Care, Compassion and Virtual Visits
Providing effective telemedicine in the age of COVID-19

In This Issue:
Heritage College Students to Lend a Hand in Fighting Pandemic
May is Mental Health Month
3 Steps You Can Take to Stay Healthy During the COVID-19 Pandemic
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As news of COVID-19 dominates the news, the State Medical Board of Ohio continues its mission to protect the health and safety of all Ohioans. In this issue we focus on information related to COVID-19 and how we, other agencies and the state are addressing the pandemic. For the most up-to-date information, visit our website: med.ohio.gov.

In response to COVID-19, the Medical Board has waived enforcement of previous Telemedicine requirements, such as the initial visit needing to be in-person. Telemedicine is quickly becoming the new normal as physicians, behavioral health providers and other providers shift to virtual visits and phone calls while striving to provide continuous care to their patients. However, many professionals are finding that there also needs to be a shift in technique as they try to translate the trust and empathy of a traditional provider–patient relationship to the screen. Discover what a successful patient interaction involves and the challenges to these new interactions.

The month of May is recognized as Mental Health Month and it is set aside to raise awareness. While in the midst of a global pandemic, this observance is more important than ever. While many of the Medical Board licensees are on the frontlines of the war against the coronavirus, others may be facing mental strain, too. Whether it is working from home, home-schooling, facing uncertainties of unemployment or social distancing, the start of 2020 is taking its toll. Take the time to pause, check-in on your family and friends and reach out for help when needed. There are many resources available on page 14.

In response to the growing spread of COVID-19, medical schools deployed students to address the potential workforce shortage. On April 13, Ohio University Heritage College of Osteopathic Medicine positioned approximately 250 third-year students across the state. Learn how they contributed to the state’s COVID-19 pandemic response. The facility’s purpose is to enhance the state’s capabilities to respond to disasters and emergencies, and to improve coordination among state agency partners. See some behind-the-scenes pictures from the command station.

With the arrival of spring comes the production of pollen and the start of seasonal allergies. Allergies are among the most common type of chronic conditions. With overlapping symptoms, sometimes it is unclear if you are suffering from an allergy, a cold or the flu. There are many preventative and treatment options available to minimize the impacts of allergies. Individuals with asthma are particularly affected by allergies during this time of year. Knowing how to manage allergies with asthma is essential since there is no cure for asthma. Learn more in the article, When Spring Arrives, on page 12.

It has been more than a year since the first sale of medical marijuana products from Ohio license dispensaries. As the Ohio Medical Marijuana Control Program matures, the Medical Board continues to issue certificates of recommendation and educate a growing number of Ohio physicians caring for these patients. We take a look back at the first year of the program.

A local doctor became discouraged as patient after patient failed to make lasting changes to their exercise routine. His response has grown into an international program called Walk with a Doc. He invited his patients to walk with him in a local park one Saturday morning. That day more than 100 people joined him. Walk with a Doc was born from that experience. Read more on page 24 to learn about the program, why walking is important and where to find a local chapter.

Live healthy and be well.

Sincerely,

Michael Schottenstein, MD
President
State Medical Board of Ohio
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I was born in and grew up in the Cleveland area. I completed my undergraduate studies in education at Cleveland State University. After graduation, I decided I really wanted to pursue medicine and more specifically podiatry. I attended and graduated from The Ohio College of Podiatric Medicine. I moved to Toledo and eventually took over a practice in the downtown area. I was a sole practitioner for about 20 years before joining The Toledo Clinic, a multi-specialty group of over 250 professionals. I am now in my 39th year of practice.

Q: What would you like members of the public and profession to understand/know about the board?
A: I would like both the public and profession to understand that every complaint the board receives is taken seriously. The complaint is what starts the investigative process. Complaints are received from a variety of sources, including the public, agency staff, state and national regulatory agencies, physicians, self-reports from licensees, hospitals, and others such as law enforcement and the media. The board oversees approximately 88,000 licensees. We received 6,485 new complaints in 2019 and only 4 percent of those complaints required disciplinary action from the board. Each one was thoroughly reviewed. It is so important to notify the board if you see or know of something that you don’t think is correct or appropriate. If it goes unreported, then the board doesn’t know about it. A compliant can be filed anonymously on our website: med.ohio.gov. We want all Ohioans to know when they visit one of our licensees that the provider is competent and trustworthy.

Q: What has been the board’s biggest accomplishment so far?
A: I am very proud of the fact that we have reduced the time it takes for an applicant to be approved and licensed to practice in Ohio. When I started on the board in 2013, it took approximately 90 days. Now that time has been shortened to 30 days or less for the same thorough process. That is very important when new practitioners are launching their careers and facilities and practices are trying to grow their staff.

Q: Where did you know that you wanted to be in the medical profession?
A: I knew I wanted to be a podiatrist in about my second year of college. I wanted a career that would offer me some independence and still make a difference in people’s lives. I truly enjoy making people comfortable, which in turn makes them happier. As a matter of fact, I am still treating the gentleman who was my very first patient in my practice in 1981. I see him several times a year and it is so wonderful to have this long-term connection with him.

Q: What is your favorite thing about your career?
A: I like being able to help people. I enjoy educating patients about their feet, showing them how to be healthier, more comfortable. Today, people are very focused on their total health, and exercise plays a major part in that. Many of my patients come to me because the pain in their feet is preventing them from doing the exercises or activities that they want to do. I can help them get back to those activities.

