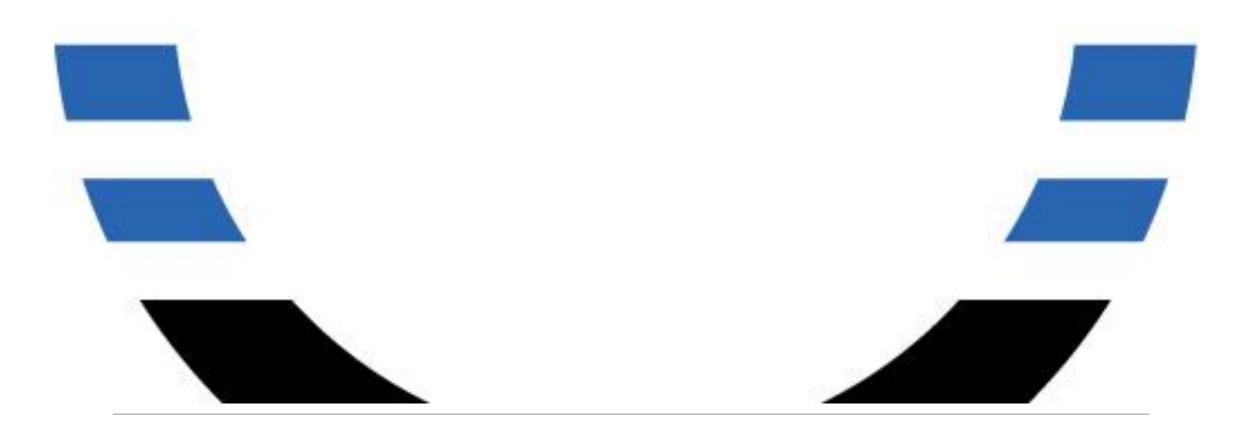


# Cleveland Academy of Osteopathic Medicine

SHERRY JOHNSON, DO MEDICAL BOARD UPDATE



# About the Medical Board

Protecting the public through effective medical regulation





#### **Statutes**

Laws enacted by Ohio legislature Ohio Revised Code (ORC)

#### Rules

Regulations developed and enacted by Medical Board

Ohio Administrative Code (OAC)

Rules clarify & amplify provisions in the Ohio Revised Code



### The Board

The Medical Board is the state agency charged with regulating the practice of medicine

and selected other health professions.

12 members appointed by the governor to 5-year terms:

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

The board meets the second Wednesday of each month in the Rhodes Office Tower.





# License Types

The Medical Board regulates more than 88,000 licensees.

Medical Doctors 42,007	Anesthesiologist Assistants 278	Massage Therapists 11,638
Osteopathic Physicians 6,826	Physician Assistants 4,149	Cosmetic Therapists 176
Podiatric Physicians 981	Radiologist Assistants 18	Acupuncturists 247
Training Certificates MD-DO-DPM 8,004	Genetic Counselors 377	Oriental Medicine Practitioners 59
	Dietitians 4,353	Respiratory Care 8,391

