Telehealth: A New Day for Medicine

In This Issue:
The Heroes We Know
The Good, Bad and Trendy of Health Blogging
The Board's New Approach to Education and Outreach
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Welcome back to Health News Ohio, a publication of the State Medical Board of Ohio.

Welcome to the summer 2020 edition of Health News Ohio, a publication of the State Medical Board of Ohio.

In this edition, you will find everything you need to know about staying healthy this summer – from telehealth during the COVID-19 pandemic to eye health. You will also learn about the respiratory care professional field of work, the consequences of concussions, health blogging and pool safety.

As summer progresses, we need to remain focused on protecting our eyes from ultraviolet radiation. Learn what the risks of exposure are and how to prevent serious conditions.

Respiratory therapists are a fundamental part of the health care teams caring for COVID-19 patients throughout facilities in Ohio. These specialized professionals identify those at risk and intervene with measures that can be lifesaving.

The Medical Marijuana Control Program saw some changes over the summer related to COVID-19, a new qualifying condition being added and Ohio Board of Pharmacy changes. As required by statute, the first CTR (Certificate to Recommend) Physician Annual Report was published. Read the published results and discover more about the program.

A concussion can leave an athlete with an aftermath of symptoms that may heal quickly or may linger. Discover Ohio’s updated requirements for assessing and granting clearance to return to practice or competition on page 18.

Summer brings outdoor recreation and, naturally, time in the pool is a popular option. Despite current COVID restrictions and closures, learning the key indicators of drowning risks, pool maintenance tips and water safety tips will help keep your family safe while having fun.

Telemedicine has quickly become the new normal as physicians, behavioral health providers and other providers shift to virtual visits and phone calls during the COVID-19 pandemic. The board created a Telehealth Ad Hoc Committee to make regulation recommendations to the full board. Read how one physician is using telehealth to see new and existing patients.

In response to the spread of COVID-19, the board had to find a new way to continue its Partners in Professionalism program with Ohio’s medical schools. The program teaches the responsibilities of medical licensure and ethics to medical students. A video presentation replaced the traditional in-person presentation and it was well received.

Read about a central Ohio man’s COVID-19 diagnosis, hospitalization and on-going recovery. He was one of the first patients admitted into the hospital and would not leave for a month. Overcoming the disease is just the first step when dealing with coronavirus; the recovery process will be difficult but much longer.

Have a wonderful and safe summer.

Sincerely,

Michael Schottenstein, MD
President
State Medical Board of Ohio
As a healthcare provider and practice owner, you know how important it is to make each moment matter. At PNC, our dedicated team of Healthcare Business Bankers understands your business challenges. That’s why we offer a range of solutions to help your practice run more efficiently. Whether you’re looking to expand, optimize cash flow, or simplify your patient payment process, we are here to help make banking easier.

Visit pnc.com/hcprofessionals or call 877-566-1355 to learn more.
I graduated from Vanderbilt University with a Bachelor of Arts degree and from Indiana University School of Medicine with a medical degree. After graduation, I trained in dermatology at the University of Louisville, focusing on medical dermatology. For almost 18 years, I was Chief of Dermatology at Nationwide Children’s Hospital and then Director of Dermatology at Ohio State University College of Medicine for 13 years. Currently, I am a Professor of Medicine – Clinical at The Ohio State University. I spent nearly two years as Professor of Dermatology at the University of Pennsylvania.

Q: Why did you want to serve on the Medical Board?
A: I wanted to serve on the Medical Board to preserve the integrity of medicine and advocate for patient protection.

Q: What do you find most rewarding about your service on the board?
A: The most rewarding aspect of service on the board is advocating for patient safety, monitoring integrity of the patient-physician relationship, and promoting quality health care.

Q: When did you know that you wanted to be in the medical profession?
A: I knew I wanted to be a physician when I was in the second grade. I was inspired by my family doctor who made house calls.

Q: Who was your mentor in the field of medicine?
A: My most important mentor in the field of medicine was Dr. Louis Mendelsohn, an internist from Springfield, Ohio. Dr. Mendelsohn graduated from OSU Medical School in 1923 and lived to be almost 104! He taught me the importance of true concern and compassion for your patients and to always listen to patients and do a thorough physical exam before ordering expensive tests.

Q: What do you find most rewarding about practicing medicine?
A: The most rewarding aspect of my career in dermatology is making a difference in the lives of my patients. We have made significant advances in treatments for psoriasis, atopic dermatitis, and acne, which has truly improved the quality of their lives.

Q: What or who are you inspired by?
A: I am inspired by physicians and other health care providers who are highly accomplished and respected but remain humble and truly concerned about their patients. They always put their patients first.

Q: Which sports teams do you root for? Why? How long have you been a fan?
A: My favorite sports team is the Columbus Blue Jackets. I have been an avid fan since their beginning in Columbus. Their players have contributed much to our community. They are fun to watch.

Q: What is one item on your bucket list and why?
A: The top on my bucket list is traveling to New Zealand and hiking. I am impressed by the beauty of its mountains, rivers, and beaches. It would be a great place to enjoy nature and meet the locals.
We all know the phrase, “give credit where credit is due.” It’s hard to imagine a time when this phrase could be more accurately applied than now as we witness the courage, selflessness and tenacity demonstrated by practitioners in this current pandemic.

Today we celebrate the heroes that fight an invisible foe, forfeiting their own comfort and safety to protect the public. The stories of tireless research, community outreach initiatives, amazing innovation and creative patient communication have not gone unnoticed. We celebrate you for all that you have done to provide hope and peace of mind in the middle of a storm.

On behalf of the Medical Board, thank you for your sacrificial actions and your commitment to providing excellent patient care.
HOW TO WASH YOUR HANDS

1. Wet your hands with clean running water (warm or cold) and apply soap.
2. Lather your hands by rubbing them together with soap (creating friction).
3. Scrub all surfaces of your hands, including the palms, backs, fingers, between your fingers and under your nails.
4. Keep scrubbing for 20 seconds. Sing or hum the Alphabet song (or any song of choice) twice.
5. Rinse your hands under clean, running water.
6. Dry your hands using a clean towel or air dry them.

