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Stark County Medical Society News

Spring 2018

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INSIDE THIS ISSUE:

Dr. Anthony Degenhard, D.O.

President's Message

Dr. Anthony Degenhard, D.O.

Physician burnout is a topic of discussion both locally and nationally. Many of us know a colleague experiencing signs and symptoms of burnout. Many of us roll our eyes when we hear these terms. The stresses and problems facing today's physicians are many. The life-and-death decisions are unique to our profession. Government and insurance regulations, EMR, challenging work hours, and financial pressures are just a few of the challenges of a practicing physician. Some of the major drivers are the burden of paperwork and electronic medical record. Unfortunately, some colleagues feel hopeless and turn to substance abuse or, even worse, suicide.

Why should you care about physician burnout? It affects about 50 percent of physicians in current practice. This problem may even be affecting you. It is defined as emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment. There are many articles written about the subject and even national news networks have covered the subject. According to the most recent Medscape study published in January 2018, the split between employed and private practice physicians experiencing burnout is about equal. Also noted in this study, the gender of doctor was equally affected, although with different root causes. I would encourage you to review the study for yourself to see the multitude of information from specialty and gender specific issues at www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235.

Are you affected? The statistics speak for themselves. There are multiple screening tests to diagnose the problem. The most commonly available is the mini Z, which consists of ten questions. It can be taken on the AMA website in less than two minutes at www.stepsforward.org/modules/physician-burnout-survey. Taking this test can serve as the baseline prior to any interventions.

How do we treat the problem? There is no one-size-fits-all or simple algorithm to follow, although there are resources available both locally and on the national level. The AMA has multiple tools and modules to aid in treatment. Many of our local hospitals have wellness committees. Aultman Medical Staff has recently started a social committee called FunDocs to combat burnout. They will be having social events throughout the year geared toward fun and relaxation. Also, the Ohio Physicians Health Program, a nonprofit confidential program, is available at www.ophp.org.

Ohio also has a "one bite rule" for impaired physicians to seek and complete treatment by Board Approved programs. This allows doctors to salvage their lives and careers by finding a way to reach a work–life balance. One way to achieve balance is to leave work at work. We need down time to recharge. Exercise, yoga, meditation, and sleep are key components to treatment. Many problems are so large that we have little control, akin to turning a barge. These issues take years to solve.

Studies have shown as the physician becomes less burnt out many quality indicators move in a positive direction. Unfortunately, the qualities that make us good doctors also lead us to burnout. If you are feeling signs or symptoms of burnout, please reach out to a trusted friend or colleague. Ultimately, doctors need to heal themselves in order to treat others.

www.starkmedical.org

We have access to the politicians and the state medical association. Together, we have a voice that will be heard!

Contact us at starkmedical@ameritech.net or call 330-492-3333. We look forward to hearing from you!

Opinions expressed by the authors are their own, and not necessarily those of the Stark County Medical Society, Trustees or individual members. SCMS News reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

MEDICAL MARIJUANA RULES AND YOU

Scott P. Sandrock
Brennan, Manna & Diamond, LLC

The Ohio Medical Board has adopted regulations in conjunction with the Ohio Pharmacy Board that would govern physicians who may elect to participate under the Ohio Medical Marijuana statutes.

The regulations adopted by the Medical Board are similar to the approach taken by the Medical Board in connection with the Pain Clinic rules which were issued several years ago. The Board imposes additional requirements on physicians to obtain a certificate from the Board, mandates education requirements, requires detailed written records and reporting requirements, and limits the potential practice to treat specific "qualifying medical conditions". Physicians would "recommend" but not "prescribe" marijuana.

While it will be some months if not years before any product becomes legally available in Ohio, the Medical Board has begun the process of accepting applications from physicians for certificates.

The Medical Board Rules provide that a physician who applies for a certificate to "recommend" will need to meet the following requirements:

1. Hold an active, unrestricted license and has never been disciplined for any matter involving prescription or use of controlled substances;
2. The physician has completed two hours of pre-approved CME coursework in the field;
3. The physician has no ownership, business or compensation relationship with any other medical marijuana business in Ohio which includes grow, processing or dispensary licenses;
4. The physician who submits an application must submit the application under oath that they meet the prerequisites.

