VA National Standards of Practice (NSP) Listening Session 3: Transcript

September 7, 2023

0:02

Moderator: Good afternoon and thank you for joining the Veterans Affairs National Standards of Practice Listening Session number 3. Today's session will run from 2:00 to 4:30 p.m. Eastern Daylight Time. My name is Elizabeth, and I will be your moderator for this session. I will now go over a few housekeeping items to keep in mind during the session. The session will be recorded and closed captioning is available on the bottom left corner of your webinar platform. The session recording and transcript of the recording will be made available on the Veterans Affairs National Standards of Practice website, at a later date upon completion of all five listening sessions. If you experience any technical difficulties at any time during this session, you may notify our technical team using the Q and A function located at the bottom right-hand corner of the webinar platform. Speaking time will be allocated based on the number of people who requested to comment**.** During the session, all attendees will be placed on mute. If you indicated upon registration your intent to present a VA representative will turn the mic over to you during your allotted time to provide comment. You will be unmuted during your period of comment and muted upon completion. Each speaker will be allocated 10 minutes to present. Allocation time is based on the number of people who requested to present. If you sent any materials to us ahead of this listening session to support your comments, they will be displayed on the webinar platform. If you are scheduled to present and use a phone to join today's session, we will call your name during your allocated speaking time and request you to raise your hand by dialing star 3 to identify yourself on the line. I will then give you the capability to unmute your phone line and you will hear it prompt to press star 6 to unmute your mic. Please announce your name and affiliation upon being unmuted. We will mute your microphone upon completion of your allocated time. If you did not indicate your interest to share a comment upon registration but are still interested in doing so today, please write it in the Q and A function located

at the bottom right-hand corner of the webinar platform. Time will be allotted as available at the end of the session. Any participants unable to speak during today's session may submit written comments after the session to VA.NSP@va.gov. Participants have until October 5, 2023, to submit comments. We ask everyone to please be respectful during your period of comment and while others are speaking.

3:09

Moderator: I will now turn it over to Dr. Christopher Saslo to begin our session. Dr. Saslo, the floor is yours.

3:15

Dr. Christopher Saslo: Thank you, Elizabeth, and good afternoon, everybody. My name is Chris Saslo, and I am the Assistant Under Secretary for Health for Patient Care Services and the Chief Nursing Officer for our Veterans Health Administration. I want to start by thanking everyone for joining the third VA National Standards of Practice Listening Session that's focused on our dentists, pharmacists, our clinical pharmacy practitioners, our pharmacy technicians, our dental hygienists, our dental assistants, our medical technologists, diagnostic radiologic technologists, radiologist assistants, nuclear medicine technologists and social workers. We greatly appreciate your input today on the variance between State licenses for these health care occupations and your recommendations and what should be included in their VA standard of practice. Your comments today will help to inform and guide our decisions in moving forward. We'd like to note that during these sessions, VA will not directly respond to your presentations, but we are actively listening. And additionally, please note that the proposed national standard of practice for each occupation will be posted on the Federal Register once ready for a 60-day public comment period. We also have several VHA clinical

representatives on the line who also may ask clarifying questions. So, I'd like to start by welcoming Laura Arcadipane, Deputy Director...I'm sorry, Laura...Deputy Director of the Veteran's Health Administration Office of Regulations, Appeals and Policy; Dr. Kelly Haptonstall, Director of Business Operations and Executive Assistant for the Office of the Assistant Under Secretary for Health for Dentistry; Debra MacDonald, our Pharmacist Programs Specialist; Dr. Julie Groppi Assistant Chief Consultant for Clinical Pharmacy Practice and Policy; Jennifer Koget, our National Director of Social Work at the Fisher House and Family Hospitality and Intimate Partner Violence Assistance Programs for Care Management and Social Work Services; Anne Chenoweth, our National Quality and Compliance Officer for Pathology Laboratory Medicine at the National Enforcement Office; and finally, Dr. Patrick Malloy, Executive Director for the VHA National Radiology Program. If anyone I just mentioned would like to introduce others from their office, please do so at this time. Hearing none, thank you once again for attending today's Listening Session. Your participation and attendance demonstrate your commitment in enabling our VA health care professionals to provide the best care to our nation's Veterans. I'll hand it back over to our moderator. Back to you, Elizabeth.

6:19

Moderator: Thank you. As a reminder, if you indicated upon registration your intent to present, we will turn the mic over to you during your allotted time to provide comment. You will be unmuted during your period of comment and muted upon completion. Please note, there may be a delay during this unmute mute process and your patience is appreciated. Each speaker will be allocated 10 minutes to present. Allocation time is based on the number of people who requested to present. If you sent any materials to us ahead of this Listening Session to support your comments, they will be displayed on this webinar platform. If you are scheduled to present and use a phone to join today's session, we will call your name during your allocated speaking time and request you to raise your hand by dialing star 3 to identify yourself on the line. I will then give you the capability to unmute

your phone line and you will hear a prompt to press star 6 to unmute your mic. Please announce your name and affiliation upon being unmuted. We will mute your microphone upon completion of your allocated time. If you did not indicate your interest to share a comment upon registration, but are still interested in doing so today, please write it in the Q and A function located at the bottom right-hand corner of the webinar platform. Time will be allotted as available at the end of the session. Any participants unable to speak during today's session may submit on written comments after the session to VA.NSP@va.gov. Participants have until October 5, 2023, to submit comments. We ask everyone to please be respectful during your period of comments and while others are speaking. Speakers should be fully aware that you may experience delays during the unmuting muting process.

