Draw the Line
Establishing Appropriate Sexual Boundaries in Health Care

In This Issue:
A Year in Numbers
Counseling, Coaching Helps Patients Overcome Barriers to Recovery
Social Media & Digital Communication Guidelines
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Welcome to the late-summer edition of Health News Ohio. Highlighting this issue is an article on appropriate sexual boundaries, a subject that has been getting a lot of attention recently. Ohio’s patients trust that medical professionals will follow both the legal and ethical boundaries that their license necessitates. When sexual misconduct occurs, that trust is broken. Both patients and providers should know the clearly defined boundaries and expectations. Read on to discover what sexual misconduct means, what new resources are available and how to file a complaint.

You will also read about the Ohio Bureau of Workers’ Compensation’s initiative to address the issues that are often barriers to healing from a workplace injury, either behavioral or physical health issues. It is important to address these barriers before they turn into something more serious, such as depression or substance abuse. A physician uses tools and services to identify the obstacles and request Health and Behavioral Assessment and Intervention (HBAI) services to assist the injured worker. These services focus on cognitive, emotional, social and behavioral issues. HBAI services can improve outcomes and help return injured workers back to work and life.

You may be surprised to learn that a concerning number of older Ohioans suffer from malnutrition or food insecurity. Ohio is reported to have the sixth highest number of residents age 65 or older in the nation and 1 in 6 face the threat of hunger. In December 2016, a bill went into law that established the Malnutrition Prevention Commission through the Ohio Department of Health. The Commission was tasked with developing recommendations to reduce malnutrition among older Ohioans based on the collection of information and study of malnutrition in the elderly. Learn what resources are available and how to help someone in need.

Ending opioid misuse and diversion across the state is a monumental task. Learn how Ohio prescribers are meeting the challenge and how the board has partnered with the State of Ohio Board of Pharmacy to increase the use of OARRS, Ohio’s Automated Rx Reporting System. OARRS has become a valuable tool. It allows providers to gain insight into a patient’s record and can help identify red flags for the abuse of controlled substance medications. To further strengthen the effort, the board adopted a rule requiring that an ICD-10 diagnostic code be included for all controlled substance prescriptions.

Have you heard of our Partners in Professionalism program? It is a unique educational collaboration between the Medical Board and the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM). The program highlights the role and responsibilities of the Medical Board while stressing the importance of ethics and professionalism to first-year medical students. If you are curious to learn more about the nationally recognized program, look no further.

We are launching a new feature called Board Member Spotlight. In each issue we introduce a member of the board and pose questions about his/her professional life, medical board experiences and glean some fun facts. Read along in each issue to learn more about the board members serving Ohio.

We hope that you enjoy these articles in this second issue of Health News Ohio. Enjoy the rest of the summer season.

Sincerely,

Michael Schottenstein, MD
President State Medical Board of Ohio
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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.

2020 ANNUAL OACHC CONFERENCE
February 24-26 | Columbus, Ohio

www.ohiochc.org

Q: WHAT DO YOU FIND MOST REWARDING ABOUT YOUR SERVICE ON THE BOARD?
A: I feel like I owe a debt to the medical profession, and to the citizens of Ohio, for allowing me the privilege of practicing medicine. Serving on the Medical Board allows me to give back my time and energy as a way to express my gratitude. In that respect, it has been a very meaningful experience.

Q: WHAT DO YOU FIND MOST REWARDING ABOUT PRACTICING PSYCHIATRY?
A: I think there’s something for everyone who goes into the medical profession. But the most rewarding aspect of the practice of psychiatry, in my opinion, is the ability to relieve suffering. Because the suffering of patients with mental illness, and of their families by extension, is profound. To be able to intervene and alleviate that suffering, especially in a child, is a gratifying experience for me. It is like changing the course of a river. Life takes a substantial turn for the better when these issues get addressed.

Q: WHAT IS THE BEST LESSON YOU HAVE LEARNED FROM YOUR PROFESSIONAL LIFE EXPERIENCES?
A: The best lesson I have learned from my professional life experiences is that people are resilient, and they persevere in a way that is amazing to me. It is hard enough to get up every day, and grind through school or work, and manage relationships, when one does not have mental illness. So, to see patients who are battling mental illness continue to strive to move forward with their lives is always inspiring to me.

Q: WHAT IS THE BIGGEST CHALLENGE FACING MEDICINE OR MEDICAL REGULATION?
A: The opioid epidemic is a public health crisis in the state of Ohio. In that respect, the medical board is engaged in an ongoing effort to implement effective medical regulation to combat this crisis, while still ensuring that patients have adequate pain relief. And our disciplinary process has been effective in terms of removing unscrupulous practitioners who were contributing to the opioid crisis. The result has been a substantial decrease in prescribed opioid pills, as well as a decrease in doctor shopping.

Q: WHAT IS YOUR FAVORITE THING TO DO WHEN YOU’RE NOT WORKING?
A: I have a hammock in my backyard. And when the weather is nice, I like to lay in it and read, and listen to jazz.

Q: WHAT IS YOUR FAVORITE THING TO DO WHEN YOU’RE NOT WORKING?
A: I have a hammock in my backyard. And when the weather is nice, I like to lay in it and read, and listen to jazz.

Q: WHAT WOULD BE YOUR PERFECT DAY?
A: On my perfect day, I’m working, because I love to work. I get in some exercise. I get some family time. I do some reading. That’s really all I need.

Q: WHAT DID YOU WANT TO BE GROWING UP?
A: I wanted to be a fireman or a policeman. And my parents said that was fine, and that I could do that on the weekends. But that during the week, I should be a doctor. So that was that.

“People are resilient, and they persevere in a way that is amazing to me.”

MICHAEL SCHOTTENSTEIN, MD
BOARD PRESIDENT
The Ohio Bureau of Workers’ Compensation is encouraging health care providers across the state to utilize the Health Behavioral Assessment and Intervention (HBAI) services in returning injured workers back to work, back to life. Many BWC-certified providers can provide Health Behavioral Assessments and Intervention services for Ohioans injured on the job. Any provider who, as defined by their board, has HBAI within their professional scope of practice: MD, DO, DC, CNP, CNS, CRC, OT, PA, PhD, PsyD, LSW, LISW, LPC, LPCC.

