

Cleveland Academy of Osteopathic Medicine

SHERRY JOHNSON, DO

MEDICAL BOARD UPDATE



About the Medical Board

Protecting the public through effective medical regulation





Statutes

Laws enacted by Ohio legislature Ohio Revised Code (ORC)

Rules

Regulations developed and enacted by Medical Board

Ohio Administrative Code (OAC)

Rules clarify & amplify provisions in the Ohio Revised Code



The Board

The Medical Board is the state agency charged with regulating the practice of medicine and selected other health professions.

12 members appointed by the governor to 5-year terms:

- 9 doctors: 7 MDs, 1 DO, and 1 DPM
- 3 consumer members

The board meets the second Wednesday of each month in the Rhodes Office Tower.





License Types

The Medical Board regulates more than 88,000 licensees.

Medical Doctors	Anesthesiologist Assistants	Massage Therapists
42,007	278	11,638
Osteopathic Physicians	Physician Assistants	Cosmetic Therapists
6,826	4,149	176
Podiatric Physicians	Radiologist Assistants	Acupuncturists
981	18	247
Training Certificates MD-DO-DPM 8,004	Genetic Counselors 377	Oriental Medicine Practitioners 59
	Dietitians 4,353	Respiratory Care 8,391

Data from FY19 annual report



Licensure

Confidential investigations



Mathematical Disciplinary actions



Probationary monitoring



Medical Board Core Services



Important Updates

Physician Application Changes



eLicense.Ohio.gov



Reduced application fee to \$305 from \$335

Eliminated

- ✓ Certificates of Recommendation
- ✓ Employer Recommendations
- ✓ Photographs
- ✓ Affidavits
- ✓ AMA or AOA profile as of 9-11-2019



Address Updates

Medical Board licensees are required to provide written notice of any change of address for principal practice or place of residence within **30** days.



Supervision Agreements

Supervision agreements are no longer required to be submitted to the board, but the supervising physician is responsible for the relationship.

- Both the physician and the PA must have access to the agreement.
- The board will audit for compliance and may impose up to a \$5,000 fine.

Physicians may supervise up to 5 PAs at one time.



Complaint Process



Complaint Investigation Key Steps





Disciplinary Actions

Ohio statute identifies **51** grounds for board disciplinary action.

Board action examples: dismissal, reprimand, suspension, probation,

permanent revocation, etc.

LAW riter* Ohio Laws and Rules Route: Ohio Revised Code = Tube [47] XLVII OCCUPATIONS - PROFESSIONS = Chapter 4731: PHYSICLANS: LIMITED PRACTITIONER:

4731.22 Disciplinary action

(A) The state medical board, by an affirmative vote of not fewer than six of its members, may limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to grant a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or certificate, or reprimand or place on probation the holder of a license or certificate if the individual applying for or holding the license or certificate is found by the board to have committed fraud during the administration of the examination for a license or certificate to practice or to have committed fraud, misrepresentation, or deception in applying for, renewing, or securing any license or certificate to practice or certificate to recommend issued by the board.

(B) The board, by an affirmative vote of not fewer than six members, shall, to the extent permitted by law, limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to issue a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or certificate, or reprimand or place on probation the holder of a license or certificate for one or more of the following reasons

(1) Permitting one's name or one's license or certificate to practice to be used by a person, group, or corporation when the individual concerned is not actually directing the treatment given:

(2) Failure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease

(3) Except as provided in section 4731.97 of the Revised Code, selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes or a plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction of, a violation of any federal or state law regulating the possession, distribution, or use of any drug;

(4) Willfully betraving a professional confidence

For purposes of this division, "willfully betraying a professional confidence" does not include providing any information, documents, or reports under sections 307.621 to 307.629 of the Revised Code to a child fatality review board; does not include providing any information, documents, or reports to the director of health pursuant to guidelines established under section 3701.70 of the Revised Code; does not include written notice to a mental health professional under section 4731.62 of the Revised Code: and does not include the making of a report of an employee's use of a drug of abuse, or a report of a condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section 2305.33 of the Revised Code. Nothing in this division affects the immunity from civil liability conferred by section 2305.33 or 4731.62 of the Revised Code upon a physician who makes a report in accordance with section 2305.33 or notifies a mental health professional in accordance with section 4731.62 of the Revised Code. As used in this division, "physician" have the same meanings as in section 2305.33 of the Revised Code