8:29

Moderator: We will begin with dentist. We do not have a list of pre-registered individuals to present on dentist. If you would like to comment on this occupation during today's session, please use the Q and A function to indicate your interest to do so. Time will be allotted at the end of the session.

8:55

Moderator: We will move on to pharmacists. I will now call upon Debbie Fletcher from the American Academy of Emergency Medicine to present their comment. As a reminder, if you dialed in using a phone today, please press star 3 to identify yourself on the line.

9:45

Moderator: As a reminder, please press star 3 to identify yourself on the line.

9:57

Moderator: In the interest of time, we will move on. I will now call upon Ryan Crowley from the American College of Physicians who will comment on pharmacist and clinical pharmacist practitioner. As a reminder, if you dialed in using a phone, please press star 3 and you will press star 6 to unmute yourself.

10:33

Ryan Crowley: Can you hear me?

Moderator: Yes.

10:37

Ryan Crowley: Hi, everyone my name is Ryan Crowley, I'm Senior Associate for Health Policy with the American College of Physicians (ACP).

10:50

Moderator: Thank you, please...

Ryan Crowley: ACP...sorry, go ahead.

Moderator: Nope, thank you. You got cut off. Go ahead.

10:57

Ryan Crowley: ACP appreciates the opportunity to comment on the Department of Veterans Affairs national standard of practice for clinical pharmacy practitioners and pharmacists. ACP is the largest medical specialty organization in the United States with members in more than 145 countries worldwide. ACP membership includes 161,000 internal medicine physicians-related subspecialists

and medical students. ACP appreciates the VA's efforts to achieve full staffing capacity so that our nation's Veterans are able to receive prompt high quality care. However, we are concerned that the VA's Supremacy project would potentially allow non-physician healthcare professionals to practice independent of the physician-led care team. State scope of practice and licensing policies are crucial to ensuring physicians and other health care professionals have the skills, education, and expertise to deliver safe care. ACP strongly believes in the importance of Veterans having access to a personal physician trained in the care of the whole person who has leadership for a team of health professionals. We are concerned with the development of NSPs for clinical pharmacy practitioners and pharmacists could undermine the patient aligned care team and other care models by allowing clinical pharmacist and pharmacists to practice independently leading to fragmentation and severing the patient's physician relationship. ACP maintains that clinical pharmacists and pharmacists are crucial members of the care team. They work with physicians to help the patient achieve medication-related goals and ensure the safe, effective, and appropriate use of medications. However, physicians, pharmacists and other health care professionals have different training skills, knowledge bases, competencies, and experience in patient care. While there's some training competencies overlap, physicians have more years of training and the range of care appropriately provided by each discipline is not equal. Pharmacists, unlike physicians, lack the training to independently perform patient examinations, diagnose, formulate a treatment plan for prescribed medication. While pharmacists should not independently diagnose or prescribe, they are qualified to deal with issues like the medication use, medication tolerability, patterns and medication use, assessment of therapeutic response, inducing adjustment. To cultivate team-based care, ACP encourages physician-pharmacist collaborative practice agreements. They clearly assign responsibilities clinical pharmacist for specific dimensions of care, mentor it with their training and skills to most effectively serve the needs of the patient. Our Nation's Veterans should have access to a personal physician, trained to care for the whole patient. ACP is committed to ensuring that the

VHA receives the necessary resources to implement recruitment and retention, best practices for mission critical positions, including gathering workforce data, hiring physician recruiters, and instituting competitive salaries and financial incentives. Thank you very much for considering our comment.

14:17

Moderator: Thank you so much. I will now call upon Jim Lewis from the American Society of Consultant Pharmacists who will comment on pharmacists, clinical pharmacist practitioner, and pharmacy technician.

14:41

Jim Lewis: Thank you for the time to join, to listen to us today and we appreciate the VA's efforts to expand the national standards of practice to ensure that our Veterans receive the best care possible. And that they have a team of health care providers providing them the best quality care possible. As the sort of grandson of Veterans. I just want to briefly say, I appreciate all that the Agency does. Both of my grandfathers received excellent care throughout their time being treated by the VA and a large portion of that was because of the VA's commitment to team-based care. We know that each health care provider within the system is trained specifically for specific roles. No provider is seeking to replace or usurp the authority of other providers. Each person is specific, has pursued their career specifically to fill that role in the care team and ensure that people receive the best possible care, especially our Veterans and their families. Now I do think it is important to note, however, that scope of practice is an ongoing conversation around the country and something that has traditionally been done at the State level. You have some States where pharmacists have very limited scope of practice and other States where they have exceedingly expansive scopes of practice. In those States, where they have these expanded scopes of practice in particular, inside and outside of collaborative practice agreements, we can show better health outcomes for the individuals

