



State Medical Board of
Ohio

Annual Report Fiscal Year 2017

**State Medical Board of Ohio
Annual Report
July 1, 2016 – June 30, 2017: Fiscal Year 2017 (FY17)**

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Agency Mission & Goals

The State Medical Board of Ohio issues licenses and oversees the practice of allopathic physicians (MD), osteopathic physicians (DO), podiatric physicians (DPM), massage therapists (LMT), and cosmetic therapists (CT) under the authority of the Medical Practices Act, Chapter 4731, Ohio Revised Code (ORC). The Medical Board continues to regulate naprapaths and mechanotherapists licensed by the Board before March 1992.

The Medical Board also regulates Physician Assistants, ORC 4730, Anesthesiologist Assistants, ORC 4760, Acupuncture & Oriental Medicine, ORC 4762, Radiologist Assistants, ORC 4774, and Genetic Counselors, ORC 4778.

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 persons practicing medicine meet sufficient standards of education, training, competence and ethics.
- Define and advocate for standards of safe medical practice.
- 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.

About the Medical Board

Composition: The State Medical Board of Ohio is comprised of twelve members: nine physicians (seven MD, one DO, one DPM) and three non-physician public members. 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 FY17, the Medical Board met each month in the Administrative Hearing Room on the 3rd floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio. Meeting agendas and minutes are available on the Board's website, med.ohio.gov.

In addition to the regularly scheduled monthly meetings in FY17, the Board met two times by telephone conference (8/1/16 and 2/13/17) to issue summary suspensions or accept a voluntary surrender of a license and held one retreat to discuss specific issues.

Board members during FY17:

Amol Soin, MD, MBA
President
Dayton – Pain Management
Term: 4/17/2013 – 3/18/2018

Robert Giacalone, RPh, JD
Vice President
Dublin – Public Member
Term: 10/29/2013 – 7/31/2018

Kim G. Rothermel, MD
Secretary
Columbus – Pediatrics
Term: 3/20/2017 – 3/18/2022

Bruce Saferin, DPM
Supervising Member
Toledo – Podiatry
Term: 9/10/2013 – 12/27/2017

Richard Edgin, MD
Columbus – Gastroenterology
Term: 8/11/2015 – 3/18/2020

Michael Gonidakis, JD
Columbus – Public Member
Term: 10/29/2012 – 7/31/2017

Donald R. Kenney, Sr.
Westerville – Public Member
Term: 2/13/2012 – 7/31/2017

Andrew Schachat, MD
Cleveland – Ophthalmology
Term: 7/2/2014 – 3/18/2019

Michael Schottenstein, MD
Columbus – Psychiatry
Term: 6/12/2015 – 3/18/2018

Anita M. Steinbergh, DO
Columbus – Family Medicine
Term: 7/8/1993 – 4/25/2018

Ronan Factora, MD
Cleveland – Geriatrics
Term: 8/12/2016 – 3/18/2019

Mark A. Bechtel, MD
Columbus – Dermatology
Term: 1/3/2017 – 3/18/2021

Mr. Gonidakis served as Board president 7/1/16 through 12/31/16.

Dr. Soin served as Board president 1/1/17 through 6/30/17.

About the Medical Board



*Front row, left to right: Dr. Saferin, Dr. Rothermel, Dr. Steinbergh, Dr. Bechtel, Dr. Edgin.
Back row, left to right: Mr. Giacalone, Dr. Soin, Dr. Factora, Mr. Kenney, Mr. Gonidakis, Dr. Schottenstein, Dr. Schachat.*

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

Committee meetings are generally held the day of the monthly Board meeting 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 currently the only statutorily required committee of the Medical Board. In compliance with ORC 4730.05, 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 ORC 4370.38. Recommendations made by the PAPC are forwarded to the Board's Physician Assistant/Scope of Practice Committee for further review and recommendation to the full Board.