Data from FY19 annual report





#### Licensure

- Confidential investigations

Disciplinary actions

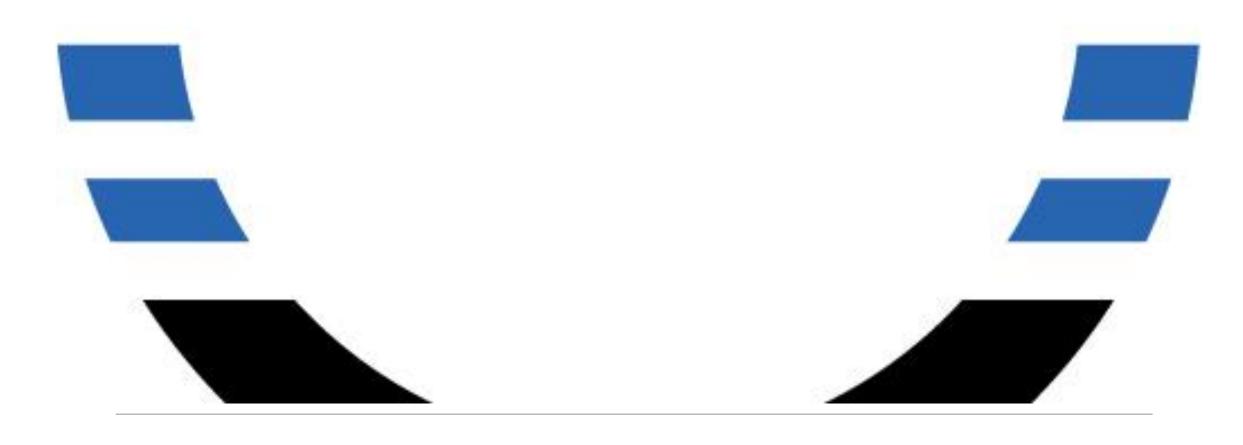


Probationary monitoring



Education & Outreach

### Medical Board Core Services



# Important Updates



# Physician Application Changes



eLicense.Ohio.gov

# **Reduced** application fee to \$305 from \$335

#### **Eliminated**

- ✓ Certificates of Recommendation
- ✓ Employer Recommendations
- √ Photographs
- √ Affidavits
- ✓ AMA or AOA profile as of 9-11-2019



### Address Updates

Medical Board licensees are required to provide written notice of any change of address for principal practice or place of residence within **30** days.

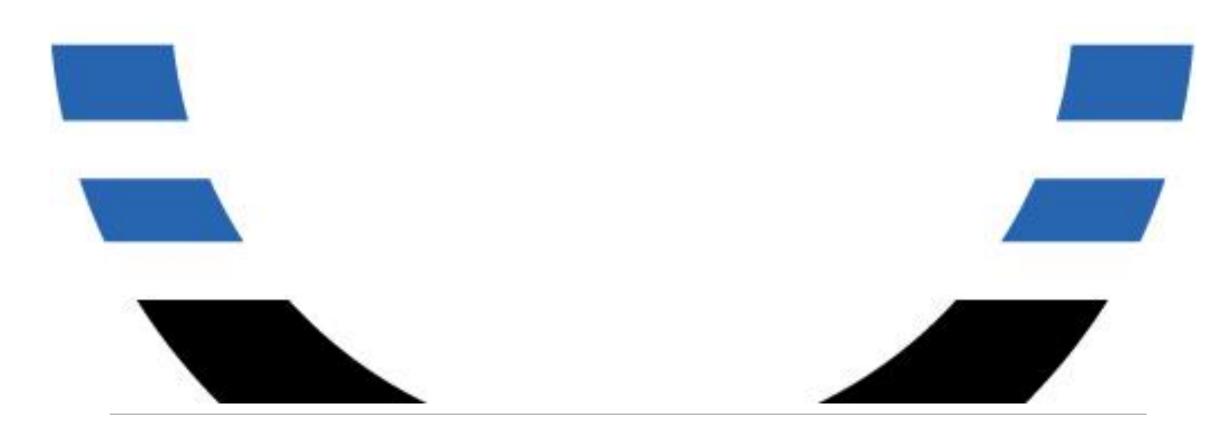


## Supervision Agreements

Supervision agreements are no longer required to be submitted to the board, but the supervising physician is responsible for the relationship.

- Both the physician and the PA must have access to the agreement.
- The board will audit for compliance and may impose up to a \$5,000 fine.

