



NORTHERN OHIO PHYSICIAN

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The Voice of Physicians in Northern Ohio

www.amcno.org



From left to right: Valerie Yanoska and Colleen Jost (AMCNO staff), AMCNO Executive Director Jen Johns, AMCNO Board Members Dr. Mary LaPlante and Dr. Jonathan Scharfstein, Dr. Nancy Kurfess Johnson, and AMCNO President Dr. Kristin Englund.

Preserving Our Legacy

As many of you know, historically, the AMCNO is the oldest professional organization in Ohio, originally formed as the Nineteenth District of Ohio in 1824. It is a history we are proud of and seek to protect. As we say, we are proud to be the voice of medicine for Cleveland's past, present, and future.

That history was recently honored, when the AMCNO was inducted into the 100 Year Club of the Western Reserve Historical Society. I was proud to attend the event with AMCNO staff and leadership from the past and present. (Read more on page 3).

The event marked a time to celebrate and appreciate the legacy of our members and their contributions to the medical community—not only here in Northern Ohio, but to American medicine and the world. During the presentation, we were able to share major achievements, from Dr. George Crile completing the first successful blood transfusion in humans to our vaccination campaign

of more than 1.5 million Cuyahoga County residents against polio (the best record in the country), to our current efforts to combat vaccine misinformation in the era of COVID-19.

Since joining the AMCNO, it has been a goal of mine to ensure we are preserving and recording the history of the Academy, so that our contributions can be studied and recognized for generations to come. We are currently seeking grant funding opportunities to allow us to perform the essential work of preserving our archives and legacy here in Northern Ohio. We are also working closely with our colleagues at the Western Reserve Historical Society

and the Case Dittrick Medical History Center to help inform the telling of our history.

The AMCNO Board of Directors has also agreed to create a Bicentennial Committee to help assist the preparation work of the AMCNO staff to host a large-scale campaign and event in 2024, to honor our special anniversary. We would love to have your involvement as we work together toward this milestone year. Please email me at JJohns@amcno.org to get started.

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

Academy Archives: Nancy Kurfess Johnson, MD

As we inch closer to our bicentennial in 2024, we continue our efforts to celebrate the AMCNO's history with our Academy Archives series. Countless AMCNO members, past and present, are accomplished physicians who have contributed much to their patients and this organization. Our members span 197 years, but in this special series, we look to highlight some of them. Dr. Nancy Kurfess Johnson (also known as "Dr. Nancy") is in the spotlight this time.



Nancy Kurfess Johnson, MD

She recently visited our offices to review and assist with identifying photos from our archives. We also discussed her recently published book, *The Doctor Wears Pearls*. (See inset for an excerpt.)

Dr. Nancy was born June 2, 1928, on a farm in Luckey—a small, rural community in northwest Ohio. She

would become the eldest sibling of three brothers. At night, her family discussed famous authors and composers, and, once a week, the library truck visited their farm. She and her brothers would borrow the maximum number of books allowed. Dr. Nancy said this education, and life lessons of persistence and perseverance from growing up on a farm, all added up to who she is today.

For as long as she could remember, Dr. Nancy knew she would become a physician. That journey started in the 1940s, when she traveled to Cleveland (the fifth-largest city in the country at the time) by train to take an exam. Several weeks later, she received an acceptance letter for a full-tuition scholarship from Mather College of Western Reserve University. Following high school, at age 17, she boarded the bus for Cleveland and began focusing on her medical career in earnest. Her path was briefly derailed when she tried to enter medical school. The dean told her she would take up space meant for a man; when one dropped out to become a history teacher, she was allowed in. She had two children during medical school (and one during her internship; one more child joined the family a few years later). As a senior medical student, Dr. Nancy worked in the emergency room at Metro during the polio epidemic. That same year, she was also introduced to obstetrics, and it left a lasting impression.

