



AMEF Sponsors The Free Clinic's Forum on the Effects of Violence

In June, the Academy of Medicine Education Foundation (AMEF) provided support for The Free Clinic's community forum on exploring the intersection of violence, public health and the economy. The event was held at Cuyahoga Community College's East campus.

Danny Williams, JD, Executive Director of The Free Clinic, began the forum with welcome remarks and a short, interactive audience response session to gauge the audience's knowledge of violence statistics.

He then introduced the first speaker, George Rodrigue, an editor with *The Plain Dealer*. Rodrigue relayed the newspaper's desire to make the community better, to ask questions, to see what we all can do to change the occurrence of violence. The problem, he said, is finding a way to create a plan, fund it and make it sustainable, but added that it is something that we as a community need to work on.

AMCNO President Dr. Robert Hobbs introduced the opening speaker, Cheryl Wills, MD, who is an assistant professor of psychiatry at the CWRU School of Medicine. She presented on "Early Trauma: A Precursor to Violence." Her talk focused on the spectrum of trauma, a historical perspective of protecting children in the United States, research studies, and what works to help curb violence.

The consequences for victims and society are linked to public health, public policy, psychological, social, medical and financial issues, Dr. Wills stated. She said that "the home is the most violent place in America." And, several studies show that



AMCNO President Dr. Robert Hobbs introduces the opening speaker at The Free Clinic event.

an increased exposure to violent acts in the media among our youth has contributed to increased aggression and antisocial behavior. It also desensitizes children to future violence.

Dr. Wills noted that in 1962, researchers identified "battered child syndrome." In 1971, a Senate Subcommittee on Children and Youth was created. That same year, experts provided testimony on diagnosing and reporting battered child syndrome. In 1973, mandatory reporting statutes were formed for every state.

Around this time, researchers started to take a look at how children developed. John Bowlby, a British psychologist, believed that behavioral problems could be attributed to early childhood, and explained through his attachment theory in 1969 that a strong attachment or bond promotes a child's survival and will affect how the child will behave in and perceive relationships throughout his or her life. An insecure attachment is associated with

criminal behavior (even in the absence of a mental disorder), such as violent and non-violent offenses, domestic violence and sexual offenses.

In a 2001 study, researchers looked at maltreatment outcomes. Abuse and neglect led to an increased risk for trauma and victimization. For girls, there was an increased risk of emotional distress (ie, anger, depression, anxiety, and post-traumatic stress [PTS] symptoms) and violent and non-violent delinquency. For boys, there was a 2.5-3.5 increase in depression, PTS symptoms and overt dissociation, and there was an increase in threatening behavior or physical abuse against dating partners.

What works, Dr. Wills said, is early identification of at-risk youths using the Adverse Childhood Experience Index. The more adverse experiences children experience, the greater the risk of them becoming offenders. Dr. Wills said that the identification and research of therapeutic programs that target impulsivity, urgency and lack of premeditation can work as well.

She also suggested screening parents for stress, parent-child conflict, substance use disorders, other mental disorders, and trauma history to help limit violence, through trauma-informed care, treatment

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Scholarships

AMEF awards scholarships each year to third- and fourth-year medical students (MD/DO) who are or were residents of Cuyahoga, Summit, Lake, Geauga, Ashtabula, Lorain or Portage counties, and who demonstrate an interest in being involved in organized medicine and community activities. Applicants must also possess leadership skills and demonstrate academic achievement. AMEF scholarships will be awarded to third- and fourth-year medical students attending the following: Case Western Reserve University School of Medicine, Cleveland Clinic Lerner College of Medicine of CWRU, Northeast Ohio Medical University, and Ohio University College of Medicine.

Applications are due no later than January 31 of the year in which the student is to begin their third or fourth year of study. Scholarship recipients will receive their award in April of that same year.

A copy of the scholarship application is available on AMCNO website, under the AMEF link at www.amcno.org.

