



State Medical Board of
Ohio

Partners in Professionalism

Introduction to the State Medical Board of Ohio

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April 22, 2020

Agenda

- Medical Board operations
- Applying for a license
- Overview of the complaint and disciplinary processes
- Examples of disciplinary actions from past board cases



About the Medical Board

To protect and enhance the health and safety of 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 Tower.



Medical Board Members



Michael Schottenstein MD
President



Richard Edgin MD
Vice President



Kim Rothermel MD
Secretary



Bruce Saferin DPM
Supervising Member



Mark Bechtel MD



Jonathan Feibel MD



Robert Giacalone JD, RPh



Michael Gonidakis JD



Sherry Johnson DO



Harish Karkarala MD



Betty Montgomery JD



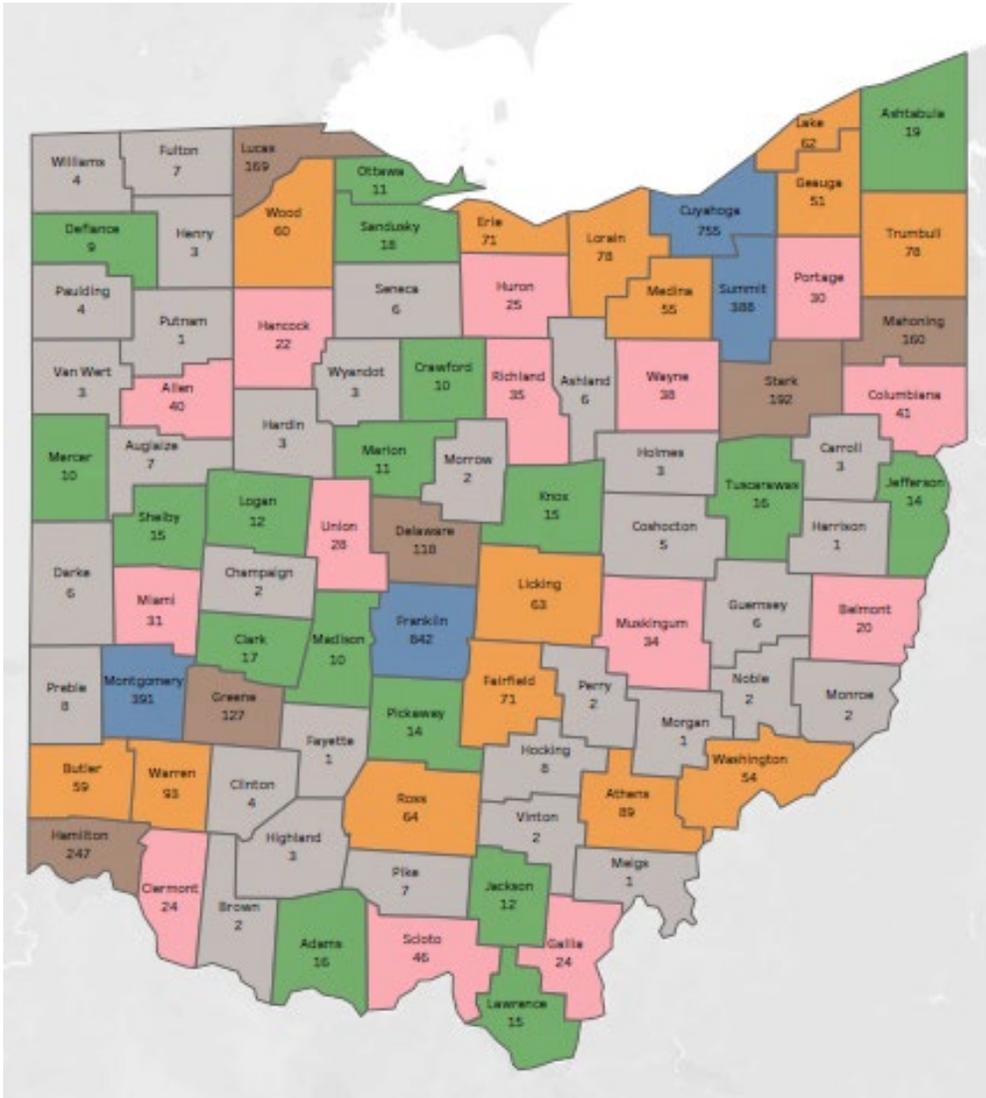
Amol Soin MD

License Types

The Medical Board regulates more than 90,000 licensees.

