THE PREMIERE EDITION!

In This Issue:
The Dish on Nutritional Therapy and Cancer Outcomes
Cultural Competency: Key to Better Health Care?
Medical Marijuana - What All Ohio Physicians Need to Know
Keeton’s family didn’t give up. We won’t either.

When Keeton was found to have blood cancer, his family was referred to St. Jude for treatment, where he’s undergoing two-and-a-half years of chemotherapy. “St. Jude means everything to me,” said Keeton’s mom. “They’re saving my baby’s life.” Treatments invented at St. Jude have helped push the overall childhood cancer survival rate from 20% to more than 80% since it first opened more than 50 years ago. We won’t stop until no child dies from cancer.

Learn more at stjude.org
President’s Welcome

Executive Director’s Message

Meet the State Medical Board of Ohio

Upcoming 2019 Renewal Dates

Update Your Address in 3 Easy Steps

What Ohio Health Care Providers Need to Know About Medical Marijuana

Taking Complaints Seriously

New, Amended or Rescinded Rules

Stopping the Cycle of Opioid Misuse and Diversion

Cultural Competency

Collaborative Health Care

Ohio Point of Interest
PRACTICE MEDICINE WITH PREMIER HEALTH

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- CRNAs
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- GI
- Pulmonary/Critical Care
- Trauma Surgery

YOUR NEXT OPPORTUNITY AWAITS!

To learn more, please contact:

Eric J. Sedwick, MBA, CPC
System Director, Physician & APP Recruitment
ejsedwick@premierhealth.com
(937) 208-2482

Based in Dayton, Ohio, Premier Health is hiring for various specialties. Whether you are recommending medical marijuana or not, chances are you will encounter a patient or client who is part of the program. Knowing the regulations and available resources could prove valuable.

Learn about the most recent prescribing changes for chronic and subacute pain, what you should be doing as a prescriber to stay within the rules, and how to start a conversation with your patients about safely and effectively treating long-term pain.

Is there a link between cancer outcomes and nutritional therapies? A physician and dietitian from The Ohio State University are collaborating to find out. Inside, learn best practices from this duo who are optimizing patient outcomes.

You will learn about cultural competency and how we are educating our providers to reduce health disparities in Ohio’s health systems. You can find resources and best practices to enhance the delivery of care.

We hope that you will enjoy reading through this first issue. We welcome your feedback and story ideas for the upcoming issues by emailing contact@med.ohio.gov.

Sincerely,

Michael Schottenstein, MD
President
State Medical Board of Ohio
Looking to stay in touch? Follow us on Twitter at @ohiomedboard and sign up for our monthly eNews at https://med.ohio.gov/Publications/eNews-and-Newsletters.

I hope that you enjoy this first issue and let us know if you have feedback or story ideas for the upcoming issues by emailing contact@med.ohio.gov.

Sincerely,

A.J. Groeber
Executive Director
State Medical Board of Ohio

Did you know we’re on social media?

twitter.com/ohiomedboard
linkedin.com/company/ohiomedboard
YouTube channel: State Medical Board of Ohio

Medical Review Officer Training

Comprehensive MRO Training including Hair, Sweat, Oral Fluid, Interpretation of Opiates, Alcohol Testing, and AAMRO Certification Exam (Friday–Sunday)
Nashville, TN August 9–11, 2019
Las Vegas, NV December 6–8, 2019
Approved for 21.75 AAFP CMEs

NEW! Advanced Comprehensive MRO Training and Certification Exam (Saturday–Sunday)
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Meet the State Medical Board of Ohio

The Medical Board also addresses a variety of issues through its standing committees. Committees formulate recommendations that are forwarded to the full board for action. They include: Compliance Committee, Physician Assistant Scope of Practice Committee, Dietetics Advisory Council, Physician Assistant Policy Committee, Finance Committee, Policy Committee, Licensure Committee and Respiratory Care Advisory Council.

**President – Appointed 6/12/15**
Dr. Schottenstein is a psychiatrist who practices child, adolescent and adult psychiatry in Bexley in his private practice. He graduated from The Ohio State University College of Medicine. He completed both his residency in general psychiatry and his child and adolescent psychiatry fellowship at The Ohio State University Hospital. He is board-certified in child and adolescent psychiatry as well as in general psychiatry.

**Vice President - Appointed 8/11/15**
Dr. Edgin is a gastroenterologist in Columbus and has been practicing medicine for more than 38 years. He received his medical degree from Texas Tech University School of Medicine. Dr. Edgin is board-certified in Internal Medicine and Gastroenterology.

**Secretary – Appointed 5/19/14**
Dr. Rothermel is a retired pediatrician who practiced for more than 35 years. She specialized in pediatric hematology/oncology in Columbus. She received her bachelor of science degree in biology from Muskingum University and her medical degree from Rush University College of Medicine in Chicago, IL. Dr. Rothermel is a Trustee on the Board at Muskingum University and Chair of the Credentials Committee at Children’s Hospital. She has served on the boards of the Columbus Medical Association, Nationwide Children’s Hospital and Central Ohio Primary Care Physicians.

**Supervising Member – Appointed 9/10/13**
Dr. Saferin is a Podiatric specialist in Toledo with over 35 years of experience. He attended and graduated from Ohio College of Podiatric Medicine in Cleveland. He is the current chairman of the Licensure Committee. He is also a member of the Ohio Foot and Ankle Medical Association, the American Podiatric Medical Association, and the North West Ohio Academy of Podiatric Medicine.

**Physician Member – Appointed 1/3/17**
Dr. Bechtel is a dermatologist in Columbus. He received his medical degree from Indiana University School of Medicine. Dr. Bechtel is an American Academy of Dermatology Fellow. He is affiliated with The Ohio State University Wexner Medical Center, Nationwide Children's Hospital, and The Ohio State University Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute. He served on the board from 2014 to late 2015 and was reappointed in 2017 for a term through 2021.

