The Road to Cultural Competency
A closer look at Ohio’s diversity

In This Issue:
Moving the PA Profession Forward
Could Algorithms Replace Doctors?
New Prescriber Tools
Seeking BE/BC Family Medicine Physicians to join our large collegial group of primary care providers.

- Opportunities exist for established practices and a newly facilitated primary care wellness center (Ascension St. Vincent YMCA)
- Start on income guarantee and move to worked rvu model with quality incentives
- Competitive compensation package
  - Resident stipend
  - Aggressive loan repayment
  - Commencement bonus
  - Relocation allowance
  - Paid CME and generous paid time off
  - Comprehensive health benefits and Retirement savings plan (403b)
- Physician-led, patient centered care

**St. Vincent Medical Group:** Physician-led, multi-specialty medical group serving the southern region of St. Vincent and member of Ascension Health, the largest non-profit healthcare organization in the US. Our outreach extends into Southern Illinois and Western Kentucky.

**Community Highlights**
- Gratifying work-life balance
- Strong school systems and universities
- Wide range of cultural, recreation and entertainment possibilities
- Affordable and comfortable living

To learn more, please contact: Beth Speer, Manager, Physician Recruitment
Beth.Speer@ascension.org
CONTENTS

4  President’s Message

6  Board Member Spotlight

7  Counseling, Coaching Helps Patients Moving the PA Profession Forward

10  The Road to Cultural Competency

14  New, Amended or Rescinded Laws and Rules from September to Present

17  Alzheimer’s Awareness

18  Could Algorithms Replace Doctors?

20  Giving Prescribers the Tools They Need

21  What’s New with CBD?

22  Holiday Habits

24  Ohio Medical Marijuana Control Program Update

26  Healing the Healers
This month you will read about Cultural Competency. At its very core, it has to do with how effective one is at interacting with people from different cultural backgrounds. While it may be second nature for Ohio’s licensed physicians and allied medical professionals to provide quality care, it is important for practitioners to recognize how culture and life situations may shape a patient’s experience in health care as Ohio’s diversity grows. Overcoming assumptions that everyone values, believes and wants the same things builds an inclusive environment.

Artificial intelligence (AI) is most commonly known for its ability to have machines perform repetitive tasks that are associated with the human mind, like problem solving. The health care industry is optimizing the use of AI and turning overwhelming amounts of data into useful information, obtaining actionable insights and optimizing care. Learn what industry leaders think about the possibility of AI replacing doctors.

Addressing inappropriate opioid prescribing was, and continues to be, a large focus for the board. In December 2018, the board took another step toward prescriber safety by adopting additional prescribing rules for chronic and subacute pain. These rules were designed to increase physician awareness of the risk of opioid prescribing and establish checkpoints at specific morphine-equivalent doses (MED). Two new resources outline the specifications of chronic and subacute pain and prescriber requirements at certain doses. You can find these resources and many others on the Prescriber Resources page of the Medical Board website at med.ohio.gov or at takechargeohio.org.

Physician assistants have seen many regulatory updates over the past several months. Stay on top of the latest changes with the overview on page 7. You can also find the most up-to-date information on our website: med.ohio.gov.

On July 30, Senate Bill 57 went into effect, legalizing the cultivation, sale and purchase of hemp and hemp products in Ohio. With this change, the definition of marijuana no longer includes hemp products with a THC content less than three-tenths of a percent (.3%). Learn how hemp is different than marijuana and where hemp products can also be sold in our state.

The Ohio Medical Marijuana Control Program is approaching the first anniversary of the first sale in Ohio. Tens of thousands of recommendations have been made to more than 63,000 patients in that time, and patients have seen costs driven down as more dispensaries are awarded certificates. Read about the qualifying conditions for the program, how to submit a petition to add additional conditions and the types of products available for purchase through the program.

November is Alzheimer’s Awareness month. You may be surprised to learn that Alzheimer’s is the only disease with no cure, no treatments to stop, delay or prevent the disease — and no survivors. Read about the sixth leading cause of death in the United States and where to find resources and support.

Are you ready to breeze through the upcoming holiday season with established healthy habits or are you in need of a jumpstart? You can learn practical ways to stay healthy and safe, whether you want a refresher to stay on track or to get started.

Thank you for reading this issue of Health News Ohio. We hope you have a wonderful fall season.

Sincerely,

Michael Schottenstein, MD
President
State Medical Board of Ohio
The State Medical Board of Ohio has served medical professionals since 1896. The official publication of the Board, Health News Ohio is mailed and emailed to over 89,000 physicians and allied health professionals throughout the state each quarter. Along with the printed circulation, a fully-interactive companion ePublication provides convenient, expanded resources through live links, search capabilities and archives. Serving the entire health care community, Health News Ohio is recognized as the most respected voice in Ohio medicine and a “must-read” for Ohio medical professionals.
Member Type: Physician · Appointed: 8/11/2015 · Term Expires: 3/18/2020

At age 25, Dr. Edgin matched for an internship at Ohio State University Hospitals and has called Columbus home ever since. He met his wife of 40 years in Columbus and has two children and one grandson.

Q: What do I think are the biggest challenges to medicine?
A: I feel we must keep up with latest developments. The use of artificial intelligence and telemedicine are two areas that quickly come to mind. We need to make sure there is a personal touch in medicine.

Q: What has surprised you the most about serving on the board?
A: That highly educated doctors, who have spent so much time in school, make such unbelievable mistakes that get them into trouble. It just shows that they are human.

Q: Why did I want to serve on the board?
A: I feel that we all do it for the same reason. The board is here to protect the public. I have had the opportunity to work with some great board members and medical board staff.