Agency Staffing and Funding: The Executive Director oversees day-to-day operations of the agency. During FY17, staffing levels included 82.5 positions. Medical Board operations are funded exclusively through licensing and other authorized fees that are non-general revenue fund sources.

Staffing Strategy: Whenever a vacancy occurs, the Board re-examines the need for the specific duties and priorities before backfilling the position. In many cases a vacant position is repurposed to another area of higher need. During FY17 the Board continued to operate within its personnel ceiling of 82.5 positions. Temporary services were used as needed to address any gaps in workflow.

Fiscal Report

FY17 Revenue by Revenue Category

Medical Board operations are funded exclusively through licensing and other authorized fees. The Board receives no funding from the state's general revenue sources. FY17 revenue totaled \$9,729,510.

By Revenue Category	FY17
(422005) Renewal	\$ 6,873,225
(426095) Reinstatement	\$ 308,915
(426096) Restoration	\$ 38,070
(426097) Certificate of License	\$ 1,489,570
(426098) Training Certificate	\$ 181,725
(426099) Training Cert Renewal	\$ 159,810
(426100) Pre-Ed Certificate	\$ 103,110
(426106) Dup Certificates/Wallets	\$ 7,140
(426108) Special Activity	\$ 2,000
(426119) Telemedicine	\$ 600
(426110) Telemedicine Renewal	\$ 20,520
(426119) Reinstatement Penalty	\$ 97,350
(426120) Restoration Penalty	\$ 23,775
(426121) Cert of Verification	\$ 388,250
(450022) Fines	\$ 33,500
(452518) Public Records	\$ 15
(452525) Reimbursement-Variou	\$ 1,935
Total	\$ 9,729,510

Fining Authority: The Medical Board was granted the authority to levy fines in tandem with formal action against licensees (for conduct after September 27, 2015). During FY17, the Board collected \$33,500 in fines. The money from fines supports education and outreach efforts.

Fiscal Report

FY 17 Revenue by License Type

By License Type	FY17
MD -- Medicine	\$6,725,280
DO -- Osteopathic Medicine	\$1,135,720
MT -- Massage Therapist	\$802,650
LICS -- Misc./Mechano./Limited Br.	\$395,390
MDEXP -- MD Expedited	\$223,000
PA -- Physician Assistant	\$222,700
DPM -- Podiatric Medicine	\$163,075
DOEXP -- DO Expedited	\$29,000
GC -- Genetic Counselor	\$11,625
CT -- Cosmetic Therapist	\$7,175
CCE -- Conceded Eminence	\$4,000
CRF -- Clinical Research Faculty	\$3,000
AA -- Anesthesiologist Assistant	\$2,450
STAFF/OTHER Reimbursements	\$1,935
AC -- Acupuncturist	\$800
RA -- Radiology Assistant	\$600
OM -- Oriental Medicine	\$425
DO -- Telemedicine	\$335
MD -- Telemedicine	\$335
PUBL -- Public Records (copies)	\$15
Total	\$ 9,729,510

Physician Loan Repayment Program (PLRP)

Physician loan
repayment
program
contribution:
\$460,520

Physician licensure biennial renewal fees are \$305 and \$285 of the fee supports Medical Board operations. The remaining \$20 is deposited in the state treasury to the credit of the Physician Loan Repayment Fund as required in ORC 4731.281(B)(1)(h), 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 communities and populations. 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 see patients regardless of ability to pay.

Fiscal Report

FY17 Expenditures

The Medical Board's spending authority is authorized by the legislature through the biennial budget process.

