

AMCNO President Presents “Welcome to the Profession” Remarks to Graduating Medical Students

AMCNO President Dr. Robert Hobbs spoke at this year’s Case Western Reserve University School of Medicine commencement awards ceremony on behalf of the AMCNO.

The ceremony was held on Saturday, May 14, and included remarks by Dr. Hobbs to the students about the importance of becoming involved in the community and as a part of organized medicine. His speech offered words of encouragement, and he congratulated the students on their achievement. As part of the ceremony, Dr. Hobbs was honored to present the Academy of Medicine Education Foundation (AMEF) award to a graduating student who has shown outstanding commitment to the

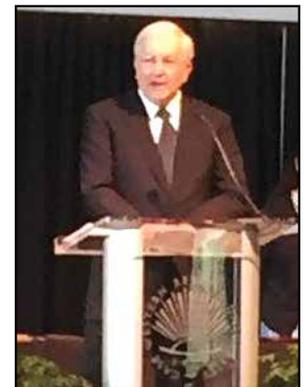
Cleveland and Northern Ohio communities, is a strong advocate for all patients and promotes the practice of the highest quality of medicine. This year’s AMEF award recipient was Jonathan Thomas.

Also during the ceremony, which included numerous awards, an award named in honor of Betty Jean Fratiante, MD—sister of AMCNO Past President Richard Fratiante, MD—was given to Connor Hartpence for best exemplifying a commitment to the compassionate care of patients,

volunteer service, and sensitivity to the needs of the poor, the elderly and the handicapped.

And, the Ted Castele, MD, Award for Civic Professionalism was awarded to Charita Roque for exemplifying the passion of healing societal problems. Dr. Castele was also a Past President of the AMCNO.

On Sunday, Dr. Hobbs participated in the procession onto the stage at the commencement ceremony at Severance Hall. ■



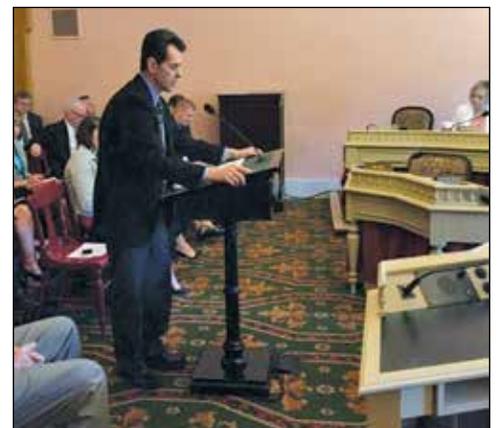
Dr. Robert Hobbs, AMCNO President, delivers remarks at the Case Commencement Award Ceremony.

AMCNO Provides Testimony on CRNA Scope of Practice Legislation

In late May, a panel of physicians representing several physician organizations—including the AMCNO—provided opponent testimony before the House Health and Aging Committee on HB 548—a bill that would allow certified registered nurse anesthetists (CRNA) to order medicines before and after surgery. The panelists pointed out that the bill could jeopardize patient safety and it is unnecessary because surgical teams that include CRNAs are capable of meeting patient needs under current laws. CRNAs who support the bill have indicated that the legislation would not expand their scope of practice and that they are trained to order medication in post- and pre-operative settings.

Dr. John Bastulli, who is Vice President of Legislative Affairs for the AMCNO, testified that the legislation does in fact change the CRNA scope of practice and he outlined how he had started out as an anesthetist assistant prior to becoming a physician and has experienced firsthand the different levels of education between those who have the authority to order and those who don’t. He also noted that there is no evidence of patients not being served in a timely manner and said it’s important he give the order for the sedation of surgical patients so that they’re coherent when they meet with physicians.

(Continued on page 2)



Dr. John Bastulli, AMCNO Vice President of Legislative Affairs, provides testimony at the Ohio House hearing.

ADDRESS SERVICE REQUESTED

AMCNO
6100 Oak Tree Blvd.
Ste. 440
Cleveland, OH 44131-0999

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In all likelihood there will be interested party meetings over the next several months to discuss the aspects of this bill—and the AMCNO will continue to monitor these discussions.

AMCNO views Prior Authorization Legislation (SB 129) as a Victory for Physicians and Patients

Ohio has joined a growing list of states to make substantial changes in how a patient's insurance carrier will cover needed medical services. SB 129—Prior Authorization (PA) legislation—has been signed by Governor Kasich and will become law. The AMCNO was part of a statewide coalition backing SB 129, and we consider passage of this bill as a major victory for physicians and patients.

PA is a process that requires physician offices to ask for permission from a patient's insurance company before prescribing certain medications or performing medical treatment. The problem with this process has been that many times insurance carriers would not cover the services even if PA had already been provided for a medical service.

SB 129 will:

- Ensure that PA requirements or restrictions are listed on the health insurer's website;
- Allow providers and patients to obtain PAs through a web-based system;
- Ensure that any new or future PA requirements are disclosed prior to the new requirement being implemented;
- Guarantee that once a PA has been approved, the insurer will not retroactively deny the service based upon previously approved medical necessity or coverage criteria; and,
- Guarantee a faster turnaround on PA requests and a streamlined appeals process in the event a PA is denied.

Medical Marijuana Legislation (HB 523) Signed by Gov. Kasich

HB 523 has now been signed into law by Gov. Kasich, making Ohio the 25th state to legalize medical marijuana. The program must be operational within two years.

Legislators acknowledged being uneasy with legalizing medical marijuana; however, they realized that there was overwhelming public support for medical marijuana and they had heard compelling stories from patients and others about how the drug's medicinal qualities could be of use in certain circumstances.

The AMCNO Board of Directors adopted a policy on medical marijuana, which did not support all aspects of the bill. However, the bill

does have some components that do align with our position, such as requiring that only a licensed physician can prescribe the drug, not allowing for homegrown marijuana, and supporting reclassifying marijuana from a Schedule I to Schedule II drug to allow for additional clinical research.

Legislators reviewing the legislation were concerned about the threat of a November constitutional ballot issue; however, one day after the legislature passed the bill, the group seeking a November vote on the issue announced the suspension of their campaign. Ohioans for Medical Marijuana, backed by the national Marijuana Policy Project, said the legislature's plan, even though it does not allow home grown marijuana and smoking as the ballot issue would have, was tweaked sufficiently in the end stages of deliberations to provide a viable alternative for patients seeking the benefits of the drug.

The Ohio law prohibits smoking or growing marijuana at home but allows cannabis oils, tinctures, patches, edibles and plant material to be used and sold in state-licensed dispensaries.

The program will be regulated by the Ohio State Pharmacy Board, State Medical Board and Department of Commerce. A 14-member advisory board including pro-medical marijuana members would recommend rules to the three regulatory agencies. Employers can still fire medical marijuana patients if their marijuana use violates the employer's drug-free workplace or zero tolerance policy.

People with the following medical conditions will be able to use medical marijuana under the law: HIV/AIDS, amyotrophic lateral sclerosis (ALS), Alzheimer's disease, cancer, chronic traumatic encephalopathy (CTE), Crohn's disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, hepatitis C, inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson's disease, post-traumatic stress disorder, sickle cell anemia, spinal cord disease or injury, Tourette's syndrome, traumatic brain injury and ulcerative colitis.

Two More AMCNO-supported Bills Signed Into Law by Governor Kasich

A bill supported by the AMCNO that would allow for additional CPR training in schools has been signed into law by Gov. John Kasich. **HB 113** would mandate all high school students in Ohio to receive training in hands-only CPR as part of the school curriculum. However, one of the amendments added to the bill prior to passage would push back the implementation of the CPR training in schools to 2017.