In 1955, she completed her internship year at St. Luke's Hospital. Some of her patients there lived in Solon—a farming community without a physician. With no office buildings in the city, she looked at a house under construction on the main road. She and her husband worked on converting the garage into a three-room office, while the family lived in the basement. In the meantime, a female pediatrician in nearby Bedford wanted to take 6 weeks off in the summer to spend time with her five children, and she asked Dr. Nancy to cover her practice. Pregnant with her third child, eager for patients

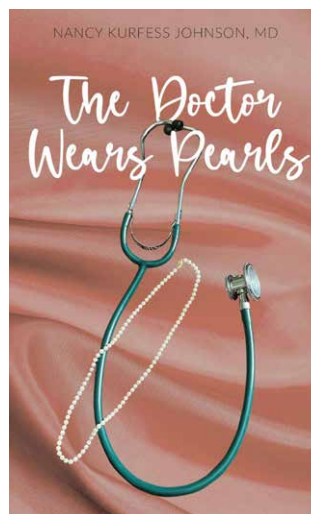
and an income, Dr. Nancy happily agreed. Then, in late-October 1955, her converted garage opened. In her book, she says: "In 1955, no male physician would even consider adding a female to his group. A paid position was not an option anywhere...Solon welcomed me."

Dr. Nancy was the first female in 22 years to enter the OB/GYN residency program at MacDonald Hospital in Cleveland. She was in family practice for 18 years, and after becoming board-certified, she spent the next 25 years in a career in Women's Health. In 1998, Dr. Nancy attended the AMCNO Annual Meeting, where she received the Cleveland Clinician of the Year Award.

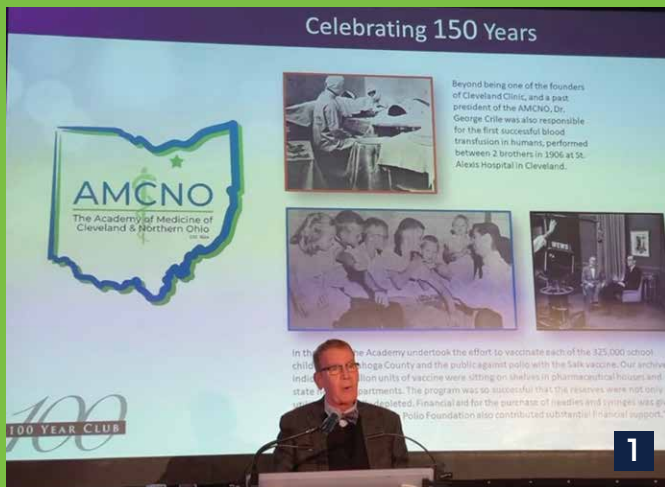
After 50 years in the field, Dr. Nancy retired in August 2001—a year she says she will long remember, with 9/11 occurring one month later. She's delivered thousands of babies during her established career. Her life's path has also taken her to various destinations around the country and the world, even to the top of the Annapurnas (of the Himalayas) at age 55. Now, at 93, she enjoys spending time at her home on the Lake Erie shores, tackling a list of things she'd like to do. And, every time she visits Case, she chats with the students who play on the baby grand piano she donated a few years ago.

If you know of a physician you would like to see featured in the Academy Archives series, please email Tara Camera, our Editor in Chief, at tcamera@amcno.org, with the details. ■

An excerpt from *The Doctor Wears Pearls*



With obstetrics it is expected to be a happy profession. Those moments of impending disaster that distort that perception are unexpected and often instantaneous. Quick thinking and quick action are requirements for best outcomes. Unfortunately, these incidents occur at odd hours and often when the staff are short-handed or tired. We rise to the occasion.



The AMCNO is Inducted into the Prestigious Western Reserve Historical Society 100 Year Club

On December 6, the AMCNO was honored to join 11 other long-standing Cleveland organizations and companies in receiving special honors by the Western Reserve Historical Society (WRHS). Our organization was only one of three to be recognized in the 150+ year category; MetroHealth and Ursuline College were the other two. Nine organizations were recognized for their 100 years of continuous operation, including the Cleveland Clinic (which was established by several AMCNO members at the time); Cleveland Hearing and Speech Center, Cleveland Museum of Natural History, First Federal Savings of Lorain, Harvard Business School Club of Northeastern Ohio, The Print Club of Cleveland, Summit Metro Parks, Thompson Hine, and Vitamix.

The awards were presented during the Society's annual 100 Year Club Induction Ceremony—an event that celebrates the rich pioneering spirit and history of innovators, entrepreneurs, and leaders in the Northern Ohio region. AMCNO President Dr. Kristin Englund, an infectious disease physician, accepted our organization's award. Several AMCNO Board members, past presidents, current members, and staff also attended the ceremony.

Following are some notable accomplishments recognized from our history:

- Founded in 1824, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is one of the oldest physician societies in the country. Once an organization of a dozen physicians, we now represent thousands of physicians across Northern Ohio.
- Dr. George Crile, one of our earliest presidents, was responsible for the first successful blood transfusion in humans, performed in 1906 at St. Alexis Hospital. He and the AMCNO's first president, Dr. Frank Bunts, went on to become two of the founders of the world-renowned Cleveland Clinic.

