676.165 where case(s) will exceed 120 days based on the date of the next available scheduled meeting.

CASES OPENED AND CLOSED PER BIENNIUM THROUGH BI 2023-2025 (AS OF 11/10/2023)

BIENNIUM	2013	2015	2017	2019	2021	2023
	2015	2017	2019	2021	2023	2025
Cases Opened	88	58	56	49	98	17
Cases Closed	82	54	71	48	83	19
Compact			1 2%	3 6%	26 27%	<i>0</i> 0%

NOTE: Total cases opened, and total cases closed in each biennium. Cases opened in one period may be closed in the subsequent period dependent on when received. Does not reflect type of action taken, only raw counts. Data sourced from case tracking report on og/11/2023; All BI begin on 7/1 of the first year and end on 6/30 of the 2nd year.

Budget to Actuals: To Date

July - October, 2023

		TOT	ΓAL	
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGE
Income				
4000 Income				
4100 Physical Therapists				
4110 PT Exam Applications	5,797.00	11,781.00	-5,984.00	49.21 %
4112 PT App Ver & Proc Fees	6,615.00	9,229.46	-2,614.46	71.67 %
4120 PT Endorsement Applications	13,838.00	15,614.46	-1,776.46	88.62 %
4125 PT Temporary Permits	50.00	500.00	-450.00	10.00 %
4126 PT Temp Mil SP/DP		0.00	0.00	
4130 PT Renewals	1,800.00	0.00	1,800.00	
4132 PT Renewal Ver & Proc Fees	175.00	0.00	175.00	
4140 PT Delinquent Renewals	350.00	0.00	350.00	
4150 PT Duplicate Licenses		0.00	0.00	
4170 PT Civil Penalties	1,000.00		1,000.00	
Total 4100 Physical Therapists	29,625.00	37,124.92	-7,499.92	79.80 9
4200 Physical Therapist Assistants				
4210 PTA Exam Applications	5,236.00	3,179.00	2,057.00	164.71 9
4212 PTA App Ver & Proc Fees	3,087.00	2,173.46	913.54	142.03
4220 PTA Endorse Applications	3,927.00	3,272.46	654.54	120.00 9
4225 PTA Temporary Permits		66.64	-66.64	
4226 PTA Temp-Mil SP/DP	0.00		0.00	
4230 PTA Renewals	650.00	0.00	650.00	
4232 PTA Renewal Ver & Proc Fees	92.00	0.00	92.00	
4240 PTA Delinquent Renewals	200.00	0.00	200.00	
Total 4200 Physical Therapist Assistants	13,192.00	8,691.56	4,500.44	151.78
4300 PT & PTA Combined				
4330 PTand/or PTA Mailing Diskette	2,200.00	2,000.00	200.00	110.00 °
4350 PT Compact Fees	6,384.00	4,800.00	1,584.00	133.00 9
4360 OHA Workforce Data Survey Fee	44.00	0.00	44.00	
Total 4300 PT & PTA Combined	8,628.00	6,800.00	1,828.00	126.88 9
4400 PT/PTA License Verification Fee	3,225.00	4,175.00	-950.00	77.25
4500 Miscellaneous Income	1,291.91		1,291.91	
4583 83300 IT Services	,	0.00	0.00	
Total 4500 Miscellaneous Income	1,291.91	0.00	1,291.91	
4900 Bank Interest Income		0.00	0.00	
Total 4000 Income	55,961.91	56,791.48	-829.57	98.54 9
Total Income	\$55,961.91	\$56,791.48	\$ -829.57	98.54 9
GROSS PROFIT	\$55,961.91	\$56,791.48	\$ -829.57	98.54 9
Expenses				
5100 Payroll Costs				
5110 Gross Salaries	130,213.40	126,087.72	4,125.68	103.27 %
5132 FICA (SS + Medicare)	10,207.22	9,645.71	561.51	105.82 %
5133 FICA Administrative Fee		15.00	-15.00	

