

# FY13

## **Annual Report** State Medical Board of Ohio



**July 1, 2012 – June 30, 2013**

# State Medical Board of Ohio FY13 Annual Report

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# Agency Mission & Goals

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Under the authority of the Medical Practices Act and related law, the Medical Board licenses and oversees the practice of medicine and its branches within the state. The Board has jurisdiction over allopathic physicians (MD), osteopathic physicians (DO), podiatric physicians (DPM), physician assistants (PA), anesthesiologist assistants (AA), radiologist assistants (RA), acupuncturists (RAC), and oriental medicine practitioners, as well as the practitioners of the limited branches of medicine including massage therapists (LMT) and cosmetic therapists (CT). In mid-2013, the Medical Board will begin regulating genetic counselors. The Medical Board continues to regulate mechanotherapists and naprapaths licensed by the Board before March 1992.

The Medical Board's regulatory responsibilities include investigating complaints against applicants and licensees, and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

## Agency Mission

To protect and enhance the health and safety of the public through effective medical regulation.

## Agency Goals

- ❖ Ensure that persons practicing medicine meet sufficient standards of education, training, competence and ethics.
  
- ❖ Define and advocate for standards of safe medical practice.
  
- ❖ Rehabilitate, when possible, persons who are impaired or who practice medicine unethically or below minimal standards of care, and prohibit persons who have not been rehabilitated from practicing medicine.
  
- ❖ Prohibit persons from practicing medicine whose violations are so egregious as to forfeit the privilege or who otherwise lack the legal authority.
  
- ❖ Provide information about the licensees of the Medical Board, the Board's functions and operations, and the laws governing the practice of medicine.
  
- ❖ Achieve and maintain the highest possible levels of organizational efficacy.

# Medical Board Members

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The Medical Board is comprised of twelve members: nine physicians (seven MD, one DO, and one DPM) and three non-physician public members. All of the Board members are appointed by the Governor and serve five-year terms. Appointment terms are staggered to provide continuity and Board members may be reappointed. Two members are selected by their peers on the Board to serve as the Board's Secretary and Supervising Member who oversee the Board's investigatory and enforcement processes.

During FY13, the Medical Board met each month in the Administrative Hearing Room on the 3<sup>rd</sup> floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio. Meeting agendas and minutes are available on the Board's website: [www.med.ohio.gov](http://www.med.ohio.gov). The Board also held a special meeting on October 12, 2012 to name an Interim Executive Director.

In addition to the regularly scheduled monthly meetings in FY13, the Board met two times by telephone conference to issue summary suspensions.

## Board Members serving during FY13

Mark Bechtel, MD  
Dermatology – Westerville, OH

Kris Ramprasad, MD  
Gastroenterology – Cincinnati, OH

Laurie Elsass  
Consumer Member – Dublin, OH

Sushil Sethi, MD, MBA, MPH (appointed 4/13)  
Cardiothoracic Surgery – Mansfield, OH

Donald R. Kenney, Sr.  
Consumer Member – Westerville, OH

Amol Soin, MD, MBA (appointed 4/13)  
Pain Management – Centerville, OH

W. Frank Hairston, Jr. (term ended 7/12)  
Consumer Member – Ravenna, OH

Anita M. Steinbergh, DO  
Family Practice – Columbus, OH

Michael Gonidakis (appointed 10/12)  
Consumer Member – Columbus, OH

Marchelle Suppan, DPM, MBA (term ended 12/12)  
Podiatry – Orrville, OH

Dalsukh Madia, MD (resigned 4/13)  
Anesthesiology – Marion, OH

J. Craig Strafford, MD, MPH  
OB/GYN – Gallipolis, OH

Darshan Mahajan, MD (term ended 3/13)  
Neurology – Elyria, OH

Lance Talmage, MD  
OB/GYN – Toledo, OH

MD position vacant since 5/12

DPM position vacant since 3/13

# Medical Board Members

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## Medical Board Officers

Board officers include the President, Vice President, Secretary and Supervising Member. Officers serve a calendar year term from January 1 through December 31. Board members elect officers annually during the December Board meeting.

2012 Board Officers	2013 Board Officers
Darshan Mahajan, MD – President Neurology – Elyria, OH	Anita M. Steinbergh, DO – President Family Practice – Columbus, OH
Anita M. Steinbergh, DO – Vice President Family Practice – Columbus, OH	Kris Ramprasad, MD – Vice President Gastroenterology – Cincinnati, OH
J. Craig Strafford, MD, MPH – Secretary OB/GYN – Gallipolis, OH	J. Craig Strafford, MD, MPH – Secretary OB/GYN – Gallipolis, OH
Mark Bechtel, MD – Supervising Member Dermatology – Westerville, OH	Mark Bechtel, MD – Supervising Member Dermatology – Westerville, OH

## Board Appointments in FY13

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Governor John Kasich appointed the following persons to the Medical Board during FY13:

**Mark Bechtel, MD**, a dermatologist from Westerville, Ohio, was reappointed to the Board. His term continues until March 18, 2018.

**Michael L. Gonidakis**, of Columbus, was appointed on October 29, 2012, to a consumer representative position on the Medical Board. His term continues until July 31, 2017. Mr. Gonidakis succeeds W. Frank Hairston, Jr. whose term ended.

**Donald R. Kenney, Sr.**, of Westerville, a consumer representative on the Medical Board, was reappointed to the Board. His term continues until July 31, 2017.

**Amol Soin, MD, MBA**, a pain management specialist from Centerville, Ohio, was appointed on April 17, 2013 to a five year term ending on March 18, 2018. He succeeds Dr. Darshan Mahajan whose term ended.

**Sushil Sethi, MD, MBA, MPH**, a cardiothoracic surgeon from Mansfield, Ohio, was appointed on April 30, 2013 to serve until March 18, 2016. He follows Dr. Dalsukh Madia who resigned.

# Medical Board Committees

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The Medical Board addresses a variety of policy issues through its standing committees. Committees formulate recommendations that are forwarded to the full Board for action.

The committee structure includes two groups. The Executive Director and senior staff members conduct research and provide support to the committees. Committee meetings are held prior to the monthly Board meetings and committee agendas are posted on the Medical Board's website. Board actions on committee recommendations are included in the Board meeting minutes.

## Physician Assistant Policy Committee

The Physician Assistant Policy Committee (PAPC) is the only statutorily required committee of the Medical Board. In compliance with Section 4730.05, Ohio Revised Code, the PAPC meets at least four times per calendar year to review and make recommendations concerning the education and licensure requirements for physician assistants; existing and proposed rules pertaining to the practice of physician assistants and the supervisory relationship between physician assistants and supervising physicians; application forms and procedures; and physician-delegated prescriptive authority for physician assistants in accordance with Section 4370.38, Ohio Revised Code. Recommendations made by the PAPC are forwarded to the Board's Committee Group 2 for further review and recommendation to the full Board.

During FY13, the PAPC met six times and focused on review of special services plan requests and post-graduate education equivalency issues. Additionally, the PAPC clarified issues related to the Physician Assistant Formulary and considered revisions to the formulary. Information about physician assistant licensure and the activities of the Physician Assistant Policy Committee are posted on the Medical Board's website.

Those listed below served on the Physician Assistant Policy Committee in FY13:

David Ballinger, PA-C, Chair – Kirtland, OH	Deborah A. Lange, RPh – West Chester, OH
Mark Bechtel, MD – Westerville, OH	Eric Luckage, Esq. – Columbus, OH
Robert Flora, MD – Akron, OH	Michael Moné, RPh, JD – Dublin, OH
Melissa Bowlby, PA-C – Hilliard, OH	Anita M. Steinbergh, DO – Columbus, OH
James Fry, PA-C – Middletown, OH	Sean Stiltner, DO – Piketon, OH
Teresa Hoffmann, PharmD – Lima, OH	

## Massage Therapy Advisory Committee

The Medical Board formed the Massage Therapy Advisory Committee (MTAC) in 2003 to identify and address issues specific to the profession. The MTAC met four times during FY13. The Committee discussed education, testing, and registration requirements for massage therapists, as well as issues related to the scope of practice of massage therapy. MTAC recommendations are forwarded to the Board's Committee Group 2 for further review and recommendation to the full Board.

# Medical Board Committees

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The following professionals served on the Massage Therapy Advisory Committee in FY13:

Richard A. Greely, M.Ed., LMT, Chair  
Columbus, OH

Jeanne deMontagnac-Hall, BS, LMT  
West Chester, OH

Dennis J. Gibbons, M.Ed., LMT  
Beachwood, OH

Mary Riley, LMT  
Berea, OH

Karen Fink, RN, BSN, LMT  
Cleveland, OH

Ramona Chance, RN, LMT  
Grove City, OH

Lisa Keys, LMT  
Hillsboro, OH

## Board Operations

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### Change in Executive Director

On October 12, 2012, the State Medical Board of Ohio named Kimberly C. Anderson, Esq. Interim Executive Director, following the resignation of Richard A. Whitehouse. Ms. Anderson served as Interim Executive Director until June 30, 2013. Ms. Anderson continued responsibilities as the Assistant Executive Director of Investigations, Compliance & Enforcement for the agency. Before joining the State Medical Board in 2007, Ms. Anderson was the Chief Legal Counsel for the Ohio Department of Developmental Disabilities. Ms. Anderson obtained her law degree from Capital University Law School and is admitted to practice law in Ohio and the United States District Court of Ohio, Southern Division.