(5) Making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any license or certificate to practice issued by the board

As used in this division. "false, fraudulent, decentive, or misleading statement" means a statement that includes a misrepresentation of fact, is likely to mislead or deceive because of a failure to disclose material facts, is intended or is likely to create false or unjustified expectations of favorable results, or includes representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived

(6) A departure from, or the failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established

(7) Representing, with the purpose of obtaining compensation or other advantage as personal gain or for any other person, that an incurable disease or injury, or other incurable condition, can be permanently cured

(8) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice

(9) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony

(10) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committee

(11) A plea of quilty to, a judicial finding of quilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice

(12) Commission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed

(13) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor involving moral turpitude





FY19 Basis for Disciplinary Actions





Prescribing

- OARRS contains Rx history report for all controlled substances (schedule II-V)
- Statutes and rules define when OARRS report required



OHIO AUTOMATED RX REPORTING SYSTEM

www.ohiopmp.gov



Red flags

Look for signs of drug seeking behavior

- Appearing impaired or overly sedated during office visit
- Traveling with others to office; requesting specific prescriptions
- Travelling abnormally long distances to the physician's office

Listen

for signs of drug seeking behavior

- Reports of lost prescriptions; requests for early refills
- · Comments about sharing medications with family or friends
- Recurring visits to ER's, urgent care centers, or walk-in clinics to get meds

Check for signs of drug seeking behavior

- Drug screen results inconsistent with drugs on treatment plan
- History of chemical abuse or dependency; illegal drug use
- Suffering an overdose
- Receiving abused drugs from multiple prescribers



OARRS Exceptions

Unless a physician believes a patient may be abusing or diverting drugs a physician is **not** required to check OARRS if a drug is prescribed:

- Fewer than 7 days
- For treatment of cancer pain or condition associated with cancer
- To hospice patient in a hospice care program, or any other patient diagnosed as terminally ill
- To treat acute pain from surgery, invasive procedure, or delivery
- In a hospital, nursing home, or residential care facility



#1 Ohio

American Medical Association data shows Ohio had the most Prescription Drug Monitoring Program checks in 2017 and 2018.

More than 142 million queries!

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State	Queries, 2014	Queries, 2015	Queries, 2016	Queries, 2017	Queries, 2018
Alabama			•		3,544,728
Alaska	45,145	69,282	147,378	553,917	599,317
Arizona	1.	1,548,774	3,975,220	5,136,594	8,883,314
Arkansas	555.240	734.625	2,536,448	4.092.529	6,650,191
California	3,553,551	6,174,394	9,581,280	9,977,133	13,672,277
Connecticut	250.662	484,736	974,815		1.872.430
Colorado	682,600	898,000	1,515,839		4,401,923
District of Columbia				71,860	
Delaware	339,307	421,903	432,979	530,002	758,941
Florida	1,549,916	4,105,915	8,454,622	40,187,086	29,700,160
Georgia	(*)		1,139,118	2,997,061	6,595,974
Idaho	728	1,050	657,380	1,113,840	1,377,283
Illinois	1,906,999	2,539,448	2,696,653	2,978,188	4,247,251
Indiana	1,696,946	1,901,658	2,079,877		5,115,300
lowa	170,696	236,663	392,819	447,478	1.009.256
Kansas	175.383	225,000	298,274	856,987	16,890,935
Kentucky	4,991,810	5,498,298	5,500,000	5,712,144	6,199,059
Louisiana	969,726	1,447,593	2.906,904	3,546,785	4,383,714
Maine	330,500	371,617			1,959,831
Maryland	537,945	982,292	1.135.602	1,904,552	2,431,471
Massachusetts	860,260	1,467,392	2,768,130	6.272.232	6,787,775
Michigan	2,689,354	3,760,648	4,638,983	6.060,729	15,537,771
Minnesota	520,515	635,586	794,985	1,244,173	2,604,678
Mississippi			978,044	1,724,945	2,740,278
Missouritt			1	245,872	1,399,523
Montana	112,313	159,150	263,573	318,324	400,769
Nebraska	24,548	27,644	x .	90,950	371,527
Nevada	994,040	993,159	989,704	2,714,753	3,770,223
New Hampshire	n/a	n/a	320,683	36,100	847,721
New Jersey	1.404.614	2,077,870	2,486,000	3,000,010	3,524,480
New Mexico	368,283	487,844	938,940	1,304,013	1,770,299
New York	16,811,126	18,145,982	18,365,222	21,208,055	23,931,571
North Carolina	1 Alexandress	· · · · · · · · · · · · · · · · · · ·	244,281	5,263,084	5,466,057
North Dakota	21.335	31.755	33 187	227.534	317,519
Ohio	7,500,000	10,500,000	24,094,984	88,960,000	142,481,000