- The AMCNO has a long history of supporting public health. We were the first physicians in Ohio to report infant mortality statistics. We also worked with the American Red Cross to establish the first area blood bank, and we established the first Poison Control Line in Cleveland (one of the world's firsts).
- In 1953, we ran a television program on Sundays in Cleveland called "Prescription for Living," offering health information to the public—one of the first of its kind in the nation. Today, we update the public through our electronic *Northern Ohio Physician* newsletter and our social media pages.
- In 1983, the AMCNO enlisted more than 1,400 volunteer physicians to care for the recently unemployed and their families, providing no-cost care to 2,574 people, ranging from acute illnesses to open-heart surgery.
- Most notably, during the polio epidemic, 1.5 million Cuyahoga County residents, including 325,000 school children, were vaccinated by the AMCNO, the best completion rate in the United States. And

(Continued on page 4)



today, our physicians fight rampant misinformation on vaccinations for COVID-19, testifying to legislators on the safety and efficacy of vaccinations. AMCNO volunteers also helped vaccinate first responders at drive-through clinics in the early stages of the COVID-19 pandemic. This work exemplifies our continued dedication to the health of the Northern Ohio community.



Proceeds from this event benefit the WRHS Youth Entrepreneurship Education program, which reaches all Cleveland Metropolitan School District schools serving students in fourth, fifth, sixth and seventh grades.

A video of the ceremony is available on the [Western Reserve History Society's YouTube channel](#).



- 1** The AMCNO is the first organization to be recognized during the induction ceremony.
- 2** From left to right: AMCNO Past Presidents Drs. Anthony Bacevice Jr. and Thomas Collins.
- 3** From left to right: AMCNO Executive Director Jen Johns and Board Member Dr. Mary LaPlante.
- 4** From left to right: Drs. Nancy Kurfess Johnson, Bruce Cameron, and AMCNO President Kristin Englund.
- 5** From left to right: Drs. Fred Jorgensen (past president), Mary LaPlante (board member), and Mehrun Elyaderani (past president).
- 6** From left to right: Dr. Anthony Bacevice Jr. and AMCNO staff member Valerie Yanoska.
- 7** From left to right: AMCNO staff member Colleen Jost and Dr. Nancy Kurfess Johnson.



- 8** From left to right: AMCNO President Dr. Kristin Englund, Past President Dr. Fred Jorgensen, and Executive Director Jen Johns.
- 9** AMCNO President Dr. Kristin Englund accepts our award during the ceremony.
- 10** From left to right: Drs. Fred Jorgensen, Mehrun Elyaderani, John Bastulli, (Ms. Elayne Biddlestone, former AMCNO EVP/CEO), Bruce Cameron, Dale Cowan, and Anthony Bacevice Jr. All these physicians are AMCNO Past Presidents.

Telehealth Legislation Signed into Law

In late December, HB 122, legislation expanding telehealth in Ohio, was signed into law by Governor Mike DeWine. The bill was priority legislation for the AMCNO, which testified in support before both the Ohio House and Senate.



In our testimony AMCNO President Dr. Kristin Englund stated, “Telehealth is a critical part of the future of medicine and can help solve access problems for our patients. As we’ve seen during the COVID-19 pandemic, telehealth visits can be a necessary way to deliver care to patients when normal delivery of care is either unavailable or unattainable for a patient. Telehealth visits during COVID-19 allowed physicians to continue managing patient care while protecting patient safety.”

The bill prohibits an insurance company from imposing cost sharing for telehealth services that exceeds the cost sharing for comparable in-person services and prohibits cost sharing for communications that meet specified criteria. It also requires insurance companies reimburse a health care professional for a covered telehealth service but does not require the reimbursement to be a specific amount.

