RecoveryOhio
Coordinating statewide efforts to improve health of Ohioans

In This Issue:
Protecting Kids from Lead
Cosmetic Therapy License Changes
Duty to Report Misconduct to the Board
The Ohio State University Center for Minimally Invasive Surgery Presents:
Care of the Bariatric Patient Symposium: Debunking the Myth
Save the date, April 23 – 24, 2020
The Longaberger Alumni House

go.osu.edu/bariatricmyths

Registration Opens Soon!
CONTENTS

President’s Message

Board Member Spotlight

Power of Words

Upcoming Renewal Dates

You Can Update Your Address in 3 Easy Steps

Protecting Children from Lead Exposure

Cosmetic Therapy License Changes

Duty to Report

A Shot in the Arm

Fighting for Our Future

What Are You Doing for Your Heart?

The Winter Itch

Healthy Food, Safe Handling

20 Years of Regulation

Beautiful Ohio
Welcome back to Health Scene Ohio, a publication of the State Medical Board of Ohio.

The State Medical Board of Ohio’s mission is to protect the health and safety of all Ohioans. Health care professionals who hold a license from the Medical Board are obligated to report violations of law, rule and codes of ethics to the board. Read what additional steps are being taken to ensure licensees know the seriousness of the duty to report knowledge of misconduct. In November 2019, the board added a new section to ensure those applying for and renewing their licenses are aware of the duty to report. The duty to report goes beyond the suspicion of child abuse, elder abuse and breaking the law. Knowing a colleague is violating regulations and not reporting to the Medical Board not only puts patients at risk but also puts your license to practice on the line.

February finds us in the height of Ohio’s influenza season. Learn why the flu vaccine is recommended, the myths surrounding the vaccine, who should be vaccinated, tips to protect yourself and how to recognize the difference between the cold and the flu.

Lead poisoning of Ohio’s children continues to be a concern. While lead is a naturally occurring chemical element in our environment, most exposure is a result of human activity. Finalized data from 2017 shows there was a slight increase in the number of children under six years old with confirmed elevated blood lead levels compared to the 2016 data. Lead exposure commonly comes from the use of fossil fuels, industrial facilities and lead-based paints. But there are some surprising sources, too. Discover them and who is at risk, who should be tested and when, and the simple prevention methods you can use.

This quarter you will read about RecoveryOhio, a plan for combating drug and opioid use in Ohio. The comprehensive program was launched by Governor DeWine to identify key factors in substance use and mental illness. Certain underlying factors, such as early exposure to stress or trauma, or attempts at self-medicating, can lead to both mental health issues and substance abuse.

The eight priorities of the program are outlined on page 20.

Does your skin suffer from dryness or itchiness during the cold winter months? Several skin conditions can be aggravated during this time of year. The older population and certain patients tend to be more susceptible to dry skin. Read about the steps that you can take to lessen winter’s impact on your skin.

We look back 20 years to the Medical Board in 2000. As the world waited to see what Y2K would bring, the board was already upgrading its systems and processes. Read about the changes in the professions that the board has come to license, regulatory changes and outreach activities since 2000.

Do you know what services a cosmetic therapist provides? If you said permanent hair removal, you are correct. Learn what qualifications are needed to obtain licensure by the board and the changes that are coming to the licensure examination this year. Find the most up-to-date information on our website: med.ohio.gov.

February is American Heart month. Did you know that heart disease is the leading cause of death in the United States? The American Heart Association offers seven ways to achieve better cardiovascular health. Small changes have big impacts.

We hope you enjoyed reading this issue of Health News Ohio. Stay warm and have a delightful winter.

Sincerely,

Michael Schottenstein, MD
President
State Medical Board of Ohio

Michael Schottenstein, MD
President
State Medical Board of Ohio
WHY CHOOSE PREMIER HEALTH

Based in Dayton, Ohio, Premier Health has more than 130 locations, with a network of 2,300 physicians. Premier Health operates five campuses.

Nationally Recognized by:
- Healthgrades
- U.S. News & World Report
- Press Ganey
- Beacon
- Becker’s
- IBM Watson Health

Premier Health, Southwest Ohio’s largest health system, is hiring:
- Neurosurgeons
- OB/GYNs
- Orthopedic spine specialists
- Primary care physicians
- CRNAs
- Hospitalist
- GI
- Pulmonary/Critical Care
- Vascular Surgery

YOUR NEXT OPPORTUNITY AWAITS!

To learn more, please contact:
Eric J. Sedwick, MBA, CPC, FASPR
System Director, Physician & APP Recruitment
ejsedwick@premierhealth.com
(937) 208-2482

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

The State Medical Board of Ohio has served medical professionals since 1896. The official publication of the Board, Health News Ohio is mailed and emailed to over 89,000 physicians and allied health professionals throughout the state each quarter. Along with the printed circulation, a fully-interactive companion ePublication provides convenient, expanded resources through live links, search capabilities and archives. Serving the entire health care community, Health News Ohio is recognized as the most respected voice in Ohio medicine and a “must-read” for Ohio medical professionals.

PRACTICE MEDICINE WITH PREMIER HEALTH

2020 Heal Ohio Conference
HealOhio.com  April 2, 2020 in Columbus, OH
Ohio’s premier wound care learning event

PREPARE. PROTECT. PREVAIL.
FIREADAPTED.ORG
Member Type: Physician · Appointed: 5/19/2014 · Term Expires: 3/18/2022

I was raised by wonderful parents in Stockport, a village of just 400 people in southeastern Ohio. During my junior year of high school, Morgan County consolidated our high schools, so my class size went from 28 to 200 students! I completed my undergraduate studies at Muskingum University in New Concord, Ohio followed by medical school at The Ohio State University for two years, finishing at Rush University in Chicago.

During medical school I married Bill Rothermel. We returned to Columbus where I completed my residency in pediatrics and a fellowship in pediatric hematology/oncology at Nationwide Children’s Hospital, and Bill completed his surgical residency at The Ohio State University Hospital. My career included practice in hematology/oncology at Nationwide Children’s Hospital and private practice in general pediatrics at the Ohio Center for Pediatrics in Dublin. I was fortunate to also serve in the leadership of the medical staff at Nationwide Children’s Hospital.

Bill and I delight in our four sons, three daughters-in-law and 10 grandchildren!

Q: Why did you want to serve on the Medical Board?
A: The privilege of being on the State Medical Board of Ohio (SMBO) has been continuing to be able to serve the public and the medical community after recently retiring from clinical practice.

