



NORTHERN OHIO PHYSICIAN

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The Voice of Physicians in Northern Ohio

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Inspiring Hope

Joy. Elation. Relief. Hope. These are some of the feelings described by recent Clevelanders leaving the Wolstein Center's Mass Vaccination Clinic. As of press time, almost 4.6 million Ohioans have received one dose of the COVID-19 vaccination, and 3.5 million are fully vaccinated.

I am happy to share that I and the members of my team are now included in those numbers. We decided as a group to share our vaccinated status in the hopes of inspiring our friends, families, and communities to join the movement to get the shot. The AMCNO is also proud to be one of 200 organizations nationally to participate in the COVID-19 Vaccine Education and Equity Project, to help educate the public about the importance of vaccinations. You can follow along with the coalition's progress on Twitter @COVIDVxProject (and see page 11 for more information about the initiative).



Tara Camera, Director of Communications



Valerie Yanoska, Manager, Digital Marketing and Membership



Jen Johns, Executive Director

As we have seen in other states, particularly our neighbors in Michigan right now, the variants are beginning to take hold in the United States, increasing cases and hospitalizations. Early evidence shows these new variants may be more contagious and deadly, putting more pressure on the United States to vaccinate as many people as possible as quickly as possible.

If you are interested in being a medical volunteer (i.e., assisting with preparing vaccine, administering it, and/or acting as a screener), or assisting in a non-medical support role, you need to register with Ohio Responds at www.ohioresponds.odh.ohio.gov.

Speaking of selfless volunteers, each April the Academy sees a change in leadership. We are grateful for Immediate Past President Dr. Thomas Collins, an emergency room physician at MetroHealth Medical Center, who served us valiantly in these turbulent COVID-19 times. And we welcome President Dr. Kristin Englund, an infectious disease physician and the Director of the reCOVER Clinic at the Cleveland Clinic for patients with long COVID. We are grateful to have such an accomplished physician taking over the helm of our organization during this historic pandemic.

Under Dr. Englund's leadership, we are proud to soon launch a new AMCNO website and brand. I hope you will join us July 8 at Alley Cat Oyster Bar in Cleveland to help us celebrate this significant change for our organization. We are thankful for the work of physicians and scientists across the world, and right here in Northeast Ohio, who have made it possible for us to gather in-person again and celebrate the future of the Academy, as we look toward our 2024 bicentennial. ■

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

HPIO Hosts the State of Ohio's Health Forum

The Health Policy Institute of Ohio (HPIO) recently held an online forum to discuss the release of its biennial *2021 Health Values Dashboard*. The Academy of Medicine Education Foundation (AMEF) was a forum sponsor.

This is the fourth edition of the publication—started in 2014, it is updated every two years to gauge progress.

The dashboard is based on a pathway to improved health value that involves systems and environments that affect health (such as healthcare systems and access to them, and public health and prevention), and having optimal environments that lead to improved population health and sustainable healthcare spending, to achieve improved health value.

Some startling analytics for Ohio, however, were discussed: the state ranks 47th out of the 50 states for health value, 43rd in population health, and 37th on healthcare spending. Meaning, Ohioans continue to live less healthy lives, yet more money is spent on health care compared to other states.

Access to care is Ohio's only strength. The state ranks 7th out of 50, thanks in part to the expansion of Medicaid as well as increased access to primary care and addiction treatment.

Three guest speakers from HPIO first provided an overview of the updates: Zach Reat, director of data management and analysis; Reem Aly, vice president; and Amy Bush Stevens, vice president.

Reat shared key findings from the dashboard. The impact COVID-19 has had cannot be overstated, he said. Life expectancy in the United States has decreased by more than 1.1 years so far compared with 2019, and that number is even greater among Black (2.1 years) and Latino (3.1 years) communities.

Many sectors have been impacted by COVID-19, including education, unemployment, immunizations, early cancer diagnosis, healthcare spending,

and drug overdose deaths. For example, unemployment rates in Ohio increased from 4.9% in March 2020 to 16.4% in April 2020, and that will have long-lasting effects.

As aforementioned, however, Ohio has seen success in access to care. In 2014, Ohio ranked 25th out of 50, and saw some improvement in 2017 (17th) and 2019 (18th); in 2021, Ohio now ranks 7th.

