The Medical Board is the state agency charged with regulating the practice of medicine and selected other health professions.

12 persons appointed by the governor to 5-year terms; may be reappointed.

- 9 doctors: 7 MDs, 1 DO, and 1 DPM
- 3 consumer members

Board meets monthly - approves licensure applications, issues disciplinary orders, and addresses policy issues.
<table>
<thead>
<tr>
<th>Medical Doctors</th>
<th>Anesthesiologist Assistants</th>
<th>Massage Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>42,265</td>
<td>249</td>
<td>12,090</td>
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<tr>
<td>Osteopathic Physicians</td>
<td>6,676</td>
<td>Physician Assistants</td>
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<tr>
<td>Podiatric Physicians</td>
<td>956</td>
<td>Radiologist Assistants</td>
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<tr>
<td>Training Certificates MD-DO-DPM</td>
<td>5,998</td>
<td>Genetic Counselors</td>
</tr>
<tr>
<td>New license types added January 2018</td>
<td>Dietitians</td>
<td>4,298</td>
</tr>
<tr>
<td>Acupuncturists</td>
<td>226</td>
<td>Oriental Medicine Practitioners</td>
</tr>
</tbody>
</table>

Data from FY18 annual report
Core Services

- Licensure – initial license and biennial renewal
- Confidential complaint investigations
- Public disciplinary action
- Probationary monitoring of licensee with Board actions
- Educational outreach
What is a complaint?

Any allegation of licensee misconduct received by the Medical Board

Complaints are confidential

Does not have to be practice related

Over 5,500 new complaints received in FY18
Medical Board
Disciplinary Process

1. complaint
2. review
3. results

Investigation if potential violation of law or rule
Medical Board Investigations

- Ohio law makes complaints received by the Medical Board and Board investigations confidential.

- The Board may share investigative information with law enforcement agencies, other licensing boards, or other governmental agencies that are prosecuting, adjudicating or investigating alleged violations of statutes or rules.

- Board disciplinary actions are public record – posted on med.ohio.gov and licensee profile on elicense.ohio.gov.
5,783 Closed Complaints

No action warranted
2,700 complaints closed as the issue involved profession not regulated by Board or no further review needed

Investigated then closed
2,822 complaints were closed after investigation as information obtained about allegation did not support Board action

Board action
261 complaints resulted in disciplinary action by the Medical Board
Basis for Disciplinary Action

- Prescribing issues: 27%
- Impairment: 32%
- Actions by other Boards/Agencies: 10%
- License Limitation violation: 6%
- Criminal Acts/Convictions: 8%
- Sexual misconduct: 7%
- Misc. Other: 10%

Data from FY18
Ohio's Prescription Drug Monitoring Program
OARRS contains Rx history report for all controlled substances (schedule II-V)

Statutes and rules define when OARRS report required
When to Check

- Request OARRS information that covers at least the previous 12 months before initially prescribing an opioid analgesic or benzodiazepine.
- If treatment continues longer than 90 days, check OARRS at least once every 90 days until the course of treatment ends.
- If patient treated for more than 90 days with a Schedule II – V drug other than opioid analgesic/benzodiazepine, check OARRS annually after initial report.
- Document in patient record that OARRS report was assessed and reviewed.
- Check OARRS if any red flags noticed.
Red Flags
Prescription Drug Abuse

**Look** for signs of drug seeking behavior
- Appearing impaired or overly sedated during office visit
- Traveling with others to office; requesting specific prescriptions
- Travelling abnormally long distances to the physician’s office

**Listen** for signs of drug seeking behavior
- Reports of lost prescriptions; requests for early refills
- Comments about sharing medications with family or friends
- Recurring visits to ER’s, urgent care centers, or walk-in clinics to get meds

**Check** for signs of drug seeking behavior
- Drug screen results inconsistent with drugs on treatment plan
- History of chemical abuse or dependency; illegal drug use
- Suffering an overdose
- Receiving abused drugs from multiple prescribers

Medical Board Rule 4731-11-11
Unless a physician believes a patient may be abusing or diverting drugs a physician is **not** required to check OARRS if a drug is prescribed:

- For not more than 7 days
- For treatment of cancer pain or condition associated with cancer
- To hospice patient in a hospice care program, or any other patient diagnosed as terminally ill
- To treat acute pain from surgery, invasive procedure, or delivery
- In a hospital, nursing home, or residential care facility
What to Look For in OARRS Report

- Current medications
- Medications the patient received during the time period of report
- Number of prescribers; overlapping prescriptions
- Early refills
- Discrepancies between what the report shows and history provided by the patient
What to Do With Identified Issues

