

ALABAMA BOARD OF PHYSICAL THERAPY
100 North Union Street, Suite 724
Montgomery, Alabama 36130-5040
Regular Board Meeting
April 21 & 22, 2017

Meeting held at Perdido Beach Resort

- I. Call to Order** – The meeting was called to order by Chair Wiley Christian at 10:04AM. Members present were, Adams, Christian, Hobbs, McGriff, Molyneux and Strunk. Also in attendance were Matt Bledsoe, legal counsel, Dr. Michael Garver, Wellness Committee Manger, Sheila Wright, Executive Assistant III, and Jeffrey Vinzant, Executive Director.

Open Discussion – Chair Christian greeted all members and opened the floor to comments. Members Molyneux and Adams commented on the list of candidates for the two upcoming openings agreeing that there has been positive responses. Brief comments from Vinzant and Molyneux on our PT to PTA licensee distribution and the balance in numbers between the two. Member Strunk mentioned that the current contract with the ALAPTA and Perdido is only good through 2018 and the Association is researching options of how it can handle meeting differently in the future. Overall, attendance at the meeting is down and more than half of the participants are students. This may impact the Board in future spring meetings, more to come as she obtains details. Vinzant pointed out to the group that the August meeting had moved from Ross Ridge to the Westin in downtown Birmingham by the Civic Center.

- II. Minutes** – Upon brief discussion of February minutes, motion to accept minutes of February 9th meeting was made by Molyneux, seconded by Hobbs. Members Christian, Hobbs, McGriff, Molyneux and Strunk voted in approval, Member Adams abstained.

III. Reports

Wellness Committee Report—Chair Christian advised the members that the order of reports would be modified to allow Dr. Garver the opportunity to personally report on the status of the Wellness Program. With no objections, the floor was opened to Dr. Garver. Dr. Garver began with reviewing the status of all participants in the program and are all in compliance. Dr. Garver reviewed with the members the details of the Wellness Program. Discussion included comparison of the PT Board program to other licensed profession programs that Dr. Garver manages. Vinzant and Garver discussed payments of the participants and getting caught up on past due payments. McGriff reviewed a conversation of operational and cost aspects of the program that he had with Dr. Garver. Dr. Garver reviewed the commitment that he is available to the participants on a 24 hour basis, and the management of the program is outside of an 8 to 5 basis. Dr. Garver pointed out that the \$40,000 annual fee will cover up to 20 participants a year. He outlined the difference in cost of an annual sum versus a per person rate. Adams inquired as to the overall process

of an individual who enters the program. Dr. Garver reviewed a typical individual's care cycle starting with evaluation through entering the program including duration and challenges of the participants. Biggest challenges is participants usually have exhausted their financial resources and must obtain funds from other sources. Typically, once out of treatment, they can resume employment under the supervision of the program. Dr. Garver reviewed his interactions with individuals if they don't adhere to the program's conditions. Dr. Garver reviewed what happens with participants if they fail in the program and steps that are taken to bring them back into compliance. Chair Christian wrapped up the discussion with thanking Dr. Garver for the detailed review of the program and explanation of the details of the program.

New Licensees Report – presented by Sheila Wright. From the period of January 19, 2017 through March 31, 2017: 56 Physical Therapists licensed, 36 by endorsement, 24 by exam. 21 Physical Therapist Assistants licensed, 12 by exam, 9 by endorsement. 3 FCCPT reports, 2 substantially equivalent to CWT 5 and one not substantially equivalent. Ms. Wright pointed out to the Board that as of January 1, 2017, FSBPT will begin using CWT 6 on all foreign trained applicants. Ms. Wright requested member Adams to assist with a review of the new standard and advise. Adams did inquire as to the number of students who graduate from Alabama schools who take the exam out of state, get licensed in another state, then come back and apply via endorsement. Wright acknowledged that there are some but we don't have exact numbers.

Violations Committee Report –Case #17-2-7 Alleged sexual misconduct. Currently case is in a pending status awaiting a forensic report. Violations Committee is keeping this case open as pending. Case #17-4-27 Alleged falsification of treatment records. Violations committee recommendation to write the licensee a letter of concern. Motion to accept recommendation by Molyneux, seconded by McGriff, motion passed unanimously. Case #17-6-31 Self-reported of deficiencies in properly adhering to IEP and records. Violations Committee recommended letter suggesting additional continuing education. Motion to accept by Molyneux, seconded by Strunk, motion passed unanimously.