Q: What has been the board’s biggest accomplishment so far?
A: In the past 5 ½ years I believe the board’s biggest accomplishments have been its impact on decreasing opioid prescribing in Ohio and the finalization of the confidential monitoring program.

Q: What do you find most rewarding about your service on the board?
A: I have found working with a wonderful group of physician and consumer members on the board who are congenial, hardworking and focused on our tasks the most rewarding. In addition, the administration and staff at the board are among the most dedicated people with whom I have ever had the privilege of working.

Q: When did you know that you wanted to be in the medical profession?
A: As a biology major in college, I researched several career possibilities knowing that I wanted to work directly with people and not full time in a lab. Teaching at the university level and physical therapy were possibilities but didn’t seem like the perfect fit. When a professor suggested medical school, I ‘knew’ that was it!

Q: What advice would you give to someone entering the field of pediatrics?
A: First I’d say, “Congratulations! You’ve made the best choice ever!” Next, I would encourage the doctor to always remember the responsibility and opportunity of partnering with their patients’ parents in caring for their infants, children, and adolescents. And finally, I’d say, “As busy as you’ll be and as hard as you’ll work, enjoy every day. As you watch your patients grow and develop, and as you walk with them through good and difficult times, your life will be enriched.”

Q: Who are your mentors in the field of medicine?
A: In pediatric hematology and oncology my mentor was Dr. William Newton at Nationwide Children’s Hospital. Dr. Newton’s outstanding contributions to pediatric hematology/oncology included, in part, creating the ‘bible’ for idiopathic thrombocytopenia in pediatrics, participating as a Principal Investigator in a group that brought cure rates in childhood Acute Lymphoblastic Leukemia from virtually zero to 80%, and providing significant developments in treatment for Wilm’s tumor and rhabdomyosarcoma. All this and Dr. Newton’s response was, “It’s all about cooperation, who cares about credit?” Such profound words have affected me throughout my career.

In general pediatrics my mentor was Dr. Chester Kasmersky – a wonderful pediatrician in Columbus. Dr. Kasmersky showed me that a busy pediatrician could also take time to teach residents at the hospital and mentor young physicians. His influence led me to stay connected at Nationwide Children’s to teach and to participate in the leadership of the medical staff. I have often encouraged pediatricians young in practice to participate in activities outside their busy practices – it’s stimulating and makes practice all the more special!

Q: What is your favorite thing to do when you’re not working?
A: Spending time with our kids and grandkids!

Q: What did you want to be growing up?
A: A math or science teacher

Q: What is the best lesson you have learned from your personal life experiences?
A: I’ve learned that trusting God, marrying the right person, and doing everything in your personal and professional life the best you can possibly do results in amazing blessings and opportunities that you never could have imagined.
The diversity of Medical Board licensees and their patients continues to grow across the state of Ohio. In order to make key resources accessible to non-native English-speaking licensees and members of the public, the board has translated three resources described below.

**Human Trafficking Awareness Videos**

Last year, the Medical Board translated and recorded voice-overs for the sex trafficking and labor trafficking educational videos. These videos, which inform health care professionals how to recognize signs of human trafficking in a clinical setting, were translated into Spanish and Chinese. You can find all versions of the videos on med.ohio.gov, under the Resources tab.

**File a Complaint Instructions**

The Medical Board accepts complaints against its licensees through elicense.ohio.gov. A person wishing to file a complaint can go to med.ohio.gov and click the “File a complaint” button to read instructions about the process before submitting their complaint. Now the Medical Board has added instructions translated to Spanish to the website as well. The instructions can be found at med.ohio.gov on the home page and under the Regulation tab.

**Public Records Policy**

The public records policy is a public-facing document that describes the type of materials that are confidential and therefore exempt from public records requests. The Medical Board has translated the policy into Spanish and created a downloadable document that can be accessed at med.ohio.gov, under The Board tab.

---

**Did you know?**

- LEP = Limited English Proficient
- The U.S. Department of Health & Human Services estimates 88,196 LEP people in Ohio speak Spanish.
- Translation is written
- Interpretation is spoken

---

By Jerica Stewart
## Upcoming Renewal Dates

<table>
<thead>
<tr>
<th>License type (Issued before 10/17/19)</th>
<th>Renewal Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>First initial of last name = N, O, P, Q, R</td>
</tr>
<tr>
<td>Massage therapists</td>
<td></td>
</tr>
<tr>
<td>Cosmetic therapists</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Molecular PCR testing IS covered by Traditional and Medicare Advantage plans. If your lab is not currently offering full results in 24-48 hours, I encourage you to find one that does. RX2LIVE has a lab that is nationwide and available to EVERY doctor in every corner of the nation! For more information on PCR testing and making this available to your office at no cost, contact Mike Klever at (513) 313-6210 or mklever@rx2live.com
Lead is a metal that naturally occurs in small amounts in all parts of our environment – the air, soil, water and even inside our homes. While there are some beneficial uses, it can be toxic to humans, causing many adverse health effects. Children less than 6 years old are especially at risk because their bodies are still developing and they tend to put their hands or other objects, that may be contaminated with lead dust, into their mouths.

The most recent finalized data from 2017 shows there were 6,101 confirmed elevated blood lead level cases among Ohio children less than six years old. This shows a slight increase in the number of children with confirmed elevated blood lead levels compared to the 2016 data. However, there was a significant increase in the total number of children tested.

Where is lead found?

Lead can be found all around us. Much of our exposure comes from the use of fossil fuels including past use of leaded gasoline, some types of industrial facilities, and past use of lead-based paint in homes. There are some surprising sources, too.

- Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint. When the paint peels and cracks, it makes a very fine dust. This is the most common cause of elevated blood lead levels in children in Ohio.
- Certain water pipes may contain lead.
- Lead can be found in some products such as toys, jewelry and cosmetics.
- Many folk remedies and medicines that were imported or purchased overseas and brought into the U.S. by consumers.
- Certain industries and hobbies involve working
with lead-based products, like demolition, battery recycling, smelting, ceramics or stain glass work, and may cause parents to bring lead into the home.
• Importled food and candies.

In Ohio, more than 67 percent of all housing units were built before 1980 and likely contain some lead-based paint on interior and/or exterior surfaces. Each year, approximately 160,000 children from birth to 6 years of age are screened for lead poisoning in Ohio and currently, less than 3 percent are found to have confirmed elevated blood lead levels1.

Who is at risk?
Everyone, but lead is particularly dangerous to children. A child’s growing body takes up lead easily and replaces the iron and calcium. Babies and young children can be more exposed to lead because they often put their hands and other objects into their mouths that can have lead dust or contaminated soil on them. Problems related to lead poisoning can last the child’s whole life. There is no safe or normal blood lead level, other than zero.

