Ethical Decision-Making in the Current Practice Environment: Applying the Revised Code of Ethics

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Theresa H. Rodgers, MA, CCC-SLP, ASHA Fellow, Licensed SLP, EdS (Learning Disabilities)
Disclosure Statement

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Non-Financial Relationships

• 2016 Vice Chair of ASHA’s Board of Ethics
• Member of the Louisiana licensure board
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• Shelly Chabon, Ph.D., CCC-SLP
• Glenn M. Waguespack, M.S., CCC-A
• Ellen Fagan, Ed.D., CCC-SLP
The Current Practice Environment: Considerations and Constraints?

- Productivity Demands (e.g., SLPs in SNF required to clock out to complete documentation)
- Expectation that clients will be maintained on caseload [and/or at same level of service] even when no longer warranted
- Pressure to bill on-going assessment provided within therapy sessions as “evaluation”
- Provision of services without adequate training
The Current Practice Environment: Considerations and Constraints?

- Paperwork burden and its effect on service provision to patients/clients/students, as well as quality of record-keeping (potential billing errors, inadequate documentation of services, etc.)
- Pressure to sign-off on “Medicaid” billing when proper supervision has not been delivered (lack of caseload relief to allow for adequate supervision time)
- Lack of currency in practice techniques (lack of release time for quality continuing education; practitioner burn-out and work-life balance issues)
The Current Practice Environment: Considerations and Constraints?

- Inadequate/improper supervision of graduate students, assistants and/or Clinical Fellows
- Inappropriate delegation of tasks to graduate students and/or assistants
- Inadequate/improper documentation of supervision
- Conflict of interest (e.g., solicitation of cases for part-time private practice from practitioner’s full-time employment entity)
The Current Practice Environment: Considerations and Constraints?

- Questions concerning cultural competence in the administration and interpretation of diagnostic materials
- Cultural competence issues in interacting with families and those whom we serve
- Patient/client abandonment
Moral Principles (Kitchener)

Underpinnings of many ethical guidelines

1. Autonomy (freedom of action & choice)
2. Justice (fairness)
3. Beneficence (doing good for others)
4. Nonmaleficence (preventing or avoiding harm)
5. Fidelity (loyalty)
Ethical Principles (Kitchener)

- Autonomy: Having the right of self-determination
- Beneficence: Doing good for others
- Nonmaleficence: Preventing or doing no harm
- Justice: Treating individuals fairly
- Professional Competence: Knowing the boundaries
“Ethics is NOT primarily concerned with getting people to do what they believe to be right, but rather with helping them to decide what is right.”

Jones, Sontag, Beckner, Morton and Fogelin in Seymour, 2001
Codes of Ethics Differences/Similarities

- Professional Organizations
- Regulatory Agencies
- ASHA Summary of State Info

http://www.asha.org/Advocacy/state/State-Codes-of-Ethics/
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Bylaws of the Association – Article VIII (2008)

• Formulate, publish, and, from time to time, amend a Code of Ethics

• Develop educational programs and materials for members (Ethics Education Subcommittee)

• Adjudicate complaints alleging violations of the Code of Ethics
Ethics Education

- Ethics Education Subcommittee (Board of Ethics members in 4th year of their term)
  - Issues in Ethics Statements
  - Convention Presentations
  - Student Ethics Essay Award Program

- Live online Web chats – The schedule can be found at http://www.asha.org/events/live/

- Articles for *The ASHA Leader*, ASHAWire, *ASHA Audiology Connections*, and other publications

- Guest speakers
Process for Filing Complaints

If you have reason to believe the Code has been violated, you shall inform the ASHA Board of Ethics pursuant to *Principle IV, Rule M*.

**Code of Ethics (2010r)**

*Code of Ethics (2010r)* is the applicable code for suspected violations occurring prior to March 1, 2016.

**Code of Ethics (2016)**

The newest revision of the ASHA *Code of Ethics (2016)* is the applicable code for suspected violations occurring March 1, 2016, and thereafter.
No Anonymous Complaints

- Lessens filing of frivolous or malicious complaints
- Difficult for the Board of Ethics to assess veracity of the complainant, credibility of facts, and evidence on which complaint is based
Ethics Complaints & BOE Powers

- ASHA BOE has no “investigative” resources/authority.
- ASHA BOE has no subpoena power.
- Cases are heard and decided based on information provided by complainants, respondents, and, in limited cases, licensing boards, courts, public records, or the media.

