



NORTHERN OHIO PHYSICIAN

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The Voice of Physicians in Northern Ohio

www.amcno.org

Women and Medicine

As the weather finally breaks and we head into spring, we were happy to host our first in-person event this year on April 7: Women in Medicine Wine Night at the CLE Urban Winery in Cleveland Heights. We enjoyed gathering and recognizing the important women working in medicine in our region.

Our connection to the local advancement of women in medicine began in 1929, when the Women's Medical Society of Cleveland was founded and as part of the AMCNO, according to the *Encyclopedia of Cleveland History*.

We thought it was important, especially as we look toward our bicentennial in 2024, to bring back recognition of our female physicians. It is not only imperative that we recognize their contributions, but that we also do all we can to support the female patients *all* our physicians care for.

As you'll read on pages 12 and 13, the maternity mortality rate in our region and country is rising. Although medicine has come so far, so much progress still needs to be made in maternity care. We were proud to sponsor, through our foundation, a medical student-led pilot project in Akron (see page 12), which helped support expectant mothers in high-risk populations. And, AMEF Board Member Dr. Mary Frances Haerr continues her important work internationally by assisting OB/GYN fellows in Guyana (see page 6). Although I'm proud of the work we are doing in this space, and will continue to do to, I would be remiss not to acknowledge the dangerous risks to



AMCNO Executive Director Jen Johns (center) enjoys Wine Night with women physicians in the area, including Erinn Coe (right), who also serves on our Future Leaders Council.

women's health that will be coming from Columbus and Washington, as *Roe v. Wade* is expected to be overturned this summer by the U.S. Supreme Court.

Twenty-three states have laws that could be used to restrict the legal status of abortion when *Roe* is overturned, and 13 states have "trigger

laws," that immediately will go into effect. Ohio has pending legislation, HB 598, which would add Ohio to the list. If that happened, it would create a new crime in our state: criminal abortion, punishable as a fourth-degree felony, and up to 25 years in prison, for inducing an abortion through drugs or instruments. We at

(Continued on next page)

Women and Medicine *(Continued from page 1)*

the AMCNO recently submitted testimony in opposition to HB 598. You can read it here: [https://amcno.org/assets/PDFs/HB 598 Opposition Testimony Isenberg.pdf](https://amcno.org/assets/PDFs/HB%20598%20Opposition%20Testimony%20Isenberg.pdf)

Legislative proposals across the nation would be just as dangerous. Some would immediately revoke the physician's medical license and charge civil fines of up to \$1 million. If these laws go into effect, we will be facing the most egregious assault on physicians and the physician-patient relationship in our lifetimes. Also of major concern in the medical community is the implications these statues could have on fertility treatments as well as ectopic pregnancies and other medical conditions suffered by pregnant women.

It is a cruel reality that in a time of staggering statistics on maternal mortality, the government is moving to further put the lives of pregnant women at risk. We must and will do all we can to protect physicians, the physician-patient relationship, and the health of our pregnant patients. And, above all, we must honor medicine's most essential oath and creed: first, do no harm.

Jen Johns, MPH
Executive Director, Academy of Medicine of Cleveland & Northern Ohio



From left to right: Host Committee Members Drs. Nancy Kurfess Johnson, Mary Frances Haerr, and Kristin Englund.



From left to right: AMCNO Members Drs. Michelle Marks, Rita Pappas and Vera Hupertz.



AMCNO Resident Board Member Dr. Jessica Tomazic (right) stands with some of her colleagues at the event.

“They straightened his spine without surgery!”

– Michelle, Max’s mom



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Meet Gerard Isenberg, MD, MBA

2022 – 2023 AMCNO President



TELL US ABOUT YOURSELF AND YOUR PRACTICE

I was born in Chicago, but I grew up all over the world, from the Philippines to Israel. My family settled in California, where I went to high school, and although I sometimes think of myself as a Californian, I am actually a Clevelander. I have now spent most of my life here, having moved from sunny San Diego to Cleveland to start my training after residency. Of course, I was surprised to find out that, yes, you can surf Lake Erie! I am a gastroenterologist, with interests ranging from general GI conditions to advanced therapeutic endoscopy, small bowel capsule endoscopy, deep small bowel enteroscopy, and artificial intelligence. I have a tertiary and quaternary care referral practice that draws patients locally, regionally, and nationally. My practice goals are to provide state-of-the-art expertise and superior quality care in gastrointestinal diseases in a collaborative and interdisciplinary fashion. As part of Case Western Reserve University School of Medicine and University Hospitals Cleveland Medical Center, I have spent 25 years teaching medical students, residents, fellows, and advanced endoscopy fellows. And, as Chief Medical Quality Officer for the University Hospitals Digestive Health Institute, I also spend time improving the quality of care my colleagues and I deliver through quality improvement projects, quality reviews, and continued evidence-based updates to the practice of endoscopy and medicine performed in our system.

WHAT GOT YOU INTERESTED IN MEDICINE?

My father was a physician, so, naturally, I was exposed to medicine at a very early age. While we were living in the Philippines, I saw disparate health care disparities as a young boy, but at the time, I did not realize how much that affected health care outcomes for people until much later. Nevertheless, the suffering I observed from people living in squalid conditions with preventable diseases made an impression on me. Sometimes, I would read my father's medical journals, and my curiosity was stoked by details of treatments for various conditions. Medicine seemed to me a career in which I would never get bored. And that is still true. There are always new questions that arise in the care of patients, and we continuously strive to find answers.

WHAT ACCOMPLISHMENTS ARE YOU MOST PROUD OF?

First and foremost, I am most proud of my wife and three sons. They are my "raison d'être." Second, I am proud of the numerous medical students and physicians I have trained over the years. To see them blossom into outstanding, talented clinicians with the skills and

knowledge that my colleagues and I have instilled is extremely rewarding. And, third, I am proud of my colleagues—they keep reminding me of commitment to excellence they embody.