Allopathic Physicians 43,224	Anesthesiologist Assistants 278	Massage Therapists 11,811
Osteopathic Physicians 7,126	Physician Assistants 4,257	Cosmetic Therapists 181
Podiatric Physicians 987	Radiologist Assistants 15	Acupuncturists 230
Training Certificates MD-DO-DPM 8,344	Genetic Counselors 377	Oriental Medicine Practitioners 65
	Dietitians 4,651	Respiratory Care 8,789

Data from April 17, 2020



5,278 total in-state DOs

As of April 14, 2020

Total by County

Total DOs: 7,114

- 5,278 in Ohio
- 1,836 out-of-state

■	More than 350: 4 counties
■	100 – 349: 6 counties
■	50 – 99: 14 counties
■	20 – 49: 14 counties
■	10 – 19: 18 counties
■	Less than 10: 32 counties



Licensure



Confidential investigations



Disciplinary actions



Probationary monitoring



Education & Outreach

Medical Board Core Services



Application Process

Licensure

All professionals regulated by the Medical Board must have a license issued by the Board before they can practice in Ohio.

Licensure staff reviews the applications to be sure that the applicant qualifies for a license. The Deputy Director of Licensure has authority to approve applications.

5,228 new licenses were issued between July 1, 2018 and June 30, 2019, (FY19).





State Medical Board of
Ohio

Training Certificates

Required of residents and fellows in Ohio training programs unless they have a full license – valid 3 years

May be renewed once – valid for 3 more years – online renewal only



Application

Apply online at <https://elicense.ohio.gov>.

1. Set up eLicense account
2. Complete application form
3. Pay \$133.50 application fee
4. Request verification of any professional license held in other state to be sent to Medical Board



The screenshot shows the 'Professional Licensure for the State of Ohio' website. At the top, it says 'WELCOME TO Professional Licensure for the State of Ohio' with a 'LOGIN / CREATE YOUR ACCOUNT' button. Below this is a 'Verify a License' section with tabs for 'INDIVIDUAL' and 'BUSINESS'. The 'INDIVIDUAL' tab is selected. The form includes fields for 'First Name', 'Last Name', 'License Number', and 'Board Name' (with a dropdown menu showing '--None--'). A 'SEARCH' button is located at the bottom right of the form. A note states: 'To verify a license, select Individual or Business, enter search criteria and click Search to see the results.'

Background checks are **NOT** required for training certificate holders

Renewal

Online renewal paid by trainee by logging into eLicense.

- \$103.50 – valid for three more years
- Real time renewal as soon as form completed and credit card payment processed



Training Certificate Limitations

Practice is limited to:

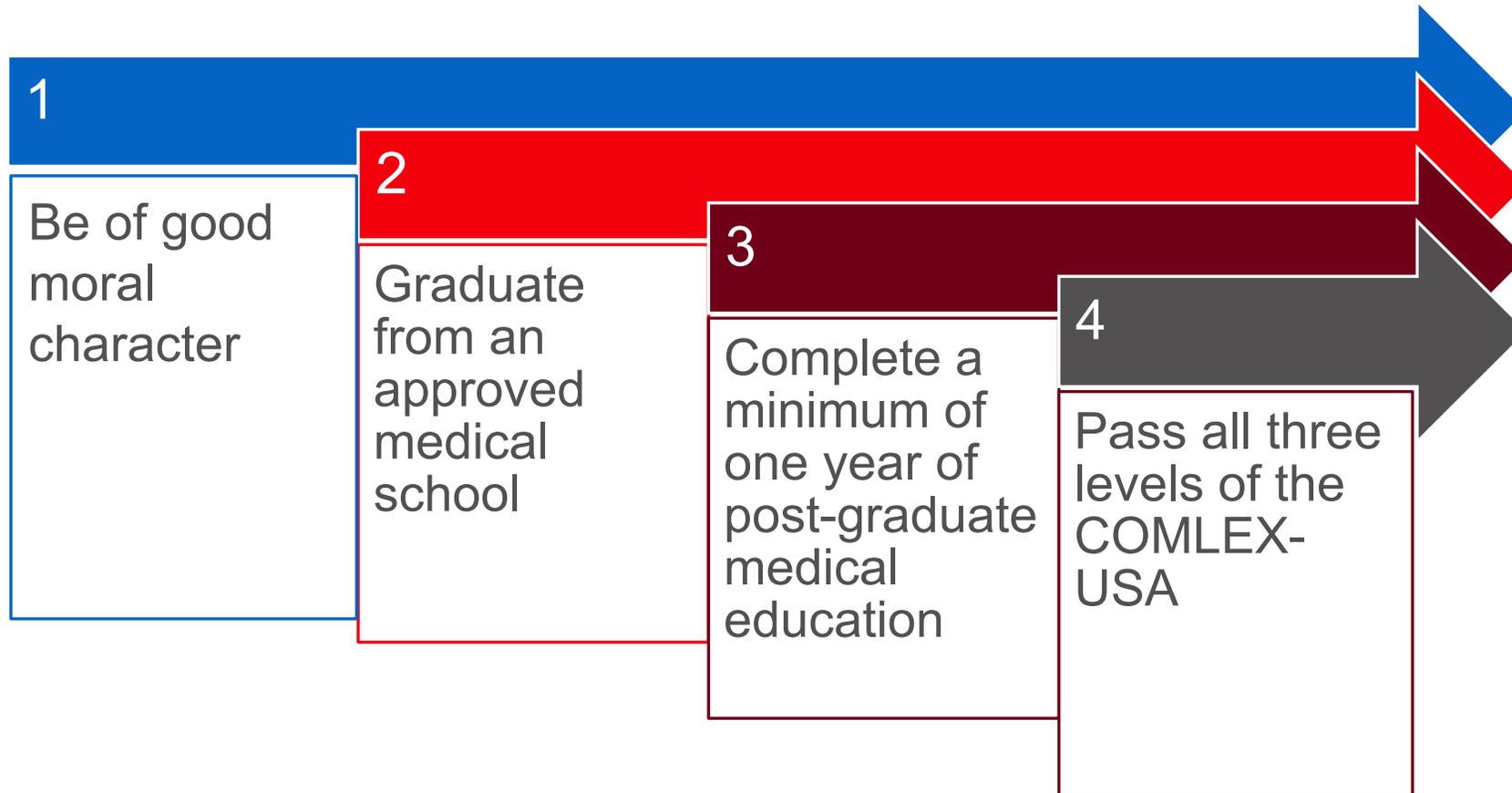
- Activities prescribed by or incidental to the training program
- Hospital or facilities for which the training certificate is issued