When a workplace injury occurs, cognitive, emotional, social, and behavioral issues can create a barrier for healing from the workplace injury. These barriers may pose a challenge to appropriate and timely treatment, recovery, and return to work. The HBAI approach presents tools and services that providers may use based on their clinical judgement to identify issues that are interfering with the expected healing of a physical injury. An injured worker’s physician of record (POR) can request an assessment and subsequent intervention services, if needed, when he or she determines an injured worker is not progressing with his or her injury after an initial course of treatment, or healing appears delayed due to behavioral barriers.

HBAI services are not for diagnosing or treating mental health issues. HBAI focuses on physical health problems and barriers impeding healing. Examples of barriers include:

- Catastrophic thinking
- Inadequate coping skills
- Fear of movement or re-injury
- Perception of injustice

To learn more about these services, visit the BWC website and watch the webinar (bwc.ohio.gov and search for “videos”). Contact the provider contact center by email at providercontactcenter@bwc.state.oh.us, or by phone at 800-644-6292, option 0,3,0. You may also contact any Ohio managed care organization (bwc.ohio.gov and search for “MCO directory”) to join the list of providers rendering these services or to get more information on becoming BWC-certified.
Upcoming Renewal Dates

<table>
<thead>
<tr>
<th>License type</th>
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<td><strong>October 1</strong> Tuesday</td>
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<tr>
<td>Physicians</td>
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<td>Massage therapists</td>
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<td>Cosmetic therapists</td>
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<td><strong>January 1, 2020</strong> Wednesday</td>
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<td>Physicians</td>
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<td>Massage therapists</td>
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<tr>
<td>Cosmetic therapists</td>
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</table>

Renew your license online at eLicense.ohio.gov. 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 of creating an account and renewing your license. If you have previously created an eLicense account, simply log in using your email address and password. Once on your dashboard, click the “Options” button on your license and select “Renew.”

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.

### Coming November 2019!

**Psychotherapeutic Approaches to Sexual Problems**

An Essential Guide for Mental Health Professionals

Stephen B. Levine, M.D.

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2020 • 176 pages
ISBN 978-1-61537-285-0 • eBook
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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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The State Medical Board of Ohio (SMBO) was established in February 1896 for the purpose of licensing allopathic physicians. Today, SMBO licenses 15 professions with over 88,000 licensees. FY19 reiterated the board’s dedication to improving license and complaint processing times, investigating complaints and taking disciplinary action against applicants and licensees who violate the public health and safety standards, and providing educational outreach.

**Fiscal**

The Medical Board’s operations are funded exclusively through licensing and other authorized fees. The board received $10,113,151 in revenue in FY19 and finished the year spending well under its $11,064,757 budget and continues to be financially solvent.

**Licensure**

The Licensure Department issued 5,228 new licenses with an average processing time of 30 days in FY19. Streamlining the processing of training certificate applications resulted in the issuance of 2,200 training certificates within the 75 workdays between the National Residency Match Day on March 15, 2019 and the commencement of training programs on July 1, 2019.

**Complaints**

SMBO investigates complaints and takes disciplinary actions against those who violate the Medical Practices Act and other applicable statutes and rules. In FY19, 6,485 new complaints were received. Two hundred and fifty of those complaints resulted in disciplinary action by the Medical Board. The average number of days to process a complaint from receipt to closure was 102. That is almost 51 percent faster than in FY18.

**Investigations**

The Investigative Unit reduced the number of open complaints by over
BY THE NUMBERS: Fiscal Year 2019
(July 1, 2018 – June 30, 2019)

Licenses Issued in FY19

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
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<tr>
<td>Dietitians</td>
<td>322</td>
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<tr>
<td>PAs</td>
<td>418</td>
</tr>
<tr>
<td>RCPs</td>
<td>699</td>
</tr>
<tr>
<td>MTs</td>
<td>503</td>
</tr>
<tr>
<td>Other</td>
<td>163</td>
</tr>
<tr>
<td>MDs/DOs/DPMs</td>
<td>3,123</td>
</tr>
</tbody>
</table>

Training Certificates Issued 3,883
Total Active Licenses 88,039
Average License Processing Time: 30 days

6,485 Complaints Received

- Investigated & closed 55%
- No action warranted 41%
- Board action 4%

Top 4 Reasons for Board Action

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Impairment</td>
<td>27%</td>
</tr>
<tr>
<td>Prescribing Issues</td>
<td>25%</td>
</tr>
<tr>
<td>Criminal Acts/ Convictions</td>
<td>17%</td>
</tr>
<tr>
<td>Actions by Other Boards</td>
<td>12%</td>
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</table>

Top Board Actions by Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Revocations</td>
<td>39</td>
</tr>
<tr>
<td>Probation</td>
<td>26</td>
</tr>
<tr>
<td>Suspensions</td>
<td>47</td>
</tr>
<tr>
<td>Surrenders/Retirements</td>
<td>13</td>
</tr>
<tr>
<td>Reprimands</td>
<td>3</td>
</tr>
</tbody>
</table>

Twitter @ohiomedboard
- 319 tweets
- 426 followers
- Largest audience:
  - Ohio 52%
  - California 5%
  - Audience gender
    - Male 41%
    - Female 59%

Email
- Sent: 50
- Most Opened:
  - Activation of Medical Marijuana Patient and Caregiver Registry (73%)
- Most Clicked Through:
  - CTR Practice Site Location - Survey (71%)

Website
- Most Viewed Web Page: Rosters

YouTube
- Most viewed video created in FY19:
  - For Physicians: How to Register Patients and Caregivers (8,969)

Abbreviations:
Other includes: Acupuncturist, Anesthesiologist Assistant, Cosmetic Therapist, Genetic Counselor, Oriental Medicine Practitioner, Radiologist Assistant

continued on page 12 >
12 percent during FY19. Working with multiple agencies, the investigative staff participated in the Appalachian Regional Prescription Opioid Strike Force in April 2019, resulting in 60 charged defendants across 11 federal districts encompassing over 32 million doses of controlled substances. To strengthen outreach to those sexually assaulted by licensees of the board, the Investigations Unit attended training provided by the Ohio Attorney General’s Interpersonal Violence Response Training Team.

Standards Review
As part of the Medical Board’s confidential investigatory process, Standards Review addresses quality of care complaints. While some complaints are forwarded for formal disciplinary action, most are resolved via non-disciplinary means. In FY19, the Standards Review section reviewed 622 complaints. It closed 459 complaints following review without taking any further action.