Budget to Actuals: To Date

July - October, 2023

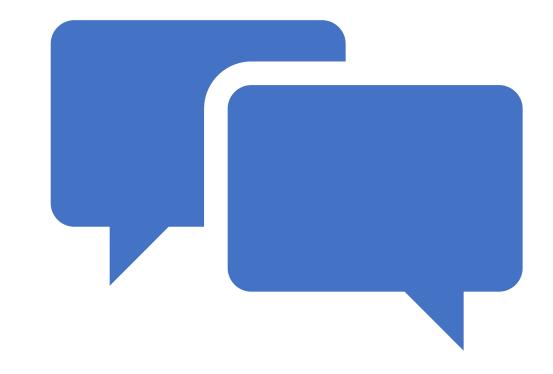
		TOT	ΓAL	
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5136 Mass Transit Tax	1,072.36	1,013.37	58.99	105.82 %
5140 Employee Benefits		1,666.72	-1,666.72	
5141 PERS ER Paid EE Cont	-30.43	0.00	-30.43	
5142 PERS ER Admin Contribution	26,401.41	26,639.23	-237.82	99.11 %
5143 Obligation Bond Debt Repayment	5,580.08	7,817.44	-2,237.36	71.38 %
5144 Workers Compensation	24.55	60.00	-35.45	40.92 %
5146 PEBB Medical/Dental Insurance		27,418.50	-27,418.50	
5146-1 PEBB Insurance	18,993.48		18,993.48	
5146-2 PEBB Insurance Refund	-1,440.55	0.00	-1,440.55	
Total 5146 PEBB Medical/Dental Insurance	17,552.93	27,418.50	-9,865.57	64.02 %
Total 5140 Employee Benefits	49,528.54	63,601.89	-14,073.35	77.87 %
5150 Employee Training	26.83	1,666.72	-1,639.89	1.61 %
5190 Board Stipends	4,200.00	6,250.00	-2,050.00	67.20 %
5199 Other Payroll Expenses		800.00	-800.00	
Total 5100 Payroll Costs	195,248.35	209,080.41	-13,832.06	93.38 %
5600 Travel Costs				
5610 Instate Travel				
5612 Lodging	880.99	1,000.00	-119.01	88.10 %
5614 Airfare/Mileage	1,058.15	1,333.36	-275.21	79.36 %
5616 Meals	277.49	666.64	-389.15	41.63 %
5618 OtherTravel Costs	52.15	166.64	-114.49	31.30 %
Total 5610 Instate Travel	2,268.78	3,166.64	-897.86	71.65 %
5620 Out of State Travel				
5622 Lodging		1,666.64	-1,666.64	
5624 Airfare/Mileage		1,600.00	-1,600.00	
5626 Meals		666.64	-666.64	
Total 5620 Out of State Travel		3,933.28	-3,933.28	
Total 5600 Travel Costs	2,268.78	7,099.92	-4,831.14	31.96 %
6100 General Office Expenses				
6110 Copier	150.29	320.00	-169.71	46.97 %
6120 Printing/Copying	78.22	1,200.00	-1,121.78	6.52 %
6140 Office Supplies	634.11	700.00	-65.89	90.59 %
6145 Other	90.00	1,666.64	-1,576.64	5.40 %
6150 Board Meeting Expenses	348.55	400.00	-51.45	87.14 %
6180 Telecommunications	1,628.36	2,466.64	-838.28	66.02 %
6185 Bank Charges/Fees		666.64	-666.64	
6186 Liability Insurance (Risk Mgmt)	4,204.00	8,956.00	-4,752.00	46.94 %
Total 6100 General Office Expenses	7,133.53	16,375.92	-9,242.39	43.56 %
6190 Dues and Subscriptions	2,500.00	3,333.36	-833.36	75.00 %
6200 Postage				
6210 Mail/Mail Room Charges	-40.00	666.64	-706.64	-6.00 %
6220 Newsletters		400.00	-400.00	

Budget to Actuals: To Date

July - October, 2023

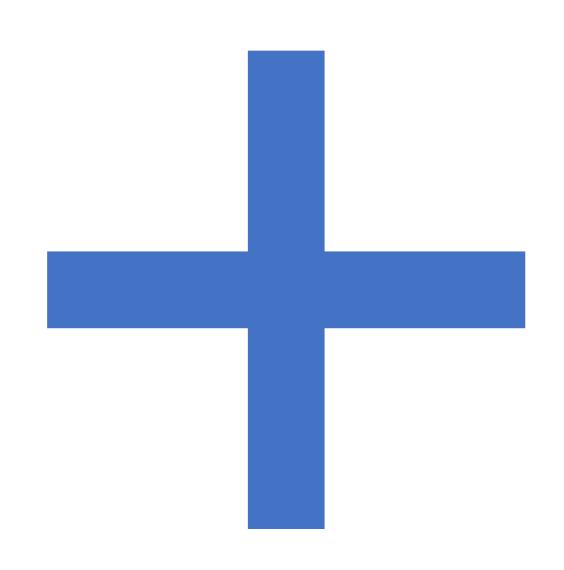
		TOT	AL	
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Total 6200 Postage	-40.00	1,066.64	-1,106.64	-3.75 %
6300 Publications		106.64	-106.64	
6400 Contracted Services				
6405 Merchant Account Fees	1,653.10	14,000.00	-12,346.90	11.81 %
6410 Investigators		500.00	-500.00	
6420 Computer Support	586.87	4,000.00	-3,413.13	14.67 %
6430 Attorney General-Legal Counsel	11,057.20	16,680.00	-5,622.80	66.29 %
6440 Audit Charges		4,000.00	-4,000.00	
6450 Accountant / CPA		166.64	-166.64	
6460 Payroll Service Charges	632.01	1,066.64	-434.63	59.25 %
6490 DAS Charges (Miscellaneous)		578.36	-578.36	
6495 EmplDept/HearingOfficerPanel		833.36	-833.36	
6499 Other Services	159.38		159.38	
Total 6400 Contracted Services	14,088.56	41,825.00	-27,736.44	33.68 %
6500 Rent and Occupancy		0.00	0.00	
6510 Rent	7,472.43	10,000.00	-2,527.57	74.72 %
Total 6500 Rent and Occupancy	7,472.43	10,000.00	-2,527.57	74.72 %
6600 Background Checks	3,812.50	10,000.00	-6,187.50	38.13 %
6630 Vantage Data		5,133.36	-5,133.36	
Total 6600 Background Checks	3,812.50	15,133.36	-11,320.86	25.19 %
6650 Investigation Expenses		33.36	-33.36	
6800 Computers & Accessories				
6810 Software	7,618.68	11,333.36	-3,714.68	67.22 %
6820 Hardware	0.00	800.00	-800.00	0.00 %
6830 Maintenance-E-Mail, Firewall		0.00	0.00	
6840 Other - Data Lines, etc.		333.36	-333.36	
Total 6800 Computers & Accessories	7,618.68	12,466.72	-4,848.04	61.11 %
Total Expenses	\$240,102.83	\$316,521.33	\$ -76,418.50	75.86 %
NET OPERATING INCOME	\$ -184,140.92	\$ -259,729.85	\$75,588.93	70.90 %
NET INCOME	\$ -184,140.92	\$ -259,729.85	\$75,588.93	70.90 %