By Expense Category	FY17
Payroll	\$ 7,185,899
Purchased Personal Services	\$ 313,526
Operating Expenses	\$ 919,651
Travel Reimbursements	\$ 56,525
Equipment	\$ 22,724
Refund/Transfers/Reimbursements	\$ 25,220
Total	\$ 8,523,545

By Division	FY17
(355) Board Members (& PAPC)	\$ 118,125
(203) Strategic Services	\$ 1,093,177
(253) Compliance	\$ 176,261
(254) Enforcement	\$ 960,409
(100) Executive	\$ 352,316
(300) Hearing Unit	\$ 406,375
(252) Investigations	\$ 2,119,601
(120) Legal & Policy	\$ 734,140
(202) Licensure/Renewal	\$ 1,178,113
(255) Quality Intervention	\$ 311,504
(152) Operations (HR/Fiscal/Overhead)	\$ 1,127,524
Total	\$ 8,523,545

The State Medical Board of Ohio continues to be financially solvent, with a cash balance of \$ 4.15 million as of June 30, 2017. During FY17, the Board transferred \$1.488 million from its cash balance to the Department of Administrative Services for development of the eLicense 4.0 project.

Operating fund
cash balance:
\$4,151,806

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. The count includes Ohio license holders living both in-state and out-of-state.

Licensees Regulated by the Medical Board

License Type	Total Active Licenses as of			
	6/30/17	6/30/16	6/30/15	6/30/14
Allopathic Physician – MD	41,533	40,665	40,222	39,108
Massage Therapist – LMT	11,947	11,560	12,350	12,199
Osteopathic Physician – DO	6,430	6,164	5,931	5,685
MD Training Certificate	3,989	3,594	4,341	4,441
Physician Assistant – PA	3,506	2,720	2,962	2,639
DO Training Certificate	1,162	1,071	1,147	1,145
Podiatric Physician – DPM	977	969	984	989
Genetic Counselor	265	221	171	130
Anesthesiologist Assistant – AA	262	241	205	198
Acupuncturist – LAc	243	242	234	205
Cosmetic Therapist – CT	177	183	177	179
Telemedicine Licenses	157	134	168	167
DPM Training Certificate	93	96	125	124
Oriental Medicine Practitioner	41	32	24	17
Radiologist Assistant – RA	15	14	12	9
Mechanotherapist – DM	14	15	18	24
Naprapath – NAP	1	1	1	1
Total	70,638	67,922	69,072	67,260

Licensure Activities

Initial Licenses Issued

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

Type of License	FY17	FY16	FY15	FY14
Allopathic Physician (MD)	2,703	2,299	2,427	2,386
Osteopathic Physician (DO)	577	466	461	461
Massage Therapist	573	617	629	624
Physician Assistant	411	344	309	275
Genetic Counselor	62	55	43	130
Podiatric Physician (DPM)	46	33	29	42
Anesthesiologist Assistant	25	24	23	9
Acupuncturist	9	19	27	15
Cosmetic Therapist	7	7	13	6
Oriental Medicine Practitioner	7	10	7	16
Radiologist Assistant	3	2	3	0
Total	4,420	3,876	3,971	3,964

FY17 License Processing Timelines

Processing time of application without a complaint*

License Type	Total Issued	Median Processing Days	One Standard Deviation above median	One Standard Deviation below median
MD & DO	2,621	26	42%	48%
DPM	41	22	37%	49%
MT & CT	443	30	37%	47%

