



# NORTHERN OHIO PHYSICIAN

The Voice of Physicians in Northern Ohio

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## AMCNO Launches #WhyWeVaccinate Campaign to Combat Vaccine Myths

In November, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), announced the launch of #WhyWeVaccinate — a campaign where local physicians are sharing their personal reasons for vaccinating and recommending vaccines to their patients.

The goal behind the campaign is to collect powerful stories, honest perspectives, and science-backed truths to share with the public. “We want to humanize vaccines and the doctors who support them, because at their core, behind every physician’s recommendation of a medically appropriate vaccine is a real person who believes in protecting life,” said AMCNO Executive Director Jen Johns, MPH.

AMCNO hopes to use the campaign to build trust in the community while countering the incredible amount of inaccurate vaccine information now available online with real, personal stories.



**We’ve launched #WhyWeVaccinate — a campaign where real healthcare professionals share their personal reasons for vaccinating and recommending vaccines to their patients.**

Read about our powerful stories, honest perspectives, and science-backed truths. Because behind every vaccine is a person who believes in protecting life.

## AMCNO Launches #WhyWeVaccinate

### Campaign to Combat Vaccine Myths

(Continued from page 1)

“Vaccinations against childhood and adult diseases have been one of the greatest triumphs of medical science, preventing illness and death for millions of children. For children to get sick and possibly die of these preventable infections is a tragedy that we must work to prevent,” said AMCNO President Eric Shapiro, MD.

AMCNO has a long history of vaccine advocacy and administration, including most notably the Sabin Oral Sundays program. Over six Sundays in the summer of 1962, more than 1.5 million Clevelanders were vaccinated against polio, making the campaign the most successful in the country at the time.

As part of the #WhyWeVaccinate campaign, AMCNO is also bringing to the public’s attention the need to continue routine vaccinations this flu season, warning against following the unscientific advice of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr.. Kennedy is a well-known anti-vaccine and anti-science advocate and has touted conspiracy theories and lies about vaccines (including that childhood immunizations cause autism).

The AMCNO strongly encourages the public this flu season to follow the recommendations of the American Academy of Pediatrics (AAP) vaccine schedule for persons under age 18, and the American College of Physicians (ACP) and American Academy of Family Physicians (AAFP) vaccine schedule for persons over the age of 18.

Those interested in participating in the #WhyWeVaccinate campaign can share their stories on the Academy’s website, [www.amcno.org](http://www.amcno.org).



## PHYSICIAN APPRECIATION NIGHT

A National Doctors' Day Celebration

Heavy Appetizers & Drinks Included  
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AMCNO Annual Awards to be Presented



MARCH 27  
6:00 PM



Register at [amcno.org/events](http://amcno.org/events)

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## PHYSICIAN APPRECIATION NIGHT

A National Doctors' Day Celebration

### ANNUAL AWARD NOMINATIONS - Deadline = March 6



**Who can nominate:**  
Current active members of the AMCNO can nominate one person for each award.

**How to nominate:**  
Use the QR code or go to [amcno.org/events](http://amcno.org/events). Only nominations received by the due date (March 1) will be considered. The strongest nominations include detailed responses that shed light on the nominee's qualities.

**How are recipients selected?**  
Recipients are selected by the AMCNO Executive Committee.

**Are recipients required to attend in person?**  
We strongly encourage recipients to attend the award reception.

Friday - March 27 - 6 PM  
COhatch Beachwood 26300 Cedar Rd, Beachwood, OH 44122

# AMCNO Advises Public to Follow Childhood Vaccine Schedule as Usual, Ignore New HHS Recommendations

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is bringing to the public's attention the need to continue the previously recommended childhood vaccination schedule, warning against recent changes made to the schedule by Health and Human Services (HHS) Secretary Robert F. Kennedy Jr., based on the spurious argument that the USA would simply follow the lead of Denmark.

Denmark has universal free healthcare, a small and comparatively healthy population, generous medical leave policies and extremely high compliance with public health guidelines. They also have accepted approximately twice our rate of hospitalizations for respiratory syncytial virus in older people and young children. The previous work of the Centers for Disease Control (CDC) has been scientifically shaped to fit American populations and healthcare systems.

Childhood vaccines have been shown, not only, to have saved millions of lives, but to have saved hundreds of thousands from paralysis, physical and mental disabilities. They have spared trillions of dollars in health care costs. They have been studied extensively and scientifically. There is no question that vaccines are the greatest public health invention of our time. They have allowed us to diminish and, in some cases, eradicate the threat of fatal infectious diseases. In the United States there has been a 99% decrease in incidence for the nine diseases for which childhood vaccines have been recommended for decades.

The [Akron Beacon Journal](#) covered AMCNO's statement, quoting Past President and infectious disease physician Kristin Englund, MD, "It is so hard to imagine that in the near future, we're going to see children getting ill, hospitalized and even potentially dying from diseases that are completely preventable."



“Vaccines not only protect the immunized but can also reduce disease among unimmunized individuals in the community through ‘indirect effects’ or ‘herd protection.’ In the last 50 years alone, vaccines have helped to nearly wipe out measles, diphtheria, and polio. Mr. Kennedy’s known opposition to routine childhood vaccinations is a threat to the public’s health and opens the door for these illnesses to recur in our children,” added Englund.