Next, Aly discussed three reasons why Ohio ranks poorly on health value:

- Lack of attention to childhood adversity and trauma, both of which have long-term consequences into adulthood. Ohio ranks 39th, with almost 22% of Ohio children being exposed to two or more Adverse Childhood Experiences (ACEs).
- Ohioans with the worst outcomes face systemic disadvantages. Racism and discrimination drive disparities. The impact is cumulative across the life course and generations.
- Sparse public health workforce leads to missed opportunities for prevention. In Ohio, state public health funding per capita is \$14.01. In comparison, New Mexico spends the most—\$139.60. The missed opportunities for prevention are numerous for addiction and chronic disease.

This analysis led to three policy goals:

1. Prioritize Ohio's children and build family resistance.

2. Eliminate discrimination and bolster resources, representation and opportunity for systemically disadvantaged groups.
3. Strengthen Ohio's public health infrastructure and enact effective prevention policies.

Bush Stevens then talked about how Ohio can improve health value. They have identified nine policies that work to improve health value, and she detailed three actions within each of the three categories, including closing widening academic gaps, advancing anti-racist and anti-discriminatory policies, and strengthening the public health workforce and data systems.

Sarah Collins, PhD, vice president, Health Care Coverage and Access, The Commonwealth Fund, further detailed what is leading to poor health outcomes—in Ohio and across the nation—and what the Biden administration is doing to help change that.

The American Rescue Plan (ARP), for example, will help those who are uninsured get coverage. And, although there are improvements under the Affordable Care Act and ARP, they don't address cost-sharing.

Dr. Collins noted it will be an interesting year, considering the policy changes that are being discussed.

Katherine Robb, MSPH, from the Center for Public Health Policy, American Public Health Association (APHA), was the next guest speaker. She talked about APHA's vision of creating the healthiest nation in one generation and the differences

Access the full 2021 Health Value Dashboard at https://www.healthpolicyohio.org/wp-content/uploads/2021/04/2021_HealthValueDashboard_FINAL.pdf



AMCNO Provides Comments on Proposed HIPAA Privacy Rules Modifications

The AMCNO recently sent a comment letter to the U.S. Department of Health and Human Services Office of Civil Rights (OCR) on RIN 0945-AA00, Proposed Modifications to the HIPAA Privacy Rules to Support, and Remove Barriers to, Coordinated Care and Individual Engagement rules package.

In our comments, we asked the OCR to reconsider its proposal to permit individuals to take videos and photographs of personal health information (PHI) during a medical appointment as part of the right of access. We are concerned that patients could accidentally expose confidential information, putting other patients at risk.



In addition, we worry about the privacy of our physicians and other caregivers in the office who also have a right to privacy.

We asked for the removal of the proposal to expand the right of access to include inspection at the point of care as well. Although our physicians want their patients to have easy access to their records, it may not be feasible to provide a patient access to their entire medical record on-demand during a visit. Appropriate workforce may not be immediately available to meet this request either. Additionally, it could impact our physician's ability to treat other patients who may be waiting, causing a delay and potential disruption in care.

Thirdly, we asked for the removal of the proposal to expand the right of a patient's access to include requiring disclosures to third parties. Not only would this change create an administrative burden, it also remains unclear what liability the provider would have if the PHI included in these records was disclosed to this third party, and then used or accessed inappropriately. The patient-physician relationship is sacred and should remain protected. The patient is welcome to share records with those whom they choose; we are concerned about the unintended consequences of the physician's office providing these records directly.

Lastly, we thanked the OCR for the inclusion of expressly permitting covered entities to disclose PHI to social services agencies, community-based organizations, home- and community-based service providers, and similar third parties that provide health-related services to specific individuals for individual-level care coordination and case management. Care coordination is integral to the practice of medicine and helping to ensure we address population health in treating all our patients' needs. This change will make it easier for our physicians to engage directly with these service providers. ■

between equality and equity. Robb also discussed the five fundamental drivers of health inequity: structural discrimination, income inequity and poverty, disparities in opportunity, disparities in political power, and governance that limits meaningful participation. And, she outlined several approaches to advancing health equity, including applying a racial equity lens that rejects a "color blind" approach and instead helps illuminate disparate outcomes, patterns of disadvantage, and root causes.

Melinda Dutton, JD, partner at Manatt Health, focused on seven strategies for states looking to buy health, not just health care.