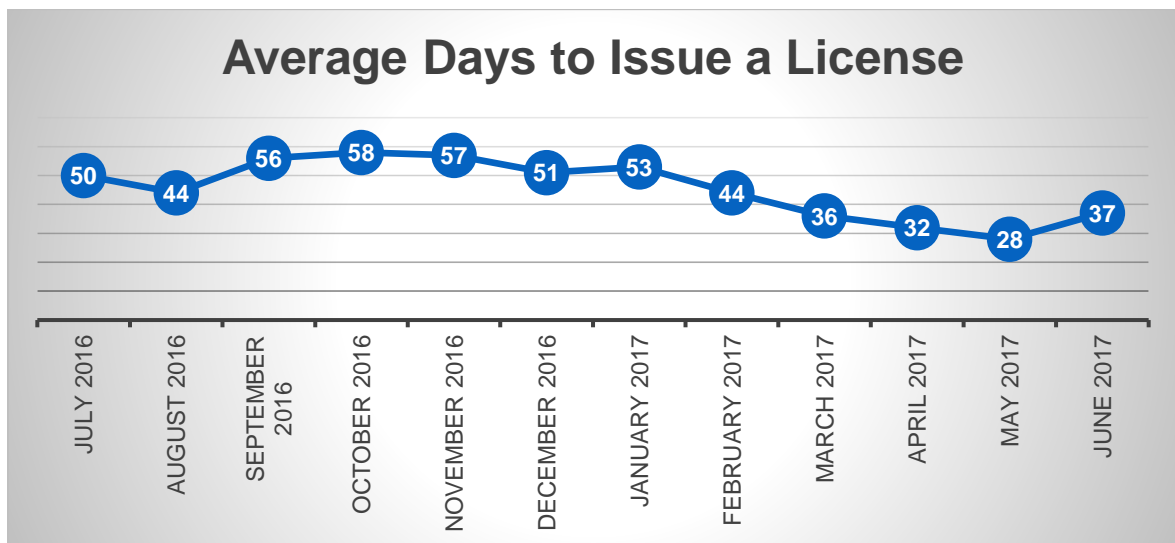
Licensure Activities

Processing time of application with a complaint*

License Type	Total Issued	Median Processing Days
MD & DO	659	41
DPM	5	55

*An application with complaint means that a potential violation of the statutes and/or rules enforced by the Medical Board has been identified in the application materials and further review by the Board's Secretary and Supervising Member was required.

MD-DO License Processing Time



The Medical Board also issues the following types of certificates to practice:

Special Certificates	FY17	FY16	FY15	FY14
Training Certificates – MD, DO, DPM	2,706	2,973	2,850	2,782
Special Activity Certificates	15	36	26	24
Telemedicine Certificates	11	13	16	32
Clinical Research Faculty Certificate	5	12	12	10
Conceded Eminence Certificate	2	1	3	2
Visiting Clinical Professional Development Certificate	1	0	0	0

Licensure Activities

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 qualify for Emeritus Registration. Emeritus practitioners are no longer entitled to engage in the practice of medicine, massage therapy or cosmetic therapy. There were 207 Emeritus registrations issued in FY17.

Volunteer's Certificates: ORC 4731.295 allows 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. No requests for a volunteer certificate were received in FY17.

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. Successful completion of national certification examinations is required for those applying for licensure as an anesthesiologist assistant, radiologist assistant, physician assistant, massage therapist, acupuncturist or oriental medicine practitioner.

The Medical Board administers a licensure examination for cosmetic therapy applicants. Twelve candidates sat for the cosmetic therapy licensure exam which was offered four times during FY17. Successful completion of the Ohio exam is required for cosmetic therapy licensure.

Limited Branch Schools

The Medical Board issues Certificates of Good Standing to schools offering courses in massage therapy or cosmetic therapy that satisfying the statutory requirements for curriculum content and instruction hours. The complete list of approved limited branch schools is available on the Medical Board's website, med.ohio.gov.

Strategic Licensure Projects

eLicense Release 4 successfully went live on June 19, 2017. All physicians were moved to the new licensure portal as planned; they could log in and start renewing immediately. In the first two weeks of Release 4 going live, the Medical Board had 1,158 online renewals, 172 new applications submitted, and issued over 120 new licenses.

On the go-live day, a "hyper care" support team was in place to address any technical issues that came up such as the glitch with auto-generating new physician license numbers. These small problems were quickly fixed. Additionally, staffing was increase to provide an even higher level of customer support. The Board shifted customer service specialists to all act as frontline phone receptionists, ensuring callers reached a live person the first time they dialed. The board also offered extended customer support hours during the first weekend eLicense 4.0 was deployed.