Q: What originally got you interested in the medical field?
A: Watching my uncle who was a distinguished OB/GYN doctor initially piqued my interest. He had a great influence on me. As a teenager, I already knew I wanted to be a doctor.

Q: Who is your mentor in the field of medicine?
A: I had two great mentors at OSU. Dr. Earl Metz, in internal medicine, was a great role model. He was “the Doctor’s Doctor!” He gave me the greatest advice that I ever received while choosing a specialty. He told me to look around and observe someone who I really admired, something I could do every day and whose lifestyle looked appealing to me. While I rotated through Gastroenterology, I met that person. Dr. John Fromkes made my life fun and interesting. When I became a GI fellow, suddenly it did not feel like work anymore. I looked forward to going to work every day and still do!

Q: What is the best lesson you have learned from your professional life experiences?
A: Tell the truth! You don’t have to worry tomorrow what you said yesterday if it is the truth. If it is a lie you may not remember what you said, and the person will know you are lying.

Q: What do you find most rewarding about practicing medicine?
A: It is rewarding seeing my sick patients recover and feel better.

Q: What is your favorite thing to do when you’re not working?
A: Being with my family.

Q: What would be your perfect day?
A: On my perfect day I would be traveling with my wife, playing golf with my two kids, or trout fishing.

Q: What do I admire most in others?
A: Honesty and someone who can make me laugh.

Q: What or who inspires you?
A: The inner strength that spirituality gives me. I have had too many good things happen to me due to chance. I have had more good luck than I could have imagined in my life. I have a great family, a great career, and a really great life!

Richard Edgin, MD
Board Vice President

“When I became a GI fellow, suddenly it did not feel like work anymore. I looked forward to going to work every day and still do!”
Physician Assistant regulations have undergone a series of updates over the past several months. This article recaps key changes.

Application Fee Reduced
Effective October 17, 2019, the application fee for an initial physician assistant license will be reduced from $500 to $400. The new fee applies to applications received after that date.

Licensure application fees are not refundable.

Physician Assistant Supervision Agreements
Since September 28, 2018, the State Medical Board of Ohio no longer requires Physician Assistant Supervision Agreements to be filed with, or approved by, the board. The agreements are living documents that remain active until the physician ceases supervision of the physician assistant. They do not expire and may be amended at any time to modify the responsibilities of physician assistants or to include additional physician assistants.

To ensure consistency, supervising physicians and physician assistants are responsible for retaining the completed and signed agreement in their respective records. For more information regarding supervision agreements and the responsibilities of the supervising physician, see ORC 4730.19 and ORC 4730.21 at codes.ohio.gov

The number of PAs a physician may supervise at one time increased from three to five. See ORC 4730.21(B) effective 3/20/2019.

Delegation of Drug Administration
Physician Assistant may delegate to another person the task of administering a drug if the PA is authorized to administer the drug; the drug is not a controlled substance; and the drug is not administered intravenously. The PA must be physically present at the location where the drug is administered. ORC 4730.203 (B) and (C) effective 3/20/2019.

PA Formulary Eliminated
SB 259, effective March 20, 2019, eliminated the PA formulary and required the Medical Board to adopt rules governing physician-delegated prescriptive authority. Consequently, anything the supervising physician provides within their scope of practice the PA may prescribe if approved by the supervising physician.

Prescribing Regulations
Although the PA formulary no longer exists, Section 4730.41, Ohio Revised Code, states that a physician assistant shall not prescribe any drug in violation of state or federal law. In April 2019, the Medical Board adopted a guidance document that summarizes the state and federal laws applicable to a physician assistant who holds a prescriber number. This guidance document groups the regulations into four general categories: general statutes and rules; prescribing controlled substance drugs, prescribing for specific situations; and prescribing for medication-assisted treatment.

This document can be found on the Medical Board’s website under PA prescriber resources on the resources tab.

Physician Assistant Policy Committee
The Physician Assistant Policy Committee (PAPC) advises the Medical Board on issues related to PA educational requirements for licensure, PA practice, and the supervisory relationship between PAs and supervising physicians.

ORC Section 4730.05 was amended in SB259. The law reduced the previous requirement of two pharmacist members to one pharmacist; eliminated the requirement for four meetings annually and allowed the committee to meet as needed; and allowed committee members full participation rights via teleconference. Although committee members may call-in, PAPC meetings remain open to the public and anyone may attend a meeting in-person. PAPC meeting notices are posted on the Medical Board’s website at med.ohio.gov. Changes went into effect 3/20/2019.
Health News Ohio

Brushing for two minutes now can save your child from severe tooth pain later. Two minutes, twice a day. They have the time. For fun, 2-minute videos to watch while brushing, go to 2min2x.org.

Kids will spend 57 minutes making octopi go splat. How about two minutes to brush their teeth?

Upcoming Renewal Dates

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Licenses issued on or after 10/17/19 will expire two years from the date of issuance.

Renew your license online at eLicense.ohio.gov. Simply log in using your email address and password. Once on your dashboard, click the “Options” button on your license and select “Renew.” If you have not previously logged in to eLicense, a short “how-to” video is available at http://bit.ly/SMBORenew to guide you through the steps.

Do not wait until the last minute to renew. By doing so, you assume the risk that the eLicense site may not be available and you may not be able to complete your renewal. Inability to access the site will not be an excuse for failure to renew timely. Therefore, we advise that you renew well before the deadline so that we have sufficient time to resolve any technical difficulties you may encounter.

If your license is not renewed by its expiration date, your license will expire, and you must not practice until your license has been renewed. Physicians with an expired license will be unable to log on to OARRS.

If you need assistance, please contact the board at 614-466-3934 or license@med.ohio.gov.
You Can Update Your Address in 3 Easy Steps

1. Log onto your eLicense Dashboard.
2. Click on the “options” box located on your eLicense tile.
3. Choose “change address.”