C– Public Comment



D1 – New Member Introduction

Dwight Terry, Public Member



D2 – Delegate Reports



рт сомраст

Highlights:

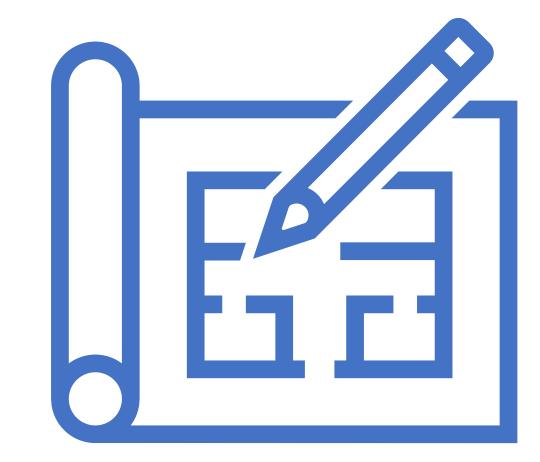
PTCC:

- Washington D.C. now issuing privileges.
- Annual Meeting Dec 5th.

FSBPT:

- Highlights from Annual Meeting (Item E4)
- Dec 13 1pm Regulatory Hour: New Board Members & Staff: Preparation to Serve

D3 – Strategic Plan Progress Review



Identified Strategic Priorities—2018-2023 (Five Years)

ormed

lui-omuo

Internal

Training

"Mostly" Complete

Modernize IT Systems & Operations*

Knowledge Transfer/ Staff Retirement

Update CC to allow outreach/ support diversity/ wellness

Facilitate Telehealth Practice*

COVID-19 IMPACTS*

*These items still have components or extension of scope

In Process-Expanding

Educational Pipeline: reach out to PT Schools to discuss efforts to diversify workforce.

Explore other partnerships to address workforce availability, & diversity.

> Focus on Data Non-CAPTE Applicants

> > Collaborate with OHA, FSBPT, APTA-OR, OPTIP; other State agencies on public protection and workforce diversity

Not Started

Update Mission language (incorp state DEI/Vision)

Prevention

0

Focus

Increase Outreach & Education Public, student & licensee

Address Practitioner Burnout & Moral Injury



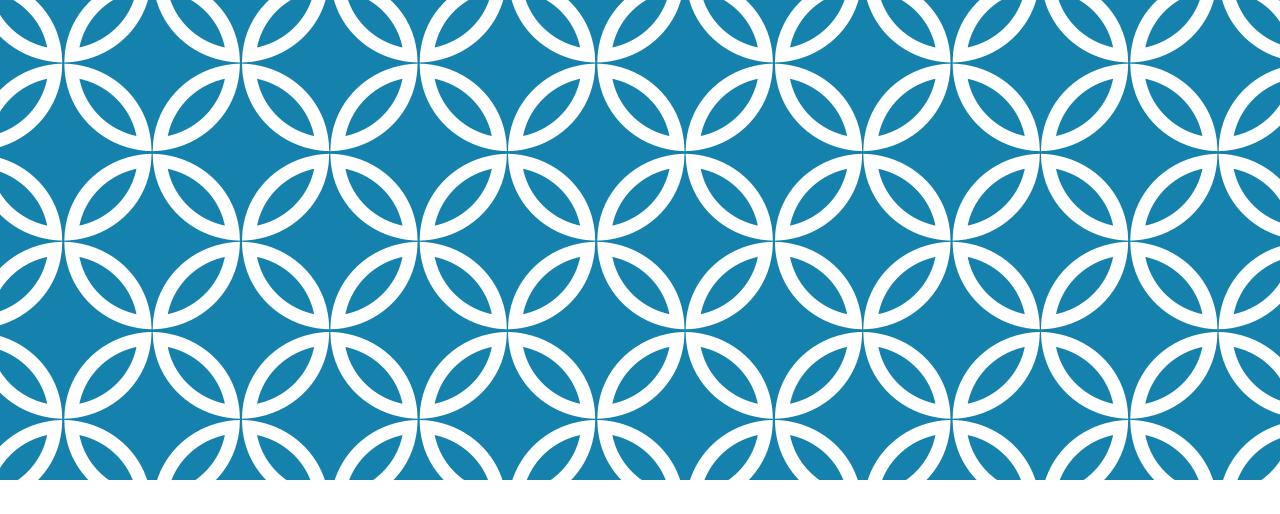
D4 – Roundtable



E1– Presentation

Oregon Wellness Program





OREGON WELLNESS PROGRAM (OWP)

Presented to the Oregon Board of Physical Therapy November 17, 2023

OWP MISSION AND CLIENTS

Our Mission

Promoting wellness for healthcare professions in Oregon through coordinated counseling services, education, and research

Over 139,000 licensees covered

Physicians Physician Assistants Podiatrists Acupuncturists Advanced Nurse Practitioners Registered Nurses Certified Nurse Assistants Licensed Practical Nurses Dentists Dental Hygienists Dental Therapists

PROGRAM OVERVIEW

- A project of The Foundation for Medical Excellence (TFME) which acts as the administrative hub
- Guided by an Executive Committee (Don Girard, MD Chair) committed to program success, meeting monthly
- •A statewide effort providing self-referred, highly confidential urgent mental health services to active clinical providers.
 - Not an emergency service
 - Does not handle substance abuse disorders
 - Does not handle clinical competence concerns (these are the purview of the professional licensing boards)

OWP HISTORY

• Established in April 2018. Historically, the OWP partnered with local communities through county medical societies. As they became less relevant, the OWP began working with a variety of community organizations (CCOs, hospital systems, and professional associations like the OMA, ODA, OHA and ONA).