Additionally, 123 licensees were referred to remedial education and/or cautioned regarding their practice.

Enforcement
The Enforcement staff reviewed the complaints it received from the board’s Secretary and Supervising Member and prepared the cases for possible disciplinary action. FY19 saw 11 depositions, 157 subpoenas issued, and 38 interrogatories generated. As a result, 135 disciplinary sanctions and 79 citations were issued.

Compliance
SMBO’s Compliance staff monitored 239 licensees on probation in FY19 through office conferences. The board approved the release of 46 licensees from their probationary status. The Compliance staff monitored two licensees as part of its B(19) Confidential Monitoring Program. This program, which began in December 2018, enables eligible licensees to participate in a non-disciplinary confidential monitoring program related to a mental or physical illness (other than a substance use disorder).

Administrative Hearings
The Medical Board’s Hearing Examiners conducted the administrative hearings for applicants and licensees who requested a hearing based on a citation issued by the Medical Board. During FY19, 47 administrative hearings were held, and they prepared 13 Proposed Findings and Proposed Orders. The Attorney Hearing Examiners also presided at 10 public rules hearings regarding administrative rules promulgated by the agency.

Public Records
The Medical Board receives numerous requests for copies of disciplinary action files, licensure files and board meeting materials each year. While many documents are available through the Medical Board’s website, more complex records are provided by the agency.

Education and Outreach
Continuing its fight against the nation’s opioid epidemic, SMBO launched several educational campaigns and distributed 400 drug disposal pouches which can safely dissolve unused opioids, decreasing the chance for diversion.

Through collaborative efforts with local, state and federal organizations, SMBO published Cultural & Linguistic Competency for Improved Health Outcomes in Ohio. This guidance can help health care providers develop linguistic and cultural competencies in their practice. It will be used to produce an educational video which is expected before the end of 2019.

The board communicates regularly with its licensees through announcements on med.ohio.gov, eNews via email, and posts on Twitter and LinkedIn, keeping them informed of policy and rules updates.

Seventy-six educational presentations were conducted for state and national audiences.

Medical students from throughout the state took part in the Partners in Professionalism program. This unique program introduces medical students to the responsibilities of medical licensure through lectures and case studies.

Additional stats are available on the board’s website at med.ohio.gov/Publications/Annual-Report.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number of Presentations</th>
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<tr>
<td>Medical Board Overview and Updates Regarding Laws, Rules, Processes</td>
<td>47</td>
</tr>
<tr>
<td>Prescribing Practices</td>
<td>14</td>
</tr>
<tr>
<td>Medical Marijuana Program Updates</td>
<td>13</td>
</tr>
<tr>
<td>Professional Ethics</td>
<td>2</td>
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Londyn’s family discovered hope at St. Jude.

When Londyn was found to have blood cancer, she was referred to St. Jude, where doctors take on the toughest cases with confidence. “St. Jude takes a lot of the worry away,” said her dad. “The things that St. Jude does are unbelievable.” The discoveries made at St. Jude are shared freely, so every child saved here means doctors and scientists worldwide can use that knowledge to save thousands more children.

Learn more at stjude.org
Every day, patients depend on health care professionals to help them through routine to difficult situations. When incidents of sexual misconduct occur, trust is broken, and patients may lose the opportunity to receive needed care. Sexual misconduct can be traumatic and cause lasting damage. Because misconduct can occur in many forms, licensed health care professionals should be vigilant to maintain appropriate, professional licensee-patient relationships.

The Medical Board defines sexual misconduct for its licensees and has worked to strengthen its regulation over the years. The board defines misconduct as that which 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. It includes sexual impropriety, sexual contact and sexual interaction.

Sexual assault is always a reportable offense and, as stated in rule 4731-26 of the Ohio Administrative Code, sexual misconduct also includes a full range of behavior that is punishable by the board. Health care professionals should never use their power and position at the expense of the patient. This could include, engaging in an explicitly sexual act with a patient, not providing a gown or drape for an exam that requires removal of clothing or even soliciting a date during a medical interaction.
“This is the era of the MeToo movement, in which sexual exploitation from a more powerful person is on many individuals and organizations’ minds,” says Dr. Stephen Levine, Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine. “Even seemingly innocent casual remarks with sexual innuendo or overtone are viewed with alarm and suspicion. Everything the patient hears from her or his physician is interpreted in the context of the reason the patient is seeking care. A professional can ask a patient about dating, birth control, marital status, fertility, sexual adjustment, etc. because of being a physician but the patient must understand why the question is being asked. If the patient is curious, the medical relevance of the question should be quickly explained. If the explanation is not convincing, the wary patient may not return or report the doctor.”

In addition to managing their own behavior, health care professionals should also be prepared for encounters with patients who may express sexual or romantic interest in them. Licensees should never put themselves in a compromising situation with a patient. Even when the interest is initiated from the patient, licensees are prohibited from engaging in any kind of sexual or romantic relationship. In fact, Medical Board rules prohibit a sexual or romantic relationship between a licensee and patient until at least 90 days after the licensee-patient relationship has been terminated according to the rules in Ohio Administrative Code 4731-27. Due to the nature of the relationship, psychiatrists have even more stringent restrictions placed on them and may not be permitted at all.

“First, know that the prohibition of sexual and romantic relationships is not only to protect patients from this adversity, but for the professionals’ own safety,” says Dr. Levine. “Stick to health care and when patient is seemingly interested in the professional socially, wonder what the patient’s ulterior motives may be. Be careful about hugs, especially routine hugs to patients or from a particular patient. Try to avoid socializing with patients, and if you cannot refrain from all discussion of other patients and from giving medical advice outside of your office. Remember as a health professional, you live in a goldfish bowl, someone is always watching.”

The Medical Board’s sexual misconduct rules were established to protect the public. When these rules are broken, they can have a ripple effect. For instance, the victim may lose trust in the health professional, the licensee may jeopardize their license and credibility, and the public may lose a licensed health professional and become wary with their next medical interaction.

Victims of sexual misconduct may not report the incident due to fear of retaliation, embarrassment, or denial that the incident occurred. Patients should be encouraged to take an active role in the care they receive and come forward with any information involving sexual misconduct. Health care professionals are also responsible to speak up if they suspect inappropriate behavior between a licensee and patient. Every professional licensed by the Medical Board is not only subject to Ohio law and rule but also has a duty to report sexual misconduct if witnessed or suspected by another licensed professional.