On June 13, 2013, the Board named Aaron E. Haslam, Esq. Executive Director of the Medical Board effective July 1, 2013.

Mr. Haslam has worked with Attorney General Mike DeWine as a Senior Assistant Attorney General and Chief of the Attorney General's Prescription Drug Abuse Initiative since February 2011. He also served as Coordinator for Special Prosecutions – Prescription Drug Unit. Mr. Haslam is formerly the Adams County Prosecuting Attorney. Mr. Haslam obtained his law degree from Cleveland-Marshall College of Law and is admitted to practice law in Ohio and the United States District Courts of Ohio.

The Executive Director oversees day-to-day operations. During FY13, staffing levels included approximately 77 full time positions. Medical Board operations are funded exclusively through licensing-related fees that are non-general revenue fund sources.

# Board Operations – Fiscal Report

Agency revenue in FY13 totaled \$8,235,756. The FY13 expenditures for the agency totaled \$7,922,127 as of June 30, 2013. Payroll costs account for 85% of agency expenses. Operational expenses for office rent, computer services, medical expert contracts, equipment, maintenance and other support services account for the remaining 15% of the agency expenses.

During FY13, \$117,700 was transferred from the Medical Board’s operating fund to the Department of Administrative Services Office of Information Services to fund a pro-rated portion of the purchase of a new e-Licensing system that will be shared by most regulatory boards. The e-Licensing system is the data system that supports the agency’s online licensure renewal process and enforcement case tracking.

Spending cuts made in FY13 included lowering the Board’s authorized maximum number of staff positions from 87 to 82; not funding Assistant Attorney General positions; placing the computer refresh program on hold for one year; delay in filling several high-level vacancies; and carefully reviewing and limiting travel expenses and requests for training expenses.

Historical Comparison – Expenditures		
FY10	(7/1/2009 – 6/30/2010)	\$8,542,580
FY11*	(7/1/2010 – 6/30/2011)	\$8,777,478
FY12	(7/1/2011 – 6/30/2012)	\$8,492,474
FY13	(7/1/2012 – 6/30/2013)	\$7,922,127

The amounts listed for each fiscal year do not include funds that were encumbered at the end of the fiscal year but spent during the following fiscal year.

\*FY11 had 27 pay periods instead of 26

**Physician Loan Repayment Program (PLRP):** Physician licensure biennial renewal fees have remained at \$305 since 1999. However, only \$285 of the fee supports Medical Board operations. As required in Section 4731.281(B)(1)(h), Ohio Revised Code, the remaining \$20 is deposited in the state treasury to the credit of the Physician Loan Repayment Fund to support the PLRP managed by the Ohio Department of Health. The Physician Loan Repayment Program is designed to recruit or retain primary care physicians for underserved areas in Ohio. In exchange for loan repayment assistance, the physicians commit to a minimum of two years of practice at an eligible site in a Health Professional Shortage Area (HPSA) or Health Resource Shortage Area, accept Medicare and Medicaid, and otherwise see patients regardless of ability to pay.

Physician Loan Repayment Program Transfers from Medical Board Operating Fund		
FY10	(7/1/2009 – 6/30/2010)	\$362,230
FY11	(7/1/2010 – 6/30/2011)	\$489,235 *
FY12	(7/1/2011 – 6/30/2012)	\$438,700
FY13	(7/1/2012 – 6/30/2013)	\$391,805

\*Includes some funds that were carried over from monies received in FY10 that were paid out in FY11



# Board Operations – Fiscal Report

## FY13 Revenue

Medical Board operations are funded exclusively through licensing fees. The Board receives no funding from the state’s general revenue sources. Spending authority is authorized by the legislature through the biennial budget process. Agency revenue totaled \$8,235,756 in FY13.

<b>BY REVENUE CATEGORY:</b>	<b>FY13</b>	<b>FY12</b>
(422005) Renewal	\$ 5,869,020	\$ 6,670,570
(426095) Reinstatement	\$ 222,585	\$ 160,650
(426096) Restoration	\$ 36,045	\$ 36,165
(426097) Certificate of License	\$ 990,375	\$ 864,865
(426098) Training Certificate	\$ 162,750	\$ 176,475
(426099) Training Cert Renewal	\$ 149,870	\$ 142,205
(426100) Pre-Ed Certificate	\$ 95,160	\$ 89,975
(426101) Exam	\$ 4,250	\$ 86,250
(426102) Re-Exam	\$ -	\$ 8,875
(426103) Limited Branch Pre-Ed Certif	\$ -	\$ 26,370
(426104) Supervisory Agreemt	\$ 55,670	\$ 47,880
(426105) Supv Agrmt Renewal	\$ 182,175	\$ 1,950
(426106) Dup Certificates/Wallets	\$ 21,820	\$ 17,980
(426107) Visiting Medical Faculty	\$ 375	\$ 3,750
(426108) Special Activity	\$ 3,875	\$ 5,250
(426109) Telemedicine	\$ -	\$ -
(426110) Telemedicine Renewal	\$ 19,380	\$ 15,390
(426114) Provisional Certif to Prescrib	\$ 26,900	\$ 23,800
(426115) Certificate to Prescribe	\$ 24,300	\$ 22,000
(426116) Certificate to Prescribe Renewal	\$ 100	\$ 49,300
(426119) Reinstatement Penalty	\$ 37,900	\$ 38,810
(426120) Restoration Penalty	\$ 12,800	\$ 11,485
(426121) Cert of Good Standing Verif.	\$ 317,945	\$ 292,190
(450022) Penalty	\$ -	\$ 25
(450023) Late Fees	\$ -	\$ -
(452518) Copies Reimbsmt.	\$ 33	\$ 311
(452525) Reimbursement-Variou	\$ 2,528	\$ 2,879
(470800) Adjustments	\$ (100)	
<b>TOTAL:</b>	<b>\$ 8,235,756</b>	<b>\$ 8,795,400</b>

# Board Operations – Fiscal Report

## FY 13 Revenue

REVENUE BY LICENSE TYPE:	YEAR-TO-DATE FY13	YEAR-TO-DATE FY12
<i> Holding Account</i>	\$ -	\$ -
<i> Miscellaneous/Other</i>	\$ 50	\$ (10)
AA – Anesthesiologist Asst.	\$ 2,500	\$ 18,425
AC – Acupuncturist	\$ 2,425	\$ 19,750
CCE – Conceded Eminence	\$ 4,000	NA
CRF – Clinical Research Faculty	\$ 6,375	NA
CT – Cosmetic Therapist	\$ 12,925	\$ 9,015
DO – Osteopathic Medicine	\$ 826,555	\$ 914,705
DPM – Podiatric Medicine	\$ 149,090	\$ 162,810
MD – Medicine	\$ 5,872,295	\$ 6,363,335
MT – Massage Therapist	\$ 673,440	\$ 562,450
OM – Oriental Medicine	\$ 300	NA
PA – Physician Assistant	\$ 344,145	\$ 430,190
RA – Radiology Assistant	\$ 200	\$ 1,400
LICS – Misc./Mechano./Limited Br.	\$ 339,300	\$ 310,210
PUBL – Public Records (copies)	\$ 98	\$ 339
STAFF/OTHER Reimbursements	\$ 2,058	\$ 2,781
<b>Total Revenue</b>	<b>\$ 8,235,756</b>	<b>\$ 8,795,400</b>

Historical Comparison - Revenue		
FY10	(7/1/2009 - 6/30/2010)	\$8,610,148
FY11	(7/1/2010 - 6/30/2011)	\$7,512,171
FY12	(7/1/2011 - 6/30/2012)	\$8,795,400
FY13	(7/1/2012 - 6/30/2013)	\$8,235,756

Revenue increases in even-numbered fiscal years as the biennial licensure renewal deadline is January 31<sup>st</sup> of even-numbered years for anesthesiologist assistants, physician assistants, radiologist assistants, acupuncturists and oriental medicine practitioners.