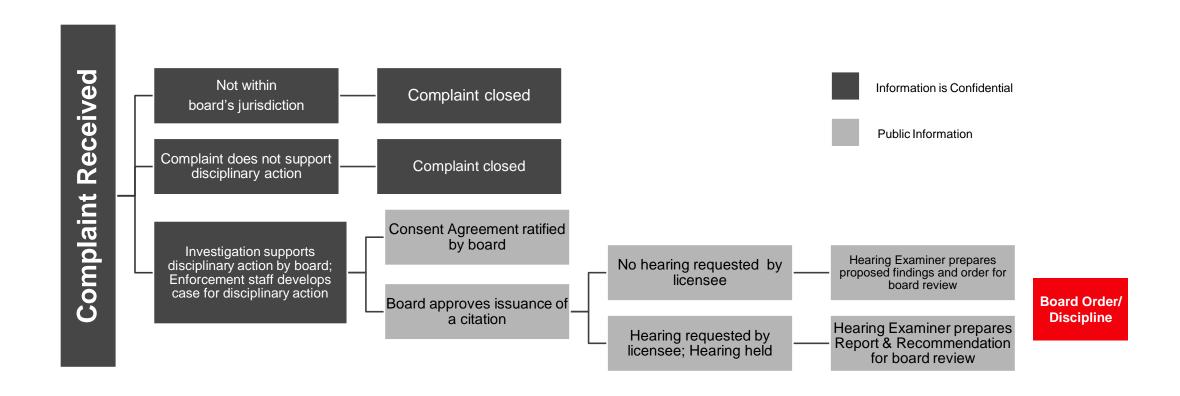
Physicians may supervise up to 5 PAs at one time.



# Complaint Process



# Complaint Investigation Key Steps



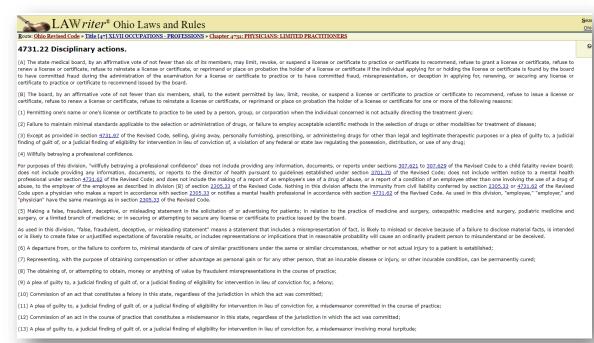


### Disciplinary Actions

Ohio statute identifies **51** grounds for board disciplinary action.

#### **Board action examples:**

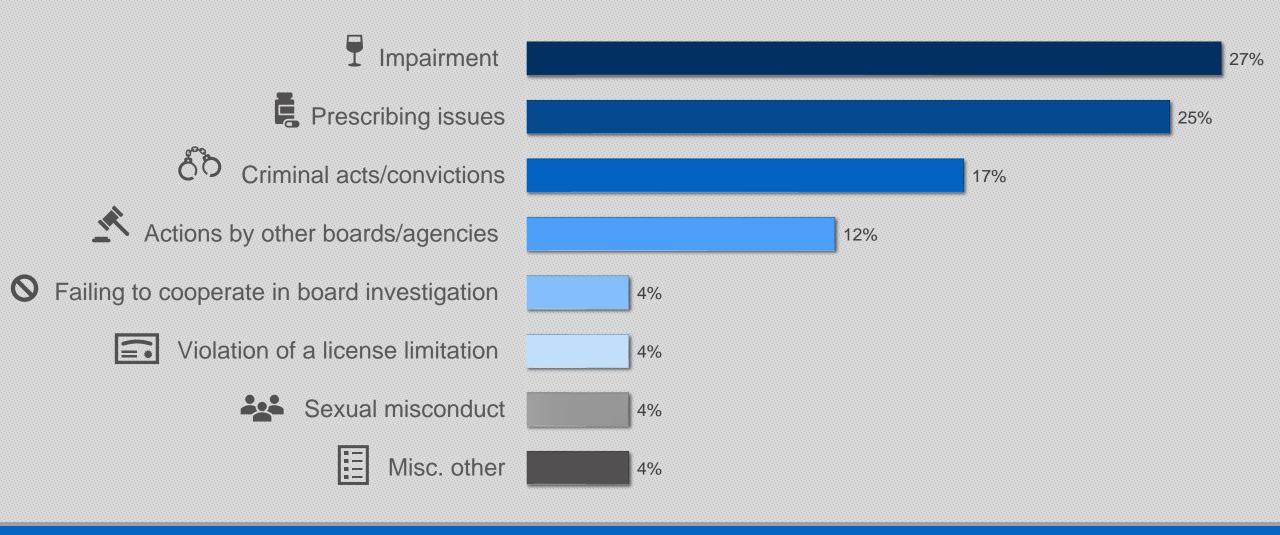
dismissal, reprimand, suspension, probation, permanent revocation, etc.