When should testing occur?
Lead testing is mandatory in Ohio. Ohio law requires all healthcare providers to administer blood lead tests to children:
• at age 1 and 2;
• or up to age 6 if no previous test has been completed based on the following criteria: the child is on Medicaid, lives in a high-risk ZIP code, or has certain other risk factors. Read more about the recommendations for screening and medical management of children below.

Initially, lead poisoning can be hard to detect. Signs and symptoms usually don’t appear until dangerous amounts have accumulated. Some of the health effects are brain, liver, and kidney damage, developmental delay, learning or behavioral problems, lower IQ and hearing loss. Many cases of children with lead poisoning go undiagnosed and untreated since most children do not show any outward symptoms unless blood lead levels become extremely high. However, some symptoms of poisoning include: headaches, stomach aches, nausea, tiredness and irritability.

continued on page 12 >
Lead poisoning is diagnosed with a blood test. If you think that you or someone else may have lead poisoning, your doctor can do a blood test to find out. This is the only way to diagnose lead poisoning.

Prevention
There are treatments for lead poisoning, but there is no substitute for prevention because it cannot be cured. Simple measures can help protect you and your family from lead poisoning:

- Wash hands and toys. To help reduce hand-to-mouth transfer of contaminated dust or soil, wash your children’s hands after outdoor play, before eating and at bedtime. Wash their toys regularly.
- Clean dusty surfaces. Clean your floors with a wet mop and wipe furniture, windowsills and other dusty surfaces with a damp cloth.
- Remove shoes before entering the house. This will help keep lead-based soil outside.
- Run cold water. If you have older plumbing containing lead pipes or fittings, run your cold water for at least a minute before using. Don’t use hot tap water to make baby formula or for cooking.
- Prevent children from playing on soil. Provide them with a sandbox that’s covered when not in use. Plant grass or cover bare soil with mulch.
- Eat a healthy diet. Regular meals and good nutrition might help lower lead absorption. Children especially need enough calcium, vitamin C and iron in their diets to help keep lead from being absorbed.
• Keep your home well-maintained. If your home has lead-based paint, check regularly for peeling paint and fix problems promptly. Try not to sand, which generates dust particles that contain lead.

For more information on lead testing requirements, visit med.ohio.gov and look for Child Lead Testing Requirements - Video under the Resources tab.


2 https://www.mayoclinic.org/diseases-conditions/lead-poisoning/symptoms-causes/sym-20354717

3 https://odh.ohio.gov/wps/wcm/connect/gov/82feba77-5162-4208-9bd0-13a4f8f734c4/2018+Ohio+Lead+Advisory+Council+Annual+Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18-MIHGGIKO0JO00OQ9DDDDM3000-82feba77-5162-4208-9bd0-13a4f8f734c4-mULCLIn

There are treatments for lead poisoning, but there is no substitute for prevention because it cannot be cured.
Cosmetic Therapists provide permanent hair removal services for patients and must have a license issued by the Medical Board to provide these services. Those interested in becoming licensed as a cosmetic therapist must meet the following qualifications:

- Be at least eighteen years of age and of good moral character
- Submit criminal record checks (FBI & Ohio BCI)
- Have attained high school graduation or its equivalent
- Hold one of the following:
  - A diploma or certificate from a school, college or institution in good standing as determined by the Board, showing the completion of the required courses of instruction, or

Beginning March 20, 2020, the online national Certified Clinical Electrologist examination replaces the paper-based cosmetic therapy licensure examination administered by the State Medical Board of Ohio.
- A diploma or certificate from a school, college or institution in another state or jurisdiction showing completion of a course of instruction that meets course requirements determined by the Board through Ohio Administrative Code 4731-1-09, or
- Hold: a current license, registration or certificate in good standing in another state for cosmetic therapy for at least five years preceding application.
- Successfully pass a licensure examination to determine the competency of the applicant to practice cosmetic therapy

Beginning March 20, 2020, the “Certified Clinical Electrologist” examination offered by the Society for Clinical and Medical Hair Removal will be the required examination for this profession. The online exam can be taken at any of Prov’s® more than 125 testing centers throughout the United States. This examination replaces the paper-based cosmetic therapy licensure examination administered by the State Medical Board of Ohio. With the implementation of this change, all licensed professions regulated by the Medical Board must successfully pass a defined national licensure examination applicable to that profession.

Certified Clinical Electrologist (CCE) Examination Content

The examination is a comprehensive test, which focuses only on electrology theory and practice. The examination consists of 100 multiple-choice questions from among the following content areas:

**Assessment 25%**
- Patient History
- Nature and extent of hair problem
- Screening for underlying conditions
- Evaluating data
- Treatment considerations
- Making appropriate referrals

**Treatment 75%**

**Preparation of Patient**
- Psychological
- Counseling
- Draping
- Positioning
- Use of relaxing techniques application of topical agents
- Comfort considerations

**Examination**
- Of skin
- Of hair
- Equipment selection, preparation, and procedures
- Proper sterilization and sanitation

**Epilation Techniques**
- Use of electric current
- Anatomy and physiology of hair and follicle
- Use of equipment

**Post Treatment Care**
- Topical
- Instructions to patient
- Scheduling
- Documentation

**Equipment**
- Maintenance and inspection
- Adjustment and repair
- Documentation

More information about the CCE examination is available on the website of the Society for Clinical & Medical Hair Removal (SCMHR) at https://www.scmhr.org/.
You know the actions are not right. But maybe it will get better, maybe your colleague will change. You don’t want to risk ruining your business. But not reporting violations to the Medical Board puts you at risk of ruining your career.

It is the mission of the State Medical Board of Ohio to protect the health and safety of Ohioans. Those health care professionals who hold a license from the Medical Board are obligated to follow the laws, rules and codes of ethics. Knowing a colleague is violating those regulations and not reporting to the Medical Board not only puts patients at risk but also puts your license to practice on the line.

Dr. Mark Bechtel has seen many violations in his years serving on the State Medical Board of Ohio. Some of those cases involved licensees discounting the magnitude of their colleague putting a patient in harm’s way.
“Turning a blind eye to substandard medical care, unethical practice, and sexual misconduct involving patient care from another provider can have very serious consequences,” said Bechtel.

“As a result of inaction and failure to report to the Medical Board, multiple patients can suffer long standing physical and emotional harm.”

Duty to report goes beyond suspicion of child abuse, elder abuse and breaking the law. Ohio physicians and many other allied health care providers regulated by the State Medical Board of Ohio are obligated to also report violations of law, rule and codes of ethics to the Medical Board.