Additionally, insurance companies cannot charge co-pays for telehealth visits that exceed co-pays for the same in-person services. The bill’s provisions take effect March 23, 2022. ■

Prescription Refills Bill Sent to the Governor

On December 16, the Ohio House concurred with Ohio Senate amendments on House Bill 37, legislation addressing emergency life-saving prescription refills. The bill now heads to Governor DeWine for his signature. The legislation, sponsored by Rep. Gayle Manning (R-North Ridgeville), increases from one to three the number of times that a pharmacist may refill certain emergency drugs without a prescription, such as insulin, to a specific patient within a 12-month period. It also requires a health insurer to cover prescription drugs dispensed under the bill under the bill’s requirements and it prohibits them from imposing a cost-sharing requirement that is greater than that imposed on that same drug dispensed with a prescription. Rep. Manning was inspired to introduce this bill in honor of a constituent who tragically passed away when his insulin prescription ran out of refills over a holiday weekend, and the pharmacy was unable to get into contact with the prescribing physician. ■

Anti-Vaccination Efforts Fail to Pass in 2021

As covered in the last issue of the *Northern Ohio Physician*, there were several last-minute attempts at the end of the year to pass anti-vaccination legislation in Columbus. Fortunately, none of these bills were successful, thanks in large part to the lobbying activities of the AMCNO, OSMA, and business community. The AMCNO will continue to be vigilant in monitoring efforts at the state level that aim to undermine vaccine access and availability for COVID-19 and other illnesses. ■

Surgeon General's Toolkit Addresses Health Misinformation

Preventing and addressing health misinformation is a top priority for Surgeon General Dr. Vivek Murthy. In a new Surgeon General's Advisory and Community Toolkit for Addressing Health Misinformation (see infographic below), he is warning the American public about the urgent threat of health misinformation and calling for a whole-of-society approach to address it during the COVID-19 pandemic and in the future. Misinformation has caused confusion and led people to decline COVID-19 vaccines, reject public health measures such as masking and physical distancing, and use unproven treatments.

The toolkit provides specific guidance and resources for health care providers, educators, faith leaders, and trusted community members to understand, identify, and stop the spread of health misinformation in their communities. It includes tips on talking to others about misinformation, common tactics, and more. The full toolkit can be accessed at: <https://www.hhs.gov/sites/default/files/health-misinformation-toolkit-english.pdf>. ■

Surprise Billing Law Takes Effect Despite Lawsuit

The American Hospital Association (AHA) and American Medical Association (AMA), representing hospitals, health systems, and physicians, sued the federal government in December over implementation of the federal, "No Surprises Act," surprise billing law. In a joint statement, the AHA and AMA said that while they "strongly support protecting patients from unanticipated medical bills," they challenge the U.S. Department of Health and Human Services' (HHS) interpretation of the independent resolution process, granting unfair leverage to health insurance companies.

The statement continues, "the skewed process will ultimately reduce access to care by discouraging meaningful contracting negotiations, reducing provider networks, and encouraging unsustainable compensation for teaching hospitals, physician practices, and other providers that significantly benefit patients and communities."

Despite the legal challenge, many of the bill's provisions went into effect Jan. 1, 2022. Surprise bills are defined as bills received by out-of-network hospitals, doctors or other providers those patients inadvertently received care from when seeking otherwise in-network care. According to the Kaiser Family Foundation, this happens in about 1 in 5 emergency room visits, and between 9% and 16% of in-network hospitalizations for non-emergency care.

The legislation requires health insurance companies to cover these claims and apply in-network cost-sharing. It also prohibits doctors and hospitals from billing patients more than in-network cost-sharing amounts. There is a penalty of up to \$10,000 for each violation.

The AMCNO will continue to keep its membership updated on the legal challenges to this law. The AMA also recently published a toolkit to help physicians understand the new law and its requirements. The toolkit can be accessed at <https://www.ama-assn.org/system/files/ama-nsa-toolkit.pdf>. ■

Talk to Your Community About Health Misinformation.

- 1 What is health misinformation?**

It is information that is **false, inaccurate, or misleading** according to the best available evidence at the time.


- 2 Why are we all susceptible to being influenced by misinformation and why is it so tempting to share it?**

 - We like to feel that we have new information that others don't know.
 - We want to protect the people we care about.
 - We may be seeking explanations or wanting to share information that helps us make sense of events.
 - We want to feel connected to others.
- 3 What are some tips for talking with your family, friends and community about misinformation?**

 - Listen
 - Empathize
 - Point to Credible Sources
 - Don't Publicly Shame
 - Use Inclusive Language
- 4 What are some common types of health misinformation?**

 - DATA ABUSE**: Memes that were created as a joke, but people started re-sharing thinking it was true.
 - PROFESSIONAL**: Websites that look professional but the stories are all false or misleading.
 - QUOTATIONS**: Quotations where the beginning or end have been deleted to change the meaning.
 - STATISTICS**: Cherry-picked statistics. Without all the data, people haven't provided all the context.
 - MISLEADING**: Misleading graphs or diagrams that look official but don't tell the whole story.
 - OLD IMAGES**: Old images that recirculate as if they are actually very recent.
 - EDITED**: Videos that have been edited to change the meaning.