Report from the Executive Director – Vinzant provided a report on the previous two months activities in the administrative office. (Attachment A)

Communications Committee Report – presented by the Executive Director. Vinzant presented review of email and Facebook activity. (Attachment B)

Financial Report – presented by the Executive Director of activity through March 31, 2017. (Attachment C)

IV. Correspondence / FYI

Vinzant reminded all that the Statement of Economic Interest is due Monday, May 1, 2017, please make sure you visit the website and complete this on a timely basis.

Vinzant reviewed the status of HB 17 & HB 111. As of this meeting, HB 17 is still in session awaiting a final vote. HB 111 is still awaiting Governor's signature. Vinzant

pointed out that the Legislature's website may be behind and there is no reason for concern on these two items passage.

V. Unfinished Business

Administrative Code was brought up for discussion. The timeline for open comments had been completed and the recommendation to certify the new Administrative Code was agreed upon by all.

At 11:19 AM, a motion to pause the meeting for Public Hearing and open comments was made by Molyneux, seconded by Christian, motion passed unanimously.

The meeting was open for public comments. Visitor Dr. Dennis Fell briefly commented that he liked the streamlined version and saw no issues with the document. Chair Christian solicited for any other public comments. With there being none, the motion to come out of Public session was made by Hobbs, seconded by Strunk, motion passed unanimously.

McGriff made a motion to certify the Administrative Code, seconded by Hobbs, motion passed unanimously. Brief discussion afterwards included the process of now it goes back to Legislative Reference Service for a 45 day period for the public to solicit the Legislature for changes. After that period, the new Administrative Code goes into effect. Bledsoe commented that it should be in place before our renewal cycle begins. Adams inquired of when it will go to FSBPT. Christian mentioned it will be sometime after January 2018 before the Jurisprudence exam will reflect the changes.

Pharmacology and Therapists issue, Board member Strunk prepared a draft of statement and policy position for the Board Members to review. (Attachment D) Strunk reviewed with the detailed points. Strunk pointed out that APTA has a task force working on this issue concurrently and she has been involved in some of the meetings. Discussion focused on the increase in drug education in the therapy programs and the overall premise that this is covered in our Practice Act. The finding is that most new grads are educated and educational opportunities exist for those not confident in drug reconciliation. Adams inquired about where PTA's fit in the equation. The point was made that most PTA's in a home health setting inquire from patients if medications were taken. Christian mentioned that he felt Strunk had provided the necessary documentation to proceed with letting therapists know this is in the scope of our practice if properly trained and recommended that the item be tabled to next meeting so a formal response to licensees could be formed.

Consumer Member update. Vinzant explained to the board that the nomination was still in the Governor's Office and that in a conversation with personnel at the Governor's office, Board appointments will more than likely be filled as soon as the regular session is over in a couple of weeks. There is currently about 100 appointments yet to be completed. Ours is in that group and the general feeling is that the new Governor will be getting to them once the session is over.

VI. New Business

PTA Board Members North / South designation. Vinzant pointed out this became a concern when sending out the notice soliciting nominations for the Board. For the immediate use a line was drawn across the state just above Montgomery/Prattville to get a balance of the population. After some discussion, Bledsoe recommended contacting the Examiners Office for a formal opinion.

PT's and DOT Exams. Can a PT perform a portion of a DOT exam? After some discussion it was decided to forward the form to Bledsoe for review and advice.

Department of Defense / AL Licensees concerns. Alabama licensees are inquiring if they are in violation of their license conditions if they are being asked to train non-medical personnel to provide service on a military base. After discussion, it was decided that the Board strongly disagrees with the practice, but a licensee is not in violation of their license as long as they are being directly instructed to do this and only adhering to this practice on the military base and not in the public off of the military installation.

Select Delegate, Alternate Delegate and Funded Administrator for FSBPT Leadership Forum on July 29 & 30, 2017 in Alexandria, VA. Strunk was selected as Delegate, Hobbs selected Alternate Delegate.

Board nominations were discussed. We will meet at 11:30AM Saturday, April 22 to accept nominations from the floor. Current nominees are:

- PT—District 4
 - Alina Adams
 - Cory Henderson
 - Andrea White
 - Gilaine Nettles
- PTA—Southern region
 - Jennifer Franklin
 - Randi Borego
 - Alvin Trotter

Proposed Future meeting dates:

- December 7, 2017
- February 15, 2018
- April 20-21, 2018
- June 21, 2018

VII. ANNOUNCEMENTS

Scheduled board meetings:

July 13, 2017 (Board Office, Montgomery)
August 11, 2017 (Westin Hotel, Birmingham)
October 12, 2017 (Board Office, Montgomery)

Adams motioned to move the July meeting to July 18th. Seconded by Molyneux. All voted to change meeting to July 18, 2017.