**Physician Member – Appointed 5/21/19**
Dr. Feibel is an orthopedic foot and ankle surgeon in Columbus. He has been practicing for more than 24 years. He received his undergraduate degree from Duke University and his medical degree from The Ohio State University. Following his orthopedic residency, he completed a foot and ankle fellowship at the Cleveland Clinic. In addition to providing patient care, Dr. Feibel also serves as assistant program director of Mount Carmel Health System’s orthopedic surgery residency program.
Consumer Member – Appointed 10/29/13
Mr. Giacalone is on the Federation of State Medical Board’s nominating committee. Other public service included eight years on the Ohio State Board of Pharmacy where he also completed a term as president. Mr. Giacalone has 25 years of health care supply chain experience and recently retired from a Fortune 25 company as Senior Vice President of Regulatory Affairs and Chief Regulatory Counsel. He received his Juris Doctor degree with honors from DePaul University, College of Law and Bachelor of Science degree from the University of Illinois, College of Pharmacy. He is a registered pharmacist in Ohio and is also member of the Ohio Bar.

Consumer Member – Appointed 10/29/12
Mr. Gonidakis is an attorney in Columbus. He earned his BA in Political Science from The Ohio State University and his Juris Doctorate from the University of Akron, School of Law and was admitted to the practice in 1999. Mr. Gonidakis brings valuable insight and knowledge regarding regulatory affairs, public policy, federal and state politics and grassroots organization.

Physician Member – Appointed 5/3/18
Dr. Johnson is an obstetrics and gynecology specialist in Cincinnati. She has been practicing for 13 years. She graduated from the Ohio University College of Osteopathic Medicine and completed her residency at Bethesda North Hospital in Cincinnati. She is board-certified in obstetrics and gynecology. She is the OB/GYN medical leader at HealthSource of Ohio. Dr. Johnson also serves as a preceptor for the Family Medicine residents through the Wright Center for Graduate Medical Education.

Physician Member – Appointed 5/21/19
Dr. Kakarala is a pulmonary intensivist in Akron, Ohio. He received his undergraduate degree from the University of Akron and his medical degree from Northeast Ohio Medical University. Following his internal medicine residency, he completed a pulmonary/critical care/sleep medicine fellowship at the University of Illinois at Chicago. He has been in practice for nearly 20 years and is board-certified in internal medicine, pulmonary disease, critical care medicine, and sleep medicine. He is a clinical professor of internal medicine at Northeast Ohio Medical University.

Consumer Member – Appointed 11/18/17
Ms. Montgomery is president of Montgomery Consulting Group and is an Attorney of Counsel with MacMurray & Shuster LLP. She earned her Juris Doctorate from The University of Toledo College of Law. She serves on the Ohio Women’s Bar Foundation, the Capitol Square Foundation and the JobsOhio Beverage System Board. She also chairs The Jo Ann Davidson Ohio Leadership Institute and serves on the Board of Trustees of Bowling Green State University. She was Ohio’s first woman Attorney General and first woman Auditor of State. As Attorney General, Ms. Montgomery dramatically increased state support for local law enforcement and rebuilt Ohio’s crime labs, introducing DNA testing and 21st century technology to Ohio.

Physician Member – Appointed 4/17/13
Dr. Soin is a pain management specialist and spinal cord stimulator implanter in Centerville. He founded the Ohio Pain Clinic based on a philosophy to help patients manage chronic pain through a multidisciplinary non-opioid approach. He received his medical degree from Northeast Ohio University College of Medicine and completed his residency in Anesthesiology at Rush University in Chicago, IL where he was actively engaged in research in both pain management and anesthesia. Following his residency, he completed fellowship training in pain management at the Cleveland Clinic. Dr. Soin is board-certified in Anesthesiology, Pain Medicine and Interventional Pain Management. He is also a member of the American Board of Pain Management and the Pain Management Representative for the State of Ohio with the Medicare Carrier Advisory Committee.
Upcoming 2019 Renewal Dates

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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 by email at license@med.ohio.gov.

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

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

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NEW!
- Executive Leadership DNP Track
- BSN-DNP in Adult Gerontology Acute Care Nurse Practitioner
On September 8, 2016, House Bill legalized medical marijuana in the state of Ohio. Less than three years later, the total volume of medical marijuana sold in Ohio has reached 382 pounds with $2,884,096 in sales.

Ohio legislature enlisted the help of three state agencies to monitor the program’s operations:

- The State Medical Board of Ohio certifies the physicians who recommend the treatment.
- The Ohio Department of Commerce oversees the cultivators, processors and testing laboratories.
- The State of Ohio Board of Pharmacy oversees retail dispensaries and the registration process of patients and caregivers.

Together these agencies have developed the guidelines for each step and stakeholder in the process.

**Physician Requirements**

For a physician to recommend the use of medical marijuana, they must first apply for a certificate to recommend (CTR) from the State Medical Board of Ohio. As an applicant, the physician must have an active MD or DO license in good standing and needs to complete at least two hours of medical marijuana continued medical education (CME), which is approved by the Ohio State Medical Association or the Ohio Osteopathic Association. They also need to hold an active registration with the Drug Enforcement Administration (DEA). Only applications that meet all requirements listed in Ohio Administrative Code 4731-32-02 will be eligible for a CTR.

Once a physician’s CTR application is approved by the board, they are encouraged to review the standards of care presented in Ohio Administrative Code 4731-32-03. To make a recommendation, the physician will create a patient record in the patient registry portal and certify the patient’s qualifying condition. It is important to remember that the law does not authorize licensees to possess medical marijuana in the course of his or her practice.
Patients Eligible for Medical Marijuana Recommendations

Patients who have the following conditions are eligible to be treated with medical marijuana:
- AIDS
- Amyotrophic lateral sclerosis
- Alzheimer’s disease
- Cancer
- Chronic traumatic encephalopathy
- Crohn’s disease
- Epilepsy or another seizure disorder,
- Fibromyalgia
- Glaucoma
- Hepatitis C
- Inflammatory bowel disease
- Multiple sclerosis
- Pain that is either chronic and severe or intractable
- Parkinson’s disease
- Positive status for HIV
- Post-traumatic stress disorder
- Sickle cell anemia
- Spinal cord disease or injury
- Tourette’s syndrome
- Traumatic brain injury
- Ulcerative colitis

If a patient or caregiver meets the criteria, they are required to be registered in the Patient and Caregiver Registry and obtain a medical marijuana card. The registration will be valid from the day of issuance and will expire one year later, on the last day of the month it was issued. Minors are eligible for treatment if their parent or guardian provides consent, and both the minor and caregiver present a valid ID card to the registry. Once registration is complete and a certified physician has made a recommendation, the patient or caregiver can purchase medical marijuana from one of the Ohio dispensaries licensed by the State of Ohio Board of Pharmacy.