# Board Operations – Fiscal Report

## FY13 Expenditures

BY EXPENDITURE CATEGORY:		FY13	FY12
PAYROLL	(500) Payroll (Wages)	\$ 4,851,127	\$ 5,173,735
	(503) Fringe Benefits	\$ 1,754,300	\$ 1,790,382
	(504) Payroll Checkoffs/DAS/OBM	\$ 91,802	\$ 74,926
	Subtotal Payroll	\$ 6,697,229	\$ 7,039,043
PURCHASED SERVICES	(512-514) Training/Dues/Subs/Unemployment	\$ 39,204	\$ 7,762
	(515) Experts, Contract Hearing Officers & Court Reporters	\$ 98,239	\$ 159,497
	(518) QIP Panel, MTAC, Security & Temp Services	\$ 147,999	\$ 187,310
	(519) Filing Fees	\$ 191	\$ 305
	Subtotal Purchased Services	\$ 285,632	\$ 354,874
OPERATING	(521) Office Supplies/Data Proc. Supplies	\$ 52,060	\$ 44,285
	(522) Parking & Vehicle Exp. (expense code changed to 529 code in FY13)	\$ 98	\$ 30,099
	(523) Travel	\$ 94,034	\$ 104,603
	(524) Cellular/Shipping/Postage/Internet	\$ 71,682	\$ 72,330
	(526) Maintenance & Repairs	\$ 11,539	\$ 12,793
	(527) Lease/Rentals/Archives	\$ 15,261	\$ 18,288
	(528) Printing, Binding, Legal Notice Publication	\$ 20,653	\$ 3,931
	(529) Credit Card Processing, Bank & Other	\$ 637,881	\$ 785,581
	Subtotal Operating	\$ 903,208	\$ 1,071,911
EQUIPMENT	(530-531) Office Equipment	\$ 11,447	\$ 8,460
	(536-537) Data Processing Equipment	\$ 4,838	\$ 3,524
	(539) Weapons	\$ 609	\$ 9,639
	Subtotal Equipment	\$ 16,894	\$ 21,622
REFUND or TRANSFER	(595) Transfers/Other Refunds	\$ 19,165	\$ 2,600
	(596) Petty Cash Reimbursement	\$ -	\$ 2,425
	Subtotal Transfers/Refunds	\$ 19,165	\$ 5,025
	<b>Total Expenditures</b>	<b>\$ 7,922,127</b>	<b>\$ 8,492,474</b>

# Board Operations – Fiscal Report

## FY13 Expenditures

Expenditure by Division	FY13	FY12
(355) Board Members (& PAPC)	\$ 142,371	\$ 172,989
(253) Compliance	\$ 209,133	\$ 218,563
(254) Enforcement	\$ 965,200	\$ 1,042,609
(100) Executive	\$ 292,910	\$ 434,641
(300) Hearing Unit	\$ 411,080	\$ 517,169
(252) Investigations	\$ 2,286,697	\$ 2,358,291
(120) Legal & Policy	\$ 471,570	\$ 392,218
(202) Licensure/Renewal	\$ 933,604	\$ 1,002,317
(203) Public Services	\$ 285,429	\$ 295,746
(255) Quality Intervention	\$ 545,991	\$ 560,164
(152) Operations (general/misc.)	\$ 1,378,141	\$ 1,497,766
<b>Total Expenditures:</b>	<b>\$ 7,922,127</b>	<b>\$ 8,492,474</b>

<b>FINANCIAL OVERVIEW FY13</b>		
Operating Fund Cash Balance FY12 (June 30, 2012)		\$2,948,273
Operating Fund Cash Balance FY13 (June 30, 2013)		\$2,976,390
FY13 Net Revenue:		\$8,235,756
FY13 End Encumbrances (FY14):		\$ 196,901
<b>EXPENDITURE HISTORICAL COMPARISON:</b>		
	FY10	\$8,542,580
	FY11*	\$8,777,478
	FY12	\$8,492,474
	FY13	\$7,922,127

The amounts listed for each fiscal year do not include funds that were encumbered at the end of the fiscal year but spent during the following fiscal year.

\*FY11 had 27 pay periods instead of 26

# Licensure Activities

The licensure responsibilities of the Medical Board ensure that those practicing medicine and the other professions regulated by the agency meet sufficient standards of education, training, competency and ethics. The training, education and other requirements for licensure for each profession established through Ohio law are available on the Medical Board's website.

## Licensees Regulated by the Medical Board

License Type	Total Active Licensees as of June 30, 2013	Total Active Licensees as of June 30, 2012
Cosmetic Therapist – CT	183	184
Massage Therapist – LMT	12,264	11,808
Doctor Of Osteopathic Medicine – DO	5,479	5,265
Medical Doctor – MD	38,561	37,612
Doctor Of Podiatric Medicine – DPM	989	967
Mechanotherapist – DM	24	26
Naprapath – NAP	1	1
Physician Assistant – PA	2,551	2,285
Radiologist Assistant – RA	8	8
MD Training Certificate	4,332	3,562
DO Training Certificate	1,049	846
DPM Training Certificate	124	79
Acupuncturist – AC	214	187
Oriental Medicine Practitioner*	1	NA
Anesthesiologist Assistant - AA	200	180
Telemedicine Licenses	145	134
<b>GRAND TOTAL</b>	<b>66,126</b>	<b>63,144</b>

\* The Medical Board began regulating oriental medicine practitioners in March 2013.

# Licensure Activities

## Physician Assistant Certificates to Prescribe

Since October 2007, the Medical Board has issued two types of certificates to qualified Physician Assistants permitting physician-delegated prescriptive authority.

Types of PA Certificates to Prescribe	New certificates Issued in FY13	New certificates Issued in FY12
Provisional certificate to prescribe	257	224
Certificate to prescribe	239	211
	<b>FY13</b>	<b>FY12</b>
<b>Total number of PAs with active certificates to prescribe</b>	<b>1,395</b>	<b>1,153</b>

## Initial Licenses Issued

The following table illustrates the number and types of initial licenses to practice issued by the Medical Board during FY12 and FY13.

Type of License	Issued in FY13	Issued in FY12
Medical Doctor	2,016	2,152
Doctor of Osteopathic Medicine	367	382
Doctor of Podiatric Medicine	44	40
Physician Assistant	248	251
Anesthesiologist Assistant	20	22
Massage Therapist	689	850
Cosmetic Therapist	14	2
Acupuncturist	25	22
Oriental Medicine Practitioner	1	NA
Radiologist Assistant	0	0
<b>TOTAL</b>	<b>3,424</b>	<b>3,727</b>

## Training Certificates & Other Special Licenses

**Training Certificates:** Section 4731.291, Ohio Revised Code, requires those participating in a medical residency or fellowship training program in Ohio to obtain a training certificate or a full license. Training certificate holders may perform such acts as may be prescribed to or incidental to the internship, residency, or clinical fellowship training, but may not otherwise practice medicine in this state. Training certificates are valid for one year and may be renewed up to five times.

## Licensure Activities

**Telemedicine Certificates:** The “practice of telemedicine” means the practice of medicine in this state through the use of any communication, including oral, written, or electronic communication, by a physician located outside of this state. In accordance with Section 4731.296, Ohio Revised Code, the Board issues telemedicine certificates to out-of-state practitioners who wish to practice telemedicine in Ohio.

**Special Activity Certificates:** Per Section 4731.294, Ohio Revised Code, special activity certificates are available to those practitioners licensed in another state who will be practicing in this state in conjunction with a special activity, program or event taking place in Ohio. Special activity certificates are valid for no more than 30 days.

**Clinical Research Faculty Certificates:** Section 4731.293, Ohio Revised Code, effective June 6, 2012, authorizes the Medical Board to issue clinical research faculty certificates. A clinical research faculty certificate authorizes the certificate holder to practice medicine and surgery, or osteopathic medicine and surgery, as incidental to the holder’s teaching or research duties at an Ohio medical school or osteopathic medical school, or a teaching hospital affiliated with the school. A clinical research faculty certificate may be renewed every three years.

**Certificate of Conceded Eminence:** Section 4731.297, Ohio Revised Code, effective September 10, 2012, authorizes the Medical Board to issue a certificate of conceded eminence to candidates who demonstrate unique talents and extraordinary abilities not generally found within the candidate’s specialty. A certificate of conceded eminence permits a physician licensed in another state or country who has been appointed to serve as a faculty member at an academic medical center in Ohio to practice medicine as part of the physician’s employment with the academic medical center or an affiliated physician group practice. The certificate of conceded eminence is valid for the shorter of two years or the duration of the certificate holder’s employment with the academic medical center or affiliated physician practice. The certificate ceases to be valid if the certificate holder resigns or is otherwise terminated from the center or practice. The certificate may be renewed every two years.

**Visiting Clinical Professional Development Certificate:** Section 4731.298, Ohio Revised Code, effective September 6, 2012, created visiting clinical professional development certificates. The holder of this type of certificate may practice medicine and surgery or osteopathic medicine and surgery only as part of the clinical professional development program in which the certificate holder participates. The certificate holder’s practice must be under the direct supervision of a qualified faculty member of the medical school or affiliated teaching hospital conducting the program who holds a certificate to practice medicine and surgery or osteopathic medicine and surgery issued by the Medical Board. The visiting clinical professional development certificate is valid for up to one year and may not be extended.

