

Minutes have not yet been approved and are subject to revision at the next meeting.

STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY

MINUTES OF PUBLIC MEETING

March 29 & 30, 2019

Members Present: Elizabeth Straughan, Allison Stone, Sol Magpantay, Melissa Genovese, Mel Minarik
Members Absent: None
Staff Present: Loretta L. Ponton, Executive Director
Stacey Whittaker, Executive Assistant/Licensing Specialist
Henna Rasul, Sr. Deputy Attorney General
Paula Berkley, Board Lobbyist
Public Present: Lorna Shepard, OnStrategy (March 30th only)

March 29, 2019

Legislative Tour / Observation of Committees and Floor Sessions (informational)

Board Members convened at the Legislative Building at 10:00 a.m.; attended the Senate Floor Session, Senate Commerce and Labor Committee and Assembly Commerce and Labor Committee meetings.

March 30, 2019

Board Strategic Planning Session

Elizabeth Straughan, Chair, called the meeting to order at 9:00 a.m. A roll call confirmed a quorum was present.

Public Comments – Ms. Straughan asked for public comments. No comments.

Strategic Planning Session - Ms. Straughan turned the meeting over to Loretta Ponton to facilitate.

Ms. Ponton introduced Lorna Shepard of OnStrategy who will be facilitating the Strategic Planning Process.

Paula Berkley and Loretta Ponton began the session with Legislative Issues, facilitating discussion among members of their experiences from the Legislative tour of the previous day.

Paula Berkley discussed current bills in the Legislature this session to include new Boards to license radiologists, behavioral analysts and dental hygienists, separating from the Dental Board, licensing of master guides and sub-guides under Department of Wildlife, and the move of the administration of the Homeopathic Board under state, as recommended by the Sunset Subcommittee.

Unique ideas that have surfaced are: simultaneous licensure with more than one board; executive directors of the medical and osteopathic boards having to be MD's or OD's; a licensure compact for physical therapists without mention of the costs associated with a compact; several cultural diversity bills;

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allowing individual tax ID numbers in lieu of social security numbers; an interim study on professional licensing boards; and various open meeting law changes.

Issues being heard this session include scope of practice and dry-needling, use of hearing officers, three bills on data collection, rural area crisis and use of geographic specialty licenses and easing supervision requirements, provisional licenses, allowing credit cards as a form of payment for board licensing fees, and increasing board member liability ceiling to 250K and several boards proposing to raise licensing fees.

National studies and task force themes have made conclusions about problems with Boards which include that licensure costs prevent labor force entry, education and skill requirements are in sync with what's needed for the job, licensing requirement raise the price of services, restrict employment and make it difficult to cross state lines and that criminal histories keep people out of jobs they may be qualified for.

Negative trends nationally state that one-fourth of workers in the US require a license, there are too many Boards (Nevada is 2nd highest), and unlicensed workers make 10-15% lower wages than individuals with similar education and experience.

There is a substantial difference in number of boards and what professions they regulate across the nation. It is perceived that licensure is bad for military members who have to move, felons and immigrants.

The Strategic Planning Session was turned over to Lorna Shepard who facilitated the remainder of the session. The summary document prepared by Lorna Shepard is attached as minutes of the strategic planning session.

Public Comments – Liz Straughan resumed as Chair of the meeting, calling for public comment. There was no public comments.

Adjournment – Liz Straughan adjourned the meeting at 3:15 p.m.



STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY
FY19-FY22 STRATEGIC PLAN

APRIL 1, 2019

PRODUCED BY
OnStrategy

OVERVIEW

On Saturday, March 30, 2019, the State of Nevada Board of Occupational Therapy gathered for an FY19-FY22 strategic planning session to develop a Strategic Plan that:

- Honors the Board of Occupational Therapy’s Mission;
- Sets a Strategic Direction for the Board for the next three years;
- Identifies the key Goals that will help the Board achieve success for Scope of Practice and Workforce Development Priorities.