Another bill supported by the AMCNO and recently signed by the Governor is **HB 110** – a Good Samaritan bill that has had the AMCNO's



Dr. Robert Hobbs spends a moment with Rep. Steve Huffman during legislative meetings in Columbus.

support since its introduction. This bill will increase penalties for fleeing the scene of a deadly accident, but since the Good Samaritan Law was amended into the bill, it also contains language about granting immunity to those seeking medical help for an emergency resulting from an overdose.

HB 110 will:

- Require emergency medical service personnel to report the administration of naloxone on request of a law enforcement agency in specified circumstances and for specified purposes.
- Provide immunity from arrest, charging, prosecution, conviction, and penalization for a minor drug possession offense to a person who seeks medical help for a drug overdose being experienced by that person or another, or who is the subject of another person seeking or obtaining medical assistance for a drug overdose, if all of the following apply:
 - o The evidence of the violation came from seeking medical help.
 - o Within 30 days after seeking or obtaining the medical assistance, the person seeks and obtains a screening and receives a referral for treatment from a community addiction services provider or a credentialed addiction treatment professional.
 - o The person who obtains the screening and receives the referral submits documentation to any prosecuting attorney, upon request, that verifies that the person satisfied those requirements (the documentation is limited to the date and time of the screening obtained and the referral received).
- Limit the availability of imprisonment as a penalty for a violation of a felony community control sanction resulting from seeking or obtaining medical help for an overdose in a situation as described above.
- Require a court or parole board to first consider drug treatment or mitigation of the penalty for violation of a community or

post-release control sanction resulting from seeking or obtaining medical help for an overdose in a situation as described above.

- Require that the basic training course for "emergency service telecommunicators" include instructional or training units in informing individuals who call about an apparent drug overdose about the bill's immunity from prosecution for a minor drug possession offense.

There are several exceptions to the immunity:

- A person who is under a community or post-release control sanction.
- A person who twice previously has been granted immunity under the provisions.

The immunity provisions do not compel any protected individual to disclose protected health information in a way that conflicts with the requirements of the federal Health Insurance Portability and Accountability Act or specified federal regulations.

The AMCNO joined several other statewide medical associations in supporting the bill, although we did have some issues with the immunity exceptions. However, since the bill does provide for the ability of individuals to get help in a medical emergency resulting from an overdose, we believe lives will be saved.

AMCNO Agrees to Changes to HB 216 (APRN Scope of Practice); Bill is Approved in Ohio House, Moves to Senate

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) and a coalition which includes the Ohio State Medical Association (OSMA) and several other statewide medical associations won a victory this week when a provision contained in HB 216 that would have given Advanced Practice Registered Nurses (APRNs) authority to practice independently and carry out medical services typically reserved for physicians was taken out of the bill.

Another provision removed from the bill would have expanded APRNs scope of practice to allow them to order and interpret diagnostic tests, prescribe addictive narcotics, and develop treatment plans for patients without consulting a physician. A patient suffering from an illness or injury could have received medical treatment without ever actually being helped or seen by a physician.

The bill now heads to the Ohio Senate for consideration. The AMCNO will continue to work with the statewide coalition evaluating this bill and provide our input as the bill moves through the Senate. (See page 4 for overview of the latest version of the bill.) ■

The AMCNO PAC – the Northern Ohio Medical Political Action Committee (NOMPAC) was pleased to participate in a House of Medicine fundraiser event in Columbus.



Dr. Robert Hobbs, AMCNO President, discusses key legislative issues with Senator Gayle Manning during the event.

NORTHERN OHIO PHYSICIAN

THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO

6100 Oak Tree Blvd., Suite 440,
Cleveland, OH 44131-2352
Phone: (216) 520-1000 • Fax: (216) 520-0999

STAFF Executive Editor, Elayne R. Biddlestone

Contributing Staff: Abby Bell and Tara Camera

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House Bill 216: Advanced Practice Registered Nurses (APRNs)

House Bill 216 (Pelanda) was introduced to grant independent practice to advanced practice registered nurses (certified nurse practitioners, certified nurse midwives, clinical nurse specialists, certified registered nurse anesthetists).

Physician organizations opposed the bill as it jeopardized the team approach to health care which is the best and safest model for patient care. Following nine rewrites, four hearings and numerous interested party meetings, updates to APRN practice were agreed to; however a physician-led, coordinated team approach to patient care was maintained. The House of Representatives passed HB 216 in May 2016.

The following chart illustrates the major provisions that were introduced in HB 216 and how they changed before passing the House:

HB 216 provisions

HB 216 as passed by the Ohio House

Grant independent practice to all APRNs	CNPs, CNMs, & CNSs must continue to collaborate with a physician and maintain a standard care arrangement; psychiatric APRNs allowed to collaborate with pediatricians and primary care/family practice physicians
Grant independent practice to CRNAs	CRNAs must continue to be supervised by a physician
Expand scope of practice for APRNs to mirror physician scope	Scope of practice for all APRNs unchanged; CRNA scope of practice changes proposed in separate legislation (HB 548)
Delete inclusionary formulary for prescribing and use federal list of prohibited drugs	Implemented an exclusionary formulary set by a committee made up with equal number of APRNs and physicians; Ohio Nursing Board to break ties
Eliminate collaboration and the limit of no more than three APRNs to collaborate with a physician regarding prescribing	Maintained collaboration requirement and increased the limit to no more than five APRNs to collaborate with a physician regarding prescribing
If collaboration requirement maintained, permit a grace period for APRN to continue practice if either physician or nurse terminates relationship	Allowed 120 day grace period for APRN to continue practicing if physician terminates collaboration
Remove restrictions on where APRNs can prescribe schedule II drugs	Maintained current site restrictions - added residential care facilities to list of permissive sites
Eliminate requirement that APRNs complete externship in order to prescribe	Externship deleted as collaboration and standard care arrangement laws were maintained
Allow APRNs to sign death certificates	APRNs not permitted to sign death certificates



We would like to thank the American Medical Association's Scope of Practice Partnership for their assistance in this educational campaign.

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MACRA – What Is It and What You Can Do Now to Prepare

By Tamiya Williams, CMPE, and LaDonna Kessler, Senior Managers at Medic Management Group, LLC

On April 16, 2015, the Medicare Access and CHIP Re-Authorization Act (MACRA) of 2015 was signed into law, permanently repealing the Sustainable Growth Rate (SGR) formula and imposing a new payment methodology for Medicare Part B payments starting in 2019 (reflected from performance year 2017).

Transitioning from Fee for Service (FFS) to a Quality Payment Program creates two new payment tracks:

- The Merit-Based Incentive Payments System (MIPS)
- Advanced Alternative Payment Models (APMs)
- Initial Performance Period will be January 2017-December 2017

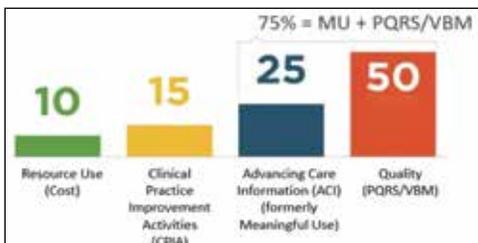
In April 2016, CMS released the proposed rule outlining how it plans to implement the Medicare payment changes stipulated in the law. CMS is soliciting public comment on this proposal until June 27, 2016, and Eligible Clinicians (EC) are encouraged to participate.

The Merit-Based Incentive Payment System (MIPS)
 Medicare currently measures the value and quality of care provided by physicians and other clinicians through a conglomerate of programs, including the Physician Quality Reporting System (PQRS), the Value-Based Modifier Program, and Meaningful Use. Congress streamlined these programs into one new Merit-Based Incentive Payment System (MIPS). MIPS reduces the number of measures clinicians are required to report on in some categories and allows clinicians the flexibility to select from a set of measures to report on, based on the relevancy to their practice.