involved. We know that we are facing a physician shortage in this country and that pharmacists and other members of the care team can fill those roles without usurping the specific and key role that the physicians play within the system. To that end, I would specifically like to encourage VA to do what it is always done when it comes to pharmacist scope of practice, and that is ensure that pharmacists are able to practice at the top of their license and the top of their training while ensuring high quality patient care. Something that VA has done, our pharmacist practice at ASCP, we represent pharmacists practicing throughout the long-term care and geriatric space and I can tell you that our pharmacists who practice in VA have a better relationship with their patients and their families and feel that they're part of a more expansive care team. One area that I do specifically really want to encourage VA to look at the role of pharmacist in is in access to medications for opioid use disorder. We know that we unfortunately had an opioid crisis in this country, and we are continuing to see that impact on our military families and Veteran families. I would really encourage as the VA is putting together the scope of practice and standards to ensure that pharmacists are able to play the largest possible role, not only in examining and making referrals to physicians but in cases where appropriate, initiating therapy, such as buprenorphine, which is allowed in several states in the United States at moment. As well as things like Narcan and opioid reversal drugs over the counter in most cases but not always. I think it's really important that pharmacists play that role within VHA because no one who is seeking help for an opioid addiction should have to wait for an appointment with someone just because they have M.D. after their name when someone else with the training and expertise can safely get this person into treatment and care. So, while I encourage the National Standards Board to pursue the largest possible scope of practice, which is something VA has traditionally done for pharmacists and we greatly appreciate, I really encourage that in the medication for opioid use disorder section where we know there is a clear and present need. Thank you so much for your time and I appreciate all that you do for our Veterans. We know that you guys come to work every single day, have a job that is not easy, and you are always in the limelight and

yet you are still doing what matters for our Nation's Veterans. Thank you. Thank you. Thank you. Keep up the good work.

18:55

Moderator: Thank you so much for your comment. At this time, I will call upon the individuals who may have experienced technical difficulty earlier when called upon. As a reminder, if you're using your phone, please press star 3 to raise your hand to identify yourself when your name is called. Once we identify you, press star 6 to be unmuted.

19:18

Moderator: I will call upon Ms. Debbie Fletcher again from the American Academy of Emergency Medicine to present their comment.

9:50

Moderator: Hearing none, I will now move on to clinical pharmacist practitioner. I will now call upon Michelle Colvard to provide their comment.

20:19

Moderator: As a reminder...

Michelle Colvard: Hello everyone...

Moderator: Thanks.

20:21

Michelle Colvard: I'm Michelle Colvard. I am a clinical pharmacist practitioner for substance use disorders. I practice at the Tennessee Valley Health Care System in Nashville, Tennessee. When I first got this invitation, my initial thought was to sign on to present was to try to advocate for standardizing any kind of clinical pharmacist practitioner-controlled substance prescribing variances across States. Working in substance use disorder, I'm very passionate about expanding access to medications for opioid use disorder like buprenorphine and have taken steps to obtain a DEA license. I originally was licensed in a state that did not permit pharmacists to prescribe controlled substances and national VA pharmacist regulations, you know, have allowed me to obtain a license in a State, which does permit pharmacists to prescribe controlled substances, including buprenorphine, which I'm very grateful for. And would like to continue to do anything possible to expand this opportunity to other pharmacists in other states. I'm realizing that this may not be the most appropriate forum to achieve that specific goal, but what I do want to do is share my story of my practice to support what's already possible through the VA for clinical pharmacist practitioner or CPP practice due to the efforts that have already been made to standardize our practice nationally within our federal agency in these changes, and what's already in place has allowed us our profession to expand access to high quality, safe, comprehensive medication management services to our Veterans. And we do this as independent, advanced practice providers with prescribing privileges and this is based on our advanced training and education, beyond baseline requirements for our State licenses. So, for me personally, I'm a psychiatric pharmacist by training, so did two years of post-doctoral residency training, including a psychiatric pharmacy specialty residency. I also hold, I'm also a board-certified psychiatric pharmacist, which is our standard for competency and knowledge and psychiatric pharmacotherapy management. And over my 10 years of psychiatric pharmacy practice made my way to substance use disorder and have held my current position as an outpatient substance use disorder CPP for three years. My current position was funded by the VA

CRVA initiative which stands for CPP Rural Veteran Access Initiative. So, my goal is to expand medication access for substance use disorders to Veterans in rural areas. So, I spend five days a week in clinic and can see up to 10 to 11 patients per day to provide comprehensive medication management. This includes starting, changing, stopping medications for primarily alcohol use disorder and opioid use disorder. But other related disease states as well this includes, you know, ordering relevant labs. This also includes close collaboration with my interdisciplinary team members, like physicians, nurse, practitioners, an addiction therapist with various levels of training. I also spend, thinking about comprehensive medication management. I may, my primary purpose for seeing someone, may be a substance use disorder, but I also spend a significant amount of time, identifying other potential medication problems, or needs. Making referrals to primary care, general mental health, specialty care for things like HIV treatment and hepatitis c treatment just as a few examples. Also, as a psychiatric pharmacist I have Veterans who may decline a general mental health referral or may live in a rural area and have the options of driving a long distance for care or getting community care. And in those instances, I can also provide management for common psychiatric diagnoses, like depression and anxiety, PTSD within my scope. There's always the acknowledgement that when I encounter situations, like, needing a diagnostic assessment, or someone who may need a higher level of care than I can offer within my CPP practice that there's collaboration with interprofessional team members for an additional assessment, or to move that person to a different level of care, like an inpatient admission, for example. So, since coming in on in my role, our team has been able to expand substance use disorder medication treatment to alcohol use disorder. Previously, my physician colleague only had enough access to manage paperwork for opioid use disorder. So, we're now routinely able to provide alcohol use disorder medication management to improve outcomes. We've also been able to expand opioid use disorder medication access, including buprenorphine. We usually, we initially did this through collaborative management of buprenorphine through my physician colleague's DEA license. Now that I've been able to obtain my