YOU ARE THE CHAMPIONS

To our heroes on the frontlines of healthcare for what you are doing each and every day.

14109 Taylor Loop Rd. | Little Rock, AR | 501-221-9986 | pcipublishing.com
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.”

Knox Community Hospital is a licensed 99-bed facility that currently has numerous growing specialty clinics. Being a part of Knox Community Hospital means being a part of the community and practicing innovation medicine with a small-town feel, not only allowing doctors to promote healthy lifestyles for patients and families within the hospital walls but also within the community. This is an excellent opportunity to join a fast-growing hospital that offers competitive benefits, student loan assistance, relocation reimbursement, and much more.

Benefits include:
- Sign-on Bonus
- $50,000 incentive for a home that is purchased in the community and community residence Relocation Reimbursement
- Student Loan Assistance
- 5 Weeks of Vacation
- $5,000 Continuing Medical Education (CME) allowance
- Health, Dental, and Vision insurance as well as disability benefits
- Flexible Health Spending Account and a Health Savings Account
- Medical Malpractice Insurance with tail-coverage
- Tophat 457 Retirement Program
- DEA, Ohio license, Board fees

In Knox County, you will experience beautiful agricultural scenery, what seems like endless miles of hiking trails, a 14 mile paved bike path, and best of all you will be able to enjoy the Kokosing and Mohican Rivers that flow right through our county. The options are endless. Whether you like a quick trip to the city for shopping in family-owned businesses or a quiet weekend with the family consisting of hiking, kayaking, biking, or spending time on the Lake, you can find that here in Knox County.

For more information, visit: https://www.kch.org/resources/physician-recruitment

EOE
The warm weather has settled in and that means many of us are spending more time outdoors. The sun offers warmth and enhances your mood, but it also brings plenty of dangers. “The biggest thing in the summertime is that ultraviolet (UV) radiation is much more intense and common,” Dr. Matthew Ohr, of the Ohio State University’s Havener Eye Institute says.

UV radiation can cause serious eye conditions

Cataracts: The most common cause of treatable blindness, cataracts cloud and yellow the lens of your eye, causing progressive vision loss.

Macular degeneration: A major cause of vision loss for people over age 60, macular degeneration is caused by cumulative UV damage to the central portion of the retina, the back layer inside each eye that records what we see and sends it to your brain.

Photokeratitis, or corneal sunburn: UV exposure can cause painful burning of the cornea, the clear surface that admits light and images to the retina.

Conjunctival cancers: Once rare, these eye cancers are increasing, especially among older people.1

Not just for fashion

Preparing your eyes for safe summer fun starts with having appropriate eye protection. UVA and UVB rays are the highest concern when it comes to the sun. Both are extremely damaging to the unprotected eye and skin. For sunglasses to be declared “100 percent UV protection” a comprehensive list of criteria must be met.

“It is not necessarily the price that makes them UV protective or better than others,” Ohr says. “People will assume that all sunglasses are protective, even just by looking at the darker shade of the lens, you need to make sure that they are truly 100 percent UV protected.”

What is the risk?

When sunlight shines off water, sand or other highly reflective surfaces into your eyes, it can cause a very
painful condition called photokeratitis. It is essentially a sunburn of the eyes. The UV light affects the surface of the cornea, which is the “clear dome” of the outer layer of the eye used to help filter light.

“Pain, redness and blurriness are common symptoms, but long-term effects can lead to cataracts, pterygium, skin cancer or even macular degeneration,” Ohr says. “You could never be too protective when it comes to UV protection.”

Photokeratitis can be prevented by wearing sunglasses that are marked “100 percent UV protection.” Also, wearing a broad-brimmed hat adds extra eye protection.1 Wear a hat with at least a three-inch brim and tightly woven fabric (no holes) to protect your face and the top of your head. Hats can block as much as half of all UV rays from your eyes and eyelids. Even on an overcast day, your eyes are still exposed and at risk of damage from UV rays.

Those who wear contact lenses should also heed the sunglass advice. Some contact lenses absorb UV radiation but not all. As contact lenses fit directly on the eye, much of the UV radiation coming from above, below and the side is absorbed by these contact lenses. Thus, UV absorbing contact lenses are often recommended for those wearing sunglasses in high sun exposure environments. The U.S. Food and Drug Administration (FDA) has standards for UV-absorbing contact lenses based on the American National Standards Institute Z80.20 standards.2

“It is definitely not recommended to wear contact lenses when you are coming into contact with water,” Says Ohr. Contact lens users have an increased risk of swimming-related corneal infections and possibly permanent vision loss. The FDA suggests not wearing contact lenses when coming into any type of contact with water. “If pool water splashes on the contacts, wash them immediately with solution or get a pair of new ones,” Ohr advises.

Other dangers
While being out in the sun presents a danger, other summertime activities can also affect your eye health.

“We tend to see more injuries when the weather is nice and people are outside doing things like outdoor projects or playing sports,” Ohr says.

Cutting the grass can cause small rocks, stones or sticks continued on page 12 >
to become high-velocity projectiles that fly up and hit you in the eye. More than half of all eye injuries occur at home, yet only about one out of every three people wear eye protection when they should. Proper protective eyewear is always recommended. Don’t be an eye injury statistic!

3 American Academy of Ophthalmology. 5 Ways to Get Your Eyes Summer-Ready. https://www.aao.org/eye-health/tips-prevention/5-ways-to-get-your-eyes-summer-ready  

**BIO**  
Dr. Matthew Ohr is an Ophthalmology Specialist. His areas of specialization include vitreoretinal and corneal diseases. He diagnoses and manages eye conditions involving retina, vitreous, cornea and other structures. Retinal conditions that Dr. Ohr treats include retinal detachment, retinal vascular occlusive disease, diabetic retinopathy and others. Through early intervention and ongoing care, many potentially blinding eye conditions can be managed and treated. Dr. Ohr is especially interested in advanced imaging technologies, such as optical coherence tomography (OCT).