She stressed that an improvement in health care is not enough to improve health. Several states are struggling with this, Dutton said, and they're trying to flatten the cost curve.

Looking beyond traditional models has become more urgent in the pandemic. Dutton gave seven examples of strategies used by departments of health (DOH) in other states to address drivers of health:

1. Address DOH in combatting COVID-19
2. Integrate DOH into payment policy for providers and payers
3. Develop shared assets and resources to enable interventions addressing DOH
4. Maximize participation in public programs that address DOH
5. Create new standards for DOH
6. Make DOH central to states' innovative agendas addressing DOH
7. Incentivize community accountability and stewardship

To sustain the vision, Dutton discussed several actions, including building multi-year planning processes and annual objectives to be held accountable, creating a single vision internally and externally, and defining and tracking specific goals.

The session closed with moderator and HPIO President Amy Rohling McGee saying that although the data is grim, improvement is possible. ■

Meet Kristin Englund, MD

2021 – 2022 AMCNO President



Tell us about yourself and your practice.

First and foremost, I am a Buckeye, tried and true, as I completed my undergraduate at The Ohio State

University. Following this, I attended University of Cincinnati College of Medicine, and I completed my residency and Infectious Disease Fellowship at Northwestern University in Chicago. After moving to Cleveland in 1997, I volunteered at the Free Medical Clinic of Greater Cleveland, and then became their medical director for two years. Following that, I joined the Cleveland Clinic's Infectious Disease Department, of which I am currently the Vice Chair. Throughout all of my training and career, I have always searched out ways to serve the disenfranchised and often overlooked. Whether serving HIV-positive patients in the 1990s, to marginalized Latino populations in Chicago, to women and men in homeless shelters throughout Cleveland, to the mentally ill, I have made a point of bringing attention to causes and people who are often swept under the rug. This pandemic has been stressful and trying for everyone, and as an infectious disease physician, I have seen firsthand the death and trauma brought by a tiny virus. This also means that I have an acute awareness of the current needs and care gaps within all different communities that have been affected. Unfortunately, this pandemic has further exposed the gaps within our public health system, not just in Cleveland or America, but worldwide. A goal of mine during my year of presidency of the AMCNO is to assess and address how the Academy can help to fill these and many other gaps.

What got you interested in medicine?

I originally went to college intending to become a biomedical engineer. I was, however, always more drawn to my

biology courses, and I eventually realized that I wanted a career that would enable me to interact with humans rather than just machines. During my junior year in college in 1985, I was the only student representative to the University's taskforce on HTLV3 (later named HIV). As we discussed how the University would respond to any students identified with HIV, I realized my true passion was to represent and speak up for people who were marginalized by a disease.

What accomplishments are you most proud of?

My family has always been my number one priority and source of pride. My husband, Teji, is an internist at the Cleveland Clinic, and he serves as the East Region Primary Care Medical Director. My daughter, Ella, graduated from Williams College, *summa cum laude*, with a degree in Biology and Psychology, and she is currently applying to medical school. My son, Blake, is a junior at Washington University in St. Louis. He is an astrophysics major, and I never understand a word he says. Professionally, I have most recently pioneered the ReCOVER clinic for long-term COVID patients at the Cleveland Clinic. Our goal is to set patients with longstanding COVID symptoms on a path to recovery through individualized treatment plans. More to come!

What are your hobbies and interests?

I have been practicing Taekwondo for a little more than two years now. I am currently a blue belt with a red stripe, and I have a mean back kick. My family and I have also enjoyed skiing throughout the years, and we have been to Colorado, Wyoming, Utah, and Montana. We also love a variety of movies—from Oscar winners to Will Ferrell silly comedies. But most importantly, we are dog lovers. We always adopt from a shelter, and we currently have a 110-pound mutt named Scooby and a 35-pound princess named Stella.

What are your goals and priorities for the AMCNO this year?

This year, my main priority is to update our mission and goals. While legislative advocacy has always been a priority, and will remain a priority, we need to reach out to northern Ohio physicians in all practice venues to see how we can most effectively serve all of their needs. Additionally, we need to start a Public Health Committee to address the gaps and needs laid bare by the COVID-19 pandemic. Another goal is to engage physicians who are at all levels of their career, from students to seasoned professionals. This will allow us to keep the Academy alive and growing by broadening and diversifying the voices directing this organization.