Staff will continue to engaged in a continuous improvement effort that redefines work processes that align with the eLicense system capabilities, identifying and resolving system issues as they arise, and identifying system enhancements to improve the user experience.

Licensure Activities

Licensure Renewal

The Medical Board uses a staggered system for the biennial licensure renewal of allopathic physicians, osteopathic physicians, podiatric physicians, massage therapists and cosmetic therapists. The first letter of the licensee's last name determines if the license expires on January 1, April 1, July 1, or October 1, in either even numbered or odd numbered years. The licenses of anesthesiologist assistants, physician assistants, radiologist assistants, genetic counselors, acupuncturists and oriental medicine practitioners expire on January 31 of even-numbered years.

Because of the conversion to the eLicense platform, all renewals are now processed and paid via credit card online except naprapath, mechanotherapist, and restricted cosmetic therapist applications.

Number of Renewals Processed by License Type

License Type	FY17	FY16
Physicians (MD, DO, DPM)	22,329	22,446
Massage Therapist/Cosmetic Therapist	5,597	5,043
Training Certificate (annual renewal July)	4,529	4,375
Genetic Counselors	2	153
Acupuncturists and Oriental Medicine	0	236
Anesthesiologist and Radiologist Assistants	0	214
Physician Assistants	0	916
Total	32,457	33,383

Number of Late Renewals Processed

Late Renewals	FY17
Massage Therapist/Cosmetic Therapist	1,118
Physicians (MD, DO, DPM)	700
Physician Assistants	15
Genetic Counselors	3
Anesthesiologist & Radiologist Assistants	2
Acupuncturists & Oriental Medicine	1
Total	1,839

Investigations, Standards Review and Quality Intervention

The Medical Board protects 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. 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 due to chemical dependency, ethical violations, office practice management concerns, and other issues.

Two Medical Board members, the Secretary and the Supervising Member, oversee the agency’s investigative and enforcement activities. Complaints are reviewed to determine if the Board has jurisdiction over the subject of the complaint, and if so, if the allegations violate a section of Ohio law or a rule enforced by the Medical Board. The complaints received and investigations conducted by the Board are confidential per ORC 4731.22(F).

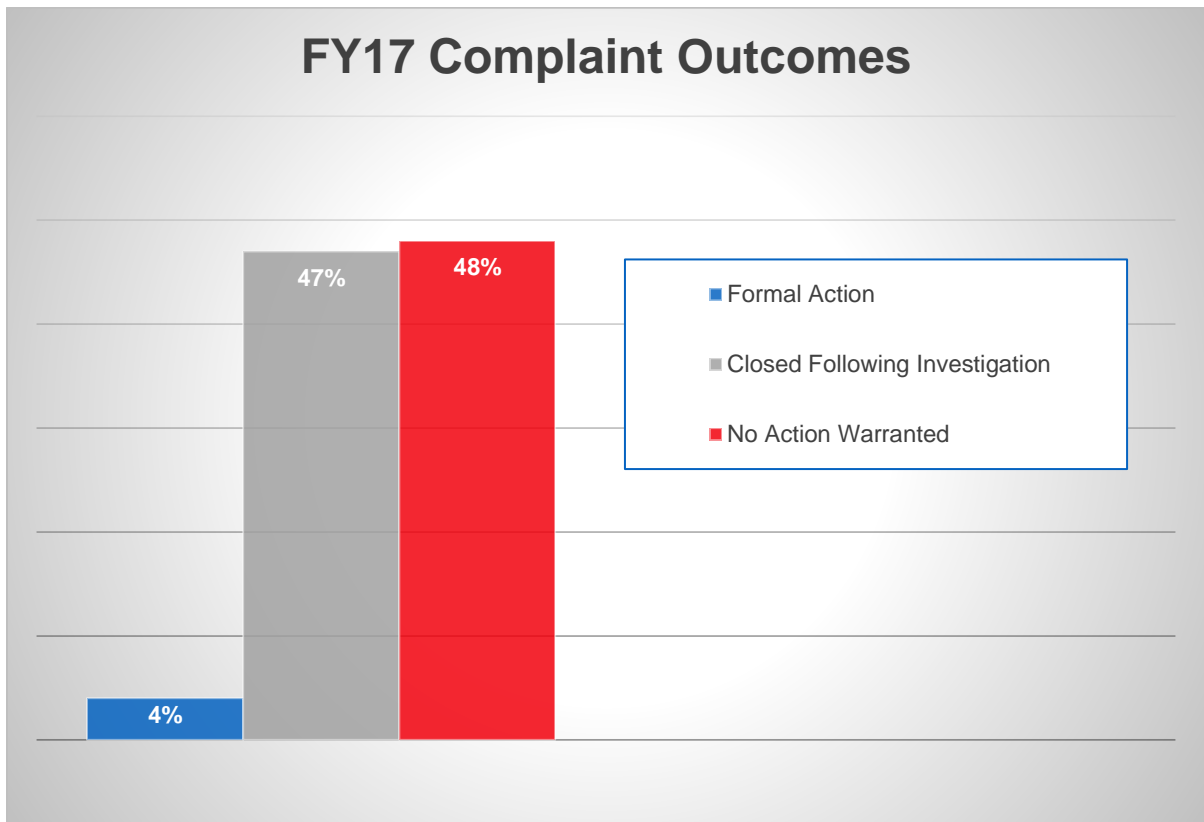
Complaint Metrics	FY17
New complaints received	5,426
Closed complaints (includes disposition of complaints received prior to FY17)	5,687
Median number of processing days from receipt of complaint to closure	19