MOTION TO RECESS MEETING TILL SATURDAY AT THE ALAPTA GENERAL SESSION MEETING. Motion made by Christian, seconded by Adams. Motion passed unanimously.

Meeting recessed at 12:09PM.

Meeting reconvened at 11:45AM, Saturday, April 22, at the General Business Meeting of the ALAPTA. Members in attendance were Adams, Christian, Hobbs, Molyneux, McGriff, Strunk, and Sheila Wright, Matt Bledsoe, and Jeffrey Vinzant.

The Board opened nominations from the floor for the PT position representing District 4. Lavon Beard was nominated.

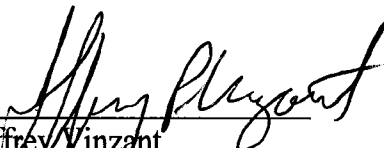
The Board opened nominations from the floor for the PTA position representing the Southern section. Dennis Campbell and Cindy Elliot were nominated.

Motion to close nominations made by McGriff, seconded by Hobbs. Motion passed unanimously.


Motion to adjourn meeting made by Molyneux, seconded by McGriff. Motion passed unanimously.

IX. ADJOURN

The meeting adjourned at 12:01PM, Saturday, April 22, 2017.



Jeffrey Vinzant
Executive Director



Wiley Christian, III
Board Chair

Alabama Physical Therapy Wellness Committee

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04.10.2017

Gentlemen/Ladies:

I am glad to report that all these Physical Therapy Health Professionals are all fully compliant at this time. I want to express their gratitude to a Board who has taken the stance to be a part of rehabilitation of its constituents.

PTA D-14-01 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-14-02 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA 09-08-34 (Public) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-15-01 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PT D-15-03 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-15-02 (Deferral) is currently under contract and is compliant with all of the treatment center recommendations.

PT D 16-01 (Deferral) has signed documents, is under contract and is compliant with all reports and all screens are negative

PTA D -16-03 (Deferral) Is having a substance abuse evaluation (alcohol) after calling and self-reporting to me problems with alcohol.

PT D-17-1 (Deferral) has completed treatment (alcohol) and is being monitored by us.

PT D-17-2 Has completed treatment and is being monitored by our committee

PT 17-4 Has completed signing documents and is being monitored by us as of April 9, 2017

We are presently working with re-signing up PTA D16 (Who dropped out for financial reasons) probably in the next week

All these individuals have mentors, and all are involved in the profession of Physical therapy at this time.

Please note that with one exception, ALL the participants in this program are deferrals who have self-reported. This just simply outstanding. Wherever I go, and speak to health professionals and Boards. I remind them of your foresight in having a deferral arm of your program from its inception. Please feel free to share this with any constituents or anyone who asks about your program!

Mike Garver

REPORT FROM THE EXECUTIVE DIRECTOR
April 21, 2017

Since our last meeting, the new Administrative Code was submitted to Legislative Reference Services and is in the system for final review and approval. I was very excited to get the completed work done by Matt and the Board over to the service and get the ball rolling on our new code.

Ms. Wright and I made visits to Calhoun Community College in Decatur and South University in Montgomery to meet with the graduating PTA's in those two programs and begin the licensure process. Upcoming in the first week of May we have visits scheduled to South Alabama, Dothan, and Bishop State.

On March 16 through April 5, the Examiners Office began their review of the period of October 1, 2014 through September 30, 2016. The draft of the written findings should be available for all sometime in early May. For the most part, there are no major violations or problems. What will come out of the report will be minor items that going forward, attention to details should correct.

As of March 21, the financial processes of the Board's operation moved totally into the STAARS system. I had met Ms. Kathleen Baxter, who is the Acting Comptroller, at the AARB meeting in late November. She announced at the meeting they were looking for manual processing agency's to move into STAARS. I introduced myself and mentioned to her that I was new, did not know the old system, and would like to be considered for the move. We were contacted in March and made the move. Overall, it has its challenges, but in the end, there was no point in putting off the inevitable.

As always, thank you to all board members for your service. On the personal side, thank you for your guidance.