What are your concerns about the future of health care?

One of my main concerns about our healthcare system is that insurance companies too often interfere with physicians' care plans regarding medications and procedures. The insurance companies need to be held in check to ensure the best outcomes for patients. In addition, another concern of mine is the attempt to broaden the scope of practice for non-physician providers. Patients deserve appropriately trained providers, and numerous legislative bills have recently been proposed to broaden non-physician's responsibilities beyond their training and skills. Finally, I am concerned about the degree of misinformation that is pervasive on the Internet and social media, misleading the public about critical medical information. I want the AMCNO to be a leader in providing evidence-based, timely, and accessible information to physicians and the general public.

How would you ask physicians to support the AMCNO?

While membership is important, I want physicians to be ACTIVE members of the AMCNO. This is your opportunity to impact medical care not only in Cleveland and northern Ohio, but across the state. This is your venue to let your voice be heard. Join a committee, reach out to the Board, or better yet, apply to be a member of the Board. ■



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AMCNO and CMBA Co-Host a Virtual Medical Legal Summit This Year

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) was pleased to co-host a virtual-only Medical Legal Summit with the Cleveland Metropolitan Bar Association (CMBA), from April 29 – May 1.

The event began with **AMCNO President Dr. Kristin Englund** moderating a panel on vaccine hesitancy—in general and related to the COVID-19 pandemic—with several medical and legal guest speakers.

They discussed numerous avenues of this topic, including what the law says about mandates, what companies are doing to keep employees safe, and what can be done to encourage those who are hesitant to get vaccinated (and get their children immunized against other diseases). One physician panelist, who is a pediatrician, closed the session by saying she is encouraged that the whole world is now talking about vaccination, not just parents, and it's helping bring about a fuller understanding of vaccinations, which makes her hopeful for future children getting immunizations.

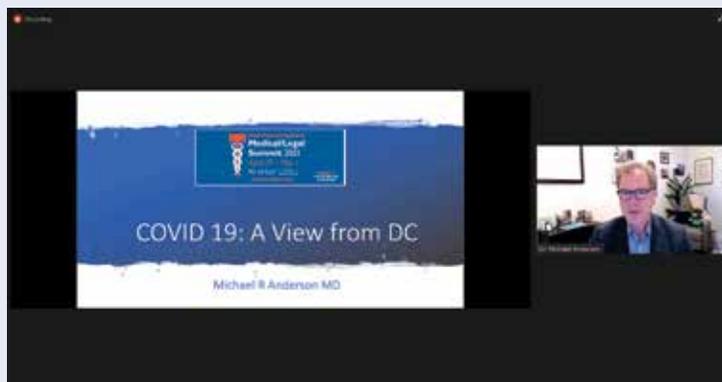
Michael Anderson, MD, provided the keynote presentation for the second day of the Summit. He is a pediatric critical care physician and Senior Special Advisor for the U.S. Department of Health and Human Services (HHS) on Infectious Disease.

He discussed how the pandemic has affected children, in particular, and the three portfolios he's helping manage at the federal level: pediatric issues, the federal COVID-19 response (previously known as Operation Warp Speed), and lessons learned.

He talked about the human toll of the pandemic (570,000+ deaths so far, almost 300 of which are pediatric deaths), as well as the toll it has taken on an entire generation of children. Dr. Anderson stressed that children are not immune from this virus; they continue to be affected by a condition identified as Multisystem Inflammatory Syndrome in Children (MIS-C), and the pandemic will likely have long-lasting effects on their mental health. We as a society need to recognize that, he said, and focus on these children going forward.

For the federal response, he discussed prevention methods, therapeutics, and what the future holds for treatment. Challenges remain in this area, however, including variants, immune evasion, and health inequities.

Dr. Anderson cited a recent *New York Times* piece with 14 lessons learned for the next pandemic. And he highlighted what he sees as accomplishments in his opinion and what areas still need work.



Dr. Michael Anderson (at right), a pediatric critical care physician, discusses the COVID-19 pandemic, especially its effect on children.

The final day of the Summit featured two panels—telemedicine and artificial intelligence (AI).

David Valent, senior counsel at Cleveland Clinic, moderated the telemedicine panel. Medical and legal speakers, including **AMCNO member Dr. Matthew Faiman**, discussed the drastic increase in the use of telehealth during the pandemic and how the federal government had to relax many rules overnight. All panelists agreed that telehealth is here to stay, and the future may allow for physicians to practice virtually nationwide with one license and patients using wearable devices that can be monitored.