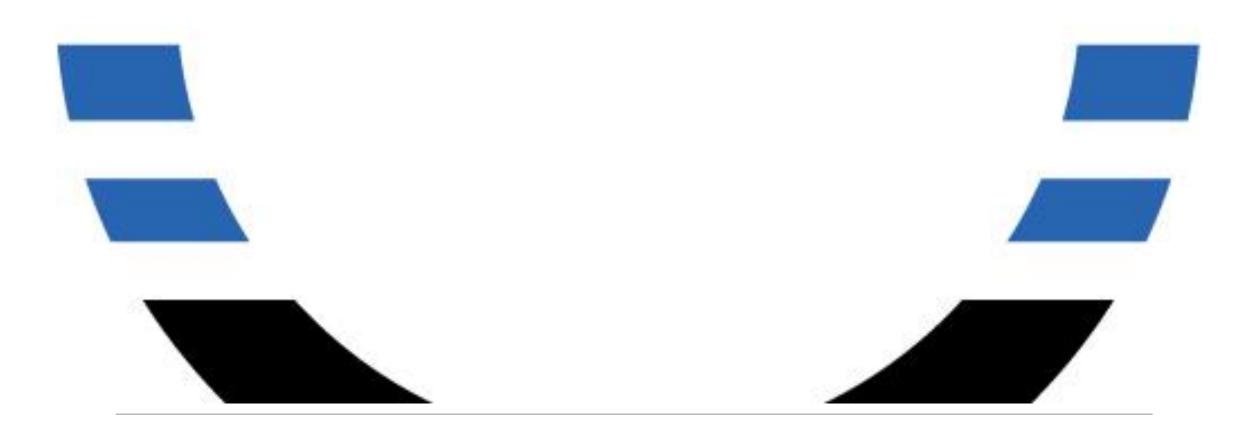


ORC 4731.22 (B)



# FY19 Basis for Disciplinary Actions





# Prescribing

- OARRS contains Rx history report for all controlled substances (schedule II-V)
- Statutes and rules define when OARRS report required



www.ohiopmp.gov



### Red flags

#### 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



### OARRS Exceptions

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:

- Fewer 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

### #1 Ohio

American Medical Association data shows Ohio had the most Prescription Drug Monitoring Program checks in 2017 and 2018.

More than 142 million queries!