Practice under supervision of the doctors responsible for supervision as part of the training program

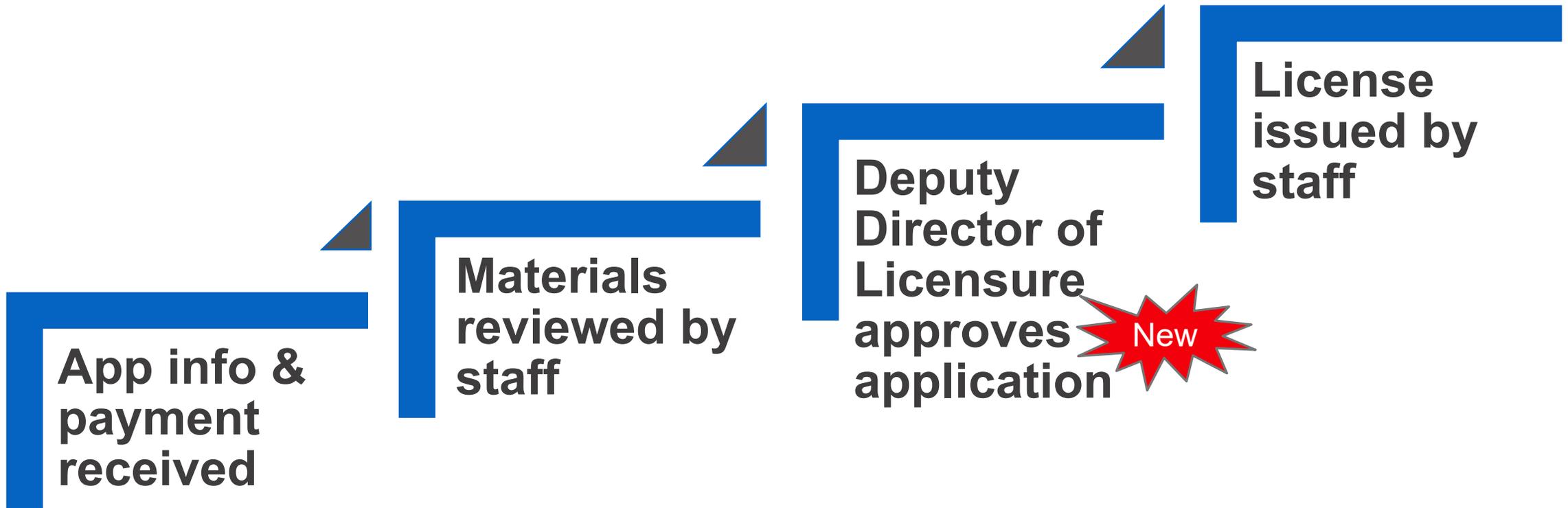
Cannot practice independently – no “moonlighting” with training certificate



Eligibility for DO Medical License



Full License Process





Case: Application

Applicant failed to give the Board and his Ohio training program complete and accurate information regarding his termination from a residency program in another state, and the denial of his licensure application by a medical board in another state.

Board Action: permanent revocation of training certificate





Complaint Process



What is a complaint?

Any allegation of licensee misconduct received by the Medical Board

Complaints are confidential

Common Types of Complaints

Patient care and prescribing issues

Actions by other medical boards/agencies

Impairment of ability to practice safely

Criminal acts/convictions

Licensure & renewal issues

Sexual misconduct – ethical violations

Office practice management concerns



Disciplinary Actions

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

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

LAWriter® Ohio Laws and Rules

Route: Ohio Revised Code » Title 47 » OCCUPATIONS - PROFESSIONS » Chapter 4731: PHYSICIANS: LIMITED PRACTITIONERS

4731.22 Disciplinary actions.

(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 betraying 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, "employee," "employer," and "physician" have the same meanings as in section 2305.33 of the Revised Code.