SANCTIONS

(PRIVATE) Reprimand

Between Complainant and Respondent

PUBLIC

Published in The ASHA Leader and on ASHAwire

Censure

Withholding – for Applicants or Dropped Members*

Suspension – For months or years*

Revocation – For months, years, or life*

* Interrupts Certification/ Membership

Cease & desist orders, which can be public or private, can also be issued.
Sanctions - Regulatory Boards

- Reprimand (Public)
- Probationary status (e.g., limit practice to areas prescribed by the board; completion of professional education approved by the board until satisfactory skill level achieved, etc.); NM Rules 16.26.8.7 l. - “License restricted subject to conditions”
- Fine (for each violation)
- Require restitution to a consumer who suffered damages as a result of the conduct
Sanctions - Regulatory Boards

- Suspension (**NM Rules 16.26.8.7 H.**)
- Revocation (**NM Rules 16.26.8.7 G.**)  
  (Note: Revocation may or may not be permanent depending on enabling statute.)
- Other discipline (e.g., Open Book Examination in La.)

(Restitution of costs and expenses associated with disciplinary proceedings may also be allowed, depending on statute.)
Considerations in Imposing Sanctions – Regulatory Boards

- Self-report vs. consumer complaint
- Severity of offense
- Extenuating circumstances
- First or repeated offense for same violation
- Repeat offender for various violations
- Consistency with previous board actions - precedents
- Degree of harm to the consumer
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*Basis for Action Codes and Action Codes to be reported to the NPDB as mandated under Section 221(a) of HIPAA following completion of the disciplinary process.*
# Speech-Language Pathology, Audiology & Hearing Aid Dispensers

When any final disciplinary actions are completed, the Board will update this page to reflect that information. Any other disciplinary actions taken by this Board prior to July 2011 can be obtained by filing a public information request.

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The ASHA Board of Ethics has found two speech-language pathologists in violation of the association’s Code of Ethics. The listed violations refer to the version of the code and the specific rules and principles involved.

**Texas**

- **Rationale:** Engaged in professional activities while abusing alcohol and other substances; submitted false billing claims to health insurers for clients, herself and employees; was convicted of felonious health care fraud; and admitted to billing for more than $3 million in services not rendered.
- **Sanction:** Revocation of membership and certification for life, effective April 19, 2016.

**Oklahoma**

- **Rationale:** Misrepresented services provided by submitting progress notes and billing statements for clients she did not see.
- **Violations (2010):** I, I-O, IV, IV-C, IV-I.
- **Sanction:** Suspension of membership and certification for 36 months, effective April 19, 2016.
Board of Ethics Decision

The ASHA Board of Ethics found the following speech-language pathologist in violation of the association’s Code of Ethics. The listed violations refer to the version of the code and the specific rules and principles involved.

- **Rationale:** Pled no contest in the District Court of Oklahoma County for falsely billing the Oklahoma Medicaid program for therapy sessions not provided.

- **Violations (2010):** I, I-O, III, III-E, IV, IV-C

- **Sanctions:** Revocation of membership and certification from May 12, 2016, through June 18, 2020.
CODE OF ETHICS


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(included in handouts)
ASHA Code of Ethics (2016)

- Updated Preamble
- New Terminology Section
- Edited Principles (III, IV)
- 15 New Rules

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following.

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.
The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code.
ASHA Board of Ethics only has jurisdiction over:

- **Members** of ASHA – Certified and Noncertified
- **Nonmembers** holding the CCC
- **Applicants** for membership and/or certification
Terminology - New Section

Examples include:

• Publicly sanctioned
• Self-report
• Shall vs. may
• Diminished decision-making ability

How Is the Code Organized?

• The **fundamentals** of ethical conduct are described by *Principles of Ethics* and by *Rules of Ethics*.

• *Principles of Ethics* form the underlying philosophical basis for the Code of Ethics.

• *Rules of Ethics* are specific statements of minimally acceptable as well as unacceptable professional conduct.