State	Queries, 2014	Queries, 2015	Queries, 2016	Queries, 2017	Queries, 2018	
Alabama		13.5		1	3,544,726	
Alaska	45,145	69,282	147,378	553,917	599,317	
Arizona	19	1,548,774	3,975,220	5,136,594	8,883,314	
Arkansas	555,240	734,625	2,536,448	4.092,529	6,650,191	
California	3,553,551	6,174,394	9.581,280	9.977,133	13,672,277	
Connecticut	250,662	484,736	974,815		1,872,430	
Colorado	682,600	898,000	1,515,839		4,401,923	
District of Columbia				71,860		
Delaware	339,307	421,903	432,979	530,002	758,941	
Florida	1,549,916	4,105,915	8.454.622	40,187,086	29,700,160	
Georgia		178	1,139,116	2,997,061	6,595,974	
ldaho	728	1,050	657,380	1,113,840	1,377,283	
Illinois	1,906,999	2,539,448	2,696,653	2.978.188	4,247,251	
Indiana	1,696,946	1,901,658	2,079,877		5,115,300	
lowa	170,696	236,663	392,819	447,478	1,009,256	
Kansas	175,383	225,000	298,274	856,987	16,890,935	
Kentucky	4,991,810	5,498,298	5,500,000	5,712,144	6,199,059	
Louisiana	989,728	1,447,593	2,906,904	3,546,785	4,383,714	
Maine	330,500	371,617		*	1,959,831	
Maryland	537,945	982,292	1,135,602	1,904,552	2,431,471	
Massachusetts	860,260	1,487,392	2,768,130	6,272,232	6,787,775	
Michigan	2,689,354	3,760,648	4,638,983	6,080,729	15,537,771	
Minnesota	520,515	635,586	794,985	1,244,173	2,604,678	
Mississippi	1.		978,044	1,724,945	2,740,278	
Missouritt			•	245,872	1,399,523	
Montana	112,313	159,150	263,573	318,324	400,769	
Nebraska	24,548	27,644	*	90,950	371,527	
Nevada	994,040	993,159	989,704	2,714,753	3,770,223	
New Hampshire	n/a	n/a	320,683	36,100	847,721	
New Jersey	1,404,614	2,077,870	2,486,000	3,000,010	3,524,480	
New Mexico	368,283	487,844	938,940	1,304,013	1,770,299	
New York	16,811,126	18,145,982	18,365,222	21,208,055	23,931,571	
North Carolina	7	- Contractions	244,281	5,263,084	5,486,057	
North Dakota	21.335	31.755	33 187	227.534	317,519	
Ohio	7,500,000	10,500,000	24,094,984	88,960,000	142,481,000	



## 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

## Prescribing Tips



- ✓ Learn to say "NO!" It's important
- ✓ Complete and maintain accurate medical records
- ✓ Never pre-sign or post-date a prescription
- ✓ Never allow staff to sign your name to a prescription
- ✓ Never prescribe a controlled substance to yourself, your spouse or a member of your immediate family
- ✓ Never prescribe a controlled substance to a non-patient colleague, co-worker or acquaintance
- ✓ Be a part of a health care team
- ✓ Stay current
- ✓ Obey all federal and state laws applicable to office stocks of drugs
- ✓ Obey the Medical Board rules (med.ohio.gov laws rules tab/Chapter 4731)
- ✓ Stick to your specialty

#### Condition Search:

Condition	# of Rx	25th Percentile (MED)	Median (MED)	75th Percentile (MED)	I	25th Percentile (Days Supply)	Median (Days Supply)	75th Percentile (Days Supply)
Abdominal hernia [143.]	9,858	20	25	30		3	5	7
Acquired deformities	17,116	18	25	36		7	15	30
Add to Residual codes	213	14	19	25		4	10	29
Adjustment disorders [650]	487	7	10	15		15	30	30
Anxiety disorders [651]	29,839	7	10	12		25	30	30
Attention deficit conduct and disruptive beha	710	10	20	60		7	28	30
Benign neoplasms	3,566	20	25	30		3	5	7
Burns [240.]	1,964	17	20	30		3	3	5
Cancer	77,425	22	30	53		5	8	22
Cerebrovascular disease	1,892	19	29	45		5	7	20
Chronic obstructive pulmonary disease and br	4,140	20	30	68		5	9	19
Complications	9,894	19	24	30		4	7	20
Delirium dementia and amnestic and other co	1,792	17	36	74		5	9	15
Developmental	254	10	15	30		7	30	30
Diabetes	9,056	15	23	33		7	28	30
Diseases of arteries; arterioles; and capillaries	4,179	20	25	32		5	7	27
Diseases of genital organs	9,825	17	21	30		3	4	7
Diseases of mouth; excluding dental [137.]	1,747	17	20	30		3	4	6
Diseases of the heart	11,062	18	22	30		3	5	8
Diseases of the urinary system	36,735	20	24	30		3	4	7
Diseases of veins and lymphatics	4,044	17	22	30		3	5	7
Diseases of white blood cells	1,848	19	22	30		3	4	6
Disorders of teeth and jaw [136.]	77,863	18	21	28		3	3	4
Ear conditions	2,609	15	20	25		3	3	5
Epilepsy; convulsions [83.]	933	8	10	19		15	30	30