“It is your moral, ethical, and legal responsibility to report unethical and substandard care by a licensee to the medical board,” stated Bechtel. “Patients need to be protected from sexual improprieties, abuse, and potentially harmful care.”

While standards of care and scope of practice are specific to the type of health care you provide, you should be familiar with three main sets of regulation.

1. Statute: Laws outlined in Ohio Revised Code (ORC)

2. Rule: Regulations created specifically by the State Medical Board of Ohio for its licensees. These are found in Ohio Administrative Code

   4730 OAC (Physician Assistants regulations)
   4731 OAC (regulations for Doctors of Medicine, Doctors of Osteopathic Medicine, Doctors of Podiatric Medicine, Massage Therapists, Cosmetic Therapists, Anesthesiologist Assistants and Board operations)
   4759 OAC (Dietetics regulations)
   4761 OAC (Respiratory Care regulations)
   4762 OAC (Acupuncture and Oriental Medicine regulations)
   4774 OAC (Radiologist Assistants regulations)
   4778 OAC (Genetic Counselors)

3. Code of Ethics for Your Profession

   American Massage Therapy Association
   American Medical Association

American Osteopathic Association
American Podiatric Medical Association
The Society for Clinical and Medical Hair Removal

“It’s your legal duty and professional obligation as a health care provider to be aware and understand the regulations of the board that issues your license,” said Bechtel.

The State Medical Board of Ohio is taking additional steps to ensure licensees know the seriousness of the duty to report knowledge of misconduct. In November 2019, the board added a new section to ensure those applying for and renewing their licenses are aware of the duty to report. New and renewing applicants will now see the following language in eLicense: I acknowledge my duty to report to the State Medical Board of Ohio when I believe that any individual licensed by the board has violated the board’s laws or rules. Violations include, but are not limited to, sexual misconduct, practice below the minimal standards of care, and improper prescribing of controlled substances.

Dr. Bechtel stresses the importance of duty to report as it preserves patient safety in Ohio. “It is vital for all licensees to share this important message with their office staff, fellow health care providers, hospital system and peer professional groups.”

Licensees should not assume that by informing their supervisor their duty to report is fulfilled. Ohio law is clear when a licensee needs to report information to the Medical Board. Anyone, including licensees can file a complaint with the Medical Board 24/7 through the confidential complaint hotline 1-833-333-SMBO or online at med.ohio.gov.

About the Expert
Mark Bechtel, MD is a board-certified dermatologist in Columbus, Ohio. 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.
Ohio’s Influenza season is here and generally peaks in February according to the Ohio Department of Health. Influenza (also known as flu) is a contagious respiratory illness caused by flu viruses that infect the nose, throat, and sometimes lungs. It can cause mild to severe illness, and at times can lead to death.

Importance of getting a flu shot early
Getting a flu vaccine before flu viruses start circulating in your community is recommended since it takes about two weeks after vaccination for antibodies to develop in the body and provide protection against flu. Make plans to get vaccinated early in the fall, before flu season begins. The Centers for Disease Control and Prevention (CDC) recommends that people get a flu vaccine by the end of October. Getting vaccinated later, however, can still be beneficial. In contrast, getting vaccinated too early (for example, in July or August) is likely to be associated with reduced protection against flu infection later in the flu season, particularly among older adults. Although vaccine effectiveness varies from season to season, it prevents millions of influenza illnesses and tens of thousands of hospitalizations and thousands of deaths.

Who should be vaccinated?
The CDC recommends that everyone six months and older get a flu vaccine every year. It is especially important that the following groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

1. Pregnant women
2. Children younger than five, but especially children younger than two years old
3. People 65 years of age and older
4. People of any age with certain chronic medical conditions
5. People who live in nursing homes and other long-term care facilities
6. People who live with or care for those at high risk for complications from flu, including:
   a. Household contacts and caregivers of children younger than 5 years of age with particular emphasis on vaccinating contacts of children younger than 6 months of age (children younger than 6 months are at highest risk of flu-related complications but are too young to get vaccinated)
   b. Health care workers
   c. Household contacts of persons at high risk for complications from the flu

Getting an influenza vaccine — though not 100 percent effective — is the best way to prevent the misery of flu and its complications.

Check with your doctor before receiving a flu vaccine if you are allergic to eggs or had a severe reaction to a previous flu vaccine. Your health care provider can help decide whether vaccination is right for you and select the best vaccine for your situation.
Cold versus flu

The common cold and flu are both respiratory illnesses, but they are caused by different viruses. Because these two types of illnesses have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, flu is worse than the common cold, includes a fever and the symptoms are more intense. Colds are usually milder than flu and people with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations. Special tests that usually must be done within the first few days of illness can tell if a person has flu.

Five simple steps to protect against the flu

The World Health Organization offered these tips to protect yourself and your loved ones during cold and flu season:

1. Get vaccinated – annual vaccination is the most effective way to protect yourself against the flu and any serious complications. Remember: a flu vaccine cannot give you flu. To feel achy or feverish after vaccination is a completely normal and natural reaction, and generally lasts only a day or two.

2. Wash your hands regularly – clean hands protect against many infections, including flu. Keeping your hands clean is an easy way to keep yourself and your family healthy. Wash your hands with soap and running water regularly and dry them thoroughly with a single-use towel. You can also use an alcohol-based hand sanitizer if you cannot get to soap and water. Proper handwashing takes about as long as singing “Happy Birthday” twice.

3. Avoid touching your nose, eyes and mouth – germs are most likely to enter your body through the eyes, nose and mouth. While you can’t control everything you inhale, you can reduce the risk of infection by keeping your hands away from your face. If you do have to touch your eyes, nose or mouth, do it with a clean tissue, or wash your hands first.

4. Avoid being around sick people – flu is contagious. It spreads easily in crowded spaces, such as on public transport, in schools and nursing homes and during public events. When an infected person coughs or sneezes, droplets containing the virus can spread as far as three feet, and infect others who breathe them in.

5. If you don’t feel well, stay home – if you are ill with flu, being around others puts them at risk. This is especially true for people with chronic medical conditions like cancer, heart disease and HIV. Quickly isolating yourself can prevent the spread of flu and save lives.

The seasonal flu shot is simplest and best way to protect against flu and decrease your chances of getting sick with flu. When more people receive the vaccine, the virus is less able to spread in the community. For most of the population, a flu shot may be just what it takes to make it through the year healthy.

---

Common Flu Shot Myths

**MYTH:** You can catch flu from the vaccine.

**FACT:** The flu shot is made of dead viruses that cannot transmit infection. You may experience a sore arm, sore throat or achiness which are normal reactions.

