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INSIDE THIS ISSUE

AMC/NOMA Looks Toward Future of Organized Medicine in Northeast Ohio Region

Strategic Planning Identifies Strengths, Key Values for Members

Over the course of the past seven years, The Academy of Medicine Cleveland/Northern Ohio Medical Association has been through a great deal of change. Its planning processes during the late 1990s took place at a time when it was still a part of the state association. Its main focus centered on what the Academy would do were it to become independent. The Academy determined that if it were unable to come to a resolution with the state over dues choice, it would take independent action. In 1999, the Academy became independent and thus proceeded to go through a major transition. The Academy officially added NOMA to its name, changed its bylaws, changed the size and make-up of its board, changed its membership criteria and dues structure, and adopted new procedures for governance.

Mr. Ken Kovach of the Kovach Co. discusses elements of the three-year Strategic Plan with AMC/NOMA board members.

Any organization that goes through a major restructuring process such as the Academy did statistically then takes five to seven years to regroup and regain their viability. Over the last

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AMC/NOMA Presents at SmokeFreeOhio News Conference as Initiative Partner

Newly formed Advisory Committee will include AMC/NOMA working toward passage into law

Representatives of The Academy of Medicine Cleveland/Northern Ohio Medical Association were in attendance at a scheduled SmokeFree-Ohio news conference Nov. 17 for the pronouncement they had acquired enough petition signatures to incite the legislature to consider a prohibitive ban on smoking in workplaces statewide. Past President **Ronald A. Savrin, MD,** addressed those gathered, sharing statistics related to coronary heart disease and stroke in terms of the consequences of secondhand smoke.

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***Ronald A. Savrin, MD,** Past President and AMC/NOMA representative on the Operation Stroke Task Force provides comments on cardiovascular disease in relation to secondhand smoke at the November news conference.*

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AMC/NOMA Looks Toward Future

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few years, the AMC/NOMA worked out a plan to increase its membership as well as its effectiveness as an advocacy organization by pursuing regionalization and innovative dues options. This was accomplished due, in large part, to its member volunteers and committed staff.

As a result, the AMC/NOMA has increased its membership to more than 4,300 and restructured its operations. Going forward, we plan to enhance our visibility and continue to show value to our members. In order to accomplish these goals, the AMC/NOMA board of directors began work on a long-term strategic plan early in 2005. Prior to the strategic planning session, a survey was sent out to all AMC/NOMA members regarding the activities of the AMC/ NOMA. As a part of the survey, we asked our members what they would like to see the AMC/NOMA accomplish on their behalf.

The survey results clearly showed that members wanted the AMC/NOMA to continue working on legislative and advocacy issues. In addition, respondents were looking for unity and a strong voice with insurance companies and involvement on state/local issues. Many members belong because they have a need for doctors to support each other and they wanted the AMC/NOMA to continue to support the image of the medical community.

The board began their planning process for the AMC/NOMA by taking a wide-angle view of associations in general and their attempts to create value for their members and others; the value packages they offer tend to revolve around some combination of five key dimensions of value. The balance and emphasis of these five value propositions can vary considerably with the nature and mission of the association and with the needs of its members.

The five key value propositions are:

1. Fellowship or providing a sense of community;
2. Mutual assistance or providing opportunities to collaborate, share resources and solve problems;
3. Learning and growth or offering opportunities for members to broaden their personal or professional qualifications or share knowledge and information;
4. Advocacy or joint efforts mediated by the association that enables members to make their voices heard and their interests known to those who influence the political, legal, and social context;
5. Unique products and services or special kinds of value related to common purpose of the members, provided by the association such as referral networks, specialized information, services and educational experiences.

After taking this wide-angle view of associations, members of the board, past presidents and staff were then polled individually and asked to respond to three key inquiries. What is the core factor that gives life to the AMC/NOMA, what is the most important national or regional trend or opportunity that could have consequences for the AMC/NOMA in the next three years, and finally what were the respondents wishes for the AMC/NOMA that could have impact on its vitality, stability, effectiveness, and/or capability to deliver on its mission?

After months of preparation, including surveys, interviews, and individual meetings, the board met with our strategic planner to complete the AMC/NOMA three-year strategic plan. The following reflects the items included in the future plan for your AMC/NOMA.

Our Vision of Success

The Academy is the professional organization of choice for all practicing physicians in Northeast Ohio. Our mission is to support physicians in being strong advocates for all patients and to promote the practice of the highest quality of medicine. Our members, the patients they serve, and the institutions in which we work feel proud of the services provided by the Academy. The people and the organizations in the communities in which we work recognize the contributions we make to provide high quality, cost-effective health care.

Our Focus on Key Results

Within the context of its historic mission and our vision of success, the Academy seeks to effectively position itself within Northeast Ohio by achieving measurable results in four key areas:

1. IMAGE AND VISIBILITY
2. COMMUNITY RELATIONS
3. LEGISLATION AND ADVOCACY
4. MEMBERSHIP DEVELOPMENT

IMAGE AND VISIBILITY

To accomplish this key result, the AMC/NOMA will increase visibility of the AMC/NOMA and enhance the AMC/NOMA image. We plan to provide information to all media on the past and continuing achievements of the Academy in addressing issues of quality health care. We also plan to consider specific marketing campaigns to target key stakeholders of the AMC/NOMA and continue to provide timely information to our members through various avenues of communication. In addition, the AMC/NOMA may consider a new name and logo to better promote our regional representation and presence.

COMMUNITY RELATIONS

In keeping with increasing our visibility, the AMC/NOMA will maintain effective public education by partnering with appropriate institutions and organizations within Northeast Ohio to keep on the leading edge of health care issues and concerns. We plan to do this by increasing collaboration and strategic alliances with key stakeholders in the community to enhance the AMC/NOMA community involvement in the region. We also plan to explore opportunities for collaboration on specific targeted projects within the community that would build and/or strengthen relationships as well as strengthen visibility of the AMC/NOMA. The AMC/NOMA will also work closely with our foundation, the Academy of Medicine Education Foundation (AMEF) to work on community- and healthcare-related topics.

LEGISLATION AND ADVOCACY

This key result area is of paramount importance to the AMC/NOMA and our members. As part of our strategic plan the AMC/NOMA will maintain rigorous legislative action through such activities as continuing to develop recommendations concerning issues relative to practice management and physician-related issues such as managed care reform, pay-for-performance issues, Medicare payment issues, liability reform and alternative dispute resolution, insurance issues and other regulatory matters. The AMC/NOMA plans to step up our scope of advocacy by exploring opportunities for participation in regional decision-making and problem-solving concerning health care and the roles of physicians in community-based initiatives.

MEMBERSHIP DEVELOPMENT

A key result in this area is an obvious one for any association — to retain our current membership base. To accomplish this goal, the AMC/NOMA plans to work with appropriate key physician leadership at institutions to understand and act upon issues of AMC/NOMA

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AMC/NOMA Looks Toward Future

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members in these institutions, while continuing to survey the membership on issues of importance to their practice.

To increase the AMC/NOMA membership base, we plan to continue our focus on increasing our membership by offering every physician in the region the opportunity to participate in a group membership through his or her groups, society or medical staff. The board of directors plans to step-up their recruitment activities and explore opportunities to work with medical students and residents and demonstrate the continued relevance of the AMC/NOMA to these groups to pique their interest in joining as full members of organized medicine upon completion of their training.

NEXT STEPS

The AMC/NOMA plans to begin implementation of the plan over the next few years. This will be accomplished through our committees, community involvement and input from our members. The AMC/NOMA board of directors is confident that with the items outlined in our new strategic plan our regional organization can continue to grow and provide physicians in the area value for membership.

For more information on the strategic plan or the activities of the AMC/NOMA, members may contact the Executive Vice President/CEO, Mrs. Elayne R. Biddlestone at (216) 520-1000. ■

Feedback? Questions? Members are encouraged to contact their representatives listed below:

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Strategic Plan in Action: Enhancing Visibility

Be sure to tune your radio dial to 102.1 FM WDOK in both January and February to listen for a series of advertisements highlighting the services and benefits the AMC/NOMA and its members offer the community. Initiated by the Communications Committee and approved mid-2005 by the Board of Directors, the 60-second ads will be featured during the weeks Jan. 9 through Jan. 22 and Feb. 6 through Feb 19. In addition, a link to www.amcnoma.org will be accessible from the popular radio station's Web site, as well as several interviews of AMC/NOMA physicians on the program *Cleveland Connection* with host Jim McIntyre, scheduled to run concurrent with the four weeks of advertising placement. Goals of the campaign, aligned with those in our strategic plan, include increasing public awareness of the AMC/NOMA and its commitment to the citizens of Northeast Ohio, the myriad services it provides and the importance of physician membership in organized medicine for the betterment of the entire local health care community.

