



NORTHERN OHIO PHYSICIAN

The Voice of Physicians in Northern Ohio

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AMCNO presented the donation at the Ohio AAP annual meeting. Left to right: Kelsey Logan MD, Jen Johns, Sam Zern, Val Yanoska, Roopa Thakur, MD

Historic Investment in Pediatrics

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has a long history of working in pediatric health. Academy physicians were the first to record infant mortality statistics in Ohio. We also led critical initiatives on clean water, vaccination campaigns and the pasteurization of milk, which saved countless lives. So, when the current AMCNO Board of Directors looked for a public health issue to tackle in our bicentennial year, the answer was clear: gun safety, as injury from firearms is now the number one killer of children in the United States.

In recognition of our 200th anniversary, the Academy is pleased to honor our public health history by providing \$35,000 in funding from the Academy of Medicine Education Foundation (AMEF) to help expand the work of Store It Safe (SIS) across Northern Ohio. We will be partnering with the Ohio Chapter of the American Academy of Pediatrics (AAP) on this important work.

(Continued on next page)

Historic Investment in Pediatrics

(Continued from page 1)

SIS, which was launched in 2015, is a unique partnership of healthcare providers, firearm advocates, and community organizations established to keep children safe from unintentional gun deaths and teens safe from suicide by firearms, medications, or alcohol. SIS trains healthcare providers to screen for depression and suicidality, discuss safe storage of lethal means, distribute safe storage devices, and provide resources to youth and families. Funds secured through this donation will support the spread of Store It Safe education and resources in the Northern Ohio region. Ohio AAP will provide in-person learning sessions, virtual webinars and podcasts, safe storage lockboxes and educational handouts about youth suicide prevention, caregiver crisis planning, and safe firearm ownership.

“Ohio AAP is thrilled to partner with AMCNO to increase access to SIS programs and resources across northern Ohio,” said Melissa Wervy Arnold, Chief Executive Officer of the Ohio Chapter, American Academy of Pediatrics. “With this donation, we were able to reach our fundraising goal in our \$90k for 90 Years campaign to support SIS, which will allow us expand our safe storage education and lockbox distribution across the state.”

“AMCNO is pleased to honor our public health history by providing funding to help expand the work of Store It Safe across Northern Ohio,” Jen Johns, MPH, Executive Director, AMCNO. “It is critically important that we make great strides in addressing this growing problem. We are confident that by working together we will be able to significantly reduce youth suicide rates in Ohio.”

As part of its bicentennial year, AMCNO has formed also formed a gun safety coalition. Members interested in participating should email [Sam Zern](mailto:Sam.Zern@amcno.org), William E. Lower, M.D. Health Policy Fellow.

In addition to the AAP investment, AMCNO is also partnering with the City Club of Cleveland to bring trauma surgeon and author Brian Williams, MD to Cleveland for [a public forum on Thursday Dec. 12th, 2024](#). This event will serve as our final bicentennial event. We thank all our members who helped make this historic year so special, and we look forward to everything that is still to come for our organization.



The graphic is a blue rectangular poster for a 'GUN SAFETY FORUM'. In the top left corner is the AMCNO logo, which includes a map of Ohio and the text 'AMCNO The Academy of Medicine of Cleveland & Northern Ohio' and '1824 200 2024 BICENTENNIAL'. To the right of the logo, the words 'GUN SAFETY FORUM' are written in large, white, bold, sans-serif capital letters. Below the title, on the left, is the text: 'The Bodies Keep Coming: Dispatches from a Black Trauma Surgeon on Racism, Violence, and How We Heal' followed by 'Brian H. Williams, MD Trauma Surgeon and Author'. To the right of this text is a circular portrait of a smiling Black man in a suit and tie, with his arms crossed. Below the portrait and text, the date 'December 12, 2024' is written in large white font, followed by the time '11:30 AM - 1:00 PM' and the phone number '+216-621-0082'. Below the phone number is the address: 'The City Club of Cleveland 1317 Euclid Avenue, Suite 100, Cleveland, OH 4411'. At the bottom of the graphic is a white rounded rectangular button with the text 'BUY TICKETS & LEARN MORE' in blue, and a white double arrow icon pointing to the right.

Academy of Medicine Educational Foundation (AMEF) Receives Grant for Medication Assisted Treatment Training

AMEF is excited to announce a \$8,900 grant from the OneOhio Recovery Foundation. The OneOhio Recovery Foundation is a private, non-profit organization created to distribute 55 percent of the funds Ohio received from a settlement from the pharmaceutical industry because of its role in the national opioid epidemic. The Foundation works with local interests to support their substance misuse prevention, treatment and recovery efforts.

The AMEF proposal that received the grant funding will work to increase physician training on medication assisted treatment, or MAT. Medication assisted treatment for substance use disorders is a critical component of treatment and recovery. Physicians who wish to provide office-based opioid treatment with buprenorphine in the state of Ohio are required to complete 8 hours of continuing medical education related to substance use and addiction every two years to provide this critically important care option.