Eligible Clinicians Under MIPS

- Years 1 and 2 (2017 and 2018)
 - o Physicians – MD/DO and DMD/DDS
 - o Physicians Assistants
 - o Nurse Practitioners
 - o Clinical Nurse Specialists
 - o Certified Registered Nurse Anesthetists
- Years 3+ Secretary may broaden ECs to include others
- Although most clinicians will participate in MIPS, there are some that will not qualify. They are:
 - o Clinicians who are in their first year of Medicare Part B participation
 - o Medicare ECs who have billed charges less than or equal to \$10,000 and who provide care for 100 or fewer Medicare patients in one year
 - o Certain participants in ADVANCED Alternative Payment Models
 - o MIPS does not apply to hospitals or other facilities

MIPS allows Medicare clinicians to be paid for providing high quality, efficient care through success in four performance categories:

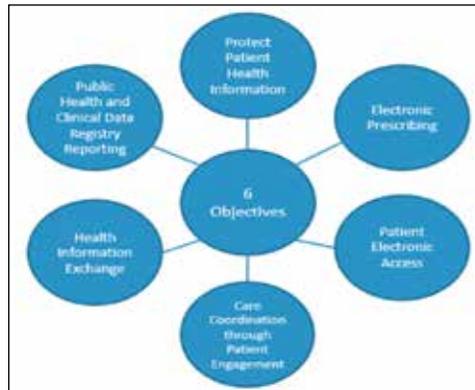


Quality

The Quality category counts as 50% of the total score in 2017. This category also replaces the current PQRS and Value-Based Modifier programs. Clinicians will need to report on six measures versus the nine measures that they are required to report on under the current PQRS guidelines. This category will also give clinicians reporting options to choose from to accommodate differences in specialties and practices. Clinicians will still be required to report on at least one cross-cutting measure and one outcome measure. If an outcome measure is not available, then the clinician would report on one other high priority measure in lieu of an outcomes measure.

Advancing Care

The Advancing Care Information (ACI) category counts as 25% of the total score in 2017. This category replaces the Medicare Electronic Health Record (EHR) Incentive Program (Meaningful Use or MU). Clinicians will be required to report on customizable measures that reflect how they use EHR technology in day-to-day practice, with a particular emphasis on interoperability and information exchange. ACI requires clinicians to report on fewer objectives than the original MU requirements. Keep in mind that the Medicaid MU and hospital MU programs are unaffected. The six proposed ACI Objectives are as follows:



Clinical Practice Improvement Activities (CPIA)

The Clinical Practice Improvement Activities (CPIA) category counts as 15% of the total score in 2017.

Clinicians can select activities that match their practice goals from a list of more than 90 options. At minimum, clinicians must select one activity to implement. Bonus credit will be earned for additional activities. If a practice has earned a designation of Patient-Centered Medical Home (PCMH), full credit in the CPIA category will be earned. Clinicians who are participating in an Advanced Payment Model (APM) will earn half credit for the CPIA category.

Resource Use/Cost

The Resource Use/Cost category counts as 10% of the total score in 2017. Resource Use, also known as Cost, replaces the Value-Based Modifier Program. CMS will calculate this score based on Medicare claims and availability of sufficient volume, meaning no reporting requirements for clinicians. This category will use more than 40 episode-specific measures to account for differences among specialties.



The Cost Performance Score (CPS) will be used to determine whether a MIPS EC receives an upward payment adjustment, no payment adjustment, or a downward payment adjustment. All payment adjustments will be scaled for budget neutrality as required by the statute. The CPS will also be used to determine whether a MIPS EC qualifies for an additional positive adjustment factor for exceptional performance.

Advanced Alternative Payment Models (APMs) "Pre-Approved" by CMS

CMS is continuously taking the steps needed to attain care transformation with the development and approval of the following Advanced Alternative Payment Models:

- Medicare Shared Savings Program – Track 2 or Track 3
- Next Generation ACO Model
- Comprehensive ESRD Care Model (large dialysis organization arrangement)
- Comprehensive Primary Care Plus (CPC+1)
- Oncology Care Model Two-Sided Risk Arrangement (2018)

APM track participants will be exempt from MIPS payment adjustments and would qualify for a 5% Medicare Part B incentive payment in 2019-2024.

What Can Be Done Now to Prepare

It is very important that preparation for MACRA starts now. The final rule is expected to be released by CMS in November 2016. Some of the key components to success are as follows:

- Educate your organization on MACRA
- If your practice does not have an EHR, it is important to implement one
- Make sure you are successfully participating in PQRS
- Make sure you are successfully participating in MU
- You must complete a Security Risk Analysis
- Monitor Quality Reporting Dashboards on a regular basis to identify deficiencies

Remember, Meaningful Use and PQRS as we know it will end on December 31, 2016, and MACRA will take effect January 1, 2017. Be on the lookout for the final rule coming later this year. ■

HIPAA: The Time for Compliance is NOW

By James Giszczak, Member, Vice Chair of the Litigation Department and Chair of the Data Privacy and Cybersecurity Practice Group, McDonald Hopkins, LLC; and Emily Johnson, Attorney, McDonald Hopkins, LLC

In recent months, the Office for Civil Rights (OCR) has significantly increased fines and penalties assessed against covered entities and business associates for noncompliance with the privacy, security, and breach notification requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Historically, OCR has focused on larger providers, such as hospitals and health systems, and breaches involving more than 500 individuals. However, OCR is now aggressively enforcing HIPAA compliance of smaller providers, including sole practitioners, and investigating smaller breaches affecting less than 500 individuals. It is expected that OCR will continue to increase its enforcement efforts and 2016 is expected to be a record year for fines and penalties for noncompliance.

OCR Increasing Enforcement Action

In Fall 2015, the Office of Inspector General (OIG) issued a report regarding OCR's HIPAA enforcement practices. The report found that OCR actively investigated all large breaches (affecting more than 500 individuals), but failed to document investigations of small breaches (affecting less than 500 individuals), suggesting that small breaches are often overlooked. This variance is largely due to scarce federal resources and the fact that OCR simply does not have the time or manpower to investigate small breaches. The OIG's report also suggests that certain covered entities are routinely violating HIPAA and have compliance issues that warrant increased fines and penalties. The OIG recommended that OCR improve its documentation of corrective actions and small breaches, and that it develop a mechanism to track breaches and investigations of covered entities. In response, OCR is aggressively increasing its enforcement activities. It has begun reviewing covered entities with previous breaches to reassess compliance and has markedly increased the fines assessed against repeat offenders. In addition, on March 21, 2016, OCR announced that Phase 2 of its HIPAA audit program has begun, which is undoubtedly an effort to overcome any scrutiny cast on OCR by the OIG's report.

Phase 2 HIPAA Audits Have Started

Phase 1 of OCR's HIPAA audits evaluated the HIPAA compliance of 115 covered entities. That phase concluded in 2012 and Phase 2 is now underway. The goal of the audit program is to assess compliance with the HIPAA Privacy, Security and Breach Notification Rules. OCR intends to use the data it obtains during the audit process to examine compliance mechanisms, determine best practices, and discover program risks and vulnerabilities. Phase

2 will differ from Phase 1 in that the audits will be expanded to include business associates. It will consist of three rounds of desk audits and onsite audits. The first round of audits will be desk audits of covered entities and the second round will be desk audits of business associates. Desk audits are conducted offsite and will examine specific compliance requirements of the Privacy, Security and Breach Notification Rules by reviewing policies, procedures, and compliance plans of each entity selected for a desk audit. OCR expects the first and second series of desk audits to be completed by the end of 2016. The third round of audits will be onsite audits which will focus on a broader scope of HIPAA requirements than the desk audits. Selection for the first or second round of desk audits does not preclude selection for the onsite audits conducted during the third round, so some entities may be subject to both desk and onsite audits.