• Since inception, over 6,000 counseling sessions have been delivered by the OWP Mental Health Providers (MHP) team.

• The OWP pays MHPs \$200 per one hour session

- All licensees covered under the Program are eligible for **up to 8 sessions per client**, per year.
 - Self-referred and no insurance is billed
 - Services are confidential and the OWP does not know the identity of clients; demographic information is provided by MHPs
 - There have been zero complaints concerning confidentiality

OWP MENTAL HEALTH PROVIDERS (MHP)

•The OWP is serviced by 34 MHPs

- Mental health professionals PhD, PsyD, Psychiatrist, PMHNP, LPC, or LCSW
- Licensed in Oregon and offer telehealth care to extend geographic availability
- Experienced providing care to healthcare colleagues
- Approved by the OWP Executive Committee

•Consent and confidentiality is ensured through a standardized process

• Cascade Health in Eugene, OR provides OWP's state-wide call service

OWP PARTNERSHIPS

Participating Health Systems

- Asante
- Legacy
- OHSU
- Providence (Oregon)
- St. Charles
- Virginia Garcia

General Support for Licensees from both affiliated and unaffiliated Health Systems

- Oregon Medical Board
- Oregon Board of Dentistry
- Oregon State Board of Nursing

OWP Program and Client Expansion Grants

- CareOregon
- Eastern Oregon Coordinated Care Organization (EOCCO)
- PacificSource Foundation
- Permanente Dental Associates (PDA)
- Portland IPA

LOOKING FORWARD

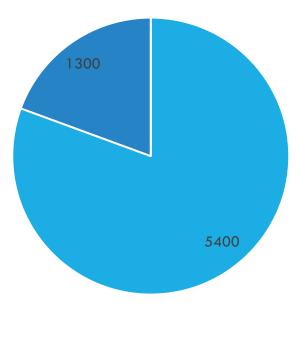
•Continued client service growth and sustainable funding model

- Engagement with Oregon Legislature to develop a funding model combining licensing fees, gifts, grants, and general fund support
- Volunteer-driven statewide geographic expansion
- Completion of research efforts highlighting OWP effectiveness
- Identifying marketing opportunities beyond "word of mouth"

OWP VISION

By and For Healthcare Professionals Confidential & Voluntary Complimentary Timely and Flexible Helps Address Burnout "Epidemic" Funding Follows Client Reducing Barriers Statewide

OR BOARD OF PHYSICAL THERAPISTS



Licensees

Physicial Therapists
Physical Therapy Assistants

PROPOSED PARTNERSHIP - OBPT AND TFME

YEAR ONE COSTS FOR OREGON WELLNESS PROGRAM (OWP) SERVICES

6,700 Licensees x .01 use rate* = 67 Clients

67 Clients x 5 Sessions per client/per year = 335 Sessions in year one

335 Sessions x \$200/Session = **\$67,000/year**

\$67,000/year x 15% administrative cost = **\$70,350**

Total Cost for OBPT = \$70,350

*based on historical start-up usage by other health care professionals

E2– Presentation

Oregon DOJ Medicaid Fraud Division

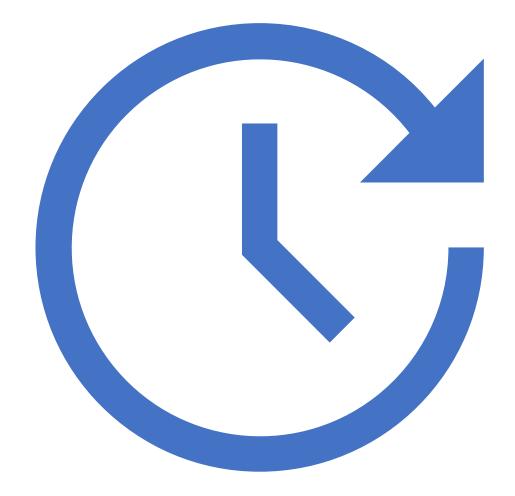


E3– Discussion

Rulemaking Forecast

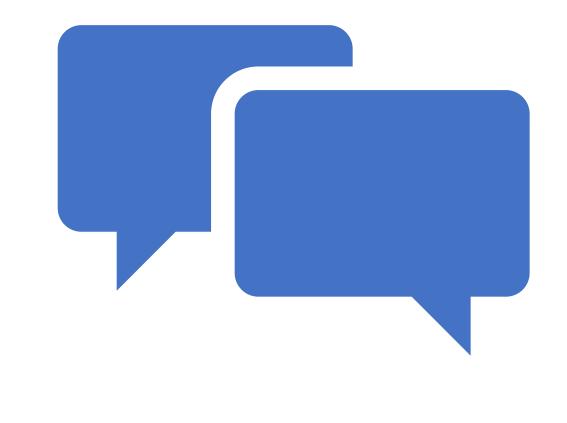
-Recent Statutory Changes -PTCC Rulemaking

-5-year Rule Review -Current RAC



E4– Discussion

2023 FSBPT Annual Education Meeting



Healthcare Regulatory Research Institute



Public Perception of Regulation Study Report of Findings March 2023

element 🛇 🎯 🕲 🛇

220 Lexington Green Circle - Suite 212 Lexington, KY 40503 Tel 859.971.7301 Fax 859.919.2242 www.elementmr.com



Public understanding of Regulation

Researcher: Element

Current Status: Research Complete

Behavioral and Disciplinary Measures Educate the public, practitioners, and students on regulated elements of practice and how to recognize and report substandard care/misconduct by practitioners