### ICD-10 Codes

Ohio prescribers are required to include the diagnosis code on all controlled substance prescriptions.

OARRS data can be viewed based on MED in the 25<sup>th</sup> and 75<sup>th</sup> percentile at med.ohio.gov.







**ABOUT** 

REGISTER

**DOCUMENTS** 

**RESOURCES** 

MED CALCULATOR

**REPORTS & STATISTICS** 

**FAQS** 

**CONTACT US** 

INTEGRATION



# PRESCRIPTION HISTORY

### Ohio.pmp.gov

#### What is Morphine Equivalent Dose (MED)?

The MED Calculator is designed to assist in the calculation of a patient's opioid intake. Fill in the mg per day for whichever opioids your patient is taking to automatically calculate the total morphine equivalents per day. Providers treating chronic, non-terminal pain patients who have received opioids equal to or greater than 80 mg MED for longer than three continuous months should consult Ohio's opioid prescribing guidelines.

### Acute Pain Rules

- < 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)

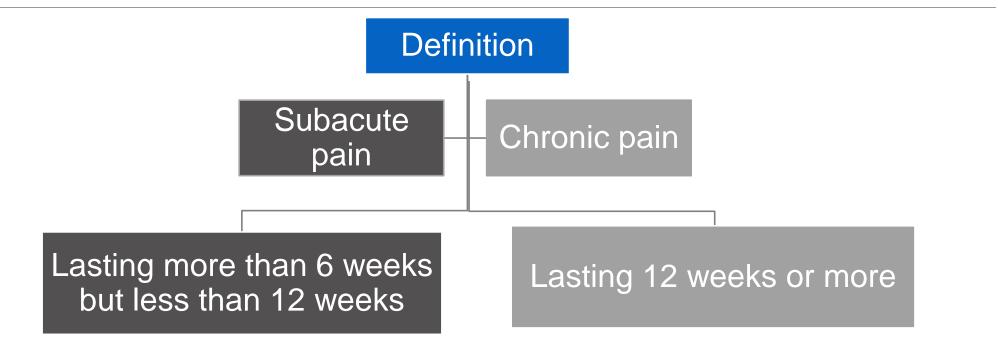


#### **Definition**

"normally fades with healing, is related to tissue damage, significantly alters a patient's typical function, and is expected to be timelimited and not more than 6 weeks in duration"



### Subacute & Chronic Pain



#### Objectives:

Increase patient awareness of risk stablish MED checkpoints &

#### **Increase Patient Awareness**

Complete and document:

- A full patient history
- An appropriate physical exam, imaging studies, lab tests and/or urine drug testing
- A functional pain assessment and treatment plan
- An OARRS check

Review the patient's prescription history and risk for substance use disorder.



#### **50 MED**

- Review and update status of the 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





#### **80 MED**

- Look for signs of 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





# Pain Management Agreement

A sample pain management agreement is on the Medical Board website at med.ohio.gov.