“Professionalism is not primarily reinforced through recurrent lecture; rather, through identification with the values of the profession, the behaviors of one’s colleagues and teachers,” says Dr. Levine...I give a 165-minute seminar on the topic twice a year to those who choose to enroll in a two-day course on various ethics problems encountered in practice. The title of my talk is “Why We Don’t Have Sex with Patients.” I have encouraged those who have been suspended or who have permanently lost their license to tell trainees about their experience. Such an educational experience when in training can help both the residents and provide the physician with a sense of being useful again.”

Tips for Medical Board Licensees

If the patient must disrobe, give them enough time to change and use proper draping practices

Always knock before entering an exam room

Ask the patient if they would like another person to be present in the room for a sensitive exam or procedure

Ask the patient if they would like a chaperone present for a sensitive exam

Always ensure consent is given before giving an exam, consult or procedure and at each additional step. Pay attention to verbal and non-verbal indications of discomfort from the patient.
If you need to report an incident of sexual misconduct, the first thing to do is contact local law enforcement immediately. Next, file a complaint with the State Medical Board, which has the authority over the health professional’s license. Your complaint is always confidential and it could alert the board of a licensee’s inappropriate behavior.

Resources
The Medical Board has created resources to educate licensees and the Ohio public about sexual boundaries in health care. It’s important for licensees to know how Ohio regulation defines sexual misconduct and to understand the expectation of licensed health care professionals. It is equally important for patients to understand how they should be treated by healthcare professionals and how to recognize if a boundary has been crossed. The Medical Board has posted a patient and licensee handout as well as two 4-minute videos to clearly define sexual boundaries under the Resources tab of med.ohio.gov.

Stephen Levine, MD
Dr. Levine is Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine. He is the solo author of five books, *Sex Is Not Simple in 1989* (translated to German in 1992 and reissued in English in 1997 as *Solving Common Sexual Problems*); *Sexual Life: A clinician’s guide in 1992; Sexuality in Midlife in 1998 and Demystifying Love: Plain talk for the mental health professional in 2006; Barriers to Loving: A clinician’s perspective in October 2013. He is the Senior Editor of the first (2003), second (2010) and third (2016) editions of the *Handbook of Clinical Sexuality for Mental Health Professionals. Psychotherapeutic Approaches to Sexual Problems: An Essential Guide for Mental Health Professionals* will be published in the fall 2019. He has been teaching, providing clinical care, and writing since 1973 and has generated original research, invited papers, commentaries, chapters, and book reviews. He has served as a journal manuscript and book prospectus reviewer for many years. He was co-director of the Center for Marital and Sexual Health/Levine, Risen & Associates, Inc. in Beachwood, Ohio from 1992-2017. He and two colleagues received a lifetime achievement Masters and Johnson’s Award from the Society for Sex Therapy and Research in March 2005.
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Clinical trials bring us closer to the day when all cancer patients can become survivors.

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Sonequa Martin-Green, SU2C Ambassador

Stand Up To Cancer is a division of the Entertainment Industry Foundation, a 501(c)(3) charitable organization.
Food for Thought

The Malnutrition Prevention Commission Sheds Light on Issue Facing Older Adult Ohioans

By Jerica Stewart

Research shows, older adults face an increased risk of malnutrition compared to other age groups\(^1\). With the number of older adults steadily increasing in Ohio, the state is encountering unique challenges. According to the Scripps Gerontology Center at Miami University of Ohio, Ohio is reported to have the sixth highest number of residents age 65 or older in the nation, and by 2040, nearly 30 percent of Ohio’s population is projected to reach age 60 or older.

To combat this growing trend, Ohio established the Malnutrition Prevention Commission through the Ohio Department of Health. The Commission was tasked with developing recommendations to reduce malnutrition among older Ohioans based on the collection of information and study of malnutrition in the elderly. It took into consideration the effect on healthcare costs and data, education and awareness and prevention.

The Commission adopted the definition of malnutrition established by the American Society for Parental and Enteral Nutrition (ASPEN). According to the Ohio Department of Aging, nutrition continues to be an important aspect of healthy living for aging adults, who have changing nutritional needs. The Malnutrition Quality Collaborative found the main cause of malnutrition in older adults to be inadequate food and the presence of disease or inflammation\(^2\). Many with chronic diseases such as cancer, stroke, diabetes and heart disease or even poor dental health may have complications that can lead to malnutrition.

Environment is another key factor in health and wellness. For instance, the American Journal of Public Health estimates at least one-third of all 1.6 million nursing home residents in the U.S may suffer from malnutrition or dehydration\(^3\). According to the Malnutrition Quality Collaborative, more than one in 11 older adults living in a community-based setting are susceptible to food insecurity and 1 in 6 face the threat of hunger\(^2\). Older adults who live alone also increase their likelihood of experiencing food insecurity\(^3\). Meals on Wheels reported of the approximate 2.6 million older adults in Ohio, 671,333 were living alone, 443,770 were at risk of hunger and 694,565 were living in or near poverty\(^4\).

Research suggests 20 to 50 percent of all patients are at risk for or are malnourished when they are admitted to a hospital\(^5\), even though a recent study shows only seven percent are typically diagnosed during their stay\(^6\). Unfortunately, malnourished patients in hospitals often have greater risks of complications, falls, pressure injuries, infections and other adverse events\(^7\). The Malnutrition Quality Collaborative concluded that malnourished hospitalized adults have up to five times increased mortality and 50 percent higher readmission rates\(^2\). These patients are also more likely to be discharged to another facility or require some type of ongoing health care after their release.

An indirect consequence of deteriorating health can be a heavy economic burden. Because malnutrition often affects overall health, it may lead to further health care services, hospital stays, premature institutionalization and increased mortality rates. The cost of disease-associated malnutrition in older adults is estimated at $51.3 billion per year\(^8\).

ASPEN Definition of Malnutrition:
An acute, subacute or chronic state of nutrition, in which a combination of varying degrees of overnutrition or undernutrition with or without inflammatory activity have led to a change in body composition and diminished function.
Using the data gathered for the report, many state agencies and community organizations are addressing the nutritional needs of older adults and other Ohioans. The report highlighted several that are impacting Ohio’s communities including the Supplemental Nutrition Assistance Program (SNAP), Life Care Alliance and the Child and Adult Care Food Program.