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**Cataracts**

With all the added exposure to sunlight throughout the summer months, the possibility of developing cataracts increases. Cataracts cause vision cloudiness within the natural lens of the eye. Tell-tale signs of this can include blurred vision, light sensitivity and seeing halos from headlights at night.

“Certainly, in the United States we have a great health care system and it is easy to catch these things before they become problematic,” Ohr says. “Having dilated eye exams will help deal with and minimize those conditions.”

Age plays a factor in developing cataracts. The CDC estimates that 15 million Americans age 65 or older have cataracts in one or both of their eyes.

“Not all cataracts are going to require surgery,” Ohr says. “It ultimately depends on how the cataract is affecting the vision and whether or not it is causing other issues in the eye.”

Traditional cataract surgery has been successful for quite some time. But new developments have focused around using lasers to perform parts of the surgery. Femtosecond laser-assisted surgery shows promise, as compared with standard methods.

“Cataract surgery has been an evolution, to the point where we feel that it is a rather easy disease to treat and there is a great safety profile and great success,” Ohr says. “Treatment continues to get better and better.”

There is no treatment to prevent or slow cataract progression. In age-related cataracts, changes in vision can be very gradual. Some people may not initially recognize the visual changes. However, as cataracts worsen, vision symptoms increase.

**Signs and symptoms of cataracts include**

- Clouded, blurred or dim vision
- Increasing difficulty with vision at night
- Sensitivity to light and glare
- Need for brighter light for reading and other activities
- Seeing “halos” around lights
- Frequent changes in eyeglass or contact lens prescription
- Fading or yellowing of colors
- Double vision in a single eye

**Risk factors**

Most cataracts are due to age-related changes in the lens of the eye that cause it to become cloudy or opaque. However, other factors can contribute to cataract development, including:

- Diabetes
- Certain drugs including, corticosteroids and chlorpromazine and other phenothiazine-related medications
- Ultraviolet radiation exposure
- Smoking
- Alcohol
- Diet
The Need to Breathe
A look at the important work of respiratory care professionals

By Jerica Stewart

In the middle of a pandemic, battling a disease that attacks the respiratory system, the need for specialized health professionals becomes painstakingly obvious. But even outside of COVID-19, respiratory therapists who treat patients suffering from conditions of the cardiopulmonary system, are a vital component of health care teams.

Though the profession burgeoned in the 1970s, respiratory care is a relatively new license type for the Medical Board since the board assumed regulatory responsibility in January 2018. You will find respiratory therapists in hospitals, nursing homes, physician offices, and medical facilities, treating patients ranging from infants to the elderly.

“Respiratory therapists are trained to assess patients for their potential to progress into respiratory and cardiac failure,” explained Sue Ciarlariello, Legislative Chair of the Ohio Society for Respiratory Care. “Respiratory failure occurs when the patient can no longer adequately oxygenate or eliminate carbon dioxide. Cardiac failure is when the body cannot provide adequate circulation for tissue oxygenation. Both can result in death if not reversed. Respiratory therapists identify those at risk and intervene with oxygen support, medications, airway clearance therapies and assisted breathing techniques to prevent and/or treat cardio-pulmonary conditions.”

continued on page 14>
Beyond the clinical knowledge, respiratory therapists are also trained to use life-preserving equipment such as ventilators which have been in high demand since the emergence of COVID-19. Ventilators provide an artificial breathing to stabilize a patient with ineffective breathing effort and deliver both oxygen and pressure to reverse critical lung conditions. As technology continues to evolve, respiratory therapists are relied on for their expertise in operating and adapting the ventilator’s settings as they assess the patient’s changing condition.

“Respiratory therapists commonly treat patients with respiratory illnesses such as asthma, COPD, cystic fibrosis, pulmonary fibrosis, lung cancer, pneumonia, and respiratory viruses, like the current COVID-19,” stated Ciarlariello. “Therapists also treat patients who have traumatic respiratory conditions or depression secondary to traumas, such as brain injuries, chest trauma, shock, near drowning, drug overdoses and seizures. They provide life-saving interventions for babies born in respiratory distress due to prematurity, depression or congenital anomalies.”

Education & Career
Ohio is home to 21 programs providing respiratory care education, and students have a choice of obtaining an associate’s or bachelor’s degree to enter the field. The Ohio Society for Respiratory Care (OSRC)
Health News Ohio • 15

published a workforce report in December 2019 based on the results of a survey to shed light on the present and future demand for respiratory therapists in Ohio. The report features responses from therapists throughout the state and showed that in 2015, 2016, and 2017 the number of therapists entering the work field with a bachelor’s degree was on the rise. Ciarlariello shared, “Eighteen percent of the current workforce is over 55 years of age, adding to the need for additional graduates. Based on our estimates we need 879 graduates over the next three years to meet demand.”

Graduating respiratory therapists have a promising and financially secure future ahead of them once they pass their credential exam and become licensed in their state. According to the U.S. Bureau of Labor Statistics, the climbing number of aging adults is expected to lead to a growth in the respiratory care profession of 21 percent between 2018 and 20281. Looking to the future of respiratory therapy, Ciarlariello notes it is important to acknowledge the profession as an asset and consider how to recruit and encourage new candidates year after year. “As the number of openings have increased, we have seen hospitals step up their own plans to recruit from within, offering non-licensed technical staff new opportunities with tuition support,” stated Ciarlariello. “Throughout this crisis, there has been daily talk of the heroic doctors and nurses on the front line, who truly deserve recognition,” stated Ciarlariello. “Occasionally, respiratory therapists are mentioned. ... respiratory therapists are in the emergency departments, the respiratory wards, the intensive care units and even long-term care facilities working side-by-side with their nursing and physician partners to manage these patients.”