Discuss with patient, record responses in patient chart

If the patient denies the prescription(s), do not assume that OARRS is right - contact the pharmacy to verify the prescription.
Case #1 – Misuse of PMP

Doctor found guilty of two counts of Attempted Misuse of the Ohio Automated Rx Reporting System (OARRS), misdemeanors of the first degree

Doctor admitted to accessing OARRS to obtain prescribing information about two people who were not patients
It was the doctor’s intention to determine whether the two individuals, one of whom was a potential witness against the doctor in a pending criminal matter, had fraudulently obtained controlled substances using the doctor’s DEA number.
Prescribing Issues and Prescribing Rules
Before prescribing controlled substances

- Consider drug’s potential for abuse
- Possibility the drug may lead to dependence
- Possibility that patient may obtain drug and distribute to others
- Possibility of illicit market for drug
Keep Good Patient Records

- Reflect the physician’s examination, evaluation and treatment
- Accurately reflect the use of any controlled substances in the treatment of the patient
- Indicate the diagnosis and purpose for which the controlled substance is utilized
- Any other information upon which the diagnosis is based
Ohio requires ICD-10 Codes on all Controlled Substance Rx

Prescribers required to include the first four alphanumeric characters (ex. M16.5) of the diagnosis code (ICD-10) of the all controlled substance prescriptions

Use the medical diagnosis code of the primary disease or condition that the controlled substance is being used to treat
Good Prescribing Practices

- Always consider potential for abuse, dependence, and/or diversion
- Maintain complete and accurate records – record all prescriptions
- Never self-treat using a controlled substance
- Never treat a family member using a controlled substance except in an emergency
- In general, do not provide a controlled substance or prescription drug to a person the prescriber has not physically examined
Problem Prescribing

- Inappropriately prescribing drugs to patients
- Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes
- Self & family prescribing of controlled substances
- OARRS (Ohio Automated Rx Reporting System) violations
- **DRUG CONVICTION** - Plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction of, a violation of any federal or state law regulating the possession, distribution, or use of any drug.

- **STANDARD OF CARE** - Departing from, or the failing to conform to, minimal standards of care of similar practitioners under the same or similar circumstances . . .

- **RULES VIOLATION** - Violating Board rule(s)
Case #2 – Rx Issues

- ER doctor wrote prescriptions for hydrocodone, Ambien and Xanax for a friend who was a surgeon
- ER doctor didn’t examine surgeon or keep patient records
- Prescribing based on what surgeon said about his history of cervical disc disease, insomnia and anxiety disorder
- Surgeon wrote 2 prescriptions for hydrocodone for the ER doctor for her back pain
- ER doctor shared the medicine with the surgeon as ER doctor “only needed a few”
Case #3 – Family Prescribing

- Doctor prescribed Vicodin and Ambien to two patients who were family members in non-emergency situations

- Didn’t document the prescriptions or any examination, evaluation or treatment in any patient record
Case #4 – Pain Prescribing

Multiple patients – high volume controlled substances

- Most patients received prescriptions for OxyContin, oxycodone or both; many also prescribed Valium
- Only payment method was cash – average $200/visit
- Skimpy documentation in patient record; similar information in each patient chart; little evidence of individualized treatment plan
- No follow-up on urine drug screen findings
- Often increased dosages of 30mg oxycodone from 60/month to 90/month even when patient’s pain was reduced - no explanation for increase in record
Prescribing Opiate Analgesics for Acute Pain

Rule 4731-11-13, Ohio Administrative Code
Effective 8-31-2017
Prescribing Opiate Analgesics for Acute Pain

“Acute pain” normally fades with healing, is related to tissue damage, significantly alters a patient’s typical function, and is expected to be time-limited.

- 7 days of opioids can be prescribed for adults
- 5 days of opioids can be prescribed for minors, but need written consent of parent or guardian

Prescribing opioids in excess of above limits requires a specific reason in the patient’s record.