COMMUNICATIONS COMMITTEE REPORT
April 21, 2017

Blast e-mails were sent:

February 16th announcing changes to Administrative Code & Board Nominations
March 6th included the Spring Newsletter
April 4th special reminder of Code changes & Nominations

Facebook activity:

February 16th post on Board nomination
March 7th post a video from Move Forward PT
March 10th post from American PTA
March 15th post from APTA about Dennis Fell
March 27th post from Alabama PTA about early professionals
March 30th post from Alabama PTA about Spring Conference
April 4th post on Nominations and Administrative Code

Adverse drug events (ADEs) have been shown to be one of the most common types of adverse events after hospital discharge (*Agency for Healthcare Research and Quality, July 2016*)¹. Ensuring safe care transitions includes medication reconciliation, instructing patients and caregivers in self-care methods and facilitating communication with physicians. The Centers for Medicare and Medicaid Services currently requires providers in different settings, either as a condition of participation or to obtain full payment for services, to perform medication reconciliation and/or a drug regimen review, including:

- Home Health Agencies
- Physical Therapists in Private Practice, or working incident to the services of a Physician

Moreover, because of the Improving Post-Acute Care Transitions Act of 2014 (IMPACT), skilled nursing facilities, inpatient rehabilitation facilities and long term acute care hospitals will also be required to complete a medication reconciliation on all patients they admit.

The practice of physical therapy is comprised of many facets of care and oversight. While the list of responsibilities and activities associated with physical therapy is lengthy, the first and foremost concern is to ensure the patient is safe and care that is provided does not jeopardize the health and well-being of the patient.

To meet this obligation, the physical therapist must act in good faith to:

- Provide a comprehensive evaluation/examination regardless of practice setting
- Consider intrinsic and extrinsic factors that would impact a patient's ability, progress and outcome associated with care
- Determine factors that need to be considered when establishing a care plan
- Understand the impact and potential adverse effects of exercise and/or activity may have on a patient

A comprehensive review of medications is an integral part of this obligation. Medications can impact a patient's condition or inhibit a patient's anticipated progress while under a therapy plan of care.

Agency, facility and company policies may differ in how they define elements of medication review. For purposes of this document, the following definitions apply:

Drug Regimen Review - A review of all medications the patient is currently using to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and non-compliance with drug therapy. (Home Health Conditions of Participation 484.55c)

Medication Reconciliation – The process of creating the most accurate list possible of all medications a patient is taking – including drug name, dosage, frequency, and route – and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points (Institute for Healthcare Improvement; <http://www.ihl.org/Topics/ADEsMedicationReconciliation/Pages/default.aspx> Accessed 4/19/2017)

Medication Management - Definition adopted by the pharmacy profession in 2004 inclusive of a service or group of services that optimize therapeutic outcomes for individual patients. Includes medication therapy review, pharmacotherapy consults, anticoagulation management, immunizations, health and wellness programs, and many other clinical services. Pharmacists provide medication therapy management to assist

¹ <https://psnet.ahrq.gov/primer/primer/11>

patients in achieving the best benefits from their medications by actively managing drug therapy and by identifying, preventing, and resolving medication related problems. (American Pharmacists Association; <http://www.pharmacist.com/mtm> Accessed 4/19/2017)

Physical Therapists are qualified to perform a drug regimen review and medication reconciliation. The *Standards and Required Elements for Accreditation of Physical Therapist Education Programs*, developed by the Commission on Accreditation in Physical Therapy Education (CAPTE)² includes Standard 7:

The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

Required Elements:

7A: The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, and psychosocial aspects of health and disability.

The Centers for Medicare and Medicaid Services (CMS) also thinks physical therapists are qualified to perform a drug regimen review and medication reconciliation. Federal guidance has acknowledged that it is within the scope of practice for a physical therapist to perform a patient screen in which medication issues are assessed, even if the physical therapist does not perform the specific care needed to address the medication issue. In 2016, CMS released a final rule for the conditions of participation (CoP) for home health agencies (HHAs). Among the updates to the exiting CoP, the final rule established new requirements for HHAs and expanded the role a physical therapist may serve in a HHA – that of clinical manager. As a clinical manager, a physical therapist may provide oversight of all patient care and services, including but not limited to assigning staff, identifying qualifications for staff, and creating policies for HHA personnel.

The role of the physical therapist in medication management should be recognized, and the limits of that role respected. Physical therapists cannot take the place of a registered nurse in medication management, nor can they replace the role of the physician in determining dose and therapeutic response. What can a physical therapist do?