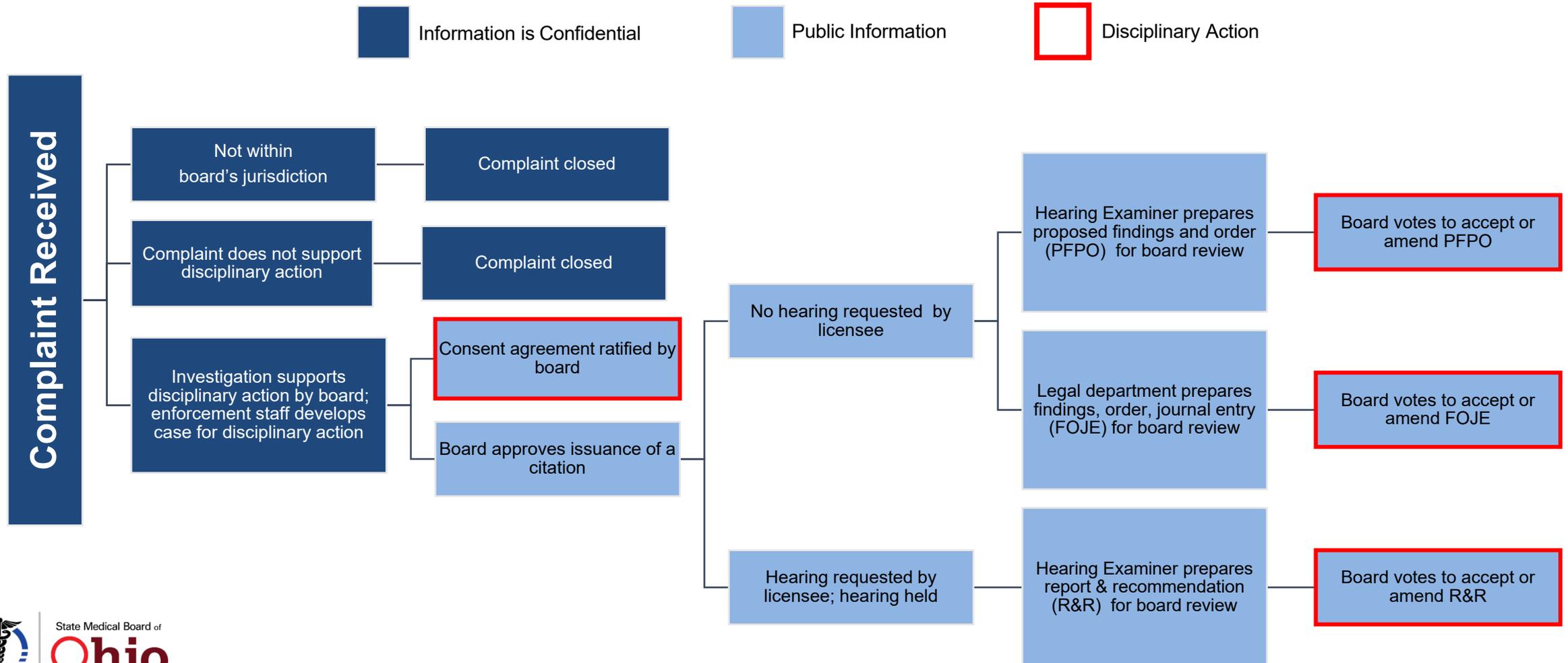
(5) Making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to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

As used in this division, "false, fraudulent, deceptive, 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 committed;
- (11) 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 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;

ORC 4731.22 (B)

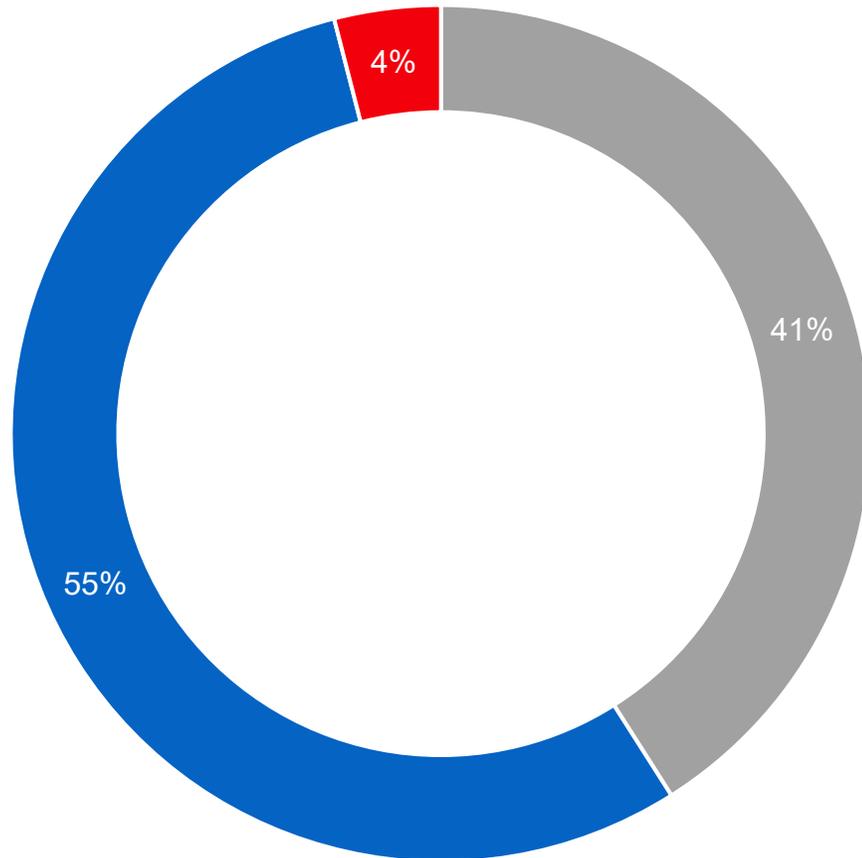
Complaint, Investigation, Enforcement and Disciplinary Process