Q: What is the best career advice you’ve received?
A: The best advice I ever received was to get involved in my professional organizations. I have been very involved in my local academy and in the state organization as past president of the Ohio Podiatric Medical Association. I also served as board member on the American Podiatric Medical Association. I am currently vice president of the Federation of Podiatric Medical Boards. I have learned that you cannot change or improve things if you are not willing to work for it. I have met so many wonderful people from all over the country through these organizations. This creates a network of skilled and influential podiatrists that can be called upon for their knowledge and expertise.

Q: What is your top getaway destination and why?
A: I enjoy spending time in Las Vegas. I have been going there since the early 1980s. It has certainly changed and grown over the years. Every visit is new and different, from the shows to the new hotels and casinos. It’s a great place to people watch as there is activity 24/7.

Q: Which sports team(s) do you root for?
A: My favorite sports teams are the Cleveland Indians and the Cleveland Browns. Because I grew up in and went to college in Cleveland, I must root for the home teams. I cheer them on through the good times and bad. You can’t be fair-weather in Cleveland.

Q: What is one item on your bucket list and why?
A: My top bucket list item is a trip to Alaska. I have always wanted to see that beautiful part of our country. Hope to check that off the list within the next two years.
DURING THESE CHALLENGING TIMES LET US BE A RESOURCE FOR YOUR OFFICE
• COVID-19 TEST KITS • PPEs • TELEHEALTH

COVID-19 TEST KITS –
Testing for COVID-19 is critical to slowing the spread of the disease. Do not wait 7-10 days for results. Our standard respiratory panel now includes an FDA and CDC certified COVID-19 screen with results in 24-48 hours. Test kits are free to the office and our labs bill the patient’s insurance directly, so no reimbursement hassle for office.

PPEs –
RX2Live continues to identify and secure qualified manufacturers and suppliers of PPEs. We have Masks, Gels, Gowns, Facial Guards, Gloves, Coveralls, and Thermometers available for Medical Professionals. Turnaround time is 10-20 days.

TELEHEALTH –
Providers are struggling to find a way to stay connected with patients that is HIPAA compliant and fully encrypted. RX2Live provides a simple, fast, and easy to implement platform that helps providers re-engage patients in a safe, effective manner. All this at NO COST to the practice. NO subscription fees. NO up-front fees. NO integration fees.

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Molecular PCR Testing, Covered by Medicare and Commercial Insurance, May Reduce Antibiotic Use

Antibiotics are among the MOST COMMONLY PRESCRIBED DRUG in medicine. Up to 50% of all the antibiotics prescribed for people ARE NOT NEEDED or are not optimally effective as prescribed.

Nearly everyone has heard the name Louis Pasteur. His breakthroughs saved countless lives and improved the quality of life for people around the world, and his work paved the way for the field of microbiology. In the 1800s, it was Pasteur that first proved that germs make us sick. This led to Culture and Sensitivity testing that most Labs still use today to determine what pathogen is causing an illness.

For over 200 years, doctors have been sending samples of wounds, urine, fluids and other bodily parts to labs to be tested and grown. In 3-5 days (sometimes even up to 20 days for fungal infections), doctors would hope to get results so they could then treat accordingly. There are a lot of disadvantages with this test although it’s been the only test available to us till this time.

Molecular PCR testing is the 21st century’s answer to what Louis Pasteur created 200 years ago. PCR technology extracts the Microbial DNA from each sample, similar to lifting finger prints at a crime scene. Pathogens can be identified with 99.8%-99.9% accuracy and in as little as 24 hours. ALL microbes AND fungi can be tested in one test AND the test can detect antibiotic resistance genes for 8 antibiotic classes.

A few labs have converted to this much more accurate and timely testing method and can perform testing on pathogens including Wounds, Nails, GI, GYN, UTI and RESP.

Doctors rarely receive accurate timely answers with traditional testing. Traditional approaches to identify the pathogens responsible for enteric infections can be time consuming and lack sensitivity, which can lead to misdiagnosis.

Key benefits to Molecular PCR testing:
• 24 hour results
• Identifies difficult to culture pathogens
• Reduces antibiotic utilization
• Identifies bacteria regardless of recent antibiotic use
• Improves patient outcomes
• Cost reduction and avoidance
• Increased patient satisfaction
• Yields greater than 95% analytical sensitivity and specificity

Molecular PCR testing IS covered by Traditional and Medicare Advantage plans. If your lab is not currently offering full results in 24-48 hours, I encourage you to find one that does. RX2LIVE has a lab that is nationwide and available to EVERY doctor in every corner of the nation! For more information on PCR testing and making this available to your office at no cost, contact Mike Klever at (513) 313-6210 or mklever@rx2live.com
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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.

If you need assistance, please contact the board at 614-466-3934 or license@med.ohio.gov.

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You Can Update Your Address in 3 Easy Steps

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.

Follow these instructions to update your address:
1. Log onto your e-License Dashboard.
2. Click on the “options” box located on your eLicense tile.
3. Choose “change address.”
The Ohio University Heritage College of Osteopathic Medicine is sending in reinforcements in Ohio’s battle with COVID-19. Starting April 13, approximately 250 medical students will deploy to local health agencies to assist in containing the outbreak and support Ohio’s public health professionals.