Licensee Complaint Statistics

FY17 Medical Board Complaint Disposition

- Of the 5,687 complaints closed in FY17, 2,758 were closed as the issue reported to the Board involved a profession or facility not regulated by the Board or the issue did not warrant further review by the Board.
- There were 2,693 of complaints closed after investigation as the information obtained regarding the allegation did not support disciplinary action.
- The remaining 236 of complaints resulted in disciplinary action by the Board.

Investigations, Standards Review and Quality Intervention



Field Investigations: The Medical Board employs 20 field investigators who are based throughout the state.

Streamlined Investigator Processes and Materials: During FY17, the Board updated investigator processes to address highest priority cases more quickly, and resolve routine complaints as efficiently as possible. The Board developed a cloud-based system (with supporting hardware) to create immediate reports and instantaneous report filing in the field.

Standards Review & Quality Intervention Program: The Standards Review and Quality Intervention Program (QIP) is part of the Medical Board’s confidential investigatory process; it is designed to address quality of care complaints. The Medical Board contracts with physicians, and other industry professionals to evaluate certain complaint allegations to determine if the minimal standard(s) of care has been provided to the patient. While some complaints are sent on for formal disciplinary action, most complaints evaluated by this section are resolved via non-disciplinary means.

Investigations completed: 976
Subpoenas issued: 906

Investigations, Standards Review and Quality Intervention

(continued) Standards Review & Quality Intervention Program: This program focuses on intervention, with the goal to guide licensees who are beginning to show poor practice patterns or who are failing to keep up with changes in practice standards. With 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.

Currently, two nurses are employed by the Board to manage the complaints in the Standards Review section.

From July 1, 2016, to June 30, 2017, the Standards Review and Quality Intervention section closed 420 complaints following review without taking any further action. Additionally, 26 licensees were referred to remedial education and 46 licensees were cautioned regarding their practice.

Enforcement and Compliance

Enforcement: Enforcement staff review the complaints 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.