The AMEF project aims to increase the number of physicians who can provide this office-based treatment by offering a training session to introduce more physicians to MOUD treatment. The training session will aim to count at least 2 hours towards the required 8 hours of Continuing Medical Education on substance use and addiction required by Ohio and federal law for office-based opioid treatment and will include discussion of best practices for facilitating implementation of MAT in the office. The training will also provide guidance on completing the remainder of the CME requirements and staff will follow up with participating physicians in the months following the training.



David Stroom, MD teaches a MAT class to AMCNO members.

AMEF is proud to be a part of this important work, as the state continues to work itself out of the opioid epidemic. As Attorney General Dave Yost said when the OneOhio Recovery Foundation was established, “This isn’t an antidote for this devastating crisis that killed so many, but the financial resources will provide for significant recovery in Ohio. The funds are necessary for the healing process that our communities desperately need.”



SCHOLARSHIP
APPLICATIONS

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AMEF scholarships will be awarded to graduating medical students attending the following: Case Western Reserve University School of Medicine, Cleveland Clinic Lerner College of Medicine of CWRU, Northeast Ohio Medical University, and Ohio University College of Medicine.

DEADLINE:
JANUARY 31, 2025
AMCNO.ORG/SCHOLARSHIP



Reproductive Rights Lower Hour Brings Together Medicine and Law

It's been a little over a year since Ohioans voted to enshrine the Right to Reproductive Freedom with Protections for Health and Safety in the state's constitution, during which time advocates have begun the slow work of removing abortion restrictions from Ohio law. In the wake of the 2024 election, the AMCNO and the Cleveland Metro Bar Association hosted an event discussing what the 2023 and the latest election outcomes mean for the future of reproductive medicine and law in Ohio.

The event was the first in what the AMCNO intends to be an ongoing series of Lower Hours, an homage to the Lower Lecture Series that began in 1938 and was endowed by AMCNO past president Dr. William E. Lower.

AMCNO president-elect Eric Shapiro, MD moderated the conversation between Ohio Physicians for Reproductive Rights board member Amy Burkett, MD and Brooks Boron, Esq., which covered the current state of reproductive rights in Ohio and what the new makeup of the state's Supreme Court and rhetoric from the incoming federal administration (see election story page 8).

"[I] loved being able to hear the perspectives from law and healthcare regarding reproductive advocacy, especially given the political climate," one attendee said.

AMCNO plans to host more Lower Hours on various health and medicine related topics in the coming year.



Attendees included members from the AMCNO and CMBA Health Care Law Section.



Left to right: Eric Shapiro, MD, Amy Burkett, MD, Brooks Boron, Esq.



Left to right: Brooks Boron, Esq., Eric Shapiro, MD, Amy Burkett, MD



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- Urgent care

On Oprah special, AMCNO's Dr. Butsch promotes the science of obesity, and fights weight stigma



“When people try to lose weight by restricting their food intake, you can achieve weight loss. But the body physiologically adapts, realizing that you are below your body weight set point. Your brain realizes this, and physiologically forces you to gain weight, back into your weight range. This is like holding your breath under water. You can have the willpower to want to stay underneath the surface, but eventually you have to come up for air.”

That’s how AMCNO member Dr. W. Scott Butsch explained the limitations of the societal understanding of weight loss on Oprah Winfrey’s special, [Blame, Shame, and the Weight Loss Revolution](#). Because of his notable work in the field, Dr. Butsch was invited to the special, which sought to address weight stigma, internalized shame, and what anti-obesity medications like semaglutides mean for the future of the field.

“Obviously, because it’s Oprah, I was enthused. But if I reflect back on 17 years of practice and all my advocacy efforts...it was really an opportunity to have a huge voice and a large listening population to really, at the very core, try to change people’s minds.”

Dr. Butsch is the Director of Obesity Medicine in the Bariatric and Metabolic Institute at Cleveland Clinic. He stepped into the role in 2018, after spending much of his career making strides in the field of obesity medicine. He’s President of the [Ohio Obesity Society](#), and was named 2024 Clinician of the Year by The Obesity Society, a national organization.

He said his path started during his internal medicine residency, when he met a patient with obesity in clinic, and her only complaint was wanting to lose weight.

“I think because I was so biased, I assumed that if you weigh 300 pounds, you must have medical problems, but she didn’t, which was so surprising. I think that kept me going.”

In taking the patient’s history, he learned about the various social determinants of health that were making nutrition more difficult for her, and ultimately began teaching himself more about the science of obesity.

“In residency and in medical schools, we don’t learn a lot about nutrition ironically, yet we’re supposed to be the people who give some kind of health advice around nutrition,” Dr. Butsch said.

Following residency, he wanted to continue in obesity medicine, but without any programs at the time, he pursued a nutrition fellowship in Alabama.

While there, a guest lecturer from Harvard told him that he was starting the first obesity medicine fellowship in the country in 2007. Despite being hesitant to do more training, Dr. Butsch said that the fellowship was the kind of program he wanted, and so he went.

“The key for me was the science that I never knew about; science about weight regulation and how the body regulates body fat, and how it’s not just reducing your caloric intake or increasing your physical activity that’s going to drop your weight,” Dr. Butsch said.

Through his years of working with patients, Dr. Butsch heard stories of the anti-fat bias, discrimination, shame and blame that his patients dealt with in healthcare and other systems.