Medical Board Investigations

- Ohio law makes complaints received by the Medical Board and board investigations confidential
- The board may share investigative information with law enforcement agencies, other licensing boards, or other governmental agencies that are prosecuting, adjudicating or investigating alleged violations of statutes or rules
- Board disciplinary actions are public record – posted on [med.ohio.gov](https://www.med.ohio.gov) and licensee profile on [elicense.ohio.gov](https://www.elicense.ohio.gov)

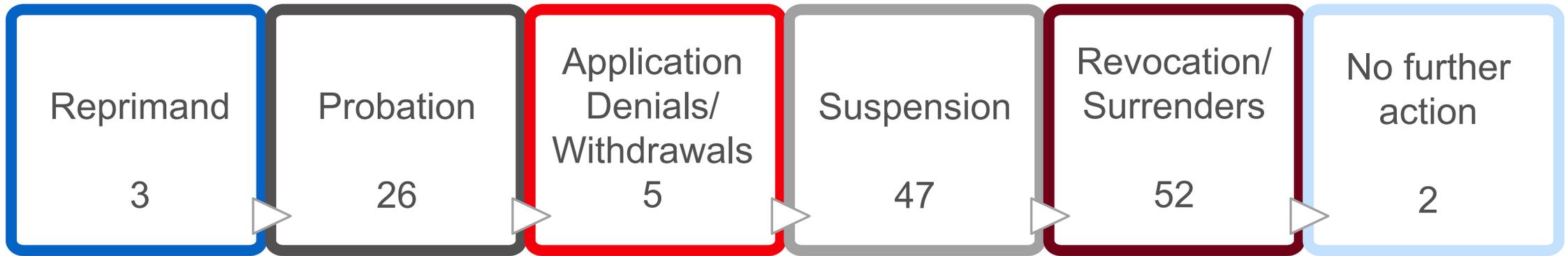
Complaint Outcomes FY 2019



- **No action warranted**
2,298 complaints closed as the issue involved professions not regulated by the board or no further review needed
- **Investigated then closed**
3,064 complaints were closed after investigation as information obtained about allegation did not support board action
- **Board action**
250 complaints resulted in disciplinary action by the board