In addition to providing needed services, the Commission emphasized the importance of ensuring programs and services are accessible to all. For example, increased use of the Supplemental Nutrition Assistance Program (SNAP) correlates to less spending on healthcare for low-income adults. However, many of Ohio’s older adults may not utilize the program due to stigma, inadequate benefit amounts and a need for a stronger educational presence in the community.

### State Initiatives

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With the depth of this uncovered disparity, understanding the full nature of the problem is the first step to changing the statistics. Now, the Commission has offered 16 recommendations for effective malnutrition prevention in older adults.

### Education and Awareness

1. Establish an annual Ohio Older Adult Malnutrition Awareness Week in September to align with the American Society for Parenteral and Enteral Nutrition Annual Malnutrition Awareness Week.

2. Conduct culturally and linguistically appropriate awareness campaigns to educate older adults, caregivers and healthcare providers on malnutrition impact, prevention, treatment and available resources.

3. The Ohio Department of Aging will make electronically available evidence-based malnutrition care education tools, materials, and diverse programs for clinicians, patients, families, and caregivers as part of the integration of shared decision making and person-centered care models.

### Data and Evaluation

4. Encourage Ohio hospitals to contribute their data to the Agency for Healthcare Research and Quality to regularly track malnutrition diagnosis in Healthcare Cost and Utilization Project reports.

5. Encourage healthcare providers to adopt clinically relevant malnutrition quality measures in registries and private accountability programs to support effective malnutrition prevention, identification, diagnosis, treatment and care transitions for older adults.

6. Amend Ohio Administrative Rule for the Ohio Department of Aging to require that all Area Agencies on Aging and meal service providers complete the National Aging Program Information System (NAPIS) Nutrition module in Social Assistance Management System (SAMS) which provides details of the nutrition screening results for consumers receiving home delivered and congregate meals.

7. Ohio universities and research institutions should publish white papers and peer reviewed manuscripts regarding care pathways and treatments that positively impact malnutrition cost and outcomes that matter for older adults.

### Prevention Models: Team-Based Care

8. Integrate malnutrition care goals, such as malnutrition screening, assessment, education, and interventions, in local population health planning, such as chronic disease plans that are supported by data included in community health needs assessments.

9. Encourage clinicians, across all care settings, to enhance nutrition education and training for multidisciplinary care team members to include: documentation of malnutrition diagnosis and risk factors; transfer of nutrition diagnosis and diet orders in discharge plan to acute, post-acute care, or home; engagement of individual/patient, family and caregiver in care plan and discharge plan development; and educate physicians and nurses on the evidence that pre-albumin and serum albumin levels are no longer recommended as an assessment of nutritional status.

10. Encourage acute and post-acute care providers to develop a protocol or care pathway that bi-directionally links clinically relevant malnutrition care or nutrition health information and discharge plans, including local resource referrals, from hospitals to the community and home-based care setting (including long-term care facilities).

11. Encourage hospitals to review current patient admission and discharge processes for inclusion of malnutrition and food insecurity screening. Use a validated nutrition screening tool to screen within 24 hours of admission to identify at risk or malnourished patients.

12. Encourage a nutritional assessment and recommended intervention to be triggered for all patients who are identified as having nutritional risk via a validated screening tool. Integrate the nutritional assessment into the interdisciplinary assessment process. Use electronic medical records (EMR) triggers to automate nutritional consults and review annually for trends and disparities to inform future interventions.

13. Encourage Area Agencies on Aging and Providers to make greater use and implementation of nutrition counseling and medical nutrition therapy for home-delivered meal clients.

14. Clinicians should educate individuals, caregivers and providers of the nutritional services and products during transition of care; including home delivered meals, oral nutritional supplements and food assistance programs. (targeted outreach to older adults eligible for SNAP).

15. Encourage healthcare, community based organizations, and government agencies to support the expansion of evidence-based wellness programs (e.g., chronic disease self-management, falls, etc.); prioritizing those at risk, which are cost-efficient and exhibit proven results for improving health outcomes related to malnutrition.

16. Encourage healthcare, community based organizations, and government agencies to support the expansion and the use of innovative malnutrition programming such as the Meals as you Mend model, ProMedica Food Clinic and other strategies for testing, implementation and evaluation of prevention initiatives to ensure access to quality care services for all populations.

In response to the Commission’s report, partners in Central Ohio developed a screening tool for health care professionals and social service agencies to help identify both malnutrition and food insecurity. To identify malnutrition, the screener will ask about recent unintended weight loss and poor eating habits. To detect food insecurity, the screener will ask questions about the fear of running out of food and instances where there
In response to the Commission’s report, partners in Central Ohio developed a screening tool for health care professionals and social service agencies to help identify both malnutrition and food insecurity.

wasn’t enough food or money to purchase more. Once completed, the screener can assess the responses using a provided results key. The screening tool also provides resources to address the identified needs of the participant based on the results.

You can find the full Commission report under the Resources tab at med.ohio.gov.


For advertising information contact EVA BAKALEKOS 800-561-4686 ext.115 ebakalekos@pcipublishing.com

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.
Keeping the Momentum
An OARRS and ICD-10 Update

By Jerica Stewart

Ohio prescribers have stepped up to the enormous challenge of ending opioid misuse and diversion across the state. As the nation reels from countless stories of lives affected by addiction, Ohio agencies, prescribers and key stakeholders are working together to ensure pain is managed safely and effectively. One vehicle of change has been the Ohio Automated Rx Reporting System (OARRS), Ohio’s prescription drug monitoring program. With OARRS, prescribers are required to conduct a query for a patient’s 12-month history of controlled substance prescriptions before prescribing a controlled substance and recheck OARRS at least once every 90 days for refills of benzodiazepines or opioids, and at least once every 12 months for all other controlled substances. In many ways, OARRS is a first line of defense against doctor shopping.

OARRS Data Project
Checking OARRS gives providers insight into the patients’ record and helps identify red flags. But it has also proven to be an invaluable tool for the Medical Board to measure prescriber compliance and participation. In August 2016, the Medical Board reviewed reporting data provided by the State of Ohio Board of Pharmacy and discovered many prescribers were not using OARRS as required by law. In response, it began reaching out to prescribers to educate them on the legal requirement and importance of utilizing OARRS. Within six months:

- The highest number of non-checks by a prescriber dropped from 705 to 130 patients
- The list of prescribers who failed to check more than 200 patients each month decreased from 45 to zero
- The number of pills dispensed without OARRS check plummeted from 52 million per month to 7 million
- Ten thousand new OARRS accounts were created by prescribers
- The board took formal action against licensees for failure to check OARRS including two permanent licensure surrenders

Prescribers will also have the ability to run a Practice Insight Report in OARRS, a report that pulls unique patient data, like a list of patients visiting multiple prescribers or which of their patients has the highest MED.