Methodology

- Online survey consisted of 32 questions with a mix of closed and open-ended questions.
- ► To qualify respondents had to:
 - Be U.S. residents ages 18 or older
 - Have seen one or more of the healthcare and counseling provider types below as either a patient and/or an involved caregiver within the last two years.
 - Dentist

Psychologist

• Nurse

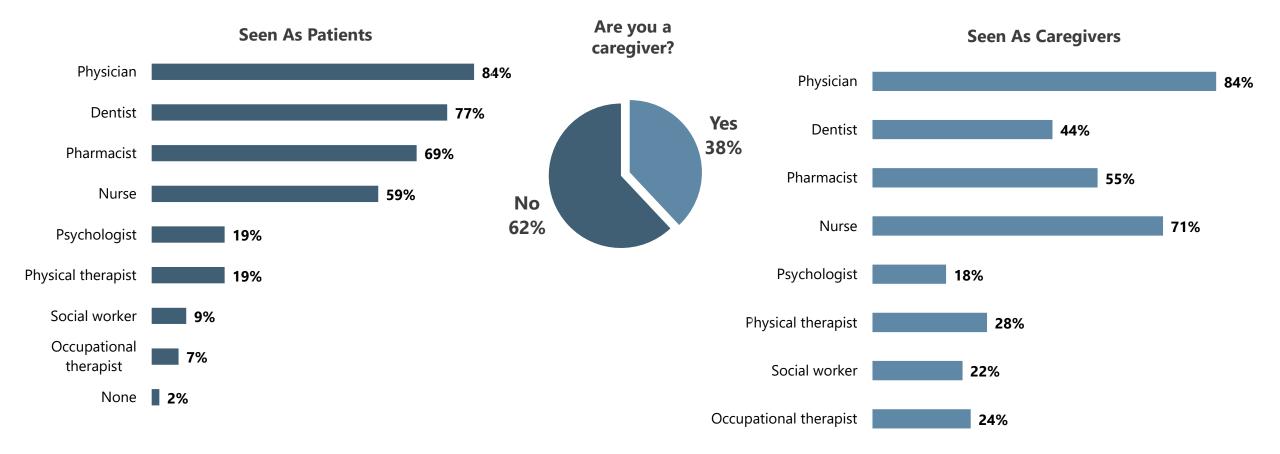
- Physical therapist
- Occupational therapist Physician
- Pharmacist

• Social worker

► 1,000 surveys completed.

- First 750 respondents comprise a representative group of U.S. adults, of which 50 had a reportable issue (6.7%)
- Booster sample collected an additional 250 respondents who had a reportable issue; reportable issue data in this report is based on the combined total of those groups (n=300).

Profile of Healthcare and Counseling Providers Seen in Past Two Years (n = 1000)

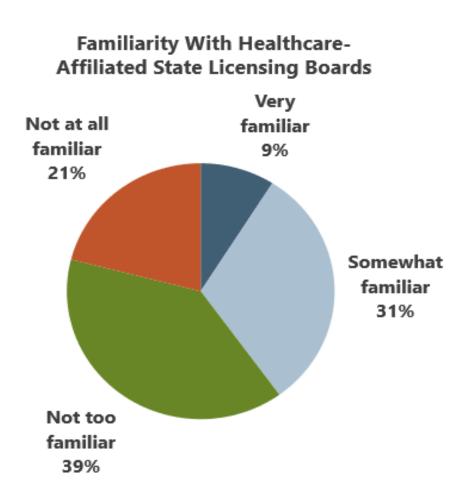


Did you, personally, see any of the following people in person, for health or counseling services, in the past two years? Have you been a caregiver, or have you assisted a family member or friend with health or counseling services in the past two years? As part of assisting or giving care for a friend or family member in the past two years, did you accompany them during a health or counselling visit with any of the following (i.e., you were in the room with the patient while they were seeing the provider)?

Base: Total Patients (n=750); Caregivers (n=282)

STUDY OVERVIEW

Four in ten say they are familiar with regulatory boards (n=1000)



Patients and caregivers are most likely to indicate that they had a reportable issue related to provider incompetency. Issues related to medical conditions or disabilities and age are mentioned next most often. (n=472)

68% Poor care or service that you believe was a result of provider incompetency 61% Bias, discrimination, or an inappropriate comment or gesture related to a medical 43% 39% condition or disability you have Patients 33% Bias, discrimination, or an inappropriate comment or gesture related to your age 33% Caregivers Bias, discrimination, or an inappropriate comment or gesture related to your race 26% 25% or ethnicity Bias, discrimination, or an inappropriate comment or gesture related to your 22% 21% gender or sexual orientation Bias, discrimination, or an inappropriate comment or gesture related to your 18% 21% religion or spirituality A sexual violation or an action you would consider to be inappropriate sexual 15% 15% conduct

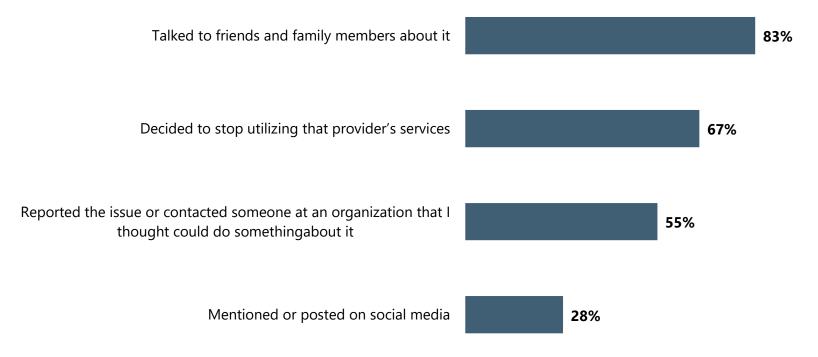
Reportable Issues Experienced in Past Two Years

Patients: During any of your visits with a <PROVIDER(S)> in the past two years, did you experience any of the following? Caregivers: Thinking about the times you were assisting or giving care for a friend or family member in the past two years, during any of your visits with a <PROVIDERS> did you or your friend or family member experience any of the following?