In the Public Service

Brought to the community by the Academy of Medicine Education Foundation (AMEF), the ***Healthlines*** radio program is another example of the commitment of the AMC/NOMA to public education and outreach, as well as being consistent with the goals of our strategic plan.

The following is a listing of physician guests and their respective topics that aired in 2005. Click on the ***Healthlines*** link at www.amcnoma.org to listen to an MP3 of a subject that interests you.

Anthony Rizzo, MD
Endovascular Suite Offerings

Judith White, MD
Vertigo

Genevive Falconi, MD
Toilet Training

Anthony Furlan, MD
Operation Stroke

Bradford Borden, MD
Tissue Plasminogen Activator

Robert Kelly, MD
Acupuncture

Brian Smith, MD
Oral Cancer

Philip Junglas, MD
Medicare Payment Cuts

Nancy Judge, MD
Prenatal Ultrasound Technology

Lisa Iannuzzi, MD
Arthritis Pain Medications

Charles Cassady, MD
Infections of the Ear

Richard Tomm, MD
Travel Medicine

Mark Boswell, MD
Interventional Pain Management

Thomas Steinemann, MD
Cosmetic Contact Lenses

George Leicht, MD
AMEF Merger

James Liu, MD
Menopausal Symptoms

Daniel Leizman, MD
Physical Medicine

Arthur Varner, MD
Pollen Line

Stephen Musser, MD
Diabetic Foot Care

Stephen Mahoney, MD
Urinary Incontinence, Erectile Dysfunction

Jonathan Myles, MD
What a Hospital Pathologist Does

Rebecca Tung, MD
Mexoryle Sunscreen

James Rambasek, MD
Leading Causes of Blindness

Bruce Lowrie, MD
Senior's Diet & Exercise

Physician appearances on the ***Healthlines*** radio program are an exclusive benefit provided to the membership of the AMC/NOMA. The program is broadcast on WCLV 104.9 FM at 5:45 p.m. every other Monday and Friday. ■

SmokeFreeOhio

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"I could quote you facts…I could share with you some frightening statistics...But these are so impersonal, and for me, the effects of secondhand smoke are very, very personal," Savrin said.

"When I care for a young nonsmoker who suffers a heart attack — and dies. When my nonsmoking patient is incapacitated by a stroke. When, as a vascular surgeon, I realize we cannot repair arteries ravaged by the effects of secondhand smoke — and I am forced to amputate a leg."

"There are so many causes of disease we cannot control," he concluded,"this is one we can."

Dr. Derek Raghavan of the Cleveland Clinic Foundation and **Dr. Michael Nochomovitz** of University Hospitals Health System presented on behalf of their institutions as well.

The AMC/NOMA was introduced as a "significant partner" to the campaign, as it was announced that an advisory committee will be assembled (including the AMC/NOMA) to begin work on getting the initiative passed. More than 150,000 signatures were submitted to the Secretary of State's office that day — a symbolic gesture which coincides with the nationally designated Great American Smoke Out Day of Nov. 17. Also, UHHS marked the day with its official kick-off of going smoke-free in all its facilities.

The event was held at HealthSpace Cleveland, and was likewise attended by officials from the American Cancer Society, American Lung Association of Ohio, American Heart Association and the Cuyahoga County Board of Health.

While most major health organizations support and recognize that secondhand smoke poses a health hazard to nonsmokers, the Centers for Disease Control and Prevention takes the risk so seriously, it recommends anyone with heart disease avoid buildings wherein smoking is permitted. Workers exposed to secondhand smoke are 34 percent more likely to develop lung cancer, according to the CDC. The U.S. Environmental Protection Agency says there is no safe level of exposure. Asking smokers to step outside, simply, saves lives.

On this note, the American Medical Association (AMA) recently approved its House of Delegates' Resolution 903, "Banning Smoking in All Workplaces," which in part states that the AMA will actively pursue and support national, state and local legislation banning smoking in workplaces and will "work to ensure that federal legislation…does not prohibit or weaken existing more strict state or local regulations."

As a whole, Ohio showed strong support for a smoke-free state as voters from all 88 counties signed the petitions. A recent poll indicated that 85 percent of Ohioans responded they believe this is an appropriate issue for voters, not elected officials, to decide. More than 1200 volunteers and SmokeFreeOhio staff gathered the majority of the signatures, an unprecedented grassroots effort. To date, 21 Ohio cities have passed laws to protect residents from secondhand smoke. Only a statewide law, however, can protect all Ohioans from this known hazard. Should voters approve the initiative in 2006, Ohio will join ten other states with clean indoor air laws.

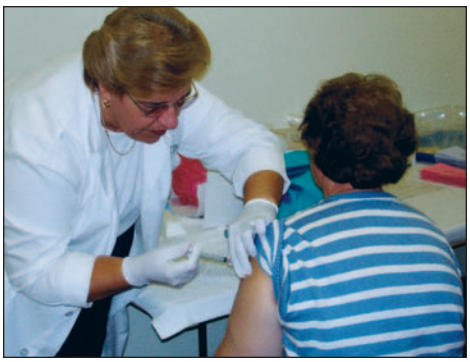
In fact, as an initiated statute process, the proposal is scheduled for presentation to the Ohio General Assembly in January 2006. They will then have four months to consider the legislation. Should the General Assembly take no action on the proposal, or change it in a way that could not be supported by SmokeFreeOhio and its partners, an additional 97,000 valid signatures will need to be collected to place the issue on the November 2006 ballot. And finally, if Ohio voters decide to protect everyone's right to breathe clean indoor air on Nov. 7, 2006, the law will officially take effect 30 days following the election.

Visit http://www.smokefreeohio.org/oh/ for more information.

Editor's Note: For the AMC/NOMA, participation in initiative programs such as SmokeFreeOhio's campaign to protect Ohioans in their workplaces statewide, is aligned with the goals outlined in our three-year Strategic Planning Session — to proactively position the organization in matters of the public health (see related story page 1). ■

Vote & Vaccinate Program Promotes Wellness

The Academy of Medicine Cleveland/Northern Ohio Medical Association hosted its sixth annual "Vote and Vaccinate" program on Election Day, November 8, 2005, in neighborhoods where influenza and pneumonia vaccination rates among senior citizens are reportedly low. This year, an extraordinary amount of local media attention was paid to the event — over the airwaves, in print and on television news programs. Along with news briefs in the *Plain Dealer,* and on the Associated Press wire service, AMC/NOMA Executive Vice President/CEO Elayne Biddlestone was interviewed by WKSU, WCPN and WTAM for event previews, and WKYC TV produced a story on-site during the vaccinations on Election Day. Feedback on much of this coverage was also received by several community partners of the AMC/NOMA, with an overwhelmingly positive tone. Vote & Vaccinate provides the public with the opportunity to receive flu and/or pneumonia shots at area polling sites. It is a parallel program to voting and not connected in any way with the Board of Elections. The goal is to offer seniors an opportunity to be vaccinated conveniently at locations where they vote on Election Day. Proud sponsors of the annual program include the AMC/NOMA, Cuyahoga County Board of Health, Cleveland Dept. of Public Health,



Gail Swiger, RN, of Parma Community Hospital delivers a flu vaccine during the 2005 Vote & Vaccinate campaign.

Parma Community General Hospital and Ohio KePRO, Inc. Participating 2005 locations included Pilgrim Congregational United Church of Christ, Open Door Baptist Church, Normandy High School, The Helen Brown Senior Center, Royal Redeemer Lutheran Church, Parma Heights Baptist Church and the Schaaf Community Center. In accordance with our strategic plan, the AMC/NOMA will be contacting other area hospitals in the hope of gaining additional participation in this worthwhile program. For more information on either the program itself or on other public health initiatives the AMC/NOMA actively supports, contact Joanna Bonacci at (216) 520-1000 ext. 314. ■

Office of Inspector General Gives Gainsharing Arrangements a Yellow Light

W. Clifford Mull, Walter & Haverfield, LLP, cmull@walterhav.com

This article provides general information in summary form with the understanding that it does not constitute legal advice. If legal advice is required, the services of competent professional counsel should be sought.