Physicians recommending medical marijuana are required to have a physician-patient relationship and complete an in-person appointment at minimum once per year. They will also only be able to recommend up to a 90-day supply with three refills. A patient, caregiver or health professional with questions about adverse reactions or available services can contact the toll-free helpline at 1-833-4OH-MMCP (1-833-464-6627).

Registered patients with one of the 21 listed qualifying conditions can purchase medical marijuana after receiving a recommendation from their certified provider. However, from Nov. 1, 2018 to Dec. 31, 2018, the State Medical Board allowed the public to submit petitions for additional considerations with scientific evidence, support from experts, information on other medical therapies, support of medical marijuana use as treatment and letters of support from physicians supporting use. The board also enlisted the help of qualified subject matter experts to carefully review the petitions. As a result, 110 submissions were received from the public but only five conditions met the requirements to move forward. Once the Medical Marijuana Expert Review committee completed its review of expert reports, it voted to suggest to the full Medical Board that autism spectrum disorder and anxiety should be added as qualifying conditions and that depression, insomnia and opioid use disorder be rejected. The Medical Board discussed petitions it received to add qualifying conditions to Ohio’s Medical Marijuana Control Program during its June 12 meeting. The board voted to reject the petitions for depression, insomnia and opioid use disorder but decided to table votes on autism spectrum disorder and anxiety for additional discussion and review. The public will have another opportunity to submit petitions from Nov. 1, 2019 to Dec. 31, 2019.

For more information about the Medical Marijuana Control Program information, how to obtain a CTR or to register for the Patient & Caregiver Registry, please visit medicalmarijuana. ohio.gov.
Taking Complaints Seriously
Understanding the process

The State Medical Board of Ohio was established in 1896 to protect the public. One way that the board accomplishes this is through their disciplinary responsibilities including investigating complaints against applicants and licensees. If it is determined that a licensee’s professional conduct or ability to practice medicine falls below the accepted standards, disciplinary and/or remedial action is taken. Ohio law authorizes the board to take disciplinary action (Ohio Revised Code Chapter 4731).

The board understands that being the subject of an investigation can be both alarming and undesirable for licensees. However, complaints to the board are an important avenue for members of the public to air their concerns. In addition, complaints can provide a valuable opportunity for licensees to view their practices from a different perspective and, when appropriate, modify and improve certain aspects of conduct or care.

Confidentiality
The Medical Board is required by state law to maintain the confidentiality of all information related to board investigations, including the subject and source of the complaint. For example, you may or may not be the subject of the complaint. However, if you are not the subject of the complaint, you still may be contacted for information related to the investigation. Either way, the investigator cannot disclose your role to anyone during an open investigation. An exception is that if you are the subject of the complaint, the investigator may be required to acknowledge that fact to you in order to investigate.

Complaint Process
To get started, each complaint undergoes a thorough, multistep review process and is appropriately triaged prior to being assigned to an investigator. Although certain standards are adhered to, each complaint and situation presents a unique set of circumstances and is handled as such. Not all complaints result
in an investigation or discipline. Once a complaint is assigned to an investigator, it becomes an investigative case.

**Investigative Interview**

Upon receipt of the complaint, the investigator may decide to gather preliminary information before contacting the Subject of Investigation (SOI). Such activities may include interviewing the complainant, reviewing an OARRS report, or the subpoena of medical records. With the complainant’s permission, the complaint may be sent to the SOI for a response. The investigator may contact the SOI by telephone to schedule an interview. Sometimes, the nature of the complaint requires an unscheduled office visit. Examples of this include allegations of a dirty office or allegations of drug/alcohol impairment. If allegations pose a serious risk to the public, the complaint may be sent directly to the Enforcement section attorneys for review, skipping the interview processes.

**Timetables**

Because the board conducts thorough and just investigations, an average time for follow-up communication is not easily determined. Factors which might contribute to delays include working in coordination with other regulatory or law enforcement agencies or the unavailability of witnesses.

**Investigative Report and Review**

When the investigator has gathered necessary information for the case, they will prepare a Report of Investigation (ROI). The ROI is reviewed and approved by the Investigator Supervisor. The report is then routed to the board’s Secretary and Supervising Member for review. The Secretary and Supervising Member are responsible for supervising all Medical Board investigations, according to law.

**Possible Outcomes**

The Secretary and Supervising Member determine the next steps of the process, which may include:

- close the complaint
- subpoena medical records for review
- direct additional investigation
- request an Investigative Office Conference with the SOI
- direct the development of formal disciplinary action

**Types of Actions: Disciplinary and Non-disciplinary**

**Disciplinary**

If the investigation supports disciplinary action by the board, the licensee will receive a letter from the
Board with notice that the licensee is entitled to a hearing regarding the matters outlined in the letter. For more information about the Medical Board’s hearing process, please visit https://med.ohio.gov/Regulation/Administrative-Hearings.

All disciplinary actions are matters of public record and may include, but are not limited to:

- reprimand the licensee
- place the licensee on probation
- limit/restrict the practitioner’s license
- suspend the license
- permanently revoke the license

Non-disciplinary

If the investigation does not justify formal action, but leaves the board with concerns, the board may recommend remedial education or caution the SOI regarding problematic activities.

Reporting Disciplinary Information

As federally mandated, the State Medical Board of Ohio reports all required disciplinary actions, including but not limited to any suspension, revocation or public reprimand to the National Practitioner Data Bank.