OnStrategy facilitated the planning session among the full Board:

- Elizabeth Straughan, OTR/L
- Melissa Genovese, OTR/L
- Maria Soledad Magpantay, OTR/L
- Allison Stone, OTR/L
- Melanie Minarik, Public Member

The Board’s desired outcomes for the planning session were:

- A discussion that would uncover new ideas.
- That it would be easy to start the next steps.
- To know where we are now and where we are going to.
- Alignment with national (NOPA) partners (evidence-based).
- Consensus and clarification on the issues / direction of the board and practice areas.
- More practitioner involvement.
- “Bigger picture” direction.

The agenda was as follows:

- I. Outcomes, Expectations, Assumptions & Ground Rules
- II. Validate BOT Mission
- III. Current State
- IV. 3 Year BOT Priorities
- V. Roadmap
- VI. Board Initiatives

Next Steps (Garden)

- Formally approve revised Mission Statement (BOT / Stacey).
- Identify historic or most recent benchmark and FY20-FY22 performance measure targets and complete performance roadmap on page 9 (staff + Board).

- Establish a standing Board meeting item (Loretta):
 - Who each Board member communicated with about the Board, its role, etc. since previous board meeting.
 - What each board member heard / learned.
- Determine whether demographics from existing licensure/renewal database can be compiled in aggregate (staff).
- Bring 5 to 10 proposed survey questions to April 20 Board meeting for OT member survey (Board members).

Agreements

- Initiatives will be championed by a single Board member, however, implementation will be a joint effort including all Board members.
- The Board will address one Initiative at a time; when the first Initiative is completed or when Board capacity allows, a new Initiative will be selected and milestones will be established.
- Milestones for Initiatives will follow the Board meeting schedule.
- Board to approve Strategic Plan.
- Determine whether to publish the Strategic Plan.

CURRENT STATE

SCOPE OF PRACTICE

Summary

Occupational therapy practitioners strive to anticipate upcoming and potential issues and respond with reflection instead of reaction. Our community is proud of our diverse community in the workforce with growing personal strengths as well as multiple theoretical and treatment approaches.

Our community, however, needs to provide better information to public and cohorts regarding these specialties as there appears to be inconsistent consensus and knowledge amongst practitioners and public. Finally, changes in legislature and Medicare can pose both a threat and opportunities and we need to determine how this will affect the OT field and public as a whole.