Principles within Code of Ethics

**Principle I**
- Responsibility to persons served professionally and to research participants

**Principle II**
- Responsibility for one’s professional competence

**Principle III**
- Responsibility to the public

**Principle IV**
- Responsibility for professional relationships
Intra- and Interprofessional Collaboration

Principle I, Rule B
Principle IV, Rule A – New Rule
Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.
Supervision

• Principle I, Rule D
• Principle I, Rule E
• Principle I, Rule F
• Principle I, Rule G
• Principle IV, Rule I

Revised language clarifies and strengthens these Rules. The responsibility for the welfare of those being served remains with the certified individual.
Issues in Ethics Statements Relating to Supervision

- Audiology Assistants (2014)
- Clinical Services Provided by Audiology and Speech-Language Pathology Students (2013)
- Responsibilities of Individuals Who Mentor Clinical Fellows in Speech-Language Pathology (2013)
- Speech-Language Pathology Assistants (2014)
- Supervision of Student Clinicians (2010)

http://www.asha.org/practice/ethics/ethics_issues_index/
Informed Consent

**Principle I, Rule H**

Individuals shall obtain informed consent …of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization from a spouse, other family member, or legally authorized/appointed representative.

**Principle I, Rule I**
Use of Technology

- Principle I, Rule K
- Principle I, Rule N – Updated Rule
- Principle II, Rule H
- Principle II, Rule G – New Rule

This new Rule was created to address the increased use of technology and telepractice, emphasizing best practice and treating within scope of practice and/or competency.
Impaired Practitioner

- Principle of Ethics I, Rule R

- Principle of Ethics I, Rule S – New Rule
  Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

This new Rule recognizes that impaired practitioners may not always be able or willing to seek professional assistance and/or withdraw from practice.
Patient/Client Abandonment

Principle I, Rule T
Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

http://www.asha.org/Practice/ethics/Client-Abandonment/
Updated IES Coming Soon!
Principle II, Rule C – New Rule

Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

Principle IV, Rule R

Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

*Principle II, Rule C was created to clarify basic regulatory compliance for both professional practice and research endeavors.*
Administrative/Supervisory Roles

Principle II, Rule F

Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.

This new Rule addresses issues in practice environments including unrealistic productivity demands, billing pressures with conflicts, and being asked to provide services outside of one’s scope of practice and/or competency.
“In all circumstances, it is incumbent on the speech-language pathologist or audiologist to determine when to accept limitations on professional responsibility … maintain[] independence of judgment and preserve[] the professional prerogatives to plan and provide speech-language pathology or audiology services that are in the best interest of the individual client and accept[] responsibility…”

http://www.asha.org/Practice/ethics/Prescription/
Conflict of Interest

Principle III, Rule B

Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
Disclosures

Principle III, Rule G
Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

This new Rule strengthens the disclosure requirements that are already required for processes related to research, presentation, or writing.
Disclosures

Principle IV, Rule F
Principle IV, Rule Q

These new Rules were created to be specific about the required behavior of individuals who are:

- Applying for ASHA certification and/or membership or reinstatement thereof, as well as individuals who are required to make disclosures for other similar purposes – Principle IV, Rule F;
- Making or responding to ethics complaints or offering evidence and/or testimony for a complaint – Principle IV, Rule Q.
Reporting Members of Other Professions

Principle IV, Rule N

Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

Because ASHA members and/or certificate holders work with many related professionals, this new Rule was created to encourage the reporting of conduct that compromises the care of those we serve.
Self-Reporting

Principle IV, Rule S

Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm – or the threat of physical harm – to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
This new Rule mirrors and supports the first disclosure question on the audiology and SLP applications for certification or reinstatement thereof, requiring an individual to “self-report” any convictions, misdemeanors, felonies, etc., when applying for ASHA certification or when becoming ASHA certified. The new theme of self-disclosure is fortified by this Rule.

(5) Disclosure Information
1. Have you ever been convicted; been found guilty; or entered a plea of guilty or nolo contendere to
   A. Any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another or
   B. Any felony?
   Check one: [ ] Yes [ ] No
2. Are you presently indicted on or charged with
   A. One or more misdemeanors involving dishonesty, physical harm to the person or property of another, or threat of physical harm to the person or property of another or
   B. One or more felonies?
   Check one: [ ] Yes [ ] No
Self-Reporting

Principle IV, Rule T
Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.
This new Rule mirrors and supports the third disclosure question on the audiology and SLP applications for certification or reinstatement thereof, requiring an individual to “self-report” any public sanctions, professional discipline, or denials of a credential/license, etc., when applying for ASHA certification or becoming ASHA-certified. The new theme of self-disclosure is fortified by this Rule.