The combined effort to increase OARRS activity has successfully changed prescribing practices in Ohio. According to the American Medical Association’s prescription drug monitoring program data, Ohio is recognized for having the highest number of prescription drug monitoring program (PDMP) queries in the U.S.
ICD-10 Code

Prescribers also need to include diagnostic ICD-10 codes on all controlled substance prescriptions. With ICD-10 code regulation, prescribers are required to include the first four alphanumeric characters of the ICD-10 diagnosis code for any controlled substance. If their EHR system cannot generate the code automatically, prescribers were directed to add the numbers to the comment section of the prescription or write it in manually.

Using the ICD-10 codes, the State Board of Pharmacy captured OARRS data about the morphine equivalent dose (MED) for specific conditions. Prescribers can use the ICD-10 Prescription Data page on the Medical Board website to view MED by condition and see the MED prescription percentiles and median. They can also use the MED calculator, designed to help calculate patients’ opioid intake and automatically calculate the total morphine equivalents per day.
Partners in Professionalism

Educating Future Physicians on Responsibilities and Ethics

Partners in Professionalism is a joint educational program between the State Medical Board of Ohio and the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM). The program promotes professionalism and the responsibilities of medical licensure to doctors-in-training. Since September 2007, every first-year medical student is required to participate in Partners in Professionalism as one of their Clinical and Community Experiences. Anita M. Steinbergh, DO, spearheaded the program while a member of the Medical Board. She remains actively involved with the program since her retirement from the board in 2018.

“Early in my service on the Medical Board, I was shocked to see young physicians being disciplined for unprofessional behavior and errors in judgment, such as fraud on the application, minimal standards, chemical dependency and sexual boundary issues,” said Steinbergh. “I felt we needed to develop a program that would, early on in their education, expose them to their responsibility to patient care and to medical licensure. To inform them that the practice of medicine is a privilege, not a right.”

Nationally recognized as a model program by Administrators in Medicine, Partners in Professionalism introduces first-year medical students to problematic behavior or practices that can jeopardize a medical career and place patients at risk. Didactic presentations by board representatives explain the role and responsibilities of the Medical Board. Case study discussions illustrate the leading causes for a board disciplinary action: inability to practice safely due to chemical dependency; inappropriate prescribing; criminal acts/convictions; and sanctions by other regulatory boards.

“As medical educators, it is our responsibility to give students strong academic training as well as training in professionalism. Our goal should be to support them in the development of their professional identity,” said Steinbergh. “An identity as a physician is the foundation for professional behaviors. Everyone benefits. Especially patients who ultimately receive care from physicians who truly embody the expectations of the medical profession above their own needs.”

In addition to the didactic component, some students have also attended a monthly meeting of the Medical Board where they listened to the deliberation of disciplinary cases.

During the 2018–2019 academic year, medical students from Ohio University’s Heritage College of Osteopathic Medicine (Athens, Dublin and Cleveland campuses), the Ohio State University College of Medicine Honors and Professionalism Council, and the Kent State University College of Podiatric Medicine, participated in this learning experience.

After years of success partnering with Ohio University, the State Medical Board of Ohio is looking to expand the presentations to all medical schools in Ohio. Programs interested in presentations from the Medical Board can learn more information by emailing contact@med.ohio.gov.

Student Feedback

“I thought this was a very informative and crucial CCE. These issues are things that some of us really never think about - or that we know it happens but can’t quite fathom how or why. Hearing from the State Medical Board helps make it real, helps put it into perspective, and helps inform us of their role in our medical careers. I think it is so important to have this lesson on professionalism so early on - in first year - so that we can hope to catch some red flags if anyone is headed down a different path.”

OU-HCOM first year student, May 2019
New, Amended or Rescinded Rules from June 2019 to Present

State Medical Board licensees are subject to both Ohio law and Ohio rules.

Ohio law is the current set of statutes decided upon by the Ohio General Assembly, comprised of the Ohio House of Representatives and Ohio Senate and signed by the governor. They are collected and published in the Ohio Revised Code (ORC).

Rules are adopted by the state agencies of Ohio and are established to carry out the policies and intent of the law. They are collected and published in the Ohio Administrative Code (OAC).

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.

4731-1-02 Application of rules governing limited branches of medicine or surgery—Amended—Effective 7/31/19

- (C) Capitalized “American Massage Therapy Association” and replaced website with med.ohio.gov/
- (D) Capitalized “Society for Clinical and Medical Hair Removal, Inc.” and replaced website with med.ohio.gov/

4731-6-01 Definitions – New – Effective 7/31/19

- (A) “AOA” means the American osteopathic association
- (B) “Board” means the state medical board of Ohio.
- (C) “COMPLEX-USA” means the comprehensive osteopathic medical licensing examination prepared by the national board of osteopathic medical examiners.
- (D) “COMVEX-USA” means the comprehensive osteopathic medical variable purpose examination prepared by the national board of osteopathic medical examiners.
- (E) “ECFMG” means the educational commission for foreign medical graduates.
- (F) “FCVS” means the federation credentials verification service.
- (G) “Federation” means the federation of state medical boards of the United States, Inc.
- (H) “FLEX” means the federation licensing examination as prepared by the federation.
- (I) “LCME” means the liaison committee on medical education.
- (J) “License” means a license to practice medicine and surgery or osteopathic medicine and surgery issued under section 4731.14 of the Revised Code.
- (K) “LMCC” means licentiate of the medical council of Canada.
- (L) “Medical and osteopathic examinations” means the examinations to determine competency to practice medicine and surgery or osteopathic medicine and surgery under section 4731.09 of the Revised Code.
- (M) “SPEX” means the special purpose examination as prepared by the federation.
- (N) “TOEFL iBT” means the test of spoken English of the educational testing service.
- (O) “Training Program” means an internship, residency, clinical fellowship, or elective clinical rotation that meets the requirements of division (A)(2) of section 4731.291 of the Revised Code.
- (P) “USMLE” means the United States medical licensing examination as prepared by the federation and the national board of medical examiners in a joint program.