Interest in gainsharing arrangements has increased since the Office of Inspector General (OIG) issued six advisory opinions approving gainsharing arrangements. "Gainsharing" typically refers to arrangements in which a hospital tries to align physicians' financial incentives with the hospital's incentive to reduce costs by sharing with the physicians any cost savings attributable to the physicians' cost-saving efforts.

Historically, the OIG has stated that gainsharing arrangements violate the Civil Monetary Penalty Statute because they involved payments to induce reductions or limitations of services, and could implicate the Anti-kickback Statute by generating prohibited remuneration, if the intent to induce or reward referrals was present. The OIG is concerned that these arrangements may lead to: (1) stinting on patient care; (2) "cherry picking" healthier patients by steering "sicker" patients to nonparticipating hospitals; (3) payments in exchange for patient referrals; and (4) unfair competition between hospitals offering gainsharing programs to foster physician loyalty and to attract more referrals. The most problematic arrangements are "black box" gainsharing arrangements that do not target utilization of specific supplies or clinical practices, but instead pay physicians based upon total average costs per case below target amounts. Although the OIG maintained that the approved arrangements violated the Civil Monetary Penalty Statute and may implicate the Anti-kickback Statute, the OIG stated that it would exercise its discretion not to impose sanctions because the programs were not "black box" arrangements and included safeguards sufficient to alleviate the OIG's concerns.

The approved arrangements shared common elements. All of the arrangements involved three parties: a hospital; a practice group or groups; and a gainsharing program administrator. The practice groups' physicians already possessed medical staff privileges at the hospital and practiced only one specialty. After studying the historical and clinical data from the hospital, the program administrator developed a series of recommendations for cost-savings that fell into four categories: product standardization; product substitution; opening packages only as needed; and limiting use of certain supplies or devices. Finally, the financial incentives terminated after one year, even though the recommendations would continue to be implemented.

The Civil Monetary Penalty Statute imposes monetary penalties for inducing another to limit or reduce services payable under Medicaid or Medicare. The following common features of gainsharing arrangements lead to a heightened risk of inappropriate reductions in services:

- A lack of a demonstrable, direct connection between the actions of the participating physicians and the reductions in the hospital's out-of-pocket costs;
- Failing to identify the individual actions of physicians that give rise to cost-savings;
- A lack of safeguards insuring that unidentified actions do not account for "savings";
- Use of quality of care indicators of questionable validity and statistical significance; and
- Failing to independently verify savings, quality of care, or other essential aspects of the arrangement.

The approved programs did not suffer from these deficiencies because they contained safeguards against inducing improper reductions in service. First, the specific cost-saving actions and resulting savings were clearly and separately identified, allowing the public to scrutinize the programs and hold individual physicians accountable. Second, the requestors had credible medical evidence showing that patient care would not be adversely affected and would periodically review the evidence. Third, the payments to the physician groups from the hospital were based on all surgeries regardless of the payor, and payments based upon savings from surgeries payable by Federal health care programs were subject to a cap. Fourth, the programs used objective historical and clinical measures to establish a threshold below which no savings would accrue to the physicians to protect against inappropriate reductions in services. Fifth, the physicians still had the same selection of devices available and the authority to use nonstandardized devices where product standardization was recommended. Sixth, the patients were to be provided, if feasible, a written disclosure concerning the program before consenting to

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Gaining Momentum

A look at the six advisory opinions about gainsharing issued in 2005 by the HHS Office of the Inspector General.

Advisory Opinion No. 05-01: A proposed arrangement involving an acute care hospital and a group of cardiac surgeons. The program aimed to reduce waste with initiative to ensure that certain packaged items were opened only as needed during surgery and blood cross-matching was performed only as needed. Costs also would be reduced by standardizing supplies.

Advisory Opinion No. 05-02: A proposal involving a hospital and five cardiology groups. The program aimed to reduce costs in certain cardiac catheterization laboratory procedures. The bulk of the initiatives involved standardization of devices.

Advisory Opinion No. 05-03: This deal involved a hospital and a group of cardiac surgeons. The program was designed to curb inappropriate use or waste of medical supplies. Several of the initiatives called for supplies to be opened "only as needed."

Advisory Opinion No. 05-04: Through this program, a hospital and eight cardiology groups aimed to cut costs in certain cardiac catheterization procedures. The proposed initiatives called for using certain items on an "as-needed" basis; standardizing devices; and substituting certain supplies for less costly ones.

Advisory Opinion No. 05-05: In this proposal, a hospital and a group of cardiologists would reduce costs in designated cardiac catheterization laboratory procedures. Twelve specific cost-savings opportunities were identified, mostly involving product standardization.

Advisory Opinion No. 05-06: This arrangement involved a hospital and a group of cardiac surgeons. It outlined 27 recommendations for cutting costs in certain procedures. Among the initiatives was limiting the use of surgical supplies to an as-needed basis.

For a complete reading of the opinions, visit www.oig.hhs.gov/fraud/docs/advisoryopinions/2005

OIG Gives Gainsharing Arrangements a Yellow Light

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any surgery. Seventh, the financial incentives were reasonably limited in duration (one year) and amount. Finally, since payments under the program would be distributed to physicians by the practice groups on a per capita basis, the incentive for any one physician to generate disproportionate cost savings was mitigated. The OIG believed these safeguards guarded against inappropriate reductions in service and approved the arrangements under the Civil Monetary Penalty Statute.

The Anti-kickback Statute provides civil and criminal penalties for offering or receiving remuneration in return for referrals for services payable under a Federal health care program. The OIG has published safe harbors immunizing certain arrangements from prosecution and liability if the transaction meets all of the conditions of the applicable safe harbor. Here, the applicable harbor would be the personal services and management contract safe harbor, but it requires the aggregate compensation to be set in advance. Since the groups were paid a percentage of the cost savings, the aggregate compensation was not set in advance. However, the OIG said it would not impose sanctions because of three factors in addition to the previously discussed safeguards. First, the likelihood that the arrangements would be used to attract more referrals to the hospitals was lessened by the physicians already possessing medical staff privileges at the hospital. Second, the risk that the arrangements would be used to reward referrals to the groups was eliminated by the group physicians practicing only one specialty and the distribution of the payments to the physicians on a per capita basis. Third, the cost-saving recommendations were specifically highlighted, and the amount, duration, and scope of the payments were reasonably limited. However, the OIG warned that other, similar arrangements, especially multi-year arrangements, may be more problematic.

Although the OIG approved six gainsharing arrangements, physicians and physician groups must remain cautious. The OIG explicitly stated that the approved arrangements violated the Civil Monetary Penalty Statute and could implicate the Anti-kickback Statute if the necessary intent was present and that it would have sought sanctions if it were not for the safeguards. Additionally, only the requestors of an advisory opinion may rely upon it for protection. Finally, the OIG did not opine on the Federal prohibition on self-referrals (i.e. the Stark Law), which is enforced by the Centers for Medicare and Medicaid Services. Consequently, prior to entering into a gainsharing arrangement, a physician or practice group should consult with an attorney concerning the necessary structural features and favorable safeguards to include in the arrangement and also consider seeking their own advisory opinions from the OIG and Centers for Medicare and Medicaid concerning the legality of the arrangement under the Anti-kickback Statute, Civil Monetary Penalty Statute, and Stark Law.

W. Cliff Mull is an attorney at Walter & Haverfield LLP advising healthcare clients on strategic corporate and regulatory issues, and compliance matters. ■

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AMC/NOMA Offers Insights on "Health Care Dilemma"

The Academy of Medicine Cleveland/Northern Ohio Medical Association's Legislative Chairman **Dr. John Bastulli** was invited recently to present at a forum hosted by the League of Women Voters of the Cuyahoga Regional Area. The Nov. 10th event, entitled, *"The Health Care Dilemma — Is the Doctor In?"* was billed as the kick-off to the organizations' First Thursday Forum series, and designed to address regional hospital costs, insurance issues, physicians, nurses and the patients they all serve.

Additional presenters included local economist Jack Kleinhenz, Lisa Anderson and Bill Ryan, Vice President and President/CEO respectively of the Center for Health Affairs.

In his presentation, Dr. Bastulli discussed the specific challenges to area physicians in relation especially to the liability insurance coverage the current climate requires. In acknowledging the top-rated medical institutions in our area, and the superior work of other health care professionals, he likewise noted that a patient's access to such care and talent is in real jeopardy because of the prohibitive premiums area physicians must bear. Dr. Bastulli explained components to such skyrocketing costs, citing meritless lawsuits and excessive jury awards that are literally driving physicians out of the state, into early retirement or out of practice altogether. Others have significantly reduced the level of services they are willing to provide both their patients and hospitals, especially high-risk procedures in light of this "crisis."