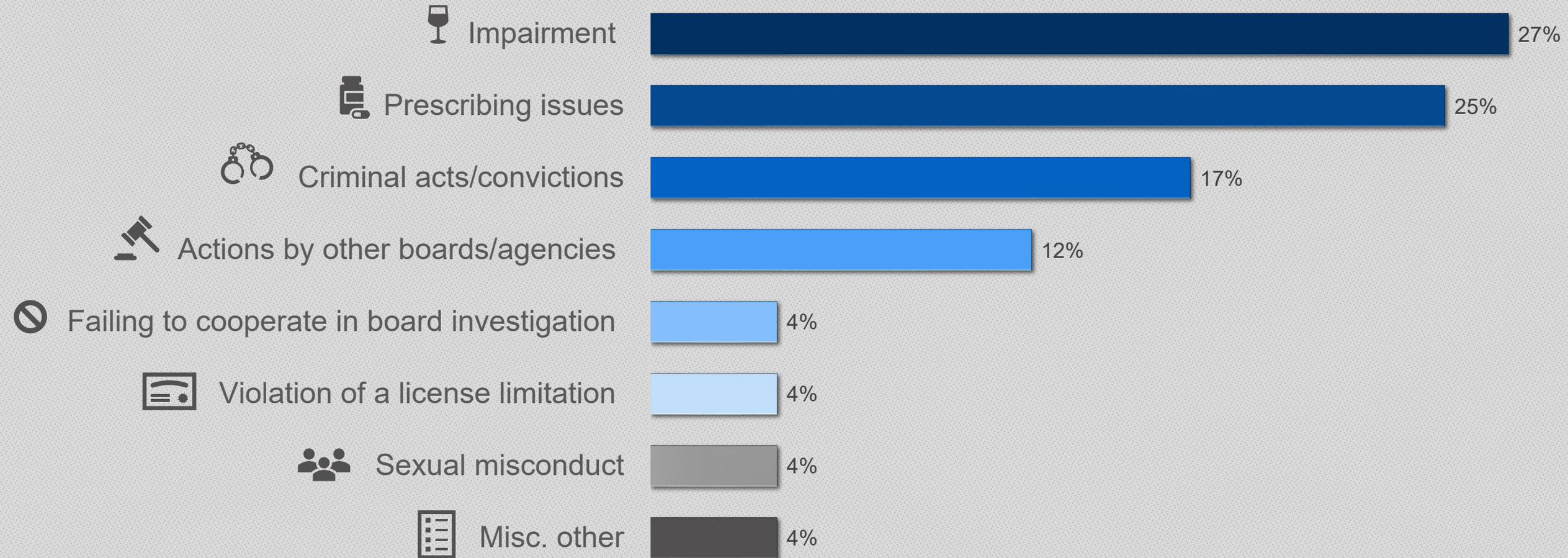


Disciplinary Actions – FY19



135 Disciplinary Actions in FY19

FY19 Basis for Disciplinary Actions



Probationary Monitoring

The board can impose additional disciplinary action for violation of terms of probation.



Confidential Monitoring Program

Mental or physical condition impacting ability to practice

Board Secretary & Supervising Member oversee agency investigation and enforcement processes

Secretary & Supervising Member may determine that an individual being investigated concerning a mental or physical illness, is appropriate for ongoing investigative observation and monitoring by the board rather than formal public disciplinary action

Licensee signs a confidential participation agreement with the board



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

Case: Anesthesiology Resident

Resident removed drugs from hospital medical system for his own use.

Board action: training certificate suspended, signed consent agreement permanent limitation prohibiting the doctor from returning to an anesthesia training program and from practicing anesthesia.

Board was later informed of noncompliance and revoked his training certificate



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

Case: Impairment

Resident admitted on his licensure application that he had undergone inpatient treatment for alcohol dependence, he was in compliance with monitoring requirements with the Pennsylvania Physician's Health Program and that he had been found capable of practicing medicine.



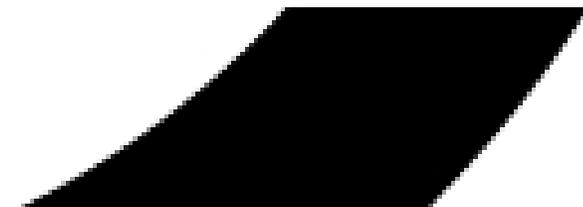
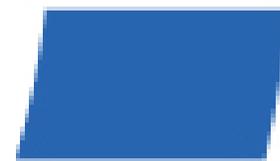
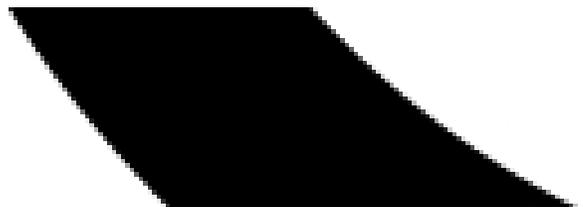
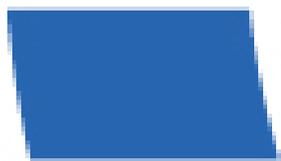
Resident Impairment Video Placeholder

Case: Impairment

Resident admitted on his licensure application that he had undergone inpatient treatment for alcohol dependence, he was in compliance with monitoring requirements with the Pennsylvania Physician's Health Program and that he had been found capable of practicing medicine.

Board action: Medical license granted license subject to probationary terms, conditions and limitations for at least 3 years and six months.





Prescribing

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

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



www.ohiopmp.gov

When to Check



www.ohiopmp.gov

- Request OARRS information that covers at least the previous 12 months before initially prescribing an opioid analgesic or benzodiazepine
- If treatment continues longer than 90 days, check OARRS at least once every 90 days until the course of treatment ends
- If patient treated for more than 90 days with a Schedule II – V drug other than opioid analgesic/ benzodiazepine, check OARRS annually after initial report
- Document in patient record that OARRS report was assessed and reviewed
- Check OARRS if any red flags noticed

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



#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!