Problem Prescribing

- Inappropriately prescribing drugs to patients
- Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes
- Self & family prescribing of controlled substances
- OARRS (Ohio Automated Rx Reporting System) violations

Prescribing Tips



- ✓ Learn to say "NO!" It's important
- ✓ Complete and maintain accurate medical records
- ✓ Never pre-sign or post-date a prescription
- ✓ Never allow staff to sign your name to a prescription
- ✓ Never prescribe a controlled substance to yourself, your spouse or a member of your immediate family
- ✓ Never prescribe a controlled substance to a non-patient colleague, co-worker or acquaintance
- $\checkmark\,$ Be a part of a health care team
- ✓ Stay current
- ✓ Obey all federal and state laws applicable to office stocks of drugs
- ✓ Obey the Medical Board rules (med.ohio.gov laws rules tab/Chapter 4731)
- ✓ Stick to your specialty

Condition Search:								
1								
Condition	# of Rx	25th Percentile (MED)	Median (MED)	75th Percentile (MED)	I	25th Percentile (Days Supply)	Median (Days Supply)	75th Percentile (Days Supply)
Abdominal hernia [143.]	9,858	20	25	30		3	5	7
Acquired deformities	17,116	18	25	36		7	15	30
Add to Residual codes	213	14	19	25		4	10	29
Adjustment disorders [650]	487	7	10	15		15	30	30
Anxiety disorders [651]	29,839	7	10	12		25	30	30
Attention deficit conduct and disruptive beha	710	10	20	60		7	28	30
Benign neoplasms	3,566	20	25	30		з	5	7
Burns [240.]	1,964	17	20	30		з	з	5
Cancer	77,425	22	30	53		5	8	22
Cerebrovascular disease	1,892	19	29	45		5	7	20
Chronic obstructive pulmonary disease and br	4,140	20	30	68		5	9	19
Complications	9,894	19	24	30		4	7	20
Delirium dementia and amnestic and other co	1,792	17	36	74		5	9	15
Developmental	254	10	15	30		7	30	30
Diabetes	9,056	15	23	33		7	28	30
Diseases of arteries; arterioles; and capillaries	4,179	20	25	32		5	7	27
Diseases of genital organs	9,825	17	21	30		з	4	7
Diseases of mouth; excluding dental [137.]	1,747	17	20	30		з	4	6
Diseases of the heart	11,062	18	22	30		з	5	8
Diseases of the urinary system	36,735	20	24	30		з	4	7
Diseases of veins and lymphatics	4,044	17	22	30		з	5	7
Diseases of white blood cells	1,848	19	22	30		з	4	6
Disorders of teeth and jaw [136.]	77,863	18	21	28		з	з	4
Ear conditions	2,609	15	20	25		з	з	5
Epilepsy; convulsions [83.]	933	8	10	19		15	30	30

ICD-10 Codes

Ohio prescribers are required to include the diagnosis code on all controlled substance prescriptions.

OARRS data can be viewed based on MED in the 25th and 75th percentile at med.ohio.gov.



PROVIDED BY:



A	ABOUT	REGISTER	DOCUMENTS	RESOURCES	MED CALCULATOR	REPORTS & STATISTICS	FAQS	CONTACT US	INTEGRATION	
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MED CALCULATOR PRESCRIPTION HISTORY



What is Morphine Equivalent Dose (MED)?