The physician, who submits the application, is granting the Board the right to conduct an investigation of the physician which might include a requirement for the physician to appear before the Board, or be subject to in person interviews by Medical Board investigators. Once an application is filed, the application may not be withdrawn without the prior consent of the Medical Board. In short, if they begin an investigation, the physician may not stop the investigation by withdrawing the application. The investigation is not limited to the matters related to the application and may include other areas. There is a process to appeal a denial of an application. If issued, the certificate must be renewed at the same time the physician's license is renewed on an ongoing basis.

If a certificate is issued, the Rules impose specific requirements on the physician concerning recommending treatment with medical marijuana and have published a "Standard of Care". The elements in the Standard of Care include:

1. There must be a bona fide physician/patient relationship which includes an in person, face-to-face meeting between the patient and the physician and the physician must certify if they will provide ongoing care to that patient; and
2. The physician is required to maintain a medical record that fully documents the provision of services for that patient which includes:

A. Patient's name and dates of office visits;
B. The patient's medical condition;
C. A documented assessment of the patient's medical history, including any history of substance abuse, documentation of relative diagnostic tests, documentation of prior treatment and the patient's response to that treatment, documented review of patient's current medication and identify possible drug interactions, including opioids, documented assessment that prior medical treatment has been attempted and the reasons why it was unsuccessful or would not be successful;
D. Documentation of a physical examination;
E. The physician's diagnosis of the patient's medical condition;
F. The chart should include documentation of whether the physician believed that a drug screen may be appropriate for the patient;
G. If the physician is seeing a patient who has been diagnosed by another physician of a qualifying condition, the physician may confirm the diagnosis provided the physician has obtained such documentation from the other physician that the physician can reasonably confirm the diagnosis and document the basis for that confirmation in the medical record;
H. Obtain an OARRS Report;
I. Documents the treatment plan; and
J. Obtains written patient consent.

Under the Rules, a medical marijuana recommendation can only be made if a patient has been diagnosed with a "qualifying medical condition". There are twenty currently defined conditions set out in the statute which includes things such as: cancer, Crohn's disease, epilepsy, fibromyalgia, Parkinson's, spinal cord diseases and other serious conditions. The statute also provides that the Medical Board can add additional conditions from time to time.

Once a physician has made the diagnosis or confirms the diagnosis that is only the first step. The physician is required again with full documentation, to prepare a written treatment plan, obtain OARRS report for the patient, document conversations with the patient regarding potential abuse or diversion issues, document the physician provided an explanation of risks and benefits, obtaining a patient's written consent to the prospective written recommendation. In the event that patient requires a caregiver, further documentation is required of interactions between the physician and the caregiver.

Prior to the recommendation being issued, the physician is required to verify that the patient has registered under the patient medical marijuana registry system in Ohio. If the patient has not yet registered, the physician is required to assist the patient and submit the application for registration on behalf of the patient. The recommendation for treatment for the patient's registry requires the physician to certify that there is bona fide physician/patient

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OUR PREFERRED VENDORS BRING YOU A VARIETY OF SERVICES TO SAVE TIME AND MONEY.

The Society's preferred business partnership program is designed to offer special services and discounts to Society.

AUI, Inc.: Brenda Basso - 330.645.6338

Edward Jones: Adam Olenick - 330.493.0047

Huntington Insurance: Ed Hassay - 330.742.5307

MedAssure: Joe Teichman - 732.363.7444 - Ext. 210

Medline: Nolan Brandt - 440.665.5222

MedMediaMart: Diane Evans - 330.869.5191

SecuraWealth Investments: Jeff Eisenberg - 330.605.2564

SureShred: Ryan Heckert - 330.479.3958

Stark County Medical Society

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Haven
Healing After Violent Encounters Network

HAVEN: 330-489-1000, Ext. 2170 | CANTONMERCY.ORG/HAVEN

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STRANGULATION ASSESSMENT CARD

SIGNS

- Red eyes or spots (Petechiae)
- Neck swelling
- Nausea or vomiting
- Unsteady
- Loss or lapse of memory
- Urinated
- Defecated
- Possible loss of consciousness
- Ptosis – droopy eyelid
- Droopy face
- Seizure
- Tongue injury
- Lip injury
- Mental status changes
- Voice changes

SYMPTOMS

- Neck pain
- Jaw pain
- Scalp pain (from hair pulling)
- Sore throat
- Difficulty breathing
- Difficulty swallowing
- Vision changes (spots, tunnel vision, flashing lights)
- Hearing changes
- Light headedness
- Headache
- Weakness or numbness to arms or legs
- Voice changes

CHECKLIST

S Scene & Safety. Take in the scene. Make sure you and the victim are safe.