own DEA license, I can prescribe you buprenorphine directly. So, we have been able to further grow our panel, provide more access to more frequent appointments for more higher risk, or complex Veterans, avoid community care referrals, avoid inpatient admissions when clinically appropriate, as a few examples. And my physician colleague and I still collaborate regularly on these patients. So those are those have been, you know, things that I feel to be successes and I'm really proud of in my practice since I'm come on board in this role. I feel like, you know, as a CPP within the VA, and at my facility specifically, I feel really grateful to have a vote of confidence and full support from my facility leadership. I do feel like I'm able to practice at the top of my scope and training. And for that reason, I personally have a lot of job satisfaction. I would have a really hard time leaving the VA for another practice for that reason. And most importantly, I do feel like we're greatly able to improve access to high quality care for our Veterans. And hope that, you know, the standardizations that have already been in place can continue to be optimized for CPPs regardless of their state licensure. Thank you.

28:15

Moderator: Thank you so much. We will now move to pharmacy technician. We don't have any other individuals pre-registered to present on this occupation. If you'd like to comment on this occupation during today's session. Please use the Q and A function to indicate your interest to do so. Time will be allotted at the end of the session.

28:41

Moderator: We will move to dental hygienist. We do not have a list of pre-registered individuals to present on dental hygienist. If you would like to comment on this occupation during today's session, please use the Q and A function to indicate your interest to do so.

29:07

Moderator: We will move to dental assistant. We do not have a list of pre-registered individuals for this occupation. If you would like to comment during today's session, please use the Q and A function to indicate your interest to do so. Or you may raise your hand using the webinar platform or star 3 via phone.

29:32

Moderator: We do not have a list of pre-registered individuals for medical technologist. If you would like to present on medical technologist, please utilize the Q and A function to indicate your interest to do so. Or raise your hand on the webinar platform or press star 3.

30:02

Moderator: We also do not have a list of pre-registered individuals to present on diagnostic radiologic technologist. If you would like to comment on this occupation during today's session. Please utilize the Q and A function to indicate your interest to do so or raise your hand by using star 3 if you dialed in by phone or raise your hand on the webinar platform.

30:32

Moderator: We will move to radiologist assistant. We do not have a list of pre-registered individuals to present on radiologist assistant. If you would like to comment on this occupation during today's session, please use the Q and A function to indicate your interest to do so. Press star 3 if you dialed in by phone. Or please raise your hand on the webinar platform.

31:07

Moderator: We will now move on to nuclear medicine technologist. I will now call upon Katie Neal from the Nuclear Medicine Technology Certification Board.

31:25 [MATERIALS: Nuclear Medicine Technology Certification Board]

Katie Neal: I'm Katie Neal, the executive director of the NMTCP. I do have some slides to share with you today as part of my comments. On behalf of NMTCB, I want to share feedback regarding the NSP so please do disregard the language about the Directive 1194. We understand that there are two separate topics, and we thought they were somewhat intertwined, but we will address the scope of practice. And we want to share some details about the nuclear medicine technologists and the education and training and certification and the scope of practice of a nuclear med tech. I believe you guys can advance the slides, is that correct? I don't see how, okay, thank you very much. To explain who we are, NMTCB is the Nuclear Medicine Technology Certification Board, we're a nationally recognized certification agency for nuclear medicine technologists. Our board of directors is made up of technologists, physicians, pharmacists, physicists and scientist representatives and we currently credential over 24,000 nuclear medicine technologists worldwide. I'm here today to give you some comments about what a credentialed nuclear medicine technologist is trained, educated, and certified to do specifically with respect to administering radioactive, adjunctive, and imaging medications. Next slide please. So, the standards, our standards include educational requirements, practical clinical experience and training, and the completion of competency-based exams. There's also a clearly defined scope of practice for nuke med techs that's recognized at the national level by the SNMMI and our certification exam reinforces the fact that the certificate is competent to administer pharmaceuticals, so throughout the slides, I'm going to display the standards and practice components that are established not only by our certification board, but also by the educational programs, the education, excuse me, the accreditation agencies, and the scope of practice that is