WHAT ARE YOUR HOBBIES AND INTERESTS?

My hobbies and interests have evolved over time—from surfing, carpentry, and helicopter flying to traveling around the country and world, running, and playing with my Labrador Retriever. I have always loved to read, but I have moved from science fiction to non-fiction history. And, of course, I love to spend time with family and friends when the call of medicine ebbs.

WHAT ARE YOUR GOALS AND PRIORITIES FOR THE AMCNO THIS YEAR?

My overriding goal is to ensure AMCNO meets its mission "to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine" while helping our members navigate day-to-day challenges and identify opportunities to enhance their practice and professional satisfaction. With the newly formed Future Leaders Council (you will hear more about this soon), we will be providing opportunities for medical students, residents, and fellows to become intimately involved in health care advocacy, legislation, networking, and community outreach. We will be more engaged in community health projects. We will continue our strong physician and patient advocacy through legislation in Columbus. We will be focusing on improving our diversity of leadership and voices within AMCNO leadership. We will be expanding our footprint in representing physicians and patients throughout Northeast Ohio as well as providing for increased scholarship money for medical students to partially offset the extraordinary debt that medical students incur with student loans. And, finally, we will be busy planning now for our 200th anniversary celebration in 2024 (look for more information about this as well!).

WHAT ARE YOUR CONCERNS ABOUT THE FUTURE OF HEALTH CARE?

We know many significant changes will be occurring in the health care industry throughout the next several years, if not months. Health care leaders will be adjusting their strategies to focus on investments, collaborations, and efficiencies that foster resilience in the ongoing storm of continued uncertainty. Health care players, including the White House, Congress, state lawmakers, insurers, industry groups, and patient advocates, will continue to

parry, feint, and thrust, which will likely result in additional policy changes. Physicians and patients will need to anticipate the changes as they come. Beyond health reform, additional risks and uncertainties are moving to center stage, as the health care industry is being forced to act, including on issues involving cybersecurity threats (more than 40 million patient records were compromised in 2021); electronic health record problems (copy and paste has led to medical errors and litigation, communication between systems remains poor); reimbursement changes; natural disasters (including the ongoing specter of the COVID-19 pandemic); medical misinformation; pharmacy benefit management consolidation; price transparency (including surprise billing); patient experience; physician burnout; telehealth utilization and reimbursement; artificial intelligence and big data; the opioid crisis; and ongoing health care disparities.

WHAT WOULD YOU SAY TO PHYSICIANS ABOUT SUPPORTING THE AMCNO?

Given the aforementioned important issues facing the medical profession today, I believe all physicians in Cleveland and Northeast Ohio should join the AMCNO and become active participants. As one of the oldest physician societies in the country, the AMCNO is the leading advocate of physicians and their patients since 1824! From legislative efforts that affect physicians and patients to community health projects, the AMCNO has been and remains at the forefront of medicine. You will undoubtedly find something in the AMCNO that resonates with your personal and career interests—whether it is legislative issues impacting your practice, member discounts, educational opportunities, practice management problems and solutions, networking with other physicians at our social events, or serving your community to improve health care here in Northeast Ohio. We want to hear your voice to help us see fresh possibilities for this year, and the next 200 years! ■

AMCNO Past President Dr. Matthew Levy Named St. Vincent Charity's 2022 Doctor of the Year



St. Vincent Charity Medical Center recently announced their 2022 Doctor of the Year: Matthew Levy, MD.

In addition to being past president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), Dr. Levy continues his membership as he has for many years and serves on several committees within our organization as well as the Academy of Medicine of Education Foundation (AMEF) Board of Trustees.

He is an orthopedic surgeon and the president of the St. Vincent Charity's medical staff. In the article about Dr. Levy's achievement, it states that "he is appreciated for his kindness, understanding, caring and exceptional skills as a surgeon by his patients, fellow physicians and staff" and that he "goes above and beyond" both professionally and personally. And, "he continues to be an asset to St. Vincent Charity, but more importantly, he is a good human being to all those who know him." We couldn't agree more.

Our sincerest congratulations to Dr. Levy on this outstanding recognition!

A Passion Turns into a Mission

AMCNO member and OB/GYN physician Mary Frances Haerr, MD, likes to say she's not "retiring," she's "re-focusing."

On March 30, Dr. Haerr closed her gynecology practice after 33 years, with plans to travel to Guyana in South America in May. By doing so, she will continue her decade-long work with JUSTWONDOOR (pronounced "just one door"), a 501c3 nonprofit organization that is committed to enhancing sustainable obstetrics and gynecology education in low-resource areas, both here at home and abroad, to reduce maternal and neonatal morbidity and mortality rates. Dr. Haerr said the name comes from the commitment that "all women have the right to the same quality of health care, regardless of the door they walk through."



Visiting international faculty teaching Guyanese resident hysterectomy technique.

In 2010, Dr. Haerr met colleague Dr. Margaret Larkins-Pettigrew, who had previous volunteer experience in Guyana—which, at that time, had the second-highest maternal mortality rate in the western hemisphere (after Haiti). Maternal deaths could not be attributed simply to lack of access to care, with its presence of hospitals, reasonable roads, and midwives. Guyana also has a medical school, but there was no Obstetrician/Gynecologist specialty education of physicians prior to 10 years ago, with only two OB/GYN physicians in the country. Through a collaboration between University Hospitals (UH) and Guyana, an OB/GYN residency—modeled after current U.S. residency programs—started in 2012. Teaching staff consists of volunteer OB/GYN physicians recruited from across the United States, who may stay 1 to 4 weeks.