Disclosure Information (continued)
3. Have you ever been
   A. Disciplined or sanctioned, other than for insufficient professional or continuing education, by any professional association, professional licensing authority or board, or other professional regulatory body?
   B. Denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body?
Check one: [ ] Yes [ ] No
National Practitioner Data Bank (NPDB)

Healthcare Integrity Practitioner Data Bank (HIPDB)

Nowhere to Run, Nowhere to Hide

*Martha and the Vandellas*
National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB)

- NPDB - Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986, as amended*; National Practitioner Data Bank opened in September 1990 (45 CFR Part 60)

- HIPDB - Established under Section 1128E of the Social Security Act as Added by Section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996; HIPDB Opened 1999 (implementing regulations (45 CFR Part 61)

Laws Governing the Data Banks

• Third Law Governing the NPDB and HIPDB – Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93 (Section 1921 of the Social Security Act, as amended)

The intent is to protect the public, improve the quality of health care and deter fraud and abuse in the health care system by providing information about past adverse actions of practitioners, providers, or suppliers to authorized health care entities and agencies.
Who reports to the NPDB-HIPDB?

NPDB (under Section 1921)
- Medical Malpractice Insurers
- State Licensing & Certification Agencies
- Hospitals and Other Health Care Organizations
- Health Plans
- Peer Review Organizations
- Private Accreditation Organizations
- Professional Societies*
- Federal Agencies
  - Drug Enforcement Agency
  - HHS Office of Inspector General
  - Health Resources and Services Admin.
  - Indian Health Services
  - DOD Health Care Entities
  - Veterans Hospitals

HIPDB
- Federal and State Government Agencies
- Health Plans

* With formal peer review
What is reportable to the NPDB-HIPDB?

**NPDB**
- Medical Malpractice Payments
  - All practitioners
- Adverse Actions (physicians and dentists)
  - Licensure
  - Clinical Privileges
  - Professional Society Membership*
- Medicare and Medicaid Exclusions
  - All practitioners
- DEA Actions
  - All practitioners
  
  *other practitioners may be reported

**HIPDB**
- **Licensure Actions**
- Medicare & Medicaid Exclusions
  - Federal and State Health Care Programs
- Criminal Convictions or Civil Judgments
  - Must be health care related
- Other Adjudicated Actions
  - Formal or official final action
  - Availability of a due process mechanism
  - Acts or omissions that affect or could affect the payment, provision, or delivery of a health care service or item
Letters of Concern

Any negative action or finding that is publicly available information and is rendered by a licensing or certification authority is reportable.

• Some states consider a Letter of Concern to be a publicly available negative action or finding, thereby making it available.

• States that do not consider a Letter of Concern to be a publicly available negative action or finding are not required to report the action to the Data Bank.

HRSA published the NPRM on February 15, 2012 to implement Section 6403 of the Affordable Care Act of 2010.

Purpose - to eliminate duplicative data reporting and access requirements between the NPDB and HIPDB and to streamline Data Bank operations.

The statute’s intent was to transition HIPDB operations to the NPDB while maintaining reporting and querying requirements.

The Data Bank Merger

• The Final Rule was published in the April 5, 2013 Federal Register and became effective May 6, 2013.

• The NPDB and the HIPDB merged into one data bank: the NPDB.

• The website:  http://www.npdb.hrsa.gov

Retrieved October 1, 2016 from https://www.npdb.hrsa.gov/resources/npdbMerge.jsp
NPDB Reporting

- Basis for Action Codes (e.g., Breach of Confidentiality, Improper or Inadequate Supervision or Delegation)
- Action Codes (e.g., Probation, Suspension, Fines)
- Revisions to Actions (e.g., License Restored, Extension of Previous Action)
Total of 1216 Reports for Audiologists and SLPs
- 265 reports for audiologists
- 951 reports for speech-language pathologists

HIPDB - “Repeat Offenders”

Audiology Practitioners - Reports in HIPDB

• One Report — 140
• Two Reports — 40
• Three Reports — 4
• Four Reports — 3
• Five Reports — 3
• Total - 190

As of December 31, 2011
SLP Practitioners with Reports in HIPDB

- One Report – 554
- Two Reports – 142
- Three Reports – 23
- Four Reports – 5
- Five Reports – 5
- Total – 729

As of December 31, 2011
HIPDB - “Top 15 Reasons for AARs”

AUDILOGISTS

• Other, not classified - 32
• Unprofessional conduct - 28
• Violation of Federal/State statutes, regulations, or rules - 24
• License action by Federal, State, or local licensing authority - 22
• Criminal Convictions - 20
• Practicing without a valid license - 19
• Failure to comply with CE requirements - 18