**MYTH:** Influenza is not serious, so you don’t need the vaccine.

**FACT:** Last year in the U.S. alone 80,000 Americans died from influenza and its complications. Almost one million were hospitalized.

**MYTH:** Flu shots don’t work.

**FACT:** While effectiveness varies from season to season, the CDC estimates that the vaccine reduces the risk of flu by as much as 60%.

**MYTH:** I’m pregnant so I shouldn’t get the flu vaccine.

**FACT:** Changes in the immune system, heart and lungs during pregnancy make pregnant women more prone to severe illness from flu. Flu may also be harmful for the developing baby.
Ohio has been resilient and innovative in the wake of a public health crisis. Still, there is more work to be done and milestones to achieve. In a 2018 study, the U.S. Substance Abuse and Mental Health Services Administration found Ohio has slightly increased rates over national statistics for both substance abuse and mental health disorders. With an estimated 10 Ohioans dying each day from unintentional drug overdoses and five people per day to suicide (Ohio Department of Health), Governor Mike DeWine wasted no time in outlining a plan for combating drug addiction and mental health conditions through the launch of RecoveryOhio.

RecoveryOhio was developed as a comprehensive program to create a system to help make treatment available to Ohioans in need, provide support services for those in recovery and their families, offer direction for the state’s prevention and education efforts, and work with local law enforcement to provide resources to fight illicit drugs at the source.

“The RecoveryOhio initiative aims to bring state agencies, organizations and commissions together to collaborate with the understanding that we all are serving the same families,” explained Alisha Nelson, RecoveryOhio director. “The goal is to coordinate efforts to improve patient outcomes and the overall health and wellness of Ohioans. We understand and recognize there are sectors of the community that have unique experiences with mental health and substance use disorders. We want to hear from them and make decisions on how to move forward using their perspectives.”

Initial steps for the initiative led to the formation of the RecoveryOhio Advisory Council comprised of members from varying industries and professions.

In March 2019, the advisory council released an initial report which outlined Ohio’s challenges in addressing substance use disorder. Its 75 actionable recommendations were based on the following priorities.

1. **Stigma and Education**
   Reducing the negative attitudes toward those struggling with mental health or recovery from a substance use disorder

2. **Parity**
   Establishing true parity for insurance coverage of behavioral health claims

3. **Workforce Development**
   Increasing and expanding the number of well-trained behavioral health professionals in Ohio

4. **Prevention**
   Reducing risk factors that lead to or increase the likelihood of poor mental health or substance use disorders

5. **Harm Reduction**
   Strategizing how to decrease adverse consequences of addictive behaviors, mental illness or other health concerns

6. **Treatment and Recovery Supports**
   Addressing the ongoing needs of all Ohioans and providing support in their communities
7. Specialty Populations
Dedicating resources to address the unique needs of individuals in the criminal justice system and youths.

8. Data Measurement and System Linkage
Developing tools to measure outcomes and create multisystem connections for a behavioral health delivery system.

According to the U.S. Department of Health & Human Services, certain underlying factors, such as early exposure to stress or trauma, or attempts at self-medicating, can lead an individual to experience both mental health conditions and substance use disorders. In fact, more than 25 percent of adults with a serious mental health issue also have a substance use problem.¹ The first of the council’s recommendations proposes finding ways to eliminate stigma that surrounds mental illness and allow suffering individuals to receive needed care and support.

Already, several advancements have come from the initiative, including the formation of the RecoveryOhio Minority Health Working Group, to make recommendations for minority populations, a pediatric mental health summit and the announcement of a new $65.9 million study designed to reduce the overdose death rate by 40 percent over three years. The Helping to End Addiction Long-term (HEALing) Communities Study is being funded by the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration. State and local agencies are joining forces with universities from Ohio’s largest cities to find the solutions most needed to bring lasting change.

RecoveryOhio has also collaborated with organizations around the state to bolster available resources including the National Suicide Prevention Hotline, a crisis text line and Maternal Opiate Medical Support (MOMS).

“RecoveryOhio is an exciting opportunity to help individuals with mental illnesses and substance use disorders have a better life. We can provide better and more understanding care to Ohioans by using the systems designed to serve individuals with mental illness and substance use disorders,” says Nelson.

New developments and updates are posted to the website at recoveryohio.gov. Alisha Nelson serves as the Director for RecoveryOhio, a new initiative designated within the Office of the Governor to fight Ohio’s public health crisis focusing on mental health and addiction prevention, treatment and recovery support services. Before her time in the Governor’s Office, Nelson served as the Director for Substance Use Policy Initiatives in the Ohio Attorney General’s Office. While at the Attorney General’s Office, Nelson co-chaired the Ohio Joint Study on Drug Use Prevention Education which developed the Drug Use Prevention Education Resource Guide, which has been shared with schools and community prevention organizations statewide. She has also served on Attorney General DeWine’s Insurer Task Force to assist in the development of recommendations to help eight of Ohio’s largest healthcare insurers address the opiate epidemic. Prior to her state work, Nelson worked for the Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County.


Crisis Text Line
By texting “hope” to 741741, anyone struggling with addiction or mental health can be immediately connected to a trained Crisis Counselor for free.
What Are You Doing for Your Heart?

By Joan Wehrle, CPMSM

Just as with breathing air into our lungs, most of us take our heart for granted. Your heart has been beating 24/7 everyday of your life and you believe it will just keep on beating. Yet according to the National Center of Disease Control, heart disease is still the leading cause of death in the U.S.

February marks American Heart Month, so it is time to quit taking your heart for granted before it decides to quit on you! Don’t procrastinate - commit to a healthy lifestyle and make small changes that can lead to a lifetime of heart health.

The American Heart Association has identified seven risk factors called Life’s Simple 7 that can be improved to help attain better cardiovascular health.

1. **Get Active** – Living an active life is one of the most rewarding gifts you can give yourself and those you love. Simply put, daily physical activity increases your length and quality of life.

2. **Eat Better** – A healthy diet is one of your best weapons for fighting cardiovascular disease. When you eat a heart-healthy diet, you improve your chances for feeling good and staying healthy – for life.

3. **Lose Weight** – When you shed extra fat and lose extra pounds, you reduce the burden on your heart, lungs, blood vessels and skeleton. You give yourself the gift of active living, you lower your blood pressure and you help yourself feel better, too.

4. **Control Cholesterol** – High cholesterol contributes to plaque, which can clog arteries and lead to heart disease and stroke. When you control your cholesterol, you are giving your arteries their best chance to remain clear of blockages.