Remember, Ohio law mandates the State Medical Board publish rosters listing licensees’ contact information. As a licensee of the Medical Board, you are required to provide written notice of any change of address for your principal practice or place of residence within 30 days of the change.

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To register or for additional information visit: https://go.osu.edu/site2020
As Ohio continues to grow in diversity, the State Medical Board of Ohio recognizes the positive impact well-prepared health care professionals can have on their patients.

Ohio is home to more than 11.6 million residents and its population is shifting not only in race and ethnicity, but in age, disability status, socioeconomic status, and gender as well. U.S. Census Bureau data from July 2018, estimated 17.1 percent of Ohio residents were age 65 or older, 27.2 percent had a bachelor’s degree or higher and 13.9 percent lived in poverty. Ohio has also become a destination for certain immigrant and refugee communities. Almost 7 percent of Ohio’s population speaks a language other than English at home and approximately 4 percent are born in another country.

“We are home to the second largest in the entire country population of Somali refugees,” says Simone Crawley, Executive Director of Multiethnic Advocates for Cultural Competence (MACC). “We’re also home to the fastest growing population of Nepalese and Bhutanese refugees.”

It’s important for practitioners to recognize how culture and life situations may shape a patient’s experience in health care. For instance, understanding the difference between an immigrant, a person who has voluntarily chosen to reside in the U.S. often to pursue better opportunities, and a refugee, someone who is escaping from a form of persecution in their own country, may change your perspective and how you interact with your patient.

Imagine that a patient walks into a clinic with a heavy accent, or a noticeable disability. The staff treating that patient may observe those traits and assess them as favorable or unfavorable without exchanging words. This silent assessment could affect the way in which they interact with the patient and the treatment the patient receives. Sometimes, this kind of behavior is intentional, but other times it’s an unconscious association that
goes unnoticed by the offender. With the latter, the behavior described is called implicit bias and is defined as the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.

Since it is an unintentional behavior, unidentified implicit bias can have consequences. Substantial data reveals unconscious biases lead to differential treatment of patients based on race, gender, weight, age, language, income and insurance status. But education and training and a willingness to learn can help equip practitioners with the tools they need to avoid these outcomes.

“To me cultural competence is a commitment - first and foremost,” says Crawley who joined MACC in 2015 with a background in public policy and a special place in her heart for addressing health disparities. “It really focuses in on the individual. And it says that as a person, you’re going to commit to being equitable, being fair, and having humility when you’re interacting with folks who maybe are from a different background than you.”

In addressing this need, the Medical Board teamed up with the MACC to open the door to cultural competency education for its licensees. As a partner, MACC has provided direction for the cultural competency guide and helped to identify advocates in Ohio’s health care landscape.

This fall, the Medical Board released a five-minute video featuring board President, Dr. Michael Schottenstein; Ohio State University Wexner Medical Center, Dr. Quinn Capers, IV; PrimaryOne Health Language Services Coordinator, Bhuwan Pyakurel; and MACC Executive Director, Simone Crawley. It is the companion piece to the printed Cultural & Linguistic Competency for Improved Health Outcomes in Ohio guide published by the Medical Board in Spring 2019.

continued on page 12 >

DO YOU WANT THAT SAFE OR MEDIUM-SAFE?

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“Cultural competency is a commitment... you’re going to commit to being equitable, being fair, and having humility...”
– Simone Crawley, Executive Director of MACC
Each interview provided insight spanning the topics of ethnicity and race, gender minorities, disabilities, language, culture and religion as it relates to health care.

The new video is available on the Medical Board website and social media platforms. Every licensed health care professional in Ohio has the opportunity to learn from patients with cultures that differ from their own. The cultural competency video is one of many ways to broaden your perspective and strive to provide patient-first care.

“If you don’t understand how to uncover your bias, if you don’t understand how to have conversations about potential challenges that you have in interacting with folks that are not the same as you, then those things are manifesting in the care that you’re providing them. Which means that you’re not providing them with the same level of care that you’re providing other patients.” says Crawley

“We all hold a bias; we all hold preferences just based on our human nature. And so, it really is not about calling people out all the time and finger-pointing, it’s just about understanding that we all have work to do and that we can do it together from that humbling perspective.”

Simone Crawley
MACC Executive Director

Simone Crawley currently serves as the Executive Director for the Multiethnic Advocates for Cultural Competence, Inc. (MACC). Throughout her career at The Ohio State University, Simone served as a Page in the Ohio House of Representatives. She earned her degree in Political Science. Expanding her public policy background, she served as an aide to Assistant Minority Leader Charleta B. Tavares for three years. During her time at the Ohio Senate, Simone was also elected President of the Ohio Young Black Democrats where she aided in the successful campaigns of several legislative candidates. In January 2015, Simone began working to ensure cultural proficiency and improved health outcomes in Ohio as the Program Coordinator for the Multiethnic Advocates for Cultural Competence, Inc (MACC). She has served as the Executive Director since March 2016 and also serves as a Mental Health First Aid USA certified instructor.

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Santiago’s family will never receive a bill.

At St. Jude, Santiago is bravely undergoing treatment for medulloblastoma, a type of brain tumor. “St. Jude is a miracle,” said his mom. Both of Santiago’s parents are grateful for everything St. Jude is doing for their family. Because of our donors, no family ever receives a bill from St. Jude for treatment, travel, housing, or food—because all they should worry about is helping their child live.

Learn more at stjude.org
Ohio’s biennium budget (House Bill 166) was signed on July 18 and contains a number of statutory changes that have impacted State Medical Board of Ohio licensees. The following is a summary of changes in Ohio law that became effective October 17, 2019.