"The situation has an adverse affect on the physician-patient relationship," he said. "And is raising the cost of health care for everyone."

On this note, Dr. Bastulli discussed the economic pitfalls of practicing defensive medicine, with an estimated additional cost to the system of some $50 billion per year. Couple this with the statistics of medical students steering clear of high-risk specialties as they graduate and an access to care crisis isn't hard to imagine in the coming years.

One possible solution to the problems herein was offered in the form of the alternative dispute resolution legislation

*Forum presenters (l to r) Jack Kleinhenz, Lisa Anderson, **John Bastulli, MD,** and Bill Ryan at the healthcare event held at Trinity Commons in Downtown Cleveland.*

the AMC/NOMA ardently supports and tracks as it is considered by our Ohio legislators. This may include various ADR processes, such as mediation or arbitration, Bastulli said.

"Medicine needs your support," he concluded. "Everyone will lose if the judicial system continues to drive physicians out of the practice of medicine. Is the Doctor In? Maybe today — but unless there are some changes made to the system, your doctor may be out in the future." ■

Resident Does Rounds with Medical News Unit

AMC/NOMA member learns the business of media at ABC News

Editor's Note: Rodney Samaan, MD, AMC/NOMA resident and legislative committee member, interned recently at the ABC News Medical Unit. The following is a synopsis of the experience in his own words.

Resident member ***Rodney Samaan MD*** *with Dr. Tim Johnson of* ABC News *during his internship with the broadcaster's medical news unit.*

My first day at *ABC News* medical unit in Needham, MA, began with a morning conference call, which included staff located in all U.S. major cities and London. The conference call included the usual topics of politics, interesting stories, and discussions. This was the time for all staff at *ABC News* to learn and share interesting story ideas as well as present stories that were to air on future *ABC News* segments. This was an interesting start to a month of being exposed both to how a major U.S. news agency worked, and how a medical unit collects and distributes information to its viewers.

Recently, there has been a rise in the public's interest in medical information. For many reasons, there has also been a public fascination with the medical profession in general, not the least of which is the surge in drama programs related to the medical community (i.e., *ER, Scrubs, Chicago Hope, Life in the ER, Trauma, Gray's Anatomy* and *House,* etc.). Because of this growing public interest in medical information, I felt it was important for me to understand how a major news organization as well as its medical unit functions and how they process the same information that many doctors do on a daily basis.

The *ABC News* medical unit began around one physician named Dr. Tim Johnson, an internist who practiced outside of Boston. Dr. Johnson was one of the creators of the *Harvard Letter,* a famous newsletter known by many in the field of medicine. About 20 years ago, Dr. Johnson was interviewed by local news agencies regarding medical topics. He was good enough to catch the eye of the local ABC station. They eventually had him doing so many health segments for *ABC News,* that they brought him on full time. Never intending to be a journalist, Dr. Johnson insisted on being true to his standards as a physician and made sure that the stories he covered were well-vetted and researched. This insistence led to the creation of the Medical Unit — a novel desk amongst national news networks. The unit currently has five staff members, two of whom have PhDs. They also have a rotating staff of interns like myself helping out with all tasks.

The major engine driving the medical unit is a large database of contacts of many physicians who have previously agreed to contribute or evaluate medical stories that *ABC News* is interested in covering. These physicians have also agreed to be interviewed if needed.

Each week, the medical unit receives the major journals and culls for stories that may be of interest to their programs. They also acquire ideas from physicians and their hospital media department, who constantly send news releases regarding a new research finding from their program. The medical unit then synthesizes the information and utilizes it in various ways. Most of the information it gathers is written up in 50-word summaries and placed in the medical memo, which is a daily 1 to 2 page document summarizing any interesting medical stories that their programs (i.e., *Good Morning America, World News Tonight, 20/20,* etc.) would be interested in covering. Sometimes the memo is used to warn the programs of a catchy headline that has questionable scientific underpinnings. If one of these programs is interested, the medical unit provides the background statistics and medical information for the story, as well as contact information for experts willing to be interviewed on the subject.

Oftentimes the information is used for ABC's Internet publications. Some topics work best as written articles for their Web site www.abc.com. Other topics are turned into video segments for *ABC News Now,* a paid Internet Web site streaming 24-hour news programs. *ABC News Now* airs a healthcare-related show four times a week called *Healthy Life* with Dr. Tim Johnson.

I assisted Dr. Johnson on several stories that made it to *Healthy Life,* including a recent study showing that aspirin was beneficial in men, but not women for MI and other projects that involved background analysis on the drug Natrecor and one that aired on *World News Tonight* about a device called the AutoPulse, an automatic chest compression device.

This internship was an eye-opener because it allowed me to learn more about how news agencies collect medical information and distribute it. The biggest lesson I learned was how to successfully interact with the media. In order to have an effective and efficient media office, you need to have effective speakers. The physicians who ended up being interviewed on camera were chosen largely on the basis of engaging, lucent comments during a phone conversation. They like to have people on TV who can gain an audience's attention. Also, as all physicians learn in their careers, not all data are created equal and this holds true for news agencies. That is, one has to realize that the statistics used in any news program are sometimes arbitrary and may be taken out of context or used in a way that no longer expresses their true meaning. Finally, this internship made me realize even more that not all medical information that one views is created equal. I have to give *ABC News* and Dr. Johnson credit for taking medical news very seriously and trying to produce a product that is accurate, interesting, and of value to its viewers. ■

Developments on SB 88 – Mandatory Nonbinding Arbitration

The AMC/NOMA has been working with a group of interested parties on potential changes to SB 88. It is expected that a substitute bill will be introduced in the beginning of 2006. Senator Coughlin has expressed doubts about the overall level of support in the legislature for mandatory arbitration inclusive of loser pay provisions. Currently, there are discussions underway within the interested party group to create a substitute bill that would include two pilot programs operating in the state — one involving mandatory nonbinding arbitration, the other requiring mandatory mediation. The premise is for SB 88 to continue to require some form of mandatory alternative dispute resolution that is done before the filing of a suit and includes admissibility in court of developed evidence.

The AMC/NOMA continues to be in basic agreement with SB 88 as written. However, the Academy does support changes in the following areas:

Affidavit of Merit – The AMC/NOMA believes that an affidavit of merit should be filed along with a Notice of Intent to sue. We are suggesting that the affidavit be filed with the court as part of a pre-filing process or with the arbitration panel. We should strive for consistency with the mediation portion of the bill.

Scope of the pilots – The AMC/NOMA continues to support using Cuyahoga and its six contiguous counties (Lorain, Medina, Summit, Portage, Geauga, and Lake) for the mandatory arbitration pilot. The AMC/ NOMA has also suggested that ODI 2005 data for medical malpractice rates be used as a basis for choosing additional counties for the mediation pilot since the ODI data showed that the following counties were also experiencing higher rates (Ashtabula, Trumbull, Mahoning, Stark, Wayne and Erie.)

Selection of Arbitrators – The AMC/NOMA has suggested that a change be made to the make-up of the panel of arbitrators. The AMC/NOMA has suggested that the panel be made up of three attorneys — one chosen by the plaintiff, one chosen by the defendant and the third (Chairman) would be agreed upon by both parties. Each member of the panel must be either a former judge, or an attorney with 8 years of experience in arbitration, and the Chairman must also be certified by any recognized association that provides arbitration services (i.e., The National Arbitration Forum, American Arbitration Association or the American Health Lawyers Association.)

Litigant ability to opt out – It appears that the substitute SB 88 will contain both mandatory mediation in selected jurisdictions and mandatory arbitration in other counties. Thus, litigants will begin with the premise of either mandatory mediation or mandatory arbitration depending on jurisdiction. The AMC/NOMA supports the idea of allowing the parties in a medical malpractice action to opt out of their default alternative dispute resolution process should both parties agree. Therefore, if both the plaintiff and defendant were to determine that they would prefer mandatory mediation vs. mandatory nonbinding arbitration that could occur under the pilot program. However, SB 88 will identify the default ADR to be used and parties can then agree to choose an alternative ADR.

The AMC/NOMA leadership believes that our members, the physicians in Northeastern Ohio, need an alternative dispute mechanism in place to stop the flow of lawsuits and lopsided verdicts that occur in our area. The AMC/NOMA's proactive stance on this issue, primarily working with our lobbyists and the legislature to consider legislation providing for ADR will continue throughout 2006.