An OB/GYN physician's role as a volunteer for JUSTWONDOOR includes presentation of a grand rounds for the department, teaching and assistance in labor and delivery, on the ante-and post-partum wards, assisting in OB/GYN surgeries and teaching rounds in the gynecology ward. Faculty has also worked with the residents in creating evidence-based protocols with consideration of local resources to improve outcomes. OB/GYN residents may also rotate for a 4-week elective with similar responsibilities.

When Dr. Haerr travels to Guyana in May at the end of the academic year, she and Dr. Larkins-Pettigrew will be giving final oral boards to all the residents during a one-week period, based on the residents' patient case list collected throughout the previous 6 months.

Also in May, this program will be celebrating its 10th anniversary. During this time, the number of OB/GYNs, now specialty trained, has increased to 24 practicing across the country. JUSTWONDOOR also incorporates the development of leadership skills in the program.



An aerial view of Kaieteur Falls, the world's tallest single-drop waterfall.



Morning teaching rounds with residents and medical students, reviewing post-op and other non-surgical hospitalized patients in the gynecology ward.

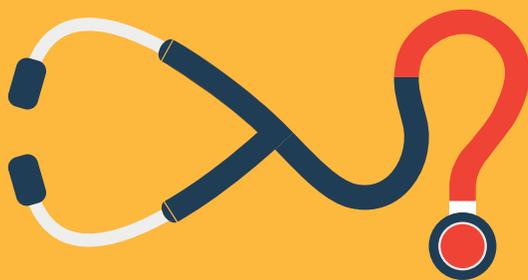
Graduates from the first class in 2016 are now serving as the in-country residency director, another as the assistant residency director and a member of the Medical Council of Guyana, and another as the Chief Medical Officer at the Ministry of Health. Mortality rates fluctuate (most in the last year are attributed to COVID-19), but in the last 10 years, the rate, as noted in the Lancet Global Burden of

Disease 2015 study, decreased up to 50%. Dr. Haerr is proud that this program has helped contribute to that, quoting, "If you save a mother, you save a country."

Dr. Haerr has been to Guyana 12 times since the program began. She plans to travel more, now that she has closed her solo practice, hoping to make another trip to Guyana later this year for continued support. A new Global Women's Health Fellow has been hired for the next two years, with a goal of creating a laparoscopy program. Guyana, which means "land of many waters," with its extensive rain forest, is a beautiful and growing country, Dr. Haerr said. It is also a draw that it is only a 5½-hour flight from JFK International Airport and is English speaking. She added that the sights do not disappoint. Although it's difficult to get to the interior because of its dense rain forest, she highly recommends a small-plane ride to see the tallest single-drop waterfall in the world, Kaieteur Falls.

For those who would like to learn more about the Guyana residency, JUSTWONDOOR's Global Health Scholars Program (for which Dr. Haerr creates the curriculum, culminating in a certificate in global health) or to get involved, visit the nonprofit's website, justwondoor.org, or contact Dr. Haerr at mfhaerr@ameritech.net. ■

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Gov. DeWine Signs Legislation Guaranteeing Access to Loved Ones in Long-Term Care

Governor Mike DeWine recently signed HB 120, legislation that will ensure Ohioans have access to their loved ones in long-term care facilities—regardless of states of emergency, including pandemics.

According to the bill's sponsor, Rep. Mark Fraizer (R-Newark), "House Bill 120 was drafted in response to concerns from residents in my district who could not access their loved ones in nursing homes due to COVID-19 restrictions. This legislation ensures necessary compassionate care access for our most vulnerable population, so that the isolation experienced during COVID-19 will never happen again."

The bill was introduced in early 2021, because of the COVID-19 restrictions blocking Ohioans from these in-person visits. ■

Whaley Elected as Democratic Gubernatorial Candidate, First Woman in Ohio History

Ohio held the first of two primary elections this year on May 3. Republican Gov. Mike DeWine won his party's primary and will face off against Democrat Nan Whaley, the former mayor of Dayton. She is the first female gubernatorial candidate from a major party in Ohio's history.

Additionally, Democratic Representative Tim Ryan of Youngstown will face off against Cincinnati Republican attorney and author JD Vance in the U.S. Senate race for retiring Sen. Rob Portman's seat. Due to the ongoing redistricting process—the Ohio Supreme Court has denied all of the Ohio Redistricting Committee's proposed maps—legislative district elections remain undecided, but a second primary election is likely to take place in August. ■

AMCNO Joins Statewide Coalition to Expand Access to Biomarker Testing

The AMCNO has joined a statewide coalition, alongside American Cancer Society Action Network, the Ohio State Medical Association and Cleveland Clinic, to help expand access to biomarker testing—the key to unlocking targeted therapies. Specifically, the coalition supports HB 608, legislation to ensure Ohioans covered by state-regulated insurance plans, including Medicaid, have coverage for biomarker testing when medically appropriate.

Fifty-five percent of cancer clinical trials currently use biomarker testing. When physicians can connect their patients to the most appropriate targeted therapies using biomarker testing, patients can avoid other treatments that may be ineffective or have additional side effects.

Unfortunately, significant access barriers to biomarker testing currently exist. A significant percentage of cancer patients and survivors do not receive biomarker testing because it is not covered by their insurer, or the out-of-pocket costs would be too high. Every year, 73,700 Ohioans are diagnosed with cancer.

The AMCNO will continue to keep members informed of this legislation's movement. The legislature, however, is expected to be on recess most of the summer. ■

Co-Pay Accumulators Legislation Passes the Ohio House

AMCNO priority legislation, HB 135, Co-Pay Accumulators, has passed the House and now heads to the Senate. The bill is designed to enable Ohioans to better afford potentially life-saving medications. The bill bans a practice known as a "copay accumulator," in which health insurers reject to calculate any copay assistance patients receive from other sources—including drugmakers, churches, nonprofits or family members—toward the patient's annual maximum out-of-pocket payment.