The MED Calculator is designed to assist in the calculation of a patient's opioid intake. Fill in the mg per day for whichever opioids your patient is taking to automatically calculate the total morphine equivalents per day. Providers treating chronic, non-terminal pain patients who have received opioids equal to or greater than 80 mg MED for longer than three continuous months should consult Ohio's opioid prescribing guidelines.

Acute Pain Rules

< 7 days of opioids can be prescribed for adults

< 5 days of opioids can be prescribed for minors, but need written consent of parent or guardian

Prescribing opioids in excess of above limits requires a specific reason in the patient's record

Total morphine equivalent dose (MED) must be < 30 MED average per day (limited exceptions)



Definition

"normally fades with healing, is related to tissue damage, significantly alters a patient's typical function, and is expected to be timelimited and not more than 6 weeks in duration"



Subacute & Chronic Pain



Objectives: Increase patient awareness of risk stablish MED checkpoints &

Increase Patient Awareness

Complete and document:

- A full patient history
- An appropriate physical exam, imaging studies, lab tests and/or urine drug testing
- A functional pain assessment and treatment plan
- An OARRS check

Review the patient's prescription history and risk for substance use disorder.



50 MED

- Review and update status of the underlying condition causing pain
- Assess functioning
- Look for signs of prescription misuse
- Consider consultation with a specialist or obtain a medication therapy management review
- Obtain written informed consent from the patient





80 MED

- Look for signs of prescription misuse
- Consult with a specialist or obtain a medication therapy management review
- Require a written pain-management agreement
- Offer a prescription for naloxone to the patient





Pain Management Agreement

A sample pain management agreement is on the Medical Board website at med.ohio.gov.

- → Resource tab
 - → Prescriber Resources

Sample Opiate/Pain Management Agreement	
The management Agreement	
taking for main and the Agreement is to prevent minuted	
The purpose of this Agreement is to prevent misunderstandings about certain medications you will be taking for pain management. This Agreement is to help you and your provider to comply with the law regarding controlled pharmaceuticals.	
I understand a state in a sta	
I understand that there is a risk of psychological and/or physical dependence and addiction associated with chronic use of controlled substances.	
I under the and addiction	
I understand that this Agreement is essential to the	
I understand that this Agreement is essential to the trust and confidence necessary in a provider/patient relationship and that my provider undertakes to treat me based on this 	
I understand that if I have a state	
I understand that if I break this Agreement, my provider will stop prescribing these pain control medicines.	
In this case much	
In this case, my provider will taper off the medicine over a period of several days, as necessary, to avoid withdrawal symptoms. A drug-dependence treatment days, as	
necessary, to avoid withdrawal symptoms. A drug-dependence treatment program may also be recommended.*	
I will cosh	
 I will seek psychiatric treatment, psychotherapy, and/or psychological treatment if my provider deems necessary. 	
and of psychological treatment if my provider	
effect of the pain on my daily life, and how well the medicine is helping to relieve the pain. I will not use any illeral controlled and	
I will have and now well the medicine is helping to reliave the	
I will not use any illegal controlled substances, nor will I misuse or self-prescribe/medicate with legal controlled substances.	
will legal controlled substances. nor will I misuse or self-prescribe/medicate	
I will not share my medication with anyone.	
any medication with anyone.	
I will not attempt to obtain any controlled medications, including opioid pain medications, controlled stimulants, or anti-anxiety medications from any other provider #	
controlled stimulants, or anti-anxiety medications, including opioid pain medications	
I will safeguard my pain medication from loss, theft, or unintentional use by others, including youth. Lost or stolen medications will not be replaced.	
youth. Lost or stolen medications will not be replaced.	
office visit or during regular office hours Man and a state only at the time a	
 One of an refuls of my prescriptions for pain medications will be made only at the time of an office virit or during regular office hours. No refills will be available during evenings or on weekends. 	- 8
I agree to use this pharmacy	
for filling my prescriptions for all e with the telephone number of	
for filling my prescriptions for all of my pain medicine.	
em required for chronic or sub-acute optiol drargey as mandated in Ohio's prescribing regulations.	
2 of Orio & prescribing remilerious	
Pain treatment come	
Pain treatment contract template provided by the State Medical Board of Ohio.	