Weight bias, both implicit and explicit, is prevalent in media, education, employment and healthcare. Children experience bias in schools, facing bullying and lower grades on the same papers compared to peers. Job applicants are frequently passed over, and employees with obesity report lower wages, fewer promotions, and increased termination.



Dr. Amanda Velazquez (Cedars-Sinai) and Dr. W. Scott Butsch (Cleveland Clinic) speak with Oprah Winfrey in March special, [Shame, Blame and the Weight Loss Revolution](#). © 2024 Disney. All rights reserved. (Disney/Eric McCandless Credit)

MEMBER SPOTLIGHT

In health care, weight bias can have consequences for patients' health. Patients with obesity ranked physicians second after family members as the most frequent source of weight bias. Those who perceive bias are more likely to avoid preventative care and screening, and even in care settings report having non-weight related concerns dismissed.

As part of his care for patients, Dr. Butsch regularly advocates for better access to obesity treatment and against discrimination and obesity stigma.

He hopes to see medical schools cover nutrition and obesity more deeply. Fundamentally, he says, it's necessary to recognize obesity as a disease, and a complex one at that

"There's advocacy efforts that you do, whether they're local, whether they're just teaching people and correcting people, but it's all to get better support and better treatment for our patients," Dr. Butsch said. "Clearly, there's still a lot of unfairness around in terms of poor access for those who actually need these medications."

In his advocacy work and on the Oprah special, Dr. Butsch emphasized the need for improved access to anti-obesity medications when patients want them. He said that these medications have been used for nearly 20 years, and there are more affordable generic versions as well, but that bias from insurance companies is forcing patients through hurdles.

"If you don't think obesity is a disease, and you run an insurance company, why would you let people's plans cover obesity treatments?"

Challenging stigma and advocating for improved access are what drove Dr. Butsch to take the opportunity to speak on Oprah's special. He said it was a chance to help the audience not hold onto blame and shame and encourage politicians and insurance companies to take improving access to treatment seriously.



LEARN MORE ABOUT OBESITY MEDICINE & GET INVOLVED

- [The Obesity Society](#)
- [Ohio Obesity Society](#)
- [Obesity Action Coalition](#)
- [Center for Food Policy & Health](#)

Connect with Dr. Butsch @drbutsch on social media platforms.

Request an appointment online at my.clevelandclinic.org/staff/23060-w-scott-butsch

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AMCNO Continues to Push Legislative Priorities in Lame Duck Session

The Ohio General Assembly has officially entered its lame duck session, the last opportunity to pass legislation before they leave at the end of the year, and officially call to an end the 135th General Assembly. Any legislation not passed at that point will need to be reintroduced next year when the 136th General Assembly convenes.

One of the AMCNO priorities seeing movement is HB 24, on Biomarker Testing. The bill would require health benefit plans and Medicaid to cover biomarker testing. The AMCNO is part of a coalition, organized by the American Cancer Society Cancer Action Network, with over 40 patient and provider organizations across Ohio supporting this critical legislation.

55% of cancer clinical trials currently use biomarker testing. When doctors 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.

Over 74,000 Ohioans are diagnosed with cancer each year, and this legislation could help many of them get more precise treatment for their individual case. We will work with our coalition partners in the coming weeks to ensure passage of this important legislation.

Another piece of legislation that AMCNO opposes, HB 73, legislation on off-label prescribing, is likely to move. The legislation was introduced in reaction to the COVID-19 pandemic when patients wanted access to Ivermectin and other medications that their treating physicians were unwilling to prescribe in the hospital setting.

While AMCNO supports off-label prescribing as an appropriate practice, we believe this legislation interferes with hospital-based care, and the ability of a physician to manage the care of a patient for whom they are responsible. The legislation would require the hospitalist to allow any physician the patient chooses to receive hospital credentials and prescribe for medicines of the patients' choosing, putting that physician at risk of not meeting appropriate safety and quality checks, and the patient at risk for drug interactions and other harmful side effects. We will be working alongside the Ohio Hospital Association, the Ohio State Medical Association, and other partners to defeat this legislation.

We will also be on the lookout for any last-minute scope expansions being amended into other bills, a tactic often seen in lame duck.

Election Re-Cap: Ohio Loses Senior Senator, Follows Nationwide Red Wave

On November 5, 2024, Ohioans went to the polls and overwhelming voted for Republicans, including former President Donald Trump. While the state has continued to lean red in the past decade, the election solidified to many Ohio's new status as a red state.

In perhaps the most consequential race of the night, that for the U.S. Senate seat held by Sen. Sherrod Brown (D), Ohioans chose Sen. Elect Bernie Moreno, a car salesman, to the Senate. The race between Brown and Moreno was the most expensive in American history, with over \$536 million spent in advertising. The election of Moreno solidified the Senate's new Republican majority.

The election means Ohio loses a senior senator with key committee seats in Washington, as Brown held the office since 2007, and now the state will have two brand new senators in Washington, since Sen. J.D. Vance (R) now heads to the White House as Vice President, and Ohio Gov. Mike DeWine (R) must choose his replacement.