AMCNO is part of a 60+ member statewide coalition supporting the bill. ■

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The Division of Senior and Adult Services (DSAS) is the provider of Adult Protective Services (APS) in Cuyahoga County. We protect and assist adults 60 and over (and adults with disabilities 18-59 on a voluntary basis) who may be victims of abuse, neglect, self-neglect and/or financial exploitation. All reports to DSAS are confidential.

- Older adults age 60 or older can easily be the victims of physical or sexual abuse, neglect, or financial exploitation.
- In the United States, studies show that only one of every 14 cases of elder abuse is reported.
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Interim Director, DSAS



Virtual Seminar Sponsored by AMEF Covers Next Steps for Ohio Medicaid Beneficiaries

An online event, “What’s on the horizon for Ohio’s Medicaid program? Innovation, equity and unwinding the Public Health Emergency,” was held on May 3. It was hosted by the Health Policy Institute of Ohio (HPIO) and sponsored in part by the Academy of Medicine Education Foundation (AMEF).

Maureen Corcoran, Director, Ohio Department of Medicaid (ODM), kicked off the virtual event providing an overview of the public health emergency (PHE) funding put in place April 2020. Director Corcoran stated there was a 20.5% increase in Medicaid enrollees in Ohio from April to August 2020. This increase was mostly due to pandemic unemployment.

During the COVID-19 PHE, the federal government eased rules to prevent people with Medicaid and CHIP from losing their health coverage. However, at some point soon, it is expected that the PHE will end, and states will be required to restart Medicaid and CHIP eligibility reviews, which could result in millions of people losing their health coverage due to procedural reasons. ODM will be working with the U.S. Department of Health and Human Services and Centers for Medicare & Medicaid Services to ensure that people are connected to the best coverage they are eligible for.

As Ohioans emerge from the pandemic, those enrolled in the PHE Medicaid enrollment will be switching over to “Next Generation Ohio,” beginning July 15, 2022. The focus of this Medicaid program, which emerged from the re-procurement process, is on the individual, with strong cross-agency coordination and partnership among Managed Care Organizations (MCOs), vendors, state agencies and ODM.

With the next generation managed care program, ODM will work in collaboration with the Ohio Department of Job and Family Services (ODJFS), County Departments of Job and Family Services (CDJFS), Mental Health Addiction Services (MHAS), Department of Developmental Disabilities (DODD), Ohio Department of Aging and other agencies to support a more seamless and individualized experience for individuals and providers. You can learn more about the program here: <https://managedcare.medicaid.ohio.gov/managed-care/ohio-next-generation-managed-care-2/next-generation-managed-care>.

Director Corcoran and her team are guided by the goal to keep eligible individuals enrolled in Medicaid, or to assist them to gain more appropriate coverage. Enrollment specific to youth with complex behavioral health and multi-system needs will be managed through *OhioRISE* (Resilience through Integrated Systems and Excellence), led by Aetna Better Health Ohio.

AMCNO will continue to work with both CMS and ODM to ensure there is as little disruption as possible in insurance for these patients. We will continue to keep you updated on our work. ■

Healthcare Innovation Summit Emphasizes Collaboration, Meeting Patients Where They Are

Now in its 14th year, the Healthcare Innovation Summit was held in person in Cleveland at the Downtown Westin April 18 – 19, featuring health professionals who discussed topics related to health care and information technology.

Dr. Cliff Megerian, CEO of University Hospitals Health System, provided the keynote address on the first day. In his presentation, “Innovation to Promote Health Equity, Wellness and Maximize Health Care Value.” Dr. Megerian said it’s a significant problem that health care delivery is based on where you live. Health equity is not just about health care—the root causes need to be addressed to have a more meaningful impact.

UH spent \$489 million in community projects last year, and their community benefit strategic plan focuses on three pillars: Anchor and Social Venture Investment (providing programs that address social determinants of health), Social Service Investment (allowing employees time off to volunteer for opportunities that fit their interests), and Regional Community Health Investment (taking a look at wellness and safety, maternal and child health, food security, and workforce issues).

In summary, Dr. Megerian said health care organizations need to evolve and focus on their communities to improve their health, adding that these organizations can do more when they work together—not just at UH, but across the nation. “Do your part. Be a promoter of health equity,” he concluded.

The panel that followed focused on “Patient Engagement: Revisioning the Patient Experience.” Health care professionals from NOMS Healthcare (an AMCNO group member), The Ohio State University Wexner Medical Center, and TriHealth provided their input on how the patient experience is changing. Patients are already demanding that care be brought to them. Justin Coran, PhD, from NOMS Healthcare, said communication is much more advanced now—patients’ voices are included in care, and leaders need to buy in to this change.

AMCNO Member Dr. Judith Welsh, Associate Chief Experience Officer at Cleveland Clinic, discussed the health system’s revolutionary approach to patient experience. Their team is a combination of those who are patient-facing and those behind the scenes, such as data analysts who serve as “interpreters,” and additional groups. Safety and efficiencies are crucial. She said patient experience is also linked to provider experience. “People need to be happy and confident,” Dr. Welsh said.

The second day of the event featured a panel on the “Cleveland Innovation District.” Speakers included those

(Continued on page 18)



The Cleveland Innovation District panelists discuss the work of their alliance.

AMEF Sponsors a Local Medical School Student's Infant Mortality Pilot Program

Medical school student Emily Cronin has made it her mission to help change the “appalling and unacceptable” high infant mortality (IM) rate among African Americans; her pilot program at the Greenleaf Family Center in Akron has been a step in that direction. The Academy of Medicine Education Foundation (AMEF) was a sponsor of this project.