Any covered entity or business associate can be audited, regardless of size or type of provider. Audit selection criteria include the size of the entity, type of entity, affiliation with other healthcare organizations, whether the entity is public or private, and geographic factors. The only entities exempt from an audit are those entities with an open complaint investigation or currently the subject of a compliance review.

Preparation is Key

It is critical that covered entities and business associates evaluate their compliance with HIPAA requirements now and do not wait until they are selected for an audit. Unless currently subject to an investigation or a compliance review, no covered entity or business associate is exempt from audit selection. To enhance compliance, covered entities and business associates should conduct a thorough review of their HIPAA policies and procedures, confirm that those policies and procedures have actually been implemented, and assess their effectiveness.

In addition to federal HIPAA requirements, many states have their own requirements for protecting health and medical information as well as other categories of personally identifiable information. In the event of a data privacy incident or breach, covered entities and business associates must also comply with a multitude of state law

requirements. For this reason, it is critical that entities review applicable state privacy laws and ensure that their HIPAA compliance programs comply with all applicable health privacy laws, including state and federal.

Fines and penalties assessed by OCR due to HIPAA noncompliance can be debilitating and can even put small providers out of practice. To minimize out-of-pocket liability, it is recommended that all covered entities and business associates obtain cyber liability coverage, which insures against unauthorized use of, or unauthorized access to, electronic data or software. Typical business insurance policies only cover tangible assets and not intangible assets like electronic data. Cyber liability insurance is used to fill that gap, and most policies can be tailored to the specific needs of an organization. Factors such as size of the business and type of data affect the cost of the premium; however, due to the popularity of cyber liability insurance, premiums have dropped significantly in recent years. In order to obtain cyber liability coverage, many insurers will audit the entity's current data protection plan to determine what protections are currently in place to secure the entity's network and data. Cyber liability coverage often covers the cost of business interruption due to a breach or attack as well as the cost of notifying affected individuals and is therefore a critical component of an entity's business insurance and compliance plans.

For these reasons, it is imperative that covered entities and business associates evaluate their HIPAA compliance now and do not wait until selected for an audit or even worse, a party to a breach. The unfortunate truth is that a security incident is more likely than not to happen. Therefore, it is critical that covered entities and business associates take the following steps now to ensure they are prepared in the event of an audit or breach:

- Conduct a thorough review of HIPAA policies and procedures, and confirm that those policies and procedures have actually been implemented and are effective. A written policy serves no purpose if it is not working or has not been implemented.
- Review applicable state law to ensure that the HIPAA compliance program also complies with state privacy laws. Many states have adopted privacy regulations that specifically address health information. Understanding these laws is a critical component of compliance.

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HIPAA: The Time for Compliance is NOW

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- Assemble an Incident Response Team (IRT) and involve Legal, IT, Risk Management, and Human Resources representatives, among others.
- Draft an Incident Response Plan (IRP). This will be the “go-to” document in the event of a breach. It should identify the IRT and clearly describe the decision-making process when handling security incidents.
- Test the IRT and IRP. This can be done by educating and then testing the IRT on HIPAA compliance requirements. In addition, pose hypothetical security incidents to the IRT and have them follow the IRP. Once completed, revise the IRP to overcome any shortcomings noted during the hypothetical scenario.
- Perform a risk assessment, including penetration testing, of computers, devices, and electronic health record software.

Completing these steps not only benefits organizations by reducing the likelihood of investigations, complaints, security incidents, and significant time and money spent responding to such issues, it also brings comfort to organizations in knowing that they are well-prepared. ■

Two-Midnight Rule Update

By J. Ryan Williams, Brouse McDowell, LPA

The saga surrounding the two-midnight rule recently added more chapters. The rule, which presumes inpatient admission status if a hospital stay spans two midnights, has been the subject of fierce debate between the government and providers.

The Centers for Medicare & Medicaid Services (CMS) in April decided to drop a 2% payment cut to hospitals as a result of a federal district court decision. The court ordered CMS to further justify the imposed 2% payment cut implemented with the rule.

CMS implemented the cut several years ago as a way to offset additional costs associated with the two-midnight rule. The rule was CMS' attempt to combat what CMS called “abusive billing practices” of hospitals.

The recovery audit contractors (RACs) working for CMS were routinely questioning the appropriateness of inpatient hospital stays. According to CMS, hospitals began using observation stays as a way to avoid scrutiny from the RACs. The use of observation stays was often not appropriate either and it materially affected a Medicare beneficiary's cost-sharing obligations and eligibility for additional Part A services. Hence, the presumption of the two-midnight rule.

CMS knew the two-midnight rule would increase inpatient stays. To offset the additional costs, CMS imposed the payment cut.

Not only did CMS drop the payment cut, it implemented a 6% increase to inpatient

reimbursement rates for hospitals. This increase is only temporary and was designed to offset the payment cuts for the previous three years.

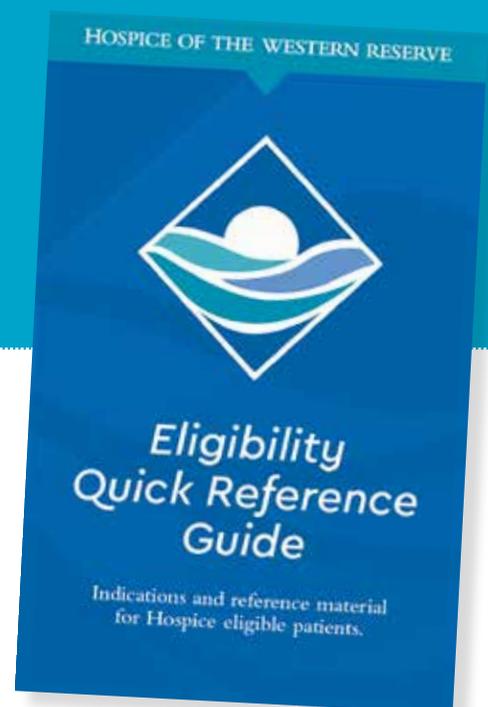
More recently, CMS suspended reviews of inpatient hospital admissions under the two-midnight rule. Earlier this month, CMS directed the quality improvement organizations (QIOs), which now are charged with implementing the two-midnight rule, to “pause” all ongoing reviews. CMS ordered the pause because it learned of several inconsistencies in the application of the rule. This pause will allow the QIOs time to re-evaluate recent determinations. CMS indicated the pause will continue for 60-90 days, but some experts believe CMS will direct the QIOs to re-initiate reviews before the end of July.

Despite the recent twists and turns with the two-midnight rule, the substance of the rule has remained relatively unchanged. For a detailed discussion of the requirements of the rule, see the article “Hospital Patient Status, ‘Two-Midnight’ is The Rule” in the July/August 2015 issue of this magazine. Even with all the uncertainty, providers should expect the two-midnight rule will remain in effect, and in the spotlight, for the foreseeable future. ■

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AMCNO Files Amicus Brief to the Ohio Supreme Court Dealing with Protected Patient Information

By Bret C. Perry, Esq., and Jason A. Paskan, Esq., Attorneys with Bonezzi Switzer Polito & Hupp Co. L.P.A.

The Ohio Supreme Court will decide whether to consider an appeal from the Tenth District Court of Appeals wherein the appellate court decided that an employee's decision to access a patient's medical records, and communicate his opinions to third-party individuals, should be binding on the employer in a subsequent medical malpractice action. The decision of the Tenth District Court of Appeals concluded that the unauthorized access of the medical records for the purpose of getting "to the bottom" of what transpired was within the scope of the employment and, therefore, the hearsay statements were admissible at trial.