**All license types**
- Eliminates a requirement under which an affirmative vote of at least six members of the board is necessary to grant a license to an applicant. This change will allow the Medical Board to issue licenses faster, instead of waiting for monthly board meetings.
- Licenses will expire two years after the original date of issuance. For existing license holders, the renewal deadline will continue to be on the same date as it is currently; for new license holders this means renewal will occur on the two-year anniversary of initial issuance and every two years thereafter.
- The board can now impose terms and conditions to ensure an applicant’s fitness to practice, as follows: (1) when seeking issuance of a license without having been engaged in practice or participating in a training or educational program for more than two years, and (2) when seeking restoration of a license that has been inactive for more than two years.

**Allied health professionals**
- Clarifies an eligibility requirement that applies to a person seeking licensure to practice a limited branch of medicine based on holding a license in another state, by specifying that the applicant must have held a license to practice massage therapy or cosmetic therapy during the five-year period preceding the date of application.
- Authorizes the board to impose a civil penalty of not more than $5,000 if the license holder fails to complete the continuing education required to maintain a license.

**Physicians**
- Ohio MDs, DOs, and DPMs will need to complete a total of 50 hours Category 1 continuing medical education (CME) every two years to be eligible for license renewal. Previously, physicians were required to complete a total of 100 hours, of which 40 needed to be Category 1.
- The amount of continuing education hours a physician may earn providing health care services as a volunteer will be reduced to three hours.
- Expedited licensure: Clarifies an eligibility requirement that applies to a physician seeking an expedited license by endorsement by specifying that the applicant must not have been the subject of more than two malpractice claims resulting in a finding of liability in the ten years preceding the date of application.
- Training certificates: Allows a holder of a physician training certificate to apply for late renewal not more than 30 days after the certificate’s expiration date if the individual pays a $150 reinstatement fee.
- Clinical fellowship programs: Specifies that an accredited clinical fellowship program constitutes (1) graduate medical education recognized by the board and (2) a program that an individual may participate in by obtaining a training certificate.
- Clinical research faculty: Specifies that holders of clinical research faculty certificates will need to complete 75 hours Category 1 CME every three years to renew their certificates.
- Telemedicine certificates: Converts all Ohio telemedicine certificates to standard MD or DO licenses. The license numbers previously associated with the telemedicine certificates have changed.
Physician assistants (PAs)

- The physician assistant continuing education (CE) requirements for Ohio will mirror the CE requirements of the National Commission on Certification of Physician Assistants (NCCPA). Previously, a physician assistant needed to complete a minimum of 100 hours of continuing education every two years, which did not align with the NCCPA certification cycle. Physician assistants who hold prescriptive authority will continue to be required to complete at least twelve hours of continuing education in pharmacology.
- Changes in the law will now require both the supervising physician and the physician assistant to retain a copy of their supervision agreement in their records. The law also permits the board to assess a civil penalty upon a finding that a supervision agreement has not been retained as required.
- PA initial application fee reduced from $500 to $400.
- Limits a physician assistant’s existing authority to personally furnish samples of drugs and therapeutic devices to the drugs and devices included in the physician assistant’s physician-delegated prescriptive authority.
- Requires that medical care provided by an out-of-state physician assistant at a charitable event in Ohio be supervised by the event’s medical director or another physician authorized to practice in Ohio.

As a state agency, the Medical Board is tasked with investigating complaints against applicants and licensees and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

4731-18-01 Standards for Surgery – Rescinded – Effective 9/30/19

4731-1-08 Continuing cosmetic therapy education requirements for registration or reinstatement of a license to practice cosmetic therapy – Rescinded – Effective 9/30/19

4778-2-01 Genetic Counselor Definitions – Rescinded – Effective 9/30/19
4778-2-02 Criminal Background Checks – Rescinded – Effective 9/30/19
4759-4-11 Dietetics Criminal Records – Rescinded – Effective 9/30/19
4730-3-01 Physician Assistant Definitions – Rescinded – Effective 9/30/19
4730-3-02 Physician Assistant Criminal Records Checks Rules – Rescinded – Effective 9/30/19

4731-4-01 Criminal Records Checks Rules Definitions – New – Effective 9/30/19

- “Applicant for an initial license or certificate to practice” includes a person seeking an initial license or certificate to practice under Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 4778. of the Revised Code.
- (B) “Applicant for a restored license or certificate to practice” includes a person seeking restoration of a license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 4778. of the Revised Code.
- (C) “Criminal records check” has the same meaning as in division (G) of section 109.572 of the Revised Code.
- (D) BCI means the “Ohio Bureau of Criminal Identification and Investigation.”
- (E) “FBI” means the “Federal Bureau of Investigation.”

4731-4-01 Criminal Records Checks Rules Definitions – Rescinded – Effective 9/30/19 4731-4-02 Criminal Records Checks Rules Definitions – Amended – Effective 9/30/19

- (A) An applicant for an initial license or certificate to practice or for a restored license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 4778. of the Revised Code, shall submit fingerprints, required forms, and required fees to BCI for completion of BCI and FBI criminal records checks.
  - (1) An applicant who is present in Ohio shall use the services of an entity that has been designated by the Ohio attorney general to participate in the “National WebCheck” program (available at http://www. ohioattorneygeneral.gov/), and pay any processing fee charged by the entity, with the “State Medical Board of Ohio” designated to receive the results:
    - § (a) Removed
    - § (b) Removed
  - (2) An applicant who resides in a state or jurisdiction other than Ohio shall either appear in Ohio in order to comply with the requirements of paragraph (A)(1) of this rule or request that the board provide the forms required to complete the criminal records checks. Upon receipt of the forms, the applicant shall have his or her fingerprints processed and pay any applicable processing fees.
    - § (a) Removed
    - § (b) Removed
    - § (c) Removed
• (B) The board shall maintain the criminal records check reports in a manner that ensures the confidentiality of the results, prevents disclosure pursuant to a public records request, and complies with applicable state and federal requirements.