T Trauma. The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?

R Reassure & Resources. Reassure the victim that help is available and provide resources.

A Assess. Assess the victim for signs and symptoms of strangulation and TBI.

N Notes. Document your observations. Put victim statements in quotes.

G Give. Give the victim an advisal about delayed consequences.

L Loss of Consciousness. Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?

E Encourage. Encourage medical attention or transport if life-threatening injuries exist.

TRANSPORT

If the victim is **Pregnant** or has life-threatening injuries which include:

- Difficulty breathing
- Difficulty swallowing
- Petechial hemorrhage
- Vision changes
- Loss of consciousness
- Urinated
- Defecated

DELAYED CONSEQUENCES

Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.

Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009). Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective.* Oxford University Press, Inc.

This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms, usually within 72 hours. These internal injuries can be serious or fatal.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
- The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
- The National Domestic Violence Hotline number is 1-888-799-SAFE.

NOTICE TO MEDICAL PROVIDER

- In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. A list of medical references is available at www.strangulationtraininginstitute.com
- Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MRA/MRI of neck and brain.
- ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
- Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
- Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
- Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.

Training Institute on Strangulation Prevention

StrangulationTrainingInstitute.com

Stark County Medical Society

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of Advocacy for and Service to Physicians and Patients in Stark County

SCMSA Scholarship Charitable Fund

SCMSA Scholarship Charitable Fund is taking applications for the 2017-2018 academic school year. Students, who have graduated from a Stark County High School and are attending an accredited medical school, nursing school, university, college or healthcare program in the state of Ohio. Applicants must have completed at least their first year of professional study.

For more info or an application contact the medical society at 330.492.3333.

SCMS family members are eligible to apply.

SCMSA NEWS

Attention all SCMS members: If your spouse or domestic partner is not already a member of the SCMSA, please sign them up! The group was established as an extension to the SCMS . Our main function is to create fellowship amongst physician's families. We also raise money for our charitable fund, which gives scholarships and also does outreach in the Stark community. The dues are only $25.00 per year and $20.00 for the spouse or domestic partner of a resident.

Name: _____

Spouse's Name: _____

Spouse's Specialty: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Make check payable to:
Stark County Medical Society Auxiliary

Mail check to: **SCMSA**
4942 Higbee Ave, NW Suite L, Canton, Ohio 44718

MEDICAL MARIJUANA RULES AND YOU

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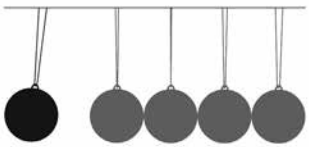
relationship, the patient has been diagnosed with a qualifying medical condition, verify if the condition is a terminal condition, and that the physician has obtained a report from the drug database. The physician who recommends treatment must represent they are available for follow-up care and treatment to the patient which includes ongoing physical examinations and must act to revoke or terminate the recommendation if the patient's condition is changed, the physician's certificate has been canceled or expires, or if the physician believes the patient is abusing or diverting the medical marijuana. The physician is required to maintain medical records for these patients for a minimum of three years. The physician is also required to submit to the Medical Board an annual report regarding the physician's observations regarding the effectiveness of medical marijuana in treating patients. This report is on however on a de-identified information basis.

The State Pharmacy Board is the agency that controls the patient's registration process for the patient to be placed on the registry and obtain the patient's credentials in order to be eligible for treatment with medical marijuana. The patient registration rules require more details regarding the patient's history, identity and the like. The Pharmacy Board further includes detailed requirements for a caregiver and what elements are essential for the caregiver to submit for the caregiver's qualifications and the caregiver is likewise required to register. Both the patients and caregiver must be Ohio residents. While not in the Medical Board Rules, the Pharmacy Board Rules include a statement that a patient may not obtain more than a 90-day supply of medical marijuana in a 90-day period which also applies to the caregiver.