Respiratory therapists contribute valuable knowledge and technical skills to the care of patients every single day, and Ohioans will continue to rely on their support. In the words of Sue Ciarlariello, “It is a noble profession.”

2 Cleveland Clinic. Mechanical Ventilation. https://my.clevelandclinic.org/health/articles/15368-mechanical-ventilation

Respiratory therapists can see the difference they make in their patients’ lives every day:

- When an asthmatic patient, who does not have enough breath to complete a sentence, gets relief during a therapist-administered bronchodilator breathing treatment...
- When a patient comes into the emergency room unable to control their airway and the therapist assists or inserts an airway to stabilize their condition...
- When a patient’s chest x-ray improves, and oxygen is no longer needed after days of increased airway clearance therapy...
- When a hypoxic premature newborn is given surfactant, the ventilator settings are weaned, and the family now can be focused on their baby’s feeding and growing...
- When a patient has a cardiac event that results in the need for CPR, airway intervention and mechanical ventilation and recovers to go home...
- When you apply a speaking valve on the tracheostomy of a small child, and family can hear their voice for the first time...

- Sue Ciarlariello
The Medical Marijuana Control Program continues to grow and mature in 2020. Each agency has learned from the unique challenges the program faces and have adapted appropriately to prevent disruption to patient care.

Qualifying Conditions

The State Medical Board of Ohio (SMBO) met on July 8 to discuss the petitions to add three qualifying conditions to the Ohio Medical Marijuana Control Program (OMMCP). After discussion, the full board voted to accept the petition and add cachexia as a qualifying condition, effective immediately. The board also voted to reject petitions for autism spectrum disorder and anxiety disorder. This brings the total number of qualifying conditions in the OMMCP to 22.

Cachexia, also known as wasting syndrome, is a condition that causes extreme weight and muscle loss and is often associated with other severe and chronic illnesses.

The next submission period is scheduled for Nov. 1 – Dec. 31, 2020. Anyone may submit a petition requesting a condition be added to the OMMCP. If a condition has been previously rejected by the board, the new petition must contain new scientific information that supports the request.

CTR Physician Annual Report

Ohio Revised Code 4731.30 and Ohio Administrative Code 4731-32-03 require each physician with a certificate to recommend (CTR) to submit an annual report to the board with observations regarding the effectiveness of medical marijuana in treating patients.

To satisfy the statutory and rule requirement of an annual report, the Medical Board created an online survey and emailed the survey to each certified physician between March 4 and April 22, 2020. A link to the survey was also included in the March and April CTR newsletters. In total, 435 physicians responded, approximately two-thirds of active CTR holders at that time.

Here are some of the published results from the report:

- 66 percent (286) of the respondents have recommended marijuana; 34 percent (149) have never made a recommendation
- 39 percent of respondents required in-person patient appointments more than once a year
• The top five conditions for which physicians were most satisfied with the effectiveness of medical marijuana:
  o Chronic pain
  o Fibromyalgia
  o Cancer
  o PTSD
  o Inflammatory bowel disease

To view the CTR Physician Annual Report, visit med. ohio.gov and click on the “Publications” tab.

Certificate to Recommend
The Medical Board created a way for physicians who no longer want to make recommendations to remove their CTR, without a formal board action. Physicians will now have the option to renew their license without renewing their CTR. Once completed, the physician’s license number will drop the “CTR” suffix and the CTR will have an inactive status.

COVID-19
As a relatively young program, the OMMCP was forced to navigate unique challenges presented by the COVID emergency while continuing to regulate all aspects of the program.

All three state agencies operated the program with a primarily teleworking staff. To make the needed adjustments relative to the emerging safety concerns, the Medical Board and Board of Pharmacy issued temporary changes.

The State Medical Board of Ohio authorized:
• Telemedicine in place of an in-person visits to make or renew a recommendation
• Telemedicine in place of in-person visits to register a caregiver.

The State of Ohio Board of Pharmacy authorized:
• Acceptance of expired identification from patients and caregivers if certain conditions were met
• Birth certificates as acceptable identification for minors
• 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
• Temporary “curbside pickup” to conduct sales to patient and caregivers outside of the dispensary department.

• Phone and online sale of medical marijuana from a dispensary

The Board of Pharmacy and Department of Commerce also distributed sanitation and cleaning requirements to the cultivators, processors, and dispensaries based on the RestartOhio guidelines.

Other Board of Pharmacy Changes
• A patient’s 90-day recommendation is now divided into two 45-day fill periods based upon the patient’s current, active recommendation. The first fill period consists of days 1-45 of the recommendation and the second fill period consists of days 46-90 of the recommendation.
• The registration period for terminally ill patients has been extended from six months to one year.
• The board has provided a list of alternative forms of identification other than a driver’s license or passport that will be acceptable to prove Ohio residency.

The State of Ohio Board of Pharmacy’s published patient and caregiver numbers as of June 2020:
• 147,245 Recommendations
• 116,497 Registered patients
  o 8,349 Patients with Veteran Status
  o 8,713 Patients with Indigent Status
  o 644 Patients with a Terminal Diagnosis
• 91,330 Unique patients who purchased medical marijuana (as reported to OARRS by licensed dispensaries)
• 13,140 Registered Caregivers

Products

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Athletes often push their minds and bodies to achieve in their sport, but competitive and vigorous sporting activities can lead to serious injury. The American Academy of Family Physicians identified the most common sports injuries as:

- Achilles tendon injuries
- Broken bones
- Dislocations
- Jumper’s knee
- Little league elbow
- Rotator cuff injuries

Concussions, though not as easily observed, can have grave consequences as well. According to the American Association of Neurological Surgeons, a concussion is “an injury to the brain that results in temporary loss of normal brain function.” An estimated 300,000 sports-related concussions occur every year in the U.S. Although concussions are often associated with direct trauma to the head, they can also happen in a situation with a rapid acceleration then deceleration of the head, like that experienced in whiplash. Contrary to popular belief, the person experiencing the concussion can even remain conscious during and after the incident.