SWOT

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> ● Curiosity ● Resources for education ● Research knowledge ● IPE experience ● Financial resources ● Good regulations and statutes in place. It has been reviewed and updated recently. ● Providing solid guidelines for requirements for competency in any of these modalities/specialties. ● Experience in multiple practice and background areas that allow representation for the full scope of occupational therapy services. (2) ● Open and honest dialogue amongst board members allowing for improved work flow and task accomplishment. ● Pain Mngmt: Board members have general knowledge of the Opioid crisi and may have taken these drugs. ● Pain Mngmt: May respond to opioid crisis with complaint that involves drug testing requirements to maintain license. ● Pain Mngmt: Board has ability to seek professional information about these topics via national OT associations/medical boards. ● Pain Mngmt: Board is best at responding to complaints at this time. ● Specialty Areas: Monitoring complaints or public concerns about specialty areas. ● Specialty Areas: Seeking advice from practicing OT's and other professions using new techniques. ● Specialty Areas: Detecting where these services are being provided—private clinics, hospitals, out-patient centers. ● Providing a free CEU to expose licensees to areas of practice they would not typically attend. ● Attending board CEU's allows licensees to meet and interact, as well as feel more comfortable talking to board staff. ● Board has access to SLP and PT board information. Typically, these professions work together with clients in multiple settings. (schools, clinics, hospitals). ● Ethics. 	<ul style="list-style-type: none"> ● Promote the usage of alternative methodologies/specialties with the appropriate certifications as additional areas/treatments O.T.s can provide. ● Develop competency areas for specialty practice development. ● More clearly outline COTA requirements/responsibilities to decrease confusion amongst practitioners. ● Development of OT and telehealth guidelines for our state. ● To learn more individually. ● To collaborate with PTs. ● Look to other states for leading practices/issues. ● Hear from providers who do this on a consistent basis. ● Get something that is a win-win. ● Specialty certifications: <ul style="list-style-type: none"> -CPAM (certification with use physical agent modalities)-use of electrical modalities: TENS (transcutaneous electrical stimulation), US (ultrasound), NMES (neuromuscular electrical stimulation), any light/laser therapy, and iontophoresis. -Pelvic floor ● Certification courses for dry needling, Graston technique. ● AOTA has clinical fieldwork coordinator training certification. AOTA has board specialty already. ● Medication management-no need for specialty, more of continuing education if needed. ● Dysphasia- no need for specialty. ● Pain Mngmt: If this is an OT related topic in a specified area (psychiatric or medical setting): use organizational techniques to assist the individual/client in managing their pain issues, via use of engagement in meaningful activities. ● Specialty Areas: Better define our OT scope or practice and use data based responses to guide interventions in specialty areas. Funding/reimbursement seems to be the driving force for scope of practice changes. ● CEUs: Nevada has always had poor OT attendance.....if only licensees would invest more in their profession, rather than thinking this is just a 9-5 job. Most OTs are family oriented and have limited time to enjoy family and work. ● Share information easily with these boards on changes to scope of practice. ● "Competency-based education" licensure/certification. ● What's the 'right thing to do'. i.e., "Compact"? ● Webinars to decrease \$ for CEUs.
WEAKNESSES	THREATS
<ul style="list-style-type: none"> ● Implementing requirements for these specialties. ● Telerehabilitation policies ● CMS-Value-base payment system ● Clinical fieldwork coordinator and OT/OTA student ● High emotion around "competency" ● Providing education and support regarding insurance changes, Medicare requirements. ● Requiring certifications (and the ability to provide proof to the Board). ● Pain Mngmt: Few board members (if any) have experienced dry needling and may not know the deep muscular release sought in dry needling sites; versus having experienced acupuncture or acupressure points with focus on energy flow (2) 	<ul style="list-style-type: none"> ● Patients getting hurt. (2) ● Patients wasting money / false claims. (2) ● Medicare legislative changes with the ability to limit reimbursement for OT services. ● Changes to reimbursement for services provided by OTAs with potential to limit the job market for OTAs. ● Other disciplines can claim expertise and usage of these specialties long before OTs can, which could potentially reduce the demand for OTs without these extra skill sets. ● License portability can affect the scope of practice and workforce development both positively and negatively. Need to weigh the pros and cons. (2)

<ul style="list-style-type: none"> ● Pain Mngmt: Board information about these topics is limited—need presentations by outside trainers, CEUs (2) ● Pain Mngmt: Information needed (2) <ul style="list-style-type: none"> ○ Are Nevada OT's working with these issues in medical or psychiatric settings? ○ Who is training these OTs? ○ How is this related to OT services? ● Specialty Areas: Need to seek practice information from the licensees about their scope of practice, and need for specific training in their settings. ● Free CEU opportunities are often low in attendance as the licensee doesn't invest in attending. ● CEUs are expensive to host---switch to online learning limits interaction and sharing of thoughts and skills. ● Awareness of trends of licensee practice areas that use interdisciplinary sessions. ● Decreased awareness of employment situations that may not be discouraging licensees to make ethical judgements. (3) 	<ul style="list-style-type: none"> ● Pain Mngmt: Nevada has easy access to recreational activities that tend to be addictive and promote reckless behaviors, with easy access to continuing the activity in casinos, private parties, and the anything goes attitude. ● If we do not respond to specialized OT interventions, will these areas skip OT and allow PT/massage therapy to provide these services instead? ● Are the specialty "training courses" really training any profession to be competent in these skills? Is it covered by malpractice insurance? ● CEUs: Many OT's prefer to do online courses, where they reproduce the information, but rarely interact with other licensees to hear about different areas of practice and perspectives. ● CEUs: Cost of live seminars. ● CEUs: Finding new topics. ● Employing Institutions that encourage licensees to go beyond their scope of practice..... ● 100% efficiency requirements where one session ends and the other begins in the same time frame....
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WORKFORCE DEVELOPMENT

Summary

The board is proactive and good with protection of the public through licensing and discipline. We have an opportunity to learn from the experience of other states and the national organizations to broaden our knowledge and practice base to prepare to deal with the threat of government and legislative changes.