For more information about the complaint and investigation processes, please visit https://med.ohio.gov/Regulation/Complaints-and-Investigations.
Understanding Infant Adoption Webinar

Offering Free Continuing Education for Nurses and Social Workers (3.0 CE & Contact Hours Available)

Continuing Education approvals include NASW and NCNA (ANCC approved provider)

Understanding Infant Adoption (UIA) is a free 3.0 hour workshop opportunity designed to train hospital based health care professionals on how to discuss adoption as an option with patients who are not sure that they will be able to parent a child through non-directive and non-coercive counseling. Topics include state-specific adoption laws, social and cultural influences, birth fathers’ rights and responsibilities and more.

Learn More and Register Online

More information and all dates can be found at www.register4iatitraining.org or Contact Harmony Family Center at 865-982-5225.

Summer/Fall 2019 Webinar Dates
June 13, 18, 20, 24, 25, 27, 28
July 1, 2, 9, 10, 11, 16, 18, 24, 25, 30, 31
August 1, 5, 6, 7, 8, 12, 13, 15, 19, 21, 23, 26, 29
September 5, 10, 12, 16, 17, 19, 23, 24, 25, 26

Times vary depending on date
New, Amended or Rescinded Rules

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. 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.

4730-4-01 PA MAT Definitions – New – Effective 4/30/19

- (A) “Office-based opioid treatment” or “OBOT” means medication-assisted treatment, as that term is defined in this rule, in a private office or public sector clinic that is not otherwise regulated, by practitioners authorized to prescribe outpatient supplies of medications approved by the United States food and drug administration for the treatment of opioid addiction or dependence, prevention of relapse of opioid addiction or dependence, or both. OBOT includes treatment with all controlled substance medications approved by the United States food and drug administration for such treatment. OBOT does not include treatment that occurs in the following settings:
  - (1) A state or local correctional facility, as defined in section 5163.45 of the Revised Code;
  - (2) A hospital, as defined in section 3727.01 of the Revised Code;
  - (3) A provider certified to provide residential and inpatient substance use disorder services, including withdrawal management, by the Ohio department of mental health and addiction services;
  - (4) An opioid treatment program certified by SAMHSA and accredited by an independent SAMHSA-approved accrediting body; or
  - (5) A youth services facility, as defined in section 103.75 of the Revised Code.

- (B) “SAMHSA” means the United States substance abuse and mental health services administration.

- (C) “Medication-assisted treatment” means alcohol or drug addiction services that are accompanied by medication that has been approved by the United States food and drug administration for the treatment of substance use disorder, prevention of relapse of substance use disorder, or both.

- (D) “Substance use disorder” includes misuse, dependence, and addiction to alcohol and/or legal or illegal drugs, as determined by diagnostic criteria in the “Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition” or “DSM-5.”

- (E) “OARRS” means the “Ohio Automated Rx Reporting System” drug database established and maintained pursuant to section 4729.75 of the Revised Code.

- (F) For purposes of the rules in Chapter 4730-4 of the Administrative Code:
  - (1) “Qualified behavioral healthcare provider” means the following who is practicing within the scope of the professional license:
    - (a) Board certified additionologist, board certified psychiatrist, or psychiatrist, licensed under Chapter 4731. of the Revised Code;
    - (b) Licensed independent chemical dependency counselor-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, or licensed chemical dependency counselor II, or licensed chemical dependency counselor assistant licensed under Chapter 4758. of the Revised Code;
    - (c) Professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist, licensed under Chapter 4757. of the Revised Code;
    - (d) Advanced practice registered nurse, licensed as a clinical nurse specialist under
Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health clinical nurse specialist issued by the American nurses credentialing center;

- (e) Advanced practice registered nurse, licensed as a nurse practitioner under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health nurse practitioner issued by the American nurses credentialing center;

- (f) Psychologist, as defined in division (A) of section 4732.01 of the Revised Code, licensed under Chapter 4732. of the Revised Code;

- (g) Advanced practice registered nurse, licensed under Chapter 4723. of the Revised Code, who holds subspecialty certification as a certified addiction registered nurse-advanced practice issued by the addictions nursing certification board.

- (2) Nothing in this paragraph shall be construed to prohibit a physician assistant licensed under Chapter 4730. of the Revised Code who practices under a supervision agreement with a board-certified addiction psychiatrist, board-certified addictionologist, or psychiatrist who is licensed as a physician under Chapter 4731. of the Revised Code, from providing services within the normal course of practice and expertise of the supervising physician, including addiction services, other mental health services, and physician delegated prescriptive services in compliance with Ohio and federal laws and rules.

- (G) “Community addiction services provider,” has the same meaning as in section 5119.01 of the Revised Code.

- (H) “Community mental health services provider” has the same meaning as in section 5119.01 of the Revised Code.

- (I) “Induction phase” means the phase of opioid treatment during which maintenance medication dosage levels are adjusted until a patient attains stabilization.

- (J) “Stabilization phase” means the medical and psychosocial process of assisting the patient through acute intoxicification and withdrawal management to the attainment of a medically stable, fully supported substance-free state, which may include the use of medications.

### 4730-4-04 Medication-assisted treatment using naltrexone – New – Effective 4/30/19
- This rule outlines physician assistant requirements for treating opioid use disorder using naltrexone.

### 4731-1-17 Instructional staff in Ohio cosmetic therapy and massage therapy programs – Amended – Effective 5/31/19
- (B) Removed “with certification by a recognized body of authority or”
- (C) Added An instructor in massage therapy business courses shall meet one of the following requirements:
  - (1) Hold at least a bachelor’s degree with a concentration in business;
  - (2) Have experience in all aspects of a massage therapy business gained as an owner and operator of a massage therapy business for a minimum of three years;
  - (3) Have experience in all aspects of a massage therapy business gained as a manager of a massage therapy business for a minimum of three years.