published by the professional society. So, as you can see from the menu on the upper right-hand side, the menu bar, I'll first address the educational standards and the competency-based certification exam. And then the scope of practice. Next slide please. So, NMTCB, our eligibility standards require that a person who wants to sit for our CNMT exam must complete our recognized program, med tech program, our education program, excuse me, that has a certain amount of programmatic oversight. And so, the military, the Canadian and Australian, New Zealand programs, they all have similar oversight and requirements, but the JRCNMT is the organization that accredits the nuclear medicine programs here in the U.S. The majority of them whose graduates sit for our exam. So, for the sake of brevity in this presentation, we're just highlight the standards for nuke med tech programs, and then go into our examination and the scope of practice. So, next slide please. So, the JRCNMT is the only nationally recognized accreditor for nuclear medicine technology educational programs, and the recognition is from CHEA, which is the national voice for higher education accreditation, and the international authority on quality assurance. So, all the educational programs that are accredited by JRCNMT should be, should abide by these standards that I'm about to show you. Next slide please. So, while the JRCNMT standards address much more than this, I highlighted some specific accreditation standards that deal with medication injection. And so, as you can see standard C4.1a; C4.2d and standard C6, all discuss how a nuclear medicine technology curriculum should include education and training on the administration of radiopharmaceuticals adjunctive medications in contrast media. So, this should include preparation, calculation, identification, administration, and disposal of radiopharmaceuticals, as well as adjunctive medications along with the same training for contrast media CT procedures and the performance of radionuclide quality control procedures. Next slide please. Additional JRCNMT accreditation standards as part of Appendix 2 also require that a nuclear medicine technology program graduate will know how to practice aseptic techniques, inclusive of adhering to USP standards along with how to establish, verify and maintain vascular access. Next slide please. Additionally, in Appendix 2 of the educational

standards, it explains how a nuke med tech program graduate must be able to identify the acceptable dose ranges, identify the route of administration, explain the appropriate methods to administer radiopharmaceuticals, as well as, understanding the proper way to verify a patient's identity prior to administering the pharmaceutical or adjunctive medication as well as any physiological preparation for the patient and identifying anything that might constitute a contraindication. So, these are all parts of what's taught within a nuclear medicine educational program. Next slide please. Part E of the same educational standards, it explains how a nuclear medicine program graduate must be able to verify physician orders, procedure time, patient radiopharmaceutical or adjunctive, pharmaceutical dosage and the route for administration. Again, I won't go through all of these, but they are available in the JRCNMT standards which are on the JRCNMT website. Next slide please. There's also radionuclide therapy standards that must be met within an educational program, again, detailed in Appendix 2 of the JRCNMT standards, which explains that a nuclear tech graduate must be able to verify and document patient identity, radiopharmaceutical route of administration, and the dosage for therapies. Next slide please. And lastly, if a nuclear medicine program also includes an embedded diagnostic CT program or computer tomography program, these standards apply to those educational programs as well, which means a graduate must be able to identify contraindications to contrast media, evaluate vascular access for compatibility for IV contrast media, monitor, patient, respond to, and react to any contrast media issues. So, if they're performing computed tomography studies. Next slide please. And lastly, this is the last part of the CT portion, and these are the following, the requirements for nuclear medicine program graduates. Again include, identifying contrast, media dose ranges, route of administration, all those types of things again. These are taught within the nuclear medicine educational program. Next slide please. So, changing gears to move on to our certification exam. So once the student completes their nuke med program in its entirety, they're going to need to successfully pass a competency-based board exam in order to gain our nationally recognized CNMT certification. So,

this exam is based on the necessary and critical knowledge elements that are required for competent medical practices, a nuclear med tech. And our CNMT exam has five content area domains as you can see listed there with a variety of questions that do assess a technologist's understanding and knowledge about how to inject pharmaceuticals, radiopharmaceuticals, as well as adjunct medications. So, this exam, our exam is tied directly to a national job analysis, which reflects the current practice within nuclear medicine, and our exam content outline, which I'll briefly display some portions here today. It's available to view in its entirety on our website. And it's called the Components of Preparedness and the link is there if you'd like to see the whole thing. Next slide please. As detailed under Domain 3, a candidate for our exam should understand and will be tested over the characteristics, indications, contrary indications, and the administration of diagnostic radio pharmaceuticals and therapeutic pharmaceuticals, radiopharmaceuticals. Next slide, please. A certified technologist will also be tested over whether they understand the indications, contraindications, and administration of interventional and adjunctive pharmaceutical agents used in conjunction with nuclear medicine procedures. And again, this is just a small portion of the entire exam content outline, but I wanted to draw your attention to specific areas of interest just for the purpose of this call. Next slide please. And last, but not least certainly, is the national recognized scope of practice for our nuclear medicine technologist. This document is published by the Society of Nuclear Medicine and Molecular Imaging. And the practice and performance components presented in this document indicate what's not only taught in the nuclear medicine programs, but it's tested by credentialing organizations such as ourselves in ART, and it's practiced in the field. So, this scope of practice and performance standards document provides a basis for establishing the areas of knowledge and the performance for the nuclear medicine technologist. Next slide please. So, within this document, I do want to draw your attention to Page 7, which specifically explains how a nuclear medicine technologist has the ability to perform diagnostic and therapeutic procedures, including the identification, preparation, calculation, documentation, administration and monitoring of

adjunctive and imaging medications, radiopharmaceuticals and along with the disposal of those items. Next slide please. I won't read all of this, but page 12 and 13 of the scope of practice further details the nuclear medicine technologist's performance standards. It looks like I've, there we go. So again, the document does specify how a tech is able to properly administer radiopharmaceuticals, adjunctive medications, and imaging medications as well. Next slide please. So, we did want to make sure that the VA's aware that a certified nuclear medicine technologist is educated and trained and tested over their knowledge and ability to safely administer radiopharmaceuticals, adjunctive medications, including those for clinical trials and research and off label use as well as imaging medications. So, a technologist can and should be able to do these things under the supervision of an authorized user. And as it's described in the scope of practice document that I'm linking, or I just linked here for nuke med techs. Next slide please. We can skip over this one as I believe the comments today are supposed to focus mainly on the scope of practice and this was in regard to the directive. So, again, in closing, I just want to say NMTCB does appreciate the VA's commitment to providing Veterans access to health care services and we hope that those services are always going to be provided by educationally prepared and clinically competent providers. So, this concludes our comments, and our email address was there if you have any questions.