• (C) The board shall not accept the results of a criminal records check submitted by an entity other than BCI.

• (D) In reviewing the results of criminal records checks to determine whether the applicant should be granted an initial or restored certificate to practice, the board may consider all of the following:
  o (1) The nature and seriousness of the crime;
  o (2) The extent of the applicant’s past criminal activity;
  o (3) The age of the applicant when the crime was committed;
  o (4) The amount of time that has elapsed since the applicant’s last criminal activity;
  o (5) The conduct and work activity of the applicant before and after the criminal activity;
  o (6) Whether the applicant has completed the terms of any probation or deferred adjudication;
  o (7) Evidence of the applicant’s rehabilitation;
  o (8) Whether the applicant fully disclosed the arrest or conviction to the board; and
  o (9) Any other factors the board considers relevant.

4731-1-05 Massage Therapy Scope of Practice – Amended – Effective 11/5/19

• (D) A massage therapist may perform the following services in compliance with the following:
  o (1) A massage therapist may treat temporomandibular joint dysfunction provided that the patient has been directly referred in writing for such treatment to the massage therapist by a physician currently licensed pursuant to Chapter 4731. of the Revised Code, by a chiropractor currently licensed pursuant to Chapter 4734. of the Revised Code, or a dentist currently licensed pursuant to Chapter 4715. of the Revised Code.
  o (2) A massage therapist may apply ultrasound, diathermy, electrical neuromuscular stimulation, or substantially similar modalities provided that the patient has been directly referred in writing for such treatment to the massage therapist by a physician or podiatric physician licensed under Chapter 4731. of the Revised Code, physician assistant licensed under Chapter 4730. of the Revised Code, chiropractor licensed under Chapter 4734. of the Revised Code, advanced practice registered nurse licensed under Chapter 4723. of the Revised Code, or physical therapist licensed under Chapter 4755. of the Revised Code, who is acting within the scope of their professional license.

§ (a) The massage therapist must perform the modality within the minimal standards of care.

§ (b) If the food and drug administration classifies the device as a prescription device, as that term is defined in 21 CFR 801.109 amended as of June 15, 2016, or a restricted device that can only be sold, distributed, or used upon the order of an authorized healthcare provider, the massage therapist’s application of the device must be done under the on-site supervision of the referring practitioner.

§ (c) If the food and drug administration classifies the device as an over-the-counter device, the massage therapist may apply the device without the on-site supervision of the referring practitioner.

• (E) All persons who hold a certificate to practice massage therapy issued pursuant to section 4731.17 of the Revised Code shall prominently display that certificate in the office or place where a major portion of the certificate holder’s practice is conducted. If a certificate holder does not have a primary practice location, the certificate holder shall at all times when practicing keep either the wall certificate on the holder’s person or provide verification of licensure status from the board’s internet web site upon request. The board’s website is: www.med.ohio.gov.

• (F) Massage therapy does not include:
  o (1) Removed

• (G) As used within this rule:
  o “External” does not prohibit a massage therapist from performing massage therapy inside the mouth or oral cavity; and
  o “Mechanical devices” means any tool or device which mimics or enhances the actions possible by the hands that is within the scope of practice as defined in section 4731.04 of the Revised Code and this rule.
Alzheimer’s Awareness

A daughter’s reflection

By Joan Wehrle, CPMSM

Every 65 seconds someone in the United States develops Alzheimer’s disease. In November the over 5.8 million American’s living with Alzheimer’s and their caregivers are recognized and remembered during Alzheimer’s Awareness Month.

Alzheimer’s disease is a progressive, degenerative disease. The sixth leading cause of death in the United States, it kills more people than breast cancer and prostate cancer combined. One in three seniors dies with Alzheimer’s or another dementia. My mother was one of those seniors, passing away in October 2018 at age 84 after nine years with the devastating disease.

The statistics mentioned in this article are from the recent report issued by the Alzheimer’s Association, “2019 Alzheimer’s Disease Facts and Figures.”

The publication also includes a “Special Report on Alzheimer’s Detection in the Primary Care Setting: Connecting Patients and Physicians.”

The special report encourages early detection of cognitive impairment through routine assessment. Primary care providers are best positioned to conduct the assessment and ensure the patient receives any needed follow-up. The report notes that physicians can use the Medicare Annual Wellness Visit, which requires an assessment of cognitive function, as an opportunity to talk about any memory issues or concerns with their patient.

The report also includes references to resources from several professional associations that may help physicians perform brief cognitive assessments.

From my personal experience helping care for my mother, the importance of early detection cannot be overemphasized. Early detection helped confirm what our family suspected. It helped to know what we were dealing with, as Mom began treatment that allowed her to continue her activities of daily living for as long as possible. The caregiver resources offered by the Alzheimer’s Association really helped our family understand more about this complex and frustrating disease.

My family is indebted to my mother’s primary care doctor for her professional and compassionate care throughout our journey. She was our navigator through the years as the disease progressed through each stage, and Mom’s needs changed and intensified. When Mom could no longer live alone and needed to move to an assisted living community, she adamantly would not talk about it when my siblings and I tried to discuss it with her. But, when her family doctor suggested that she may want to consider such a move, Mom agreed. In Mom’s mind, it was “doctor’s orders” and she was going to follow those orders.

Early detection and treatment helped my mother and our family deal with Alzheimer’s. We learned to recognize and savor those special moments, as each day was the “best” day. My brother, sister and I were privileged to be with Mom when she passed. As she was there for our first breath, we were witness to her last.
Could algorithms replace doctors?