AMCNO President-Elect Dr. Gerard Isenberg assisted with the panel on artificial intelligence, which was presented by **Kathleen Blake, MD**, who is the vice president of healthcare quality at the American Medical Association.

She discussed the benefit-risk analysis of using AI in medicine, and explored four questions tied to it: Does it work, will I get paid, will I get sued, and will it work in my practice?

During her presentation, Dr. Blake fielded a question about how many AI products have been approved by the Food and Drug Administration (FDA) for use in the medical field. She said regulators have approved 160 products, most of which are diagnostic tools. She cited a recent JAMA article in which an AI product had a 55% match rate for a dermatologic issue versus the physician, stressing that although physicians don't always get a diagnosis right, machines don't either. She added that this example is also why it's important for physicians to contribute to the data set that AI uses.

Dr. Blake, however, concluded that a physician's brain and an AI product both have something important to contribute; a paradigm shift in care is essential.

We thank all presenters, attendees, and staff for contributing to this engaging event! ■

Survey Shows Challenges Lie Ahead for Providers for Several Years

Provider burnout and disengagement resulting in physician shortages could be the most disruptive force facing healthcare organizations in the next three years, according to a recent AMN Healthcare report.

Six takeaways from the survey results:

- 
- ✓ Burnout, disengagement and physician shortages among healthcare providers are the most disruptive forces healthcare organizations face, followed by financial pressures and government regulations.
 - ✓ Only 12 percent of organizations expect to completely leave remote work in 2021.
 - ✓ Eighty-three percent of healthcare executives said they were experiencing nurse shortages, followed by 30 percent experiencing physician shortages and 14 percent facing executive shortages.
 - ✓ Eighty-two percent of healthcare executives say filling executive positions remains challenging.
 - ✓ Catching up on elective procedures is the top strategy healthcare executives will use to grow in 2021.
 - ✓ Telehealth management is the skill healthcare executives will need to develop the most in 2021.

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AMCNO Priority Bills See Movement in Columbus

Several pieces of legislation being followed by the AMCNO have seen recent movement in Columbus.

PSYPACT (SB 2)

- This legislation was signed by the governor into law in late April. The bill seeks to address shortage of space at the state’s psychiatric hospitals, by allowing court-ordered treatment outside of the hospital setting. Additionally, the bill makes Ohio the 16th state to join the Psychological Interjurisdictional Compact, or PSYPACT. By joining the compact, psychologists licensed in Ohio can provide teletherapy to patients in other member states, and Ohioans can receive teleservices from psychologists living in those other states.

Telehealth (HB 122)

- This legislation would allow many of the pandemic-era telehealth expansions to remain in place permanently. The AMCNO provided sponsor testimony March 3. The bill has passed the full House, and now moves over to the Ohio Senate.

Interstate Licensure Medical Compact (SB 6)

- This legislation would enter Ohio into the Interstate Licensure Compact, allowing physicians easier ability to practice across state lines. Currently, about 27 states are included in this compact. The AMCNO provided proponent testimony February 3. The bill recently passed the Senate and now heads to the Ohio House.

Cost-Sharing (HB 135)

- This bill requires a health insurer to include all amounts paid by an insured person and on behalf of the insured person when calculating that person’s contribution to any applicable cost-sharing requirement for a prescription drug. Examples are manufacturer coupons and discounts. The AMCNO is part of a coalition of physician and patient groups supporting this legislation. It is awaiting a full House vote.

Tanning Beds (HB 159)

- This bill prohibits the use of sun-lamp tanning services to individuals under the age of 18. AMCNO is scheduled to testify on May 18.

For any questions on legislation, please contact Executive Director Jen Johns.

OHIO MEDICAID NEWS

The Ohio Department of Medicaid has announced the six managed care plans that have been chosen to participate in the department’s new planned system of care starting in 2022. Reforming the managed care system to be



more focused on individuals has been a major priority of Governor Mike DeWine since he took office in 2019. Those six plans are:

- UnitedHealthcare Community Plan of Ohio;
- Humana Health Plan of Ohio;
- Molina Healthcare of Ohio;
- AmeriHealth Caritas Ohio;
- Anthem Blue Cross and Blue Shield; and
- CareSource Ohio

The department held a rigorous stakeholder engagement period over the last two years.