All third-year Heritage College students will participate in the new COVID-19 public health rotation, a four-week course designed by the medical school in partnership with the Ohio Department of Health, and implemented with help from other state agencies. Through the rotation, students will contribute significantly to the state’s response to the pandemic – especially in small, understaffed local health agencies.

“Our students have been asking, ‘How can we help?’” said William Burke, D.O. (‘88), dean of the college’s Dublin, Ohio, campus, who led the effort to put together the contents of the new rotation. “Our students are willing to go above and beyond to
provide service to help their communities. And we think this meets not only their desire, but also the needs of the state of Ohio.”

Burke praised Ken Johnson, D.O., Heritage College executive dean and Ohio University chief medical affairs officer, who first approached ODH about having medical students bolster the health care workforce, especially with the anticipated rise in coronavirus cases this spring.

“Our medical students are excited to be able to apply their talents toward supporting patients and health care systems in this way,” said Johnson. “They are well-equipped to provide this relief, and we’re thankful to the Ohio Department of Health and others for making possible meaningful curricular experiences that both preserve personal protective equipment and keep our future physicians safe and on track to graduate.”

Mark Hurst, M.D., medical director for ODH, said that having medical students in critical public health roles will free up physicians, nurses and other frontline providers to devote more time to the direct care of patients.

“We’re immensely grateful for the willingness of our higher education institutions to lend their assistance at this time, especially with the anticipated surge in April and May,” he said. “As our state’s future medical workforce, they’ll be better prepared to deal with future disease outbreaks.”

Ohio University President M. Duane Nellis, Ph.D., said the pandemic has created an “all hands on deck” situation in which the medical college and other units have talents that can help the state minimize COVID-19’s impact. “Ohio University has a long history of service to our state and its people,” Nellis said. “We are discussing ways our partnership can be expanded quickly to include students in a variety of health-related and communications fields.”

Each third-year medical student will be matched with a local health department or another public agency through the combined efforts of the Ohio Department of Health, the Ohio National Guard, the Ohio Medical Reserve Corps, the Ohio Association of Community Health Centers and the Ohio Association of Health Commissioners. Working either remotely or on site, students will help with patient navigation, patient monitoring and contact tracing. Other jobs might include acting as public information officers through social media, communicating with local health care providers and answering COVID-19 phone hotlines.

Simultaneously, students will learn about the prevention, control and treatment of COVID-19 and pandemic infections in general. Learning modules will include handwashing/disinfection, personal protective equipment, quarantine, social distancing, clinical aspects of COVID-19, treatment options, testing and screening, COVID-19 in children and in pregnancy, and blood supply safety.

The Heritage College is requiring the four-week clinical rotation for its class of 2021. Students from other medical and health profession schools in the state can participate in the COVID-19 public health rotation on a volunteer basis.

Burke said in creating the new course, he drew heavily on an existing online course offered at Nova Southeastern University in Florida. He added that he believes the Heritage College’s level of involvement in the state’s COVID-19 efforts is unique in the nation, and the college is in discussions with the American Association of Colleges of Osteopathic Medicine and the American Association of Medical Colleges to share this initiative as a model for other states.
Sneezing, watery eyes, and stuffed noses are clear indicators of allergy season in Ohio. With the familiar reactions, it’s not surprising to know that allergies are one of the most common type of chronic conditions and pollen is among the top triggers for seasonal allergies.

In the fall, ragweed induces many of the commonly experienced allergy symptoms, but in spring, trees produce much of the pollen in the air as they release pollen grains to kickstart their reproduction process. Because tree pollen is finer than others, it can often travel great distances, carried by the wind. The symptoms that surface are attributed to a condition called allergic rhinitis. Allergic rhinitis occurs when breathing in an allergen such as dust, animal dander or pollen, and in plants, is commonly referred to as hay fever or seasonal allergies.

Common symptoms for allergies include:
- runny nose and mucus production
- sneezing
- itchy nose, eyes, ears and mouth
- stuffy nose
- red and watery eyes
- swelling around the eyes

The amount of pollen in the air affects the severity of symptoms, so weather conditions can be key in how a person affected with allergies feels. For example, hot, dry windy days often carry more pollen in the air while cool, damp days tend to bring pollen out of the air and onto the ground.

Allergies are commonly hereditary in families but there are options available to relieve symptoms. Talking to a doctor or board-certified allergist can provide valuable insight, and they can help identify appropriate treatment options like antihistamines or decongestants.

You can also take preventative measures to help limit exposure to pollen such as:
- Complete allergy testing
- Take allergy medicine before pollen season begins
- Educate yourself about the kinds of trees in your area
- Monitor pollen counts online
- Be mindful of pets that are often outdoors
- Dry clothes in a dryer, not on a clothesline
- Change and wash clothes worn during outdoor activities
Because some symptoms overlap, it may sometimes be unclear whether you are suffering from an allergy, cold or flu. Both cold and flu are caused by a virus, unlike allergies which are your body’s reaction to a specific allergen to which it is exposed. Although cold and flu are unlikely to extend beyond two weeks, seasonal allergies can linger on for more than a month, until you are no longer exposed to that allergen. Seasonal allergies should never cause a fever, aches and pains or extreme exhaustion.

According to the American College of Allergy, Asthma & Immunology, 31 million Americans suffer from sinus infections, inflammation of the sinuses which can be caused by a bacterial infection, virus or fungi. Allergies and asthma are two conditions that make it more likely to experience sinus infections.