The AMCNO has filed an *Amicus* brief urging that the Ohio Supreme Court consider this appeal because the decision of the appellate court has expanded the "scope of employment" for healthcare professionals to now include the willful violation of the Health Insurance Portability & Accountability Act (HIPAA) or the unauthorized access of patient information. This decision would potentially subject hospitals, physicians, nursing homes or other medical provider employers to civil liability, and potential criminal charges, under a strict liability analysis in contravention of well-established Ohio law.

In the matter *Pontius v. Riverside Radiology, et al.*, 10th Dist. No. 15AP-906, 2016-Ohio-1515, the Tenth District Court of Appeals reversed a jury verdict in favor of the defendants. In *Pontius*, the mother of the decedent requested that a non-party physician employed by the defendant radiology group review a CT scan performed on her son. This non-party physician had no involvement in the care of the decedent or the review of the CT scan at issue during the events in question; apparently, he was social friends with the decedent through the local country club. The purported review was performed by this non-party employee at the request of the decedent's mother and for his own curiosity. He did not review the CT scan for any purpose to promote or facilitate the defendants' business, nor was he participating in the official peer-review process for this patient.

As part of this review, the non-party physician allegedly advised the plaintiff and friends of the decedent that after reviewing the CT scan he believed that the film evidenced a clot which was not appreciated by the defendant physician who interpreted the film, and that the decedent died due to a pulmonary embolism. Further, the plaintiff claimed that the non-party physician advised her of his opinion that "they blew it."

At trial, the plaintiff sought to testify as to the communications she had with this non-party

physician. The trial court prevented the plaintiff's attempts, finding that any communications constituted hearsay statements that did not fall under the party-opponent admission exception to the hearsay rule. It was the defendants' position that since the non-party's alleged statements were a result of unauthorized access to the films, done on a volunteer basis, absent a patient-physician relationship and under no circumstance related to his employment, that the statements could not be related to any acts within the scope of his employment as to impute liability upon the defendants.

On appeal, the Tenth District reversed the jury's verdict in favor of the defendants, finding that the lower court erred in refusing to permit testimony related to statements allegedly made by the non-party physician. The Tenth District concluded that his actions fell within the course and scope of his employment and his statements should have been considered by the jury as an exception to the hearsay rule. The Tenth District essentially held that any action taken by an employee, despite the absence of any beneficial interest for the employer, falls within the definition of the "scope of employment."

On behalf of the AMCNO, Jason A. Paskan, Esq., and Bret C. Perry, Esq. filed an *Amicus* brief (literally "Friend of the Court"), with the Ohio Supreme Court urging that the Court accept and consider the decision of the Tenth District Court of Appeals. An *Amicus* filing generally allows individuals and entities who are not parties to a case, but who have an interest in the outcome, to have an opportunity to be heard.

The *Amicus* brief on behalf of the AMCNO encouraged the Ohio Supreme Court to accept the defendants' appeal, and reverse the decision of the appellate court, because the "scope of employment" for healthcare professionals does not include the willful violation of HIPAA or the unauthorized access

of patient information. To permit the decision of the Tenth District to stand would subject hospitals, physicians, nursing homes or other medical provider employers to civil liability, and potentially criminal charges, under a strict liability analysis in contravention of well-established Ohio law.

The AMCNO argued that the most concerning aspect of the Tenth District Court of Appeals' analysis is that so long as a medical provider has access to medical records and utilizes the same for legitimate business purposes as part of their duties and responsibilities to the employer, their own self-serving acts, or actions that are detrimental to the employer, would also fall within the "scope of employment," thereby subjecting the employer to civil liability or criminal penalty. This conclusion is contrary to Ohio and federal law, particularly in the realm of health care and protected health information, and would subject employers of all types to strict liability when their employees act in a manner that has a tenuous connection with their job description, but in reality is unsanctioned, self-serving or even harmful to the employer's interests.

By irreparably damaging well-established precedent pertaining to vicarious liability, Ohio employers would be left without protection from individuals who abuse their ability to access information for their own purposes if the decision of the Tenth District Court of Appeals were permitted to stand. Accordingly, the AMCNO requested that this Court accept jurisdiction of this case to ensure that employers are only held liable for the actions of employees that fall within the scope of their employment as defined under long-standing Ohio law.

The AMCNO is the only organization to file an *Amicus* brief, at the jurisdictional stage, noting the potential negative impact on its members if left undisturbed. The decision of the Tenth District, if not reversed, will subject healthcare providers to potential liability due to the actions of a rogue employee in accessing protected patient information for no purpose other than curiosity. This is not the law in Ohio, and, if left undisturbed, physicians, nursing homes or other medical provider employers will undoubtedly be subject to liability. ■



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Meet the AMCNO President Robert E. Hobbs, MD



Robert E. Hobbs, MD

Tell us about yourself and your practice

I am a cardiologist and practiced for 38 years at the Cleveland Clinic. I specialized in Heart Failure and Transplant medicine. I worked in the cath lab, the hospital and the outpatient clinic. Although most of my time was spent in patient care, I also was active in clinical research and teaching. I now focus on advocacy on behalf of patients and physicians.

What got you interested in medicine?

I grew up in a family involved with health care. My father, sister, uncle and cousin were doctors, and my mother was a nurse anesthetist. As a boy, I spent a lot of time around hospitals, tagging along on rounds, talking with patients, marveling at medical equipment. I worked as a lab technician in college and assisted in the autopsy suite. For me, medicine was the obvious career choice.

What accomplishments are you most proud of?

In education, I was gratified to receive the Distinguished Teacher Award from the residents of the Cleveland Clinic. Teaching is one of the most rewarding aspects of being a doctor. In patient care, I am proud to have been a co-founder of the heart transplant team at the Clinic. After much hard work and perseverance, the heart transplant center now ranks among the top 3 nationally. In clinical research, I was the first to test a new drug in heart failure patients. Seven years later the drug was approved by the FDA. Finally, in advocacy, I am honored to serve as President of the AMCNO.

What about your family?

My wife raises and shows Labrador retrievers. Our house is always filled with wagging tails.

What are your hobbies and interests?

The list is very long. I enjoy cooking, brewing beer and collecting wine. I belong to the City Club and the Pasteur Club. I take courses in

music, art, astronomy and history. I enjoy exploring Ohio. I attend many concerts and participate in the educational programs of the Cleveland Museum of Art and the Natural History Museum. I enjoy fly-fishing and watching the Cleveland Indians.

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

I will work hard to represent the AMCNO as an advocate for patients and physicians. Physicians need to be vigilant about legislative proposals that affect the practice of medicine. We need to support and defend tort reforms that were previously enacted, but are always in danger of repeal. Much of the Academy's work is "behind the scenes" meeting with legislators and regulatory agency officials. We provide testimony before the Ohio Legislature and *Amicus* briefs to the Ohio Supreme Court. We promote population health and partner with many community organizations to achieve this goal.

What are your concerns about the future of healthcare?

Health care constantly faces new threats that endanger the practice of medicine. Many physicians have become employees of large medical systems, resulting in the loss of their individual autonomy. The Electronic Health Record enacted a barrier to the doctor-patient relationship and made daily care more inefficient. Many non-physicians would like to practice medicine as doctors, albeit without the years of physician training. Tort reform always faces threats of repeal with return to the malpractice lawsuit crisis of the past.

How would you ask physicians to support the Academy?

I would ask physicians to join or maintain their AMCNO membership. They can familiarize themselves with the issues facing medicine by reading the Academy's e-mails and publications. Despite change in employment status, it is important for doctors to stay engaged and involved. They should attend the Academy's educational and social programs and meet colleagues who share similar interests. Ultimately, I hope that some will become board members and work with us.

Anything else?