Sec. Kennedy’s many demonstrably false and misleading statements attempt to undermine the public’s confidence in American medical science, and in the professionals and institutions, including the Centers for Disease Control (CDC) that make American medicine preeminent in the world. We join the many medical societies across the country who have called for his resignation to protect the public’s health.

The Academy is proud of our 202-year history in protecting the public health in Cleveland & Northern Ohio and we will continue to educate the public about the importance of following sound medical advice, including medically appropriate vaccination to prevent illness.

# Member Spotlight: Dr. Courtney Stephenson leads care for the smallest patients

As the director of fetoscopic intervention at Cleveland Clinic, Courtney Stephenson, DO, is part of a select group of physicians worldwide that are trained and specialize in unique fetal procedures. Starting in 2007, Dr. Stephenson trained in treating Twin to Twin Transfusion Syndrome through fetoscopic laser ablation, and was later the first woman to establish a fetal care center in the United States. Her contributions to the field and the Cleveland community stem from her passion for fetal prenatal diagnosis and intervention.

“I like the complexity of obstetrics, and I have a passion for taking care of women and helping them through what's an exciting time,” Dr. Stephenson said. “There are lots of changes in their lives, and also sometimes not always what they expected what with some of the high risk situations that can occur in maternal field, whether it's a maternal condition that's already there, or a maternal condition that evolves because the patient is pregnant, or a fetal problem.”

TTTS is a rare but serious condition that occurs during pregnancy in which identical twins who share a placenta are not receiving an equal share of the blood supply. The twin receiving less blood may have slower growth and decreased amniotic fluid. When left untreated, TTTS is associated with high morbidity and mortality.



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There are multiple ways that TTTS can be addressed, depending on the stage of TTTS and how far along a pregnancy is. Physicians and the patients they are collaborating and making decisions with are constantly working to balance the risks of intervention versus the risks of not intervening.

Dr. Stephenson specializes in fetoscopic laser ablation, working to separate the circulatory systems of the twins, and, as she says, separate their fates. The intrauterine surgical procedure involves using a tiny camera and a laser to close off the blood vessels on the placenta that are causing the uneven blood flow, in an effort to shift the blood flow from one fetus to the other and allow each fetus to have their own blood volume.

“Fetal intervention is a unique space since we're treating the fetus through the mother who is healthy and doesn't need surgery. It's not like having a coronary artery ischemic event and then getting a bypass, all of that benefits that patient,” she said. “In circumstances of fetal intervention, the mother doesn't need surgery, and so we have to be cognizant of the risks there, which should always be minimal. Getting to know the patient, understanding what their needs are, it's a balance and it's a lot of counseling.”

The techniques for treating TTTS and performing intrauterine procedures have come a long way in recent decades, particularly as imaging has improved and physicians have learned more about the condition and how it progresses. Ohio is home to some of the leading innovation in the space. Cincinnati Children's Hospital, where Dr. Stephenson did her training, is one of the preeminent providers of this kind of intrauterine care, and the Cleveland Clinic's Fetal Care Center, has been steadily growing over the past several years.

“You hear stories of patients now, people that are in the 30s to 50s, who say they had a twin but that it died at birth or died in utero -- you hear these stories and you wonder, did they have twin to twin, did we not even know what that was? And now we're able to make these diagnoses in utero and change the outcome, like literally manipulate the physiology of the fetus before it's born to correct what's developing abnormally so that it has time to grow and evolve in a healthy, normal manner,” Dr. Stephenson said. “Really it is mind blowing.”

She says that there is continuous learning in the field, even though much of the technological equipment has stayed the same. The field is risk-averse, Dr. Stephenson said, so adopting new techniques and tools can take time. In 2015, she published her novel application of

microwave ablation for twin-reversed arterial perfusion sequence. In the paper, the authors noted that microwave ablation for vessel coagulation has less thermal spread and is seen as a superior heat source in other surgical subspecialties, and applied the technique to TRAP treatment. It's been a decade since then, and the technique is still an emerging one. "

"Since I was the first to publish on [the microwave technique], I am the leader, probably in the world," she said. "I was at an international meeting, and everybody's asking me how to use it with device and what power settings, et cetera."

What hasn't changed in the field, she says, is the strength of the patients.

"The mothers are the heroes," she said. "They place themselves on an operating table without ever seen or held their baby and put themselves on the operating table for an intervention to try to save their lives in the name of hope, love, faith, all these, you know, and they do it without a hesitation, it's really something that I've seen over and over and over again that just amazes me that mothers have that in them, no matter what their economic or education or whatever their background is, it's a universal feeling that I've witnessed where these mothers are so brave and so courageous, and really put their babies before themselves."

TTS is random and not in the control of the patient. For patients that receive treatment, in about 85% of cases, at least one twin survives, and in about 50% to 65%, both twins survive. It's something that Dr. Stephenson understands deeply in her practice, where she sees losses, and witnesses parents holding space for the joy of their surviving twin while mourning the loss of one of their babies.