42:01

Moderator: Thank you so much for your comments. We will now move to social worker. I will call upon Cassandra Williamson from the Transgender and Diverse Veterans of America to present their comment. As a reminder, if you're using your phone, please press star 3 to raise your hand to identify yourself and your name is called. Once we identify you, press star 6 to be unmuted.

42:58

Moderator: In the interest of time, we will move on. I will now call upon Tara Consolino to provide

your comment. As a reminder if you called in today, please press star 6 to raise your hand to identify yourself. When your name is called, once we identify you, press star 6 to be unmuted.

43:47

Moderator: It looks like the individual is not on the line. Therefore, we will now move back to pharmacist. And I will now call upon Kimberly Horvath from the American Medical Association to present their comment.

44:12

Kimberly Horvath: Hello can you hear me?

Moderator: Yes, ma'am. You may proceed.

44:16

Kimberly Horvath: Great. Thank you. Hi, my name is Kimberly Horvath. I'm a senior attorney with the American Medical Association. First off, thank you for the opportunity to weigh in on the VA national standards of practice for pharmacist. First off, we just want to reiterate the AMA's overarching concern with the VA Supremacy project specifically that the national standards of practice may allow non-physicians to provide care to patients that is outside their education, training and licensure. Today we wanted to specifically address the national standards of practice for pharmacists. Pharmacists play a critical role in the health care system and within the VA system, where pharmacists and physicians have a long history of working together, each building on the other strength, pharmacists as medication experts and physicians uniquely trained in the full spectrum of medicine, including diagnosing, and treating patients. Often the collaboration between physicians and pharmacist is through a formal collaborative practice agreement, such as a

collaborative drug therapy management agreement, where a pharmacist alongside and as directed by a physician, can play a critical role in managing patients' medication therapy. Using an evidence-based approach to care, the AMA strongly supports this model of physician-led team-based care. The VA currently engages in collaborative pharmacy practice and more than 40 states have existing laws in place supporting some kind of collaborative drug therapy management. We would like to emphasize that the strongest collaborative pharmacy practice models have a few key things in common. First, they establish a formal written agreement between an individual physician and a pharmacist. Second, they include clear treatment protocols. And third, they are specific to a singular patient. This is very different from broad or standardized agreements that do not take into consideration the needs of a specific patient. Strong collaborative drug therapy management agreements allow pharmacists to play a key role in medication management and have proven effective in improving patient outcomes, including patients with chronic illnesses like diabetes. As part of the Pharmacist National Standards of Practice, we encourage the VHA to incorporate individualized patient-specific collaborative drug, collaborative pharmacy practice protocols to define an arrangement between an individual physician, and a pharmacist. We strongly urge the VA to not allow pharmacists to practice outside physician-led care teams. And welcome the opportunity to share more information as you continue this process. Thank you so much for the opportunity to talk today.

46:53

Moderator: Thank you so much for your comment. I will now call upon Heather Bloomer to present their comment. As a reminder, if you dialed in to this call today, please press star 3 to raise your hand to identify yourself. When your name is called, once we identify you, press star 6 to be unmuted.

47:35

Moderator: Moving on. I will now call upon Eugenia Brandt from the American College of Radiology who would like to speak on radiologist assistant.

47:52

Eugenia Brandt: American College of Radiology supports physician-led teams and patient care, and as such the tasks performed by a registered radiologist assistant should be done under the supervision of a radiologist. And those duties and tasks should be well defined and documented. The College believes that RAs with defined responsibilities will enhance the performance of radiological procedures and patient care. I will also note that we do plan to submit detailed written comments. And thank you for this opportunity to comment.

48:33

Moderator: Thank you so much for your comment. I will now call upon Brigid Grove with the American Pharmacists Association to comment on pharmacist, clinical pharmacist practitioner and pharmacy technician.

48:48

Brigid Groves: I'm Brigid Groves. I'm the vice president for pharmacy practice at the American Pharmacists Association. We are appreciative of the opportunity to contribute to the conversation today. The American Pharmacists Association is the largest pharmacy association representing the entire profession. We wanted to indicate that we are very supportive of the national standards of practice for pharmacists, clinical pharmacy practitioners and pharmacy technicians. As a reminder pharmacists complete six to eight years of didactic and experiential education and Doctor of