SWOT

<p>STRENGTHS</p> <ul style="list-style-type: none"> • Efficient and quick turnaround for licensing allowing O.T.s to work sooner in our state. • Switch to 2-year license. (2) • I am always in favor of more CE for Board and field • Scheduling meetings in advance helps a lot. • Financial resources. • Timely response with new licensees, license reciprocity, renewal of licenses and checking continuing education credits. • NV BOT follows NBCOT (National Board of Certification for Occupational Therapists). • Continuing education audits done regularly. • NV Board of OT has investigator so it will have time and thoroughness of investigation. • Currently sending staff to seminars/conferences concerning state and national boards. • Current staff is proactive, quick, efficient and always searching for ways to improve (2). • Vision of staff is proactive –Ideas brought to board from staff. • Shares forms and information with other boards. • Current Website available to licensees and employers. • Phone access and staff responding to issues. • Larger awareness of OT board and reporting. • Interaction with NBCOT in CEUs. • Extremely efficient online licensure applications, renewals and CEU reviews. (2) • Accessible to public and able to problem solve, respond to situations. 	<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Online opportunities to store CEV info for practitioners to be accessed by practitioner. • Working with other states to develop licensing co-ops for quicker access to job market. • Promoting alternative modalities/specialties, while at the same time requiring proof of certifications as applicable. • Background checks. • Address productivity, caseload, ratio of OT, COTA, OT & OTA students. • Cross train staff so that when staff leaves, the Board remains efficient. • Keep all our staff and when necessary find more staff with the same work ethic... • Create individual licensee files, where CEUs are uploaded, information tracked, with easy access to practice information. • Have a system that notifies licensees of upcoming events, fees, CEU requirements, etc. • Collaboration with other state agencies and/or resources. • After session write appropriate policies need bill next session. • Lobby and staff changes—how to transition. • CUE: learn from mistakes. • Survey OTs: demographics, practices / compact. • Increase rural access to OT.
<p>WEAKNESSES</p> <ul style="list-style-type: none"> • Can improve in terms of promoting OT, seminars, educational and training opportunities, outreach not just within the state but nationally. • Lack clarity of communication when hearings are completed...I want to know what the issues were and how they were resolved. • Loretta has all of the knowledge. • Promoting alternative modalities/specialties, while at the same time requiring proof of certifications as applicable. • Reaching practitioners in more rural parts of the state and supporting their needs. • Educating community on O.T. and board benefits. • Training in NV state system for requirements related to board services. • Additional Financial reporting training, website and data management. • Planning for possible staff transitions to other jobs • Composition of board members. • No office in Southern Nevada. 	<p>THREATS</p> <ul style="list-style-type: none"> • License portability can affect the scope of practice and workforce development both positively and negatively. (2) • Consolidation. • Expense reduction for our staff. • Lack of Succession planning. • Other disciplines could promote these specialties, provide education and support, allow their clinicians to more readily obtain certifications (as applicable) and thereby create more demand for these clinicians as they can now provide certified services/treatments that OTs may not be able to provide. • Possible consolidations of boards in our state. (2) • Travel expenses. • Family needs. • Changes in legislation/NV government changes our responses. (2) • Governor's office removes applications for board positions each year; possibly limiting the field for applications. Many may not reapply each year and board has no idea how members are chosen to serve.

<ul style="list-style-type: none"> • No office in rural Nevada. • No employment site visits. • Limited interaction/coordination with NOTA conferences or Local OT training programs. • Electronic advancements and updates occur for computers; information & data systems; technology access for varied aged licensees. • Need Apple and Microsoft access to board systems. 	<ul style="list-style-type: none"> • Lack of timely appointments (history of delays or empty positions). • Changes for more rigid systems from legislature or due to scope of practice. • Changes in board members and their understanding of proactive board approach/procedures. (2) • Changes in staff. • Training new staff. • O.T.s retiring.
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BOARD OPERATIONS

SWOT

WEAKNESS	THREATS
<ul style="list-style-type: none"> • Board is used to depending on staff competency and knowledge—it will change and board is responsible. 	<ul style="list-style-type: none"> • Interim study of Licensing Board • Umbrella coverage (if legislation determines individual accountability). • Public records request bill(s) & individual liability. • Disciplinary hearings taken over by state hearing officer instead of by BOT.