It's the kind of practice that keeps patients and physicians in touch long after their clinical relationship has ended. On her phone, Dr. Stephenson has a dedicated folder of photos that her patients send her of the babies she saved – many of whom are no longer babies at all, and are graduating school and thriving. Those connections, and the strength of her patients, she says, are deeply profound.

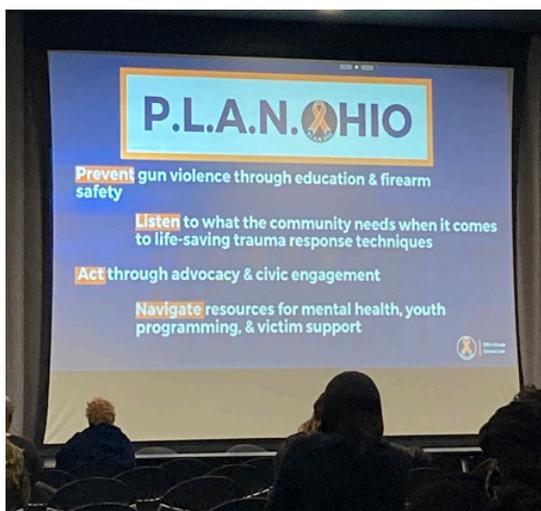
"Leave space in your mind and heart for miracles because not everything follows the textbook," Dr. Stephenson said.

## AMCNO Participates in Gun Violence Town Hall

On Oct. 30<sup>th</sup>, AMCNO participated in the Prevent, Listen, Act, Navigate (P.L.A.N.) Ohio Town Hall at Maple Heights High School hosted by Rep. Darnell Brewer (D-Garfield Heights). The town hall was one in a statewide series, hosted by Rep. Brewer to bring awareness to the package of gun safety legislative reforms he has introduced in Columbus.

The P.L.A.N. strategy is to prevent gun violence through education and firearm safety, listen to what the community needs when it comes to live-saving trauma interventions, act through advocacy and civic engagement and help navigate resources for mental health, youth programming, and victim support. You can read more about Rep. Brewer's work on gun violence prevention [here](#).

AMCNO participated in the event by sharing education and resources on the Store it Safe program and passing out free gun safes to members of the community in attendance.



# AMCNO 2025

Now in our 201<sup>st</sup> year, the Academy of Medicine of Cleveland & Northern Ohio is proud to be growing in numbers and our goal to promote the best practice of medicine in our region.



# 5

speed networking events, connecting medical students to physician leaders

our biggest Future Leaders Council yet

Commitment

Growth

# 682

new members for a total

# 7,139

Academy members



Investment

# \$51,000

scholarships for students awarded

# 32

lawmaker meetings

# 7

advocacy days

# 13

testimony submissions

Activism



# 5

community volunteer events

# 590

gun safety lock boxes distributed

Service

Education

# 5

educational events, including Lower Hour lectures & grant-funded continuing medical education on medication assisted treatment for substance use

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# CME Training Recap: Evidence-Based Approaches to Medication-Assisted Treatment (MAT) for Opioid Use Disorder

Healthcare providers from across Northeast Ohio convened on November 20 for a half-day Continuing Medical Education (CME) session focused on evidence-based approaches to Medication-Assisted Treatment (MAT) for opioid use disorder (OUD). The training brought together physicians, advanced practice providers, pharmacists, and behavioral health professionals for a comprehensive review of the best clinical practices and emerging models of care. The training was put together by the Academy of Medicine's Education Foundation (AMEF), with funding from the One Ohio Recovery Foundation, the private, non-profit corporation created under the terms of a legal settlement to manage and distribute a portion of opioid-related settlement funds received by Ohio.

The morning began with a welcome and introductions, followed by an overview of the program's goals and required disclosures. Facilitators outlined the increasing importance of coordinated evidence-driven approaches as OUD treatment continues to evolve across primary care, emergency medicine, and community-based settings.

Dr. David Stroom, Gregory B. Collins, MD Endowed Chair in Alcohol and Drug Rehabilitation at Cleveland Clinic opened the educational content with a deep dive into toxicology fundamentals and the biological underpinnings of opioid use disorder. Participants explored the evidence base supporting MAT and reviewed key pathology requirements that guide clinical decisions.

Dr. Robert Bales, a family physician at Cleveland Clinic focused on the clinical application of MAT within primary care—an increasingly essential setting for addressing OUD. The session broke down pharmacology, dosing, and maintenance strategies for buprenorphine, methadone, and extended-release naltrexone, and highlighted real-world considerations in initiating treatment.

Dr. Joan Papp of the MetroHealth Office of Opioid Safety detailed practical, high-impact strategies for launching and sustaining MAT services in emergency departments. Participants examined models such as ED-initiated buprenorphine, walk-in clinic integration, and coordination of behavioral therapy and wraparound supports.

The final instructional block, presented by Dushka Crane, PhD, LSSBB, Director of Behavioral Health, Ohio Colleges of Medicine Government Resource Center centered on population-level trends and disparities in MAT utilization. Dr. Crane discussed national Medicaid data, demographic variations, and the prevalence of co-occurring mental health and substance use conditions among individuals receiving MAT.