Other Types of Licenses	Issued in FY13	Issued in FY12
Training Certificates	2,684	2,568
Telemedicine Certificates	25	37
Special Activity Certificates	29	36
Clinical Research Faculty Certificates	11	7
Conceded Eminence Certificate	2	NA
Visiting Clinical Professional Development Certificate	0	NA

## Licensure Activities

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**Emeritus Registration:** Physicians, massage therapists and cosmetic therapists who have been licensed in Ohio for at least 10 years and who have retired from active practice may apply for emeritus registration. Qualified practitioners may opt for this status during the biennial license renewal process. Those choosing this option understand that they are no longer entitled to engage in the practice of medicine, massage therapy or cosmetic therapy. Chapter 4731-22, Ohio Administrative Code, addresses emeritus registration.

**Volunteer's Certificates:** Section 4731.295, Ohio Revised Code, permits the Board to issue a volunteer's certificate to an MD or DO who has retired from active practice so that the doctor may provide medical services to indigent or uninsured persons. A volunteer's certificate holder may not accept any form of remuneration for providing medical services. The certificate is valid for three years and may be renewed.

Other Types of Licenses	Issued in FY13	Issued in FY12
Emeritus Registration	134	161
Volunteer's Certificates	1	3

## Licensure Examinations

Licensure examinations for allopathic physicians (MD), osteopathic physicians (DO), and podiatric physicians (DPM) are administered by national examining boards and are offered throughout the year in a computerized format.

Since January 24, 2012, the Medical Board has recognized the National Massage and Bodywork Licensing Examination (MBLEx) administered through the Federation of State Massage Therapy Boards as the Ohio licensing examination for massage therapists. The massage therapy licensing exam formerly administered by the Medical Board has been discontinued.

The Medical Board administers a licensure examination for cosmetic therapy applicants. Successful completion of the Ohio examination is required for cosmetic therapy licensure. The cosmetic therapy licensure examination was offered on March 1, 2013 to 14 candidates.

## Limited Branch Schools

The Medical Board grants Certificates of Good Standing to offer courses in massage therapy or cosmetic therapy to schools satisfying the statutory requirement for curriculum content and instruction hours. Graduation from an approved school satisfies one of the licensure eligibility requirements for massage therapy or cosmetic therapy.

During FY13, 68 schools held Certificates of Good Standing. The complete list of approved limited branch schools is available on the Medical Board's website.

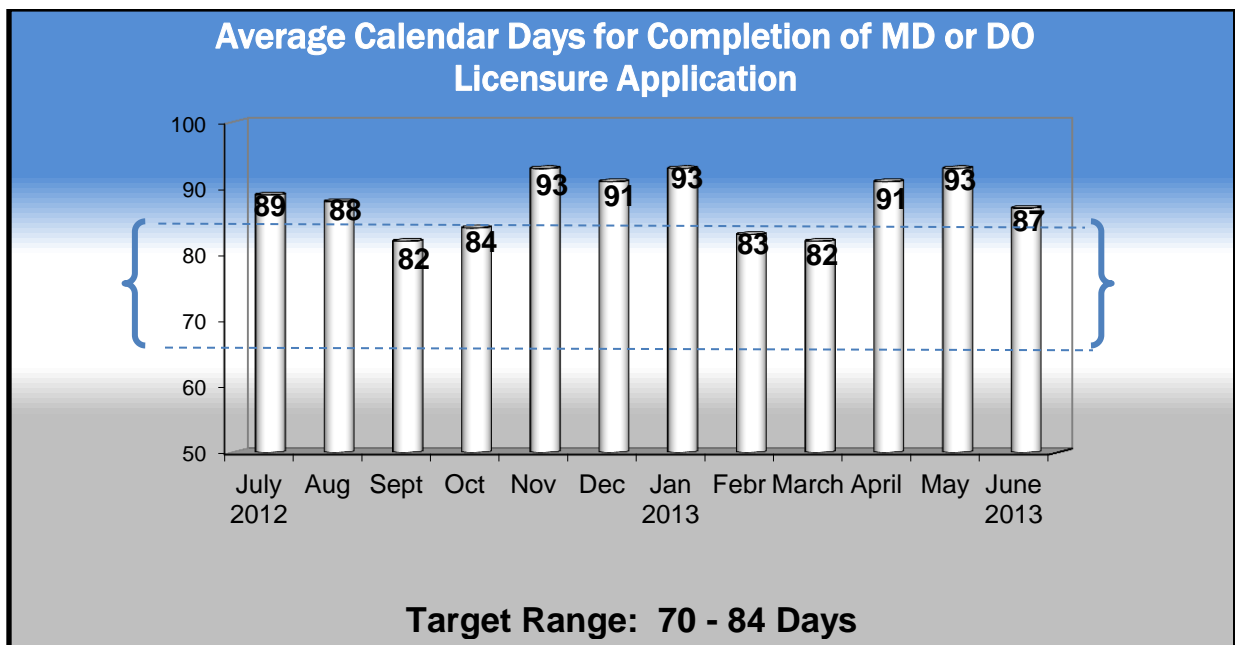


# Licensure Activities

## Physician License Processing Timelines

The following chart illustrates the average number of calendar days to process an initial licensure application for an MD or a DO from the time the application and fee are received by the Board until the application is approved by the Medical Board and the license issued. The chart does not include the applications referred for formal disciplinary action.

On average, 199 physician licensure applications are issued each month with an average of 88 calendar days processing time.



## Top Causes for an Incomplete MD or DO Licensure Application – FY13

Employment verification	21%
Medical Board approval	17%
FBI or BCI background check	16%
Uniform application	12%
License verification from other state	9%
Recommendation letter	9%
Federation Credentials Verification Service (FCVS) application	6%
Ohio addendum	5%
Misc. documents	5%

# Licensure Activities

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## Licensure Renewals Processed in FY13

License Type	Renewals Processed	License Type	Renewals Processed
MD/ DO/ DPM	19,117	Acupuncturists	22
Training Certificates	4,264	Anesthesiologist Assistants	19
Massage Therapists and Cosmetic Therapists	4,879	Physician Assistant Supervision Agreements	7,344

Approximately 98% of licensees renew their licenses online.

## Workforce Development

The Board has taken an active role in assisting workforce development issues by incorporating demographic-based questions into its license renewal process. This data primarily gathered from physicians and physician assistants will begin to illustrate workforce shortage areas and provide health care workforce projections. These efforts are being undertaken in coordination with the Ohio Department of Health, other state and federal healthcare agencies and private stakeholders.

## Oriental Medicine Practitioners

HB251 amended the acupuncture statutes in Chapter 4762, Ohio Revised Code, to include oriental medicine regulation effective March 22, 2013. The bill defines the scope of practice for oriental medicine practitioners. An individual who receives a certificate to practice oriental medicine may practice both acupuncture and, if the practitioner chooses, herbal therapy.

## Genetic Counselors

Amended Substitute HB292 created licensing requirements for the practice of genetic counseling and requires the Medical Board to implement and administer the licensure process beginning September 6, 2013. Chapter 4778, Ohio Revised Code, defines the scope of practice for genetic counselors and sets the regulatory requirements for licensure and discipline of this profession by the Medical Board.

## Maintenance of Licensure

Maintenance of Licensure (MOL) is a system of continuous professional development that would require licensees to demonstrate, as a condition of licensure renewal, involvement in lifelong learning that is objective, relevant to practice, and improves care. At its meeting on October 11, 2012, the Medical Board voted to suspend further consideration of participation in the maintenance of licensure pilot project with the Federation of State Medical Boards. This decision was made after extensive discussion by the members of the Medical Board over the past two years, and with input from interested parties regarding the feasibility of implementing MOL into Ohio's biennial physician licensure renewal process.

The current requirement for physicians to complete 100 hours of continuing medical education every two years remains in effect. The Board encourages licensees to select CME programs related to the physician's area of practice.

# Operational Efficiency

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## Board Participates in LeanOhio Program

LeanOhio, a division of the Ohio Department of Administrative Services, assists agencies in evaluating and overhauling selected core processes to improve efficiency through Kaizen training offered at no cost to the agency. The Medical Board identified the agency's complaint process as the area which would most benefit from this review, as nearly 5,000 new complaints are currently received by the Board each calendar year and the process involves many staff sections of the office.

Staff representatives from the public services, licensure, compliance, investigation and enforcement units participated in the LeanOhio facilitated Kaizen sessions held January 28 through February 1, 2013 in Columbus. Some of the changes made to the complaint process as a result of the intensive training include:

- Redesigned complaint processes to ensure complaints alleging patient harm have a more timely review.
- Reduced the number of steps to initially review a complaint by over 30 steps.
- Reduced the subpoena issuance process from 76 steps to 28, which represents a 63% improvement.
- Eliminated redundancy.
- Redesigned the complaint form and consumer information fact sheet about the complaint process.
- Refined protocols for closing complaints.
- Redesigned the unprofessional conduct complaint protocols.