pharmacy programs. And many go on to complete post graduate training through pharmacy residency programs and specialize in clinical areas and receive that training and expertise. As demonstrated by colleagues on the call as well over the course of many years, pharmacists have partnered with physicians and other healthcare providers, which has provided high quality and accurate patient care, shown to improve patient outcomes and overall quality of care as well as, decreasing the costs to the healthcare system as a whole. And as mentioned by our colleagues at ASCP, scope of practice does vary widely by states. For example, we know that in certain states, or 12 in particular, that pharmacists have the authority to initiate HIV prep in 14 States and 11 States. Pharmacists have the opportunity to test and treat for influenza, streptococcal infections, and or COVID-19 with prescriptive authority, Statewide protocol or other means. We also know that collaborative practice agreements are available in all 50 States and allow those pharmacists that opportunity to practice at that level. However, pharmacists practicing under the supremacy that then would be supplied through the VA national standards of practice both facilitate equity among the different States that Veterans no matter where they are are receiving that same standard of care from a pharmacist. Of the most accessible healthcare professionals, pharmacists are that vital provider care, especially for those living and underserved and remote communities. And really participating with the physicians and other healthcare providers as part of that team that team-based care and following the pharmacist patient care process to ensure that we're communicating, identifying, and recommending and modifying treatment therapy accordingly. Patient access to pharmacists' provided care can address health inequities, reduce hospital admissions, increase medication adherence, and then decrease overall healthcare expenditures overall. APhA will be submitting written comments but we are in great support of the national standards of practice for pharmacists for clinical pharmacist practitioners and pharmacy technicians. Thank you.

51:36

Moderator: Thank you so much for your comment. I will now call upon Dr. David Brandon from the Society of Nuclear Medicine and Molecular Imaging, Chair of the Procedure Standards Committee; he will be speaking on nuclear medicine technologists. As a reminder there is a slight delay, so please pause. First, pause before you begin to speak to make sure you're not cut off. If you called in today, using a telephone, please press star 3 to raise your hand to identify yourself. And we will call upon you and request you to be unmuted.

52:17

Dr. David Brandon: …for allowing me to speak. My name is David Brandon, I'm a physician at the Atlanta VA, but I'm here wearing the hat of the Procedure Standards Chair of the Society of Nuclear Medicine Molecular Imaging. SNMMI is a nonprofit scientific professional organization of course, promotes the science technology and practical application of nuclear medicine and molecular imaging and counts as its members physicians, nuclear medicine, technologists, scientists, physicists, and nuclear pharmacists. We rise to fully support the full scope of a practice based on the NMTCB accreditation standards and want to highlight two areas that are critical, to be included in the standards. First is off-label use of unsealed source radiopharmaceutical medications. Nuclear medicine is a bit unusual in the fact that most of our medications are approved for a relatively narrow scope by the FDA; these medicines generally don't make extensive amounts of money, and there's no money in going back and adding additional indications when we looked at what a ready for are suitable medications off label indications we stopped at around 40, and most of these have procedure standards associated with them and are studies that are done by the hundreds to thousands every year. So, these are not one off, these are standard clinical practice. They just don't have an official FDA labeled use, and the second is is research medications and as long as the technologist follow the prescribed VA process for getting research accreditation, it is critical to be

part of research. The VA nuclear medicine has a very long history of research, actually dating back to almost the Manhattan Project, with many important advances coming out of the VA, and still to this day. We look forward to submitting written comments and thank you for the opportunity to comment.

54:26

Moderator: Thank you so much for your comment. At this time, I will ask if any VHA clinical representatives on the line would like to ask any clarifying questions. Please do so now.

55:07

Moderator: Hearing none, we will move on. I will now call upon Xander Arena to provide their comment.

55:25

Xander Arena: Can you hear me? Is my audio okay?

Moderator: Good afternoon. Yes, please state your full name and your affiliation, that would be wonderful.

55:33

Xander Arena: Yes, Xander Arena and a nuclear medicine technologist at the Phoenix VA. My comment is that I wonder if the VA has considered that nuclear medicine technologists operating under the authority of an authorized user. And that, by regulation, an authorized user cannot be an RN. Because, as I've delved into this UAP notion it seems to qualify LPs as possibly RNs and in no instance, can an RN be an authorized user therefore, in no instance could a nuclear medicine tech

operate or administer a radiopharmaceutical under the authority of an RN. So, it would create a significant complication from a regulatory perspective to advance NMTs as UAPs. I would also like to add for comment that in more than half of the States in the United States, nuclear medicine techs are licensed, and as Ms. Neal from the NTCSB indicated, I mean, our training is extensive, so I just really wanted to add the concept of the authorized user to the discussion so that the VA can fully appreciate the implications of what may be asked and that's it for this comment. I'll have more in writing. Thank you.

56:58

Moderator: Thank you so much for your comment. At this time, I will call upon the individuals who may have experienced technical difficulty earlier when called upon. As a reminder, if you are using your phone, please press star 3 to raise your hand to identify yourself and your name is called. Once we identify you, press star 6 to be unmuted.

57:26

Moderator: I will call upon Debbie Fletcher with the American Academy of Emergency Medicine who would like to speak on behalf of pharmacist occupation.

57:54

Moderator: Thank you. Perhaps Ms. Fletcher is not in attendance today. I will next call upon Cassandra Williamson with the Transgender and Diverse Veterans of America who would like to speak on behalf of social worker. As a reminder, if you called in via phone, please press star 3 to raise your hand to identify yourself and your name is called. Once we identify you, press star 6 to be unmuted.

58:28

Moderator: Moving on, I will call upon Tara Consolino who would also like to speak on behalf of the social worker occupation.

58:52

Moderator: Thank you again. We will now move to the open mic slide section. If any individuals who are on this call indicated their interest to present using Q and A function of the chat, you may raise your hand also to you on the webinar platform at the bottom of your screen to indicate your interest to speak today. If you dialed in on your phone and you would like to provide a comment, you may press star 3 at this time on your phone to raise your hand to indicate your interest to present.