The program concluded with distribution of CME certificates. Attendees left with strengthened competencies to support safe, effective, and equitable MAT delivery across clinical settings.



Robert Bales, MD, a family physician at Cleveland Clinic.



Joan Papp, MD of the MetroHealth Office of Opioid Safety.



Dushka Crane, PhD, LSSBB, Director of Behavioral Health, Ohio Colleges of Medicine Government Resource Center.

# Childhood lead poisoning rates decreasing; changes coming to local lead safety programs

Lead poisoning has been a long-time public health problem for Cleveland's children, with the region's aged housing stock that often contains leaded paint and pipes damaging developing brains. In the decades since the risks of lead poisoning were recognized, government programs and public health officials have made attempts to reduce lead exposure and hazards, particularly among children. Most recently, in 2019, the city of Cleveland passed a law requiring landlords who own homes built prior to 1978 to get lead-safe certification on their homes.



Now, the latest data from 2025 shows that fewer children are testing positive for lead poisoning, with the percentage of children with elevated blood lead levels dropping from 18.1% in 2023 to 15.8% in 2025. This, reportedly, is an all-time low for the city, which has historically had one of the highest percentage of children with elevated lead levels in the country.

The recent progress, officials say, is driven by a combination of efforts in the city. Since 2019, the private-public partnership organization Lead Safe Cleveland Coalition has focused on preventing lead poisoning by managing the lead safe certification program and working to increase screening and testing for lead in children and families. Increased attention on the dangers of lead, as well as funding for lead abatement and programs that provide families with safe alternative housing when lead is found have all worked together to decrease the poisoning rates, though there is still significant progress to be made.

Despite the recent successes, funding changes are coming for some lead fighting programs. In 2025, Ohio Republican lawmakers cut abatement funding from \$7.5 million to \$250,000 and “zeroed out” the Lead-Safe Home Fund Program, which had previously received \$1 million per year, according to the Columbus Dispatch. Instead, lawmakers increased the lead abatement tax credit from \$10,000 to \$40,000, and capped the incentive at \$3 million, down from the previous \$5 million, arguing that previous funding had not been efficient.

In Cleveland, meanwhile, a program that paid landlords for complying with the city's lead safety law closed in early February as funds dwindled. The incentive program paid out nearly \$8.9 million to landlords to push them to meet the standards for lead safe certification. While the incentive may be gone, Cleveland has recently begun ticketing landlords who are not in compliance with city safe housing laws.

Amidst these changes, city and health leaders are working to keep the downward trend in blood lead levels going. Recently, Academy of Medicine of Cleveland & Northern Ohio Executive Director Jen Johns joined the city of Cleveland's Lead Safe Advisory Board.

"The lead safe advisory board is here to assist the City of Cleveland and the Department of Public Health in in addressing this critical public health problem in our city," Johns said. "I have confidence that, working together, we can make a real difference in the rate of children with lead poisoning in our community."

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# AMCNO Champions First-Generation Medical Students

On November 7, the AMCNO partnered with the First Generation Medical Professionals (FGMP) organization at Cleveland Clinic Akron General to celebrate First Generation College Celebration Day. The event brought together undergraduate pre-med students, current medical students, and practicing physicians to foster meaningful connections and mentorship opportunities.

The program featured a panel of AMCNO members, including board member Dr. Sladjana Courson, Future Leaders Council members Umida Burkhanova and Dr. Negin Khosravi, and AMCNO member and Cleveland Clinic physician Dr. Anthony Tizzano. Panelists answered questions from attendees while sharing personal insights from their medical journeys and offering guidance on how to stay motivated through the unique challenges faced by first-generation medical students and professionals.

Dr. Khosravi encouraged students to fully utilize the resources available to them, emphasizing the importance of counseling and tutoring services. She reminded attendees not to be discouraged by setbacks, but instead to remain persistent and resilient.

Reflecting on the human side of medicine, Ms. Burkhanova shared that being a good doctor begins with being a good person, urging students to “choose volunteering with your heart.”

Dr. Courson advised attendees to pursue a specialty they genuinely love, rather than allowing salary alone to guide their decision.

The event highlighted the power of mentorship and community, reinforcing AMCNO’s ongoing commitment to supporting and inspiring the next generation of first-generation physicians.



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# CMS Announces “WISeR” Model: New Prior Authorization Pilot Targeting “High-Risk” Medicare Part B Services

Authors from Benesch Law: [Frank Carsonie](#), [Vince Nardone](#), [Christina Hultsch](#), [Pilar G. Mendez](#), [Kathrin “Kat” Zaki](#), [Nicholas E. Adamson](#)

## KEY TAKEAWAYS



CMS is launching a six-year pilot of the WISeR Model, starting January 2026 in Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington, which will use AI and human review to expand prior authorization requirements for certain “high-risk” Medicare Part B offerings such as skin substitutes and related wound care services.



This marks a major shift toward algorithm-driven oversight in Medicare, increasing the risk of claim denials, administrative burden and potential delays in patient care for providers. CMS’s reliance on AI, coupled with the financial incentives to generate savings and reduce spending, may also indirectly pressure providers to submit fewer claims and impact care delivery.