5. **Manage Blood Pressure** – High blood pressure is a major risk factor for heart disease and stroke. When your blood pressure stays within healthy ranges, you reduce the strain on your heart, arteries, and kidneys which keeps you healthier longer.

6. **Reduce Blood Sugar** – Most of the food we eat is turned into glucose that our bodies use for energy. Over time, high levels of blood sugar can damage your heart, kidneys, eyes and nerves.

7. **Stop Smoking** – Cigarette smokers have a higher risk of developing cardiovascular disease. If you smoke, quitting is the best thing you can do for your health.

Start small by eating better and increasing your activity and sticking to these changes. Over time, these small steps will yield great results. Take charge of your heart health today.

I take care of her
BUT WHO
takes care of me?

Only those who care for others know what it's really like to care for others. That's why AARP created a community with experts and other caregivers to help us better care for ourselves and for the ones we love.

aarp.org/caregiving or call 1-877-333-5885
This time of year, Ohioans are accustomed to bundling up to go outside, and racing indoors to escape the frigid air. Along with the change in temperature, many have come to expect itchy, dry skin during the winter months.

Dr. Mark Bechtel, Dermatologist and board member of the State Medical Board of Ohio, identifies acne, psoriasis and atopic dermatitis as among the most common skin conditions in the U.S.

“People with baseline dry skin will notice significant worsening during cold weather,” says Dr. Bechtel. “Atopic dermatitis and psoriasis will often worsen. The colder outdoor temperatures and dry indoor heat reduce moisture in the air and make it more difficult to retain moisture in our skin. Patients often notice cracks in the skin of their fingers and toes.”

Even acne, the number one skin condition in the U.S., can be exacerbated in the winter. Breakouts can occur when sebum, an oil secreted by sebaceous glands, is produced in greater quantity to moisturize dry skin but in excess, clogs pores. In some people, acne can also be inflamed by the cold, dry air.

In addition to existing conditions, age is a significant factor when battling dry skin. Older adults can have fewer sweat and oil glands which may further aggravate their skin. Ohio has a considerable aging population which can be especially susceptible during the blustery, winter months.

“The skin of older individuals is more vulnerable to dryness from cold weather,” says Dr. Bechtel. “The skin as we age becomes thinner with less natural lubricants. There is a dysfunction of the outer layer of the skin, the stratum corneum, which produces an impairment of the skin barrier. Dryness, often with rashes, is most noted on the shins and other parts of the extremities. Fine bran-like scales develop and the skin may take on the appearance of a dry river bed. Patients with thyroid disease, malnutrition, and renal failure of all ages are more likely to develop dry skin in the winter.”

Sometimes to counter the extreme temperatures, consumers may choose activities or products that seem to soothe their skin temporarily but ultimately cause more harm. It’s important to keep in mind, if the option doesn’t replenish lost moisture in the skin, it won’t provide lasting comfort.

A study by the Perelman School of Medicine at the University of Pennsylvania estimates 16.5 million Americans have atopic dermatitis.
You may be surprised to learn these factors can further irritate your dry skin:

- Long hot showers
- Overuse of harsh soaps and sanitizers
- Homes with low humidity
- Winter clothing containing wool

Whether you have a chronic skin condition or only notice dry patches once December arrives, your skin can be impacted by winter weather conditions. Fortunately, there are measures you can take to protect your skin that are not costly or difficult to follow.

“There are many things that can be done to minimize the adverse effects of winter on the skin, says Dr. Betchel. “Shorten showers to five to ten minutes and make them less hot. Use minimal soap, primarily under the arms, groin, and feet, avoiding widespread use. Avoid harsh soaps and use body washes containing moisturizing ingredients. One of the most important things is to apply a moisturizer soon after bathing, while the skin is still partially damp. Moisturizers containing ceramides, dimethicone, and shea butter are excellent. Even inexpensive petroleum jelly after the shower is excellent for protecting the skin barrier. Dial up the humidity. Indoor heating can remove moisture from the skin. A humidifier with settings between 30 to 60 during the winter can help.”

Dr. Mark Bechtel is a dermatologist in Columbus, OH. He received his medical degree from Indiana University School of Medicine. Dr. Bechtel is an American Academy of Dermatology Fellow. He is the Director of the Division of Dermatology and Professor of Medicine at The Ohio State University Wexner Medical Center. He served on the Medical Board from early 2012 to the end of 2014 and was reappointed in early 2017 for a term through early 2021.


Healthy Food, Safe Handling

Sometime between buffets of holiday deliciousness and a smorgasbord of summer cookouts, there’s a time of New Year resolutions and a revived effort of healthier eating habits. If you’re one of millions of Americans who are working to cook at home and meal prep more often, be sure your food handling isn’t sabotaging your healthier habits. According to FoodSafety.gov, one in six Americans will get sick from food poisoning this year alone. Food poisoning not only sends 128,000 Americans to the hospital each year—it can also have long-term health consequences. Following the four simple steps - clean, separate, cook and, chill - below can help keep your family safe from food poisoning at home.

Clean: Wash Hands, Utensils, and Surfaces Often

Wash your hands the right way:
• Use plain soap and water—skip the antibacterial soap—and scrub the backs of your hands, between your fingers, and under your nails for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
• Rinse hands, then dry with a clean towel.

Wash surfaces and utensils after each use:
• Wash cutting boards, dishes, utensils, and countertops with hot, soapy water especially after they’ve held raw meat, poultry, seafood, or eggs.
• Wash dish cloths often in the hot cycle of your washing machine.

Wash fruits and vegetables, but not meat, poultry, or eggs:
• Cut away any damaged or bruised areas, then rinse fruits and vegetables under running water without soap, bleach, or commercial produce washes.
• Scrub firm produce like melons or cucumbers with a clean produce brush.
• Dry produce with a paper towel or clean cloth towel.
• Don’t wash meat, poultry, eggs, or bagged produce marked “pre-washed”.

Separate: Don’t Cross Contaminate

Use separate cutting boards and plates for produce, meat, poultry, seafood, and eggs:
• Use one cutting board for fresh produce or other foods that won’t be cooked before they’re eaten, and another for raw meat, poultry, or seafood. Replace them when they are worn.
• Use separate plates and utensils for cooked and raw foods.
• Wash thoroughly all plates, utensils, and cutting boards that touched raw meat, poultry, seafood, or eggs before using them again. Use hot, soapy water.