### 4731-27-02 Dismissing a patient from the medical practice – Amended – Effective 5/31/19
- (A) (1) (b) Added “Except where the patient, or patient’s representative, has displayed disruptive or threatening behavior toward the physician, office staff, or other patients”

### 4731-27-03 Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine – Amended – Effective 5/31/19
- (C) Updated “Except as provided in paragraph (D) of this rule, a physician who is an independent contractor, who provides physician services as an employee or an owner at a medical practice that is not a health care entity, as that term is used in section 4731.228 of the Revised Code, or who has an ownership interest in a health care entity, as that term is defined in section 4731.228 of the Revised Code, shall provide notice in compliance with the following requirements when leaving, selling, or retiring from the health care entity or other medical practice entity where the physician has provided physician services:”

### 4731-33-01 Physician OBOT Definitions – New – Effective 4/30/19
- (A) “Office-based opioid treatment” or “OBOT” means

continued on page 18>
medication-assisted treatment, as that term is defined in this rule, in a private office or public sector clinic that is not otherwise regulated, by practitioners authorized to prescribe outpatient supplies of medications approved by the United States food and drug administration for the treatment of opioid addiction or dependence, prevention of relapse of opioid addiction or dependence, or both. OBOT includes treatment with all controlled substance medications approved by the United States food and drug administration for such treatment. OBOT does not include treatment that occurs in the following settings:

- (1) A state or local correctional facility, as defined in section 5163.45 of the Revised Code;
- (2) A hospital, as defined in section 3727.01 of the Revised Code;
- (3) A provider certified to provide residential and inpatient substance use disorder services, including withdrawal management, by the Ohio department of mental health and addiction services;
- (4) An opioid treatment program certified by SAMHSA and accredited by an independent SAMHSA-approved accrediting body; or
- (5) A youth services facility, as defined in section 103.75 of the Revised Code.

- (B) “SAMHSA” means the United States substance abuse and mental health services administration.
- (C) “Medication-assisted treatment” means alcohol or drug addiction services that are accompanied by medication that has been approved by the United States food and drug administration for the treatment of substance use disorder, prevention of relapse of substance use disorder, or both.
- (D) “Substance use disorder” includes misuse, dependence, and addiction to alcohol and/ or legal or illegal drugs, as determined by diagnostic criteria in the “Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition” or “DSM-5.”
- (E) “OARRS” means the “Ohio Automated Rx Reporting System” drug database established and maintained pursuant to section 4729.75 of the Revised Code.
- (F) For purposes of the rules in Chapter 4731-33 of the Administrative Code:
  - (1) “Qualified behavioral healthcare provider” means the following who is practicing within the scope of the professional license:
  - (a) Board certified addictionologist, board certified addiction psychiatrist, or psychiatrist, licensed under Chapter 4731. of the Revised Code;
  - (b) Licensed independent chemical dependency counselor-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, licensed chemical dependency counselor II, or licensed chemical dependency counselor assistant licensed under Chapter 4758. of the Revised Code;
  - (c) Professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist, licensed under Chapter 4757. of the Revised Code;
  - (d) Advanced practice registered nurse, licensed as a clinical nurse specialist under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health clinical nurse specialist issued by the American nurses credentialing center.
  - (e) Advanced practice registered nurse, licensed as a nurse practitioner under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health nurse practitioner issued by the American nurses credentialing center;
  - (f) Psychologist, as defined in division (A) of section 4732.01 of the Revised Code, licensed under Chapter 4732. of the Revised Code; or
  - (g) An advanced practice registered nurse, licensed under Chapter 4723. of the Revised Code, who holds subspecialty certification as a certified addiction registered nurse-advanced practice issued by the addictions nursing certification board.

- (2) Nothing in this paragraph shall be construed to prohibit a physician assistant licensed under Chapter 4730. of the Revised Code who practices under a supervision agreement with a board-certified addiction psychiatrist, board certified addictionologist, or psychiatrist who is licensed as a physician under Chapter 4731. of the Revised

continued on page 20>
BUILD HEALTHY, NUTRITIOUS EATING PATTERNS
WITH THREE SERVINGS OF DAIRY EVERY DAY

DAIRY FOODS HELP NOURISH LIFE
Three daily servings of dairy foods, like milk, cheese or yogurt in those 9 years and older contribute to healthy eating styles and well-being.¹

Milk has a unique nutrient package and contains nine essential nutrients important for growth and development.¹²³⁴

Healthy eating patterns that include low-fat or fat-free dairy foods are linked to reduced risk of cardiovascular disease, type 2 diabetes and lower blood pressure among adults.¹ Dairy foods also are linked to better bone health, especially in children and adolescents.¹

DAIRY SUPPORTS THRIVING COMMUNITIES
AND A HEALTHY PLANET
Dairy foods are responsibly produced, nutrient-rich foods that help nourish people, strengthen communities and foster a sustainable future.

The dairy community contributes:

•  2% of greenhouse gases (GHGs) in the U.S. with a voluntary goal to reduce GHGs by 25% by 2020.⁵
•  ~3 million jobs and generates $625 billion for the economy every year in the U.S.⁶
•  to the livelihoods of up to 1 billion people worldwide.⁷

CHILDREN AND ADULTS FALL SHORT ON RECOMMENDED DAIRY SERVINGS AND ESSENTIAL NUTRIENTS
The 2015–2020 Dietary Guidelines for Americans (DGA) recommends three servings of low-fat or fat-free dairy foods daily for those 9 years and older, 2½ cups for those 4–8 years and 2 cups for those 2–3 years.¹

By age 6, consumption of milk, cheese and yogurt falls below the DGA recommendation, and the trend continues into adulthood (average is less than two daily servings).⁸⁹

It can be hard to meet nutrient recommendations—especially calcium, vitamin D and potassium (three nutrients of public health concern)—without eating three daily servings of dairy foods.