Other process changes implemented include:

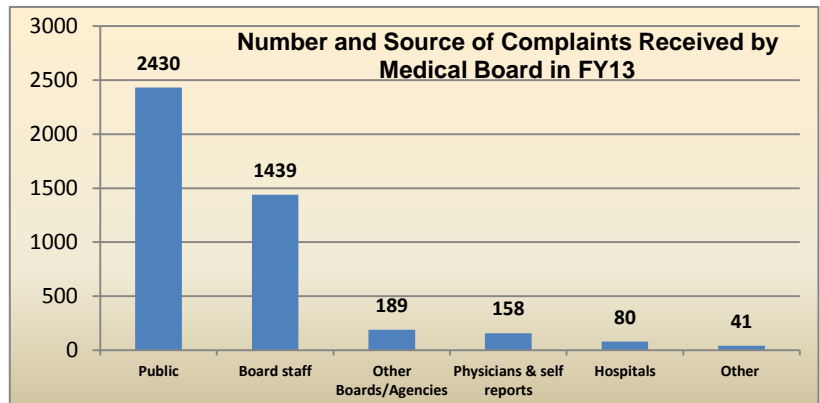
- Reviewing cases assigned to enforcement staff to determine which are not viable to go forward for Board action due to lack of evidence, low priority or age. Approximately 200 of these cases have been identified and 76 of these have been reviewed with the Secretary and Supervising Member and closed. Completion of this review will allow the Enforcement Attorneys to focus on higher priority, viable cases.
- Streamlining the review process for enforcement citations has led to significant time efficiency. Most citations are now reviewed, edited and revised within 1-7 calendar days. The previous process required 3-14 days for review.
- Eliminating the backlog of settlement agreements pending review. Although time-sensitive agreements were moving through the review process in 1-14 days, other non-critical agreements were consistently pending for 2-6 months or more. As of 12/31/12, the overall average time for non-urgent settlement agreements was 121 days. The review process was revised so that the changes could be electronically made and tracked. The backlog has been completely eliminated and the overall average time to complete the review process for non-urgent agreements is only 6 days.

Board staff members are continuing to build on the principles learned in LeanOhio to evaluate existing processes to find ways to improve efficiency and provide better accountability of job performance.

# Investigations, Compliance, Enforcement & Hearings

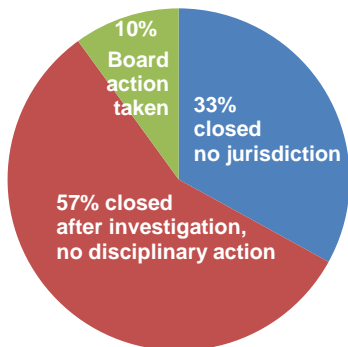
The mission of the Medical Board is to protect the public through effective medical regulation. The Board investigates complaints, takes disciplinary actions against those who violate the Medical Practices Act and other applicable statutes and rules, and monitors licensees on probation.

**Complaints:** Complaints inform the Board of potential problems with a licensee’s practice. In FY13 the Board received 4,337 new complaints. Complaints are received from a variety of sources, including the public, agency staff, state and national regulatory agencies, physicians, self-reports from licensees, hospitals, and others such as law enforcement and the media. Types of complaints received include patient care concerns, inappropriate prescribing issues, discrepancies in licensure application information, criminal activity, impairment, ethical violations, office practice management concerns, and other issues.



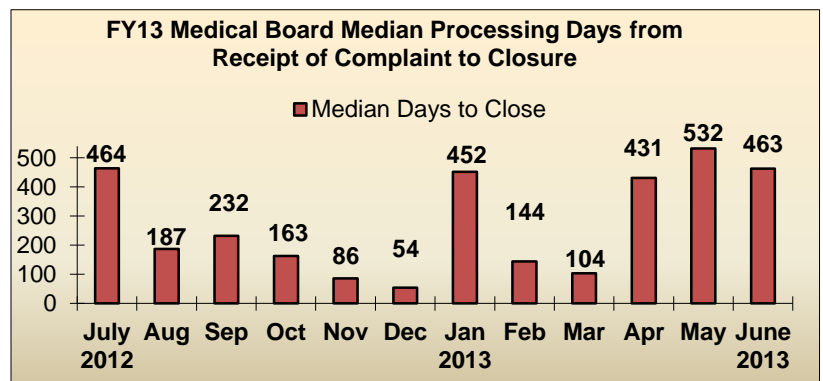
All complaints received by the Board and investigations conducted by the agency are confidential under Ohio law. Two Medical Board members, the Secretary and the Supervising Member, oversee the agency’s investigative and enforcement activities.

**FY13 Medical Board Complaint Disposition**



During FY13, 4,994 complaints were closed. This closed complaint number includes complaints received prior to FY13. All complaints are reviewed to determine if the Board has jurisdiction over the subject of the complaint, and if so, if the allegations in the complaint violate a section of Ohio law or a rule enforced by the Medical Board. Of the complaints received, 33% were closed because the Board had no jurisdiction. These complaints involved facilities or other persons the Board does not regulate. The majority of complaints, 57%, were closed after investigation as the information obtained regarding the allegation did not support disciplinary action. The remaining 10% of complaints resulted in disciplinary action by the Board.

The chart on the right depicts the median number of calendar days to process the complaints closed that month. The calculation was made from the date the complaint was received until the date the complaint was closed. The chart includes complaints closed with and without disciplinary action by the Board.



# Investigations, Compliance, Enforcement & Hearings

**Field Investigations and Subpoenas:** The Medical Board employs 21 field investigators who are based throughout the state. In FY13, 1,250 new cases were assigned to the Board’s field investigators and 1,313 reports of investigation were submitted. During FY13, the Board issued 1,375 subpoenas for patient records or other documents. Additionally, the Secretary and Supervising Member conducted 45 investigative office conferences in FY13 with assistance from the Board’s investigative and enforcement staff.

**Compliance Monitoring:** The Medical Board’s compliance staff monitors 344 licensees on probation due to a Board Order or a Consent Agreement. Probationers are usually required to attend periodic office conferences with the Board Secretary or designee to verify that the licensee is fulfilling the specific requirements of the Board Order or Consent Agreement. Compliance staff members participate in nearly 50 such conferences each month.

The compliance staff is also responsible for verifying that treatment providers, approved by the Board to provide services to licensees with chemical dependency issues, maintain compliance with the requirements in Section 4731.25, Ohio Revised Code, and in Chapter 4731-16, Ohio Administrative Code. As of June 30, 2013, there are 46 approved treatment providers. The list is available on the Medical Board’s website.

In FY13, the Board convened a treatment advisory panel of five physicians with expertise in addictionology. The treatment advisory panel provides input to Board staff regarding proposed revisions to the Board’s impairment and treatment provider rules.

**Enforcement:** Enforcement attorney staff review the cases referred to the section by the Board’s Secretary and Supervising Member and prepare the cases for possible disciplinary action. Enforcement attorneys prepare citations, as well as Summary Suspensions, Immediate Suspensions and Automatic Suspensions. They also negotiate Consent Agreements and Voluntary Surrenders. During FY13, 81 citations were issued by the Board and 182 actions imposed.

Types of Actions Imposed	FY13	FY12
<b>Total Actions</b>	<b>182</b>	<b>189</b>
Revocations	47	50
Indefinite Suspensions	57	41
Definite Suspensions	5	4
Probations	39	53
Reprimands	3	5
Practice Limitations	3	2
Surrenders/Retirements	6	9
Disciplinary Licensure Denials or Withdrawals	7	9
Summary Suspensions	8	8
Automatic Suspensions	2	3
Immediate Suspensions	2	0
No Penalty Imposed	3	3
Application Approved/Conditionally Approved	0	2

Definitions of Board action terms are found on pages 30 and 31 of this report.

# Investigations, Compliance, Enforcement & Hearings

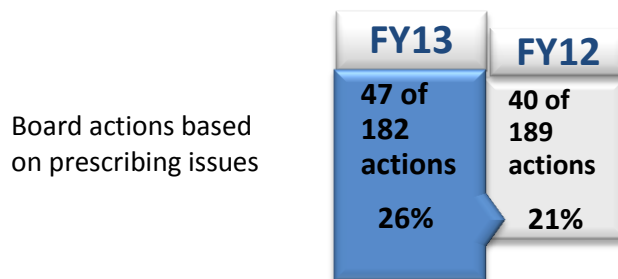
## Top Reasons for Disciplinary Action:

FY13	FY12
Impairment - 40%	Impairment - 38%
Prescribing Issues - 26%	Prescribing Issues - 21%
Actions by other Boards or agencies - 11%	Criminal Acts/Convictions - 11%
Criminal Acts/Convictions - 8%	Actions by other Boards or agencies - 8%

**Hearing Unit:** The Medical Board’s Attorney Hearing Examiners conduct the administrative hearings of practitioners who requested a hearing regarding the charges issued by the Medical Board. Following the conclusion of the administrative hearing, the Attorney Hearing Examiner prepares a Report & Recommendation that includes the basis for the hearing, the findings of fact, conclusions of law and a proposed disciplinary sanction for consideration by the Board members. During FY13, 45 administrative hearings were held.