Donations/Contributions

Did you know that contributions made by December 31 could reduce taxes on returns filed by April 15 of the following year and that missing that date delays tax savings for a full year? That is why charitable gifts should be made well before Christmas. Timing is everything where year-end tax donations are involved, so don't delay. Plan as if the year ends on December 15.

The AMEF is a 501(c)(3) tax-exempt organization dedicated to the improvement of healthcare. The AMEF touches the lives of physicians, medical school students and citizens across the region, through scholarships, community health projects and education. Please review the numerous opportunities to be involved in the Foundation's efforts and consider making a donation. All donations are fully tax-deductible. If you have any questions, please email Secretary-Treasurer Elayne Biddlestone at ebiddlestone@amcnoma.org or call her at (216) 520-1000, ext. 100.

Cash Donations

To donate by check, simply send your gift by mail to AMEF, 6100 Oak Tree Blvd., Ste. 440, Independence, OH 44131. AMEF accepts donations made with payments through Visa or MasterCard. Please call (216) 520-1000, ext. 100, to make a credit card gift to the Foundation. Cash donations can also be made online at www.amcno.org, under the AMEF tab.

Stock Gifts

Gifts of appreciated stock are a convenient way to contribute to the AMEF. There are often many tax benefits for donors through tax deductions for the full fair market value of the contributed stock, and avoidance of taxes on capital gains. For more information about this type of giving, please call AMEF at (216) 520-1000, ext. 100.

Tribute Gifts

Remembering or honoring a family member, friend, loved one or colleague by making a gift to AMEF is a meaningful gesture. Any gift to the AMEF may be made "in memory of" or "in honor of" someone or some occasion. For information on this type of giving, contact AMEF at (216) 520-1000, ext. 100.

Planned Gifts

AMEF can help you learn more about planned giving. Planned gifts offer many benefits through tax deductions and/or reducing estate taxes. For information on this type of charitable giving, contact AMEF at (216) 520-1000, or go to the AMCNO website at www.amcno.org and click on the AMEF link.

AMEF Scholarships

The AMEF presented six local medical students with scholarships worth \$5,000 each at this year's AMCNO annual meeting. The AMEF scholarship recipients for 2016 were:

- **Dinah Chen**, Case Western Reserve University School of Medicine
- **Joseph Hadaya**, Cleveland Clinic Lerner College of Medicine
- **Gowri Kabbur**, Northeast Ohio Medical University
- **Karen Kruzer**, Case Western Reserve University School of Medicine
- **Laura Maurer**, Case Western Reserve University School of Medicine
- **Stephen Wanner**, Ohio University College of Medicine

This was the eleventh year scholarship monies were presented to recipients as part of the program of the AMCNO's Annual Meeting and Awards Dinner, with students and their respective families in attendance.

AMEF enhances the philosophy of the AMCNO in its focus on health-oriented education for physicians, their staff and for patients by providing support for meaningful education and highlighting the value and quality of healthcare in our community.



Local medical students receive AMEF scholarships at the AMCNO Annual Meeting: (l-r) Stephen Wanner, Laura Maurer, Dinah Chen, Dr. James Sechler, Gowri Kabbur, and Karen Kruzer.

AMEF Funds Used to Sponsor Business Practice Session for Physician Members and Residents

Through the generous support of the AMEF and the William E. Lower Fund, the AMCNO provided the venue for “Understanding the Legal and Financial Aspects of Practicing Medicine.” This annual seminar was moderated by AMCNO President Dr. Robert Hobbs. The following topics were covered during the event: estate planning for young physicians, legal and other issues for new physicians joining a medical practice, benefits available to physicians, and the business and tax aspects of a medical practice. Presentations were given by representatives from Squire Patton Boggs LLP, McDonald Hopkins LLC, Sagemark Consulting/Lincoln Financial Advisors, and Walthall CPAs LLP. This seminar is always very well-attended and provides valuable insights for residents about to enter the practice of medicine as well as important information for established physicians, which

is why the event was also open to AMCNO physician members and nonmembers this year.