EATING THREE DAILY SERVINGS OF DAIRY FOODS LIKE MILK, CHEESE OR YOGURT CAN HELP PEOPLE CLOSE KEY NUTRIENT GAPS, CONTRIBUTING TO NUTRIENT-RICH, HEALTHY EATING PATTERNS.¹¹⁰

These health and wellness organizations support consumption of three daily servings of low-fat or fat-free dairy foods to help build healthy eating patterns as identified by the DGA:¹

³CF 12011.019. https://www.esff.gov/cgi-bin/stein/stein?SID=10896477a276d77e0e00091f82&mc=true&n咚e=21.2.103&gdn=5f82a21.2.013,19.
⁷©2019 National Dairy Council
Code, from providing services within the normal course of practice and expertise of the supervising physician, including addiction services, other mental health services, and physician delegated prescriptive services in compliance with Ohio and federal laws and rules.

- (G) “Community addiction services provider,” has the same meaning as in section 5119.01 of the Revised Code.

- (H) “Community mental health services provider,” has the same meaning as in section 5119.01 of the Revised Code.

- (I) “Induction phase,” means the phase of opioid treatment during which maintenance medication dosage levels are adjusted until a patient attains stabilization.

- (J) “Stabilization phase,” means the medical and psychosocial process of assisting the patient through acute intoxication and withdrawal management to the attainment of a medically stable, fully supported substance-free state, which may include the use of medications.

4731-33-03 Office-based treatment for opioid addiction – New – Effective 4/30/19

- This rule outlines requirements for physicians providing OBOT.

4733-04 Medication-assisted treatment using naltrexone – New – Effective 4/30/19

- This rule outlines physician requirements for treating opioid use disorder using naltrexone.

4761-11-04 Board imposition of penalties – Rescinded – Effective 5/31/19

4778-1-02 Genetic Counselor Application for a license – Amended – Effective 4/30/19

- (A) Forms are no longer provided on the website

- (D)
  - (1) Corrected spelling of division
  - (2) Removed “any other forms required to be submitted pursuant to paragraph (A) of rule 4778-2-02 of the Administrative Code

- (3) Replaced “pursuant” with “under”

- (F) Added “an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.”

  - (1) (2) Removed

4778-1-02.1 Military provisions related to certificate to practice as a genetic counselor – Amended – Effective 4/30/19

- (A) Changed definition of “armed forces”
  - (2) Added “A reserve component of the armed forces listed in paragraph (A) (1) of this rule.”
  - (3) “The national guard, including the Ohio national guard or the national guard of any other state;”
  - (4) “The commissioned corps of the United States public health service; (5) The merchant marine service during wartime;”
  - (6) “Such other service as may be designated by Congress; or”
  - (7) “The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.”

4778-1-05 Genetic Counselor Collaboration Agreement – Amended – Effective 4/30/19

- (A) Corrected spelling of division

- (B) Corrected spelling of re-executed

4778-1-06 Genetic Counselor Miscellaneous provisions – Amended – Effective 4/30/19

“For purposes of Chapter 4778. of the Revised Code and rules promulgated thereunder, the provisions of Chapters 4731-13, 4731-16, 4731-26, and 4731-28 of the Administrative Code are applicable to the holder of a license to practice as a genetic counselor issued under Chapter 4778. of the Revised Code, as though fully set forth in Chapter 4778-1 or Chapter 4778-2 of the Administrative Code.”
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- Hear a legislative update from OAFP Lobbyist, David Paragas, JD.
- Congratulate annual award winners and dance the night away!

**SATURDAY**
- Join us for AAFP’s Physician Health First CME session, installation of officers, and a reception to welcome our new president, Anna McMaster, MD, FAAFP!
- Bring the family to enjoy a casual evening with board games and late-night dessert!

**SUNDAY**
- Need ABFM credit? Come to our KSA group study session facilitated by a family physician, focused on Childhood Illness, and earn your needed credit with ease!
Stopping the Cycle of Opioid Misuse and Diversion

By Jerica Stewart

Over the last several years, Ohio has taken significant steps to address the nation’s opioid crisis. Thanks to efforts by Ohio’s prescribers, important progress has been made. Ohio’s stand against opioid misuse and dangerous prescribing practices is bringing viable solutions to medical staff and producing tangible results. One of the most valuable tools implemented has been the statewide prescription drug monitoring program, Ohio Automated Prescription Reporting System (OARRS), an online system that is used by prescribers to track prescription drugs.

“Focusing on OARRS has allowed us all to be vigilant and self-reflective on our patients,” says Dr. Amol Soin who serves on the State Medical Board. “There is a lot of valuable information in the OARRS report including the total morphine equivalent dose, overdose/sedation scoring which allows us to take a
closer look at patients who may be at risk.”

With integration into electronic health records, and pharmacies, 41,000 prescribers and pharmacists now have direct access to OARRS. The number of queries for patient information since 2017 has drastically increased from 1.78 million to more than 88 million, resulting in prescribers being able to evaluate the prescription history of their patients and more safely prescribe. Increased OARRS traffic has also been reflected in the decline of doctor shopping, which has plummeted by 89 percent.

**New Rules**

As efforts continue, the Medical Board has issued new rules for opioid prescriptions to treat subacute pain (lasting six to 12 weeks) and chronic pain (lasting more than 12 weeks).

“The new rules for subacute and chronic pain are clearly focused on making the patient experience a safer one,” says Soin. “It also provides physicians some cover when we are faced with demanding and difficult patients who don’t understand why we are not giving them more medications.”

The Medical Board’s regulations are designed to support two main objectives: increasing patient awareness of risk and establishing checkpoints at specific morphine-equivalent doses (MED).

Right away, prescribers are required to have a thorough understanding of the patient’s medical background and engage in open-dialogue before making the decision to prescribe opioids. The prescriber is required to complete and document:

- A full patient history including an OARRS check
- Prescription history and their risk for substance abuse disorder
- An appropriate physical exam
- Imaging studies or lab tests if needed, including urine testing, and
- A functional pain assessment and treatment plan

Even then, before prescribing opioid medication, the prescriber must first determine if a non-opioid or non-medication treatment could be used to effectively treat the patient then document the evaluation in the patient record.

Once the prescriber’s determination has been made, they are expected to prescribe only the fewest amount of days needed to effectively address the pain.

“The rule still maintains autonomous physician decision-making for patients who may need higher doses,” says Soin. “As long as we take appropriate caution and documentation, patients who may need additional medications are still able to get what they need. At the same time the new rules allow for automatic built in safety measures that may help in avoid some prior prescribing concerns.”