Despite the red wave, three closely watched contested Ohio Congressional seats were held by the Democrats, as Reps. Emilia Sykes (D-Akron), Greg Landsman (D-Cincinnati), and Marcy Kaptur (D-Toledo) were re-elected. The House of Representatives ultimately went to the Republicans as well, giving President-Elect Donald Trump's party full control of Washington for the next two years.

In the Ohio Supreme Court races, which were closely watched by many Ohioans worried about the status of Ohio's recently passed reproductive rights constitutional amendment, all Republicans were elected, leaving Justice Jennifer Brunner the sole Democrat on the court.

As Ohio Works to Fight Prior Authorizations, A Look to Other States

Prior authorization remains a key priority for AMCNO. A recent survey by the American Medical Association (AMA) found that prior authorization leads to delayed and abandoned care, negatively affecting patient outcomes. According to the survey, the average physician practice completes 45 prior authorizations per physician per week, and doctors and their staff spend nearly two business days a week completing such authorizations.

More than nine in 10 physicians (94%) reported care delays while waiting for insurers to authorize necessary care, and 80% say prior authorization can lead to treatment abandonment.

AMCNO and its allies in Columbus have been fighting for passage of HB 130, "Gold Card," prior authorization legislation that would reward the best actors in the system, by giving providers with high levels of prior authorization approvals the chance to stop having to them for certain procedures where they have received a "gold card."

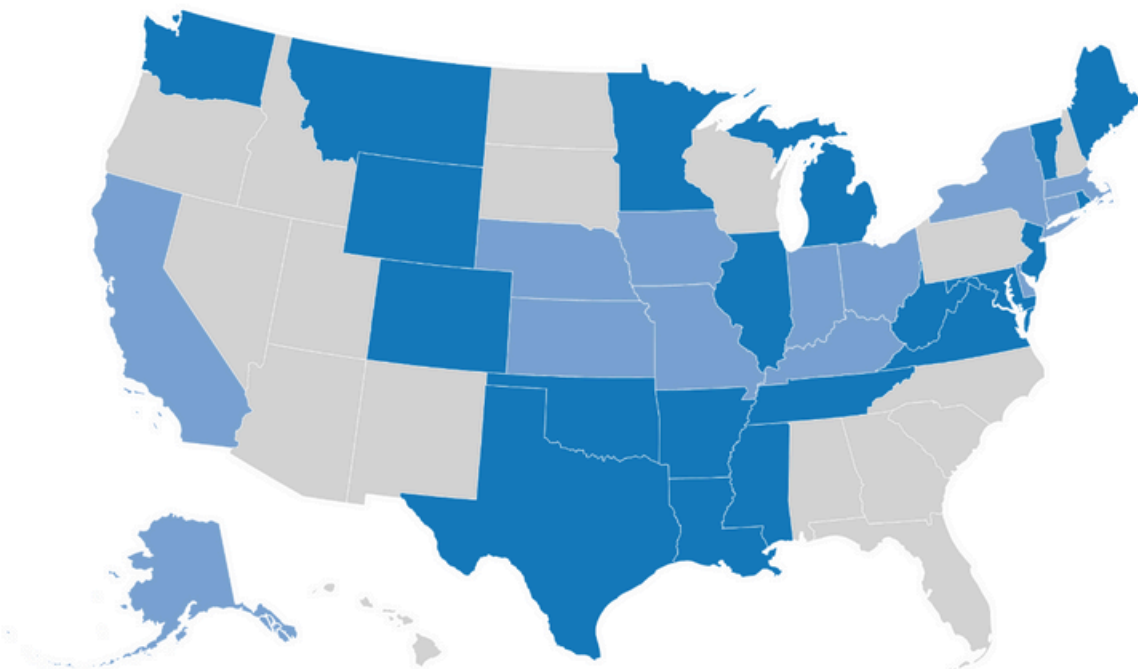
With limited days remaining in the current General Assembly, it is likely our fight for prior authorization reform of any kind will be kicked into the new year. As we gear up for that fight, we are looking towards prior authorization reform successes that passed in 10 other states in 2024.

Vermont, Minnesota, Wyoming, Colorado, Illinois, Mississippi, Maine, Maryland, Oklahoma and Virginia passed prior authorization legislation this year, and while the laws varied, the major themes, as identified by the AMA include: cut the growing volume of prior authorization requirements, reduce patient care delays, increase the data that must be publicly reported and improve transparency about which medications and procedures require prior authorization.

We will continue to work with our allied organizations in Columbus to fight for AMA recommended legislative priorities that must be passed to improve prior authorization, including gold-carding programs, making prior authorization valid for the length of treatment for those with chronic conditions, and requiring that new health plans honor a previous payer's prior authorization for a minimum of 90 days.

State Progress on AMA "Gold Card" Prior Authorization Legislation

■ Passed Legislation ■ Legislation Introduced, Needs Support ■ n/a



Source: AMA, Aimed Alliance

AMCNO Joins Infant Vitality Organizations For Advocacy Day

In Ohio, more than 7 babies out of every 1,000 births die before their first birthday. For Black families, the rate is even worse, with 13.4 infants dying for every 1,000 births. Ohio’s infant mortality rate is among the worst in the nation, with the state ranked 44th out of 50.