The aftermath of a concussion can leave an athlete nauseous, sluggish and cognitively affected, in addition to other symptoms. Most heal from their injury however some athletes continue to experience the symptoms. One of the most dangerous possibilities is for the athlete to receive a second blow to the head while in recovery, known as “Second Impact Syndrome” and potentially deadly. This is a risk not only for adult athletes but children and teens as well.

The Ohio Department of Health (ODH) Violence and Injury Prevention Section, works diligently to raise awareness and reduce injuries and deaths due to mild traumatic brain injuries in relation to youth sports, motor vehicle crashes, and safe active transportation.

Ohio Regulation

Despite the many advantages of participating in sports, the risk of injury is a real concern. In the U.S., an estimated 30 million children and teens play youth sports each year. Of that number, more than 3.5 million sustain injuries in their sport or recreational activity. Surprisingly,
most injuries are not actually sustained in a game – instead, sixty-two percent of sport injuries occur during practice4.

The Medical Board made recent updates to its concussion rule OAC 4731-31-01, including the addition of physician assistant protocol. The rule outlines the requirements for assessing and granting clearance for return to practice or competition and the changes went into effect November 30, 2019.

In April 2013, Ohio passed the Return to Play law to protect young athletes. This law enforces training, safety and awareness requirements in youth sports organizations and interscholastics. Within this law, ODH was mandated by ORC 3707.52 to create concussion and head information sheets for participants in interscholastic athletics and youth sports organizations. ODH provides a link on its website to three free online training programs in recognizing the symptoms of concussions and head injuries that meet the requirements for coaches, referees, and umpires.

**Education Strategies**

In addition to its regulation, ODH leads the Ohio Injury Prevention Partnership, a statewide coalition which has led to the formation of the Traumatic Brain Injury subcommittee. The subcommittee addresses youth sports concussions and safe active transportation and includes partners from every corner of the state including children's hospitals, universities and local health departments, among others. It works to increase awareness in Ohio about youth concussions by placing advertisements in popular game day magazines such as Ohio State University football, Cleveland Browns, and the Cincinnati Bengals. The ads use materials from HEADS UP, which is a CDC educational initiative raising awareness for improved prevention, recognition, and response to youth concussions and other serious brain injuries5.

Sports can provide tremendous benefit and enjoyment in the lives of players and spectators. However, amidst the desire for competition, parents, coaches and referees should always prioritize the safety of athletes.

As the Ohio Department of Health secures funding for local partners to address mild traumatic brain injury, Summit, Licking, and Stark counties are working within their schools, sports organizations, hospitals and local health departments with funds from ODH and are making great strides in raising awareness and compliance in their communities regarding youth concussion prevention.

For more information regarding the Violence and Injury Prevention Section, visit odh.ohio.gov.

**Contributor**

Tiffany Jamison
Child Injury Prevention, Program Manager
Violence and Injury Prevention Section, Ohio Department of Health

The Good, Bad and Trendy of Health Blogging

Health and nutrition influencers may crank out some eye-catching content, but how accurate is their advice? We went to a registered dietitian to get the scoop.

By Tessie Pollock

Low carb, low fat, high protein, raw, unprocessed, capsules of dehydrated vegetables, lemon water with a concoction of herbs-- one click on social media can bring you nonstop health advice. Ashlee Pax, a clinical nutritionist, registered dietitian and member of the Dietetic Advisory Council for the State Medical Board of Ohio, is pleased to see the growing interest in wellness.

“The increased focus on nutrition and wellness has led to consumer health awareness,” says Pax. “With social media and internet, we now have access to millions of recipes, many of which even breakdown the nutritional composition of the recipe.”

However, Pax cautions that the ease of digital communication can help even the most amateur person pose as a health expert.

“Health bloggers do not necessarily have any credentialed background, which is what may bring misinformation, misleading claims or ever danger to consumers.”

With just a few photos of a fit body on a beach and a plate full of colorful food, an influencer can position themselves as an expert. An influencer is viewed as a user on social media who has established credibility in a specific industry. A social media influencer has access to a large audience and can persuade others by virtue of their authenticity and reach.

Almost 90 percent of social media influencers are sharing inaccurate health information and presenting opinion as fact, according to a new study from the United Kingdom. Blogs by nine influencers in the U.K. published between May and June 2018 were analyzed against 12 credibility indicators based on transparency, use of other resources, trustworthiness and adherence to nutritional criteria, and bias.

Analyses showed that seven influencers provided nutrition and weight management advice, while five failed to provide evidence-based references for nutrition claims or presented opinion as fact. Additionally, five influencers failed to provide a disclaimer, and just three suggested recipes that met the national standards for calories and healthful benefits.

Only the degree-qualified blogger, registered as a nutritionist with the UK Association for Nutrition, passed overall, with 83 percent. Another influencer, a medical doctor, did not pass the checklist. The lowest compliance (25 percent) was from an influencer without nutritional qualifications.

“We found that the majority of the blogs could not be considered credible sources of weight management information, as they often presented opinion as fact and failed to meet UK nutritional criteria,” says the study’s first author, Christina Sabbagh from the University of Glasgow. “This is potentially harmful, as these blogs reach such a wide audience.” Currently, no standards exist to assess the credibility of influencers’ blogs.”

“Given the popularity and impact of social media, all influencers should be required to meet accepted scientifically or medically justified criteria for the provision of weight management advice online,” says Sabbagh.

So, what’s a health-seeking consumer to do? Pax says there are trigger words that should send up red flags but also credentials that should help you have more confidence.

“Claims that are body image based, or use the terminology “rapid”, “fast”, “pills”, or “supplements” should be trusted with caution,” she said. “Often, fad diets fall into these types of claims and, although they may produce quick results, they are not generally healthy, not sustainable and can be dangerous. These diets often lack credibility, are not based on nutrition recommendations, and are not backed by science-based practice, causing the information to be inaccurate or misleading.”