As of 12-31-11 (Cumulative Data)
Negligence - 11
Program-related conviction - 11
Incompetence – 10
Practicing with an expired license - 6
Misrepresentation of credentials - 6
Improper or inadequate supervision or delegation - 5
Improper or abusive billing practices – 5
Failure to meet licensure board reporting requirements - 3

As of 12-31-11 (Cumulative Data)
HIPDB - “Top 15 Reasons for AARs”

SPEECH-LANGUAGE PATHOLOGISTS

• Failure to comply with continuing education requirements - 112
• Violation of Federal/State statutes, regulations, or rules - 105
• Practicing without a valid license - 98
• Practicing with an expired license – 69
• Other, not classified - 63
• Unprofessional conduct - 50
• Failure to meet licensing board reporting requirements - 44

As of 12-31-11 (Cumulative Data)
SPEECH-LANGUAGE PATHOLOGISTS
(Continued)
◦ Improper or inadequate supervision or delegation - 35
◦ Criminal convictions - 35
◦ License action by federal, state or local licensing authority – 23
◦ Improper or abusive billing practices - 35
◦ Negligence - 17
◦ Program-related conviction - 16
◦ Misrepresentation of credentials - 14
◦ Incompetence - 10

As of 12-31-11 (Cumulative Data)
Number of NPDB Reports by Practitioner Type
09/01/1990-12/31/2014

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Audiologists</th>
<th>SLPs</th>
<th>Total</th>
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<tbody>
<tr>
<td>Clinical Privileges/Panel Membership Action</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Exclusion Action</td>
<td>51</td>
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<td>Government Administrative Action</td>
<td>4</td>
<td>2</td>
<td>6</td>
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<td>Judgment or Conviction</td>
<td>15</td>
<td>68</td>
<td>83</td>
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<td>Malpractice Payment</td>
<td>47</td>
<td>19</td>
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<tr>
<td>State Licensure Actions</td>
<td>258</td>
<td>1227</td>
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<td>Total NPDB Reports</td>
<td>384</td>
<td>1389</td>
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</tbody>
</table>

Ethical Decision-Making Model

Am I facing an ethical dilemma here?

What are the relevant facts, values & beliefs?

Who are the key people involved?

Ethical Decision-Making Model

State the dilemma clearly

Analysis

Ethical Decision-Making Model

What are the possible courses of action one could take?

What are the conflicts that arise from each action?

PROPOSED COURSE OF ACTION

Ethical Decision-Making Model

Evaluate:
1) Ethical Principles
2) Code of Ethics
3) Cultural Heritage/Values
4) Social Roles
5) Self-Interests
6) Laws

Does your proposed course of action lead to CONSENSUS?
If YES – then proceed …

Am I facing an Ethical dilemma here?

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Who are the key people involved?

State the dilemma clearly

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Does your proposed course of action lead to CONSENSUS?
If YES – then proceed …

Analysis

PROPOSED COURSE OF ACTION

What are the conflicts that arise from each action?

What are the possible courses of action one could take?

(Morris & Chabon, 2005)
Each of the scenarios represents a potential violation of the ASHA Code of Ethics or a dilemma with which you may be confronted. Determine if any violation has occurred and, if so, which principle(s) and/or rule(s) has been violated. Analyze the situations relative to potential ethical violations and resolution of the problems.
Scenarios applicable to various audiology and speech-language pathology practice settings will be presented for participant discussion at the conference session. Audio clips will be utilized to enhance the scenario themes.
Discussion Questions

1. What is the major ethical issue in this case?
2. Is this a violation of the ASHA Code of Ethics?
3. If so, which principle(s) and/or rule(s) does it violate?
4. Is time of the essence and what are the consequences?
Interprofessional Education

“…Two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

World Health Organization Definition
Interprofessional Practice (IPP)

“…Multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, caregivers, and communities to deliver the highest quality of care across settings.”

Framework for Action on Interprofessional Education

World Health Organization Definition
Core Competencies for Interprofessional Collaborative Practice

Sponsored by the Interprofessional Education Collaborative*
Core Competency Statements for IPP: Values/Ethics

General Competency Statement-VE. Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Specific Values/Ethics Competencies:

VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.

VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.

VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.

VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).

VE7. Demonstrate high standards of ethical conduct and quality of care in one’s contributions to team-based care.

VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.

VE9. Act with honesty and integrity in relationships with patients, families, and other team members.

