

WV BOARD OF RESPIRATORY CARE
106 DEE DRIVE, SUITE 1
CHARLESTON, WV 25311

BOARD MEETING MINUTES – DECEMBER 20, 2017
(Proposed)

Presiding: Tracy Matthews
Present: Barbara Folden, Regina Gillispie, Eric Hawkins, Len Picha, Dr. Ihle, William Boring
Absent: None
Recording: Nancy Massey

Proposed Agenda

Dr. Ihle motioned to approve the proposed agenda. Eric Hawkins seconded. Motion carried.

Board Minutes; September 20, 2017

Eric Hawkins motioned to approve the September 20, 2017 minutes. Dr. Ihle seconded. Motion carried.

Executive Session – Eric Hawkins motioned to go into executive session to discuss disciplinary issues. Len Picha seconded. Motion carried.

Regular Session – Eric Hawkins motioned to return to regular session. Regina Gillispie seconded. Motion carried.

Disciplinary Actions –

17-86 Lipinski – Eric Hawkins motioned for the board to find probable cause for disciplinary action. William Boring seconded. Motion Carried. Board directed work records be subpoenaed. 17-96 Lifeguard and 17-29 Advanced Home Care – Dr. Ihle motioned the board to dismiss as “no jurisdiction” and to forward both complaints to WV Medicaid Fraud Unit. Len Picha seconded. Motion carried.

Respiratory Therapist Need in WV –

Discussion ensued regarding the shortage/need for Respiratory Therapist in the State of WV as expressed by the accredited educational programs and several healthcare facilities. Dr. Ihle motioned the board to put information and links on our website to promote the profession. Len Picha seconded. Motion carried. Tracy will meet with educational facilities regarding this issue.

Reed, LLC; Scope of Practice Inquiry –

Discussion ensued on this inquiry. Dr. Ihle motioned to forward this letter to board’s attorney for clarification and written response. William Boring seconded. Motion carried.

WV DHHR – Scope Conflict –

Discussion ensued regarding the Point of Care license. WV DHHR representative says our Respiratory Therapist need to have this POC in the State of West Virginia. WV DHHR’s own statute excludes Licensed Respiratory Therapist from this requirement. Board concurs that

procedures requiring a POC is within a Licensed Respiratory Therapist scope of practice as defined in our board's statute. Therefore, RT's do not need an additional POC license. Barbara Folden motioned for Tracy Matthews to send a written response to WV Department of Health and Human Services, Office of Laboratory Services official stating the board's position that RT's do not need a POC license and cite the language in DHHR and our statute. William Boring seconded. Motion carried.

Legislative Oversight Committee Recommendation for DHHR Reorganization –

Tracy Matthew presented a review and summary of this committee's recommendation as to how it may affect our board/RT profession. Mr. Matthews will monitor any bills which may get introduced regarding this committee report and any other proposed legislation that concerns the practice of respiratory care.

Meeting Reviews –

- Tracy Matthews presented the board with a review of the agenda topics for the AARC Congress in Indianapolis on October 4 – 7, 2017. Discussion ensued on informational topics the board felt may be a concern for our practitioners.
- Len Picha represented the board at the AACYP Conference on October 3 – 6, 2017 held in North Charleston, SC. Mr. Picha presented topics of interest and benefit for the RT profession in our state and the national level. A detailed written summary is attached.
- Regina Gillispie represented our board at the MEDTRADE Conference in Atlanta, GA on October 23- 26, 2017. Ms. Gillispie presented topics of concern to the profession of respiratory therapists practice. Discussion ensued on all topics presented by Ms. Gillispie.
- Len Picha attended the WV American Association's Lung Expo on November 13th in Charleston, WV. Mr. Picha stated this expo was very well attended by patients, caregivers, practitioners and providers. Discussion ensued on topics of Asthma, COPD, Lung High Resolution CD, E-cigarette dangers, and palliative care of chronic lung disease. Dr. Ihle presented on Asthma COPD Overlap syndrome.
- Nancy Massey and Eric Hawkins attended the WV Auditors Licensing Board Seminar held on November 29, 2017 in Charleston, WV. Agenda topics were addressed with members of the board.

Administrative Issues – Nancy Massey

- YTD FY2018 Budget/Expenses/Revenues
- Nancy Massey presented PCard purchases to the board for review and approval. Regina Gillispie motioned to approve the PCard purchases and Len Picha seconded. Motion carried.
- 2018 Renewal Statistics; 427 of 1756 licenses have not applied for 2018 renewal. 11 days remain to renew at the \$65.00 rate.

Adjourn – Eric Hawkins motioned. Barbara Folden seconded. Motion carried.