SB 231 – Medical Malpractice Rates

Once again, Sen. J. Kirk Schuring has introduced legislation that calls for a one-year moratorium or cap on medical malpractice rates. The bill would essentially require that for a period of one year, no insurer shall deliver, issue for delivery, or renew a policy of medical malpractice insurance with a higher premium rate than the premium rate in use by the insurer for the same or similar coverage as of the effective date of this act, unless the insurer first obtains the approval of the Superintendent of Insurance. However, an insurer may make written application to the Superintendent to use a premium rate in excess of that permitted. The Superintendent may approve the use of that premium rate if the insurer demonstrates to the satisfaction of the Superintendent that the rate is on an actuarially sound basis and is not unreasonable or excessive. The Superintendent shall restrict the insurer's use of the premium rate to a contiguous area for which the insurer has demonstrated, to the satisfaction of the Superintendent, a commonality of risk factors.

The AMC/NOMA wrote recently to Director Ann Womer Benjamin to obtain her opinion on this legislation. ODI responded that a cap on rates would damage the financial stability of companies that have been struggling to come out of the red for six years, thereby threatening their ability to pay claims. In addition, since companies are not mandated to stay in Ohio many would probably leave Ohio if the rates were capped. ODI continues to hold companies to strict actuarial and legal standards. These standards are necessary to ensure that companies remain financially viable and able to pay claims, and these would still be the standards under SB 231. The rates ODI has accepted met those standards and prior approval (as required under SB 231) would not have changed that determination. In addition, ODI has been effectively reviewing rates before they are used anyway, similar to the process in prior approval. Therefore, in the opinion of ODI, SB 231 would not be a way to stabilize the Ohio medical liability market and could, in fact, damage the market if insurers were to leave and become insolvent. The AMC/NOMA is reviewing the content and the ramifications of SB 231 prior to taking a position on the bill.

HB 305 and SB 154 – Prescriptive Authority (Physician Assistants)

The physician assistant legislation continues to move through the legislature. SB 154 would establish a physician delegated prescriptive authority of PAs, and would also modify the authority of advance practice nurses to furnish supplies of drugs to patients. SB 154 is identical in scope to HB 305, except for two changes that have been adopted by the Senate Health Committee. One amendment would limit categories of stock drugs that both PAs and APNs can provide and the second exception would clarify that the supervising physician may always limit a PA's scope of practice.

Senate Bill 9 – State Terrorism – Statewide System for Volunteers

This bill is intended to strengthen law enforcement's ability to prevent terror-style attacks in Ohio. There is one specific part of this bill that is of interest to physicians — and that is the issue of a statewide system for volunteers. The AMC/NOMA has been involved in and continues to express an interest in assist-

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Legislative Update
(Continued from page 10)

ing with the development of a medical reserves corps in Northeastern Ohio.

Recently, the Ohio Department of Health determined that that medical reserves corps (MRC) in each region be run by the county health departments. AMC/NOMA has offered our assistance in developing the MRC in this region. The Ohio Department of Health had been following SB 9 due to the fact that it contains a section regarding immunity from liability for registered volunteers in specified situations. The bill also provides that information related to registered volunteers' specific and unique responsibilities, assignments, or deployment plans, including but not limited to training, preparedness, readiness, or organizational assignment, is a security record under Ohio Revised Code, which means that it is not a public record subject to mandatory release. The bill specifies that personal information, contact information, medical information, and information related to family members of dependents is not a public record but that a registered volunteer's status as a volunteer and any information presented in summary, statistical, or aggregate form that does not identify an individual would constitute a public record.

As an additional measure related to volunteers, the bill permits the Director of Health to establish a system for recruiting, registering, training, and deploying volunteers the Director determines advisable and reasonably necessary to respond to an emergency involving the public's health. The bill has been sent to the Governor for signature.

Governor's Race Heats Up

Despite the fact that we are only one month removed from the November 2005 elections, we are already seeing signs that next year's Gubernatorial race is rapidly approaching. The fact that three current state office holders, all from the same political party, have announced their intentions to run for governor is unprecedented. In addition to Attorney General Jim Petro, State Auditor Betty Montgomery and Secretary of State J. Kenneth Blackwell have also announced their candidacy for Ohio Governor.

It is difficult to determine which of the three announced candidates will emerge from the May primary. Given how much can, and probably will change, between now and Election Day it is premature to declare anyone as the presumptive Republican nominee for Governor.

On the Democratic side, initially two major candidates announced their intentions to seek the nomination. Those individuals were Ohio Congressman Ted Strickland and Columbus Mayor Mike Coleman. Recently, Mayor Coleman withdrew from consideration as the nominee, leaving Congressman Strickland as the most likely candidate. It is expected that State Senator Eric Fingerhut will declare his intentions to seek the Democratic Gubernatorial nomination as well.

With a May 2006 primary, we can expect to see increased visibility from all of the candidates. While there is the possibility that one or more candidates may still drop out of the Gubernatorial race, that possibility appears to be shrinking. Over the coming months, voters in Ohio can expect to hear candidates announce their positions on several issues. The AMC/NOMA will be providing a voting guide for the November election.

Stem Cell Research to be Restricted

As the researcher capabilities continue to expand, ethical and moral concerns regarding the scope of research is on the rise. Recently, the Ohio Senate passed Senate Bill 210, a measure restricting the use of state money for activities related to stem cell research. Specifically, the legislation prohibits the use of state money for any activities involving stem cell research with human embryonic tissues unless the research involves embryonic stem cells listed on the federal Human Embryonic Stem Cell Registry or embryonic stem cells derived in a manner that does not destroy the embryo.

Senate Bill 210 is an effort to codify in Ohio law the Executive Order declared by President George Bush on August 9, 2001. That Executive Order mirrors the requirements set forth in Senate Bill 210 with respect to embryonic stem cell research.

Despite the fact that Senate Bill 210 has passed the Ohio Senate, the fate of the legislation remains in doubt. The Ohio House of Representatives is currently debating the merits of House Bill 355, another piece of legislation, which restricts the research of stem cells. Concerns in the House, however, have risen due to the fact that it appears as though House Bill 355 is far more reaching in terms of its restrictions than Senate Bill 210. In fact, Governor Bob Taft has recently introduced the possibility that House Bill 355, should it reach his desk, would be vetoed. For this reason, it is expected that the eventual policy in Ohio with respect to embryonic stem cell research will be something very similar to what is currently proposed in Senate Bill 210. The AMC/NOMA is watching this process closely and will keep its membership informed of developments as they arise. ■

The Academy of Medicine of Cleveland/Northern Ohio Medical Association strives to not only keep abreast of legislative activities of concern and importance to its membership, but also to be a proactive voice in the political realm for all physicians in the Northeast Ohio region. To this end, and in accordance with our strategic planning, the photos below depict various events at which the AMC/NOMA is present, actively engaging the political process and/or advocating on members' behalf.

***Dr. Thomas Steinemann** and Sen. Mike DeWine at the Oct. 31 news conference in D.C. announcing passage of federal legislation regulating decorative contact lenses as medical devices. President Bush signed the bill into law Nov. 9.*

***Dr. John Bastulli** meets with Ohio Senate Leader Jon Husted at a recent function.*

AMC/NOMA lobbyist Michael Wise (in background) with (from l to r) Reps. Earl Martin, Mark Wagoner, Bill Coley, Matt Dolan and Majority Whip Jim Carmichael at a recent event.

Again, NO Workers' Compensation Dividend

Academy of Medicine Cleveland/ Northern Ohio Medical Association and CompManagement, Inc. Can Help!

On December 15, 2005, BWC announced once again that there will be no dividend for the July 1 to December 31, 2005 payroll period. This announcement makes participation in a workers' compensation group rating plan more important than ever.

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$10,000 out of pocket	$ 1,000 out of pocket

This plan is made possible through our partnership with CompManagement, Inc., our third party administrator, and the North American Employers Council.

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CLEVELAND PHYSICIAN

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Ohio Coordinates Pandemic Plan Across State

AMA Forwards Ethical Opinion on Issues of Quarantine

With concerns mounting over the potential spread of avian influenza, the H5N1 virus commonly referred to as "bird flu," Ohio's Governor Bob Taft recently outlined the state's comprehensive trifold planning effort to prevent, detect and appropriately respond to a flu pandemic. He indicated the state will integrate strategies at all levels of government, coordinate activities across all sectors of health care and emergency response as well as disseminate necessary information to the public to protect themselves and their families. The Ohio Department of Health (ODH) is coordinating efforts with other public and private health care providers, elected officials, businesses, utilities and the public. The directors of both the ODH and Ohio Emergency Management Agency recently attended the Pandemic Flu Summit in Washington, D.C. to share Ohio's plan and coordinate with officials from other states as well as the federal government. Department of Health and Human Services (HHS) Secretary Michael Leavitt was also in attendance at the summit, and requested ODH coordinate a meeting between HHS and state and local leaders sometime in the next few months.