120 MED

- Obtain recommendation from a board-certified pain medicine, hospice or palliative care physician that is based on a face-to-face examination
 - Not required for patients already on a dosage of 120 MED or more prior to 12/23/18
- Physicians board certified in pain medicine or hospice and palliative care are not required to obtain an additional recommendation



Subacute & chronic pain rules do NOT apply to:

- Patients receiving medication for terminal conditions
- Hospice care patients
- Patients in a hospital or in-patient setting where they are closely monitored

There is no law for maximum dose or duration of treatment.

Patients treated with opioids for chronic pain only need a pain management consultation if their dosage increases above an average daily dose of 120 MED.

The rules are not designed to take medication away from patients being treated for chronic pain



Prescribing to Minors

Assess

for mental or substance abuse disorders and whether treatment included prescription drugs

Discuss

with the minor patient and the parent, guardian or other authorized adult

- The risks of addiction and overdose associated with the opioid
- The increased risk of addiction in patients diagnosed with mental and substance abuse disorders
- The dangers of taking opioids with benzodiazepines, alcohol or other CNS depressants

Obtain

written consent from the minor's parent, guardian or other authorized adult on the Start Talking! Consent Form

Prescribing Opioids to Minors

Exceptions:

- Medical emergency
- Post-surgical treatment
- Provision of informed consent by parent or guardian would be detrimental to the minor's health or safety
- Treatment is given in a facility, such as a hospital, ambulatory surgical center, nursing home
- The prescription is for a controlled substance containing an opioid that a prescriber issues to a minor at the time of discharge from a facility





Resources



Impairment

Inability to practice according to acceptable standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice



One-bite Program

One-bite Program is a confidential program for the treatment of impaired licensees of the Medical Board - established in section <u>4731.251</u> of the Revised Code

It makes recovery a non-disciplinary program for initial incidents and selfreported impairment by licensees

To participate, licensees must meet all three requirements:

- 1. Diagnosed with substance use disorder and impaired in inability to practice
- 2. First time participant in the program
- 3. No prior disciplinary action for substance use disorder or impairment by any licensing board in Ohio





Ohio Physicians Health Program (OPHP) was awarded the monitoring organization contract.

Contact OPHP: (614) 841-9690 or info@ophp.org

Website: ophp.org



Ohio Physicians

TOXICOLOGY

SERVICES

Confidential	Monitoring &	Educational	Wellness &
Resource	Advocacy	Outreach	Resiliency Program
OPHP serves as a confidential resource for healthcare professionals who may be affected by mental, emotional and behavioral illness, substance- related and addictive disorders, or other illnesses.	Monitoring and advocacy services are available for healthcare professional: OPHE specializes in providing assistance to healthcare professional isonaed by the Estate Medical Board of Onio who qualify for the Ont-Bite Program allowing for confidential participation Learn more bass	Presentations are delivered on the prevention of mental, emotional and behavioral illness and substance-related and addictive diorders - and strass, burnout, suicide, and statutory guidelines for metical professionals.	OPHP is broadening its scope of services by offering resources, tools, and program services to support your wellness efforts Click <u>har</u> to access Wellness & Resiliency Program services Looking for wellness services? <u>Contact OPHP today!</u>
receive confidential servic and we Our goal is to inspire physi professionals to seek treatm	nealthcare professionals to ces to improve their health Il-being.	OHIO PHYSCians	WELLNESS
Follow 427 followers	Ohio Physicians 130 E. Chestnut Columbus, 614.84	Street, Suite 400 Ohio 43215	
		© 20'	19 Ohio Physicians Health Program, Inc.









Social Media & Digital Communication Guidelines



Resources

med.ohio.gov/resources

















Duty to Report

Licensees have a personal duty to report to the State Medical Board of Ohio when they believe an individual licensed by the Board has violated the Board's laws or rules including **sexual misconduct**, **impairment**, **practice below the minimal standards of care**, and **improper prescribing of controlled substances**.

Reports of misconduct to supervisors, law enforcement or health care system management do **NOT** fulfill the duty to report to the Board; failure to report could result in formal disciplinary action.



State Medical Board of Ohio's Confidential Complaint Hotline

1-833-333-SMBO (7626)



Sherry Johnson, DO State Medical Board of Ohio

Obstetrics and Gynecology





contact@med.ohio.gov



elicense.ohio.gov