It is important to evaluate the credentials behind an author before trusting the information as credible. Anyone can claim the title of a “nutritionist” or “health/wellness coach”, so researching their background and credibility is crucial before following their suggested advice.

“Registered dietitians can support individuals in making evidence-based behavior changes to support their health goals while navigating the information provided by the untrustworthy sources,” says Pax. “It is important to remember that registered dietitians are the nutrition experts that utilize science-based nutrition and are available in multiple settings such as health care (inpatient and outpatient), the media, food and nutrition industry, the government, colleges and universities, public health etc.”

In Ohio, a registered dietitian (RD) is a food and nutrition expert who has met the following criteria:

- completed a minimum of a 4-year degree at an approved college/university, as well as an approved dietetic internship
- passed the Commission on Dietetic Registration (CDR) examination
- applied for and received state licensure as a dietitian
- once licensed, 75 CEUs are required every 5 years to maintain CDR registration and Ohio state licensure

Once licensed, a registered dietitian may assess, diagnose and treat nutrition-related diseases and health problems.

“There are some registered dietitians that blog or work in media, providing information that would be science-based and recommended for consumers to follow. Some bloggers may be certified health or wellness coaches and may deliver basic health and wellness information, but this excludes education related to disease management.”

According to Pax, the best thing to do is consider the source and look at the big picture of the message being delivered. She suggests asking these questions before taking advice from a social media source:

- Does the advertisement, product or program promise quick results?
- Does it have a credible source behind the information given? Is the content of the message backed by science or evidence-based practice?
• Does the product or message promote balance?

• Are whole food groups being eliminated from the recommended product or program?

• Does the message or product promote “real food” or products only supplied by a distributor?

• Does the advice given meet my specific needs and have I made my primary care physician aware?

“These questions are important for several reasons. In questioning these products or information, it allows us to slow down our thought process instead of getting wrapped up in the “result” that we may be searching for,” says Pax. “It helps us to research the message or product being advertised, allowing us to consider the facts behind what is being offered.”

To find a registered dietitian, visit eatright.org/find-an-expert. On that website, the Academy of Nutrition and Dietetics has an online referral service that allows you to search a national database of Academy members for a qualified registered dietitian nutritionist or food and nutrition practitioner.

1 Study scrutinizes credibility of weight management blogs by most popular influencers on social media https://www.eurekalert.org/pub_releases/2019-04/eaft-ssc042919.php

Ashlee Pax, RDN, LD, BS, MFCS
Ashlee Pax, RDN, LD is a Director of Clinical Nutrition with Trilogy Health Services, LLC, where she has been employed for the past 6 years. Ashlee completed her Bachelor of Science from The University of Findlay in 2004, then went on to Bowling Green State University to complete her master’s degree and dietetic internship. Ashlee has worked in a clinical nutrition setting for the past 12 years, one year as a consultant dietitian, five years serving as a clinical dietitian for Mercy Health Partners, and the past six years with Trilogy Health Services. Ashlee has a passion for long-term care and geriatric nutrition and enjoys working alongside both the clinical and dietary teams for Trilogy, helping to collaborate care for residents. Ashlee has been honored to serve on the Dietetic Advisory Council for the State Medical Board of Ohio since 2018.

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Dive Into Water Safety
By Jerica Stewart

Hot and humid days, sunlight long into the evening – we all recognize the signs of summer and the types of recreation it brings. Despite the current restrictions, Ohioans have found activities to occupy themselves and their children during the warm summer months. Columbus Public Health supervisor, Scott Whittaker, encourages you to stay safe when making a splash.

“A common misconception is the depiction of someone drowning that’s splashing and yelling. In real life, drowning is silent and can happen in as little as 30 seconds. Parents and guardians have to be vigilant and constantly supervise children anytime they are in or near water. Another pool safety misconception is that children who can swim, won’t drown. Everyone’s swimming ability is different, but even the most experienced swimmers can drown.”

According to the Centers for Disease Control and Prevention (CDC), drowning is the leading cause of unintentional death for children age 1 to 4 and 77 percent of those who die are less than 5 years old. Although the national average has decreased over the last decade, it is common for the number of children who drown each year to exceed 350. The American Red Cross states drowning is the leading cause of death in autism for children and adults. Research has also shown that African American children (5 to 19) have a greater likelihood of drowning in comparison to other racial or ethnic groups.

The CDC identifies several key factors that indicate drowning risk:
- Location
- Failure to wear life jacket
- Alcohol use
- Seizure disorders

Even in non-fatal drowning accidents, patients can have long-lasting injuries including brain damage, memory problems, and prolonged disabilities. Whether you are a parent of a young child or an adult enjoying free time with friends, pool and water safety should be prioritized to keep everyone safe.

“Swimming lessons save lives -- and they are a key life skill to learn,” said Whittaker. “Lessons are always encouraged, because they help a person build confidence in a safe, supervised setting.”

Pools, ponds, lakes, and even hot tubs can be dangerous if the right precautions are not taken. In mere moments, drowning can mean the difference between life and death. While pools and spas are a bit more controllable than open water recreation, swimmers should still be aware of drain dangers.

Proper maintenance of your pool or hot tub is crucial to prevent the risk of drain entrapment. Drain or suction entrapment occurs when a person or object covers the surface of a drain and the strong circulation fastens them to it. Children are at an even greater risk of this happening because they are small and may have a difficult time removing themselves. Entrapment can include hair becoming entangled, limbs and appendages stuck in an opening, any part of a body that is held to a drain by suction, disembowelment from sitting on a drain, or the entanglement of swimsuits and jewelry. Regardless of age, no one should ever swim in a pool or spa that has a drain, or the entanglement of swimsuits.