## Combating Prescription Drug Abuse

The Medical Board is committed to being a proactive leader in reducing prescription drug abuse. In FY12 and FY13, prescribing violations were the second most common reason for discipline by the Board.



**Pain Clinic Licensure:** The Medical Board continues to jointly administer licensure for pain clinics with the Ohio Board of Pharmacy, by ensuring applicants are meeting minimal standards of care. In an effort to ensure that pill mills do not continue to operate or set-up business in Ohio, the Medical Board will begin proactively inspecting practices that are suspected of operating as unlicensed pain management clinics.

**Identifying Prescriber Outliers:** The Medical Board works with the Ohio Board of Pharmacy and the Ohio Bureau of Workers’ Compensation (BWC) to identify licensees prescribing controlled substances who have not registered in Ohio Automated Rx Reporting System (OARRS) in compliance with the Medical Board’s regulations.

The Medical Board is also working with BWC and Ohio Medicaid to obtain prescribing data to determine outlier prescribers in those systems. In FY13, the Medical Board also began obtaining Drug Enforcement Administration (DEA) and National Provider Identifier (NPI) numbers on the licensure renewal applications to help overlay the Medical Board’s data with the prescribing data on OARRS and other systems.

# Combating Prescription Drug Abuse

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**Collaborating with law enforcement:** The Medical Board has increased cooperation and collaboration with law enforcement agencies, drug task forces and other state agencies in order to address problem prescribing practices. Board investigators actively participate in 25 federal, state, and local drug taskforces.

**Participating in the Governor's Cabinet Opiate Action Team:** Board members Mark Bechtel, MD, and J. Craig Strafford, MD, along with senior staff members Kimberly Anderson and Michael Miller, are actively involved in several activities facilitated by the Governor's Cabinet Opiate Action Team. Projects include prescriber education efforts, establishing prescribing guidelines, and establishing metrics regarding OARRS usage.

**Increasing OARRS awareness:** The Board has worked to increase OARRS awareness and usage by providing a link to OARRS on the licensure renewal applications. Information about OARRS has also been provided in Medical Board newsletters and at Medical Board educational displays at the annual meetings of state medical professional organizations.

**Educational efforts:** The Medical Board's educational and outreach efforts focused on making licensees aware of changes in regulations through the Board's newsletter, policy statements and educational presentations. In FY13, 24 of the 98 presentations provided by the Board addressed prescribing practices. The Medical Board continued to collaborate with professional organizations to provide educational programs for prescribers.

## Quality Intervention Program (QIP)

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Adopted into law in 1996, the Quality Intervention Program (QIP) is part of the Medical Board's confidential investigatory processes and is designed to address quality of care complaints that do not appear to warrant intervention via formal disciplinary action. QIP focuses on cases in which poor practice patterns are beginning to emerge or the licensee has failed to keep up with changes in practice standards. With a successful intervention, the licensee benefits by improving practice methods; patients benefit from having a better practitioner available to address their healthcare needs; and the Medical Board protects the public without an adverse impact on the availability of care in the community.

A key component of the program is the use of Quality Intervention review panels comprised of physicians and a consumer representative who are responsible for assessing the practice of the licensee referred to the program and making recommendations to the Board's Secretary and Supervising Member based upon their assessment.

Between January 2000 and June 2013, the Board's Quality Intervention panels reviewed 1,405 such cases and 264 licensees were directed into focused re-education to address deficiencies identified through expert panel review. Courses related to improving medical record keeping practices and prescribing controlled substances were the most frequent referrals suggested by the QIP panels. Section 4731.22(O), Ohio Revised Code, requires licensees participating in an individual education program recommended by the QIP to pay any costs related to that educational program.

# Quality Intervention Program (QIP)

QIP panel activities	FY13	FY12
<b>Case closed</b> – no quality of care concerns identified by QIP panel; no further action needed by the Board	52	48
<b>Licensee referred for remedial education</b> – panel identified remediable practice deficiencies; doctor notified of outcome of panel review and directed to appropriate educational program	27	19
<b>Caution letter sent to licensee</b> – licensee advised of practice concerns but remedial education not necessary and no other action needed by the Board	8	22
<b>Referred to the Medical Board’s Secretary and Supervising Member for further action</b> – panels found practice deficiencies that did not appear to be remediable. Cases may involve a number of patients or practice deficiencies viewed by the panelists as particularly egregious.	3	4
<b>Total cases reviewed by QIP</b>	<b>90</b>	<b>93</b>

The Quality Intervention Panels met 10 times during FY13. The following professionals served on Quality Intervention Panels:

Michael Amalfitano, DO  
Medina, OH

Gregory Cerilli, MD  
Toledo, OH

Brian Dorner, MD  
Dublin, OH

Carol Egner, MD  
Cincinnati, OH

Edward D. Fine, MD  
Westlake, OH

Stephen Haverkos, MD  
Cincinnati, OH

Eric Haus, DO  
Mansfield, OH

Barbara Hoover, Consumer Member  
Hilliard, OH

William Klykylo, MD  
Dayton, OH

Carla O’Day, MD  
Cleveland, OH

Ranjit Rath, MD  
Cincinnati, OH

Mary Jo Welker, MD  
Columbus, OH



# FY13 Legislative Update

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## **Amended Substitute House Bill 292 – Genetic Counselors – (effective 9/6/2012)**

**Genetic Counselors:** This legislation created Section 4778, Ohio Revised Code, which established licensing requirements for the practice of genetic counseling. The Medical Board is required to implement and administer the licensure process beginning September 6, 2013.

The legislation also authorized the Board to issue **Visiting Clinical Professional Development Certificate (Section 4731.298, Ohio Revised Code)**. A visiting clinical professional development certificate authorizes the holder to practice medicine and surgery or osteopathic medicine and surgery only as part of the clinical professional development program in which the certificate holder participates.

## **House Bill 487 – MBR Mid-Biennium Review Budget (effective 9/10/2012)**

**Certificate of Conceded Eminence (Section 4731.297, Ohio Revised Code):** A certificate of conceded eminence authorizes a physician licensed in another state or country who has been appointed to serve as a faculty member at an academic medical center in Ohio and demonstrates to the Board unique talents and extraordinary abilities to practice medicine as part of the physician's employment with the academic medical center or an affiliated physician group practice.

**Chronic Pain Statute:** Authorized the Medical Board to adopt rules that establish standards and procedures to be followed by physicians in the diagnosis and treatment of chronic pain, including standards for consultation with one or more other physicians. The language also specifies that an advanced practice nurse or physician assistant who is authorized to prescribe controlled substances or products containing tramadol is subject to the same restrictions a physician is subject to when treating chronic pain with those drugs.

## **Senate Bill 301 – Controlled Substances (effective 3/13/2013)**

This legislation modified the definition of a pain management clinic, added two more exemptions from the definition of a pain management clinic, and authorized the Medical Board to conduct inspections of licensed pain management clinics or facilities or physician practices to ensure compliance with the laws governing the operation of pain management clinics. The legislation also specifies that the inspections are to be conducted in the same manner that Board investigations are handled.

Additionally, the law permits the Board to take disciplinary action against a licensee if the licensee does either of the following: (1) practices at a facility that is subject to licensure as a pain management clinic if the facility has not obtained and maintained the license, or (2) owns a facility that is subject to that licensure without holding the license.

## **House Bill 251 - Oriental Medicine Practitioners (effective 3/22/2013)**

This legislation amended the acupuncture statutes in Chapter 4762, Ohio Revised Code, to include oriental medicine regulation effective March 22, 2013.

# FY13 Legislative Update

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## House Bill 284 – Physician Assistant Practice (effective 3/22/2013)

This legislation included several changes to physician assistant (PA) practice and required changes to the physician assistant formulary, application forms, and the administrative rules in Chapter 4730, Ohio Administrative Code. The legislation:

- Recognizes military experience as a pathway for PA licensure;
- Adds additional services, permits a PA to issue a do-not-resuscitate (DNR) order and take any other action that may be taken by an attending physician under the law governing DNR orders, and permits a PA to determine and pronounce a person's death in specified locations and circumstances;
- Eliminates the requirement that the Board adopt and modify through rulemaking the formulary that identifies the drugs that a PA may be authorized to prescribe;
- Generally permits a PA who either practiced in another state or who was credentialed or employed by the federal government to obtain a certificate to prescribe in Ohio without participating in a provisional period of physician delegated prescriptive authority;
- Eliminates a prohibition on PA's prescribing Schedule II controlled substances, but limits the locations from which such substances may be prescribed; and
- Prohibits PA from prescribing any Schedule II controlled substance to a patient in a convenience care clinic.