Base: Patients (n=290); Caregivers (n=182)

Fully 96% took at least one of the four actions listed regarding their reportable issue. A very large majority talked to others about it, while more than half to two-thirds reported the issue or stopped using the offending provider's services. (n=300)

Younger respondents—especially younger men—were likely to have mentioned or posted on social media. Those with more education were more likely to say they stopped using the provider's service and to have posted on social media. Older men were less likely to have taken any action.



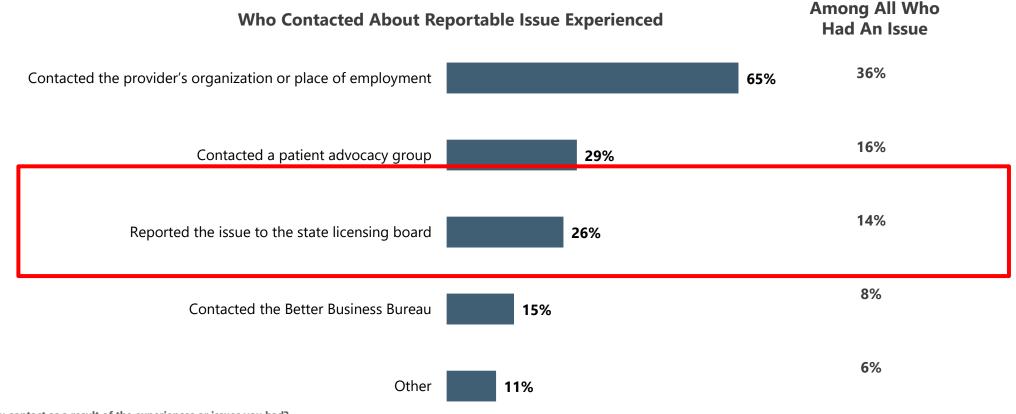
Actions Taken Regarding Reportable Issue Experienced

Which of the following, if any, did you do as a result of having those experiences or issues? Base: Patients and Caregivers who experienced a reportable issue (n=300)

The largest number, by far, say they contacted the provider's organization or place of employment. Just under three in ten indicate contacting a patient advocacy group or the state licensing board, which would be 14% of all those who had an issue.

Those with higher education levels were more likely to have contacted each of the options listed.

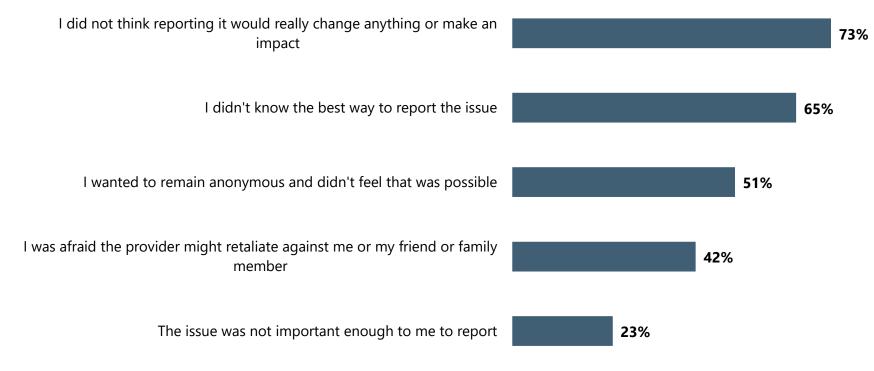
Men were more likely than women to have contacted the Better Business Bureau and men ages 35-54 were more likely to say they contacted the state licensing board than did other groups. Women were more likely to have contacted the provider's place of employment, especially those ages 35-54.



Which of the following, if any, did you contact as a result of the experiences or issues you had? Base: Patients and Caregivers who reported an issue (n=164)

The highest percentage didn't contact their provider's place of employment about the issue because they didn't think it would make an impact. Many say they weren't sure how to report or that they wanted to remain anonymous. (n=188)

Women, especially those ages 35-54, and Whites were more likely to say they didn't think reporting would change anything and that they didn't know the best way to report the issue. Men and those with advanced degrees were more likely to say that the issue was not important enough for them to report.

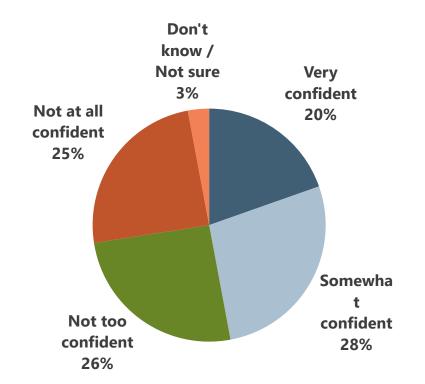


Why Did Not Contact Provider's Place of Employment

Were any of the following reasons why you did not contact the provider's place of employment regarding the issue(s) you experienced? Base: Patients and Caregivers who did not contact the provider's place of employment (n=188)

Just under half are confident that the provider's service or behavior will change as a result of reporting the issue to their organization or place of employment.