With these dire numbers in mind, organizers from First Year Cleveland, Cradle Cincinnati, CelebrateOne and Baby 1st Networked convened an advocacy day at the Ohio statehouse in mid-September, to encourage lawmakers to take action on a number of priorities that would improve infant and maternal health.

The AMCNO joined the effort, bringing Future Leaders Council members Alyssa Bataglia (NEOMED), Umida Burkhanova (NEOMED), and Sara Kalout (OUHCOM) to meet with lawmakers.

In meetings with members of the Northeast Ohio delegation, AMCNO asked for support for HB 7, the Strong Foundations Act, which is a multifaceted bill that makes appropriations for many programs that support Ohio mothers and babies in their first 1,000 days of life. The Academy also asked the lawmakers to expand access to diaper banks, as there is a current need of more than 362 million diapers in the state, and to prioritize investing in stable housing for new families.

The Academy also took time to advocate for AMCNO priorities around prior authorizations, biomarker testing, and prescription protection. HB 7, a \$34 million bill focused on mothers and babies is currently moving through the Senate Finance Committee in lame duck session, and AMCNO will join sponsors Rep. Andrea White (R-Kettering) and Rep. Latyna Humphrey (D-Columbus) in working for its passage before the end of the year.



Left to right: Umida Burkhanova, Alyssa Battaglia and Sara Kalout



Northeast Ohio advocates with State Representative Juanita Brent (center)



Left to right: Jen Johns, Sara Kalout, Umida Burkhanova, Sam Zern and Alyssa Battaglia

Physician Fee Schedule to Include Cuts Despite Advocacy Efforts

On November 1, the Centers for Medicare & Medicaid Services issued their [final rule](#) for Medicare Physician Fee Schedule changes, to be effective January 1, 2025.

The final rule includes a reduction in average payment rates which amounts to an estimated decrease of 2.83% or \$0.94 from the current year.

In September, the AMCNO joined a chorus of medical advocates, including the American Medical Association (AMA), to ask the department to reconsider this reduction. The Academy expressed concern that the reduction in payments comes as the Medicare Economic Index shows an increase of 3.6%, representing a gap between the costs associated with running a medical practice and physician payments.

“We strongly support the American Medical Association’s call for Congress to enact a permanent, inflation-based annual update to physician payments that reflects the Medicare Economic Index and the rising costs of providing medical care,” the AMCNO [wrote in comments](#) submitted to CMS Administrator Chiquita Brooks-LaSure.

AMCNO is continuing to work in line with the AMA’s Fix Medicare Now campaign.

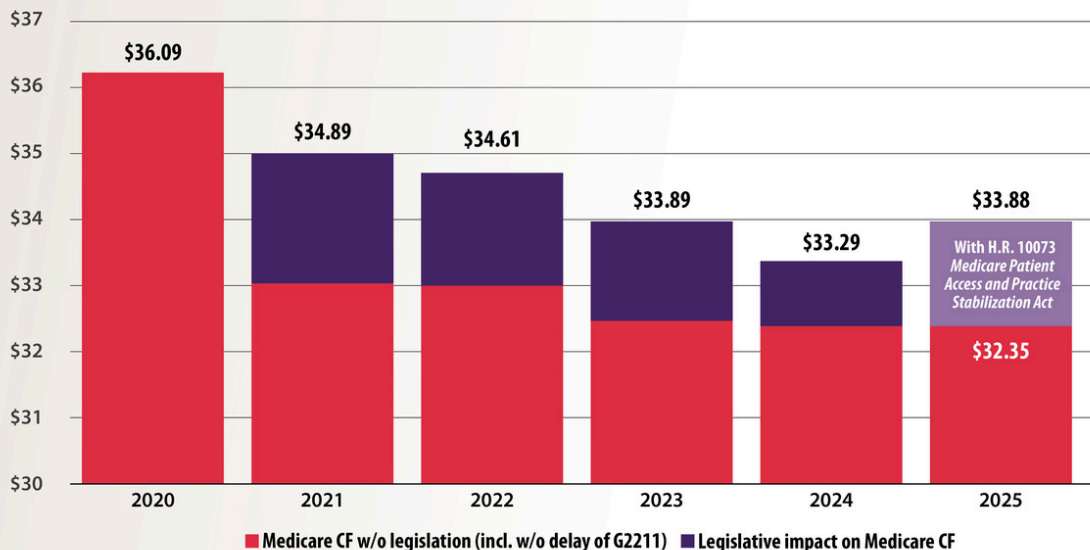
The CMS final rule did include provisions that the AMCNO was supportive of and believes will aid in improving access to healthcare. Among these are the continuation of suspending frequency limits for subsequent inpatient visits, nursing facility visits and critical care consultations; a policy allowing distant site practitioners to continue using their enrolled practice addresses rather than home addresses when providing telehealth services; and that telecommunications systems can include audio-only telecommunication technology for patients who are not capable of or do not consent to the use of video technology.