From the feedback we received from the evaluation forms, the majority of participants rated the speakers as “excellent,” and the remaining few rated them as “good.” Also, when asked “what issues regarding the practice of medicine are of concern to you at this time,” many individuals said that their concerns were covered during the seminar.

The presenters provided positive feedback about the seminar as well, saying that they thought things went well, the event was well-attended and participants asked great questions. Only a few noted that they would have liked more time. All of the presenters said that they would be happy



A financial planner from a local accounting firm discusses business and tax aspects of a medical practice.

to participate in this event again next year.

The AMCNO and AMEF would like to thank the Cleveland Museum of Natural History for hosting this event.

Doc Opera A Huge Success – AMEF and AMCNO Sponsor the Event

Now in its 32nd year, Doc Opera is a collaborative fundraiser and musical production organized by the students and faculty. This annual variety show is written, directed, and performed entirely by medical students at the Case Western Reserve University School of Medicine and Cleveland Clinic Lerner College of Medicine.

In keeping with Case’s commitment to give back to the community, the show’s primary mission is to raise funds to provide quality healthcare and related services to individuals and families in our community regardless of their ability to pay through our beneficiaries: The Free Medical Clinic of Greater Cleveland (“The Free Clinic”) and the CWRU Student-Run Free Clinic (SRFC). It also provides a venue for creative expression and inter-professionalism among the medical and health professional

students of Cleveland. Drawing talent from multiple health graduate programs, all components of Doc Opera are written, directed, and performed by students and faculty to create a memorable night of skits, musical performances, and dances about medicine and healthcare. The title of the event this year was “Star Wars” and the event included music from the Star Wars movies with skits and props to fit the occasion.

Doc Opera is a non-profit organization that relies on area businesses to help defray the costs of production and to contribute to the donations made to the program’s beneficiaries. This year the Academy of Medicine Education Foundation (AMEF) and the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) were pleased to sponsor the Doc Opera event.



CWRU School of Medicine Dean Dr. Pamela Davis stands at the ready with Danny Williams, JD, Executive Director of The Free Clinic.



Medical students perform a spirited skit during the Doc Opera event.

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of mental disorders or multisystemic therapy.

Dr. Wills discussed firearms during her presentation and said that in one study, 73% of children knew where guns were stored in the house, and 36% admitted to handling the gun. Only 39% of their parents said their child knew where the gun was kept, and 22% said their child never handled the gun. These results help illustrate that parent education is key, Dr. Wills said, and according to the American Academy of Pediatrics, "physician counseling, when linked with the distribution of gun cable locks, has been demonstrated to increase safer home storage of firearms."



Danny Williams, Executive Director of The Free Clinic, gauges the audience's knowledge of violence statistics.

Following her presentation was a panel discussion on "The Facts about Mental Illness and Violence." Panelists were: Anisha Durve, acupuncturist, author and domestic violence survivor; Dr. Mark Munetz, professor and chairman of psychiatry at the Northeast Ohio Medical University; and the Honorable José Villanueva, Cuyahoga County Mental Health Court. The moderator was Dr. Phillip Resnick, professor of psychiatry at the CWRU School of Medicine.

Following are some statistics that were cited before the discussion began:

- The United States has the highest rate of homicide internationally (40 per 100,000 people).
- Most people who are mentally ill are not violent.

- Victims are rarely strangers.
- In violent crimes, 41% is attributed to someone under the influence of alcohol, and 36% to illegal drugs.

Durve discussed domestic violence. She said that, according to the United Nations, one of every 3 women around the world (1 in 4 women in the United States) will be beaten, raped or otherwise abused during her lifetime. Women account for 85% of domestic violence incidences. And, 275 million children worldwide are exposed to violence in the home, according to a U.N. Secretary-General's study.

Women experience 2 million injuries from intimate partner violence yearly in the United States, according to the Centers for Disease Control and Prevention, and a quarter of emergency room (ER) visits by women are due to domestic violence.