 **Office of the U.S. Surgeon General**

Read the Health Misinformation Community Toolkit at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)



Vaccination Efforts in Ohio have Saved Medicaid Millions

By Loren Anthes, MBA, The Center for Community Solutions

Benjamin Franklin once said, “An ounce of prevention is worth a pound of cure.” The original goal of this commonplace idiom was to encourage Philadelphians to remain vigilant about fire awareness and prevention. Coal, the common source of heating in homes during the time, was often carried “live” from room to room, up and down stairs. Of course, during the Covid pandemic, the metaphor, and the lingering advice, is painfully obvious. But what is our proverbial “ounce” worth, in terms of Medicaid dollars in Ohio?



It's a fairly straightforward equation. If we know vaccinations prevent hospitalization, how much did Ohio Medicaid save through its vaccination efforts? To arrive at an estimate, we need to know the average cost of hospitalizations in Medicaid, the number of individuals vaccinated and the rate of hospitalizations. In simplistic terms, how many avoided hospitalizations were there in Ohio Medicaid and how much was that worth?

Framing the equation: Medicaid hospitalization costs and reimbursements

Hospitalizations

First, we know hospitalizations in Medicare cost \$21,752. In Ohio, however, Medicaid often pays 63% the average reimbursement of Medicare, meaning the average hospitalization in Medicaid costs \$13,703.76.

Vaccinations

According to the Ohio Department of Medicaid in August, about 2.3 million of Ohio's Medicaid population was eligible for a Covid vaccine and, as of that report, over 841 thousand enrollees had some level of vaccination.

Avoided hospitalizations

Data from the CDC indicates Ohio's cumulative incidence rate—the number of people infected with Covid—was 237.1 per 100,000 as of August 7, 2021, around the time of the state's above report was released. So if you take that rate and apply it to the 841 thousand vaccinated, you get 1,995 avoided hospitalizations. However, evidence suggests that 15 percent of vaccinated individuals, particularly older adults and individuals with comorbidities, are hospitalized. Even though some estimates have this number closer to 2 percent, using the more conservative rate may provide a better estimate. When discounting that 15 percent, 1,696 hospitalizations were avoided by August 2021.

Solving the equation: vaccination-driven cost containment in Ohio Medicaid

Once you have the average cost (\$13,703.76) and the number of avoided hospitalizations (1,696), we estimate Ohio Medicaid saved \$23,241,576.96.

MetroHealth patient data underscores how vaccination impacts hospitalization

An email from MetroHealth System President and CEO Dr. Akram Boutros offered recent patient-level impacts of vaccinations on hospitalizations. Unvaccinated or partially vaccinated individuals make up 90% of MetroHealth's Covid admissions. Within this cohort, if admitted to the ICU, 1 in 3 of unvaccinated or partially vaccinated patients die. Fully vaccinated but not boosted patients account for 12% of Covid admissions.

Boosted patients who are not immunocompromised account for only 1% of Covid admissions. Of these boosted and not-immunocompromised patients, ZERO have died from Covid.

Social determinants of health and privilege as protection

Mind you, this data is as of August of 2021. Many more individuals have been vaccinated and we have new dynamics in regard to spread and the omicron variant. Still, this is good news for Ohio taxpayers and validates Medicaid as a first responder in public health. However, it's important to understand the deeper lessons the pandemic has taught us in regard to prevention as cost containment.

In thinking about prevention, what typically gets termed as the “social determinants” may be alternatively understood as insurance risk to Ohio's Medicaid program. But unlike a shot in the arm performed by a clinician, many of the factors which influence morbidity and mortality for the Medicaid program have to do with the ways state and local policies can act as vaccines for housing, food insecurity, transit and discrimination. Privilege is a form of protection from disease and until we recognize and remediate that reality through policy outside medical environments, Medicaid will continue to foot the bill. ■

National Opioid Summit Revises Name to Better Reflect Current Mixed-Drug Environment

