

Computed Tomography Issue Submittal Form

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ONE ISSUE PER FORM

- WAC 246-226-001 Authority
- WAC 246-226-005 Purpose and scope
- WAC 246-226-010 Definitions, abbreviations, and acronyms
- WAC 246-226-020 Requirements for equipment
- WAC 246-226-030 Facility design requirements
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- WAC 246-226-130 Requirements for CT simulators used exclusively for treatment planning purposes in conjunction with a megavoltage radiation therapy unit
- Other category

Description of Concern (cite subsection as appropriate):

The proposed requirement is excessive in that it requires protocol review every six months rather than a typical annual requirement. (5) *Six months after the effective date of these rules, the CT registrant shall establish scanning pro-protocols in consultation with a medical physicist. In addition, (a) Each registrant shall review all of their CT default protocols **every six months** to ensure they are correct and are the intended protocols. Comparison should be made to the initial dose assessments that were made at the time of installation and those made during the last annual review by the medical physicist. The protocol review shall be conducted by a combination of the lead CT interpret-ing/supervising physician, CT medical director or CT Department Manager, the medical physicist and lead CT technologist. The evaluation or review shall determine whether the (CTDIvol) from current protocols is appropriate or whether there is an opportunity to reduce the technique and lower the CTDIvol without an unacceptable sacrifice in image quality. Written and signed documentation of this 6-month review shall be made and kept available for inspection for each CT unit at the facility.*

Description of Solution (cite subsection as appropriate):

Change the proposed rule to require protocol review every 12 months.

Public Health Significance:

None, the 12 month requirement would meet or exceed industry “best practice” standards.

Potential Costs (Licensees or Department):

None

Submitted By: Bart Thompson

Return completed form to: Michelle K. Austin, Rules Coordinator, michelle.austin@doh.wa.gov

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Description of Concern (cite subsection as appropriate):

The proposed rule does not give adequate time for Radiologic Technologists or Businesses to meet the personnel qualifications for Radiologic Technologists. Specifically, (ii) *Have the advanced certification in Computed Tomography, known as "post-primary pathway" certification, through the ARRT.* The timeline for this requirement may negatively impact businesses ability to provide care to patients if they must lay-off Radiologic Technologists whom are not able to meet the short timeline.

Description of Solution (cite subsection as appropriate):

Change the timeline requirement for implementation to 12 months following the effective date of these rules. Twelve (12) months is a more realistic timeline to adopt and meet the requirement.

Public Health Significance:

None, There is no current requirement

Potential Costs (Licensees or Department):

None

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Description of Concern (cite subsection as appropriate):

WSHA is concerned about Item 3 of WAC 246-226-080, regarding physician licensure.

1. The proposed rules exceed state law and existing rules which would lead to two separate standards.
 - a. State law (Chapter 18.71 RCW) and existing rules (WAC 246-919) require physicians and surgeons to (1) graduate from an accredited or approved medical school; (2) complete residency or post-graduate training program; and (3) meet continuing education requirements to be licensed in Washington State. The proposed rules add new requirements such as (1) obtaining board certification; and (2) evaluating/interpreting a specified number of CT examinations.
2. The proposed rules raise issues on which state regulatory agency has authority to license physicians: the Medical Commission or the Department of Health?

Description of Solution (cite subsection as appropriate):

1. The proposed rules should be consistent with existing state law and rules.
2. The department needs to clarify which agency is responsible for credentialing to avoid duplication and confusion.

Public Health Significance:

Potential Costs (Licensees or Department):

Submitted By: Vergil Cabasco, WSHA

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Description of Concern (cite subsection as appropriate):

WSHA is concerned about Item 1 of WAC 246-226-080, regarding RT Personnel Qualifications.

1. In general, the Department of Health has broad authority to adopt rules. WSHA would like clarification whether the proposed rules exceed the requirements listed in Chapter 18.84.080 RCW. The proposed rules require RTs to be certified under Chapter 18.84 RCW **and** have an advanced certification in post-primary pathway certification through the American Registry of Radiologic Technologists (ARRT).
 - a. Washington State law (Chapter 18.84.080 RCW) lists the certification requirements for diagnostic RTs which includes (1) graduation from an approved school or successful completion of an alternative training that meets the criteria established by the secretary; (2) satisfactory completion of a radiologic technologist examination; and (3) good moral character.
2. The department creates two standards for certification.
 - a. The existing RT qualification requirements are in WAC 249-926. The proposed rules create new qualification requirements in WAC 246-226-080. Having two sets of rules will create confusion on which standards to follow.



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3. The proposed rules may impact availability of RTs in rural communities who can provide services.
 - a. Rural hospitals have fewer staff and may have lower volume of CT exams compared to urban areas.
 - b. The number of RTs in certain rural counties is already low (please see attached), with at least 21 counties in the state having fewer than 50 RTs.

Description of Solution (cite subsection as appropriate):

1. Please clarify whether adding a post-primary pathway certification requirement exceeds the requirements in Chapter 18.84.080 RCW.
2. The department will have to align its proposed rules and existing regulations in WAC 249-926 to create one standard. Even if the department establishes that it has the authority to add a new requirement, it should avoid establishing two sets of rules.
3. The department should review data on the potential impact in rural communities, both in terms of workforce and access to CT services.