Recording - Nancy J. Massey, Executive Secretary

AACVPR SUMMARY REPORT

Oct 6-9, 2017

Len Picha, RRT

The 32nd Annual AACVPR meeting in Charleston, SC was well attended by approximately 2200 practitioners and providers across the United States. Below is a summary of some of the topics presented.

1. Developing a Pulmonary Rehab Service

This session is designed for those who are new to pulmonary rehabilitation, those who are developing new pulmonary rehabilitation programs, and those who are seasoned veterans but looking for new ideas. The session will discuss essential components of a pulmonary rehabilitation/respiratory services program, identify appropriate candidates, and define rules for reimbursement. Disease self-management training as part of a pulmonary rehabilitation/respiratory services program will be presented, as well as a discussion of documentation requirements, and participant and program outcome measurement. The roles of the pulmonary rehabilitation program coordinator/director as well as the role of the medical director will be described. Models for program operation will be described to assist the learner in adapting a pulmonary rehab program to the current health care environment. Identify essential components of a pulmonary rehabilitation/respiratory services program. Discuss the rules for reimbursement as outlined by the Centers for Medicare and Medicaid Services, including specific Local Coverage Decisions. Discuss documentation requirements as well as participant and program outcome measurement. Discuss the roles of the Pulmonary Rehabilitation Program Coordinator/Director and Medical Director, as well as models for program operation

2. Roadmap to Reform (R2R):

After attending this session, participants will be able to: Assess their program's strength and weaknesses
Build new initiatives to enhance their program's sustainability. Design effective methods for improving patient adherence and compliance. Understand challenges of the forthcoming regulatory environment.
Non-physicians engaging physicians to improve programs referrals

3. Medicare Policy & Reimbursement in 2018-

Presented by: Karen Lui, BSN, MS, MAACVPR; Jane S. Knipper, RN, BSN, MA, AE-C, MAACVPR

CMS (The Centers for Medicare & Medicaid Services) revises coverage and payment rules for Medicare beneficiaries on a regular basis. The transition from the traditional Fee-for-Service model to value-based models has led to more significant changes in recent months. Consequently, cardiac and pulmonary rehabilitation programs need to stay relevant in a payment paradigm where quality and cost are increasingly the primary outcomes CMS focuses on. This session will provided an update of current and potential Medicare regulations applicable to cardiac and pulmonary rehabilitation services . Attendees reviewed Medicare regulations that guide cardiac and pulmonary rehabilitation services in 2017. Attendees recognized future implications for cardiac and pulmonary rehabilitation based on changes occurring with other Medicare services. Attendees described coding and billing changes that could involve cardiac and pulmonary rehabilitation services in 2018 and beyond.

AACVPR SUMMARY REPORT

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4. Advances in the Management of Pulmonary Hypertension and the Role of Rehabilitation

Presented by: Nicholas Hill, MD The presentation will discuss the present classification system, new approaches to management of the more prevalent pulmonary hypertension groups and the role of rehab in enhancing the response to medical therapy. Understand the classification of pulmonary hypertension. Become familiar with the therapeutic approach to the more prevalent groups of PH. How to incorporate a rehabilitation program with medical therapy for PH.

5. Exercise Prescription in Pulmonary Rehabilitation and Considerations for Exercise Training

Presented by: Kim Eppen, PT, PhD Exercise training is a core component of pulmonary rehab. The effectiveness of exercise training is largely dependent upon the quality of the exercise prescription. Successful exercise prescription is based upon scientific principles and the artful application of those principles to individually tailor programs while keeping disease-specific considerations in mind. This session will provide an opportunity for people of all levels of clinical experience to come together and share in an interactive learning activity related to exercise prescription and training for people in pulmonary rehab. The format will include interactive, case examples designed to be applicable to your clinical practice. Identify core components of exercise prescription. Review current evidence-based exercise prescription guidelines. Discuss how to apply exercise prescription principles when designing individualized exercise training programs

6. Measuring Patient Acuity of Rehab Patients

Presented by: Eunice A. Lisk, MS and Maria Cantito, RN-BC Establishing and documenting patient acuity is vital to ensuring patient safety, developing appropriate care guidelines, and formulating staffing needs. With the acuity of CR patients on the rise, treatment plans must reflect the complexity of these populations. CR programs are treating patients with more complex medical needs, for example, patients with VADs, Diabetes, and heart failure. Learn how one hospital began measuring acuity and what they've done differently to treat these populations, ensure safety, and more accurately measure progression as well as overall health outcomes. Participant learned how to recognize and assess medical acuity of the Cardiac Rehab patient. Participant will be able to implement safety guidelines for complex patients. Participants will gain information on how to more accurately measure progression and overall health outcomes. Participant will gain knowledge on proper safety protocols and staffing requirements