As the state continues its planning efforts, the focus is to detect the disease early, to respond to help protect citizens and control the spread of infection as best as is possible.

The latest version of the ODH pandemic response plan is available on the ODH Web site at www.odh.ohio.gov while the federal pandemic plan may be viewed at www.pandemicflu.gov

Regarding physicians in particular, the American Medical Association adopted new policy at its Interim Meeting in November specific to a pandemic scenario and the ethical quandary such a crisis might pose to them. That is, the association wants to ensure that any quarantine to lessen the devastation be based on science and executed ethically. A report from the AMA's Council on Ethical and Judicial Affairs concluded (and the AMC/NOMA is in total agreement), that "Individual physicians should participate in the implementation of appropriate quarantine and isolation measures as part of their obligation to provide medical care during epidemics. In doing so, advocacy for their individual patients' best interests remains paramount."

The CEJA opinion, which the House of Delegates adopted without objection says physicians should ensure that any quarantine is the least restrictive possible, is based on valid science, and doesn't "arbitrarily target" the poor or racial and ethnic minorities. Physicians should also advocate for patient confidentiality, encourage patients to adhere voluntarily to quarantine measures and comply with mandatory reporting requirements. Of course, the opinion also states that those working on the front lines are especially obligated to take preventative measures such as personally getting vaccinated well in advance of an outbreak. And lastly, the AMA believes physicians should help educate patients and the public about the possibilities of quarantine through educational materials and programs. ■

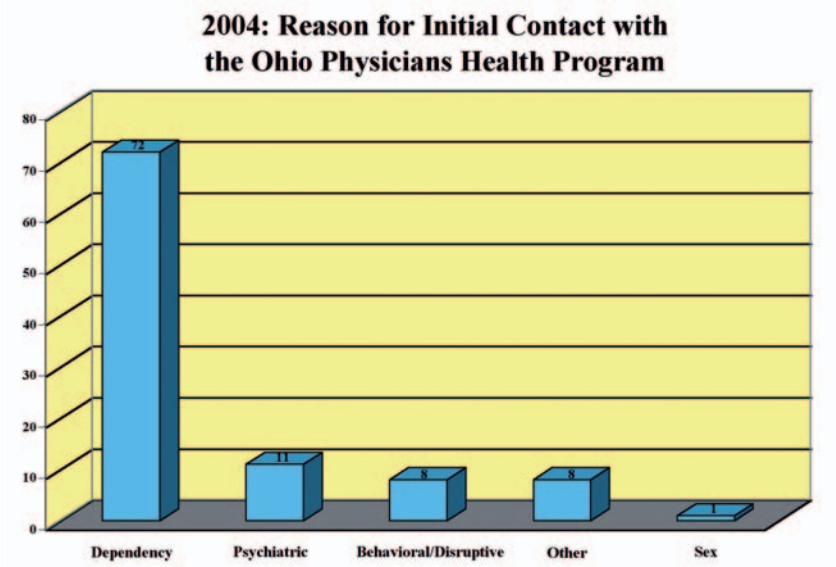
An Update on the Ohio Physician's Health Program

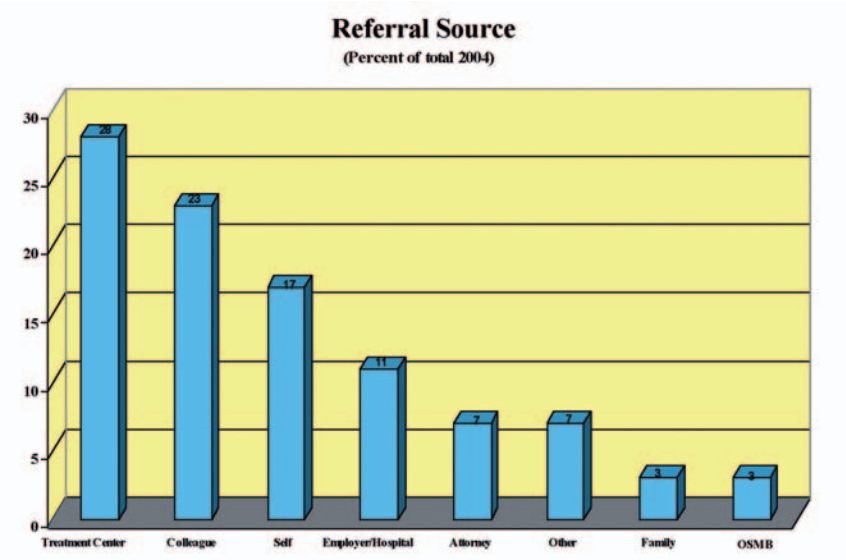
By: Martin R. Macklin, MD, PhD

The following is not an uncommon entry in the listing of new Consent Agreements between physicians and the Ohio State Medical Board:

> "Medical License suspended for at least 90 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admitted history of chemical dependency (alcohol) and relapse, for which she has sought treatment through a Board-approved provider."

There are approximately 39,000 licensed physicians in Ohio and the Ohio State Medical Board receives approximately 3,500 complaints annually. These complaints are for any number of issues, but many of them relate to impairments due to substance abuse or psychiatric difficulties. The Ohio Physician's Health Program (OPHP), previously the Ohio Physician's Effectiveness Program, is headquartered in Columbus. Since the 1980s, OPHP has provided an independent source for monitoring physicians who have issues with chemical dependency and other disorders. Figure 1 shows the reasons for new physician referrals to OPHP in 2004.





Although chemical dependency is the major reason for referrals, an increasing number of the referrals are due to other difficulties. Figure 2 shows the referral source and indicates that most referrals are coming from treatment centers and other sources.

When a physician has an issue with substance abuse that comes to the attention of the Ohio State Medical Board, it is common for monitoring to be required for a period of up to five years. The monitoring involves periodic random drug screens and verification of attendance at AA meetings if the issue is chemical dependency. It may require verification of attendance at psychiatric sessions if the issue is psychiatric or behavioral. The Ohio Physicians' Health Program staff facilitates the monitoring and is often the primary monitoring source.

At this time, there are two full-time counselors who visit physicians, and who have agreed to be monitored by OPHP on a regular basis and a full-time medical director. The full-time Medical Director, Stan Sateren, MD, is available for informal consultations if there is a need for guidance on how to proceed when you suspect impairment on the part of a physician.

Referrals to the OPHP are from colleagues and medical staffs. There are also frequent inquiries as to how to proceed with the process of getting the physician the help needed. The types of services offered by OPHP include consultation and intervention assistance designed to encourage physicians to seek help for substance abuse disorders, behavioral and health concerns, and physical illness. There may also be referral for evaluation, treatment, and counseling and follow-up recovery documentation and monitoring.

An important part of the activity of the OPHP includes lectures and discussions at hospital medical staff Grand Rounds and continuing education programs presented at hospitals and medical staff meetings. For hospitals with no program for physician's health, as required by the Joint Commission, OPHP staff is willing to assist in implementing that program.

For those of you who are unfamiliar with the history of OPHP, it is helpful to remember that in the 1970s, the state medical association established a committee, called the Ohio Physician's Effectiveness Program. It was an all-

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Ohio Physician's Health Program
(Continued from page 14)

volunteer program with representation throughout the state to facilitate physicians' maintaining recovery. In Cuyahoga County, the Academy of Medicine of Cleveland had a functioning committee, which helped to identify physicians with substance abuse, based on referrals. The Committee members then acted to facilitate referral to treatment programs and AA if needed. However, the volunteer programs lacked an organized structure for follow-up and for facilitating physicians' maintenance of abstinence.

It has become apparent nationally that the most effective programs involve a component that provides long-term follow-up to help assure physicians that they can remain alcohol and drug-free. With the establishment of an independent program in the 1980s, it became clear that this was the preferred approach. Volunteer physicians are assigned to monitor and help recovering physicians through the recovery stage; and the OPHP staff provides the documentation and ongoing urine monitoring required by regulatory agencies, including the Ohio State Medical Board.