Providers in the six pilot states should begin preparing now by strengthening their medical necessity documentation, training billing staff on updated prior authorization requirements, auditing recent claims and implementing a monitoring plan to track denials and appeals.

### Background

On June 27, 2025, the Centers for Medicare & Medicaid Services (“CMS”) announced the introduction of the Wasteful and Inappropriate Service Reduction (“WISeR”) Model, a six-year Medicare Part B pilot program that will significantly expand prior authorization requirements for certain “high-risk” services, including skin substitutes. The program launched January 1, 2026 in Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington, leveraging artificial intelligence (“AI”) and machine learning tools alongside human clinical review to identify and deny services CMS deems at risk for overutilization or improper payment. Critically, this marks a departure from Medicare’s traditional reluctance to broadly use prior authorization and is a direct call to action for wound care providers, hospital outpatient departments and ambulatory surgery centers in these six pilot states to begin preparations now.

### Overview of the WISeR Initiative

The [WISeR Model](#) represents a continuation of CMS’s broader efforts to use data analytics and prior authorization tools to reduce what it considers wasteful or inappropriate care.

While prior authorization is not new, WISeR differs in both scope and methodology. Earlier demonstrations—such as the [DMEPOS Prior Authorization Demonstration](#) for power mobility devices and the [Hospital Outpatient Department Services Model](#), which established prior authorization requirements for blepharoplasty, botulinum toxin and spinal injections—relied on manual review of medical records submitted by providers. Those programs generated mixed provider feedback: CMS reported cost savings while stakeholders highlighted delays in patient care and increased administrative burden.

WISeR takes these prior authorization concepts further by layering AI-enabled triage algorithms on top of traditional manual review. This means that CMS contractors will use machine learning tools to pre-screen claims, flagging services as “high risk” before human reviewers make a final determination. CMS believes this will allow for faster, more consistent identification of improper claims. For providers, however, this represents a new front in Medicare oversight, where even routine services could face additional documentation scrutiny unless they clearly demonstrate medical necessity at the outset.

Notably, CMS has confirmed that no Medicare request will be denied without review by a “qualified human clinician,” and vendors are prohibited from compensation arrangements tied to denial rates. However, vendors will still be rewarded for generating savings, a structure that may in effect create financial incentives to limit care.

## KEY FEATURES OF THE WISER MODEL

- ✓ **Scope:** Targets Medicare Part B services flagged as high risk for waste, fraud or abuse. CMS has specifically identified skin substitute products and related wound care services as initial priority categories.
- ✓ **Technology Integration:** Review process will combine AI-enabled algorithms with traditional nurse/clinician review before claims are approved.
- ✓ **Geographic Rollout:** Initial implementation will begin January 1, 2026, in six states: Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington.
- ✓ **Duration:** Six-year pilot will run from January 1, 2026, to December 31, 2031, with the potential for national expansion depending on CMS's findings.
- ✓ **Impact:** Providers practicing in participating states will face heightened documentation and compliance requirements and should expect increased claims review times and administrative burden.
- ✓ **Exclusions:** Emergency and inpatient-only services that would pose a substantial risk to patient health or life if significantly delayed are not subject to the model.

### Implications for Providers

This represents the most significant expansion of Medicare Part B prior authorization protocols to date. While CMS frames the model as an effort to curb wasteful spending, the initiative represents a clear structural shift toward algorithm-driven claims adjudication in Medicare. WISer risks undermining physician decision-making and delaying necessary care—the model could exacerbate prior authorization burdens and contribute to avoidable patient harm. Additionally, critics have raised doubts about the extent of “meaningful human review,” with some insurers’ doctors reportedly spending under 2 seconds on each case according to a [2023 report](#) published by ProPublica.

Providers in the six pilot states—particularly wound care physicians, hospital outpatient departments and ambulatory surgery centers—should expect increased administrative requirements, a higher risk of pre-service authorization delays or claim denials, and closer scrutiny of medical necessity documentation. Although the pilot is initially limited in scope, CMS frequently uses demonstration projects to inform future nationwide policy changes, meaning WISer could foreshadow broader reforms across Part B services, including AI-driven oversight across service categories.

## WHAT AFFECTED PROVIDERS SHOULD DO NOW

Given these implications and in preparation for the January 2026 implementation, providers located in Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington should:

- 1** Review documentation protocols, workflows and coverage policies for targeted services (e.g., skin substitute applications) and evaluate whether current EHR templates, prior authorization workflows and staff training are sufficient to meet the new model’s requirements. Update to capture the required details accordingly.
- 2** Train clinical and billing staff on prior authorization requirements and medical necessity documentation standards.
- 3** Review documentation protocols, workflows and coverage policies for targeted services (e.g., skin substitute applications) and evaluate whether current EHR templates, prior authorization workflows and staff training are sufficient to meet the new model’s requirements. Update to capture the required details accordingly.
- 4** Develop and implement a compliance monitoring plan to track denials, appeals and audit requests once the program begins.