Ms. Cronin recently provided a report on the program, as it ended in May, and her findings. She is a third-year student at Ohio University Heritage College of Osteopathic Medicine in Cleveland and a pre-resident at Cleveland Clinic Akron General (CCAG).

To first establish her community project, Ms. Cronin said she had to choose a population. During her research, she found that, in Ohio, per 1,000 live births during 2015 – 2019, the IM was two times higher among African American babies compared with white babies. The IM rate in Summit County, where Akron and Greenleaf are located, is 6.2% - 7.3%. (See sidebar to learn more about what is being done in Ohio to combat the troubling issue of maternal mortality.)

She reached out to Greenleaf to discuss their Moms & Babies First program, which pairs Black moms with community health workers to help them find care, support and resources to encourage healthy pregnancies and deliveries. She said CCAG has been involved with Greenleaf but not necessarily the Moms & Babies First program, so she wanted to develop and grow that relationship.

The pilot was set up as a group education program for pregnant moms, with four sessions held at Greenleaf every Monday in April 2022. Group leaders were tasked

with creating the interactive group education sessions, so that the moms could create a network among themselves to share their experiences. Incentives were provided to encourage involvement at each session, and Ms. Cronin said this is where the funding from AMEF and others was so important.

The first session covered nutrition and healthy eating. Incentives included a crockpot and cookbook, kitchen utensils, bus passes, and healthy snacks. The second covered baby safety and labor and delivery. Incentives for this session included a pack-n-play, fitted sheets, pacifiers, and a \$200 Walmart gift card. Due to staff health concerns, the third and fourth sessions were combined and covered safety in the home and self-care. Incentives included childproofing locks, laundry detergent, gloves and buckets, and cleaners. The moms then requested a final “fun” session, which was scheduled to take place in May (around press time), and incentives were to include a prenatal yoga session and an informative discussion on doulas. Incentives would be a \$100 GetGo gift card, \$100 prenatal massage gift card, and a hospital/diaper bag.

Last semester, Ms. Cronin had created an AIMS statement, which, in part, said that through a survey tool before and after the group education program, their goal was to



Emily Cronin (right) stands with Michelle Watkins (left), the director of the Moms & Babies First program at Greenleaf Family Center.



The pregnant moms practice self-care in an art class during one session.

Maternal Mortality Causes and Solutions

By Anna Ruzicka, Health Policy Fellow

The United States has the highest rate of maternal mortality (or death while pregnant or within 42 days after pregnancy), compared with other high-income countries, at **23.8 deaths per 100,000 live births (1)**. Race is one critical component, as the maternal mortality rate for Black women in the U.S. is more than twice as high as the rate for white women, at **55.3 deaths per 100,000 live births (2)**.

This racial disparity is prevalent in Ohio as well, where Black women are **2.2 times more likely** than white women to die from pregnancy-related causes. Urban and Appalachian counties in Ohio have the highest rates of maternal morbidity (or complications during or after labor and delivery) at 78.2, and 65.3. complications per 10,000 delivery hospitalizations, respectively (4). Within both these areas, Black non-Hispanic mothers have the highest rates of severe maternal morbidity.

The Health Policy Institute of Ohio (HPIO) cites implicit bias, provider shortages, and poor transportation access as key contributors to these high rates of maternal mortality and morbidity (5). Racism and discrimination in particular lead to toxic stress in women of color, which can cause chronic diseases like cardiovascular disease and hypertension, which then, in turn, create higher-risk pregnancies. Action must be taken to reduce rates of maternal mortality and morbidity in Ohio, particularly for populations of color who are disproportionately affected by these outcomes. Some efforts are already underway, especially related to post-natal care for Ohioans who have recently given birth. On April 1, the Ohio Department of Medicaid expanded coverage of post-partum care for mothers from 60 days after delivery to one year.

For more information and resources, visit www.healthpolicyohio.org. ■

1. Gunja, M. Z., Seervai, S., Zephyrin, L., & Williams II, R. D. (2022, April 5). Health and Health Care for Women of Reproductive Age. *The Commonwealth Fund*. <https://doi.org/10.26099/4pph-j894>.
2. Ibid.
3. Policy Institute of Ohio. (2022, May 6). *Ohio health policy news*. <https://www.healthpolicyohio.org/racial-and-geographic-disparities-in-maternal-morbidity-and-mortality/>
4. Ibid.
5. Ibid.

decrease maternal stress by 50% by the completion of the program in May 2022. And, it was their goal to maintain at least 75% attendance rate by the end of the program through the use of incentives.

Their findings indicated that 80% of the moms felt the program helped decrease maternal stress (30% more than the goal), and the attendance rate through incentives was more than 75% (at 233%). The number of participants for each session increased over time.

Ms. Cronin said prematurity is the biggest cost associated with delivery in the United States—the average cost for one baby is \$144,692. That amounts to \$26.2 billion to the U.S. health care costs per year. If the incidences of premature babies are decreased, through programs such as the one at Greenleaf, it would have a huge impact on health care costs.

She said next steps include meeting with the Greenleaf team to discuss the program outcomes and future plans. From the moms in this program, it was learned that their main concern was they want to be heard and listened to when discussing concerns with medical providers. Cronin added that physicians need to prioritize addressing any fears or questions patients may have, because “if you don’t, no one else will, and that could change their care plan and outcomes.” ■



Much-needed items were provided as incentives for the moms in the program.

AMA Releases Telehealth Survey Results

As part of our ongoing partnership with the American Medical Association (AMA) on The Telehealth Initiative, the AMCNO asked members to participate in their national survey. The Telehealth Survey, fielded between Nov. 1, 2021, and Dec. 31, 2021, aimed to gather insights on current experiences and expected future use to inform ongoing telehealth research and advocacy, resource development, and continued support for physicians, practices, and health systems.