### Asthma

Now that more than 25 million Americans across the U.S. live with asthma, it has become recognized as a significant health concern for Americans of all ages. According to the CDC, 7.7 percent of adults and 8.4 percent of children have asthma, a percentage that has been climbing since the early 1980s. Asthma is a chronic disease that is characterized by inflammation in the airways, making breathing difficult. Signs include coughing, shortness of breath, wheezing and chest tightness and under the right conditions can lead to an asthma episode or attack.

About 60 percent of people with asthma have allergic asthma, a condition with the same symptoms but triggered by allergens. This time of year, asthma can be aggravated by pollen in the air and extreme weather changes or other common allergens such as dust mites, mold, pet dander and air pollutants. Since there is no cure for this disease, knowing how to manage asthma and avoid triggers is essential to healthy living.

A doctor that specializes in allergies or the immune system can help determine a treatment plan for asthma. Treatment could include an oral medication or an inhaler, or if related to an allergic reaction, an antihistamine. The most recommended way of preventing an asthma episode is adhering to your treatment plan and knowing your triggers in order minimize or avoid them.

### Tree Types that Commonly Affect Allergies

- Alder
- Ash
- Aspen
- Beech
- Birch
- Box elder
- Cedar
- Cottonwood
- Elm
- Hickey
- Mountain elder
- Mulberry
- Oak
- Olive
- Pecan
- Poplar
- Willow

While many of the Medical Board licensees are on the frontlines in the war against the coronavirus, others may be facing mental strain too. Whether it’s trying to work from home in close quarters, home-schooling kids or facing the uncertainty of unemployment, this strange start to 2020 has taken its toll.

May is Mental Health Month, an observance to raise awareness about the importance of mental health and to stop the stigma associated with mental health care. In the midst of a global pandemic, this month is more important than ever.

“The things we’re all feeling right now because of the coronavirus are normal,” says Lori Criss, Director of the Ohio Department of Mental Health and Addiction Services. “Stress, anxiety, anger, grief, fear. These are normal things. This is science, just like Dr. Acton talks us through the public health science, mental health is health care. The brain is part of the body.”

People affected by trauma may develop coping mechanisms to help alleviate the emotional and/or physical pain they feel as a result of trauma warns the Ohio Department of Health.¹ These can include behaviors such as unhealthy eating, tobacco use, or drug and alcohol use. These coping mechanisms may provide some relief, but they can also simultaneously contribute to anxiety, social isolation, and chronic diseases.

There are many things you can do to support yourself through these uncertain times:

• Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
• Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy,
well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.

- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

“We’re talking a lot about social distancing, but what we really mean is physical distancing. It’s important that we all stay connected to one another socially. While that might look different than what we normally do, it’s important that we still do that and connect,” says Director Criss.

Health professionals are among the groups at greatest risk of contracting COVID-19 and of experiencing work-related stress and fatigue. The American Medical Association offers the below tips:

1. Take care of basic needs. Eat healthy meals and snacks. Drink water. Sleep. Tend to hygiene.
2. Be aware of hours worked. To reduce the risk of burnout, health systems should make sure breaks are provided and taken.
3. Support mental health. Learn about the effects of stress and ways to reduce it through means such as resiliency training, meditation, or counseling. Health systems should provide lists of mental health resources.
4. Leadership should show compassion and empathy about the overwhelming amount of information surfacing each day and fears of catching COVID-19 and passing it to family members, colleagues, or others.
5. Redistribute workloads as needed. Physicians and other health care workers who are home with children or due to a COVID-19 exposure can manage electronic in-basket work while workers in the hospital can manage sick people.
6. Maintain a culture of wellness. Leaders can help reduce stress in clinicians, and the system can watch out for leaders’ needs to refresh and sustain. Be supportive of work being done and stress how important it is, and consider cross training, rotating leadership, and forced time away from work.

Many resources are also available through the Ohio Physician’s Health Program. Visit ophp.org/COVID-19-resources for information on supporting Ohio’s health care professionals including drop-in peer support sessions.


COVID CareLine
(800) 720-9616

Ohio Crisis Text Line
(330) 747-2696 – or text ‘4Hope’ to 741741

Disaster Distress Helpline (SAMHSA)
(800) 985-5990 – or text ‘TalkWithUs’ to 66746

National Suicide Prevention Lifeline
(800) 273-8255
A Year in Review
An Ohio Medical Marijuana Control Program Update

By Jerica Stewart

It’s been more than a year since the first sale of medical marijuana products from Ohio-licensed dispensaries. As the program matures, the Medical Board continues to issue certificates of recommendation and educate a growing number of Ohio physicians caring for patients in their communities.

Qualifying Conditions
The Medical Board received 27 petitions to add qualifying conditions. The second annual petition cycle for the Medical Marijuana Control Program occurred from November 1 through December 31, 2019. During the February board meeting, the board’s Medical Marijuana Committee met and reviewed the submitted petitions. Twelve petitions failed to meet the statutory and rule requirements for consideration by the board and were rejected. Six petitions failed to meet the statutory and rule requirements for

The State of Ohio Board of Pharmacy’s published patient and caregiver numbers as of March 30, 2020:

- 113,359 Recommendations
- 94,356 Registered patients
  - 7,031 Patients with Veteran Status
  - 6,990 Patients with Indigent Status
  - 544 Patients with a Terminal Diagnosis
- 69,585 Unique patients who purchased medical marijuana (as reported to OARRS by licensed dispensaries)
- 10,790 Registered Caregivers
consideration by the board but were already covered as a condition or closely associated with a condition, these were rejected as well.