Dr. Munetz talked about the Crisis Intervention Team (CIT) Model, which is a community partnership to improve community safety. Dr. Munetz said that most violent acts are committed by individuals who are not mentally ill. But, encounters between law enforcement and people with serious mental illness can have adverse outcomes. The CIT Model involves intensively training select volunteer patrol officers, with an emphasis placed on verbal de-escalation. These CIT officers respond to calls 24/7 involving those with mental illness, which is about 7-10% of all calls. Officers are encouraged to refer people to treatment when it is an appropriate alternative to incarceration.

Judge Villanueva discussed the Mental Health and Developmental Disabilities (MHDD) Court. The goals of this court are to increase community safety, improve continuum of programming, continue collaboration with community agencies, continue to increase the early identification and engagement process, improve a defendant's supervision engagement and compliance, and improve a defendant's long-term participation with behavioral health agencies.

Mental health courts were created in response to the increasing numbers of defendants with serious mental illness who are placed in the criminal justice system. An estimated 800,000 people with serious mental illness are admitted to U.S. jails

each year. In Ohio, more than 10,500 inmates suffer from mental illness. There are 10 times as many mentally ill inmates than there are patients in Ohio's six psychiatric hospitals.

Six judges oversee the MHDD court on a volunteer basis in addition to carrying their regular criminal and civil case workloads. Defendants must meet certain requirements to be eligible for the MHDD court. A treatment model approach is used by the court, which monitors a defendant's performance and progress through judicial interactions and therapeutic approaches.

The next panel discussion was moderated by Harry Boomer, anchor/reporter for Cleveland 19 News. Panelists were Andrés González, Chief of Police for the Cleveland Metropolitan Housing Authority; Sharyna Cloud, Director of Cleveland Peacemaker's Alliance; and Khalid Samad, CEO of Peace in the Hood.

Boomer started the discussion by saying that crime is on the move, and that we have to find solutions to these problems before they occur. A child is involved in a domestic violence incident 65% of the time, and in Cleveland, it's 85% of the time. It's important to intervene with that child, and officers are trained to recognize the symptoms of trauma to provide some form of intervention.

Boomer then asked the panel what can be done to break the cycle of violence. Cloud said that the Alliance targets those who are aged 15-24 and are considered to be at risk. Men and women from the neighborhood volunteer to work with this group to help them in various ways, such as to find a job, create healthy relationships, and raise their self-esteem. Many of the volunteers themselves have transitioned from gangs or other negative situations. They stress to these youths that they have to become invested in the community, and they let them know that they see a future in each of them.

Physicians and hospital representatives were recognized as being involved in the fight to curb violence, too. There is an effort to coordinate efforts on the trauma level (in trauma centers) and on the holistic level to ensure violence doesn't re-occur.



Dr. Cheryl Wills discusses how early trauma can be a precursor to violence.

The panel also said that they are trying to get families involved by hosting family days and educating parents on how to give their child a better life. They also encourage children to use social media in constructive ways, instead of posting violent acts for “15 minutes of fame.”

The final panel discussion was moderated by Daniel Flannery, PhD, Director of the Begun Center for Violence Prevention Research and Education at CWRU. Panelists were Lisa Bottoms, Program Director for Human Services, Child and Youth Development at The Cleveland Foundation; Debra Lewis-Curlee, MS, Transformation Consulting Services, LLC; and Dr. Donald Malone, Jr., Cleveland Clinic Foundation. The panel discussed “Promising Anti-Violence Strategies.”

Bottoms said that in 2007, the Foundation wanted to bridge the gap between childhood and workforce-ready adults. The Foundation views youth violence as something that is preventable, she said, and they know that the likelihood of engaging in violence is influenced by a child’s relationships and the community in which he or she lives.

