

August 18, 2015

Polysomnography Advisory Committee Meeting Minutes

Meeting held in New Orleans at the State Board Office

Attendees: Dr. Cecilia Mouton
Dr. JY Bordelon
Dr. Thania Elliott
Dr. Lauren Davis
Dave Vicknair

Lori Speyrer
Chris Soileau
Gay Bourgeois
Chris Harr
Lisa Spindel

Absent: Bud Barrow
Dr. David McCarty

Dr. Mouton addresses group asking if the group has concerns, questions that the board may address. She is holding an “open forum” meeting for us to bring any concerns or issues to light.

Dr. Mouton would like to discuss an applicant (Wendy Rawl) who exceeded the number of tests. Dave Vicknair updates us on the issue. Starting with the 4 strike rule by the board. After 4 attempts the advisory committee would need to direct the applicant what needs to be done to show competency in the field.

Dr. Mouton discussed MD’s 4 strike rule, Occupational Therapy and Respiratory as well. She also said we need to show compassion, but not allow the “flood gates” to open for all stories brought to the board.

Probation officer from the LSBME will monitor applicant.

Applicant was brought up about scores and where she was weak. Lori discussed polling the advisory committee. The committee would have access to the applicant’s exam results to see where their weakness is on the exam. The applicant has taken the test 6 times, passing on the last. Her employer has requested her to take **Discuss what could apply in the future to other applicant’s.** Possibly tasking her supervisor to her competencies. Recommendation back to Dave Vicknair – we did not include how many CEU’s to assign. So due to socioeconomic issues she would need to complete 20 CEU’s with competencies.

CAAHEP in LA just started, and possible out of state on line education. Dr. Mouton believes in limiting the on line schools in order to support the in state CAAHEP accredited programs. Discussion of pathways to the RPSGT. Clinical hours are done by the employer, which is a concern and possible conflict of interest. That will show consistency and will elevate the providers. Dr. Bordelon states that there would be a contract with outside labs to do clinical hours. Are there safeguards in place...?

Chris Harr brings up limits of location for doing clinical. The clinical preceptor can be done through the school.

Applicant practiced without a license for 6 years.

Lori discussed us sitting down with Dr. Maria about putting in rules and regs about the pathways. Lori brings up that Dr. Thompson was still unclear after the LASM meeting. Dr. Mouton states that all Medical Director’s should know they are breaking the law by allowing a tech to work without a license.

Back to Wendy Rawl’s discussion. Dr. Elliott spells out how she assigns fines. Sunset on trainee position.

Consent order, cost of renewal of license and its doubled. Dr. Elliott states that a consent order for a reprimand for working without a license, and a probation period with CEU recommendations.

Discussion of CEUs for probation. So due to socioeconomic issues she would need to complete 20 CEU’s with competencies in one year. Lori discussion Competencies on the job.

Discussion on the shortage of techs, educational requirements, Hurricane Katrina and the set back in CAAHEP programs that were ready to start up. We want safe guards in place but we need to be accommodating, which we have been for years. The LASM has preached over and over about licensure since 2005. So the techs know about licensure. Respiratory started the SDS credential in 2012. Respiratory therapists cannot do Medicare Medicaid patients without the SDS credential. Dr. Mouton voiced concern over Lori's statement that there are over 100 techs that are not compliant with the LSBME. LSBME states that the tech is responsible to know the laws of your profession. Dr. Mouton suggest we put something in the LSBME newsletter and on the website to put a statement that Medical Directors need to know their techs are compliant with the LSBME.

Other discussion: Drop shipment on HST testing. A complaint was filed by the LSBME to the insurance companies. Telemedicine is still working on rules for telemedicine and then will for other allied health professions. Room discuss other issues with insurance companies.

End of meeting.

Respectfully submitted
Gay Bourgeois