Once again, the board received petitions for anxiety, autism, depression, insomnia and opioid use disorder; all five conditions were rejected by the board in 2019. During their deliberation, the committee agreed that the petitions for anxiety and autism met the requirements of new scientific information outlined in Ohio Administrative Code 4731-32-05. The petitions for depression, insomnia and opioid use disorder did not contain the supporting documents needed and were rejected.

The committee voted to consider the petitions for anxiety, autism spectrum disorder, and cachexia as qualifying conditions. The board opened its first written public comment period on these conditions from February 12 – March 1, 2020 and received 136 unique comments and 1,036 prewritten comments (via a political website).

As a next step, cachexia will be reviewed by subject matter experts, which can include physicians who specialize in the named conditions, experts who have experience with medical marijuana programs in other states or have other qualifications.

The board’s Medical Marijuana Committee will review the subject matter experts’ reports, and then make a recommendation to the full board to adopt or deny the petition to add the qualifying conditions. That full board vote is expected this summer.

The next condition petition window will be November 1 – December 31, 2020.

**Vaporization Method**

In the fall of 2019, the Centers for Disease Control and Prevention (CDC) discovered adverse effects of vitamin E acetate in vaping products. As a proactive measure, the Ohio Medical Marijuana Control Program has banned the use of vitamin E acetate in all medical marijuana vaporizing products. Now, no current licensed processor manufactures medical marijuana vaporization products using this ingredient.

continued on page 18>
Products

As of March 2020, there are nine types of products available for purchase through the Ohio Medical Marijuana Control program.

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<td>Metered oil or solid for vaporization</td>
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Annual Report

The Medical Board sent a survey to all physicians with a certificate to recommend (CTR) asking for observations regarding the effectiveness of medical marijuana in treating patients and information about patient interactions. This survey meets the statutory requirement for an annual report. In the survey, physicians were asked questions about the effectiveness of medical marijuana for the conditions for which it has been recommended, frequency of follow-up care, feedback on the Patient & Caregiver Registry and additional information. The information collected from the survey will give the Medical Board insight into the interactions physicians have with their medical marijuana patients and how the treatment is affecting patient lives.

Advisory Committee

The Advisory Council appointed two new members in 2019: Megan E. Marchal, Pharm.D., (Chair) and Christopher Stock (patient representative).

This year, the council meetings occur in March, June and October. A meeting notice and agenda are posted to the medical marijuana website at https://medicalmarijuana.ohio.gov/advisory-committee following each meeting.
COVID-19

In an effort to better protect medical marijuana patients at a higher risk of infection during the COVID-19 outbreak, a number of temporary changes were made to the Medical Marijuana Control Program for the duration of the executive order.

The State Medical Board of Ohio authorized:

- Telemedicine in place of in-person visits to make or renew recommendations
- Telemedicine in place of in-person visits to register a caregiver
- Registration of up to three caregivers per patient
- Registration of up to three patients for one caregiver
- Caregiver applications submitted directly to the Board of Pharmacy

The State of Ohio Board of Pharmacy authorized:

- Acceptance of expired identification from patients and caregivers if certain requirements were met
- Birth certificates as acceptable identification for minors
- Acceptance of expired identification from patients and caregivers if certain requirements were met
- Registration of up to three patients for one caregiver
- Caregiver applications submitted directly to the Board of Pharmacy

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WHAT TOOK YOU A LIFETIME TO LEARN CAN BE LOST IN MINUTES.

WITH A STROKE, TIME LOST IS BRAIN LOST.

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There is little doubt that the Coronavirus (COVID-19) pandemic is affecting every aspect of our lives—from virtual classrooms to telecommuting to early restaurant closing times to outright quarantines. Observing public health measures and reducing exposure to the virus are required to slow the spread of this disease. No one knows how long these virus safety measures will need to stay in place, but it presents a perfect time to protect and improve your health while practicing social distancing. Healthy eating is especially important for keeping your immune system in top condition. Here are some steps you can take to eat healthy in the times of COVID.

1. **Minimize trips to the supermarket and eat healthy**

   Plan ahead. Visualize breakfast, lunch, and dinner for at least 5 days. What will you serve? What do you need? Consider the foods your family likes, your food preparation methods, interests and skills, and the time and energy you will have for preparing meals. Working from home may not mean there is more time to cook—especially if you are now responsible for teaching your kids and doing the work your employer expects.

   Have children at home? Include children in meal planning, preparation, and clean up while teaching them writing, math, reading, and science.

   - **Reading/Writing:** Ask your kids to make a list of what’s in the pantry and refrigerator. Then, have them look through cookbooks or online recipes sites to find meals and snacks that use up what is on hand. Have them share their breakfast, lunch, or dinner meal ideas.

   - **Math:** Find math in measuring spoons and cups, counting out numbers of ingredients, taking stock of pantry items, or planning the time it will take to prepare, cook, eat, and clean up a meal.

   - **Science:** Get kids involved in baking bread, cooking an egg, or creating a homemade salad.
dressing—then, search the internet to discover the science behind why ingredients change when they are combined, heated, or blended.