I am deeply honored to serve as President of the AMCNO. I am looking forward to a busy and successful year. I am hopeful that the AMCNO can make an impact on the future of medicine. ■

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AMCNO President Moderates Session on Prescription Drug Abuse at NOHIMSS Conference

The Northern Ohio Healthcare Trade Faire & Regional Conference, sponsored by the Northern Ohio Healthcare Information and Management Systems Society (NOHIMSS), and in partnership with the Ohio Health Information Management Association, and the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), was an all-day health information technology event (HIT) that recently took place at the Cleveland Convention Center & Global Center for Health Innovation. It focused on face-to-face networking and education for Ohio-based hospital, health system, and medical clinic staffs.

Welcome remarks were made by **Dr. Robert White**, NOHIMSS Chapter President. He also introduced the morning keynote panel, which featured the chief information officers (CIOs) from local health systems who discussed what comes next now that EMRs have been established; leading through mergers, acquisitions and divestiture; and outsourcing in the current HIT environment.



Dr. Jason Jerry provides his comments regarding pain management during the breakout session.

Numerous informative sessions followed throughout the day, covering topics such as combatting prescription drug diversion, Meaningful Use, population health management, technology and interoperability, and telemedicine.

The AMCNO president, Dr. Robert Hobbs, was pleased to help plan and moderate one of the sessions which was entitled "Pain Management and Prescription Abuse: Illegal or Inappropriate Use of Scheduled Medications."

Guest panelists were: **Chad Garner**, Director of the Ohio Automated Rx Reporting System (OARRS), State of Ohio Board of Pharmacy; **Alexandra Murray**, Managing Attorney, Standards Review and Compliance, State

Medical Board of Ohio; and **Dr. Jason Jerry**, Staff Physician Psychiatry, Addiction Specialist, Cleveland Clinic.

Garner discussed some of the trends and statistics behind the opioid crisis in Ohio and how the OARRS program is involved in curbing the trends.

In 2014, there were 2,482 unintentional drug overdose deaths, and 70% (or 1,746) had at least one prescription in OARRS dispensed after July 1, 2013. Thirty-seven percent (or 432) had at least one prescription for an opioid within 30 days prior to their death. In 2015, 22.5 million controlled substance prescriptions were dispensed, which was down 4% from 2014, and of those prescriptions, 11.2 million were for opioids, down 8% from 2014. Of the top 5 drugs dispensed in 2015, only one showed an increase—oxycodone, which was up 2% from 2014. The 4 remaining drugs (hydrocodone, tramadol, alprazolam and lorazepam) experienced a decrease ranging from 4% to 15%.

In her presentation, Murray discussed controlled substance prescribing requirements as defined by the State Medical Board, covering the topics of controlled substances (self and family prescribing), OARRS, pain management rules, pain clinic rules, prescribing to minors, and the joint regulatory statement regarding naloxone. She also talked about the Acute Pain Prescribing Guidelines that were established in January, which the AMCNO had assisted with and had reported on to members.

During his presentation, Dr. Jerry provided a history of what led to the current crisis and described why patients now expect zero pain. During 2004 and 2013, more than 145,000 Americans died from prescription opioid

overdoses. Before the mid-1990s, very few physicians would have prescribed narcotics for chronic musculoskeletal pain, but pressure from the pharmaceutical industry, regulatory agencies, and state medical boards changed the culture of pain management. "Zero" pain now seems to be the expectation of patients, he said, and it is promoted by the fifth vital sign that is required in all medical charts. Also, patient satisfaction surveys are now an integral part of Medicare and Medicaid payments to hospitals. And, three of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questions ask patients specifically about pain, which is an issue that needs to be addressed.



Dr. Hobbs spends a moment with members of the panel prior to start of the session (l to r: Ms. Alexandra Murray, Dr. Jason Jerry, Dr. Robert Hobbs and Mr. Chad Garner).

Dr. Jerry added that one alternative option for the HCAHPS survey would be to ask patients if their physician discussed pain resolution, rather than asking how well their pain was managed.

An afternoon keynote session featured several local chief medical information officers. During the session, the panelists talked about their efforts to engage caregivers and patients in technology, successful implementation strategies, and the top technology challenges facing healthcare organizations. To see additional event photos, log on to the AMCNO Facebook page or visit the NOHIMSS webpage dedicated to the event at www.healthcaretradefair.com/photo-gallery. ■

AMCNO Partners with Institute for Health Technology Transformation for its Cleveland Summit

The AMCNO was pleased to partner with the Institute for Health Technology Transformation (iHT2) for their 2016 iHT2 Cleveland Summit. The Summit is a series of events and programs taking place throughout the year in several cities throughout the country, including Cleveland, Boston, Dallas and Atlanta, to connect and promote improvements in the quality, safety, and efficiency of healthcare through information and information technology.

The program was held April 19-20 at the Ritz Carlton in Cleveland. On the first day of the Summit, sessions focused on data and the challenges associated with the information, such as data integration, data capture, data exchange and data standardization. One session covered a case study concerning the "Mayo Clinic, Data Mapping and Building a Successful Advanced Data Analytics Program." In another session, **Jonathan Haines, PhD**, Department of Epidemiology & Biostatistics, Institute for Computational Biology, CWRU School of Medicine, presented "Big Data in Cleveland as a National Model."

The keynote presentation featured **John Kravitz**, Chief Information Officer at the Geisinger Health System, and he discussed the health system's transition from enterprise data warehouse to big data platforms.

Another keynote presentation took place later in the afternoon, and featured **Alan Russell**, who is the Chief Innovation Officer and Executive Vice President of the Allegheny Health Network. He presented on "Delivering Hope from Hype in Healthcare Innovation."

Additional case studies followed in the afternoon, focusing on using data and mobile technology to reduce 30-day readmissions, and sharing valuable data between Accountable Care Organizations to achieve improvements in care coordination. The day concluded with a leadership dinner for program attendees, speaker faculty and other participating senior healthcare leaders.

On the second day of the event, **Thomas Love, PhD**, presented on "Reporting Health Disparities Broadly using Electronic Health Records Data." He is the Professor of Medicine, Epidemiology and Biostatistics, and Director, Biostatistics and Evaluation Unit,

Center for Health Care Research & Policy, CWRU at MetroHealth Medical Center.

Andrew Proctor and **Christopher Donovan** from the Cleveland Clinic discussed the program the Clinic has implemented (Enterprise Information Management and Analytics or EIM&A) to realize the potential of enterprise data assets, and to proactively improve the process by which data is used throughout the organization.

The Lunch and Keynote Presentation was led by **Craig Brammer**, Chief Executive Officer of The Health Collaborative, and focused on the practical solutions happening today in the world to leverage data and unite teams of professionals to improve health and health care.



Dr. Robert Hobbs and the Summit Co-Chairs (l to r: Don Reichert, Chief Information Officer, MetroHealth; Robert Hobbs, MD; Mark Stevens, ARRA Health Consulting; Jim Weisman, Vice President, BioEnterprise).

An afternoon session covered "Security and Data Protection: Cybersecurity in Healthcare," and was moderated by **Mark Hagland**, Editor-in-Chief, *Healthcare Informatics*. The session focused on a multi-pronged approach to cybersecurity that engages the entire health system, ranging from IT firewalls to third-party security services and workforce education. To see photos from the event, visit the AMCNO Twitter feed. ■



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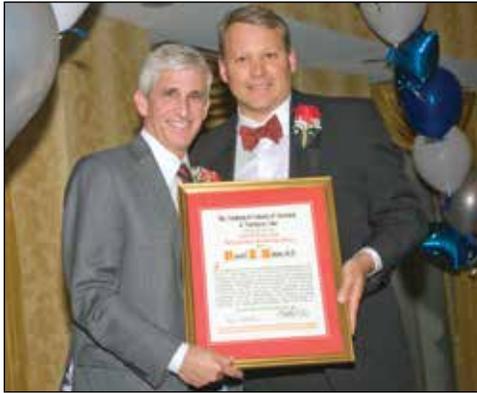
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AMCNO Confers Honors at 2016 Annual Meeting, Installs New President

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) held its Annual Meeting Dinner and Awards Presentation on April 15 at the Wyndham Cleveland at Playhouse Square. During the evening's festivities, physician members and area professionals received awards in recognition of their work in the healthcare field, and local medical students were awarded Academy of Medicine Education Foundation (AMEF) scholarships.