Health care providers contemplate the role of artificial intelligence

By Julie Williams

In 1950, researchers predicted it would take about 50 years for all available medical knowledge to double. Current estimates are that medical data will double every 73 days by 2020. And, each person will generate enough health data in their lifetime to fill 300 million books. Medical professionals simply cannot keep up with the growing amount of information available to them.

You’ve probably heard the terms artificial intelligence (AI) and machine learning, but do you know what they really mean? Machine learning is one application of AI. Machines, or computers, use massive amounts of data to learn for themselves and eventually recognize more of the unknown. Artificial intelligence is the advancement of computer systems to perform monotonous tasks that are usually limited to humans. Doctors who are already inundated with alerts and demands on their time may find that AI is good at repetitive, time-consuming tasks. AI offers a number of advantages over traditional analytics and clinical decision-making techniques. Learning algorithms can become more precise and accurate as they interact with training data, allowing humans to gain unprecedented insights into diagnostics, care processes, treatment variability, and patient outcomes.

The health care industry is ideal for machine learning because of the volume and complex data available. With the constant flow of new information about health conditions and treatments, the health care industry is a real growth opportunity for both AI and machine learning. AI can make sense of the overwhelming amount of clinical data, genomic data, and social determinants of health data to potentially find the best path for each patient. The software can learn to detect diseases from medical imaging with similar levels of accuracy as health care professionals. It has the potential to become an integral part of health care. According to research from Accenture, health care’s artificial intelligence market will hit $6.6 billion by 2021. That’s up from $600 million in 2014.

But it’s more than just data sets. AI tools can also serve as consultants for medical professionals. For example, IBM’s Watson supercomputer combines AI with analytical software to answer questions. New information and breakthroughs on certain conditions are constantly published, so many doctors use Watson to stay up to date on the latest findings. The software is in use in hospitals around the country to help doctors gauge the impact of certain symptoms, come to a diagnosis and make decisions.

Over the past decade, the health care industry has focused on transitioning to electronic health records (EHRs). According to the Office of the National Coordinator for Health IT (ONC), more than 96 percent of U.S. hospitals and 78 percent of office-based physicians, have adopted an EHR, and more than half of Americans have their health information in the largest EHR system. With each facility that comes online the mountain of data grows and somewhere within that data may lie the future of clinical care. The machine learning systems are not intended to replace doctors or make outright decisions in a patient’s treatment. Although the human interaction in patient care is still required, artificial intelligence findings will complement...
medical professionals with recommendations based on findings. Patients still have ultimate control over their treatments, but they will have the added benefit of AI knowledge.

Industry leaders agree that AI will not replace doctors. Artificial intelligence and machine learning algorithms need human hands to collect the data and human eyes to analyze it. And since AI in health care is currently utilized mainly to aggregate and organize data, looking for trends and patterns and making recommendations, a human component is very much needed. So, for now, medical professionals don’t have to worry. AI might not replace doctors, but it will and help people live longer and healthier lives.


The Medical Board has continued in the fight against opioid misuse and diversion through collaboration in the TakeCharge Ohio campaign, important updates and instruction to prescribers, and targeted efforts to increase OARRS queries. Last December, the board adopted additional prescribing rules for chronic and subacute pain.

The new rules in Ohio Administrative Code 4731-11-14 were designed to increase patient and physician awareness of the risk and establish checkpoints at specific morphine-equivalent doses (MED). The rules include guidelines such as prescribing the fewest amount of days necessary and consulting with a pain management specialist before moving forward with the treatment option.

One thing has become clear: education is key to making significant and lasting change in the lives of prescribers and patients. That’s why the Medical Board has created two additional resources for prescribers who are working with this patient population.

Both resources clearly outline the specifications of chronic and subacute pain and prescriber requirements at certain doses. You can find these resources and many others on the Prescriber Resources page of the Medical Board website at med.ohio.gov or at takechargeohio.org.

Giving Prescribers the Tools They Need
New subacute and chronic pain resources for prescribers

The board created a video to detail prescribers’ decision-making process and answers specific questions about the regulations.

The board created a handout to highlight the expectations of prescribing for chronic and subacute pain.
What’s New with CBD?

How Senate Bill 57 changed legislation for hemp products in Ohio

On July 30, Senate Bill 57 went into effect, legalizing the cultivation, sale and purchase of hemp and hemp products in Ohio. With this change, the definition of marijuana no longer includes hemp products with a THC content less than three-tenths of a percent (.3%). Hemp products can also be sold outside of a licensed medical marijuana dispensary in Ohio. The Ohio Department of Agriculture is now tasked with establishing the Hemp Cultivation and Processing Program to regulate the industry.

According to the Ohio Department of Agriculture, hemp comes from the cannabis plant and unlike marijuana, it does not produce a psychoactive effect. Its uses can range from cosmetics and personal care products to textiles. Cannabidiol, also known as CBD, is a common hemp extract and is now being used in food and dietary supplements.

The scope of practice for physicians, physician assistants and massage therapists has expanded to include applying CBD oil as a topical application if it meets the appropriate THC levels. This is a significant change since previously, Medical Board licensees could not dispense or apply CBD, which was considered a medical marijuana product.

Growing and processing hemp will require a license from the Ohio Department of Agriculture. The agency will also accept applications from universities wanting to cultivate and process hemp for research purposes. In order to sell CBD products in Ohio, all products will be tested for safety and accurate labeling.

The Department of Agriculture is in the process of developing regulation for the program but intends to have farmers licensed in time to plant crops by the spring of 2020.
Holidays are often busy times of year and can be accompanied by a full range of emotions. Whether it’s the most wonderful time of the year for you or a difficult season, it’s important for you to avoid forming poor habits and to remember to use moderation.