Think nutrition. The healthiest meals emphasize whole grains, vegetables, and fruits—serve them in the greatest amounts. Meat portions should be smaller—this will save money and help keep dietary saturated fat in check.

Make a shopping list and use it! You’ll be less like to forget items or buy impulse items.

Stock up on nutrition-packed foods that will stay fresh for a week or longer:

- Breads—corn tortillas, whole grain English muffins, bagels, breads, wraps, frozen whole wheat waffles
- Grains—instant oatmeal, quick cooking pasta, frozen brown rice, couscous, refrigerated pizza crust
- Fruits—sturdy fresh fruit (apples, citrus), dried, plain frozen, canned in juice or water
- Vegetables—sturdy fresh veggies (celery, broccoli, onions, potatoes), plain frozen, low sodium canned, sun-dried
- Sauces—tomato pasta sauce, salsa
- Soups & Broths—canned, frozen, shelf-stable cartons

continued on page 22>
• 100% Juice—refrigerated, frozen, canned, boxed
• Milk—fresh, canned, shelf-stable packages
• Eggs—fresh eggs, egg whites in cartons
• Cheese—sliced, cubed, shredded, crumbled, grated hard cheese
• Beans/Legumes—canned beans (black beans, chickpeas), dry beans
• Nuts and seeds—bagged, canned, nut butters
• Chicken—frozen or canned
• Seafood—frozen ready-to-cook fish fillets, frozen shrimp, canned tuna, salmon, and sardines

• Beef—pre-made frozen lean ground patties or meatballs
• Flavorings—add zing with dried herbs & spices, vinegars, mustard, hot/steak sauces, lemon/lime juice, light dressings, honey, Greek yogurt

Go easy on the frozen dinners as most are high in sodium, fat, and calories.

Limit purchases of tempting foods like chips, sodas, cookies, and ice cream. They are high in empty calories and can run up your grocery bill.

Consider low cost alternatives. Instead of buying ready-made hummus, pureed a drained can of chickpeas to make your own. Try a meatless meal, like chili with beans instead of beef. If fresh fruits and veggies are too costly—remember, canned
and frozen fruits and vegetables provide the same nutrients as fresh. Best bets are plain frozen veggies and fruits. Go for low sodium canned veggies and fruits canned in juice or water—if these are in short supply, buy regular canned fruits and veggies—drain and rinse before use.

Think about friends and neighbors, especially older adults or those with health conditions. Could you save them a trip to the grocery store?

Try online shopping. It will save you time and let you keep your social distance. Be sure to play ahead, many stores need a day or two from order to delivery or pickup.

**While at the supermarket during the Coronavirus pandemic**

- Use a disinfecting wipe—wipe your hands and grocery cart handle, then put the wipe in the trash.

- Prepared for the unexpected. Supermarkets are running low on many items. Be sure to take your own bags. Be ready with a back-up plan if an ingredient you need is unavailable.

- Keep the less fortunate in mind. Contribute to local pantries and soup kitchens now. Then, when it is all over—donate extra food you stocked up on that is still fresh and safe to eat.

- Use contactless payment or credit cards. If you use the payment keypad, tap the buttons and screen with your knuckle—then use hand sanitizer after completing your payment.

**2. Eat restaurant takeout safely**

If you want to have take-out meals, take the food home right away and eat it while it is hot. Store leftovers safely by wrapping tightly and refrigerating any dishes with meat, fish, poultry, or dairy products—be sure to reheat these leftovers thoroughly before eating.

Make eating together at home a positive experience. Whether it is homemade or takeout, eating more meals at home is a new routine for many families. Keep the stress down by making mealtime fun.

Get the family involved. Kids can help set the table, pour the water, make the salad, or grate the cheese. Make mealtimes a family affair.

Try some new recipes. If you have never made homemade pizza, roasted a whole chicken, or cooked meatballs from scratch—now is a good time to try! There are lots of great recipes on the internet! Look for those that call for only a few ingredients and use common kitchen tools.

Reconnect with the family. Eat together at the table or spread a blanket on the floor and have an indoor picnic. Be sure to separate mealtime and TV time—watching while eating makes it too easy to pay attention to TV and not your food, so you are likely to overeat. Wonder what to talk about at mealtime? Chat about things you will do this summer, tell jokes—just keep the conversation upbeat and fun.

**3. Think Positive! Mindset is vital to getting through this pandemic**

Practice positive stress management strategies. Walk the dog, call a friend, soak in the tub, or cuddle your kids. Skip the alcohol, tobacco, and drugs.

Stick with your routine as much as you can. Go to bed and get up in the morning on your usual schedule. Eat meals at regular times. Find ways to exercise away from the gym—do yoga in the living room, trim the hedge, have a scavenger hunt in the backyard with your kids, or just toss a ball or play tag as a family.

Manage boredom. Stay busy and engaged. Resist hanging around the fridge or mindlessly watching TV. Enjoy your hobbies, read, cook, make videos with your kids, start a scrapbook, help your kids with their virtual schoolwork, and stay in touch with family, friends, and colleagues.

When you do go out, wash your hands before you leave home and as soon as you return.

Have a dry cough? Feeling feverish? Hard time breathing? Don’t hesitate to reach out to your health care provider for further instructions.

We are all in facing this together. Let’s make the most of it to come out stronger and wiser and ready to enjoy all the wonderful times to come!