Men and younger respondents are more likely to feel confident that the provider's service or behavior will change.



Confidence in Whether Provider's Service or Behavior Will Change

How confident are you that the provider's service or behavior will improve as a result of the issue you reported? Base: Patients and Caregivers who contacted the provider's place of employment (n=107)

REPORTABLE ISSUE SAMPLE

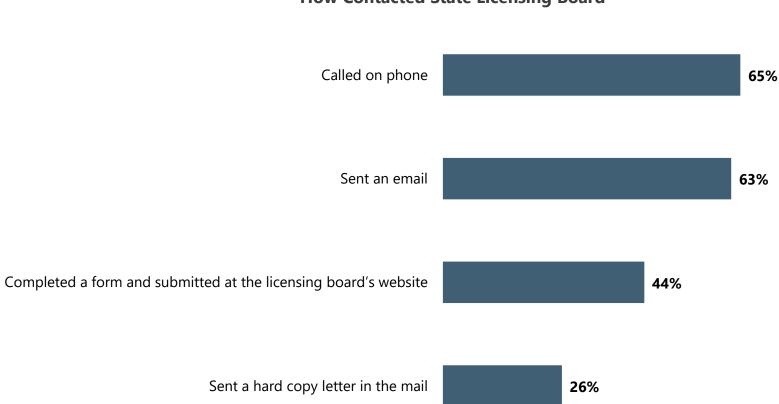
A majority didn't contact the state licensing board about the issue because they didn't think it would make an impact. Fully half didn't know that contacting the board was an option and a third say they didn't know what state licensing boards were (n=252).

Women (especially those ages 18-34) and those not having completed college are more likely to say they didn't know what state licensing boards were or that contacting them was an option, and that they wanted to remain anonymous.

I did not think reporting it would change anything or make an impact 62% I didn't know that contacting the state licensing board was an option 55% I wanted to remain anonymous and didn't feel that would be possible 47% I was afraid the provider might retaliate against me or my friend or family member 35% I did not know what state licensing boards were 33% I was familiar with state licensing boards but did not know that was a service they provide 26%

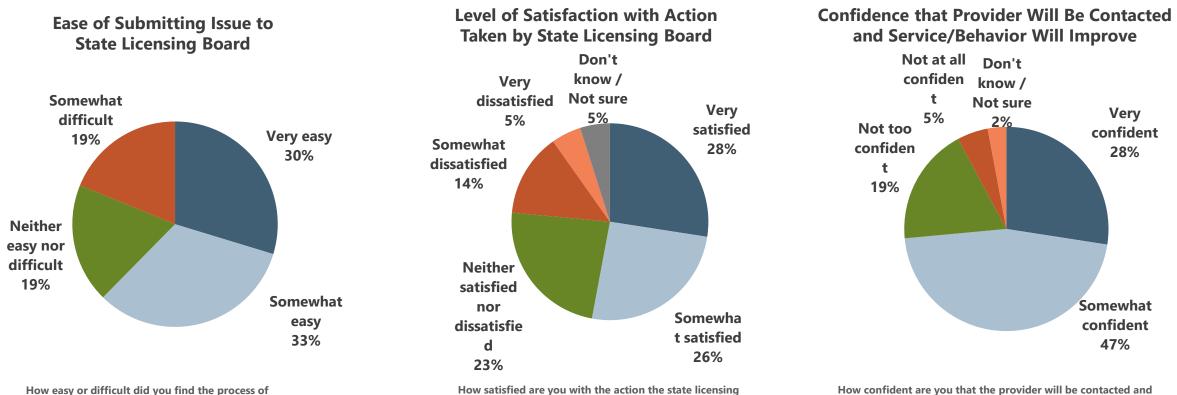
Why Did Not Contact State Licensing Board

Were any of the following reasons why you did not contact the state licensing board regarding the issue(s) you experienced? Base: Patients and Caregivers who did not contact the state licensing board (n=252) Those who contacted the state licensing board about their issue were most likely to have called or sent an email. Just over 40% say they used the board's website to do so.



How Contacted State Licensing Board

You indicated that you reported an issue to your state licensing board. By what method(s) did you do that? Base: Patients and Caregivers who contacted the state licensing board (n=43) The process of submitting the issue to the state licensing board was easy for about 60% of respondents, and about half are satisfied with the action taken by the board. Fully three-quarters feel confident that the provider will be contacted by the state board, and his/her service or behavior will change as a result of reporting to the state licensing board. (n=43)



submitting the issue to your state licensing board?

How satisfied are you with the action the state licensing board took related to the issue you reported? How confident are you that the provider will be contacted and his or her service or behavior will improve as a result of the issue you reported? A host of issues are named when asked how the submission process to state licensing boards could be improved, including better follow-up, direct contact with agents, and an easier submission process. (n=43)

Improve Follow-Up

After my initial email explaining the issue that happened, I received an email with a form for me to fill out with my claim of the issue that happened with the provider. They said I was doing a grievance form against the provider and that actions would be taken if they found that my provider was being discriminative against me for my said medical issue. After I pulled out the form and emailed it back, I received one email stating that they received it and then heard nothing back.

Better follow up about the aftermath.

Receiving some sort of notification that the issue was addressed with the specific party. That would have given me some peace of mind.

Quicker response.

Better or Direct Contact with Agents

Better access to people who could actually change the way things are done.

Direct person to person contact.