In terms of support, OPHP is a nonprofit 501c3 organization and receives funds from the Ohio Medical Quality Foundation, which provides a significant portion of the support. Physicians are charged an administrative fee and a laboratory fee, which helps cover the cost of the laboratory testing for drug screens and monitoring. The program still needs additional funding to meet its needs. Contributions are solicited from individual physicians, medical staffs, and the county medical societies.

There are approximately 260 active cases in the Ohio program of physicians presently receiving ongoing monitoring. The number of active cases has gradually increased over the years as the program becomes more familiar to physicians and medical staffs.

For additional information or referrals, you may contact the Ohio Physicians Health Program at 5910 Roche Drive, Columbus, OH 43229, or by telephone at (614) 841-9690.

Editor's Note: Dr. Martin Macklin was nominated for appointment by the Board of Directors of the AMC/NOMA to represent and inform the membership in his trustee position on the Ohio Physician's Health Program Board. ■

Mark Your Calendar!

Riding the Wave of Change in the Practice of Medicine

Annual Seminar
Friday, February 17th at Embassy Suites
10 a.m. to 3:30 p.m.
(see page 17 in this issue for schedule details)

Fruit of the Vine

AMC/NOMA Wine Tasting Event
Sunday, February 26th at Club Isabella
5 to 7 p.m.
Contact Linda Hale for more information (216) 520-1000 ext. 309

AMC/NOMA Annual Meeting

Friday, April 28
Ritz-Carlton Cleveland
6 p.m.

Academy of Medicine Education Foundation 3rd Annual Marissa R. Biddlestone Memorial Golf Outing

Monday, August 28, 2006
Shaker Heights Country Club

Academy of Medicine of Cleveland/Northern Ohio Medical Association (AMC/NOMA) discounted class list for AMC/NOMA members and their staff

CUYAHOGA COMMUNITY COLLEGE'S CENTER FOR HEALTH INDUSTRY SOLUTIONS

Jan. 28	CPC CERTIFICATION EXAM REVIEW for AAPC Exam
Feb. 4	CPC-H CERTIFICATION EXAM REVIEW for AAPC Exam
Feb. 15	ICD-9-CM CODING by PMI (6 CEU-AAPC, AHIMA, PMI)
Feb. 22	CPT CODING by PMI (6 CEU-AAPC, PMI)
March 1, 8, 15, 22, 29	CMC by PMI (35 CEU-AAPC, PMI)
Mar. 1	ADVANCED CPT CODING CONCEPTS (4 CEU-AAPC, PMI)
Mar. 4	CCA CERTIFICATION CODING EXAM REVIEW for AHIMA Exam
Mar. 18	CCS CERTIFICATION EXAM REVIEW for AHIMA Exam
Mar. 22	ADVANCED ICD-9-CM CODING CONCEPTS (4 CEU-AAPC, PMI)
April 8	CPC CERTIFICATION EXAM REVIEW for AAPC Exam
April 22	CCS-P CERTIFICATION EXAM REVIEW for AHIMA Exam
April 26	RADIOLOGY: HIGH TECH/ DEMAND CODING (3 CEU-AAPC, PMI)
April 29	CPC-H CERTIFICATION EXAM REVIEW for AAPC Exam
May 10, 17, 24, 31, June 7	CMC by PMI (35 CEU-AAPC, PMI)
June 8	CHART AUDITING by PMI (6 CEU-AAPC, PMI)
Jan. 17, Jan. 23, May 1	MEDICAL TERMINOLOGY/ ANATOMY & PHYSIOLOGY
Jan. 17, Mar. 6, Mar. 14	MEDICAL CODING FUNDAMENTALS
Jan. 11, Mar. 8	MEDICAL BILLING REIMBURSEMENT
April 27	CUSTOMER SERVICE WORKSHOP FOR HEALTH CARE

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Seminar Offers Valuable Updates to Practice Managers

The Academy of Medicine Cleveland/Northern Ohio Medical Association was pleased to organize and host its 6th annual "Solving the Third Party Payor Puzzle" seminar held Nov. 9 for the office managers and staff personnel of physician members. Attendees were presented a vast amount of information regarding the latest updates and available tools to assist in the claims billing processes. A total of six featured speakers included David Welsh from the Ohio Department of Job and Family Services, Vanessa Williams of PalmettoGBA, Cheryl Donahue and Norma Roberts of Anthem Blue Cross and Blue Shield and Diana Irvin and Jim Piper of Medical Mutual of Ohio. Covered topics ranged from Medicare training tools on the Internet, electronic billing requirements, reducing claim submission errors, provider identifiers and registration, a host of new forms and in-office seminars for additional staff training. Of particular importance to note was the common theme among presenters that the ever-increasing resources for office managers and staff available on the Internet, both from governmental and private payor entities, is truly becoming the wave of the future. That is, both instructional and informative data is more and more exclusively available to billers and coders via the Web, all of which underscored the vital importance of a physician practice's electronic viability.

Editor's Note: In related news, the AMC/NOMA Board of Directors was informed of the Medicaid Managed Care Statewide Rollout by Mr. Jeff Corzine of ODJFS in October. He indicated that for physicians in Cuyahoga County, not much in the form of change would necessarily occur as more than 97% of Medicaid consumers in this area were already enrolled in one of the two participating MCPs. Physicians would, however, receive a contract addendum from the companies to reflect any minor changes incurred as a result of the rollout across the state of Ohio. Mr. Corzine offered to act as the primary contact liaison for any AMC/NOMA member with questions or concerns. He can be reached at (614) 466-4693. ■

Vanessa Williams of PalmettoGBA provides an overview of updated Medicare regulations to seminar attendees

PVRP Draws Sharp Opposition from Physician Groups

The Centers for Medicare and Medicaid Services (CMS) recently announced plans to implement a "Physician Voluntary Reporting Program" or PVRP starting Jan. 1, 2006. The new program asks doctors to voluntarily report their compliance with 36 quality improvement criteria. Critics say the program has technical and administrative problems including a series of temporary billing codes — called G codes — which are not included in standard billing programs used by doctors. While no financial incentives are being offered to participate in this program, it is an interim step in the development of a "pay-for-performance" program.

On Nov. 4, leaders of the American Medical Association (AMA) held a conference call with CMS Director Mark McClellan, MD, urging him to pull back the quality initiative program. To date, however, there is no indication the agency has any intention of rescinding the quality assessment plan.

The AMA strongly objects to the PVRP plan and is working with other Federation groups to continue expressing strong concerns. During the associations' Interim Meeting in November, policymakers voted to oppose pay-for-performance initiatives (such as "value-based purchasing programs") that do not meet the AMA's Principles and Guidelines for Pay-for-Performance. The five AMA principles for fair and ethical pay-for-performance programs state that these programs must:

- Ensure quality of care
- Foster the patient/physician relationship
- Offer voluntary physician participation
- Use accurate data and fair reporting
- Provide fair and equitable program incentives

Public education materials will be directed toward teaching patients about the potential risks and liabilities of pay-for-performance programs.

Editor's Note: The issue of pay-for-performance will be thoroughly examined and discussed during the AMC/NOMA Annual Seminar, "Riding the Wave of Change in the Practice of Medicine," Feb. 17, 2006 at the Embassy Suites, as well as other topics of vital interest to physicians. Join us for this most informative and worthwhile event. See page 17 for more detailed schedule information. ■

CLASSIFIEDS

Riding the Wave of Change IN THE PRACTICE OF MEDICINE

Friday, February 17, 2006

Embassy Suites • Independence, Ohio • 10 a.m. – 3:30 p.m.

Jointly sponsored by:

THE ACADEMY OF MEDICINE CLEVELAND

Northern Ohio Medical Association

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St. Vincent Charity Hospital
The Sisters of Charity of St. Augustine Health System
UniversityHospitals HealthSystem

Program Format

Moderator:
George E. Kikano, M.D., President, Academy of Medicine of Cleveland/Northern Ohio Medical Association (AMC/NOMA)

10 a.m. – 10:15 a.m.
Opening Remarks
George E. Kikano, M.D., AMC/NOMA President

10:15 a.m. – 11:15 a.m.
How Information Technology is Linked to Quality Improvement
C. Martin Harris, M.D., M.B.A., Chief Information Officer and Chairman of the Information Technology Division of The Cleveland Clinic Foundation

11:15 a.m. – 12:15 p.m.
How to Obtain Affordable Standards-Based Electronic Health Records for Your Practice
Louis Spikol, M.D., Senior Health Care Information Technology Consultant, Center for Health Information Technology (CHIT), American Academy of Family Physicians (AAFP)

12:15 p.m. – 1:15 p.m.
LUNCH
Luncheon speakers: **Mr. Michael Wise, J.D.** and **Mr. Michael Caputo,** AMC/NOMA lobbyists from McDonald, Hopkins Burke and Haber, will provide a brief legislative update.