Keep certain types of food separate:
• In your shopping cart, separate raw meat, poultry, seafood, and eggs from other foods and place packages of raw meat, poultry, and seafood in plastic bags if available. When you check out, place raw meat, poultry, and seafood in separate bags from other foods.
• At home, place raw meat, poultry, and seafood in containers or sealed plastic bags. Freeze them if you’re not planning to use them within a few days.
• In the fridge, keep eggs in their original carton and store them in the main compartment—not in the door.

Cook to the Right Temperature

Food is safely cooked when the internal temperature is high enough to kill germs that can make you sick:
• Use a food thermometer to be sure your food is safe. When you think your food is done, place the food thermometer in the thickest part of the food, making sure not to touch bone, fat, or gristle.
• Refer to our Minimum Cooking Temperatures Chart to be sure your foods have reached a safe temperature.

Keep food hot (140˚F or above) after cooking:
• If you’re not serving food right after cooking, keep it out of the temperature danger zone by using a heat source like a chafing dish, warming tray, or slow cooker.

Microwave food thoroughly (165˚F or above):
• Read package directions for cooking and follow them exactly to make sure food is thoroughly cooked.
• If the food label says, “Let stand for x minutes after cooking,” follow the directions — letting microwaved food sit for a few minutes enables colder areas to absorb heat from hotter areas.
• Stir food in the middle of heating. Follow package directions for commercially prepared frozen food; some are not designed to be stirred while heating.

Chill: Refrigerate and Freeze Food Properly

Refrigerate perishable foods within 2 hours:
• Bacteria that cause food poisoning multiply quickest between 40˚F and 140˚F.
• Your refrigerator should be set to 40˚F or below and your freezer to 0˚F or below. Use an appliance thermometer to be sure.
• Never leave perishable foods out of refrigeration for more than 2 hours. If the food is exposed to temperatures above 90˚F (like a hot car or summer picnic), refrigerate it within 1 hour.
• Leftovers should be placed in shallow containers and refrigerated promptly to allow quick cooling.
• Never thaw or marinate foods on the counter. The safest way to thaw or marinate meat, poultry, and seafood is in the refrigerator.
• Freezing does not destroy harmful germs, but it does keep food safe until you can cook it.
• Know when to throw out food by checking our Safe Storage Times chart. Be sure you throw food out before harmful bacteria grow.

• 26  •  Health News Ohio
Safe Food Handling: Four Simple Steps

**CLEAN**
Wash hands and surfaces often
- Wash your hands with warm water and soap for at least 20 seconds before and after handling food and after using the bathroom, changing diapers, and handling pets.
- Wash your cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item.
- Consider using paper towels to clean up kitchen surfaces. If you use cloth towels, launder them often in the hot cycle.
- Rinse fresh fruits and vegetables under running tap water, including those with skins and rinds that are not eaten. Scrub firm produce with a clean produce brush.
- With canned goods, remember to clean lids before opening.

**SEPARATE**
Separate raw meats from other foods
- Separate raw meat, poultry, seafood, and eggs from other foods in your grocery shopping cart, grocery bags, and refrigerator.
- Use one cutting board for fresh produce and a separate one for raw meat, poultry, and seafood.
- Never place cooked food on a plate that previously held raw meat, poultry, seafood, or eggs unless the plate has been washed in hot, soapy water.
- Don’t reuse marinades used on raw foods unless you bring them to a boil first.

**COOK**
Cook to the right temperature
- Color and texture are unreliable indicators of safety. Using a food thermometer is the only way to ensure the safety of meat, poultry, seafood, and egg products for all cooking methods. These foods must be cooked to a safe minimum internal temperature to destroy any harmful bacteria.
- Cook eggs until the yolk and white are firm. Only use recipes in which eggs are cooked or heated thoroughly.
- When cooking in a microwave oven, cover food, stir, and rotate for even cooking. If there is no turntable, rotate the dish by hand once or twice during cooking. Always allow standing time, which completes the cooking, before checking the internal temperature with a food thermometer.
- Bring sauces, soups and gravy to a boil when reheating.

**CHILL**
Refrigerate foods promptly
- Use an appliance thermometer to be sure the temperature is consistently 40°F or below and the freezer temperature is 0°F or below.
- Refrigerate or freeze meat, poultry, eggs, seafood, and other perishables within 2 hours of cooking or purchasing. Refrigerate within 1 hour if the temperature outside is above 90°F.
- Never thaw food at room temperature, such as on the counter top. There are three safe ways to defrost food: in the refrigerator, in cold water, and in the microwave. Food thawed in cold water or in the microwave should be cooked immediately.
- Always marinate food in the refrigerator.
- Divide large amounts of leftovers into shallow containers for quicker cooling in the refrigerator.
New Year’s Eve 1999. Many waited with anxious anticipation to see if the internet and computers would continue to work as 1999 rolled into 2000. Fortunately, Y2K worries were not realized and the transition to the 21st century was seamless.

In the 20 years since that New Year’s Eve filled with technology anxiety, the Medical Board has forged full steam ahead with modernizing its processes. Today the board utilizes more digital means of daily operations, records retention and communication than ever before. Despite the significant changes, the goal has been and remains to protect the health of the public and support licensees with most efficient licensure process in the country.

Licensees
One way the Medical Board fulfills its mission to protect the public through effective medical regulation is through licensure of the professions it regulates. The licensure responsibilities of the Medical Board ensure that those practicing medicine and allied professions meet sufficient standards of education, training, competency, and ethics. Through changes in Ohio law, the number of professions licensed and regulated by the Medical Board expanded since 2000 to include Anesthesiologist Assistants, Radiologist Assistants, Genetic Counselors, Oriental Medicine Practitioners, Dietitians and Respiratory Care Professionals.

Regulatory Changes
As a regulatory board, the Medical Board’s scope of authority is defined in the statutes enacted by the Ohio legislature and found in specific chapters of the Ohio Revised Code. Rules adopted by the board explain how the board interprets and enforces those laws. Rules are found in the Ohio Administrative Code. Rules have the force and effect of law and the board may impose a disciplinary sanction for non-compliance with a rule. The Medical Board’s website provides links to applicable statutes and rules. Visit med.ohio.gov.

The Medical Board addressed significant issues impacting medical practice and patient care during the past 20 years. Topics include telemedicine by out-of-state physicians providing services to Ohio patients; rules defining sexual misconduct and prohibiting such conduct between a licensee and a patient; prescriptive authority for physician assistants; pain clinic regulations; Ohio Automated Rx Reporting System rules; rules addressing prescribing for acute pain; rules addressing prescribing for chronic and subacute pain; rules establishing a confidential monitoring program for licensees with mental or physical health issues; rules defining the One-bite program to assist licensees with substance use disorder issues; and rules regarding a Certificate to Recommend Medical Marijuana.
Outreach Activities

During the early 2000s, the Medical Board’s website offered the public a way to look up a licensee to find out the license status and whether the licensee had a disciplinary history. Information about licensure and renewal requirements, downloadable application forms, board meeting notices and agendas, and updates to statutes and rules enforced by the board could also be found on the website.