4731-6-02 Preliminary education for medical and osteopathic licensure – New – Effective 7/31/19

- This rule outlines the educational requirements for applying for a physician license

4731-6-03 Eligibility for the medical and osteopathic examination – Rescinded – Effective 7/31/19

4731-6-05 Medical and osteopathic examination – New – Effective 7/31/19

- (A) The medical and osteopathic examinations shall be all steps of the USMLE or all levels of the COMPLEX-USA.
- (B) An applicant shall have passed all steps of the USMLE or all levels of the COMLEX-USA within a ten-year period and achieved a recognized passing performance on each step or level. No applicant shall have failed any step or level or more than five times.
- (C) The board may grant a good cause waiver to any applicant that does not meet the requirements of paragraph (B) of this rule, if the applicant meets the following:
  - (1) Holds current specialty board certification from a member board of the American board of medical specialties or the AOA; or
  - (2) Demonstrates good cause, as determined by the board, for not having passed all three steps or levels within the ten-year period, and otherwise meets the requirements set forth in paragraph (B) of this rule.
- (D) Steps or levels of the USMLE and COMLEX-USA cannot be combined to fulfill an acceptable testing sequence as required by this rule.

4731-6-07 Passing average on examination – Rescinded – Effective 7/31/19

4731-6-10 Clinical competency examination – Rescinded – Effective 7/31/19 4731-6-14 Eligibility for licensure – New – Effective 7/31/19

- This rule outlines the eligibility requirements for applicants applying for a physician license.

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4731-6-15 Eligibility for licensure of national board of diplomates and medical council of Canada licentiates – New – Effective 7/31/19

- A diplomate of the national board of medical examiners or the national board of osteopathic medical examiners or an LMCC is eligible for licensure if the applicant meets the requirements of section 4731.09 of the Revised Code.

4731-6-16 Eligibility for medical or osteopathic licensure by endorsement of licenses granted by other states – Rescinded – Effective 7/31/19

4731-6-21 Application procedures for license issuance: investigation – New – Effective 7/31/19

- (A) Pursuant to division (B) of section 4731.09 of the Revised Code, all applicants for a license shall submit to the board an application under oath in the manner determined by the board and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.
- (B) except for applicants applying for a license under section 4731.299 of the Revised Code, all applicants for a license shall cause the FCVS to release the applicant’s Physician Information Profile to the board.
- (C) No application submitted to the board shall be considered complete until the applicant has complied with the requirements of paragraph (A) of rule 4731.4-02 of the Administrative Code and the board has received the results of the criminal records checks.
- (D) The board reserves the right to thoroughly investigate all materials submitted as part of an application. The board may contact individuals, agencies or organization for recommendations or other information about applications as the board deems necessary. Applicants may be requested to appear before the board or a representative thereof as part of the application process.

4731-6-22 Abandonment and withdrawal of applications – Amended – Effective 7/31/19

- Removed “medical and osteopathic licensure” from the rule title
- (A) Added “an”... for any license or certificate issued under sections 4731.14, 4731.291, 4731.292, 4731.293, 4731.294, 4731.295, 4731.296, 4731.297, 4731.298, 4731.299” and removed “of mailing”
- (C) Removed “for medical or osteopathic licensure” and added “being investigated under section 4731.22 of the Revised Code”

4731-6-30 Training certificates – New - Effective 7/31/19

- This rule outlines the requirements for issuing a training certificate.

4731-6-31 Limited preexamination registration and limited certification - New – Effective 7/31/19

- This rule outlines the requirements for having limited preexamination registration.

4731-6-33 Special activity certificates – New - Effective 7/31/19

- This rule provides the standards for issuing a special activity certificate and the applicant’s minimum requirements.

4731-6-34 Volunteer certificates - Effective 7/31/19

- This rule provides the standards for issuing a special activity certificate.

4731-6-35 Processing applications from service members, veterans, or spouses of service members of veterans – Amended – Effective 7/31/19

- (B) • (3) Replaced “their” with the applicant’s; added and • (4) Removed original (4) • (5) Changed to (4)
- (C) Removed

4731-7-01 Method of notice of hearings – New – Effective 7/31/19

- This rule provides the standards for giving notice of a meeting.

4731-24-01 Definitions – New – Effective 7/31/19

- (A) “Administer” means to apply directly a drug, whether by injection, inhalation, ingestion or any other means, and the infusion of blood, blood products and supportive fluids.
- (B) “Assist” means to carry out procedures as requested by the supervising anesthesiologist, provided that the requested procedure is within the anesthesiologist assistant’s training and scope of practice, is authorized by the practice protocol adopted by the supervising anesthesiologist, and is not prohibited by Chapter 4731, or 4760. of the Revised Code, or by any provision of Chapter 4731 of the Administration Code.
- (C) “Drug” has the same meaning as in division (E) of section 4729.01 of the Revised Code.
- (D) “Direct supervision, and in the immediate presence of”
  - (1) The supervising anesthesiologist shall remain physically present and available for immediate diagnosis and treatment of emergencies;
  - (2) The supervising anesthesiologist shall be physically present in the aestheticizing area or operating suite, as defined by the hospital or ambulatory surgical facility and accessible by page, telephone, or overhead page, such that he or she is immediately available to participate directly in the care of the patient with whom the anesthesiologist assistant and the supervising anesthesiologist are jointly involved;
  - (3) The supervising anesthesiologist shall personally participate in the most demanding procedures in the anesthesia plan, which shall include induction and emergence; and
  - (4) “Direct supervision and the in immediate presence of” shall not be interpreted to
- (a) Require the supervising anesthesiologist’s presence in the same room as the anesthesiologist assistant for the duration of the anesthetic management; or
- (b) Prohibit the supervising anesthesiologist from addressing an emergency of short duration, administering labor
analgesia, or performing duties of short duration as required of a perioperative specialist in another location in the hospital or ambulatory surgical facility.

4731-24-02 Anesthesiologist assistants: supervision – New – Effective 7/31/19
- This rule outlines the supervision requirements for an anesthesiologist assistant practicing under an anesthesiologist.

4731-24-03 Anesthesiologist assistants: enhanced supervision – New – Effective 7/31/19
- This rule outlines the enhanced supervision requirements of anesthesiologist assistants during their first four years of practice.