Further, the Academy is glad to see that CMS is finalizing payment increases for opioid use disorder treatment in line with SAMHSA regulatory reforms, as well as payment for new opioid agonist and antagonist medications approved by the FDA.

The Academy will continue to advocate at the federal level for improvements to the physician fee schedule and for rules and regulations that improve outcomes for patients.



Five years of decline: Medicare conversion factor with and without temporary patches



Five Questions with Dr. Brian Williams

Brian Williams, MD is a Texas-based trauma surgeon and author of the book *The Bodies Keep Coming: Dispatches from a Black Trauma Surgeon on Racism, Violence and How We Heal*. On December 12, 2024, he will speak at the City Club of Cleveland as the final event of the AMCNO's bicentennial year. As part of the AMCNO Bicentennial, the organization convened a coalition on gun safety, and is working on initiatives to reduce firearm injury and improve gun security in the greater Cleveland community.

Ahead of the talk, the Academy spoke with Dr. Williams about his work and the road ahead. Responses have been edited for length and clarity.

“ My goal is to not just be a voice or the voiceless, but to use my experience, my expertise and platform to do what I can to help create a world where everyone has a voice. ”

AMCNO: It's been a little more than a year since your book was published. How has the response been, and has anything changed in your thinking since the book came out?

Dr. Brian Williams: I've been very flattered and humbled by the response to the book. Beyond the commercial part of it, as far as sales and getting number one on the bestseller list, it's really the emails I will get from random people who read the book, or they'll reach out to me on LinkedIn with a note, or on social media talk about how the book has impacted them, opened their eyes to some of the bigger issues I wanted to talk about, like gun violence prevention and health equity. But also, many people were drawn to the vulnerability shown in the book, which wasn't my plan, but became part of the storytelling process. Knowing that this book is out there, and it is making a difference to people who have read the book and have responded to me, knowing it's touching the lives and getting the message out there, that was the big thing, to get the message out there and get people to think and inspire them to action.

It's interesting how different individuals or groups will key in on different themes or topics in the book. Sometimes the topic is about gun violence, other times it's talking about racial justice. Some just want to focus on mental health and self-care. My thinking for the book is that sharing stories can lead to connectivity, like sharing the commonality the human experience, what draws people together and inspires connection. It's actually bled over into my speaking, right, how I speak has evolved as a result of the book as well.



AMCNO: You worked on the Bipartisan Safer Communities Act, which was the first major federal gun safety law in several decades. As we head into a new administration, do you have any concerns about how that legislation will be able to continue? Any thoughts on how the work changes under different leaders?

BW: We have to be prepared that there will be a rollback in the gun violence prevention movement. You mentioned the Bipartisan Safer Communities Act, which, when it was passed, it was the most significant gun safety bill in a generation. And the things it did, such as expanded background checks, closing the boyfriend loophole, money for community violence intervention, those were transformative and have saved a lot of lives already. However, clearly, the next administration has not committed to that same sort of ethos when it comes to gun violence prevention, so those of us in this movement need to be prepared.

However, this work moves at a glacial pace sometimes. We've made a lot of progress in the last four years, we can expect that to stop, but we don't give up, we keep on moving. Because think about what's happened – we passed the bill, then the next year there was the White House Office of gun violence prevention. The year after that, which is this year, the Surgeon General's report came out about gun violence as a public health crisis, and even more executive orders came down a few months ago. We've done a lot. Expect that to go away for the next four years for this administration, but we're not going away. This is important for the safety of our communities.

AMCNO: Something we've been talking about within the Academy is finding where we fit into conversations, and who appropriate messengers for different topics are. How do you feel like your background in the service, your role as a surgeon, and like you talk a lot about in your book, race, impact your role as a messenger on the topic of firearms?

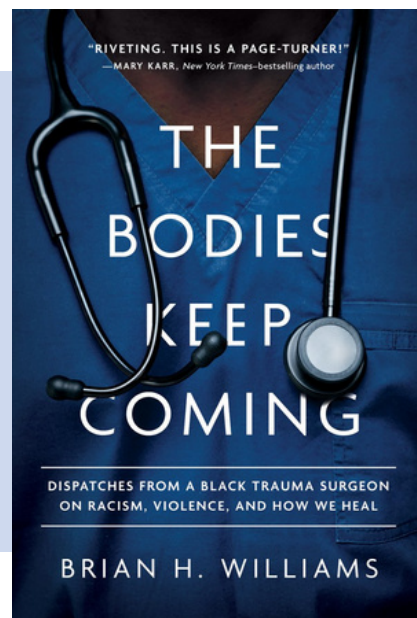
BW: My broad background, I feel, allows me to connect with many different people on both sides of this issue. When it comes to gun safety, as a veteran, I bring credibility as someone who was trained on these weapons and also respects the rights that the Constitution guarantees us. I took an oath to defend that and I've also committed to public service. As a trauma surgeon, I can speak to it from someone who has seen the carnage that comes from gun violence, how it rips apart families and communities, and as an academic trauma surgeon, understanding that the public health approach and how that can impact public health and safety when it comes to gun violence prevention. And lastly, to bring it all together and just understanding that racial justice is interwoven into all of these because our approach to race and racism has been influenced by policy for many, many generations. Particularly when it comes to gun policy, when we think about who are considered the protectors, who are considered the criminals, who are victims that we should mourn, and who are victims that we dismiss; race, and our views about race, play a significant part in that. So I try to bring all these aspects together when I'm speaking and ensure that I'm able to connect with the audience based on where they're at the time of discussion.