## House Bill 417 – Patient Notification Terminated Physician (effective 3/22/2013)

This legislation created Section 4731.228, Ohio Revised Code, and requires a health care entity that terminates the employment of a physician for any reason to provide notice of the termination to the physician's patients, unless the entity provides patient names and contact information to the physician and has the physician send the notice.

A "termination" is the end of a physician's employment with a health care entity for any reason, other than those situations where a physician becomes an independent contractor for the health care entity and continues to provide services to patients.

## Senate Bill 141 – Medical Services for Visiting Sports Teams (effective 3/27/2013)

This legislation amends Section 4731.36, Ohio Revised Code, and authorizes a licensed physician from another state to provide medical services to an out-of-state athletic team and accompanying individuals when the team is participating in a sporting event in Ohio.

## House Bill 247 – Uncollectible Amounts Due Courts (effective 3/22/2013)

The legislation also addresses suspension and revocation of licenses for trafficking in persons. The act requires certain licensing agencies under Ohio Revised Code Title 47 (professions and occupations) to take action against a licensee for a conviction of, plea of guilty to, judicial finding of guilt of, or judicial finding of guilt resulting from a plea of no contest to the offense of trafficking in persons (Section 2905.32, Ohio Revised Code).

# FY13 Rules Update

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During FY13, the Medical Board promulgated the following rule in the Ohio Administrative Code:

## **Rule 4731-1-08 Continuing cosmetic therapy education requirements (effective 12/31/2012)**

The rule was significantly amended. Among other amendments is the provision allowing cosmetic therapists to count up to 10 hours home study coursework towards their continuing education requirements instead of five hours.

The Medical Board approved the following proposed rules and directed staff to promulgate the rules through the appropriate rules filing process. It is anticipated that the rules will be adopted in FY14.

- **Chapter 4778** – Genetic counselors --- 8 new rules
- **Rule 4730-2-10** – Physician assistant standards and procedures for the use of OARRS (new)
- **Rule 4731-4-01** – Definitions related to criminal records checks – amended
- **Rule 4731-4-02** – Process for criminal records checks – amended
- **Rule 4731-6-14** – Eligibility for licensure by examination – rescind and adopt new
- **Rule 4731-6-16** – Licensure by endorsement of license granted by another state – amend
- **Rule 4731-14-01** – Pronouncement of death – rescind and adopt new
- **Rule 4731-27-01** – Definitions related to termination of physician-patient relationship (rescind and adopt as new)
- **Rule 4731-27-02** – Requirements for a physician who is dismissing a patient from the practice (new)
- **Rule 4731-27-03** – Requirements for notice to patients when a physician’s employment is terminated or a physician who provides medical services as an independent contractor or owner leaves a practice (new)

# Policies Adopted in FY13

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The Medical Board approved the following policy statements in FY13:

## **Interpretive Guideline of Rule 4731-11-09 Prescribing to Persons Not Seen by the Physician September 2012**

In its continuing effort to ensure that regulations reflect the highest standards while also meeting the ever changing needs of physicians and patients, the Medical Board issued an Interpretive Guideline in September 2012 addressing the requirement to personally physically examine and diagnose a patient to whom the physician is prescribing non-controlled substances.

The Interpretive Guideline was based upon the Board's recognition that advances in medical technology may make it possible for the "personal" and "physical" examination, required by Rule 4731-11-09, Ohio Administrative Code, to occur when the provider and patient are located in remote locations.

## **Surgical Procedures within Scope of DPM Practice - scope of practice inquiry response September 2012**

In September 2012, the Medical Board reviewed and discussed an inquiry regarding whether or not it is within the podiatric scope of practice for a podiatric physician to perform tibial osteotomy, fibular osteotomy, total ankle replacement, and/or bone callus distraction of the lower leg.

The Medical Board determined that the performance of tibial or fibular osteotomy, total ankle replacement, and bone callus distraction of the foot or ankle are within the scope of practice of an Ohio podiatric physician when the podiatric physician can demonstrate adequate education, training, and experience needed to conform to minimal standards of care and holds privileges to perform the procedure at a Joint Commission accredited hospital, Ohio licensed ambulatory surgical center, or approved college of podiatric medicine and surgery.

The scope of practice of a podiatric physician does not include the performance of bone callus distraction to treat any medical condition above the malleoli, including lengthening of the lower leg. Moreover, as with all surgical procedures, the podiatric physician must perform procedures in conformance with the minimal standards of care of similar practitioners under the same or similar circumstances. Finally, whether a podiatric physician may perform any of the discussed procedures at a specific college of podiatric medicine and surgery, hospital, or ambulatory surgical center is solely a matter of credentialing and privileging decisions.

## **Duty of Physician to Report Criminal Behavior to Law Enforcement March 2013**

The regulatory statement provides information concerning confidentiality issues and the duty or authority to report criminal activity or conduct under various circumstances.

Disclosure of information to law enforcement, in accordance with Ohio's felony reporting statute and physician-patient privilege considerations, will not subject physicians to civil liability or professional disciplinary action due to breach of statute or patient confidentiality.

# Policies Adopted in FY13

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## **Prescription of Naloxone to High Risk Individuals April 2013**

The regulatory statement is an overview intended to raise awareness about the benefits of prescribing Naloxone for individuals at high-risk of opioid overdose. This is a joint regulatory statement with the Ohio Board of Nursing and the Ohio Board of Pharmacy.

Prior to prescribing Naloxone, prescribers should seek detailed information regarding risk factors for opioid overdose, the use of Naloxone, and the laws and rules regulating prescribers in Ohio.

## **Can a Physician Assistant work in a Health Spot if the Supervising Physician is on Location? - scope of practice inquiry response April 2013**

The Medical Board determined that the supervising physician who is on location at all times may authorize an office-based physician assistant who is adequately trained in the technology to provide medical services to patients at a Health Spot kiosk if the supervising physician also routinely provides medical services to patients who visit that same kiosk and the medical services are limited to primary care medical conditions.

The policies of a healthcare facility determine whether a physician assistant who practices at the facility may provide medical service via a Health Spot kiosk. When practicing via a Health Spot kiosk, the physician assistant must provide such care within the minimal standards of care.

## **Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) “Trigger Point” May 2013**

These guidelines address the use of opioids for the treatment of chronic, non-terminal pain. The guidelines are intended to help health care providers review and assess their approach in the prescribing of opioids. The guidelines are points of reference intended to supplement and not replace the individual prescriber’s clinical judgment.

The 80 MED “trigger point” is an opportunity to review the plan of treatment, the patient’s response to treatment, and any modification to the plan of treatment that is necessary to achieve a favorable risk-benefit balance for the patient’s care.

If opioid therapy is continued, further reassessment will be guided by clinical judgment and decision-making consistent with accepted and prevailing standards of care.

The “trigger point” also provides an opportunity to further assess addiction risk or mental health concerns, possibly using Screening, Brief Intervention, and Referral to Treatment (SBIRT) tools, including referral to an addiction medicine specialist when appropriate.

The 80 mg MED is the maximum daily dose at which point the prescriber’s actions are triggered; however, this 80 mg MED trigger point is not an endorsement by any regulatory body or medical professional to utilize that dose or greater.

## Educational Outreach Activities

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**Publications and presentations:** The Board continues its efforts to continually improve the information provided to licensees, the public, stakeholders, the media and other interested parties. A communication plan was approved in December 2012 which set a schedule for electronic publication of four newsletters and four E-Reports during calendar year 2013. This is a significant increase as newsletters had formerly been published once or twice a year.

In October 2012, the Medical Board introduced an E-Report series to provide licensees direction on practice, ethical, and regulatory issues that come before the Medical Board. The E-Report is distributed to licensees by email. The first E-Report was sent to licensees on October 19<sup>th</sup> and addressed ethical and regulatory standards that govern prescribing for family members. Other E-Reports published in FY13 include: Reporting Test Results sent in March 2013; Signing Death Certificates sent in April 2013; and New Executive Director Named sent in June 2013.

In February 2013, the Board changed the name of the agency newsletter to “YOUR REPORT” from “GRAND ROUNDS.” During FY13, newsletters were published in November 2012, February 2013 and May 2013. The newsletters are available on the Medical Board’s website.

In addition to publication of the agency newsletter and E-Reports, educational outreach efforts include publishing a monthly report of licensure actions taken by the Medical Board; providing and responding to inquiries from local, state, national and international media; and managing social media, such as Facebook, to expand access to information about the Medical Board.