Here are some tips we hope will help your decision making as you participate in events this year.

Excessive alcohol use

According to alcohol.org, an American Addiction Centers Resource, alcohol consumption surges during holidays. Among other statistics, forty-seven percent of men and forty percent of women admitted to binge drinking for New Year’s celebrations. The CDC reports binge drinking is often associated with accidental injuries, violence, sexual assault, risky behavior and other harmful activities. Use these helpful tips to keep you and the people around you safe.
1. Before the event gets started, know who’s taking you home whether that’s a designated driver or a ride-share.
2. If someone you know has been drinking, help them find a sober ride home.
3. Remember to drink plenty of water.
4. Snack on healthy foods.
5. Always wear your seat belt to defend against impaired drivers.

Holiday Meals
Holidays are often centered around meals and tasty treats, many of which are not always healthy options. It’s wonderful to enjoy the food you eat, but you should always keep in mind that you want your body to function at its optimum functionality. Healthline recommended some helpful tips to fight the temptation of overeating at holiday meals.

1. Exercise. If you have a normal exercise routine, don’t put it on hold during the holidays. Even if you don’t normally exercise, take some time to add physical activity to your day by taking a walk or playing a game.
2. Rethink your favorite foods. You may be surprised at how creative you can be with preparing healthier options.
3. Forget fasting. Instead of starving yourself all day in preparation of a meal, try eating a low-fat, protein-rich breakfast, light lunch and moderate holiday meal.
4. Listen to your body. Start with small portions and enjoy the food on your plate.
5. Think before you drink. Alcohol has calories as well.
6. Sleep. Your body needs rest, especially during the busy holidays.

Stress
If you find yourself wrestling with anxiety during the holiday, you may need help finding your peace of mind. Johns Hopkins Medicine posted four simple recommendations to help readers struggling with stress during the season.

1. Accept imperfection. Starting with the mindset that something may not go according to plan may help reset your expectation and better adjust to changes along the way.
2. Don’t lose sight of what really counts. When we’re feeling stressed, we may magnify an issue to a larger than life-sized problem. Take a moment to put the issue back in its proper place and focus on the purpose of what you are doing. You may also find an alternative method of adding value and making your experience more pleasant.
3. Respond with kindness. A kind response amid tension and stress, can have a soothing effect.
4. Rethink your resolutions. If you have specific goals you’d like to achieve in the new year, start small and don’t resent yourself for past failures.

References
1 Johns Hopkins Medicine. 4 Mindful Tips to De-stress this Holiday Season. https://www.hopkinsmedicine.org/health/wellness-and-prevention/4-mindful-tips-to-destress-this-holiday-season
3 Centers for Disease Control and Prevention. Excessive Alcohol Use: https://www.cdc.gov/chronicdisease/resources/publications/aag/alcohol.htm
4 Booziest Holidays. A Look at Alcohol Consumption During the Holidays. https://www.alcohol.org/guides/booziest-holidays/
Almost one full year has passed since the very first medical marijuana sale in Ohio. Tens of thousands of recommendations have been made to more than 63,000 patients in that time, and patients have seen costs driven down as more dispensaries are awarded certificates.

Qualifying Conditions

Qualifying conditions for the program are AIDS, amyotrophic lateral sclerosis, Alzheimer’s disease, cancer, chronic traumatic encephalopathy, Crohn’s disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, hepatitis C, inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson’s disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spinal cord disease or injury, Tourette’s syndrome, traumatic brain injury, and ulcerative colitis.

The Medical Board has opened the second annual petition window for the public to submit petitions for additional conditions and will accept petitions until December 31, 2019. To be considered, petitions should be filed electronically through the website medicalmarijuana.ohio.gov and include:

- The name and contact information
- Specific disease or condition requested to be added
- Information from experts who specialize in the study of the disease or condition
- Relevant medical or scientific evidence
- Consideration of whether conventional medical therapies are insufficient to treat or alleviate the disease or condition
- Evidence supporting the use of medical marijuana to treat or alleviate the disease or condition and other types of medical or scientific documentation
- Letters of support provided by physicians
Products

Currently, there are eight types of products available for purchase through the Ohio Medical Marijuana Control program.

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Annual Report

The standard of care rule in Ohio Administrative Code 4731-32-03 requires each CTR physician to submit an annual report to the board describing the observations regarding the effectiveness of medical marijuana in treating patients. In January, the Medical Board will send out a survey to all physicians with an active certificate to recommend. The information collected through the survey and renewal of patients’ recommendations will meet the annual report requirements.

Body language can tell you all sorts of things. Like someone is having a stroke.

Face drooping
Arm weakness
Speech difficulty
Time to call 911

Strokeassociation.org

Know the sudden signs. Spot a stroke F.A.S.T.
Health care practitioners often have demanding careers that can include long hours and emotional fatigue. Although champions for health and wellness, health care providers’ substance misuse and addiction rates are no different than they are in the general population, with practitioners even demonstrating significantly higher levels of opioid abuse.\textsuperscript{1,2} Impairment continues to be the most common reason for discipline by the State Medical Board of Ohio. In fiscal year 2019, it accounted for 27 percent of all board actions.

Recognizing the need to address substance use disorders among licensees before it has a chance to impact patient safety, the State Medical Board of Ohio created the One-Bite Program, an opportunity for confidential monitoring of licensees who recognize their need for treatment. Adopted by the board on January 31, 2019 the One-Bite program rules outline how an eligible practitioner, who...
is impaired due to substance use disorder, can receive treatment without formal disciplinary action related to their substance use disorder. License applicants are not eligible for the One-Bite Program.