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	*	1,548,774	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	*	*	1,139,116	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	2,896,653	2,978,188	4,247,251
Indiana	1,696,946	1,901,658	2,079,877	*	5,115,300
Iowa	170,698	236,663	392,819	447,476	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	371,817	*	*	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	794,965	1,244,173	2,604,678
Mississippi	*	*	978,044	1,724,945	2,740,278
Missouri**	*	*	*	245,872	1,399,523
Montana	112,313	159,150	263,573	318,324	400,769
Nebraska	24,548	27,644	*	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	21,206,055	23,931,571
North Carolina	*	*	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

Case: Family Prescribing

Doctor prescribed Vicodin and Ambien to two patients who were family members in non-emergency situations

Didn't document the prescriptions or any examination, evaluation or treatment in any patient record

Board action: Reprimand, 12-month probation and controlled substance prescribing and medical record keeping course



Good Prescribing Practices

Always consider potential for abuse, dependence, and/or diversion

Maintain complete and accurate records – record all prescriptions

Never self-treat using a controlled substance

Never treat a family member using a controlled substance except in an emergency

In general, do not provide a controlled substance or prescription drug to a person the prescriber has not physically examined



State Medical Board of

Ohio

Case: Supervising Physician

Attending physician directed at least one resident physician under his supervision in a training program to write prescriptions for Percocet or Vicodin in the name of the doctor's family member who had not been personally examined by the prescribing physician

Board action: Permanent revocation



Case: Cellphone in the OR

Doctor used cell phone to photograph a sedated male patient prior to a surgical procedure.

Board action: PA issued a 60-day suspension and probation
OH ordered a reprimand/probation for one year and professional ethics class



Sexual Misconduct

Sexual Misconduct

OAC 4731-26-01 definition:

“conduct that exploits the licensee-patient relationship in a sexual way, whether **verbal or physical**, and may include the **expression of thoughts, feelings, or gestures** that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes sexual impropriety, sexual contact, or sexual interaction”

This Includes...

Making comments that are not clinically relevant about or to the patient, including but not limited to, making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient's sexual orientation, or making comments about potential sexual performance

Soliciting a date or romantic relationship with a patient

Kissing in a romantic or sexual manner

Offering to provide health care services, such as drugs, in exchange for sexual favors

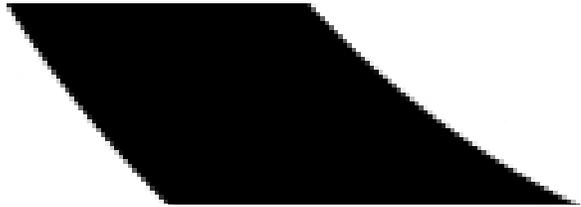
And Any Other Behavior that is Defined in OAC 4731-26

Case: Social Media

Doctor had a sexually explicit Facebook messaging and text messaging relationship, but it never transitioned into a physical relationship

Board action: License suspended for approximately 3 months, 2-year probation and physician patient boundaries course

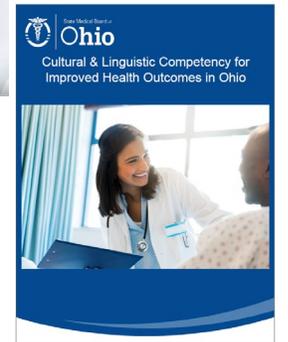




Resources



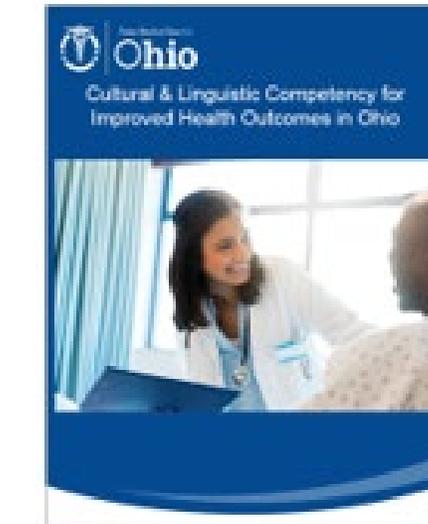
Social Media & Digital Communication Guidelines



Resources

med.ohio.gov/resources

Cultural Competency



The Medical Board has created resources to provide guidance for interactions with people from varying cultures and backgrounds.

med.ohio.gov/resources/cultural-competency



Duty to Report

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.



Case: Duty to Report

Doctor knew for almost 3 years that his partner and co-owner of their pain management practice was accused of engaging in sexual misconduct with female patients during medical exams.

He failed to report his partner's inappropriate sexual conduct to the Medical Board.

Board action: Permanent revocation

INVESTIGATIONS

Medical Board revokes license of second doctor at controversial pain clinic

The Ohio Medical Board has revoked the license of [redacted]

MEDICAL BOARD RECORD—35.051474

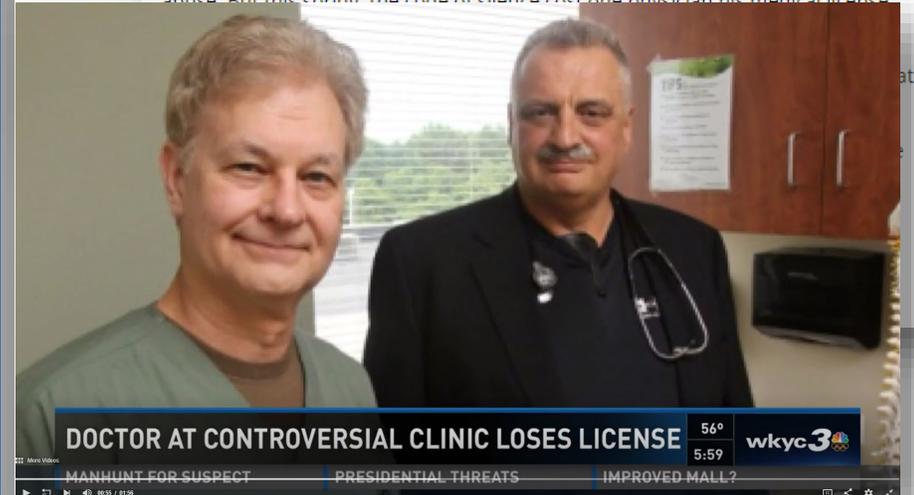
LICENSE STATUS/DISCIPLINARY ACTIONS—*License Inactive; see [board actions](#) at the bottom of this blog post.*