Enforcement Metrics	FY17
Depositions conducted by enforcement	16
Subpoenas issued by enforcement	388
Interrogatories generated by enforcement	90

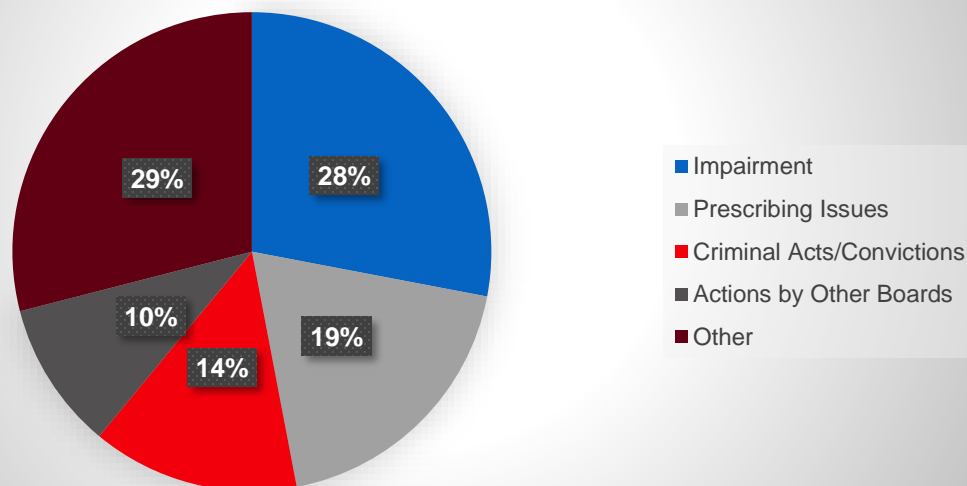
FY17 Cases/Complaints	Total New	Total Resolved	Median Days
Cases	468	464	119
Complaints	808	564	49
Impairment		23	94
Licensure		68	51
Criminal Acts/Other State		219	20
Prescribing issues		86	116
Other		119	91

The Medical Board imposed 165 disciplinary sanctions and issued 75 citations in FY17.

Enforcement and Compliance

Types of Actions Imposed	FY17	FY16	FY15	FY14
Revocations	50	47	41	64
Probations	31	38	44	45
Indefinite Suspensions	28	44	37	33
Definite Suspensions	10	12	2	4
Reprimands	10	4	6	1
Surrenders/Retirements	10	5	3	5
Summary Suspensions	10	13	8	11
Disciplinary Licensure Denials or Withdrawals	7	18	11	22
Automatic Suspensions	4	3	2	2
Practice Limitations	3	3	1	4
Other penalty imposed	2	10	0	0
Immediate Suspensions	0	1	1	2
No Penalty Imposed/No Further Action	0	2	0	3
Total	165	200	156	196

Top Reasons for Board Discipline in FY17



Top Reasons for Disciplinary Action	FY17	FY16	FY15	FY14
Impairment	28%	25%	35%	31%
Prescribing Issues	19%	20%	19%	21%
Criminal Acts/Convictions	14%	13%	12%	18%
Actions by Other Boards or Agencies	10%	8%	11%	6%

Enforcement and Compliance

Compliance Monitoring: The Medical Board's compliance staff monitored 319 licensees on probation in FY17. 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 30 such conferences each month.

During FY17, the Medical Board approved 153 requests from licensees on probation for remedial education course approvals, chart review, or other modifications related to compliance with their Board sanction. The Board also approved the release of 49 licensees from the probationary terms and conditions included in their Board Order or Consent Agreement.

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 ORC 4731.25 and in Ohio Administrative Code 4731-16. The list of approved treatment providers is available on the Medical Board's website, med.ohio.gov.

Administrative Hearings

Hearing Unit: The Medical Board's Attorney Hearing Examiners conduct the administrative hearings of practitioners who requested a hearing regarding citation issued by the Medical Board. Following the conclusion of the administrative hearing, the 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 FY17, 43 administrative hearings were held.