Since that time, the Medical Board implemented several technology upgrades to improve services for licensees and the public. E-business enhancements were added to the Medical Board’s website in 2004. An online complaint form was added that enabled users to file complaints with the board through the internet. The conversion of the board’s master record information from the VAX mainframe licensing/renewal system to the CAVU-based SRS e-system enabled the board to offer online license renewal as of November 2004.

Implementation of the eLicense platform that is used today, became fully operational in 2017 after a two-year transition period. Significant changes to the board’s website - med.ohio.gov - yielded more user-friendly navigation and mobile access. These changes made it easier for anyone to look up a licensee or file a complaint with the board. Licensure applications are now filed online, and online licensure renew is processed through the eLicense portal.

The eLicense system enabled the board to expand its social media platforms. Licensees and other stakeholders receive updates and helpful information from the Medical Board via social media. @ohiomedboard was launched in FY17 as the board’s Twitter handle. Additionally, the board’s YouTube channel was revamped and now includes numerous videos ranging from eLicense user support to the new cultural competency awareness video.

The Medical Board continues its efforts to continually improve the information provided to licensees, the public, stakeholders, the media, and other interested parties. An average of 80 educational presentations are provided each year to state and national audiences. A monthly edition of the Medical Board’s eNews keeps licensees up-to-date of policy and rules updates that impact their practice.

Though many changes have occurred since 2000, the commitment of the Board Members and agency staff to our mission of protecting the public through effective regulations remains constant.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allopathic Physician – MD</td>
<td>33,970</td>
<td>34,357</td>
<td>36,362</td>
<td>40,222</td>
<td>42,007</td>
</tr>
<tr>
<td>Osteopathic Physician – DO</td>
<td>4,261</td>
<td>4,493</td>
<td>4,871</td>
<td>5,931</td>
<td>6,826</td>
</tr>
<tr>
<td>Podiatric Physician – DPM</td>
<td>1,057</td>
<td>970</td>
<td>953</td>
<td>984</td>
<td>981</td>
</tr>
<tr>
<td>Training Certificate – MD/DO/DPM</td>
<td>3,208</td>
<td>3,435</td>
<td>4,850</td>
<td>5,613</td>
<td>8,044</td>
</tr>
<tr>
<td>Physician Assistant – PA</td>
<td>1,085</td>
<td>1,399</td>
<td>1,994</td>
<td>2,962</td>
<td>4,149</td>
</tr>
<tr>
<td>Massage Therapist – MT</td>
<td>5,190</td>
<td>8,475</td>
<td>11,380</td>
<td>12,350</td>
<td>11,638</td>
</tr>
<tr>
<td>Cosmetic Therapist – CT</td>
<td>251</td>
<td>233</td>
<td>183</td>
<td>177</td>
<td>176</td>
</tr>
<tr>
<td>Mechatheerapist – DM</td>
<td>51</td>
<td>35</td>
<td>31</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Naprapath – NAP</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Acupuncturist – LAc</td>
<td>3</td>
<td>96</td>
<td>154</td>
<td>234</td>
<td>247</td>
</tr>
<tr>
<td>Telemedicine Licenses (MD-DO)</td>
<td>29</td>
<td>91</td>
<td>168</td>
<td>163</td>
<td></td>
</tr>
<tr>
<td>Anesthesiologist Assistant – AA</td>
<td>108</td>
<td>141</td>
<td>205</td>
<td>278</td>
<td></td>
</tr>
<tr>
<td>Radiologist Assistant – RA</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Counselor</td>
<td></td>
<td></td>
<td></td>
<td>171</td>
<td>377</td>
</tr>
<tr>
<td>Oriental Medicine Practitioner– LOM</td>
<td></td>
<td></td>
<td>24</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Dietitian – LD</td>
<td></td>
<td></td>
<td></td>
<td>4,353</td>
<td></td>
</tr>
<tr>
<td>Limited Permit Dietitian – LD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Respiratory Care Professional – RCP</td>
<td></td>
<td></td>
<td></td>
<td>8,391</td>
<td></td>
</tr>
<tr>
<td>L1 Limited Permit – Respiratory Care</td>
<td></td>
<td></td>
<td>307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L2 Limited Permit – Respiratory Care</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49,077</strong></td>
<td><strong>53,631</strong></td>
<td><strong>61,017</strong></td>
<td><strong>69,072</strong></td>
<td><strong>88,039</strong></td>
</tr>
</tbody>
</table>
Upper Falls at Hocking Hills State Park
Kids will spend 26 minutes texting really “important” messages.

How about two minutes to brush their teeth?

Brushing for two minutes can save your child from severe tooth pain later. Two minutes twice a day. They have the time. For fun 2-minute videos to watch while brushing, go to 2min2sec.org.
Dedicated to Providing Financial Solutions to Help You Succeed

The banking needs of medical professionals are sophisticated and quite diverse. WesBanco's Private Bankers can develop customized depository and lending solutions, and provide personalized financial planning to help you address the financial needs of your practice, as well as your personal financial goals.

- **Premium Banking Services**
- **Personal Cash Management**
- **Specialized Personal Lending**
- **Doctor’s Mortgage Program**
- **Strategic Planning for Protecting, Growing & Transferring Wealth**

Contact one of our Private Bankers today, and get professional guidance and advice for all of your banking and financing needs.

Leslie Witzel  
VP & Private Banker  
Columbus  
O: (614) 904-7005  
C: (614) 800-9556

Suzanne Hulka  
VP & Private Banker  
Columbus  
O: (614) 904-7038  
C: (614) 496-3227

Alex Hanselmann  
VP & Private Banker  
Columbus  
O: (614) 904-7219  
C: (614) 404-3217

Ryan Hall  
AVP & Private Banker  
Southeast OH  
O: (513) 901-7084  
C: (760) 418-0043

Angela Smethwick  
VP & Private Banker  
Cincinnati  
O: (513) 792-8601  
C: (513) 557-6163

Kerrie Smith  
VP & Private Banker  
Dayton  
O: (937) 708-7033  
C: (513) 465-4610

WesBanco Private Client Services may recommend insured deposits or nondeposit investment products. Nondeposit investment products are not FDIC insured, not bank guaranteed, not insured by any government entity and are subject to investment risk, including possible loss of principal investment. *Subject to eligibility requirements.