By statute, a physician who holds a license to recommend is not subject to professional disciplinary action in Ohio solely for engaging in professional activities related to medical marijuana. In short, if a physician is in full and complete compliance with the Ohio rules and regulations, at least the Ohio Pharmacy Board and Medical Board are prohibited from taking disciplinary actions. The State statute, however, does not provide any immunity for any claims that might be asserted under the Drug Enforcement Agency or any federal agencies.

The entire issue of state sanctioned use for medical applications will continue to evolve both as to the effectiveness of this approach to medical care within the medical community but will also be faced with the ongoing uncertainty presented by the conflicts between state and federal law. Please stay tuned as this matter continues to evolve.

Should you have any questions concerning these matters or would like a copy of the regulations or statutes, please contact Scott P. Sandrock at (330) 253-4367 or via e-mail at spsandrock@bmdllc.com.



BUILDING ON MOMENTUM

Most people in Stark County are still not aware of Community Health Workers (CHWs) and the role they play within integrated health teams. In January 2016, Access Health Stark County (AHSC) began to design a vision for bringing this occupation to Stark County. Providers and healthcare executives have been engaged since that time. Since January 2016, AHSC has facilitated the training of more than 30 community health workers and is currently waiting to hear if they will be one of the approved training sites in Ohio.

"Known as connectors and care coordinators, CHWs help solve the mystery of patients outside of the clinic walls", says Gayle Walters, Executive Director of AHSC. "Addressing the disparities caused by the social determinants of health is a newer lease for working with the poor and with high-risk clients, especially around funded health initiatives such as Infant Mortality (THRIVE) and chronic disease." Access Health employs four CHWs to address the adult/chronic disease population, and two CHWs in the THRIVE Initiative. Medicaid announced new funding in 2018 for the THRIVE Initiative and Access Health will employ three of the six new CHWs.

As part of the Access Health vision, The CHW Center was created to support this new workforce. "We can't just place CHWs into health systems, agencies or in businesses and expect that everyone will understand the value-add of a CHW," says Walters. Based on her research, she believes that it all begins with recruiting the right individuals – those that are from the communities they serve – providing for relevant conversations. Recruitment should include looking at the national picture of how competencies play a critical role, as outlined in the national C3 Project. A great deal of information was shared between employers and CHWs to define their roles and to look at how they can grow in the occupation. The CHW Center interviews on competencies, selects individuals for trainings, and then connects CHWs to current initiatives. As another level of support, AHSC has created a coaching/mentoring model and a peer support learning community to continue educational training for CHWs, along with quarterly evaluations.

In addition to funding from United Way for a Roadmap to Health program, the North Canton Medical Foundation funds two CHWs to work in the clinics at Mercy's Ambulatory Care Center and My Community Health Center on the Aultman Campus. The teams have identified goals/objectives and created a process for engagement and physician reporting on interventions. AHSC uses a manual system for the Pathways HUB and in 2018 will begin data tracking in the HUB offered by THRIVE. The HUB has 10 Pathways for the adult/chronic disease population that provide a work plan for a CHW and accountability for employers. The Pathways provide connections to adult education, behavioral health, employment, housing, health insurance, medical homes, medical referrals, medication assessments, tobacco cessation and social services for utilities, food, and clothing. The CHW must track and verify the referrals.

Access Health trains their community health workers to focus on the interventions that produce outcomes, but they also know that building a trusting relationship is one of the only ways to have clients stay engaged in ownership of their health. It is sometimes nearly impossible to focus on stabilizing blood sugars when there is unsafe housing or lack of food.

CHWs are learning that appointment and medication adherence, along with health literacy and learning to talk to a provider, are key pieces for a successful outcome.

Access Health looks forward to bringing more CHWs on board by placing them in physician offices, agencies and businesses. They have recently implemented a pilot project where a CHW works with employees to reduce missed days and increase employee retention due to the social determinants. The possibilities are endless in helping people address the social determinants of their health.

For more information contact:
Gayle Walters, Executive Director

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