59:40

Moderator: I will now call upon Patricia Kulas to provide their comment. Please state your full name and your affiliation.

59:54

Patricia Kulas: I'm Dr. Patricia Kulas and I'm the Chief of Radiology and Nuclear Medicine at a VA community hospital. I just wanted to add a boots-on-the-ground perspective to any changes in the scope of practice for technologists. Any loss in the scope of practice for technologists, which would need to be filled by either a nurse or a physician, would in essence shut down our much-needed nuclear medicine department. Our facility is already short staffed, due to the national crisis in nursing, in the severe shortage of radiologists and nuclear medicine physicians. Therefore, it's difficult to find nurses and physicians to hire. If you limit the scope of practice for these very specialized nuclear medicine technologists, that would realistically mean that we would not be able

to find anyone to fill these new responsibilities that arose if you decrease their scope of practice. Finding nurses is difficult; finding nurses trained in the verification of radiation dosage to inject radioactive materials would be even more difficult. And we do not have a nuclear medicine physician on site. So, I want to reiterate what Ms. Neal stated, that these technologists are highly trained and skilled, especially in nuclear medicine. They have their own national credentialing boards. Therefore, I hope that any upcoming standardizations will not limit the scope of practice, either for radiology or nuclear medicine technologists. Thank you.

1:01:32

Moderator: Thank you so much for your comment. Again, during this time we're opening up the mic to any individuals who would like to present their comments. Please indicate using the Q and A function of the chat, or you may raise your hand now using the Webex platform at the bottom of your screen. If you dialed in on your phone, you may press star 3 on your phone to raise your hand to indicate your interest to present. Once identified, you will press star 6 to be unmuted.

1:02:22

Moderator: While we're waiting for any other individuals who would like to provide comment, I will ask if any VHA clinical representatives on the line would like to ask any clarifying questions, please do so now.

1:02:51

Moderator: Once again, if you'd like to provide your comments, please use the Q and A function in the chat. Or you may raise your hand now, using the Webex platform on the bottom of your screen. If you dialed in on your phone, you may press star 3 to raise your hand.

1:03:22

Moderator: Hearing no other, we will now conclude the open comment section during this listening session. We commend each of you for your steadfast dedication and continue to support and enabling VA, health care professional to provide the best care to our nation's Veteran. As a reminder, all suggestions made through these listening sessions will be used to improve and inform the content included in VA's proposed national standards of practice across all 51 occupations. All VA proposals for each occupation's VA national standards of practice will still occur through the Federal Register during the 60-day open comment period. For more information on VA's national standards of practice visit the VA National Standards of Practice website and sign up for our newsletter at https://www.va.gov/standardsofpractice/. Thank you again for attending the Veterans Affairs National Standards of Practice Listening Session. A recording and transcript of this Listening Session will be available on the VA National Standards of Practice website upon conclusion of all schedule listening sessions. We will remain open until 4:30 p.m.; however, this session is closed. Thank you so much and have a wonderful day. Goodbye.

1:44:47

Moderator: Good afternoon, thank you for joining. Our pre-registered speakers have already provided their comments. If you're still interested in sharing your verbal comment today, we can go ahead and unmute you if you'd like to submit a written comment, please use the Q and A function located in the box at the bottom right-hand corner of the webinar platform. You may also submit written comments and materials to VA.NSP@va.gov. Participants have until October 5, 2023, to submit comments.

1:45:21

Cassandra Williamson: Can you hear me?

Moderator: Hi, yes.

1:45:25

Cassandra Williamson: This is Cassandra Williamson, the Executive Director for Transgender, Diverse Veterans of America and first, I apologize for coming in late. It's been rather hectic, but anyway, my comments just basically have to do, resonate around the topic of making sure that we're asking all the right questions when we do work with our Veterans, we're saying the right things, and we're actually abiding by the policies that are out there, those policies and the 1340 and 1341-3 and all those policies. That even applies in research and social work and whatever we're doing. I just wanted to make that clear, or at least make that point, to kind of reiterate that I know the VA has been really good about working on that at the national level so far, and it's really great. I just want to stress how important that is for our minority Veterans, not just trans Veterans, but all minority Veterans in the whole population, particularly in these times, when things are getting a little bit tougher. But, anyway, that's all I wanted to say, but thank you for your time. And again, I apologize for being late.

1:46:29

Moderator: Thank you so much, we appreciate your comments.

1:54:55

Moderator: Thank you for joining. If you joined late, our pre-registered speakers have already provided their comments. If you joined by phone today's session, if you are interested in providing verbal comments, please raise your hand by dialing star 3 to identify yourself on the line. I will then

give you the capability to unmute your phone line and you will hear a prompt to press star 6 to unmute your mic. Any participants unable to speak during today's session may submit written comments after the session to VA.NSP@va.gov. Participants have until October 5, 2023, to submit comments. Once again, this listening session has concluded, but will remain open until 4:30 p.m. If you joined by phone and are interested in providing verbal comments today, please raise your hand by dialing star 3 to identify yourself on the line.

NOTE: *All listening sessions conducted ran 2.5 hours in duration—audio recordings have been edited to remove pauses. Please contact presenters directly to request presented materials referenced in each session.*