VE10. Maintain competence in one’s own profession appropriate to scope of practice.
Ethics Resources

ASHA's Code of Ethics

- Code of Ethics – effective March 1, 2016
- Code of Ethics (en Español)
- Code of Ethics (2016) Revision Summary
- Previous Code of Ethics [PDF]
- Previous Code of Ethics (en Español) [PDF]

Board of Ethics Complaint Adjudication

- Complaint Filing Process
  - Ethics Complaint Form [PDF]
  - Instructions for Complaint Filing
  - Frequently Asked Questions
- Guidelines for Responding to Ethics Complaints
- Petition for Reinstatement [PDF]
- Board of Ethics Statements

Ethics Guidance

- State Codes of Ethics
- Articles From the Director of Ethics
- Ethics in Research
- Ethics and Schools Practice
- Ethical Issues in Swallowing
- Ethics Information from Other Health Organizations

In The Spotlight

- Navigating the Revised Code of Ethics (2016) (Live Event Replay)
- The Many Gray Areas of Ethical Decision Making (2016) (On Demand Webinar)
- Doing the Right Thing After School (2016)
- Sorting Through the Gray (2016)

Student Ethics Essay Award

- Information and Essay Topic
- Award Recipients

Ethics Education

- Issues in Ethics Statements
- Ethics Live Event Replays
- ASHA Ethics Products
- Ethics-Related Articles and Other Information

Sanctions and Violation History

- Request an Ethics Violation History
- How Board of Ethics Sanctions Individuals

Issues in Ethics Statements

From time to time, the Board of Ethics determines that members and certificate holders can benefit from additional analysis and instruction concerning a specific issue of ethical conduct. Issues in Ethics statements are intended to heighten sensitivity and increase awareness. They are illustrative of the Code of Ethics and intended to promote thoughtful consideration of ethical issues. They may assist members and certificate holders in engaging in self-guided ethical decision-making. These statements do not absolutely prohibit or require specific activity. The facts and circumstances surrounding a matter of concern will determine whether the activity is ethical.

- Audiology Assistants (2014)
- Client Abandonment (2010)
- Clinical Practice by Certificate Holders in the Profession in Which They Are Not Certified (2013)
- Clinical Services Provided by Audiology and Speech-Language Pathology Students (2013)
- Competition in Professional Practice (2011)
- Confidentiality (2013)
- Conflicts of Professional Interest (2011)
- Cultural and Linguistic Competence (2013)
- Ethical Practice Inquiries: ASHA Jurisdictions (2011)
- Ethics in Research and Scholarly Activity (2014)
- Obtaining Clients for Private Practice From Primary Place of Employment (2014)
- Prescription (2015)
- Protection of Human Subjects (2014)
- Public Announcements and Public Statements (2015)
- Representation of Services for Insurance Reimbursement, Funding, or Private Payment (2010)
- Responsibilities of Individuals Who Mentor Clinical Fellows in Speech-Language Pathology (2013)
- Speech-Language Pathology Assistants (2014)
- Supervision of Student Clinicians (2010)
- Use of Graduate Doctoral Degrees by Members and Certificate Holders (2013)
<table>
<thead>
<tr>
<th>Members</th>
<th>Term Expiration</th>
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<tbody>
<tr>
<td>Keith Rohr, Hearing Aid Dispenser</td>
<td>06/30/2015</td>
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<tr>
<td>Dr. Elaine Almquist, Dispensing Audiologist</td>
<td>06/30/2015</td>
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<tr>
<td>Lillian Grijalva, Speech Pathologist</td>
<td>07/01/2012</td>
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<td>Wesley Miller, Hearing Aid Dispenser</td>
<td>06/30/2015</td>
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<td>Richard H. Meyer, Public Member</td>
<td>06/30/2018</td>
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<td>Stephen Frazier, Public Member</td>
<td>06/30/2017</td>
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<tr>
<td>Victoria Smidt, Speech Pathologist, Vice Chair</td>
<td>06/30/2017</td>
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<tr>
<td>Dr. Richard Cram, Dispensing Audiologist, Chair</td>
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<td>Bridget Guenther, Speech Pathologist</td>
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<td>Donald Thurn, Public Member</td>
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<td>Vacant, Otolaryngologist</td>
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</table>

Board Meeting Information

[Click HERE for current Board Meeting Agenda. (Available 72 hours prior to meeting)]
ASHA National Office Staff

Heather Bupp, Esq.
Director of Ethics

Rich Shermanski, JD
Ethics Paralegal

Susan Victor
Ethics Case Manager

ethics@asha.org
Questions

rodgerst@eatel.net