Public Health Significance:

Potential Costs (Licensees or Department):

Submitted By: Vergil Cabasco, WSHA

Return completed form to: Michelle K. Austin, Rules Coordinator, michelle.austin@doh.wa.gov

Radiologic Technologists by County

	Total
Unknown	150
Adams	4
Asotin	9
Benton	171
Chelan	96
Clallam	59
Clark	288
Columbia	6
Cowlitz	70
Douglas	51
Ferry	1
Franklin	58
Garfield	1
Grant	64
Grays Harbor	39
Island	45
Jefferson	24
King	1504
Kitsap	190
Kittitas	16
Klickitat	14
Lewis	41
Lincoln	7
Mason	38
Okanogan	30
Pacific	16
Pend Oreille	9
Pierce	572
San Juan	5
Skagit	104
Skamania	4
Snohomish	665
Spokane	460
Stevens	29
Thurston	221
Wahkiakum	2
Walla Walla	57
Whatcom	147
Whitman	21
Yakima	233
Out of State	497
Total	6018

September 17, 2013

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Michelle Austin; Rules Coordinator
Washington State Department of Health
Office of Radiation Protection
PO Box 47827
Olympia, WA 98504-7827

Re: Computed tomography (CT) – pre-proposal statement of inquiry.

Dear Ms. Austin,

On behalf of the Washington State Medical Association (WSMA) and its 9,800 physician and physician assistant members, we are submitting these comments regarding CT diagnostic x-ray system. We understand that the Department of Health (DOH) is engaging a workgroup to address the use of CT technology; specifically, the fact that this technology has grown in use in recent years. We also recognize that the DOH may need to develop rules in order to help reduce radiation exposure and to reduce the number of overexposure incidents. We are thankful for the opportunity to offer the comments below and look forward to participating in the rulemaking as it moves forward.

WAC 246-226-080 – CT Personnel Qualifications

This section appears to impose a dual credentialing process for physicians. The proposed rules seem overly broad and confusing by adding oversight of physicians by a second state agency. The WSMA believes that the process of credentialing of physicians should remain solely within the scope of authority of the Medical Quality Assurance Commission.

Thank you for the opportunity to share our concerns. If you have any questions, please feel free to contact Kathryn Kolan at (360) 352-4848 or Denny Maher at (206) 956-3640.

Sincerely,

//sd//
Denny Maher, MD, JD
Director of Legal Affairs

//sd//
Kathryn Kolan, JD
Director of Legislative and Regulatory
Affairs

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- Other category

Description of Concern (cite subsection as appropriate): The current proposed rules exceed or meet the ACR standards. Requiring CT accreditation in addition to the state rules would add additional non value added costs to hospitals. The Joint Commission is updating rules for Hospitals in 2014 and CMS requires Outpatient facilities to be accredited for reimbursement purposes.

Description of Solution (cite subsection as appropriate):

Eliminate CT Facility Accreditation requirement from the scope of these rules.

Public Health Significance:

No Impact

Potential Costs (Licensees or Department): Requiring CT accreditation for hospitals would increase costs without improving quality or safety. Average accreditation fees per scanner are \$2900

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Description of Concern (cite subsection as appropriate):

We are concerned about Item 8, Definition of "CT Adverse Health Event" on page 2.

1. Washington State already defines adverse events in law and in rules. Adverse events, which are reported to the Department of Health, have specific meaning to hospitals and other providers. A new definition will create confusion since CT Adverse Health Events are not part of the National Quality Forum's serious reportable events.
 - a. The law (70.56.010 RCW) states that "adverse health event" or "adverse event" means the list of serious reportable events adopted by the National Quality Forum in 2002, in its consensus report on serious reportable events in health care. The department shall update the list, through adoption of rules, as subsequent changes are made by the National Quality Forum. The term does not include an incident.
 - b. Existing rules (WAC 246-302-010) state that "adverse health event" or "adverse event" means the list of twenty-nine serious reportable events updated and adopted by the National Quality Forum in 2011, in its consensus report on serious reportable events in health care including all appendices. Adverse health events are listed in WAC 246-302-030.

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2. The definition is too broad.
 - a. What is the definition of overexposure? Is overexposure anything above the dose limits in proposed WAC 246-226-060? Does overexposure include dose limit and frequency of CT scan?
 - b. What is the definition of damage? Any type of damage or damage that results in death or serious injury (e.g., similar to the National Quality Forum Serious Reportable Events)?

Description of Solution (cite subsection as appropriate):

1. The department should use a different terminology than “CT Adverse Health Event” since the definition in the proposed rules is not consistent with existing law or rules. Consistency in definitions is critical to avoid confusion and ensure appropriate reporting.
2. The department needs to narrow its definition and identify what specific data it is seeking.
3. The department should explore if there are national definitions that are commonly acceptable to stakeholders.

Public Health Significance:

Potential Costs (Licensees or Department):

Submitted By: Vergil Cabasco, WSHA; Mark Kochan, Evergreen Healthcare; Jim Sapienza, MultiCare Health System

Return completed form to: Michelle K. Austin, Rules Coordinator, michelle.austin@doh.wa.gov