Educational outreach activities also include presentations and continuing medical education programs for state and national audiences. During FY13, 98 presentations were provided by the agency. Popular topics include the role of the Medical Board, legal aspects of controlled substance prescribing, understanding the medical licensure process, the impaired professional, and defining professionalism in medical practice.

**Partners in Professionalism:** A joint educational project between the Medical Board and Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), “Partners in Professionalism” promotes professional behavior and the responsibilities of medical licensure to doctors-in-training. Nationally recognized as a model program by Administrators in Medicine, the innovative program introduces first year medical students to problematic behavior or practices that can jeopardize a medical career and place patients at risk. Program components include didactic presentations by Board executive staff, review and discussion of resource materials provided by the Board, and medical student attendance at a Medical Board meeting.

**Working with stakeholders:** Working with key stakeholders is another aspect of the Medical Board’s educational outreach program. The Medical Board participates in the annual meetings of state professional associations, including the Ohio State Medical Association, the Ohio Osteopathic Association, the Ohio Podiatric Medical Association, the Ohio Hospital Association, the Ohio Association of Physician Assistants, the Ohio Massage Therapy Association, the Ohio Academy of Family Physicians, and the Ohio Association of Health Plans. During FY13, Medical Board representatives participated in national educational programs provided by the Federation of State Medical Boards, the American Osteopathic Association, Administrators in Medicine, the Citizen Advocacy Center, and the Federation of State Massage Therapy Boards.

## Educational Outreach Activities

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**Website:** The Medical Board’s website – [www.med.ohio.gov](http://www.med.ohio.gov) – is a strong educational tool for the agency. Website content is frequently updated to provide the most current information to users about the Medical Board and its services. Web based e-business services, such as online licensure applications for physicians, and online licensure renewal for all licensees regulated by the Medical Board, improve operational efficiency and service to our licensees. A redesign of the website is planned for completion in FY14.

**Social Media:** The Medical Board’s Facebook page enhances the Board’s website. Periodic notices about rules hearings, potential law changes, meeting notices for the Board and its advisory groups, highlights of Board meeting agendas, website content updates, and time sensitive announcements can be found on the Medical Board’s Facebook page.

## Public Records

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The Medical Board receives numerous requests for copies of public records each year. While many documents are available through the Medical Board’s website, requests for more complex records are provided by the agency. Requests for disciplinary action files, licensure files and board meeting materials are the most frequently requested documents. A response to a public records request may require providing hundreds, and in a few cases, thousands of pages of material.

	FY13	FY12
Public Records items requested	471	451
Number of pages of documents provided in response to requests	50,741	71,090

## State and National Activities

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The Medical Board plays a vital role in the retention and development of the healthcare workforce in Ohio and serves as a resource to policymakers. Members of the Board and executive staff serve in leadership roles and actively participate in a number of national organizations and committees addressing a broad range of critical issues including the Federation of State Medical Boards, Administrators in Medicine, American Association of Osteopathic Examiners, and the Federation of State Massage Therapy Boards. Medical Board member Lance A. Talmage, MD, served as Chair of the Board of Directors of the Federation of State Medical Boards from April 2012 to April 2013.

The Board is actively involved with the Governor’s Cabinet Opiate Action Team and related subcommittees. The Board participates in the Prescription Drug Abuse Action Group facilitated by the Ohio Department of Health, the Ohio Council of Medical School Deans, the Patient Centered Medical Home Education Advisory Committee, the Health Information Technology Interagency Work Group, and the Ohio Boards and Commissions Management Group. Representatives from the Medical Board serve on the Committee for Prescriptive Governance facilitated by the Ohio Board of Nursing. Additionally, the Medical Board works with the Health Policy Institute of Ohio on telehealth and workforce issues.

# Board Action Definitions

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<b>PERMANENT REVOCATION</b>	The permanent loss of a certificate to practice in Ohio and the inability, at any time, to reapply for or hold any certificate to practice in Ohio. An individual whose certificate has been permanently revoked shall forever thereafter be ineligible to hold any certificate to practice, and the board shall not accept from that individual an application for reinstatement or restoration of the certificate or for issuance of a new certificate. (Rule 4731-13-36 (A), Ohio Administrative Code)
<b>REVOCATION</b>	The loss of a certificate to practice in Ohio. An individual whose certificate has been revoked shall be eligible to submit an application for a new certificate. All disciplinary action taken by the board against the revoked certificate shall be made a part of the board's records for any new certificate granted under this rule. (Rule 4731-13-36 (B), Ohio Administrative Code)
<b>SUSPENSION</b>	The temporary loss of a certificate to practice in Ohio. A suspension shall be imposed for either a definite or an indefinite period of time. (Rule 4731-13-36 (C), Ohio Administrative Code)
<b>LIMITATION</b>	Precludes the certificate holder from engaging in a particular conduct or activity, to impose conditions on the manner in which that conduct or activity may be performed, or to require the certificate holder to abide by specific conditions in order to continue practicing medicine. A limitation shall be either temporary or permanent. (Rule 4731-13-36 (D), Ohio Administrative Code)
<b>PROBATION</b>	A situation whereby the certificate holder shall continue to practice only under conditions specified by the board. Failure of the certificate holder to comply with the conditions of probation may result in further disciplinary action being imposed by the board. The probation period shall be for either a definite or indefinite term. If probation is for an indefinite term, the board shall establish a minimum probation period and the board shall release the certificate holder from the conditions of probation upon completion of the minimum probation period and upon the board's determination that the purpose of probation has been fulfilled. (Rule 4731-13-36 (E), Ohio Administrative Code)
<b>PERMANENT DENIAL</b>	The permanent denial of an application for a certificate to practice in Ohio. An individual whose application for a certificate has been permanently denied shall forever thereafter be ineligible to apply to the board for any certificate to practice, and the board shall not accept from that individual an application for issuance of a certificate. (Rule 4731-13-36 (J), Ohio Administrative Code)
<b>REPRIMAND</b>	The certificate holder is formally and publicly reprimanded in writing. (Rule 4731-13-36 (F), Ohio Administrative Code)
<b>NO FURTHER ACTION</b>	The Board finds that a violation occurred but declines to impose any disciplinary sanction. (Rule 4731-13-36 (G) Ohio Administrative Code)



# Board Action Definitions

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<b>DENIAL</b>	The denial of an application for a certificate to practice in Ohio. An individual whose application for a certificate has been denied shall be eligible to submit a new application for a certificate. In determining whether to grant a new application, the board may consider any statutory violations that were committed by the individual before or after the denial of the individual's previous application, including those that formed the basis for the denial. (Rule 4731-13-36 (K), Ohio Administrative Code)
<b>CONSENT AGREEMENT</b>	Conditions and limitations placed on licensee's practice by mutual agreement with the Medical Board.
<b>VOLUNTARY SURRENDER</b>	Practitioner surrenders license to practice in lieu of further disciplinary proceedings; may authorize the Board to permanently revoke or revoke the practitioner's license without further legal proceedings.
<b>DISMISSAL</b>	The board finds that no violation has occurred. (Rule 4731-13-36 (H), Ohio Administrative Code)
<b>SUMMARY SUSPENSION</b>	License to practice is suspended prior to a hearing based on clear and convincing evidence of a violation and that continued practice by the licensee poses a danger of immediate and serious harm to the public. (Section 4731.22 (G), Ohio Revised Code)
<b>AUTOMATIC SUSPENSION</b>	License to practice is suspended prior to a hearing when a licensee pleads guilty to, is found by a judge or jury to be guilty of, or is found eligible for intervention in lieu of conviction in this state or treatment or intervention in lieu of conviction in another jurisdiction for specified crimes of violence. (Section 4731.22 (I), Ohio Revised Code)  License to practice is automatically suspended if the licensee is adjudged by a probate court to be mentally ill or mentally incompetent. (Section 4731.221, Ohio Revised Code)
<b>IMMEDIATE SUSPENSION</b>	License to practice is suspended prior to a hearing pursuant to Section 3719.121, Ohio Revised Code, when a licensee pleads guilty to, is found by a judge or jury to be guilty of, or is found eligible for treatment in lieu of conviction of a felony drug abuse offense.
<b>INTERIM AGREEMENT</b>	Licensee agrees to cease practice or to practice with limitations until the administrative hearing process is completed and the Board issues a Final Order imposing a disciplinary sanction.
<b>NOTICE OF OPPORTUNITY for HEARING</b>	In compliance with Ohio's Administrative Procedures Act (Chapter 119, Ohio Revised Code), a formal notice letter is sent to an individual informing them that the Medical Board intends to take action based upon the reasons listed in the letter. The letter also advises the individual that they may request a hearing on the matter but the hearing request must be received within 30 days of the date the notice was mailed by the Board.

Medical Board disciplinary actions are published each month in the *Formal Action Report* available on the Medical Board's website.