### Conclusion

The WISer Model represents a pivotal shift in Medicare oversight, combining AI tools with traditional prior authorization processes in a way that will likely redefine how high-risk services are reviewed and reimbursed. Providers should view this not only as a compliance challenge, but also as an opportunity to strengthen documentation, streamline internal processes and get ahead of potential nationwide adoption. CMS insists the model will have “strict oversight” and maintain human clinical decision-making, but whether WISer enhances efficiency or exacerbates prior authorization’s harms remains to be seen. By preparing now, practices can mitigate disruption, reduce the risk of denials and continue to deliver high-quality patient care while meeting CMS’s evolving requirements.

Benesch Healthcare+ can assist with readiness planning, including auditing clinical documentation practices, updating prior authorization policies and advising on compliance risks under WISer.

# AMCNO Members Travel to Columbus to Testify on Scope Expansion Bills

Before leaving for their winter recess, the Ohio legislature held committee hearings on several pieces of legislation, including two scope of practice expansion bills that AMCNO is opposing.

The first, [HB 508](#), would allow APRNs to practice independently in the state of Ohio, and proposes that the 5,000 clinical hours in a standard care arrangement – which the bill allows to now be made with an APRN, not just a physician – is appropriate to allow an APRN to practice without collaboration. Meanwhile, physicians need nearly triple this amount for the ability to practice independently. Former AMCNO President Dr. Kristin Englund testified in person against the bill.

“This bill sets a dangerous precedent of lowering the bar for being able to provide health care to our patients. It will erode team-based health care, which as physicians we recognize is critical to comprehensively addressing the needs of patients. We recognize that there is a serious health access problem in this country – restrictive insurance companies, cuts to state and federal safety nets, a lack of meaningful growth in medical residency spots, and disinvestment from our rural communities has left so many Ohioans desperate for medical care. Changing the standard care agreements doesn’t give them access to better care, nor will it meaningfully address gaps in our workforce,” she said in her testimony.



The second bill, [HB 353](#), would change the term for physician assistants to “physician associates.” Two AMCNO Future Leaders Council members, Peter Moore and Mehraeel Saleh, both medical students at Northeast Ohio Medical University (NEOMED), gave opposition testimony to the bill, citing the confusion the change could cause patients.

“The word ‘associate’ carries specific meaning in professional contexts. In law firms, associates are lawyers. In accounting firms, associates are accountants. In academia, associate professors are professors. The term implies a peer relationship, professionals working at similar levels of training and authority. However, under Ohio Revised Code Section 4730.22, physician assistants practice under the supervision of physicians, and the supervising physician assumes legal responsibility and liability for the PA’s services. If I am ultimately responsible for another provider’s clinical decisions, we are not associates in the traditional sense of that word. We are collaborators in a structured, supervisory relationship, and our titles should reflect that reality,” said Moore.

“The title change in this bill puts patients in a position where they may incorrectly assume that the provider is a doctor or has physician level training. Clear titles protect informed consent, trust, and transparency,” added Saleh.

Before the legislature left for the recess, AMCNO also submitted [written testimony](#) in opposition to [HB 172](#), which would restrict minors’ access to mental health care services.



# Tanisha's Law Moves Forward After Powerful City Council Hearing

**More than 11 years after Tanisha Anderson was killed by Cleveland Police, Tanisha's Law has become law.**

The legislation passed a critical hurdle at December's City Council's Safety Committee meeting when every committee member—including Chair Councilman Michael Polensek—publicly voicing support for advancing the legislation. In a notable shift, Polensek pressed the City of Cleveland to supply missing information and engage directly in finalizing the bill, signaling that the long-stalled effort is now moving into its endgame.

Four advocates, led by Mr. Anderson, opened the hearing with statements grounding the legislation in the painful human toll at its center. Later in the meeting, Anderson returned to speak again in a deeply emotional moment. He recounted the night his niece died—naked, on 22-degree concrete—with officers restraining her as he prayed over her.

"I'm here to ask the city and the lawmakers to extend some mercy and grace towards her," he said. "Because until then, in my mind and my heart, she is still laying there where she died."

His testimony brought a renewed urgency to the room and set the tone for what followed.

Councilmembers Howse-Jones, Maurer, and Slife, the three sponsors of Tanisha's Law, presented a detailed overview of the bill, which requires that mental health counselors be dispatched alongside police in 911 calls where a person is having a mental health crisis. Their presentation prompted a lengthy and forceful round of questioning from committee members directed at the Department of Public Safety and the Division of Police, including Safety Director Karrie Howard Drummond. Council members pressed for clearer explanations of crisis intervention procedures, training, and data—areas that have long been opaque to both the public and to policymakers.

Chair Polensek closed the hearing with one of the clearest statements yet that Council intended to move the legislation forward—with or without full cooperation from the Bibb administration.

## CHAIR POLENSEK ASKED THE CITY TO PROVIDE:

- ✓ The budget and job descriptions for the seven full-time mental health clinicians who serve as police co-responders
- ✓ An explanation of how officers are selected for crisis intervention work
- ✓ Proposed amendments and direct collaboration with the bill's sponsors
- ✓ Current 911 call data relevant to crisis response
- ✓ More information about crisis intervention training requirements and performance

Polensek emphasized that the Council has passed legislation in the past that the city never fully implemented—and that they would not allow that to happen again.