**Special thanks** to the American Society for Nutrition, who originally published this article on nutrition.org, and to the following authors:

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Yoga, running, Zumba, CrossFit – there are so many ways to be active in our everyday lives. Exercise is a critical component of health and wellness which has been proven to provide long-term health benefits. Despite that knowledge, the rate at which Americans report regular participation in physical activity is incredibly low. According to the U.S. Department of Health & Human Services, less than 5 percent of adults are physically active for at least 30 minutes a day and only one-third of adults take part in the recommended amount of physical activity each week.

In 2005, cardiologist and Columbus local, Dr. David Sabgir grew discouraged as he encountered patient after patient failing to make lasting changes to their routine. In response, he chose to take his involvement to a new level and invited his patients to walk with him in a local park one Saturday morning. That day, he was joined by more than 100 people. **Walk with a Doc** was born from that experience.

"Movement has powerful benefits for every demographic," says Rachel Habash, Chief

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**Dr. Sabgir’s Three Areas of Unexpected Impact**

1. **Preventing physician burnout.** Two keys to avoiding doctor burnout are engaging in regular exercise and spending time with friends and family.

2. **Promoting camaraderie among your doctor's office/hospital system**

3. **Spreading to become other movements where leaders are breaking down barriers to spend time with their communities.**
Operating Officer of Walk with a Doc. “According to the CDC, adding 10 minutes of physical activity a day, like walking, is a small change that can make a big difference for all of us.” Since 2005, Walk with a Doc has grown enormously and has even spread to communities overseas. Habash says there are now 535 communities around the globe, in 47 states and over 30 countries hosting ongoing Walk with a Doc events.

“Our Walk with a Doc chapters are spearheaded by community agencies, healthcare advocates, sole practitioners, healthcare clinics, hospital systems, and everything in between,” Habash shared.

Walk chapters are held at designated locations in a community and can meet as often as once a month, bi-weekly, or once a week. During each walk, a health topic is introduced to the group and the walkers are encouraged to discuss and ask questions for the duration of the hour. The organization has also launched the Walk with a Future Doc program targeted at medical students as they prepare for their upcoming careers.

To make it easy to find the nearest walk chapter, Walk with a Doc offers search tool on its website. It also shares 100 reasons why walking is a healthy a decision. Those reasons include lowering bad cholesterol, preventing and reducing high blood pressure, reducing risk of stroke, improving circulation, and reducing BMI among the other 95 reasons.

Walk with a Doc has become a model of physicians and the people in their communities creating a unique, healthy space to learn and grow from each other. As Dr. Sabgir reflects on the evolution of this organization, he stated, “I’m most proud of the team we have assembled and the changes they are making in the U.S. and around the world.”


Rachael Habash graduated from the University of Michigan with a B.A. in Psychology. She then served in the United States Army as a Medical Service Officer prior to earning her M.A. in Counselor Education at OSU. The prospect of utilizing her professional experience as a leader, resource manager and program innovator while encouraging healthy physical activity, is what initially attracted her to Walk with a Doc. Now that she better understands the impact of the miracle drug (walking) and vast number of people served by Walk with a Doc, she’s hooked!

Dr. David Sabgir attended Miami University in Ohio for his undergraduate work, Medical College of Ohio for medical school, and served his internship, residency, and fellowship at The Ohio State University Medical Center. He is a full-time cardiologist in Columbus, Ohio and still leads a local Walk with a Doc chapter every Saturday morning.
Behind the Scenes:
Ohio's Pandemic Response Command Center

The State of Ohio has opened its Emergency Operations Center as the hub for the state's COVID-19 pandemic response. The facility's purpose is to enhance the state's capabilities to respond to disasters and emergencies, and to improve coordination among state agency partners.

Within the operations room, giant screens project current situations including confirmed cases, hospitalizations, and deaths caused by the novel coronavirus. Requests for critical PPE display on boards listing the missions across the state. Numerous state agencies staff the dozens of workstations across the floor, coordinating efforts and compiling resources.

The operations room accommodates 52 workstations, identified by FEMA's 15 Emergency Support Functions, and includes the command and control stations. Several rooms surround the main operations room including one for the Executive Team (governor's staff and Director of Health) as well as the Joint Information Center which coordinates and disseminates public information.
To our health care providers, we say

THANK YOU!

Dedication • Strength • Bravery • Passion
Care, Compassion, and Virtual Visits

By Tessie Pollock

Telemedicine is quickly becoming the new normal as physicians, behavioral health providers and other providers shift to virtual visits and phone calls while striving to provide continuous care to their patients. However, many professionals are finding that there also needs to be a shift in technique as they try and translate the trust and empathy of a traditional provider–patient relationship to the screen.

“Now that we are using telehealth, our standard interactions will look different,” says Alisha Nelson, RecoveryOhio Director. “We need to continue to make changes as we hear more from people about how to best meet their needs during these new times.”

RecoveryOhio, along with the Ohio Department of Mental Health and Addiction Services started discussions about best practices for utilizing telehealth as state organizations like the Medical Board began waiving enforcement of previous requirements such as the initial visit needing to be in-person. The Ohio Department of Medicaid, and Drug Enforcement Agency also made changes to remove barriers for providers.