AACVPR SUMMARY REPORT

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Len Picha, RRT

7.COPD Re-admission Reduction Program; Pulling Pulmonary Rehabilitation Into The Mix

Presented by: Jill Ohar, MD Summarize our institution's successful efforts to reduce COPD re-admissions: new COPD educator at bedside, COPD clinic on-site (RRT's, CRNP) and RT's do home visits, Pulmonary Function Specialists, Pulmonary Rehabilitation staff, and respiratory care staff. In order to be successful RT/Pulmonary staffs are assessing the continuum of care for our patients at each touch point. Our health system has shown a decrease in COPD readmits since meshing all the groups into a cohesive work group that shares information across the continuum in order to provide the best patient outcomes, and better their quality of lives. How to work together to assess and educate at each patient touch point. How best to utilize a COPD educator at the bedside/in-house. How to start a COPD clinic at your institution. To show the successful reduction in re-admissions for COPD patients since the start of our programs.

8.Self-Management in Cardiac and Pulmonary Rehabilitation Patients: A Review of the State of the Science and Empirically Supported Treatments

Presented by: Carly M. Goldstein, PhD and Emily Gathright, PhD Cardiac and pulmonary rehabilitation patients face numerous challenges throughout their rehab participation. In particular, many struggle to achieve lasting behavior change and improvement in disease self-management. Self-management, the practice of managing one's own health on a day-to-day basis, is important for reducing risk of poor outcomes. Although there are many barriers to adequate self-management, there are a few that are especially common and modifiable. Patients struggle in the areas of diet, physical activity or exercise, and medication adherence during rehab as numerous changes are being made, and even more so when the supportive rehab environment is withdrawn. In addition, cognitive impairment may impede behavior change efforts and may represent an additional target of intervention. Research on self-management in cardiac and pulmonary disease is somewhat limited, but self-management research in related conditions can offer important perspectives on what constructs may determine success, as well as what interventions may be effective in this population. The purpose of this presentation is to review the state of the science of self-management in our patient population as well as related groups because these literatures contain innovative lessons that can be applied to individuals with cardiovascular and pulmonary disease. Attendees will learn about effective, empirically-supported interventions that have implications for translation into cardiac and pulmonary rehabilitation contexts. They will leave with an increased understanding of the barriers to self-management that their patients experience, as well as ideas for empirically-supported treatments they may be able to implement within their programs to aid patients in achieving and maintaining adequate self-management during and after rehabilitation participation. Describe what is known about self-management of issues that affect cardiac and pulmonary rehabilitation patients. Identify problematic self-management areas that affect our patients including diet, physical activity maintenance, and medication adherence, as well as how cognitive impairment may impede behavior change. Examine empirically supported treatments designed to target self-management for principles relevant to cardiac and pulmonary rehabilitation patients. Examine how specific treatments could apply yet may need to be modified for cardiac and pulmonary rehabilitation patients



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December 20, 2017

WV Board of Respiratory Care
Re: P-Card Usage

As required by the Director of Purchasing Card Division from the WV State Auditor's Office, I am presenting the following charges to the Board's purchasing card since the last board meeting of September 20, 2017 for approval.

Date	Vendor	Item	Total
9/8	AARC	Matthews Registration	550.00
9/19	Sudden link	2 Months DSL	416.72
9/25	American Lung	Picha Registration	60.00
9/18 - Ghost	Marriot IN	Matthews Hotel Deposit	208.26
9/25 - Ghost	Embassy SC	Picha Hotel Deposit	201.15
10/3	Champion Ind	Renewal Card/Stickers	1745.86
10/4 - Ghost	Marriott IN	Matthews Hotel	1041.30
10/9 - Ghost	Embassy SC	Picha Hotel	410.33
10/23 - Ghost	Omni GA	Gillispie Hotel	821.61
10/31	Sudden link	1 month Oct DSL	207.35
11/16	Office Max	tape, AA battery, Ink cart, AAA battery, bl pens, blk pens, labels, photo paper, asst pens	363.78

This report and all receiving/back up documentation is hereby presented for perusal. This matter is to be included in the minutes for the December 20, 2017 meeting of the Board and copied to the Director of Purchasing Card of the WV State Auditor.


Nancy J. Massey
Coordinator and Card Holder

WVALA LUNG EXPO

Charleston, WV

Nov 13, 2017

Len Picha, RRT

The Lung Expo was well attended with patient, caregivers, practitioners and providers. Programs presented offered updated information on cancer treatment. The best evidence based medicine for managing Asthma and COPD. Latest trends in smoking cessation techniques including E-cigarettes. Dr. Ihle presented on Asthma COPD overlap syndrome. The new CDC recommendation guidelines for Lung High Resolution CT was presented. The need for involving palliative care early on in chronic lung disease was also discussed. The meeting was very informative and good for networking with other providers in WV.