The new rules establish very specific prescribing checkpoints to serve as guidelines. Prescribers are required to continue follow-up assessments and review the patient’s response to the treatment at minimum, once every three months.

**50 MED Checkpoint**

When opioids are prescribed at a morphine-equivalent dose (MED) of 50 or higher, the prescriber must obtain informed consent from the patient including the benefits and risks of the medication with the potential for addiction or risk of overdose and the patient’s responsibility to safely store and dispose of the medication. They are also required to review the status of the patient’s underlying condition and if necessary, document any changes. With the continuation of care, an assessment of functioning will be needed, along with looking for any signs of prescription misuse. Any consultation with a specialist or medication therapy management review should be documented.
Once a dose of 80 MED is reached, prescribers are required to obtain a written pain management agreement with the patient to clearly outline the risks and eliminate the potential for misunderstandings about the opioid medication. Sample agreements are posted on the Take Charge Ohio website and can be found in the “Healthcare Professionals” section of the Toolkits page. Prescribers should be vigilant in looking for signs of prescription misuse and either consult with a specialist or complete a medication therapy management review before prescribing.

At this level, prescribers are also required to offer the patient a prescription for Naloxone, the lifesaving overdose antidote. Often, this conversation introduces an opportunity to discuss the risks of overdosing with the patient.

“Patients need to know that Naloxone is there to help them and protect them in cases of accidental overdose,” says Soin. “The evidence shows that it saves lives and the rules are written in a way that high dose opioid patients who are most at risk are the ones who are offered a prescription.

Patients also need to know that they have to be cautious with their opioids and just because they have Naloxone, they should still maintain caution and not have a false sense of security about Naloxone rescue. The conversation itself is getting easier since there has been so much awareness in the media and from multiple regulatory agencies about the need for safety.”

At 120 MED, a board-certified pain medicine, hospice or palliative care physician must provide a recommendation to prescribe based on a face-to-face examination of the patient. However, if the prescribing physician is board-certified in any of those areas or the patient was already on a dosage of 120 MED before the rules were enacted, a recommendation is not needed.

Dr. Soin notes that many of the high dose patients he encounters have significant pathology or major tissue injury, are a surgical failure, have neoplastic disease, or have become opioid tolerant.

“Some acute or subacute pathologies can be quite painful and require higher doses such as large burns, crushing injuries, long bone fractures or flare ups of chronic pain states in chronic opioid users which may lead to over 120 MED doses,” he says.

“I am noticing that patients started on opioids prior to the situational awareness of the opioid crisis tend to have higher MEDs and it is difficult to modify and change these particularly if patients are accustomed to their regimen. Recently, it is rarer for me to see patients on doses with MEDs higher than 120 on my new referrals. While new high dose patients are still out there, the frequency has decreased substantially.”

Implementing checkpoints for high doses allows prescribers to continually evaluate the treatment effectiveness and prescription use of their patients. However, checkpoints do not apply in every situation and they do not establish a maximum dose or duration of treatment. If a patient needs a dose higher than 120 MED, the prescriber is expected to use their best clinical judgement and seek the advice of a specialist.

Patients treated for terminal conditions, in hospice care or in a hospital where they can be closely monitored will not be affected by the new rules. Similarly, for patients already being treated for chronic pain, although they will still need to follow the medical standards of care, they will not be subjected to the checkpoints unless their average daily dose increases.

The rules in Ohio Administrative Code 4731-11 were designed to protect patients from the potential harmful effects of opioid medication over time. Ohio prescribers have gone to great lengths to ensure the safety of their patients and we are proud to celebrate the success of their efforts. To access patient or prescriber resources that help navigate the new rules and standards of care, visit takechargeohio.org.

Dr. Soin is a pain management specialist and spinal cord stimulator implanter in Centerville. He founded the Ohio Pain Clinic based on a philosophy to help patients manage chronic pain through a multidisciplinary non-opioid approach. He received his medical degree from Northeast Ohio University College of Medicine and completed his residency in Anesthesiology at Rush University in Chicago, IL where he was actively engaged in research in both pain management and anesthesia. Following his residency, he completed fellowship training in pain management at the Cleveland Clinic where he mastered the most advanced techniques available for pain management. Dr. Soin is Board Certified in Anesthesiology, Pain Medicine and Interventional Pain Management. He is also a member of the American Board of Pain Management and the Pain Management Representative for the State of Ohio with the Medicare Carrier Advisory Committee.
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Cultural & Linguistic Competency for Improved Health Outcomes

Bridging the gap between health disparities and health equity

The care and compassion provided to patients is appreciated by millions of people in our state each year. And while the practice of medicine is gratifying, the board recognizes that the work is also demanding. The board recently compiled a practical guide, including new perspectives and resources to assist in providing the very best care to each uniquely individual patient.

Effective services for minorities and individuals with disabilities are part of a federal mandate under the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care. According to US Health and Human Services (HHS) Office of Minority Health, these CLAS standards establish a blueprint for health care organizations to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Diversity in Ohio

There are many factors that can influence health care disparities such as demographics, language, race, disability, gender minorities, religion and ethnicity. There are many aspects to consider such as demographics, language, race, disability, gender minorities, religion and ethnicity. Specific populations in Ohio experience unequal health outcomes regarding the incidence, prevalence and mortality of diseases and health conditions. These are commonly referred to as health disparities. People in such populations also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination.

The state, and nation, are experiencing rapidly-shifting demographic patterns. According to the Ohio Department of Health’s Office of Health Policy and Performance Improvement, the minority population in Ohio increased by 20 percent in just one decade (2000-2010).