"We're going to look to your suggestions, but I want to say the train is leaving the station," he said. "You can either get on board or you can get run over... Let's get something we can all point to and say, look what we did. We heard the public, we heard the concerns of Mr. Anderson and others, and we're going to do whatever we can."

On February 2<sup>nd</sup>, City Council made good on that promise, passing Tanisha's Law at their full council meeting. As far as next steps, Cleveland Safety Director Drummond said the city's plan is for EMTs to drive vehicles that won't be typical EMS vehicles, but they will have flashing lights inside, along with a siren; a social worker/clinician will ride in the passenger seat. The flashing lights/siren will allow these vehicles to operate as true first responders able to arrive on scene quickly, while not using traditional EMS vehicles makes it more likely they can arrive without triggering a response from people on the scene who may not want or may not be expecting a traditional EMS response. Director Drummond said the Safety Department will confer with the Law Department on this approach before implementation.

## Impact at Every Level: Dr. Olivia Safady Takes Advocacy from Campus to DC

When Dr. Olivia Safady first joined the AMCNO as a member of the Future Leaders Council, she had already made a name for herself as a leader on her medical school's campus. During her second year at NEOMED, she joined the Board of Trustees as a student member and held roles as the co-president of the American Medical Woman's Association, Community Service Chair of the Family Medicine Interest Group, President of the Palliative Care Interest Group, and Vice President of the Preventative Health Interest Group.



On the FLC, she joined the Academy on visits to the Ohio Statehouse and the U.S. Capitol to lobby on behalf of physicians. Earlier this year, she joined the AMCNO Board as the Resident Representative.

"As a medical student, I did lots of leadership things with organizations and took on mentoring roles, but I feel like I wasn't introduced to [advocacy] until I joined AMCNO as a medical student," she said. "I just remember you guys saying 'your voice matters, even as a medical student.' I was like, okay, are you sure? 'Cause I don't know much. But I listened to that."

Now a resident family medicine doctor in Akron, she's continuing her work in health policy with an even broader scope. Earlier this year, Dr. Safady was one of 20 medical students and residents from across the country selected to join the [American Medical Association Foundation's Leadership Development Institute](#), where she is a part of the Health Policy and Patient Advocacy (HPPA) cohort.

Throughout the year long program, in addition to workshops and webinars, members of the cohort will dive into a topic they are particularly interested in in medicine and explore ways to advocate in the space.

"The big goal of [HPPA] is to give all of the medical students and residents who are part of it a mentor and peers that have the same goals, but come from different walks of life," Dr. Safady said. "Everyone in the program has a very cool story or some sort of passion, and we talk about how to get into healthcare policy process, especially with the AMA and organized medicine or with the state or specialty groups, and then at the state and the federal level."

Born and raised in Cleveland, Dr. Safady has been rooted in the Northeast Ohio community for her entire life. Throughout her education and into her current work, she says, she's been able to use her love of working with people and educating the public to push her advocacy forward.

"As a resident, I feel like I'm more empowered after seeing more patients now than I did as a medical student to really have a better idea of what the 'real world' is like," she said. "I did a lot of urban health studies in undergrad and medical school, but now in residency, I'm really seeing it play out, like the social determinants of health and all of that. It's been interesting as a resident to use my experiences more to motivate me, to do or support different things in the advocacy world."

Looking ahead, despite her busy residency schedule, Dr. Safady is inspired to continue using her position as a physician at the state, national, and organizational levels. She's interested in exploring GLP-1 access and the future of AI in medicine, particularly as she has more and more conversations with patients about their own health questions.

Reflecting on her journey so far, Dr. Safady emphasized the importance of taking advantage of all of the membership and mentorship opportunities available to medical students and early career physicians.

"I feel like you just kind of have to say yes for a while," she said. "Eventually, of course, you have to learn to say no; it's hard, you have too many things on your plate. But if you, in the beginning, keep saying yes and networking and taking these opportunities -- you're never going to get anywhere if you don't try. It's really, really easy in medical school to just keep your head down and study, take your tests, and move on. But if you really tap into the resources and tap into the leadership opportunities, I think it opens a lot of doors."

# Historic Health Law Signed: Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Act

In a landmark moment for cancer prevention and Medicare policy, H.R. 842 / S. 339, the Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act, has been officially signed into law. President Donald Trump signed the bipartisan legislation on February 3, 2026, coinciding with World Cancer Day — underscoring its potentially transformative impact on how cancer is detected and treated in older Americans.

The Act amends Title XVIII of the Social Security Act to ensure that Medicare can cover multi-cancer early detection (MCED) screening tests once they are approved by the U.S. Food and Drug Administration (FDA) and shown to provide clinical benefit. Traditionally, Medicare coverage of new preventive services — including advanced cancer tests — has been limited unless explicitly authorized by Congress or recommended by the U.S. Preventive Services Task Force. This law bridges that gap.

MCED tests use cutting-edge technology — often a simple blood draw — to detect signals from many different types of cancer at earlier stages, when treatments are more effective and outcomes are significantly better. Today, routine screening exists for only a handful of cancers; MCED tests aim to broaden that reach.