“We are thankful that there are so many waivers to increase telehealth access, but it’s important to understand that the waiver of procedural requirements doesn’t mean it’s okay to waive your standard of care,” says Justin J. Trevino, MD, Medical Director at the Ohio Department of Mental Health and Addiction Services. In fact, he says, providing care remotely means you will need to, “focus even more on reaching out to and connecting with patients and trying to be present with them in a very genuine way.”

Before, a physician could walk in the exam room and observe certain things about the patient. With telehealth, Trevino stresses the need for providers to ask more specific questions to assess patients’ well-being.

For a full list of Ohio telemedicine changes during the pandemic, visit med.ohio.gov/Telemedicine-Guidance
There are ways to achieve both efficiency and compassionate conversation in a virtual visit by:

- Remembering that enhancing the trust and credibility factors is critical
- Taking care of business (symptoms, prescriptions, etc.) while also taking care of the person (physical and mental health well-being)
- Getting creative with active listening principles
  - Demonstrate timely efficiency in getting needed tasks completed
  - Remember voice tone and inflection can send a strong message
  - Be fully present, tune out other calls, don’t type on computer if possible
  - Give verbal affirmation of patient concerns, expectations
- Be prepared with resources for your patient to manage stress and maintain mental wellness.

“This is a time you need to reach out beyond assessing the patient’s symptom of the day,” says Trevino. “Try to connect with their reality. Ask questions like ‘how are you doing’ or ‘how are you managing your stress.”

Providers can also set expectations for ongoing communications by sharing realistic goals for the next ‘check-up and check-in’ call; asking the patient to collect thoughts and questions on a list for the next call; and having office staff fill in the gaps for patient interactions through supportive phone contacts, texts or communications sent to the home.

“Historically, office staff has always played a role in patient interaction and outreach,” says Trevino. “We are accustomed to having a familiar face at the office reception desk. Now, more than ever before, your patients need to hear a friendly voice in your virtual interactions. This isn’t just on the clinician-- office staff can take a role in providing for patient’s needs in this new health care experience of virtual interaction.

One of the upcoming challenges the health care team recognizes is the next phase of pandemic response. When talking about reopening some businesses, Governor DeWine stressed that it is not the end of the crisis; we are in the ‘end of the beginning.’ Although Ohio avoided an initial overwhelming surge of COVID-19 deaths and hospitalizations, we are going to have months and months of adjusting to a new normal.

Trevino and Nelson recognize that we will need to address concerns while dealing with the ‘end of the beginning’ and coping with the new normal. They suggest the following prompts to think through the next phase for patients and providers alike:

- Are you feeling vulnerable/more susceptible to COVID-19 as discussions are taking place for getting back to the new normal routine for work/shopping/eating out?
- Do you have ideas on how to protect yourself from potential COVID-19 exposure, such as a mask, prioritizing distancing, maintaining a routine?
- Have you set daily/weekly goals for yourself/family as you step back into a routine?
- Have you felt like your health needs have been met during the COVID-19 ‘stay at home’? If not, have you created a priority list of things you need to talk to your doctor about, get routine screening appointments, etc.?
- Have you thought about how to continue to stay in touch socially, while still maintaining some degree of distancing?

“Doctors really want to have answers to patient’s questions, and right now there’s a lot of questions we can’t answer for them. It may feel very uncomfortable for us,” says Trevino. “But we can figure this out with them over time -- even if we don’t have all the answers today.”

Trevino stresses that thankfully there are still many things in life we can control, and it is important to remind patients of them. Reinforce common sense ways to stay healthy such as social distancing, good nutritional health, physical activity, and continuing social interaction through technology.

“It’s also worth mentioning that this is probably not the best time for impulsive behavior. Going out and starting to aggressively train for a marathon may not be a great answer to coping with anxiety, but a moderate level of self-care is very important and these days it’s very accessible,” said Nelson. “The quantity and quality of online support from meditation to exercises you can do at home-- we’ve never before seen this volume of resources that we can utilize within our own space.”

Trevino points out that utilizing telemedicine will be an adjustment for many physicians, leading to increased work stress for some. This means it is also very important for providers to practice selfcare.

“We are all stressed trying to negotiate this major change in life as we knew it. Using new technology is also challenging,” he says. “Telemedicine is different than seeing patients in person, but you can still connect with them and provide a meaningful medical service,” says Trevino. “Reaching out and empathizing- that’s how you’re going to reach folks and make a difference... even if you have to do that from afar.”

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**Self-care Checklist**

- Are you tuning out at the end of the workday?
- Are you having positive social interaction?
- Are you being mindful of your nutritional/physical activity/sleep health?
- Do you have resources for your own well-being and health?
- Have you thought through best practices for caring for your patients, regaining control over how and when you care for who?
- Have you thought through measures to provide best practice standards to protect yourself and staff from incidental exposure in the clinical setting?
- Have you identified ways to validate fears and uncertainty, but proactively address these feelings with tangible, thoughtful and proactive response?
HIV Nexus offers a comprehensive collection of key federal resources on COVID-19 and HIV.

More than half of HIV clinicians are primary care providers. To support health care providers managing patients with HIV during the COVID-19 pandemic, the Centers for Disease Control and Prevention has compiled these resources to:

- Address concerns related to COVID-19 and HIV.
- Provide guidance to health care providers managing people with HIV.
- Highlight how people with HIV can protect their health.

To access COVID-19 and HIV resources for your practice and patients, visit: www.cdc.gov/HIVNexus
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