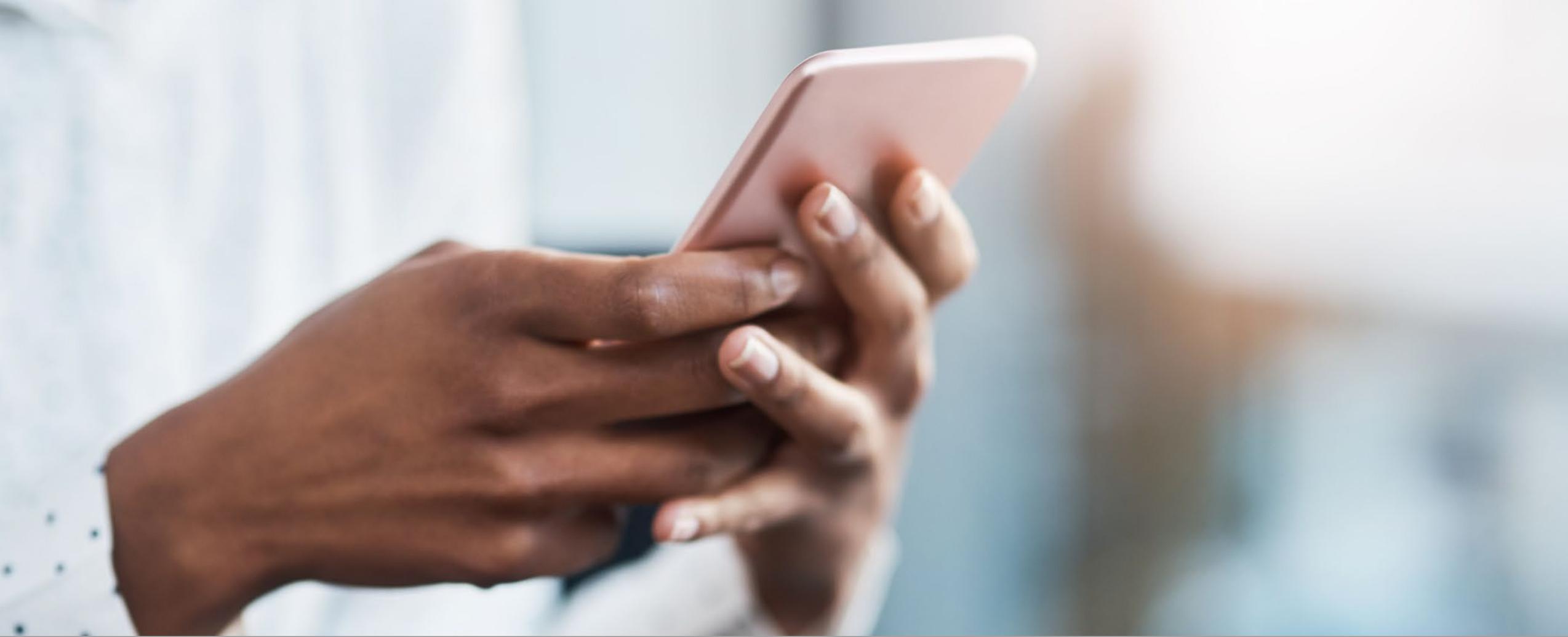
Author: Tom Meyer (M)
Published: 5:55 PM EDT
Updated: 7:00 PM EDT

Ohio doctor doesn't report pal's sexual abuse, loses license

STOW, Ohio -- Tim Geiger.

Rarely do doctors pay the ultimate professional price for keeping quiet about sexual abuse. But this spring, the code of silence cost one physician his medical license.





State Medical Board of Ohio's Confidential Complaint Hotline

1-833-333-SMBO (7626)



Why is this
important?

What happens now MATTERS

Study

Journal of the American Medical Colleges

- 108 graduates
- Harvard Medical School & Case Western Reserve University School of Medicine
- Timeline:
 - 1) Ratings by residency directors
 - 2) State medical board sanctions/malpractice suits



Conclusion

“Students with professionalism lapses in medical school are significantly more likely to experience professionalism-related problems during residency and practice although other factors may also play an important predictive role.”



Jerica Stewart

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State Medical Board of Ohio

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