The full 2021 Telehealth Survey Findings Report can be viewed at www.ama-assn.org/system/files/telehealth-survey-report.pdf.

Of the 2,232 physician respondents, 85% indicated they currently use telehealth, and key findings include:

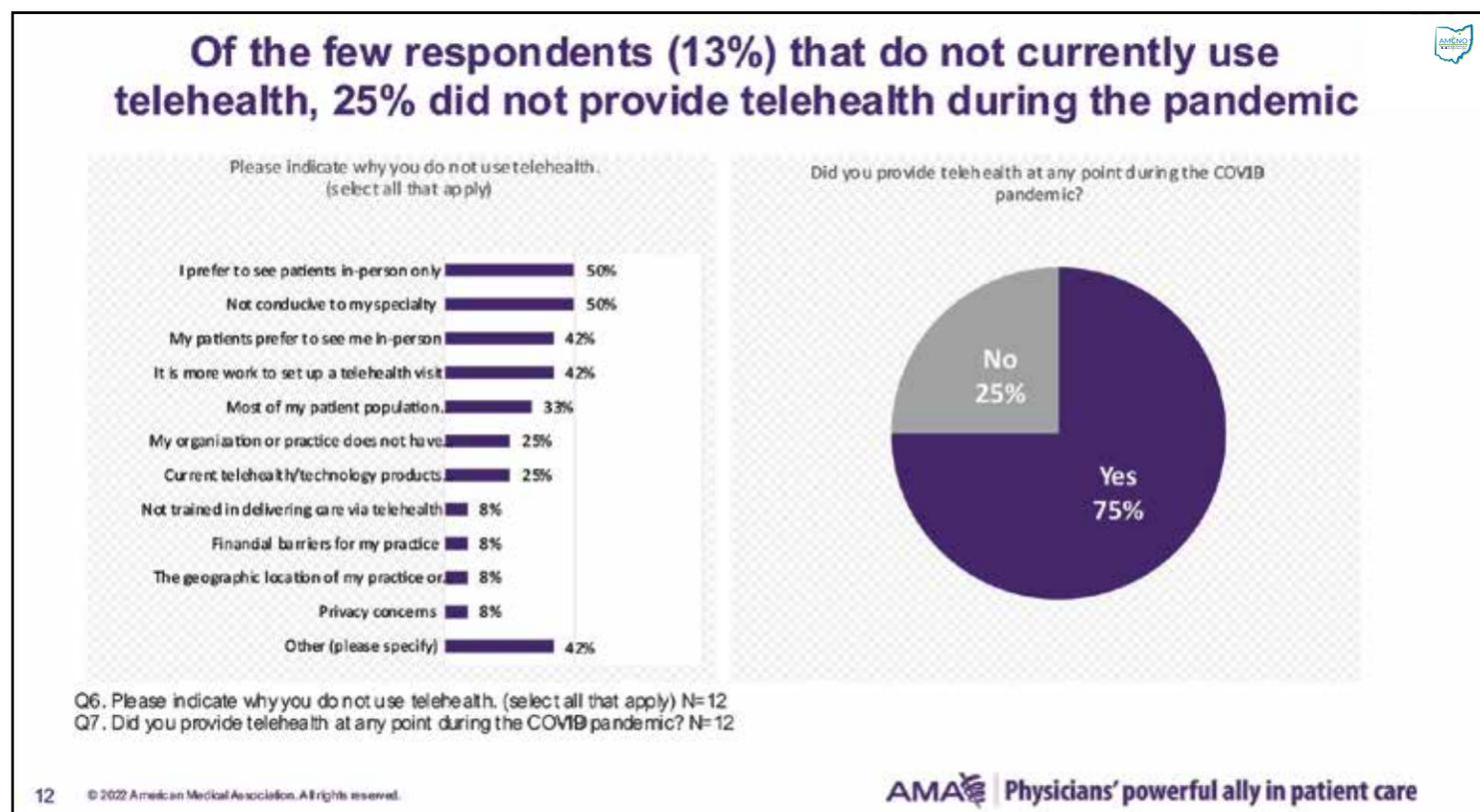
- 63% report that 75% or more of virtual visits are conducted with patients with whom they have an existing relationship.
- More than 80% indicate patients have better access to care since using telehealth.
- 60% agree or strongly agree telehealth enables them to provide high-quality care.
- 62% feel patients have higher satisfaction since offering telehealth.
- 54.2% indicated that telehealth has increased their professional satisfaction.

- 93% are conducting live, interactive video visits with patients and 69% are conducting audio-only visits.
- 8% said they were using remote patient monitoring technologies with patients in their homes; the commonly used tools include smartphones (camera), blood pressure cuffs, pulse oximeters, and body weight scales. Additionally, 76% indicate data is shared manually.
- Looking ahead, 56% indicate they are motivated to increase telehealth use in their practices.
- The top 3 perceived patient barriers to using telehealth include access to technology, digital literacy, and broadband internet access.
- Lack of insurance coverage and little to no payer reimbursement persist as barriers to implementing and continuing telehealth services.

Because of our collaborative efforts, we received a specialized report that summarizes responses collected from Ohio. Of the practices located in Ohio, 87% report using telehealth. Those who do not currently use telehealth responded with why, with 50% saying they prefer to see patients in-person and 50% felt it was not conducive to their specialty (see graphic 1).

Of the participants who do offer telehealth, on average, Ohio respondents see 67 patients per week, 18 of which are via telehealth. Most respondents that use telehealth indicate that 75% or more of their visits are with established patients. Most respondents (54%) report a decrease in use now as they provide a mix of in-person and virtual care (see graphic 2).