“Since the start of this process, we have listened to input and guidance from Ohio Medicaid members and their families, Ohio health care providers, and community advocates and stakeholders,” said Ohio Medicaid Director Maureen Corcoran. “This is a cold, new vision for Ohio’s Medicaid program – one that focuses on people and not just the business of managed care.”

Medicaid enrollees will continue to receive service with their current managed care plans until the transition in early 2022, with members eligible to select a new plan during the 2021 open enrollment period. If members do not select a new plan, they will be automatically moved to a plan. The managed care plans cover the insurance needs for more than 3 million Ohioans enrolled in the state’s Medicaid program.

In other Medicaid news, the department has selected Aetna Better Health of Ohio as the plan to manage the Ohio RISE (Ohio Resilience through Integrated Systems and Excellence) population of children with complex behavioral health needs. OhioRISE is a part of Governor DeWine’s priority Children’s Initiative. ■

Cuyahoga County Releases Overdose Fatality Review Annual Report

By Colleen Jost, AMCNO Membership and Communications Specialist

The Cuyahoga County Board of Health published its Overdose Fatality Review Annual Report for 2020 on March 19, 2021. Several organizations contributed to the report, including the Cuyahoga County Medical Examiner's Office and Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County.

Overview

In 2020, at least 549 people died of drug overdose through December 2020 (this is preliminary, as causes of deaths are being finalized). In 2019, there were 582 drug overdose deaths. Carfentanil, which caused 220 deaths in 2019, saw a drastic decrease, with 63 deaths confirmed so far in 2020. Cocaine-fentanyl admixtures are still a concern, with 35 cocaine related deaths occurring in December 2020, with as many as 25 being mixed with fentanyl, heroin or both.

The Cuyahoga County Overdose Fatality Review Board (OFR) views overdose deaths as preventable, and it seeks to reveal patterns and trends in these deaths that are then used to identify intervention points in the lives of those living with addiction. The OFR chooses exemplar cases from the month and shares the information with relevant committee members. These members review their agency records to provide information on the decedent. The Medical Examiner's Office combines this information to create a timeline of where a person interacted with various agencies, which is then used to create recommendations on how agencies can improve communication and services.

Between September 2019 through November 2020, the OFR conducted 20 case reviews and created a list of findings. Of particular interest are the high percentage of interactions the decedents had with the medical community:

- 80% had a previous overdose or OD-related ER visit
- 70% had a medical diagnosis/medical visit history
- 60% had previously attended a detox or rehab program

Interviews

Next of Kin Interviews were initiated in September 2020 to further understand the decedents and their families' personal experiences with addiction. Listening to each decedent's story and taking note of the common themes that perpetuated their lives and the lives of their families and friends, can help create impactful prevention. The ADAMHS' Opioid Use Disorder (OUD) Specialist conducts these interviews using 24 questions created by the New York City Medical Examiner's Office.

Two interviews have been completed so far by the OUD Specialist and several common experiences



were identified between the two cases, including childhood trauma, multiple non-fatal overdoses, and history of treatment for substance use disorder (SUD). Recommendations based on the findings were then made, including prevention programming for children of parents with SUDs and advocacy to ensure drug courts are open to everyone with SUD.

Emerging Trends

The OFR tracks the quickly evolving trends in the development of new drugs, combination of drugs and ways of using them. Gabapentin has been found in an increasing number of fatal overdoses. Information gathered from clients visiting needle/syringe exchange programs reveals gabapentin extends the high of fentanyl, and may reduce withdrawal. In 2019, a gabapentin and fentanyl combination was found in 85 overdose deaths and 84 in 2020. This unfortunate trend reinforces the need for continual education for prescribers of potential misuse of prescription medications. This may be possible through the Ohio Automated Rx Reporting System (OARRS).

Recommendations and Successes

The OFR listed recommendations by goals and objectives in the report for the remainder of 2021 and further. The recommendations clearly state the importance of collaboration between medical professionals and law enforcement personnel at each point of contact, and ways to improve it.