## KEY PROVISIONS INCLUDE:



**Giving the Centers for Medicare & Medicaid Services (CMS) authority to cover FDA-approved MCED tests.**



**Allowing CMS to use evidence-based processes to set coverage parameters.**



**Clarifying that MCED screenings complement — not replace — existing cancer screening and do not change cost-sharing rules.**

Cancer remains one of the leading causes of death in the United States, and a large proportion of cancers lack effective routine screening options. Early detection — before symptoms begin — dramatically increases survival rates and reduces treatment costs. MCED tests have the potential to revolutionize early detection, catching diseases at stages where interventions are most successful.

Before this law, even after FDA approval, Medicare beneficiaries could face years of delay before coverage became available — a barrier that advocates argued was unacceptable given the potential life-saving benefits of early detection. Now, with a clear legislative pathway, seniors will have more timely access to these innovations.

AMCNO has supported the legislation as part of the Prevent Cancer Foundation's coalition since the bill originated in early 2025, introduced in both chambers of Congress as H.R. 842 in the House and S. 339 in the Senate. It drew strong bipartisan backing across the political spectrum and became the most co-sponsored health policy bill in the 119th Congress — a testament to the urgency legislators attach to expanding cancer detection tools.

Named in honor of Nancy Gardner Sewell, the late mother of Rep. Terri Sewell (D-AL), who died of pancreatic cancer, the law stands as both a professional and personal milestone for its sponsors. Rep. Sewell noted that the law will “transform the way we detect, diagnose, and treat cancer for seniors all across America.”

Implementation will now turn to CMS, which will develop coverage guidelines and begin integrating MCED tests into Medicare benefits as they meet regulatory standards.

## Member Spotlight: Evan Kuczynski

### Good things come to those who follow their passions: Evan Kuczynski awarded for case report at Ohio ACEP meeting

Kuczynski, a second-year medical student at Northeast Ohio Medical University and member of the AMCNO's Future Leaders Council, is a believer in the importance of mentorship.



“Do not underestimate the power of having good mentors, good networks and a support system,” Kuczynski said. “I wouldn't be where I am or have the opportunities I've had without everyone's help.”

It was thanks to a mentor that Kuczynski was directed to an interesting patient while working on a separate research project in the emergency room. The patient, he describes, had over-ingested bupropion, and their EKG showed prolongation of the QT interval, which the care team was concerned could transform into a dangerous rhythm.

Bupropion, also known by the brand names Wellbutrin and Zyban, is used to treat major depressive disorder and as an aid in smoking cessation. It also has off label uses, including as part of a regimen for weight loss. When over ingested, bupropion toxicity can lead to serious complications, including seizures, tachycardia, and agitation.

“It's used not only for depression and anxiety, but off label for weight loss...it's not an uncommon medication, especially now when people are turning towards medications for weight loss,” Kuczynski said. “It prevents the reuptake of dopamine, so that's how you can end up with similar effects kind of like serotonin syndrome [when over-ingested].”

Kuczynski wrote up the case, recognizing that as more people use the medication, there's a need to recognize the potential complications that patients may present to the emergency department with. His case, title Bupropion Toxicity: When the Hero Becomes the Villain, was awarded Best Medical Student Case Study at the 2025 Ohio American College of Emergency Physicians Medical Student Symposium and Resident Assembly.

“It just kind of fell into my lap. It was lucky,” Kuczynski said. “I feel like that really speaks to the power of like the mentor relationship that you can kind of cultivate that.”

At the assembly, he was presented the award by one of the people who mentored him even before he got into medical school. Relationships like that and the opportunities they provide, Kuczynski said, have helped him lean into the areas of medicine that he is most excited about.

“Even though maybe it took me longer to get into medical school, the experience that I gained from being an EMT and from working on an ambulance and the things that I've learned from my colleagues, too, have benefited me,” he said. “I've profited from that over and over again, and from just following things I passionate about.”

As a member of the AMCNO FLC, Kuczynski has leaned into advocacy work, attending meetings with lawmakers and writing testimony on legislation. He's also involved in the Akron General First-Generation Medical Professional group, where he's contributing to the mentorship ecosystem that he's enjoyed.



“Good things come from doing stuff,” Kuczynski said. “Don't just do things to check off on your resume.”

# Building Connections at Speed: A Recap of the Jan. 25 Speed Networking Event

On January 25, 2026, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), in collaboration with the Northeast Ohio Medical University (NEOMED) College of Medicine, brought together physicians and medical students for an engaging evening of speed networking designed to spark meaningful professional connections.

Held in a fast-paced yet welcoming format, the event created space for participants to meet one another through a series of brief, structured conversations. Attendees rotated through multiple networking rounds, allowing them to share career paths, and explore opportunities for mentorship, collaboration, and professional growth in a dynamic setting.

The partnership between AMCNO and NEOMED highlights a shared commitment to supporting the region's medical community at every stage of training and practice. From students seeking guidance on specialty selection to practicing physicians interested in teaching, leadership, or community engagement, the event fostered conversations that crossed disciplines and career levels.

AMCNO and NEOMED extend their thanks to all who attended and contributed to the event's success. The strong turnout and enthusiastic participation reflect a continued desire for connection and community within medicine.





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