The 2016 list of honorees was led by **Daniel I. Simon, MD**, who received the **John H. Budd, MD, Distinguished Membership Award**, in recognition of his contributions to the field of cardiovascular medicine, his exemplary leadership skills and his commitment and dedication to the Northern Ohio medical community.



Dr. Daniel Simon (l) receives the John H. Budd, MD, Distinguished Membership Award.

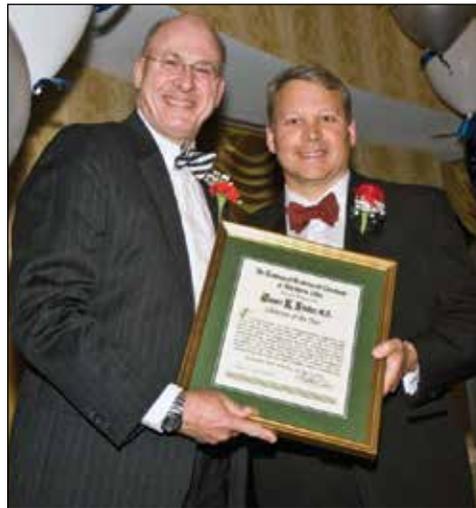
The **Charles L. Hudson, MD, Distinguished Service Award** was presented to **Kevin T. Geraci, MD**, in recognition of his work as a physician leader in the Northern Ohio community and for his longstanding involvement in the AMCNO.



Dr. James Coviello (r) presents the Charles L. Hudson, MD, Distinguished Service Award to Dr. Kevin Geraci.

Clinician of the Year Award designation was bestowed upon **James K. Stoller, MD**. This award is given in recognition of a physician whose primary contribution is in clinical medicine and whose service to his patients over many years has reflected the highest ideals and ethics of, and personal devotion to, the medical profession.

Robert W. Hostoffer, Jr., DO, was presented with the **Outstanding Service Award** in recognition of his longstanding assistance to the AMCNO through his work with the AMCNO Pollen Line and his steadfast commitment to the organization.



The Clinician of the Year award is presented to Dr. James Stoller (l) by Dr. James Coviello.

William T. Ryan received the **Honorary Membership Award** for his commitment to the hospital community in Northern Ohio throughout many years, along with his passion for health and human services.

Michael K. McIntyre received the **Special Recognition Award** for his significant contributions to the healthcare community through the media.



Dr. Matthew Levy (l) presents Martin Galvin with the Presidential Citation Award.

The **Presidential Citation Award** was presented to **Martin T. Galvin, Esq.**, for his leadership in assisting the AMCNO with appellate cases and matters under review by the Ohio Supreme Court that could impact the tort reform laws in Ohio.

Six local medical students received \$5,000 AMEF scholarships. The awardees are attending the Cleveland Clinic Learner College of Medicine of Case Western Reserve University (Joseph Hadaya), Case Western Reserve University School of Medicine (Dinah Chen, Karen Kruger and Laura Maurer), Northeast Ohio Medical University (Gowri Kabbur), and the Ohio University College of Medicine (Stephen Wanner).

Also honored during the event were the physician members celebrating the 50th anniversary of their graduation date from medical school.

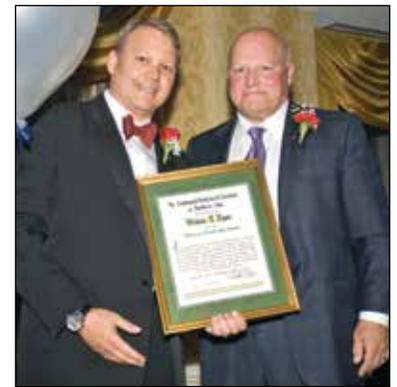


Dr. Matthew Levy (r) passes the gavel to incoming president Dr. Robert Hobbs.

The event concluded with a farewell speech from outgoing president **Matthew E. Levy, MD**. To close the event, he passed the gavel to incoming president **Robert E. Hobbs, MD**. ■

AMCNO ACTIVITIES

2016 Annual Meeting



AMCNO Hosts its Annual Third-Party Payer Seminar

The annual "Solving the Third-Party Payer Puzzle" seminar was held May 4 at the AMCNO offices. Several representatives from local private payer companies and Medicare discussed the latest news to update physicians and their staff about issues that could impact their practices.

During her presentation on "The Healthcare Journey," **Diana Irvin**, from **Medical Mutual of Ohio**, discussed a mobile application for members, ICD-10 information and the National Drug Code requirements.

Bethany Meyer, from **Anthem Blue Cross Blue Shield**, covered several topics, such as the Medicare Advantage Precertification Tool, Interactive Care Reviewer (ICR), Orthonet, AIM, and Availity. Meyer also talked about the top reasons for medical record requests, the records that could be included in those requests, and tips for successful handling of them. And, she informed the group of the Ready Reference Guide, which can be found on the Anthem website and contains all of the company's products and programs and descriptions.

Vanessa Williams, from **Ohio Medicare/CGS**, discussed new and ongoing Medicare initiatives as well as information about medical record review contractors, CGS operational reminders and assistive resources. Williams also reviewed the self-service technology options through myCGS, including the Claims tab that now allows for Medicare claims to be submitted, the Remittance tab that allows users to view

and print remittance advice, and the Eligibility tab that contains validated patient information that users can check. She also discussed future enhancements for the myCGS site, such as making refunds through eChecks, having a single log-in, and performing Web chats.

In his presentation, **Jeff Velick**, from **Buckeye Health Plan**, informed attendees of how the company serves its 295,000 members in Ohio through Medicaid, Medicare and MyCare services. He discussed claims, adjustments, and appeals; Buckeye's informative website; the company's care management programs and pharmacy service.

Gail Nadler, from **Paramount**, discussed the company's two different plan products: Paramount Advantage—a managed Medicaid HMO offered statewide—and Paramount Elite—a Medicare Advantage Plan offered in select counties in Northeast and Northwest Ohio. Nadler also detailed Paramount's website resources, including manuals, bulletins, newsletters and directories. And she discussed the new Provider Portal, MyParamount, where providers can self-register for instant access to services.



Guest speaker **Bethany Meyer** covers several topics during her presentation at the third-party payer seminar.

Sharon Rey, RN, from the **UnitedHealthcare** community plan **MyCare Ohio**, discussed care management for those who are eligible (including seniors, people with physical disabilities, and those with behavioral health needs), care teams (led by a primary care physician), and helpful resources on the UnitedHealthcare Connected section of the company's website.

To view photos from the event, see the AMCNO Twitter feed @AMCNOTABLES or visit our Facebook page. ■

AMCNO HIGHLIGHTS AND RECENT ACTIVITIES

The Academy of Medicine of Cleveland & Northern Ohio
THE VOICE OF NORTHERN OHIO PHYSICIANS FOR 192 YEARS
AMCNO Working on Behalf of Our Members and their Patients
AMCNO Highlights and Recent Activities

LEGISLATIVE/ADVOCACY ACTIVITIES

- Reviewed and took positions on all healthcare-related bills under review at the State legislature, making our position known to the legislative sponsors and committee chairman;
- Participated in a Lobby Day with other regional organizations to stress the importance of Good Samaritan legislation and provided critical support to achieve passage of this legislation;
- Participated in a Lobby Day and Advocacy Day in support of HB 113 – CPR in Schools;
- Provided testimony and assisted in the passage of a bill to expand access to Naloxone in Ohio;
- Provided testimony, letters and presentations on bills dealing with prior authorization, step therapy; and changes in scope of practice for advanced practice nurses and physical therapists;
- Participated in the Medicaid Provider Association meetings with the Ohio Department of Medicaid Director regarding episode-based care reimbursement, ICD-10 implementation, graduate medical education funding, and other issues;
- Provided detailed information to our members relative to prescription drug abuse legislation and OARRS regulations;
- Coordinated and participated in interested party meetings on health care legislation, and worked with local healthcare institutions and statewide associations on legislative initiatives;
- Participated in a Policy Day event at the Ohio University-Heritage College of Osteopathic Medicine.