The Foundation focuses on intervention-type programming. Early care and education offers home visiting models and high-quality preschool sites, so that kids start school on time and ready to learn. Youth development connects kids to adults for mentoring opportunities and career awareness. They are also looking at education reform and workforce development (creating training programs).

Lewis-Curlee works with Cleveland residents and said that they have an invested interest in their community, but they don’t always know that resources are available to them. Many residents are seniors and they don’t have or use computers, so it can be a challenge to find ways to reach out to them. Community outreach is very important, she said, because it allows residents to speak and to be heard, and it allows organizations to relay the message of what resources are available to residents and connect them to those services.

Malone talked about healthcare and workplace violence. Law enforcement is ranked first in workplace violence, and health care is ranked second, with 70% of workplace violence taking place in the healthcare setting. Last year, 61% of healthcare workers were assaulted, and 100% were verbally assaulted in the ER. The Clinic now has mental health providers in the ER who are trained on de-escalation techniques. Drug use is far more predictive of violent behavior than mental illness, Malone said. Not many detox facilities are available in the community and this needs to be addressed, he said. Treatment is important, and the community needs to be involved.

The panel agreed that we are moving in the right direction to help decrease violence but it can be a challenge to sustain those efforts. They offered several suggestions. Services have to be based in communities where people live—they have to own it. Having young people involved should also be part of the process. Establish programs that can talk to each



Following the opening presentation, panelists talk about the facts behind mental illness and violence.

other and allow people to talk to each other. Change how systems work, especially in relation to information sharing and gathering.

The keynote speaker was Dr. Ted Miller from the Pacific Institute for Research and Evaluation. He presented on “The Bite Violence Takes from our Wallets.”

In 2010, violence cost the U.S. almost a trillion dollars. Assault accounted for 43.2% of those costs, sexual assault 42.5%, DWI 12.1%, robbery 2.1%, and arson 0.2%. In a risk assessment, the cost of violence per person, per age group, in 2010 was \$7,000 for 15-19 and 25-29 year olds, \$8,000 for 20-24 year olds (the highest costs among all age groups), and \$6,000 for 30-34 year olds. The costs declined following this age group by \$1,000 per group.

Dr. Miller discussed firearm injuries, saying that Americans own more guns than passenger vehicles—270 million vs. 239 million. Nationally, firearm injury costs \$238 billion per year, which equates to \$695 per gun, per resident—\$513 for quality of life, \$156 for work, \$16 for criminal justice, and \$10 for medical. In Ohio, the annual cost is \$8.4 billion, or \$729 per resident.

Crime by juveniles under the age of 18 cost the U.S. \$150 million in 2010. Violence was attributed to 85.6% of the costs, and property (7.2%), public order (6.4%) and DWI (0.8%) accounted for the rest. The cost of sexual violence is \$470 billion, and other family violence (including child maltreatment) is \$275 billion. When divided by a Sensible Exposure Measure, sexual violence cost \$1,520 per U.S. resident in 2010, other child maltreatment cost \$2,035 per child (\$2,510 including child sexual abuse), and intimate partner violence cost \$485 per adult. Sexual violence costs 3.5 times as much as drunk driving in the U.S.—\$469 billion vs. \$134 billion, respectively.

The AMEF was pleased to be a sponsor of this informative event. The Free Clinic has posted a video and background information about this conference on their website at www.thefreeclinic.org.

AMEF Sponsors Two Medical Student Events

Medical Student Mix and Mingle a Huge Success

The AMCNO and AMEF were pleased to co-host the Case Western Reserve University Society Dean Mixer for first-year medical students. The event was once again held at the Cleveland Botanical Gardens. AMCNO President Dr. Robert Hobbs attended this year's event along with AMCNO staff. Staff and Dr. Hobbs mingled with the students and society deans, providing information and answering questions about the organizations' activities. Dr. Hobbs then provided brief comments to the group and encouraged the first-year medical students to become involved in the organization. He explained that the AMCNO is a group of dedicated physicians who are working to improve quality of care, while providing education and community outreach in our community.