AMCNO: We ask a lot of our physicians – long hours, traumatizing situations, and now, more than ever, to sound alarms on pressing health issues. How do you find balance? How can our systems – medical schools, practices, public health, etc. – make doing this work more possible?

BW: You are speaking my language. That is how my career in medicine has been evolving over the last, I would say, decade. As I began, I wanted to be like a fantastic surgeon, good teacher, do the research, but then how do I bridge that and make a difference at the systemic level? I see public policy as a means of doing that. However, that is not actively embraced as of yet in medicine and academic medicine as well. However, I do feel there's a change now. When I meet with the younger trainees, in medical school now and younger residents, I feel that they come into medicine with that sort of mindset, that they see that this is about people, not just pocketbooks, that policy and activism is part of what it means to be a good doctor. I'm excited to see how the profession evolves over the next few decades. I feel like I think I was born 15 to 20 years too early to really catch that wave, but in my position, I do what I can to impart my experience and knowledge to those who I think will be carrying this torch into the future.

AMCNO: The incredible abolitionist organizer Mariame Kaba wrote in one of her books a phrase she had learned from a nun she met about lifelong commitment to justice: Hope is a Discipline. As you continue in your work and advocacy, how do you keep practicing hope?

BW: I love that, “hope is a discipline.” I think I'm going to put that into my journal tonight. So how am I practicing hope? What gives me hope is that I'm not alone, and I know that I am not alone. There's a community of people out there that are committed to justice and are committed to uplifting the lives of everyone, especially the ones that do not have access to the platforms that some of us have. My goal is to not just be a voice or the voiceless, but to use my experience, my expertise and platform to do what I can to help create a world where everyone has a voice. That is what keeps me motivated, disciplined and hopeful.



First Gen Celebration Held at Akron General

In 2022, just 11.3% of the students who matriculated into MD-granting medical schools and 14.5% of those who matriculated into DO-granting medical schools were the first in their family to complete college. First generation students still face significant barriers on their paths to becoming physicians, as they may not have the networks or insider knowledge to help them through what is already an arduous process.

That's why taking time to celebrate and build networks with future first-generation physicians is so important. On November 8, the AMCNO joined the First Generation Medical Professionals (FGMP) organization at Cleveland Clinic Akron General to observe First Generation College Celebration Day. The event brought together undergraduate pre-med students, current medical students, and physicians further along in their career to make connections.

The event featured a panel of AMCNO members, including board member Dr. Lilian White and Future Leaders Council members Dr. Ngum Ngwa, Taeris Guzman and Sara Kalout.

The panelists answered audience questions and shared their own experiences in medicine and how they stayed motivated when the journey was difficult.

"Your success is not just the success of one person, it's your whole family," Kalout, a second year medical student at OUHCOM, told the audience.



AMCNO Board Member Dr. Negin Khosravi (at podium left) addresses the crowd.



Students visited resource tables.

Dr. Ngwa shared that after not finding a job in biotechnology, which she had studied in college, she spent some time working for her family's mechanic shop. Still, she couldn't shake the calling to medicine and eventually made it to Medical University of the Americas, from which she received her MD. She is now a third-year neonatology fellow at MetroHealth.

"If you really think you want to be a doctor and go on that journey, find resources find people to help you on that path," Dr. Ngwa advised the audience, saying that, while there are many careers in medicine, if someone truly wants to be a doctor, they should aim for that title.

Kalout said that something students often underrate about themselves is how hard they are already working to balance the pressures they are under. While medical school is challenging, she said, many first generation students are used to the type of grit and determination it takes.

"You can surprise yourself at how much you can do," Kalout said. "You'll find ways to get things done and surprise yourself when you take a second to look back on your success."

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The attendees also asked about practical advice: study tips, work-life balance, and test prep. Guzman, a second year medical student at NEOMED and President of FGMP at NEOMED, emphasized that building relationships and leaning on community is important in medical school, but to avoid competition and comparison.

"When you do find your resources that work for you, try not to compare it to your friends, because everyone is different," she said.

Following the panel, the students were able to explore the different resource tables, which included the AMCNO and the area medical schools – Northeast Ohio Medical University, Ohio University Heritage College of Osteopathic Medicine and Case Western Reserve University School of Medicine – as well as breakout discussion tables focusing on research, family medicine, and getting involved with FGMP.

Attendings, residents, medical students and pre-med students interested in joining FGMP can register for monthly meetings online.

"Look at all the doctors in the world, so many are around you," Dr. White said. "They did it, you can do it."



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AMCNO Denounces Nomination of RFK Jr. to lead Health and Human Services

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) denounces the decision by President-Elect Donald Trump to nominate Robert F. Kennedy Jr. to lead the Department of Health and Human Services. Mr. 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 pasteurization of milk, and fluoride in water.

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. There is also no question that routine childhood immunizations have helped save lives.