Bridging the gap between health disparities and health equity requires a mind-shift for health professionals. This is known as cultural and linguistic competence. The State of Ohio defines cultural and linguistic competency as a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans to develop policies to promote effective programs and services.
Guidelines

The State Medical Board of Ohio has partnered with Multiethnic Advocates for Cultural Competence (MACC) to develop a brief guide as an introduction to cultural competencies. This alliance provided insight into working with diverse populations and expanding our network of cultural competency/diversity champions in Ohio. The guide will help providers become more aware of different cultures and get started on building competencies. Keep in mind that increasing knowledge, building skills and shaping attitudes to communicate effectively is an ongoing endeavor. MACC is a statewide nonprofit membership agency aimed at the reduction of health disparities in Ohio’s health systems. MACC is equipping providers and systems with the necessary tools and best practices to enhance their delivery of care.

To learn more, like these best practices listed, go to the resources tab on our website: med.ohio.gov.

10 UNIVERSAL GOOD PRACTICES FOR PROVIDERS

1. Providers should ask patients what they need and how they would like to be referred to

2. Outline their commitment to being culturally competent and ask patients to let them know if they ever do something that is offensive in patient’s culture

3. Ask patients to repeat directions (teach-back)

4. For some cultures, a personal relationship with the doctor is part of what health care means—acknowledge this limitation in the US system directly to the patient, but strive to create a trusting, professional relationship

5. Advocate for hiring cultural specialists and patient navigators who can help patients understand the system and help providers understand the patient

6. Participate in a clinical intercultural collaboration to advocate and stay accountable together

7. When the provider’s identity or background—race, age, gender, etc.—doesn’t match the patient’s, look for extra support within their staff, institution or beyond

8. Develop accountability systems to check conclusions and assumptions before, during and after treatment

9. Provide a patient-centered environment. Upon scheduling, ask if the patient requires any reasonable accommodation for a better patient-centered experience

10. Commit to ongoing professional development around disparities related to demographics, language, gender, race, ethnicity and religion
Rates of survivorship

There are now an estimated 17 million cancer survivors living in the United States and this number is expected to rise to near 30 million by 2040. This is undeniably good news; however, it is important to recognize that cancer care does not end when treatment stops.

Given the rising survivorship rate, progress is being made against the disease, but much work remains. An often-overlooked component of survivorship is nutrition. Approximately 90% of oncology patients now receive treatment in an outpatient setting. This shift away from inpatient care often leaves the patient without access to nutrition care; or the nutrition standards are vague and inconsistent. The data show there is one dietitian for every 1,200 patients—making registered dietitians an important part of the outpatient health care team. To address these nutrition-related gaps in cancer care, physicians and dietitians are coming together at The Ohio State University College of Medicine.

Steve Clinton, MD, PhD, of the Division of Medical Oncology and Colleen Spees, PhD, MEd, RDN, LD, FAND, of School of Health & Rehabilitation Sciences at The Ohio State University College of Medicine are collaborating to address the shortage of nutrition services for their patients. Clinton says that although physicians receive a basic introduction to nutrition, a registered dietitian has the greatest amount of academic and clinical training in nutrition and food science.

“They are the true experts who have the wealth of knowledge. We should utilize dietitians for nutrition counseling the same way we use physical therapists for physical rehabilitation. It’s important that physicians are aware of this whole group of individuals who can really bring something important to clinical care,” says Clinton.

The importance of the interdisciplinary team is recognized as each profession brings unique skills to the establishment of nutrition care. Together, they actively work with survivors to help promote changes in dietary and physical activity patterns, and other lifestyle behaviors to enable survivors to get back to normal functioning.

Spees says this team approach is crucial because “in oncology outpatient care there are severe deficits in medical nutrition therapy. Often, in the outpatient setting dietitian services are not included because of the lack of reimbursement resulting in a provider shortage.”
Why nutrition is important

The diseases of cancer and subsequent treatments often result in malnutrition. The degree of nutrition-related issues often corresponds with cancer stage, aggressiveness of disease, and treatment modalities.

“It is important to optimize nutrition when undergoing chemotherapy or radiation treatment to maintain the quality of life of the patient, reduce toxicity of the treatment and enhance the benefits of the therapy” says Clinton. He also points to evidence in clinical trials that show providing nutritional counseling optimizes oncology treatment. ScienceDirect estimated that the deaths of 10-20% of patients with cancer can be attributed to malnutrition rather than the malignancy itself.

Spees reported that “50 percent of patients are suffering from malnutrition at the time of diagnosis and during treatment that number can rise to 85 percent.” Active cancer treatment often causes nutrition-related side effects, and although they often subside after treatment ends, many survivors remain nutritional at-risk which can impact health outcomes and survival. Optimal nutrition can help patients with various side effects during cancer treatment, as well as promote recovery following curative therapy. “During treatment, medical nutrition therapy, delivered by a dietitian can help reduce interruptions in treatment, improve health outcomes and reduce hospital admissions, all contributing to overall reductions in health care costs,” said Spees.

Setting the standard

Moving from the role of cancer patient to cancer survivor is an exciting and possibly fearful time. In general, there is not a standard aftercare plan for the new survivor to follow. Clinton and Spees hope to change that with their research program.

“If you’ve had a myocardial infarction or cardiac bypass, you’re discharged with an integrated plan,” says Clinton. “We need that paradigm for oncology. We hope to get to the point of having a standard ‘cancer survivor rehab package’ across the country like we have developed for heart patients with cardiac rehab programs.”

Their studies are testing the development and implementation of cancer survivor rehabilitation interventions. A medically supervised program with evidence-based recommendations for good health would incorporate suggestions unique to each patient.

Clinton says it is crucial that patients adapt to a new normal and commit to a healthier lifestyle to build strength and energy, and to reduce their risk of recurrence. To help adopt positive lifestyle changes, a rehab program might include a visit with a dietitian for conversations and plans to implement eating a healthy and balanced diet, quitting smoking, maintaining a healthy weight, minimizing alcohol consumption and staying physically active.

“Cancer survivorship is increasing dramatically by hundreds of thousands of people who have been treated. At the same time, there’s a much larger population overall,” says Clinton. “Together we have a whole new cohort who would benefit from these efforts.”

How to find a licensed registered dietitian

- Visit med.ohio.gov
- Under the Publications tab, choose Rosters
- Click “Active License Roster” to download a spreadsheet

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