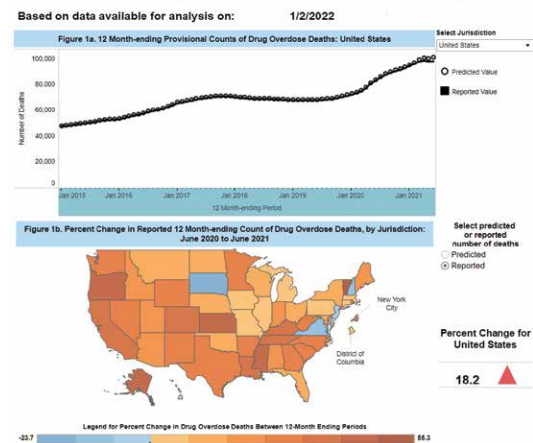
By Colleen Jost, AMCNO Membership and Communications Specialist

AMCNO was a proud sponsor of the National Overdose Prevention Leadership Summit held in November. This was the third year for the annual two-day virtual summit bringing together professionals from justice, health care, and public health sectors. Collaboration is critical to the success of overdose prevention strategies, reducing duplication effort, aligning work across organizations, and moving past the problems created when justice, health care, and public health sectors unknowingly create gaps.

Mary Pittman, DrPH, President and CEO of Public Health Institute, commented in her welcome remarks that the summit has a notable name change. Prior to 2021, the summit was named National Opioid Leadership Summit; it has been changed to the National Overdose Prevention Leadership Summit. Dr. Pittman said, "We are now in a mixed-drug environment and one that was deadly in 2019 but is so much worse now because of the 'twindemic' of the coronavirus pandemic, which left people isolated and made it difficult for them to access treatment, but also because of the many new mixtures of drugs that people are using."

This mixture of drugs, in particular fentanyl and methamphetamine, led the nation to its highest overdose rate in 2020. Provisional data from CDC's National Center

12 Month-ending Provisional Number of Drug Overdose Deaths



NOTES: Reported provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with vital data and are subject to change. (Provisional provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see Technical Notes). Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD-10 underlying cause-of-death codes: X40-X44, X60-X64, X85, and Y10-Y14.

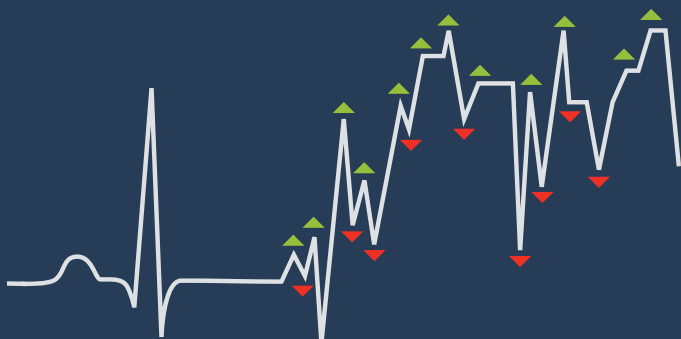
Courtesy of Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics Rapid Release Dashboard

for Health Statistics indicate that an estimated 93,331 drug overdose deaths occurred in the United States during 2020, an increase of 29.4% from the 72,151 deaths predicted in 2019.

Recordings from the two-day summit may be accessed here: National Overdose Prevention Leadership Summit (overdoseleadershipsummit.org) ■

WHOSE INTERESTS

does your malpractice insurer have at heart?



Yet another of Ohio's medical liability insurers has transitioned from focusing on doctors to focusing on Wall Street. This leaves you with an important question to ask: Do you want an insurer that's driven by investors? Or do you want an insurer that's driven to serve you—one that's already paid \$120 million in awards to its members when they retire from the practice of medicine?

Join us and discover why delivering the best imaginable service and unrivaled rewards is at the core of who we are.



AMCNO Future Leaders Council Positions are Now Open

Deadline to apply is March 14

Serving more than 5,000 members, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is one of the largest and oldest regional medical societies in the country. We are looking for physicians-in-training to help us continue to move our organization forward, especially as we celebrate our bicentennial in 2024.

The AMCNO Future Leaders Council is dedicated to empowering our medical student, resident and fellow members with educational, leadership and networking opportunities. It will be a collaborative group of young leaders wanting to make an impact on AMCNO's work and on our community's health. Future Leaders Council members can make the difference they want to see in medicine and develop a career that is both enjoyable and helpful to them as they grow into the professional leaders they want to be.

Members of the Future Leaders Council will sit on all AMCNO committees, ensuring that the voice of tomorrow's physicians is included in all levels of our work. Their objectives will be to influence policy at the local, state and national levels, while also being actively involved in their local communities as they organize impactful and timely public health initiatives. They will also organize and lead social and educational events that will strengthen and broaden their scopes of practice.