Licensees wishing to start recovery should contact the Ohio Physicians Health Program (OPHP), the board-approved One-Bite monitoring organization. One-Bite is available to all Medical Board license types. In order to be considered, the State Medical Board of Ohio licensee must meet three specific criteria:

1. They must be diagnosed with substance use disorder and an inability to practice due to their impairment.
2. They must be a first-time participant in the program.
3. They must have no prior disciplinary action for substance use disorder or impairment by any licensing board in Ohio.

If a practitioner qualifies for the program, they will first complete a 72-hour comprehensive evaluation before their treatment begins. During this time, the licensee will also need to stop practicing/working for a minimum of 30 days or until it is determined by the treatment provider or OPHP’s Medical Director that the licensee is able to practice according to acceptable and prevailing standards.

Within one week of treatment completion, the practitioner will
enter into a continuing care agreement with a One-Bite Program approved continuing care provider. Continuing care shall occur weekly for a minimum of six months. Finally, with treatment and continuing care completed, the practitioner will enter into a monitoring agreement for at least five years and will not be released until the OPHP Medical Director gives approval.

To maintain eligibility for the One-Bite program, practitioners must complete the treatment at an approved One-Bite program facility, complete continuing care, enter into a monitoring agreement with OPHP, and comply with all conditions of treatment and monitoring. Each participant will be expected to follow the requirements of the program and will not be exempt from discipline if they violate any other statute or board regulation. Per Ohio statute, OPHP will not disclose participating practitioners’ name or records to the Medical Board unless the participant meets certain conditions including failure to comply with any aspect of the treatment, evaluation or monitoring, which will result in permanent removal from One-Bite.

OPHP must inform the board if the practitioner

• Is determined to be ineligible to participate in the program.

• Requests the disclosure

• Is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring

• Presents an imminent danger to the public or to the practitioner, as a result of their impairment, or

• Has relapsed or their impairment has not been substantially alleviated by participation in the program

Ohio’s licensed practitioners have worked hard to be successful in their career and serve patients in their communities. With One-Bite, the Medical Board is committing to support its licensees’ health and well-being. For more information about the One-Bite program, see Sec. 4731.251 and 4732.252 of the Revised Code and Rules 4731-16-17 – 4731-16-21 of the Ohio Administrative Code.

OPHP Checklist to return to work

• OPHP demographic and intake form - located at www.ophp.org/forms

• Copy of your discharge summary from your treatment provider

• Copy of your continuing care agreement from your continuing care provider

• Copies of all current medications and/or prescriptions and

• Copy of your return-to-work evaluation by the Medical Director of your treatment provider

References

Clearing the Air

Ohio’s legal age to purchase tobacco and e-cigarette products was successfully raised to 21 years of age with the signing of the biennium budget. Ohio now becomes one of 18 states plus Washington D.C. to move to the higher minimum legal sales age. Across the country, this push is being referred to as Tobacco 21.

A primary focus of this legislative change is preventing adolescents from forming a dangerous habit that could follow them long into adulthood. Targeting this demographic is critical to eliminating the number of smokers in the U.S. Research shows ninety percent of adult smokers begin in their teens or earlier and two-thirds become daily smokers by age 19.

Cigarette smoking is the leading cause of preventable disease and deaths in the United States with an estimate of nearly half a million people dying from smoking or second-hand smoke every year. When not fatal, smoking is still linked to cancer, cardiovascular disease, respiratory disease and many other chronic conditions that impact quality of life.

In contrast to the vast history of cigarettes, e-cigarettes also known as vapes, are a much newer product. They are a non-combustible tobacco product and are especially attractive to youth and young adults.

In April, Governor DeWine joined the Ohio Department of Health and Ohio Department of Mental Health and Addiction Services to warn parents that e-cigarettes should not be viewed as a safe alternative to smoking. Like cigarettes, e-cigarette products may have addictive qualities. In fact, according to the Centers for Disease Control and Prevention (CDC), e-cigarettes produce an aerosol by heating liquid often containing nicotine, flavorings and other chemicals. In some cases, they can also be used to deliver marijuana or other drugs.

E-cigarette products often provide unique features that may appeal to youth and young adults more than traditional tobacco products. Many come in different sizes and shapes, for example, some designs mimic pens or USB drives which may make them more difficult for adults to identify. Companies advertise familiar snack and fruit flavors and portray “vaping” or “JUULing” as a normal social activity. Unfortunately, teens and parents may be unaware that e-cigarettes may still contain nicotine, the addictive substance present in traditional tobacco products and potentially harmful to adolescent brain development.

E-cigarettes have been found to affect lung health as well. Due to 1,888 reported cases of lung injury related to vaping, the CDC, the U.S. Food and Drug Administration (FDA), and multiple state and local officials are investigating the occurrence of severe pulmonary disease among people who report vaping. Those affected come from 49 states, Washington D.C. and the Virgin Islands. As of October 29, 2019, thirty-seven deaths have been confirmed.

With the recent findings, the CDC recommends that individuals consider refraining from e-cigarettes or vaping products, particularly those containing THC. As the investigation continues, the Ohio Department of Health has mandated each practitioner report suspected cases of severe pulmonary disease of unclear etiology with a history of vaping in the past 90 days to the patient’s local health department. To ensure timeliness, once the symptoms are presented, the report should be made by the end of the next business day. The practitioner should also inquire about the type of product used, where it was obtained, and if possible, secure samples of the product for analysis. Practitioners can visit ODH’s website at odh.ohio.gov to see investigation updates or to locate a local health department.

In the U.S., smoking has remained a public health concern, despite increased educational efforts and overall sales declining. Now, popularity of e-cigarettes bolsters the sale of tobacco products and presents a new challenge for the next generation. The Medical Board applauds Ohio for taking preventative measures to limit adolescent and young adult access to all forms of tobacco and e-cigarette products.


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