In Ohio, in addition to federal codes, public swimming pools are subject to Ohio Revised Code 3749 and Ohio Administrative Code 3701-3L. Private pool owners are required to follow local zoning laws that include stipulations such as fencing requirements to prevent accidents and unwanted swimmers. Scott Whittaker shared Columbus Public Health provides pool safety education and guidance along with compliance inspections, completes site visits at individual households, and visits public pools annually to ensure safety measures are in place.

Parents should review laws and rules when looking for alternative swimming area, such as personal wading pools due to the tight restrictions of public pools during the COVID emergency.

Poolsafely.gov suggested the following safety tips:
1. Never leave a child unattended in or near water.
2. Teach children how to swim.
3. Teach children to stay away from drains.
4. Ensure all pools and spas – both in your backyard and any public pool you may visit – have compliant drain covers.
5. Install proper barriers, covers and alarms and around your pool and spa.

Summertime activities should be a way to enjoy time with family and friends and make lasting memories. The best way to keep it that way is by learning what to look out for and how to continue protecting the people in your life by making safety a priority.

About the Expert

Scott Whittaker, RS

Scott Whittaker is an Environmental Health supervisor at Columbus Public Health and is currently serving as the project director for a drowning prevention grant through the U.S. Consumer Product Safety Commission. He has happily worked in public health serving the central Ohio community since graduating from Heidelberg University in 2007 (BS in Biology) and hopes his contributions will protect and save lives.

Although telehealth technology is not new, its utility during a medical emergency, has proven to be invaluable. A technology used relatively sparingly in many health systems just months ago has become a lifeline for patients and providers alike during the COVID-19 pandemic.

On paper, telehealth services offer several advantages. For starters, it is reported as a more cost effective option. Of course, the challenge of reaching patients with limited access to technology remains. According to the American Hospital Association, consultations can occur in a timely manner; patient comfort may be increased by remaining in a familiar setting and there are reports of decreased rates of transfer or admission to a nursing home. But how does telehealth measure up in practice?

Ohio, like many other states, has increased accessibility to telehealth services during the COVID-19 crisis. The State Medical Board of Ohio is working diligently to update telehealth polices for providers. In July, the board created a Telehealth ad hoc committee to study best practices, patient safety and risk factors. The committee will make recommendations to the full board regarding Ohio’s telehealth regulations.

Pediatric allergy and immunology specialist, Dr. David Stukus, has first-hand experience in using this method of communication with his patients at Nationwide Children’s Hospital and speaks to the opportunity it has given him to continue providing care during the coronavirus emergency.

Q: Prior to the COVID emergency, had you used a telehealth platform?
A: No, I had no experience using telehealth at all until the COVID-19 pandemic. I was familiar with the benefits and utilization and we actually had plans to start initiating telehealth visits into our division in 2021.

Q: How have your patients/parents responded?
A: With almost universal acceptance and satisfaction. I believe parents truly appreciate our initiative to continue to provide care for their children while keeping everyone safe. They also see the benefit in not having to miss work/school and travel to the office. Many of them have asked if we can always meet this way!
Q: How many encounters would you estimate to have completed since March?

A: One hundred percent of my encounters have been through telehealth since early March. We were able to get things up and running very quickly. As an academic allergist, I only see patients four half-days each week and have a limited schedule due to my teaching efforts, research, and administrative responsibilities. I estimate that I’ve completed about 125-150 encounters through telehealth during this time period.

Q: Can you describe your most successful or positive telehealth encounter?

A: I’ve been seeing new patient consultations in addition to follow up visits with patients that I’ve known for years. One of my most positive experiences was with a family I had never met before, referred for evaluation of suspected food allergies, which were diagnosed by blood testing. It’s very important to properly diagnose food allergies, especially in infants and toddlers, as unnecessary avoidance can be very challenging and, in some cases, actually cause an allergy to develop in someone at risk for developing food allergies. Unfortunately, the testing used for food allergies has high rates of false positive results and leads to a lot of problems when used incorrectly. I was able to help this family learn about food allergy presentation and management, discuss pitfalls of testing, and also interpret their prior test results with a different explanation. They went from avoiding five different foods and thinking their child could die if they ate peanut to introducing all 5 foods into their child’s diet after we discussed ways to do so safely and with guidance and frequent follow up. Without that telehealth encounter, they may have gone months without proper evaluation and their child may have actually developed allergies to the same foods they are now eating without problems. I call that a success.

Q: Have you seen attitudes shift in patients and families or colleagues about using this kind of technology?

A: Absolutely. We all have smartphones and are used to texting and using video to connect with friends and family. This is merely an extension of how we already communicate with the rest of the world. The concept of a traditional visit to the doctor’s office is the main mental hurdle for some to overcome – after that, telehealth is readily adopted by many patients.

David Stukus, MD is an Associate Professor of Pediatrics in the Division of Allergy and Immunology at Nationwide Children’s Hospital and The Ohio State University College of Medicine. Dr. Stukus is the Director of the Food Allergy Treatment Center at Nationwide Children’s Hospital and Director of Quality Improvement for the Division of Allergy and Immunology.

The COVID-19 emergency upended normalcy and in some cases, caused processes to come to a grinding halt. The Medical Board, like all other organizations was forced to make adjustments to continue its important work. One specific area that had to be approached differently was education and outreach.

The board’s Partners in Professionalism program (PIP) has been educating medical students about the responsibilities of medical licensure for the past 13 years. Now for the first time, these presentations were moved to an online format. The first to participate in the remote presentation experience were third-year students from Wright State University Boonshoft School of Medicine.

As this was Wright State’s introductory year to PIP, the board worked closely with Professor Giselle Ellis once it became clear a live presentation was no longer an option. Despite the distance learning format, the students were receptive to the information and had high engagement during the interactive portions of the presentation.

“The video presentation was easy to access and follow,” said Cameron McGlone, a third year medical student at the time of the presentation. “We were still easily able to ask questions and collaborate with our peers.”