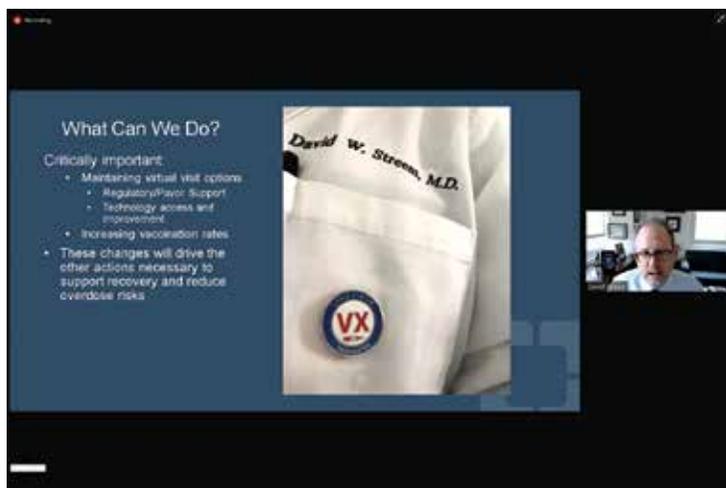
Successes were accomplished during 2020, through vital connections and new training offerings. In addition, Project DAWN provided outreach to hotels and motels, which were experiencing high numbers of fatal and non-fatal overdoses, and educated them about overdoses and distributed lifesaving naloxone kits.

The full report is available on the Cuyahoga County Board of Health website at www.ccbh.net/overdose-data-dashboard/. ■

Webinar Series Examines Intersecting Pandemics

In April, Case Western Reserve University School of Medicine and *Laura and Alvin Siegal Lifelong Learning Program* co-hosted a live, four-part webinar series, “Intersecting Pandemics: The Opioid Epidemic and COVID-19.”

The first webinar, “The State of Affairs: COVID-19 and the Opioid Epidemic in Ohio,” examined the opioid overdose data in Ohio since the beginning of the COVID-19 pandemic, highlighting interdisciplinary and cohesive public health approaches to mitigating the damage of these intersecting crises. The event was moderated by AMCNO member Ted Parran, MD, Internal Medicine, Addiction Medicine, at St. Vincent Charity Medical Center.



David Stroom, MD, pictured at right, spoke during the webinar about opioid and pandemic concerns.

In his opening remarks, Dr. Parran highlighted that it is not the number of Ohioans using drugs that is going up, it is the drugs they are using, and cited a need for more stimulus money for naloxone and prevention efforts in the wake of the growing availability of these more lethal drugs like fentanyl and carfentanil.

David Stroom, MD, AMCNO member, Chair of the Northeast Ohio Opioid Consortium, and Cleveland Clinic Lutheran Hospital’s Chief of Psychiatry, also presented at the meeting.

Dr. Stroom discussed the challenges faced at Cleveland Clinic Lutheran Hospital’s Alcohol & Drug Recovery Center (ADRC), where he is medical director. Social distancing, in particular, created challenges for treating these patients. The switch to virtual visits created concerns for patients around technology and confidentiality, and not all had access to appropriate devices. And, for providers, the concern about reimbursement and regulatory challenges for telehealth only intensified as the pandemic grew.

Additionally, the normal rooms used for group treatment were not sized to accommodate social distancing. Further, not all care could be moved virtually. Labs were still needed for many patients, who had to still come in-person for those services.

The pandemic and its inherent need to switch most treatment virtually did, however, present some benefits. Group meetings (250 of them) became available online locally, joining countless offerings all over the world, allowing patients to connect to other individuals outside their immediate localities, and build new connections and social supports.

Dr. Stroom pointed out that in returning to in-person AA meetings, there will also likely be a need to support the continuation of these virtual options, which many patients have found helpful in their recovery.

Dennis Cauchon, President, Harm Reduction Ohio, also participated in the webinar, sharing the devastating overdose data for Ohio. To date, 4,888 overdose deaths have already been recorded and accounted for in 2020, and the finalized number is expected to exceed 5,000—the worst year on record in the state, reversing a downward trend that was seen in recent years.

Daniel J. Flannery, PhD, also presented. He is Semi J. and Ruth W. Begun Professor and Director, Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University. He spoke about recent efforts that have been undertaken to help combat the opioid epidemic, including the hiring of a full-time forensic epidemiologist in the coroner’s office to better study and examine these overdose deaths.

In discussing the overdose data, Dr. Flannery pointed to a spike seen in May 2020, which was likely related to the perfect storm of stimulus dollars becoming available just as the Governor’s “Stay at Home” order was being lifted.