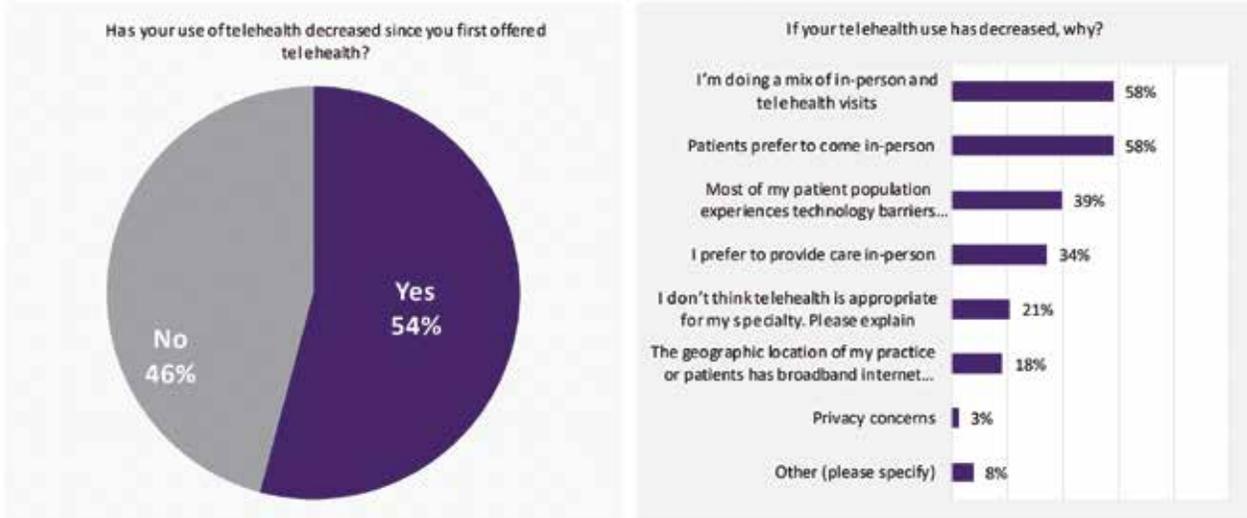
GRAPHIC 1



GRAPHIC 2



Most respondents that report a decrease in use now provide a mix of in-person and virtual care



Q14. Has your use of telehealth decreased since you first offered telehealth services? N=72
Q15. If your telehealth use has decreased, why? N=38

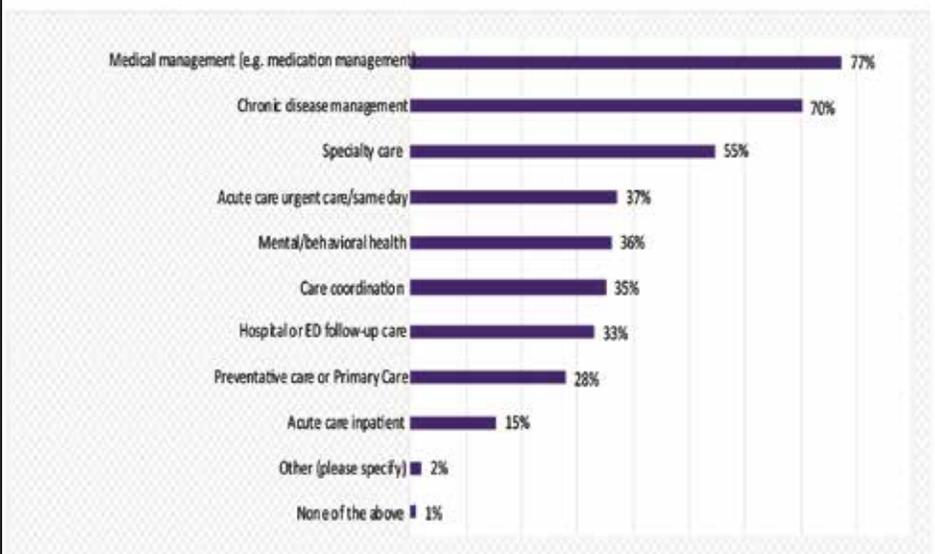
The respondents also indicated that telehealth visits were mostly conducted from the clinic (86%) while the patients were typically located at home (96%). Most Ohio respondents use live audio-visual technology to deliver telehealth (91%). Telehealth is used to deliver a variety of health care services (see graphic 3).

Respondents who report licensure, state regulations, and statutes as barriers to adopting telehealth also specify the following aspects to be a challenge. Seventy-six percent agree that telehealth offers better access to care, and 56% agree that it contributes to improved patient satisfaction. Looking ahead, 53% of respondents are personally motivated to increase use of telehealth, and 71% of Ohio respondents feel that their organizations leadership are interested in continuing to use telehealth, indicating the likelihood that increased telehealth services will continue in Ohio. ■

GRAPHIC 3



Telehealth is used to deliver a variety of health care services



Q24. What services do you or your practice/organization currently provide via telehealth? N=60

We Celebrate Our Members Especially on Doctors' Day!

Each year, we look forward to March 30—National Doctors' Day—when we say a special “thank you” to our physician members for the work they do every day for their patients and our communities.

We were grateful to visit our members' offices for the first time this year, as the COVID-19 pandemic continues but wanes. Staff filled gift bags with all kinds of goodies, including beautiful homemade cards from local schoolchildren and cookies with the new AMCNO logo.

The group began their full day at MetroHealth to see AMCNO Past President Dr. Thomas Collins and a group of residents during morning rounds; we supplied them with a healthy dose of coffee and doughnuts, which they appreciated! The next stop was at AMCNO Board Member Dr. Marie Schaefer's office at the Cleveland Clinic Sports Medicine Center in Garfield Heights. Following that was a trip to see AMCNO Board Member Dr. Mary Frances Haerr, who was closing her practice that day after 33 years.

