Cleveland Academy of Osteopathic Medicine

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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.

<table>
<thead>
<tr>
<th>License Type</th>
<th>Medical Doctors 42,007</th>
<th>Anesthesiologist Assistants 278</th>
<th>Massage Therapists 11,638</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteopathic Physicians 6,826</td>
<td></td>
<td>Physician Assistants 4,149</td>
<td>Cosmetic Therapists 176</td>
</tr>
<tr>
<td>Podiatric Physicians 981</td>
<td></td>
<td>Radiologist Assistants 18</td>
<td>Acupuncturists 247</td>
</tr>
<tr>
<td>Training Certificates MD-DO-DPM 8,004</td>
<td></td>
<td>Genetic Counselors 377</td>
<td>Oriental Medicine Practitioners 59</td>
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<td></td>
<td></td>
<td>Dietitians 4,353</td>
<td>Respiratory Care 8,391</td>
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</tbody>
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*Data from FY19 annual report*
Licensure
Confidential investigations
Disciplinary actions
Probationary monitoring
Education & Outreach

Medical Board Core Services
Important Updates
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

Complaint Received

- Not within board’s jurisdiction
- Complaint does not support disciplinary action
- Investigation supports disciplinary action by board; Enforcement staff develops case for disciplinary action

Complaint closed

Consent Agreement ratified by board

Board approves issuance of a citation

No hearing requested by licensee

Hearing requested by licensee; Hearing held

Hearing Examiner prepares proposed findings and order for board review

Hearing Examiner prepares Report & Recommendation for board review

Board Order/Discipline

Information is Confidential

Public Information

Information is Confidential
Disciplinary Actions

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

Board action examples:
- dismissal, reprimand,
- suspension, probation,
- permanent revocation, etc.

**ORC 4731.22 (B)**
FY19 Basis for Disciplinary Actions

- Impairment: 27%
- Prescribing issues: 25%
- Criminal acts/convictions: 17%
- Actions by other boards/agencies: 12%
- Failing to cooperate in board investigation: 4%
- Violation of a license limitation: 4%
- Sexual misconduct: 4%
- Misc. other: 4%
Prescribing
- OARRS contains Rx history report for all controlled substances (schedule II-V)
- Statutes and rules define when OARRS report required

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
American Medical Association data shows Ohio had the most Prescription Drug Monitoring Program checks in 2017 and 2018. More than 142 million queries!
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
✓ 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
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.
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 time-limited and not more than 6 weeks in duration”
Subacute & Chronic Pain

Definition

Subacute pain
- Lasting more than 6 weeks but less than 12 weeks

Chronic pain
- Lasting 12 weeks or more

Objectives:
Increase patient awareness of risk establish MED checkpoints &
Subacute & Chronic Pain Rules

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.
Subacute & Chronic Pain Rules

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
Subacute & Chronic Pain Rules

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

Resource tab
Prescriber Resources
Subacute & Chronic Pain Rules

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 4731.251 of the Revised Code

It makes recovery a non-disciplinary program for initial incidents and self-reported 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
One-bite Program

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

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

Website: ophp.org
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

med.ohio.gov  contact@med.ohio.gov  elicense.ohio.gov  @ohiomedboard