Fellow classmate, Kriti Goel shared, “I was surprised to learn that the majority of State Medical Board disciplinary action was taken on the basis of provider impairment. These are less often the cases that garner media attention but reflect a major problem. This highlights the importance of continuing to create a
“When I interviewed for my position, I was impressed by the active learning that is incorporated throughout the curriculum. I am proud to be a part of a school that not only emphasizes evidenced-based medicine but evidenced-based teaching also.”

- Dr. Ellis

healthy and supportive environment for providers to work through the difficulties that lead to unsafe impairment situations.”

One of the primary goals of PIP is to create a lasting impact on medical students that will be carried into their careers as physicians. The presentation demonstrates the board’s wide range of functions, pitfalls to avoid and an understanding of the resources available to board licensees. Both Goel and McGlone were exposed to new information and expressed interest in viewing or attending board meetings in the future.

Dr. Ellis was pleased with the experience as well. “I believe that the students learned valuable information from the presentation. The presentation emphasized the importance of honesty, which is something that will serve the students well in their future careers. It also provided useful case examples for the students to learn more about the consequences of inappropriate behavior; it even gave them the opportunity to evaluate the case and provide their thoughts on appropriate consequences prior to the results of the case being shared.”

The board looks forward to further expanding the PIP program to other schools in Ohio and will continue to partner with educators in preparing young health professionals for their futures. If you would like the Medical Board to be a part of your program’s curriculum, email contact@med.ohio.gov with Partners in Professionalism in the subject line.

Kriti Goel

“We seek out physicians when we are most vulnerable. I feel honored that people entrust me with their deepest hurt and vulnerabilities. I went into medicine knowing I wanted to live up to that honor every day by providing the best care I could in return. Being a physician grants me to the special opportunity to heal people. I hope to heal through medicine but also through kindness, connectedness, and compassion.”

Cameron McGlone

“Medicine is an ever-evolving field that combines my desire to be a positive influence in people’s lives with my love of learning. I had primary growth hormone deficiency as a child, and the care and treatment I received from my endocrinologist was life changing. It is my hope I can do for others what he did for me.”

Giselle Ellis, Pharm.D.

Dr. Ellis graduated from OSU’s pharmacy school, then went onto complete 2 years of postgraduate education. She currently teaches therapeutics at the Boonshoft School of Medicine and practices with Family Medicine at Miami Valley Hospital.

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Health News Ohio • 27
Dr. Karl Danneberger has been through the ringer and he does not remember much of it. He was hospitalized for a month with coronavirus (COVID-19). The otherwise healthy Columbus man became sick with symptoms of fever, cough and difficulty breathing. On March 16, his wife, Sallie, called their physician and after discussing Karl’s symptoms, she was directed to take him to the Ohio State University Hospital Emergency Department. A test would confirm that the professor in The Ohio State University College of Food, Agricultural, and Environmental Sciences had COVID-19. He was one of the first patients diagnosed and admitted with the coronavirus at OSU Hospital back in March.

He would not walk out until a month later. “I remember feeling healthy and then waking up in the hospital a couple weeks later. I don’t remember anything in between,” Danneberger shared.

He was quarantined in the ICU, sedated and placed on a ventilator for breathing assistance and four days later, his doctor told Sallie he might not survive the virus and its complications. He developed sepsis and pneumonia while on the ventilator. His bed was surrounded by a makeshift glass enclosure so he could be closely monitored while providing a safety barrier for the nurses and doctors. Sallie was unable to be by his side since she had been exposed. She was quarantined at home for 28 days. She received daily updates from Karl’s medical team which she would pass along to family members, friends and coworkers in the Department of Horticulture and Crop Science at Ohio State. His OSU colleague regularly posted the update on social media, keeping coworkers and industry colleagues informed.

“I think the interesting thing about being admitted early on is that the protocols for handling a COVID-19 patient was continually evolving as the doctors learned more about the virus. The guidance from the CDC was changing so quickly, requiring rapid changes at the hospital.”

After receiving several trial medications, he was moved to a COVID-specific floor, and nearly two weeks after being placed on a ventilator, he woke up. His doctors and family were amazed and relieved. The nurses danced, people cheered and he got a thumbs up every time someone passed his room.

In order to move to the rehab unit, he would need two consecutive negative COVID-19 tests within 24 – 48 hours. That occurred around day 28. He would spend that last week in the hospital undergoing rehabilitation. “Prior to rehab, I was extremely weak. I couldn’t even push the button to call a nurse,” recalled Danneberger. He had to relearn what he previously knew: how to talk, walk, stand and lift and move his arms and legs.

Twenty-five pounds lighter, and with a full beard for the first time in his life, he walked out of the hospital unassisted when he was discharged on April 16.

He went back to work in early May but says, “my overall strength is back to about 80 percent. I feel fine but have two remaining issues related to COVID.” The ulnar nerve in his hand was compressed while on the ventilator. His hand has approximately 50 percent of the strength it had prior to his becoming sick, but it is improving. He also developed atrial fibrillation (AFib), a heart rhythm disorder that causes a rapid, irregular heartbeat but an electrophysiology treatment recently brought his heart back into rhythm. It was successful but he will wear a small heart monitor that will capture AFib episodes.
“Given what I went through, I’m really lucky that I have not suffered more after COVID,” he said.
Danneberger is cautious to offer advice to those who have not yet been affected by the virus but says, “it is nothing to mess with. Take every precaution that you can because it can be potentially devastating. Be safe, smart, and understanding and listen to the professionals.” He hopes his antibodies can help others fight the virus. He has donated plasma four times with the first time on the day he was discharged.
He is filled with gratitude. He noted that everyone he encountered during his stay were “extremely professional. Despite the ever-changing processes and long hours that the hospital workers endured, they worked as a team and remained positive. From the person that vacuumed the hallway’s carpet, emptied the trash, delivered my meals, and the nurses and doctors, I was so impressed.” He was also touched by the amount of people that prayed for him and the mountains of greeting cards, texts and social media messages. “It all meant so much to me. I still like to look at the cards and the messages. I cherish them all. I feel lucky.”
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