Personal contact? Not a recording.

Provide better and efficient support is most important.

They're being rude. Not helping enough. They are responsible of their duty.

Having a meeting with a representative in person would have been very helpful, including confirmation that the applicable medical provider was indeed spoken to and/or reprimanded.

Improve Outcome

Disciplinary action against the provider.

Having someone actually take action.

For people's voices to actually be heard.

I live in Florida, they don't care.

Easier Submission Process

I want more easy service.

I'm not really sure, it was very awkward.

The process of reporting it and how long it takes to get a response.

I would say just better responsiveness and better directions on how to go about the whole process.

Make this more easy.

Not having a bunch of paperwork to fill out; would have been easier for them to document in my words and send me the statement to sign.

Miscellaneous

I had patience. I gave them time to look over my report.

It could have been worse than it was.

Overall, it's just about listening to the patient, as well as the patient's beliefs.

The action could have been resolved sooner if I had spoke up sooner instead of let it be an ongoing thing for a while. The doctor's reactions could have come off not so rude and more empathic to the situation to better understand how one was feeling at the time of situation.

They have a dedicated submission module which makes it easier for me.

What, if anything, would have made the process of reporting or your feelings about the outcome of your submission to the state licensing board better? What could be improved? Base: Patients and Caregivers who contacted the state licensing board (n=43)



FSBPT Sexual Misconduct & Boundaries Committee -- Resources

https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Sexual-Misconduct-and-Boundary-Violations

MORE THAN UNPROFESSIONAL? SEXUAL MISCONDUCT IN PHYSICAL THERAPY A RESOURCE FOR PROVIDERS



WHAT IS A THERAPEUTIC RELATIONSHIP?

A therapeutic relationship between a patient/client and the provider is built on trust, respect, sensitivity, duty, and power. Aspects of a professional relationship include payment for services, limited duration of the relationship, a professional location for all interaction, structured conversation, and limited purpose for contact.

A provider must constantly re-evaluate his/her professional boundaries, be aware of the power imbalance between the clinician and patient/client, and repeatedly seek informed consent for procedures that involve touch.

THE PATIENT-PROVIDER RELATIONSHIP DEPENDS ON THE ABILITY OF THE PATIENT TO HAVE ABSOLUTE CONFIDENCE AND TRUST IN THE PROVIDER.

WHAT IS SEXUAL MISCONDUCT?

- Any behavior that exploits the patient-provider relationship in a sexual way
- May be verbal or physical, including thoughts or feelings of a sexual nature or that a patient/client may construe as sexual¹
- Obvious examples include sexual abuse, sexual assault, and sexual harassment
- Less obvious examples include dating, flirting, and socializing with a patient/client
- Therapists are trusted and respected by their clients it is not

POWER DIFFERENTIAL

An inherent power balance or imbalance exists between two individuals in a relationship or within a single interaction. Healthcare providers must be aware of and not underestimate their influence on a patient/ client and how their inherent power may significantly impact the meaning or intent of a comment, touch, or interaction.

INFORMED CONSENT

The process in which patients are given important information regarding the possible risks, benefits, and alternatives of their care plan, allowing the patient to elect or reject

WHAT NOT TO DO:

- Discuss intimate or personal issues with a patient/client
- Flirt with a patient/client
- Keep secrets with a patient or for a patient
- Discharge a patient/client in order to date them
- Meet a patient/client outside of the care setting
- Give out personal contact information to select patients/clients
- Communicate privately with a patient via phone or social media
- "Friending" a patient/client on social media
- Engaging in a sexual or romantic relationship with a patient/client, even if consensual

AREAS OF CONCERN:

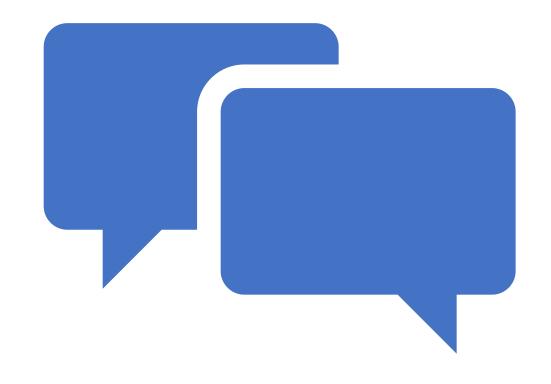
- Spending more time with a patient/client than a treatment requires
- "Following/Liking" patients/clients on social media
- Socializing or communicating with a patient/client outside of clinical hours
- Inappropriate sexual jokes and comments (either by the provider or the patient/client)

WHAT TO DO:

- Be sensitive to the inherent power imbalance between a patient/client and the provider
- Keep the relationship with the patient/client professional
- Review informed consent, the purpose of treatment, and receive ongoing consent
- Give the patient/client permission to ask questions at any time
- Provide contact information through clinic/business contacts, not personal contacts
- Establish workplace policies regarding the use of chaperones, patient/client contact outside of the care setting, and gift giving
- Acknowledge the professional duty to report sexual misconduct and boundary violations.
- Review state rules/statutes regarding sexual misconduct
- Be informed understand the prevalence of sexual abuse and the impacts past sexual trauma may have on the patients/clients you treat
- Be vigilant about potential perceived boundary crossings and make corrections

E4– Discussion

2023 FSBPT Annual Education Meeting: Other Highlights



F – Other Business



II - Adjourn

Next Board Meetings:

January 2024

- Executive Session 1/17 4:00 PM
- Public Meeting 1/19 8:30 AM

https://www.oregon.gov/pt/Pages/meetings.aspx