The final panelist was Michelle Riske-Morris, JD, PhD. She is a Senior Research Associate, Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University. Dr. Riske-Morris discussed Cuyahoga County’s “OD2A,” a project collecting comprehensive and timely data on overdose morbidity and mortality, informing prevention and response efforts.

This lecture and the others in the series are available on the Case Western website, at <https://case.edu/lifelonglearning/lectures/addiction>. ■

Leaders Share Their Reason for Getting the COVID-19 Vaccine

The AMCNO is proud to be a partner of the COVID-19 Vaccine Education and Equity Project, which launched the “Count Me In” campaign.

This group is comprised of more than 200 leading organizations representing patient, provider, employer and public health organizations. This initiative was created to provide individuals and organizations with information to build confidence in authorized COVID-19 vaccines, and to motivate people to collectively fight the pandemic.

Dedicated individuals and organizations can express their commitment to COVID-19 vaccination through the website’s Count Me In page, at [covidvaccineproject.org/countmein/](https://www.covidvaccineproject.org/countmein/), as communities strive to reopen and return to a more “normal” way of life.

AMCNO President Dr. Kristin Englund is a participant in the campaign, sharing her experience as an infectious disease physician and as a daughter: “Count me in to protect my patients, colleagues, and most importantly, my 82-year-old mother.”



AMCNO President Dr. Kristin Englund does her part to encourage others to get vaccinated.

Visit www.covidvaccineproject.org to learn more and to see the online photo wall and spotlight stories of others around the country who are stepping up to share the reasons why they want to be “counted in” for COVID-19 vaccination. ■

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Meet the New AMCNO Board Members

The AMCNO Board of Directors welcomes several new Board members, whose term started following the April meeting. Their term will end April 2023.



Shirisha Avadhanula, MD | District I

Dr. Avadhanula is an endocrinologist at Lutheran Hospital. She is a medical contributor on

various public platforms and has been featured in *Health Magazine*, *Insider*, and Fox News. She is also a frequent contributor to Health Essentials. Dr. Avadhanula says the important issues facing the medical profession today are socioeconomic and racial inequalities in health care and misinformation patients receive from media outlets and online. As a Board member, she looks forward to bringing forth important issues physicians continue to face in medicine, including social and racial inequities. And, she will be a strong advocate for Ohio patients.



Eric Shapiro, MD | District II

Dr. Shapiro is a gastroenterologist affiliated with University Hospitals. He also serves on the board of directors

of Jewish Family Services Association and is past president of the medical

staff of the University Hospitals Ahuja Medical Center. He wanted to join the board of AMCNO because of his belief that physicians are in the position where patients and policy meet and that “we have a duty to do what we can to make that a success,” he said. And, “to the extent that we organize for strength, we can make a difference.”



Mary LaPlante, MD | At-Large

Dr. LaPlante is an obstetrician-gynecologist at Marymount Hospital, and she serves on the Girls Scouts of

Northeast Ohio STEM Advisory Board. Dr. LaPlante says scope of practice and concerns about physician well-being are important issues facing the medical profession. Especially considering many physicians have left practice, which raises concerns about physician shortages. Dr. LaPlante says the AMCNO does great legislative work and she enjoys working with the organization to advocate for physicians. “Working at the local level to understand the struggles faced by physicians in the community is vital to advocating and creating policy at all levels,” she said, adding that it’s extremely important that “our

legislative representatives understand the impact legislation would have on our ability to provide care to our patients.”



Marie Schaefer, MD | At-Large

Dr. Schaefer is a family medicine and sports medicine physician at the Cleveland Clinic. She is involved in

numerous community medical activities, including head team physician for Cleveland State University, team physician for Lakewood High School, and Horizon League Return to Safe Play Committee Member. She sees the following as important issues facing the medical profession: healthcare disparities, telehealth, price transparency, payment reform (value, not volume), and the patient experience. “As a primary care physician, I am passionate about advocating for delivery of high-quality health care to my community, especially with an emphasis on prevention,” Dr. Schaefer said. “The best way to accomplish that is to work with all of the members of our greater Cleveland community, from physicians to community partners to our government officials, to obtain that goal.” ■

The AMCNO warmly welcomes these new Board members, and staff looks forward to working with them throughout the duration of their term—and in the years ahead!