In some situations, after having been notified of the citations issued by the Board, the practitioner does not request an administrative hearing. If that occurs, the Board can either act based upon the information in the citation, which often occurs in less complex cases, or it can request a Hearing Examiner review the Board's evidence to support the charges and prepare a Proposed Findings and Proposed Order, which includes a proposed disciplinary sanction for consideration by the Board members. It is similar in format to a Report and Recommendation, but there is no hearing and there is no evidence presented by the respondent, who waived his or her right to a hearing by failing to submit a hearing request. During FY17, the Hearing Examiners prepared 13 Proposed Findings and Proposed Orders

Administrative Hearings

The Attorney Hearing Examiners also preside at public rules hearings regarding administrative rules promulgated by the agency. They prepare a report of the hearing for consideration by the Board members. Four public rules hearings were held in FY17.

Hearing Unit Metrics	FY17	FY16	FY15	FY14
Median calendar days from hearing request to first day of hearing	150	131	119	90
Median calendar days from close of hearing record to filing Report & Recommendation	31	33	27	24
Median calendar days from filing Report & Recommendation to effective date of final order	49	44	49	44

Public Records Responses

Public record requests received in FY17: **530**

Median days to completion: **1.5**

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.

Educational and Outreach Activities

Rebranding: In August 2017, the Medical Board communications department undertook a rebranding campaign. The goal was to create a new logo that could be used for agency identification and consistency in graphic design elements used on items such as letterhead, the website and educational handouts. Following small focus groups with staff and Board members, a logo was created with the assistance of DAS designers. The Medical Board brand guidelines were created as a reference for staff.



Educational and Outreach Activities

Website Redesign and Migration: While updating the look on the new website was a substantial change, the more significant changes med.ohio.gov yielded more user-friendly navigation and mobile access. All page layouts and content were reviewed, updated and reorganized during the website redesign and migration to the new content management system.

Social Media: Licensees and other stakeholders can now receive updates and helpful information from the Medical Board via social media. Launched in FY17, @ohiomedboard is now the Twitter handle for the Board. Additionally, the Board’s YouTube channel was revamped and now includes numerous videos ranging from eLicense user support to anti-human trafficking awareness. The eLicense YouTube tutorial videos had more than 1,300 views in less than a month.



Outreach: The Medical Board continues its efforts to continually improve the information provided to licensees, the public, stakeholders, the media, and other interested parties. During FY17, 80 educational presentations were provided. Board members gave 12 presentations and senior staff provided 68 presentations to state and national audiences.

Topic	Staff Presentation
Medical Board Overview and Updates Regarding Laws, Rules, Processes	55
Prescribing Practices	8
Licensure Process	3
Professional Ethics	2

Medical Board eNews: In FY17, the Medical Board prepared and distributed 12 issues of the Medical Board eNews to licensees. This electronic newsletter keeps licensees abreast of policy and rules updates that impact their practice. Issues of eNews are available on the Medical Board’s website.

HealthScene Ohio: The Medical Board now produces a quarterly publication that highlights the good work of the Board and Ohio’s medical professionals. Distribution includes all 70,000 of the Board’s licensees, as well as 40,000 print copies sent around the state to healthcare locations accessible to the public. Because of a partnership with CityScene Media Group, the board produces and distributes the magazine at zero cost to licensees.

Bridge Program: Following the FY16 pilot with The Ohio State University College of Medicine, the Medical Board expanded the licensure engagement initiative in FY17. Now formally named the Bridge Program, this partnership sends licensure staff and materials to graduating residents, and helps large groups fill out applications on-site. The goal is to have medical students be educated in Ohio, train in Ohio and keep good doctors practicing in Ohio. During FY17, Board staff visited or held planning calls with Ohio State, Adena, Case Western Reserve University, Cleveland Clinic, MetroHealth and NeoMed.

Educational and Outreach Activities

OARRS Data Project: In response to OARRS reporting data provided by the State of Ohio Board of Pharmacy, the State Medical Board of Ohio began monthly communications to licensees who appeared on the report. The first communications were based on August data and emailed on September 30, 2016.