An application is available on the homepage of our website, www.amcno.org. Please be sure to apply by the March 14 deadline. If you have any questions, contact AMCNO Executive Director Jen Johns at jjohns@amcno.org. AMCNO membership is free for medical students, residents and fellows during all years of your training. ■

Women in Medicine are Invited to Our Wine Night on April 7 at CLE Urban Winery



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 Case Western Reserve University's *Encyclopedia of Cleveland History*. The first meeting was held at the Women's City Club and 19 women were in attendance. Monthly dinner meetings gave this group the opportunity to talk about medical issues affecting women as well as professional issues concerning female physicians. In the late-1950s, women medical students and interns were invited to meetings, and in the 1970s and 1980s, the society increased its sponsorship of special programs and events.

In the same spirit of celebrating women physicians, residents and medical students, we will be hosting a Women in Medicine Wine Night at CLE Urban Winery on Thursday, April 7, from 5:30 - 8 pm. Please join us and get acquainted with some phenomenal female physicians in our area, while enjoying delicious samples of wine and light appetizers! ■

Gov. DeWine Launches Ohio Office of First Responder Wellness

At the end of 2021, Governor Mike DeWine announced the creation of the Ohio Office of First Responder Wellness. It will encourage self-care and mental wellness for our state's first responder community, including law enforcement, fire, emergency medical services, dispatch, corrections, and Ohio-based military.

In addition, this new office will provide specialized support and training to help emergency-response agencies proactively address post-traumatic stress disorder (PTSD) and other traumas caused by factors unique to these careers.

More than 940 first responders nationwide have taken their own lives throughout the last five years, according to Blue H.E.L.P., with the majority of those deaths involving law enforcement officers. And more officers die by suicide than in the line of duty, according to the National Alliance on Mental Illness.

AMCNO Immediate Past President Dr. Thomas Collins, an emergency medicine physician, supports the creation of the new office. "I'm very pleased that first responder wellness is getting the much-needed attention that it deserves," he said. "These men and women, who are incredibly selfless, many times bear their own burdens because they do not want to create extra work for their colleagues. There needs to be unified recognition of the importance of wellness, resilience, and mental health support across all safety forces as this will help reduce some of the stigma associated with PTSD and other similar stress reactions.

"Not only is this important to properly care for public safety forces working currently," he continued, "but we need to assure a healthy environment for the future

EMTs, paramedics, firefighters, Ohio military, and law enforcement officers. We are seeing trends not only in Ohio, but nationally, of fewer people seeking careers in public safety. Establishment of the Ohio Office of First Responder Wellness should help with future recruitment and retention."

Steven Click will be the Office's director. He served with the Ohio State Highway Patrol for 36 years and has been active in peer support since 1993—twice deployed to New York City after 9/11 to work with the New York Police Department's peer support team.

The Ohio Office of First Responder Wellness will partner with local and state mental health agencies, including the Ohio Department of Mental Health and Addiction Services, to offer continuing, comprehensive resources to first-responder entities across the state. ■

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THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO

6111 Oak Tree Blvd., Suite 150, Cleveland, OH 44131-2352

Phone: (216) 520-1000 • Fax: (216) 520-0999

STAFF

Editor in Chief: Tara Camera

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Healthcare's Digital Revolution: Are We Ready to Reimagine the Work?

By David L. Feldman, MD, MBA, FACS, Chief Medical Officer, The Doctors Company and TDC Group;
Senior Vice President, Healthcare Risk Advisors

Robert M. Wachter, MD, began his recent presentation for the Healthcare Risk Advisors (HRA) Virtual Conference Series by admitting to what he jokingly called “the stupidest thing I ever said to a mentee,” many years ago: “What will you do after we’ve implemented our electronic health record?” By now, we have all experienced how the electronic health record (EHR) rollout did not go as planned. If we have read Dr. Wachter’s book *The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine’s Computer Age*, we may even understand why the rollout went so badly. Fortunately, Dr. Wachter feels that it is now, finally, “a time for optimism” in the digitization of health care. Our success along the road to digitization will depend on what he describes as “reimagining the work.”