PRACTICE MANAGEMENT

- Participated in a Region V State Medical Society meeting with the Centers for Medicare and Medicaid Services (CMS) to discuss issues of importance to our members – including implementation of the Affordable Care Act and MACRA;
- Participated as an active member of the CGS Provider Outreach and Education Group;
- Disseminated timely and topical news to practice managers through our publication *Practice Management Matters*;
- Provided our members with services designed to resolve insurance company disputes with third-party payers in Northern Ohio;
- Provided a third-party payer seminar for practice managers and physicians;
- Provided our members with detailed information on the meaningful use rules, HIPAA, two-midnight rule, OARRS, EHR adoption, ICD-10 implementation, the Affordable Care Act, accountable care organizations, and the statewide health information exchange.

COMMUNITY/PUBLIC HEALTH EFFORTS

- Continued our participation on the Board of the Cuyahoga Health Access Partnership (CHAP);
- Provided representation and input to the Cleveland Museum of Natural History Health Advisory Committee and participated in the campaign to enhance the museum's health exhibits;
- Participated in discussions with the Center for Health Affairs regarding hospital community needs assessments;
- Provided representation to the Center for Health Affairs Board of Trustees;
- Hosted the 26th annual Mini-Internship program that allows community members to shadow AMCNO physicians in their practice setting – the longest continuous program of its kind in the country;
- Continued as an active participant in the Better Health Partnership;
- Participated in advocacy efforts with the Investing in Tobacco Free Youth Coalition to engage legislators in increasing other tobacco product taxes to decrease their use and enhance anti-smoking efforts;
- Continued our work with the Cuyahoga County Board of Health as part of their Health Improvement Plan Partnership (HIP-C);
- Participated in the Greater Cleveland-Cuyahoga Community Wide Heroin/Opiate Task Force.

PUBLIC RELATIONS

- Continued to meet with Ohio state agency administrators to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Entered the 54th year of operation for the AMCNO Pollen Line, garnering extensive media attention for the service; utilized social media to provide information on the pollen counts to the community;
- Sent out news releases and utilized social media to reach the community, our members and the media;
- Provided physician presenters to present on medically related topics to community organizations;
- Participated in a radio program interview on the Sound of Ideas regarding the impact of hospital consolidations on physicians and their patients.

FOUNDATION SCHOLARSHIP AND SPONSORSHIP ACTIVITIES

- The Academy of Medicine Education Foundation (AMEF) awarded six \$5,000 scholarships to local third- and fourth-year medical school students.

- Provided support for the Consortium for Healthy Communities (CHIC) immunization conference;
- Offered sponsorship opportunities for educational seminars and events and promoted this opportunity to hospitals, medical schools and community associations;
- Supported a session to educate the public and healthcare personnel about the implications of legalizing medical marijuana in Ohio;
- Bestowed the AMEF \$1,000 award to a graduating student who has shown outstanding commitment to the Northern Ohio community;
- Sponsored several community programs, including an educational forum on medical marijuana and an event regarding opioid use;
- Sponsored the AMEF annual golf event – which has brought in more than \$350,000 to the foundation – which is utilized for medical student scholarships;
- Sponsored the CWRU School of Medicine "Doc Opera";
- Provided support to the SUPER Coach program (Supporting Understanding and Promoting Engagement and Resilience);
- Sponsored a statewide Immunize Ohio Event to provide timely information regarding the importance of vaccinations.

Benefits of Membership in the AMCNO

Physician Referral Service

Representation at the Statehouse

Specialty Listing in the AMCNO online Member Directory

Reimbursement Ombudsman

Informative Seminars

Speaker's Bureau opportunities

Insurance/Financial Services

Weekly, quarterly and bimonthly publications offering healthcare news and practice guidance

Community Resource Guide

Member Discounts including Worker's Comp, Practice Management Classes and so much more!

AMCNO AND AMEF YOUNG PHYSICIAN ENGAGEMENT

- Presented a "Welcome to the Profession" address to the graduating class of CWRU School of Medicine and Cleveland Clinic Lerner College of Medicine;
- Participated in resident orientations across the region and met with new medical students to garner their support and AMCNO membership;
- Partnered with the William E. Lower Fund to present a seminar on "Understanding the Legal & Financial Aspects of Practicing Medicine" – a program designed for resident members and their spouses;
- The AMCNO sponsored a medical school student networking event with second-year students – known as PALS – Physicians Are Linked with Students.

PHYSICIAN EDUCATION OPPORTUNITIES

- Provided information to our members about the SMBO fining authority rules and their red flags alert on how to spot prescription drug abuse in patients;
- Collaborated with the Healthcare Information and Management Systems Society (HIMSS) and other organizations to present an information technology health fair event at the Global Center for Health Innovation;
- Partnered with the Cleveland Metropolitan Bar Association to present the third annual Medical Legal Summit, which addresses issues of importance to physicians and attorneys;
- Participated in promoting Institute for Health Technology Transformation (IHT2) Health IT Summit in Cleveland;
- Partnered with Tri-C to offer discounted practice management classes to physicians and practice managers.

BOARD INITIATIVES/ADVOCACY

- Agreed to sponsor and host a Quality Improvement Program in conjunction with the Health Services Advisory Group (HSAG) and the American Medical Association which focused on assisting physicians in dealing with cardiac health and healthcare disparities;
- Agreed to file amicus briefs to the Ohio Supreme Court on four separate cases that could unfavorably impact the tort reform laws in Ohio;
- Agreed to work with the State Medical Board of Ohio and other statewide medical associations on pain management and opiate education for physicians;
- Continued to work with other medical organizations and the Ohio Physicians Health Program to address the suggested changes to the one-bite exemption;
- Agreed to continued AMCNO involvement in the Governor's Cabinet Opiate Action Team (GCOAT);
- Agreed to oppose Issue 3, a ballot initiative which would have legalized marijuana use in the state of Ohio;
- Agreed to send a letter to Congressional representatives opposing additional cuts to Medicare Part B drug reimbursement;

- Adopted an official policy regarding mandatory continuing medical education (CME) and expressed our concerns to the state legislature regarding this concept;
- Agreed to send a letter to the Department of Health and Human Services regarding approval of a recommendation for the routine use of MenB vaccines;
- Agreed to provide AMCNO members with information on the Doctors for Climate Health campaign;
- Agreed to support Tobacco to 21 legislation before Cleveland City Council which requires a person to be 21 years old to purchase cigarettes, other tobacco products and e-cigarettes in the City of Cleveland;
- Adopted an official position on medical marijuana and provided testimony on our position to both the Ohio Senate and House committees.

Is YOUR Voice Being Heard?

Already an AMCNO member? Now is the time to renew your commitment to organized medicine that makes a real difference in your practice and our region. Please look for a 2017 dues billing in your mail soon!

Not yet a member? Now more than ever is the time to join the only regional medical association tirelessly working in the best interest of you — the NE Ohio physician. Call our membership department at (216) 520.1000, ext. 101, for details on all the benefits and services available exclusively to our members.