Total morphine equivalent dose (MED) must be ≤ 30 MED average per day (limited exceptions).
MED Calculator

Go to OARRS website
oshiopmp.gov
Acute Pain Rules

- Effective August 31, 2017
- DO NOT apply to the use of opioids for the treatment of subacute or chronic pain
- Resources (video, FAQs, factsheet)
  - TakeChargeOhio.org
  - med.ohio.gov > Resources > Prescriber Resources
Chronic pain: lasting 12 weeks or more

Subacute pain: lasting more than 6 weeks but less than 12 weeks

Chronic and Subacute Pain Rx Rules
Chronic & Subacute Pain Rules

1. Increase patient awareness of the risk of opioid misuse and addiction

2. MED-specific checkpoints
Increase Patient Awareness

- Evaluate whether non-medication and/or non-opioid treatment are appropriate; document in patient record

- Prescribe opioids for the least amount of days & lowest strength needed
Increase Patient Awareness

Conduct & document in patient record:

- History, including risk for substance use disorder
- Appropriate physical exam
- Diagnostic tests, including urine drug screening
- OARRS check/prescription history
- Functional pain assessment
- Treatment plan
At 50 MED daily dose or higher:

Follow-up assessment and review of the patient’s response and adherence to treatment must occur at least every 3 months.
50 MED daily

- Review & update status of underlying condition causing pain
- Assess functioning
- Look for signs of prescription misuse
- Consider consultation with a specialist or obtain a medication therapy management review
- Obtain written informed consent from the patient

Chronic and Subacute Pain Rx Rules
80 MED daily

- Look for signs of opioid prescription misuse
- Consult with a specialist or obtain a medication therapy management review
- Require a written pain-management agreement
- Offer a prescription for naloxone to the patient

Chronic and Subacute Pain Rx Rules
Pain contract template available

Includes language required by rules

Sample Optate Pain Management Agreement

The purpose of this Agreement is to prevent misadministration of potent medications you will be taking for your pain management. This Agreement is to help you and your provider to comply with the laws regarding controlled substances.

I understand that it is illegal to possess, use, or sell a controlled substance, to misuse such a drug, to misrepresent the purpose for which a controlled substance is prescribed, or to abuse such a drug.

I understand that this Agreement is intended to be used for the purpose of ensuring compliance with the laws regarding controlled substances. The provider understands that you may seek other avenues to treat your pain.

I understand that if you break this Agreement, your provider will stop prescribing these pain-related medications.

If this were to happen, you would have to seek alternative means of pain management. A behavior modification program might also be recommended.

I will seek psychological treatment, psychotherapy, and/or psychological assessment if any provider recommends it.

I will cooperate fully with my provider about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medication is helping to control the pain.

I will not use any illegal, prescribed substances, nor will I abuse or sell prescribed substances.

I will disclose my medical history with anyone.

I will not attempt to obtain any controlled substances, including opioids and medications, through forged prescriptions, prescriptions obtained through fraudulent means, or any other means.

I will not neglect my pain management care (past, present, or future) nor will I abuse, neglect, or otherwise allow inappropriate use of substances. Use of substances and medications will not be replaced.

I agree that neither I nor my prescriber is authorized to refer to the pain of any other person unless as part of my own treatment.

I agree to use this pharmacy only with the telephone number.

Prescriber Resources
Recommendation from a board-certified pain medicine, hospice or palliative care physician that is based upon a face-to-face visit and examination

- No need for recommendation if the prescribing physician is board certified in pain medicine or hospice and palliative care
- Consultation not required if the patient was already on a dosage of 120 MED or more prior to 12/23/18

Chronic and Subacute Pain Rx Rules
Chronic & Subacute Pain Rules

Rules do not apply

• Patients receiving medication for terminal conditions
• Hospice care patients
• Patients in a hospital or in-patient setting where they are closely monitored
Rules do not take medication from patients already being treated for chronic pain

• No law for maximum dose or duration of treatment

• Patients already being treated with opioids for chronic pain, medical standards of care apply, but these patients do not have to consult with pain management specialist unless dosages increase above an average daily dose of 120 MED
Prescribing Opioids to Minors

Assess

for mental or substance abuse disorders and whether treatment included prescription drugs

Discuss

with the minor patient and the parent, guardian or other authorized adult

• The risks of addiction and overdose associated with the opioid
• The increased risk of addiction in patients diagnosed with mental and substance abuse disorders
• The dangers of taking opioids with benzodiazepines, alcohol or other CNS depressants

Obtain

written consent from the minor’s parent, guardian or other authorized adult on the Start Talking! Consent Form
Prescribing Opioids to Minors

Exceptions:

- Medical emergency
- Post-surgical treatment
- Provision of informed consent by parent or guardian would be detrimental to the minor’s health or safety
- Treatment is given in a facility, such as a hospital, ambulatory surgical center, nursing home
Model consent form for prescribing opioids to minors

med.ohio.gov

>Resources

>Prescriber Resources
Resources

med.ohio.gov > Resources > Prescribing Resources
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