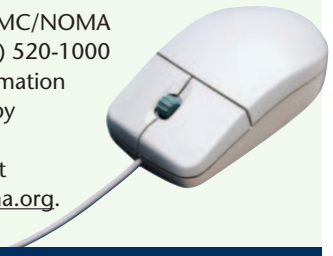
1:15 p.m. – 2:15 p.m.
Pay for Performance: Principles, Measurement Challenges and Future Directions
Dennis O'Leary, M.D., President, Joint Commission on Accreditation of Healthcare Organizations

2:15 p.m. – 3:15 p.m.
Overview of Medicare Pay for Performance and Other Medicare Programs Impacting Physicians
Trent Haywood, M.D., Deputy Chief Clinical Officer, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services (CMS)

3:15 p.m. – 3:30 p.m.
Wrap-Up
George E. Kikano, M.D., AMC/NOMA President

ALL PRESENTERS WILL BE AFFORDED TIME TO ANSWER QUESTIONS.

Contact the AMC/NOMA offices at (216) 520-1000 for more information or to register by phone or visit our Web site at www.amcnoma.org.



AT THE END OF THIS CONFERENCE ATTENDEES WILL BE ABLE TO:

1. Assess why practice-based electronic health records are essential to quality measurement, quality improvement, and related to programs such as pay-for-performance.
2. Assess why information technology is a key enabler of quality improvement.
3. Explain how payment experiments such as pay-for-performance will continue and expand to other approaches, as payment and quality of care become more formally linked.
4. Cite legislative and regulatory initiatives that affect the practice of medicine and list ways to work towards legislative reform.

This activity was planned and implemented in accordance with the Essential Areas and Policies of the Ohio State Medical Association through the joint sponsorship of St. Vincent Charity Hospital, The Academy of Medicine Cleveland/Northern Ohio Medical Association, and the Academy of Medicine Education Foundation. St. Vincent Charity Hospital is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.

St. Vincent Charity Hospital designates this educational activity for a maximum of 5.0 Category I credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.

REGISTRATION FORM

February 17, 2006
10 a.m. – 3:30 p.m.
Embassy Suites
5800 Rockside Woods Blvd.
Independence, Ohio 44131

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

FEES:
$25.00 – Residents/Medical Students
$50.00 – AMC/NOMA Members
$75.00 – Nonmember Physicians or other Healthcare Professionals

Return this form with your check made out to the AMC/NOMA in the enclosed self-addressed envelope or mail to: AMC/NOMA, 6000 Rockside Woods Blvd., Ste. 150, Independence, Ohio 44131.

You may also fax back this form with a credit card payment. Fill in information below and fax to (216) 520-0999.

MasterCard _____

VISA _____

Expiration Date of Card _____

21st Annual Mini-Internship Program: "A Great Diversity of Experiences"

The Academy of Medicine Cleveland/Northern Ohio Medical Association's 2005 Mini-Internship Program received rave reviews from participants as it has for each of the program's 21 years running. Interns reported amazement and awe at the various surgical procedures they witnessed, as well as the compassion and patience exhibited in office visits during the course of their two-day shadowing of physician mentors. The experience historically leaves the community member-interns with a newfound respect for the challenges and rewards of the practice of medicine, as participating physicians report enjoying the aspects of teaching and sharing their insights with interns. Partaking in the program for the first time, **Dr. Rafi Avitsian** said he'd genuinely looked forward to the opportunities it offered. "I was actually excited to share the experience of my professional life," he said. Likewise, program veteran **Richard Fratianne, MD,** remarked, "Each intern comes in with different ideas about medicine, and I'm always anxious to see how it changes after the experience." During the debriefing dinner that follows the shadowing program, interns took turns sharing their observations and insights into the many benefits the program offers. As Executive Vice President/CFO of Medical Mutual of Ohio, Susan Tyler commented that following her introduction in the physician's lounge of a hospital, she came away with "lots of things to follow-up on when I get back to the office." Jim McIntyre, News Director of WDOK, noted that he was personally moved by the range of his experiences, from the poignant visual of the hand of a physician cutting into the hand of a patient, to the holistic healing of a devastated patient in a local burn unit, McIntyre said the internship left him "very, very impressed" with the work doctors per-

"I had a great diversity of experiences, and found there were common themes within each specialty though the cases varied."
– Susan Tyler, EVP/CFO Medical Mutual of Ohio

"What made an impression on me the most was how everybody wanted so much to teach."
– Kevin Lauterjung, VP Healthcare Finance & Network Management, Medical Mutual of Ohio

"I was amazed at the time the doctor's took to review procedures with me."
– Jackie Napolitano, Program Manager, Cuyahoga County Board of Health

*Longtime Program Chair **Dr. William Seitz** (inset right) addresses the group of interns and physicians during the debriefing dinner held at the conclusion of the Mini-Internship program.*

The Class of 2005 Mini-Internship Participants: (l to r) Jackie Napolitano, Susan Tyler, Lorinda Sako, Kevin Lauterjung and Jim McIntyre.

***Dr. Matthew Hawkins** shares a moment with one of his interns, Ms. Jackie Napolitano.*

***Dr. Rafi Avitsian** and **Dr. William Seitz** congratulate intern Lorinda Sako upon her completion of the program.*

*Intern Kevin Lauterjung (third from left) is presented with his certificate from the physicians he interned with, **Dr. William Seitz, Dr. Thomas Steinemann** and **Dr. Diane Butler.***

*Intern Susan Tyler (right) receives her certificate of acknowledgement from **Dr. William Seitz** and **Dr. Mebrun Elyaderani** following the debriefing dinner.*

*Intern Jackie Napolitano receives her certificate and congratulations from Program Chair **Dr. William Seitz** and the physicians she spent time with, **Dr. Mebrun Elyaderani, Dr. Matthew Hawkins** and **Dr. Daniel Karns.***

Dr. William Seitz *(center) talks with interns participating in the annual program during the group's orientation session.*

form every day. But perhaps intern Kevin Lauterjung summed it best when he concluded, "It's programs like this, where we can come together, come to understand each other and that we're trying to achieve the same thing — a better health care system for everybody."

"It was wonderful — I have a newfound respect for their efforts — an opportunity I would recommend to anyone."

– Lorinda Sako, Provider Relations Consultant, Anthem Blue Cross/Blue Shield

Editor's Note: Based on his experience with the AMC/NOMA's Mini-Internship Program, Mr. McIntyre has scheduled interview features with a few of the physicians he shadowed, which will run concurrent with the new advertising campaign of the AMC/NOMA on WDOK (see related information box, page 4). ■

"The doctors showed compassion — not only for the patient but for their families."

– Jim McIntyre, News Director, WDOK 102.1 FM

AMC/NOMA member physicians get to know their interns (foreground) during the orientation session held prior to the two days of shadowing.

2005 AMC/NOMA Physicians

William Seitz, Jr., MD,
Program Chair, Lutheran Hospital

Rafi Avitsian, MD,
Cleveland Clinic Foundation

John Bastulli, MD,
St. Vincent Charity Hospital

Diane Butler, MD,
Parma Community Hospital

David Denholm, MD,
Bedford Medical Center

Mehrun Elyaderani, MD,
Fairview Hospital

Richard Fratianne, MD,
MetroHealth Medical Center

Matthew Hawkins, MD,
Cleveland Institute of Acupuncture

Daniel Karns, MD,
Southwest Orthopedics

Bram Kaufman, MD,
MetroHealth Medical Center

Joseph Lock, MD,
Cleveland Clinic Foundation

Howard Nearman, MD,
University Hospitals Health System

Mark Rodkey, MD, *Hillcrest Hospital*

Timothy Steinemann, MD,
MetroHealth Medical Center

Christine Zirafi, MD,
Parma Community Hospital

2005 Interns

Kevin Lauterjung, *VP Healthcare Finance & Network Management Medical Mutual of Ohio*

Jim McIntyre, *News Director, WDOK 102.1 FM*

Jackie Napolitano, *Program Manager, Cuyahoga County Board of Health*

Lorinda Sako, *Provider Relations Consultant, Anthem Blue Cross/Blue Shield*

Susan Tyler, *Executive Vice President/Chief Financial Officer, Medical Mutual of Ohio*