The Four Stages of Digitization

From studying the digitization process in other industries, Dr. Robert Wachter—Professor and Chair of the Department of Medicine at the University of California, San Francisco (UCSF), and a member of The Doctors Company Board of Governors—has identified four stages of digitization for health care:

1. Digitizing the record: This is the stage we’re completing now—rather later than we would have liked.
2. Interoperability: Connecting (a) primary care providers to hospitals, as well as hospitals to hospitals, and then (b) the entire digital ecosystem (meaning third-party applications, patient-facing systems, and enterprise systems).
3. Cleaning meaningful insights from the data.
4. Converting insights into actions that improve value, whether measured by safety, cost, access, or equity.

We’ve already begun stage two, but to achieve stages three and four, we need a sea change in how we think about digital data: less as something to gather, more as something to act with and upon. Dr. Wachter says leaders of organizations need to wake up thinking, “We have all this data sloshing around—let’s do something with it.”



The Productivity Paradox of IT

The statisticians of baseball can predict with stunning accuracy whether a certain player can hit a curveball thrown by a left-handed pitcher in the rain just after a full moon. Meanwhile, Dr. Wachter wryly observes that our inpatient sepsis alerts, considered a triumph among clinical decision-making tools, are wrong about a quarter of the time.

At the moment, medicine is caught in the “productivity paradox of IT,” a term coined by economist and technology expert Erik Brynjolfsson, PhD, of Stanford. In other industries, the benefits of converting from paper to digital systems did not begin to accrue for 2, 5, even 10 years. Health care, which by its nature is highly regulated and cannot afford to play the entrepreneurial game of “go fast and fail,” may take between 10 and 20 years from the start of the EHR conversion to see those benefits accrue.

Reimagining the Work

What needs to happen before digitization begins to pay off? Industries reap the rewards of digitization when the technology improves, yes—that’s a given, but the central challenge is to “reimagine the work.”

Consider a physician’s note: Those who created electronic notes envisioned digitizing a piece of paper in a binder. But if we were to design the electronic note from scratch today, Dr. Wachter points out, it would look more like a feed on Facebook or Twitter. It would include video and audio components. And, like Wikipedia or Google Docs, it would be more collaborative, with room for comments from nurses, social workers, and others.

Part of the reason for the productivity paradox of IT is that humans have a very hard time thinking about brand new ways of doing things. We need healthcare workers and administrators to begin asking: “Why are we doing x in this way? Why don’t we do it this other way?” to help us see fresh possibilities.

To hear Dr. Wachter describe the digital revolution in full, access the recording of his presentation at www.healthcareriskadvisors.com/hra-virtual-conference-series/. ■



AMCNO
6111 Oak Tree Blvd.
Ste. 150
Cleveland, OH 44131-0999

ADDRESS SERVICE REQUESTED

Our Open Letter to Northeast Ohio's Physicians

As we've spoken with many of you and watched the continuous pandemic news coverage in our area, we've struggled to find the right words to say. "Thank you" simply doesn't seem to be enough.

Throughout our 197-year history we have seen our physicians quite literally run into the fire. Drs. George Crile and Frank Bunts, two of our earliest presidents, served in frontline hospitals in Europe in World War I. They were also present the day of the historic Cleveland Clinic fire—where 123 people lost their lives. Thousands of our physicians answered the call again in the 1940s to serve on the frontlines of World War II. And in 1944, our physicians were first to respond to the tragic East Ohio Gas Company explosion, when homes and businesses were engulfed by a tidal wave of fire in more than 1 sq. mi. of Cleveland's east side.

Our physicians were critical parts of previous pandemics, orchestrating significant immunization campaigns against polio in the 1950s and 60s, and rubella in the 1970s. And, in March 2020, as COVID-19 first showed up in Cleveland, YOU answered the call. Even without proper PPE or protection, you once again ran towards the fire. And you have continued to show up again and again, as the pandemic continues into its second year here.

We are honored every day to represent you. And we want you to know, we've got your back. As COVID-19 continues to wreak havoc, we will be there for you. We will continue to educate the public on the importance of vaccination. We will continue to fight any and all efforts in Columbus that aim to push anti-vaccination legislation. We will continue to fight for physician wellness programs, increased PPE, testing, and provider reimbursements as long as the public health emergency lasts. While you take care of us and the rest of our community, we promise to do all we can to help take care of you.

We know that many of you are facing another year of exhaustion and grief, and time without your loved ones. You are the heroes of this generation. You are running into the fire. Your legacy will speak volumes to the physicians of tomorrow. From the bottom of our hearts, thank you for all that you do, and for the privilege to represent you. We promise to do all we can to help, because no matter how much harder things get—we've got your back.



Jen, Tara, Val and Colleen