The team then visited the Cleveland Clinic Children's Rehabilitation Hospital, saying hello to Dr. Michelle Marks (the medical director there) and Administrator Jennifer Manning. The next visit was with Immediate Past President Dr. Kristin Englund and the infectious disease team at Cleveland Clinic. We finished the day with the residents of the Family Medicine program at Cleveland Clinic Lakewood Family Health Center.

The smiles from everyone made our day! We look forward to continuing this tradition of office visits next March 30. ■



AMCNO staff stands with AMCNO Member Cleveland Clinic Children's Hospital for Rehabilitation.



AMCNO Immediate Past President Dr. Kristin Englund and her colleague proudly show off cards made for them by Independence Local School students.



Residents at MetroHealth enjoy delicious and delicious during morning rounds.

Clinic Children's Rehabilitation



Dr. Michelle Marks at the rehabilitation.



AMCNO staff stands with AMCNO Past President Dr. Thomas Collins (far left) and his colleague (far right) at MetroHealth.



AMCNO Member Dr. Mary Frances Haerr poses with her care package assembled by our staff.



AMCNO Board Member Dr. Marie Schaefer smiles behind her mask while receiving her care package.



The gifts were ready to be shared with local physicians.



Fun goodies provided by staff



AMCNO Resident Board Member Dr. Jessica Tomazic (center) and some of her resident colleagues show appreciation for their gifts.

Healthcare Innovation Summit Emphasizes Collaboration, Meeting Patients Where They Are

(Continued from page 11)



AMCNO Member Dr. Judith Welsh fields a question from the audience.

from the partnership: Case Western Reserve University Weatherhead School of Management, Cleveland Clinic, Cleveland State University (CSU), and University Hospitals (UH); MetroHealth's speaker was unable to attend. The philosophy behind this alliance is to create a destination or attraction to our region, using health care and education. For example, 80% of CSU students stay in the region after graduation, so they developed new programs and bridged expertise to then direct student to internships and co-ops in the area. AMCNO Member Dr. James Merlino said although Cleveland Clinic and UH are competitors, they looked at how they could work together, and it's applicable to others: "Don't integrate," he said, "align." He added that the two health systems have talked more in the last 2 weeks than in 200 years. "There are so many things we can do together, and that's the biggest lesson," Dr. Merlino said. The group is already talking about their successes and will be able to prove this concept works through evidence in the next few years.

The day ended with a panel discussion on "EHR Optimization and Physician Burnout Factor," which included AMCNO Member Dr. David Kaelber, who is Chief Medical Information Officer and Vice President of Health Informatics at MetroHealth. He said COVID-19 put stress on all components of care, but "hopefully, it will become an endemic in 2023 and a new normal will be established." Dr. Kaelber also discussed the KLAS Arch Collaborative Survey from last fall, with a focus on electronic health record (EHR) burnout. And, he said it's important to do a better job of educating others about clinical informatics, because people are needed to interpret this data but only 80 professionals join the field each year. The panelists agreed that more important lessons were learned during the pandemic, and they need to be salvaged to improve care and reduce burnout. ■

NORTHERN OHIO PHYSICIAN

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Meet the New AMCNO Board Members

Several physician members were recently elected to the AMCNO Board of Directors. We warmly welcome them, and staff looks forward to working with them throughout the duration of their term—and in the years ahead!

Read on to learn about each of these new leaders.

Lynn Milliner, MD District 2

(The MetroHealth System)



Dr. Milliner is a pediatrician at MetroHealth. She's a frequent speaker for current public health concerns, she supports activities that increase access

to care, and she serves as a mentor.

Dr. Milliner said she views provider burnout, dissemination of misinformation, and access to care as important issues facing the medical profession today, as well as decreasing the digital divide. She wanted to become an AMCNO member because of our organization's rich history of advocacy and education.

"As we navigate from all things COVID, there is still much work that needs to be done to ensure that we continue to assist our patients with getting needed health care in a city with renowned health care that has not been accessible for all," Dr. Milliner said. "It is equally important to help shape the development of our future providers and give much-needed support to those currently in practice."

Michael Shaughnessy, MD District 3 (NOMS Healthcare)



Dr. Shaughnessy has been an independent ophthalmologist for several decades with close ties to University Hospitals and now is a new leader

within the NOMS Healthcare group. He is looking forward to giving them a voice, in particular, as an AMCNO Board member. He said he sees access, affordability, quality, and burnout as the important issues facing the profession today. He believes strongly in the mission of NOMS Healthcare as a value-based option in today's healthcare landscape.

Tanveer Singh, MD | At-Large



Dr. Singh is an internal medicine/hospital medicine physician, affiliated with the Cleveland Clinic main campus and Hillcrest Hospital. In the community,

he teaches and educates seniors and EMS about early recognition of sepsis. As a board member, Dr. Singh wants to listen to the problems physicians face and find a collective solution—

examples include promoting the role of telemedicine and finding ways to improve physician satisfaction. Other important issues for him are: the decrease in patients' trust toward health care professionals (predominantly due to social media) and decreasing payments for health care professionals.

Richard Watkins, MD | At-Large



Dr. Watkins is an infectious disease physician and medical director at CVS, where he serves on the Infectious Diseases Advisory Team. He has published

dozens of peer-reviewed research papers, book chapters, and review articles. Currently, he serves as the chair of the publications committee at the Infectious Diseases Society of America. Dr. Watkins is also an AMCNO Legislative Committee member and a professor of Internal Medicine at Northeast Ohio Medical University (NEOMED). Dr. Watkins believes the important issues facing the medical profession today are reimbursement, medical malpractice, physician burnout, and COVID-19. In addition, he is looking forward to serving in a leadership role to help address these challenges and others that physicians in Northeast Ohio face on a daily basis. ■