- → Resource tab
  - → Prescriber Resources

Sample Opiate/Pain Management Agreement The purpose of this Agreement	
The purpose of this Agreement	
The purpose of this Agreement is to prevent misunderstandings about certain medications you taking for pain management. This Agreement is to help you and your provider to comply with regarding controlled pharmaceuticals.	ı will be
I understand all the	the law
I understand that there is a risk of psychological and/or physical dependence and addict associated with chronic use of controlled substances.	ion
I understand that this Agreement is essential to the trust and confidence necessary in a provider/patient relationship and that my provider undertakes to treat me based on this Agreement.	
I understand that ic I	
I understand that if I break this Agreement, my provider will stop prescribing these pain control medicines.	
In this case was	
In this case, my provider will taper off the medicine over a period of several days, as recommended.*	leo h-
I will seek psychiatric treats	so be
I will seek psychiatric treatment, psychotherapy, and/or psychological treatment if my protections necessary.	vider
The continuation of the pain on years and how well the medicine is helping to relieve the pain     I will not use any illegal controlled.	
I will not use any illegal controlled a	
with legal controlled substances, nor will I misuse or self-prescribe/medicate	
I Will not share my medication with anyone	
I will not attend	
I will not attempt to obtain any controlled medications, including opioid pain medications, controlled stimulants, or anti-anxiety medications from any other provider.*  I will safeguard must	
I will safeguard my pair	
I will safeguard my pain medication from loss, theft, or unintentional use by others, including youth. Lost or stolen medications will not be replaced.	
I agree that refills of my prescriptions for pain medications will be made only at the time of an weekends.	
I agree to use this pharmacy	
for filling my prescriptions for all of my pain medicine.  located at this address with the telephone number of shem required for chronic or sub-course.	
the optoid therapy as mandated in Ohio's prescribing popular	
Pain treatment contract template provided by the State Medical Board of Ohio.	



#### **120 MED**

- Obtain recommendation from a board-certified pain medicine, hospice or palliative care physician that is based on a face-to-face examination
  - Not required for patients already on a dosage of 120 MED or more prior to 12/23/18
- Physicians board certified in pain medicine or hospice and palliative care are not required to obtain an additional recommendation





#### Subacute & chronic pain rules do NOT apply to:

- Patients receiving medication for terminal conditions
- Hospice care patients
- Patients in a hospital or in-patient setting where they are closely monitored

There is no law for maximum dose or duration of treatment.

Patients treated with opioids for chronic pain only need a pain management consultation if their dosage increases above an average daily dose of 120 MED.

The rules are not designed to take medication away from patients being treated for chronic pain



### Prescribing 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

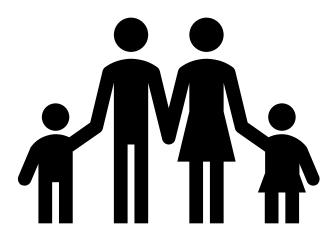
### Obtain

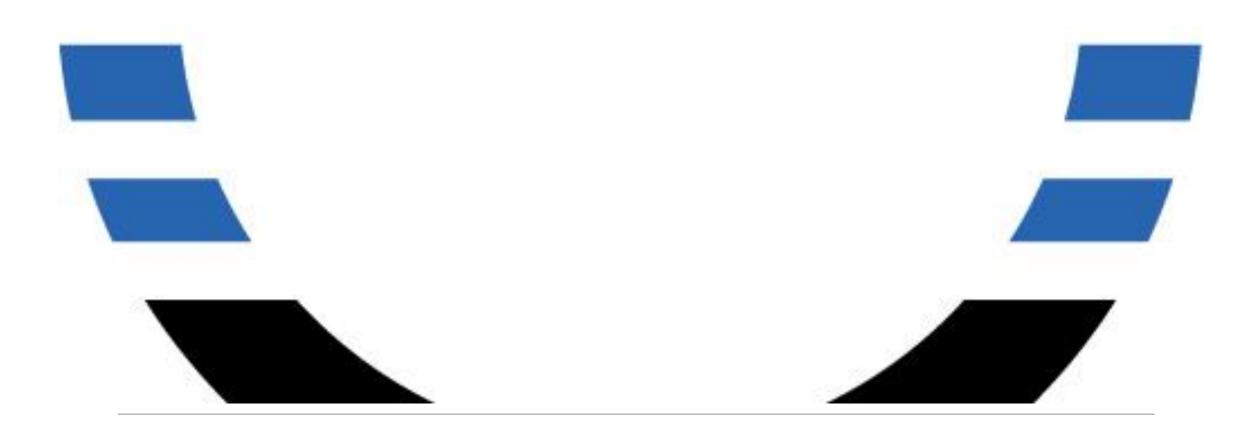
written consent from the minor's parent, guardian or other authorized adult on the Start Talking! Consent Form