It was agreed that a success plan will address the above weakness and it is the responsibility of staff to prepare this plan.

During the review of the 2019 legislative session, it was discussed that a few proposed bills and statute changes pose potential issues for BOT; it was agreed that until / unless these threats actually pass as bills, the BOT does not need to act or change processes.

STRATEGIC DIRECTION

MISSION

The Board of Occupational Therapy determined that the Mission Statement should be updated as follows (red reflects additions, items crossed out reflect proposed deletions):

To protect the public health, safety and welfare by ensuring that only competent occupational therapy practitioners are licensed in the state and that those licensed practitioners maintain the highest level of professional conduct. This includes ensuring the competency of occupational therapy practitioners ~~by requiring annual continuing education courses; and / or to provide~~ **providing** the public with a means by which they can pursue administrative legal recourse.

STRATEGIC PRIORITIES

Scope of Practice

Future State-What does success look like in FY22?

- We have partnered with our stakeholders (State, educators, facilities, legislators, the public) and secured buy-in.
- We have identified the evidence-based specialties that the Board of Occupational Therapy recognize.
- We have a knowledgeable and competent workforce with regard to specialties:
 - Specialties recognized by BOT are clear.
 - Requirements are clear.
 - OTs follow policy and legislation.
- The public knows what the specialties' benefits are and what is available; and that OTs offer these specialties and that OTs add value to the outcomes.
- It will be clear who 'owns' the competency.
- Information / knowledge / research is shared easily among practitioners and the public.
- We will know what is needed and be ready for the 2023 Nevada State legislative session.

Workforce Development

Future State-What does success look like in FY22?

- The Board of Occupational Therapy understands those practicing more by collecting reportable data, including diversity and practices.

- The Board understands national trends and specialties.
- More people are aware of the profession and the Board's role.
- There is access to occupational therapy across the State.
- The Board is the resource for OT professional information.
- OTs learn from the Board's disciplinary actions and "mistakes" made from fellow OTs (anonymously)—especially ethics disciplines.
- We see a decline in ethics complaints and disciplines.
- The Board has made it clear which evidence-based specialty practices it recognizes.
- More out-of-state practitioners see Nevada as a place for opportunity for specialty practices.

BOT PERFORMANCE MEASURES

The following measures were identified as quantifiable means to demonstrate progress against the BOT's two strategic priorities.

PRIORITY	MEASURE	BENCHMARK / FY19 Actual	FY20	FY21	FY22
Scope of Practice	List of approved specialty practices.			100%	
	Number of specialty practices vetted for legislative action.				
	Number of partner meetings.				
Workforce Development	Response rate to (annual) survey.				70%
	Rural access to occupation therapy / therapists.				
	Decline in ethics disciplines as percent of total.				

BOT INITIATIVE ROADMAP

As the Board completes an Initiative, they will determine which Initiative to address next from the Initiatives “Waiting in the Wings” and the Board will set milestones that align with the Board meeting schedule.

PRIORITY	FY19-FY21 INITIATIVE	INITIATIVES WAITING IN THE WINGS
Scope of Practice	<ul style="list-style-type: none"> SURVEY & DATA COLLECTION FOR SPECIALITIES: Identify demographics, specialties, interests, and ethical concerns at current setting. (Melissa and Sol) <ol style="list-style-type: none"> April 20, 2019: questions due from Board. September 2019: Board to finalize letter and survey. November 2019: Response update to Board. February 2020: Results and implications discussed / decided. April 2020: Share results / determine next steps. 	<ul style="list-style-type: none"> ETHICS: Increase awareness of ethical practice to decrease the number of ethical complaints resulting in disciplinary actions. SCOPE OF PRACTICE: OT's have access to evidence-based practice to help the public.
Workforce Development		<ul style="list-style-type: none"> RURAL ACCESS: Increase access to occupational therapy throughout the state of Nevada.

Staff Initiatives

These Initiatives were discussed and determined to be the purview of the staff:

- Staff succession plan.
- Manage the risk of government overregulation of boards—mitigate the impact or preempt significant changes.
- Development and implementation of new regulations and policies as required by Legislature.