Mr. Kennedy also said in the days leading up to the election that he would remove FDA barriers to consuming raw milk. In 1917, after a study of the milk supply, Academy physicians pushed for a City Ordinance on the Pasteurization of Milk, after 3,000 children under 2 died. Twenty years later, the deaths related to milk declined to 100 and a milestone in infant mortality was reached in Cleveland. "It is alarming that more than 100 years after employing the pasteurization of milk we are questioning the lives saved since that public health intervention," said Academy Past President and Infectious Disease physician Dr. Kristin Englund.

In recent years Mr. Kennedy has become a de facto leader of an anti-vaccine and anti-science "medical freedom" lobby which we fight regularly in Washington and Columbus. We are very concerned about his appointment emboldening this group and giving them even more power in our halls of government.

AMCNO strongly urges Ohio's congressional members to stop the appointment of Mr. Kennedy in the name of public health. We believe the United States Senate should be given the time to necessary to vet this nomination and use their powers of "advise and consent" to review his dangerous record on public health.

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“The Academy is proud of our 200-year history in protecting the public health in Cleveland & Northern Ohio and we stand strongly against the appointment of a man with no medical education or experience to lead the Department of Health and Human Services. Anyone who argues against fundamental tenets of medical science without using any empirical evidence is not well-suited to that position,” said AMCNO President and family medicine physician, Marie Schaefer, MD.

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NORTHERN OHIO PHYSICIAN

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Overdose to Action (OD2A) Kicks Off Year Two

Substance overdose continues to be a major public health issue in Northeast Ohio, with 642 overdose deaths in 2022 in Cuyahoga County alone. However, thanks to funding from the Centers for Disease Control (CDC), collaborators across the county are building strong partnerships to help bring these numbers down.



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On September 1, 2024, the Cuyahoga County Board of Health kicked off the second year of the Overdose Data to Action grant, which is aimed at closing gaps in access to services and aiding in facilitating cooperation between public health, behavioral health, systems, community organizations and public safety. The county is receiving \$2,851,407 each year from September 2023 – August 2028. The county received a similar grant from 2019–2023, which helped set up many of the systems that are being built upon now.

At a late September event hosted by the Center for Health Affairs, CCBH subgrantees and partners gave updates on the work they had been championing in the first year of the grant, and their intentions for year two. Organizations involved in OD2A include Case Western Reserve University Begun Center, The Center for Health Affairs, The Centers, Cleveland Department of Public Health, Cleveland State University, Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program (HUMADOP), Medical Examiner's Office, The MetroHealth System, Project White Butterfly, Sisters of Charity St. Vincent, THRIVE, Thrive for Change, and Woodrow.

The Centers, an organization that provides behavioral health services, integrated care coordination and more wellness support, reported that in 2023, they were able to provide 484,987 new syringes to clients and 3991 safe smoking kits. They enrolled 787 new clients in their care and screened 593 people for HIV. With their OD2A strategy focused on harm and stigma reduction and linkage to care, they were able to connect 252 clients to medical, dental and behavioral health care, 18 of whom to Hepatitis C treatment. They were also able to assist 161 clients with substance treatment.

Looking ahead, The Centers is expanding their efforts even more into East Cleveland, where an April 2024 resolution was passed to expand harm reduction and syringe services in the area. That resolution came after several months of advocacy from The Centers and partners, who were able to use data on the drug supply and challenges in the East Cleveland community to engage political action.

“Collect your data, collaborate, share data,” Adriana Whelan, Medical Director HIV and Harm Reduction, said. “That’s what I want to emphasize”

Another agency, HUMADOP, shared that the grant has helped them set up data systems to follow their clients through the system and expand their harm reduction services. They were able to train two Spanish speaking peer support specialists and are looking forward to working on getting peer support training, currently only offered in English, to be offered in Spanish as well. They have also collaborated with churches and barbershops to provide naloxone training and drop of kits and helped make their services more known.

“One of the biggest things we can do in our community is build a relationship of trust, and we know that’s happening when people come back and say ‘they will help you,’” Siobhán Malavé, HUMADOP Clinical Director, said.

Year two of the grant should bring even more collaboration and a deepening of efforts around overdose reduction to the greater Cleveland community. To learn more about what all the partners are working on, visit the Center for Health Affairs website and read about the Using Collaboration to Address the Opioid Crisis in Northeast Ohio event.


AMCNO: 200 Years of Medicine in Cleveland




The exhibit features historical artifacts, photographs, film, and the story of Juno the Transparent Woman, a later version of the “Camp Transparent Woman,” debuted by the Academy at the 1936 Great Lakes Exposition. The exhibit also features the story of Sabin Oral Sundays (SOS), including a film on the program. Finally, the exhibit features a wall dedicated to 9 of our key leaders, including the four founders of Cleveland Clinic, who were all past presidents of the AMCNO.

Visit the Exhibit:

Thursdays: 12 pm - 8 pm
Fridays, Saturdays & Sundays:
10 am - 4 pm
WRHS - Cleveland History Center
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AMCNO ANNUAL AWARD NOMINATIONS

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. 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.

R.S.V.P. at attend or nominate
at amcno.org/events





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