4731-24-05 Military provisions related to certificate to practice as an anesthesiologist assistant – New – Effective 7/31/19
- (A) Definitions
  - (1) “Armed forces” means any of the following:
    - (a) The armed forces of the United States, including the army, navy, air force, marine corps, or coast guard
    - (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
    - (c) The national guard, including the Ohio national guard or the national guard of any other state;
    - (d) The commissioned corps of the United States public health service;
    - (e) The merchant marine service during wartime;
    - (f) Such other service as may be designated by Congress; or
    - (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
  - (2) “Board” means the state medical board of Ohio.
- (B) Eligibility for licensure
  For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an anesthesiologist assistant.
- (C) Renewal of an expired license.
  An expired license to practice as an anesthesiologist assistant shall be renewed upon payment of the biennial renewal fee provided in section 4760.06 of the Revised Code and without a late fee or re-examination if the holder meets all of the following requirements:
  - (1) The license is not otherwise disqualified from renewal because of mental or physical disability;
  - (2) The license meets the requirements for renewal under section 4700.06 of the Revised Code;
  - (3) Either of the following situations applies:
    - (a) The license was not renewed because of the licensee’s service in the armed forces, or
    - (b) The license was not renewed because the licensee’s spouse served in the armed forces, and the service resulted in the licensee’s absence from this state.
  - (4) The licensee or the licensee’s spouse, whichever is applicable, has presented satisfactory evidence of the service member’s discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.
- (D) For purposes of sections 5903.12 and 5903.121 of the Revised Code, anesthesiologist assistants are not required to report continuing education coursework to the board.

4731-34-01 Standards and procedures to be followed by physicians when prescribing a dangerous drug that may be administered by a pharmacist by injection – New – Effective 7/31/19
- This rule defines the terms “physician”, “pharmacist”, and “pharmacy” and establishes standards for when a pharmacist is permitted to prescribe a dangerous drug to a patient.
Participation in social media is, for many, a personal activity. However, given the potential impact that engagement in social media can have on a health care professional’s practice, the care of their patients or clients, and the profession as a whole, personal use can often extend into the professional domain.

Any attempt at determining the appropriate use of social media and electronic communication should begin by considering the same scenario in the absence of social media and electronic communication. The standards of ethics and professionalism should be the same, regardless of the medium.

Guidelines for Social Media Use and Electronic Communications:

- Do not disclose individually identifiable patient health information or post images or videos online without the express written consent of the patient.
- Be mindful of and remain in compliance with all relevant professional and legal responsibilities, as well as policies and guidelines in Ohio.
- Maintain appropriate professional boundaries with patients and their surrogates, as well as colleagues at all times, whether online or in person.
• Politely turn down requests from patients/clients to connect on social networking sites. It may be acceptable to accept requests on professional accounts, provided that the account is used for professional purposes only.

• Communicate and engage in social media in personal and professional settings with civility and respect for others.

• Conduct yourself professionally, even when communicating or posting in a personal capacity. If you discover unprofessional or inappropriate content online posted by a professional colleague, notify the individual so that they may remove the post or change their methods of communicating. If the situation does not improve, report the behavior to the state medical board or other relevant authority.

• Do not engage in disruptive behavior online such as cyberbullying, and report instances of such behavior by professional colleagues to the state medical board or other relevant authority.

• Consider all online content as open and accessible to anyone, regardless of whether it is posted in a closed or private forum and regardless of privacy settings and levels of encryption used.

• Consider any social media post as permanent, even after it has been deleted.

• Be mindful of how and where you use devices, often referred to as AI Assistants, that record conversations, such as Amazon’s Alexa, Apple’s Siri, Google’s Google Assistant and Microsoft’s Cortana. If these devices are kept in clinical areas, they should be turned off or their settings changed in order that they do not record patient health information.

• Do not provide medical advice to specific patients online, unless this is done via the secure patient portal of a practice or institution.

• When discussing general medical issues online, identify yourself as a physician and avoid being anonymous (i.e., provide your name). Do not misrepresent your training, expertise or credentials.

• When marketing your practice online, be sure to adhere to codes of conduct with respect to advertising.

• Be transparent about any conflicts of interest, financial or otherwise.

• Think twice before posting. If you would not comment publicly in your professional or personal capacity, do not do so online.

• Consider innovative ways in which social media can enhance your practice, career, or patient care that reflect sound ethical and professional principles.

The State Medical Board of Ohio has the authority to discipline licensees for unprofessional behavior relating to the inappropriate use of social media and electronic communication. Board actions range from a letter of concern to the revocation of a license. Examples of unprofessional behavior can include:

• Inappropriate communication with patients online

• Online sexual misconduct

• Use of the internet for unprofessional behavior

• Online misrepresentation of credentials

• Online violations of patient confidentiality

• Failure to reveal conflicts of interest online

• Online derogatory remarks regarding a patient or other medical professional

• Online depiction of intoxication

• Discriminatory language or practices online

State Medical Board of Ohio’s Best Practices for Social Media Use and Electronic Communications are based on the Social Media and Electronic Communications Report and Recommendations of the FSMB Ethics and Professionalism Committee Adopted as policy by the Federation of State Medical Boards April 2019. Ohio licensees are encouraged to read the full report as it contains important information on ethical implications of social media as well as use cases for social media and electronic communication.
Beautiful Ohio

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

FACE DROPPING
SPEECH DIFFICULTY
ARM WEAKNESS
TIME TO CALL 911

F A S T

strokeassociation.org

Know the sudden signs. Spot a stroke F.A.S.T.
Make your dream home a reality  
– Up to 100% financing* available

Doctor’s Mortgage Program

Our in-house Doctor’s Mortgage Program is designed specifically to help you purchase the home of your dreams. Our program can finance up to 100% of your purchase price.* WesBanco’s private bankers and mortgage professionals will meet with you when it’s convenient for your schedule, and work to secure the financing you need for your home. Program highlights include:

• Up to 100% financing for home purchases
• No private mortgage insurance required
• Competitive pricing on fixed & adjustable rate programs
• Owner occupied primary residences
• One family detached, condo, or PUD
• 0.125% rate discount for auto debit from a WesBanco checking account

Contact one of our Private Bankers today. They will connect you with the mortgage professional closest to you and provide guidance and advice for all of your financing needs.

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*Subject to qualifications and credit approval.