# 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
- The prescription is for a controlled substance containing an opioid that a prescriber issues to a minor at the time of discharge from a facility





# Resources



# Impairment

Inability to practice according to acceptable standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice



## One-bite Program

One-bite Program is a confidential program for the treatment of impaired licensees of the Medical Board - established in section <u>4731.251</u> of the Revised Code

It makes recovery a non-disciplinary program for initial incidents and selfreported impairment by licensees

To participate, licensees must meet all three requirements:

- 1. Diagnosed with substance use disorder and impaired in inability to practice
- 2. First time participant in the program
- 3. No prior disciplinary action for substance use disorder or impairment by any licensing board in Ohio





## One-bite Program

Ohio Physicians Health Program (OPHP) was awarded the monitoring organization contract.

Contact OPHP: (614) 841-9690 or info@ophp.org

Website: ophp.org





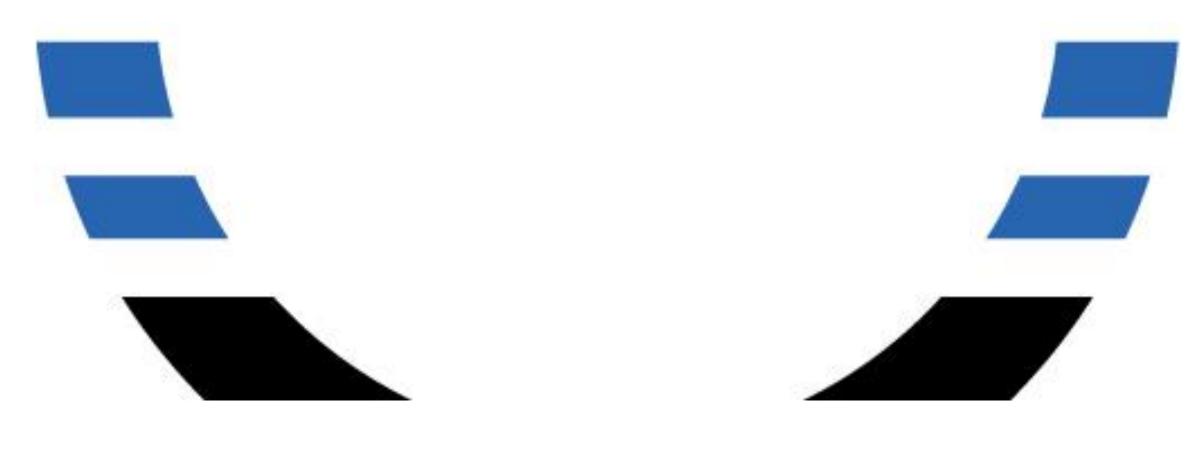






### Resources

med.ohio.gov/resources



# Duty to Report



### Duty to Report

Licensees have a personal duty to report to the State Medical Board of Ohio when they believe an individual licensed by the Board has violated the Board's laws or rules including sexual misconduct, impairment, practice below the minimal standards of care, and improper prescribing of controlled substances.

Reports of misconduct to supervisors, law enforcement or health care system management do **NOT** fulfill the duty to report to the Board; failure to report could result in formal disciplinary action.



# State Medical Board of Ohio's Confidential Complaint Hotline

1-833-333-SMBO (7626)



# Sherry Johnson, DO State Medical Board of Ohio Obstetrics and Gynecology