1. Screen – e.g. creating the most accurate list possible of all medications a patient is taking
2. Evaluate – e.g. comparing that list against the physician's admission, transfer, and/or discharge orders to identify interactions, duplicate drug therapy
3. Collect information – e.g. assess patient signs/symptoms for drug effects and signs/symptoms of non-compliance
4. Identify adverse events/reactions – communicate to physician
5. Education – e.g. on the side effects and/or benefits of adherence to drug therapy

² Revised 11/11/2015; updated 3/4/2016

**Alabama Board of Physical Therapy
Administrative Code
700-X-3-.03 Roles And Responsibilities Of Licensees.**

(1) Roles and Responsibilities, Generally. Within the provision of physical therapy service there are three recognized levels of personnel: The professional physical therapist who is licensed to practice physical therapy; the physical therapist assistant who is licensed to assist the physical therapist; and the physical therapist aide/attendant who is not licensed but is usually an on-job-trained individual who provides support activities for the physical therapist and the physical therapist assistant and unlicensed person. The physical therapist must assume primary responsibility for physical therapy care rendered by supportive personnel under his/her supervision or direction. Both direction and supervision include, when appropriate, observation of the application of physical therapy procedures, conferences related to patient progress, verbal and written reports.

(2) Definitions.

- (a) Direction means the action of the physical therapist in delegating duties to a physical therapist assistant, maintaining close communication with the physical therapist assistant, and overseeing the physical therapist assistant's activities on a frequent regularly scheduled basis.
- (b) Supervision means the direct onsite overseeing of the performance of assigned or delegated duties or functions.
- (c) Diagnosis for physical therapy means the identification of functional limitations and/or impairments and/or disabilities which are used to guide physical therapy treatments. It is not a medical diagnosis or the identification of a disease.

(3) Roles and Responsibilities, Specifically.

- (a) Physical Therapist. The roles and responsibilities of a person licensed by this Board to practice physical therapy in the State of Alabama generally are:
 - 1. To interpret a practitioner's referrals.
 - 2. To perform and document the initial evaluation, as well as the physical therapy plan of care which may include:
 - (i) Diagnosis rendered by the referring or previously diagnosing health care provider
 - (ii) Diagnosis for physical therapy
 - (iii) Presenting problems

(iv) Past medical history including, but not limited to, conditions for which patient is taking medication and conditions which are currently being treated by a physician	<p>Drug Regimen Review</p> <p>Consider intrinsic and extrinsic factors that would impact a patient’s ability, progress and outcome associated with care</p> <p>Determine factors that need to be considered when establishing a care plan</p>
(v) List of medications being taken by the patient	<p>Drug Regimen Review</p> <p>Medication Reconciliation</p>
(vi) Objective findings of the physical therapy evaluation	<p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p>
(vii) Assessment as to what the current problem(s) is/are that require physical therapy intervention	<p>Determine factors that need to be considered when establishing a care plan</p> <p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p> <p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p>

(viii) Goals, both short-term and long-term if appropriate

(ix) Physical therapy plan of treatment including frequency and duration

3. A Physical Therapist will not be disciplined for accepting a referral from a licensed assistant to a physician acting pursuant to a valid supervisory agreement or a licensed certified registered nurse practitioner in a valid collaborative practice agreement with a licensed physician as long as the physical therapist has a reasonable good faith belief that the assistant to a physician is acting pursuant to a valid supervisory agreement or the nurse practitioner is in a valid collaborative practice agreement with a licensed physician.

4. To identify and document precautions, special problems, contraindications, anticipated progress, and plans for reevaluation.	<p>Medication Reconciliation</p> <p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p>
5. To implement and supervise that program.	<p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p>

6. To select and delegate the appropriate portions of the treatment plan and program.

7. To delegate only those patient care duties to supportive personnel who are qualified under the provisions of these rules to perform such duties.	
8. To reevaluate the patient and adjust the treatment plan, perform the final evaluation of the patient and discharge planning.	Consider intrinsic and extrinsic factors that would impact a patient’s ability, progress and outcome associated with care Determine factors that need to be considered when establishing a care plan
9. To designate or establish channels of written and oral communication.	
10. To maintain adequate records of the case and report to appropriate sources.	Collect information – e.g. assess patient signs/symptoms for drug effects and signs/symptoms of non-compliance Identify adverse events/reactions – communicate to physician Education – e.g. on the side effects and/or benefits of adherence to drug therapy

11. To direct no more than four licensed physical therapist assistants at one time.

12. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

13. To provide supervision of physical therapist and/or physical therapist assistant students who are on clinical experiences approved by their school as part of their Commission on Accreditation of Physical Therapy Education (CAPTE) approved educational program.

Did not use APTA HOD position statements since they are not regulatory or subregulatory documents.

Didn't use the medication reconciliation definition from Safety and Quality.gov. Link didn't work.