Medical students check in to the event and register to become AMCNO members.

During the event, the students asked about the activities of the organization and the foundation; many were not aware that such organizations existed and were pleased to learn that they could participate as medical students. Many expressed interest in the work of the AMCNO and several had questions



AMCNO President Dr. Robert Hobbs provides brief comments during the Society Dean Mixer.

about their career and specialty choices, while others expressed an interest in volunteering and outreach activities. AMCNO staff was on-hand to provide membership information, and we are pleased to welcome more than 120 new medical student members.

Medical Students Connect with AMCNO Physicians to Discuss Specialty Choices

Second-year Case Western Reserve University School of Medicine medical students recently had the chance to sit down with several AMCNO physician members to discuss the practice of medicine and a variety of specialties.

The event, known as PALS (Physicians Are Linked with Students), is held in a speed networking format, where students and physicians have a limited time to talk before the students have to move on to a different table hosted by a physician. This year, PALS took place Nov. 10 in the Biomedical Research Building café at the medical school.

AMCNO President Dr. Robert Hobbs welcomed the attendees and presented opening remarks.

The physicians in attendance represented different areas of expertise: anesthesiology, rheumatology, orthopedic surgery, vascular surgery, cardiology, family medicine, gynecology, preventive medicine, physical medicine and rehabilitation, gastroenterology, and allergy/immunology.

When a student asked Past President Dr. Matthew Levy about having long-term relationships with patients, Dr. Levy said that he has seen a lot of patients throughout his 20-year career, and has even taken care of four generations in one family. He stressed that regardless of the career path a student chooses, it's about forming relationships with patients to provide the best care.

Dr. Hobbs invited a cardiology fellow, Dr. Venu Menon, to attend the event, and they talked to students about the field and their experience.

Both physicians agreed on the importance of students finding mentors and building a network of good people.

Following the event, students provided positive feedback, saying that it was good to hear from a variety of physicians in one location at one time, the physicians were approachable and it was great to have many of their questions answered.



Dr. Mary Frances Haerr addresses a student's questions about the medical field.



AMCNO President Dr. Robert Hobbs and Dr. Venu Menon discuss the field of cardiology.



AMCNO Past President Dr. Matthew Levy talks with one student about orthopedic surgery.

AMCNO and AMEF Co-Sponsor 2016 Medical/Legal Summit

At the 2016 Medical/Legal Summit—co-sponsored by the Cleveland Metropolitan Bar Association (CMBA), Academy of Medicine of Cleveland & Northern Ohio (AMCNO), and the Academy of Medicine Education Foundation—**Margaret E. O’Kane** delivered the keynote address. Her presentation followed opening remarks from **CMBA President Ann Owings Ford** and **AMCNO President Matthew E. Levy, MD**.

Ms. O’Kane has served as President of the National Committee on Quality Assurance (NCQA) since 1990. In 2011, she was named one of the Top 25 Women in Healthcare by *Modern Healthcare* for her contribution to improving quality. She was also awarded the 2009 Picker Institute Individual Award for Excellence in the Advancement of Patient-Centered Care. In 1999, Ms. O’Kane was elected as a member of the Institute of Medicine.

In her address, Ms. O’Kane spoke about “Healthcare in 21st Century America.”

During her speech, she provided background information on the NCQA, which she said focuses on working toward high-value healthcare. This is done by measuring quality and improving healthcare through the use of clinical quality measurement, patient experience measurement and resource use. NCQA also accredits health plans, accountable care organizations, and patient-centered medical homes, along with recognition of physician practices. She noted that we are rapidly moving away from fee-for-service payments and moving toward assigning responsibility, and ensuring that patients receive high-quality care without fail. She outlined how population health has become a driver, with the intent to get and keep people healthy while working to identify at-risk people and doing something to minimize their risks.

Healthcare should be practiced according to professional standards in an effort to maintain healthy behaviors—but it should cost less and provide for a good patient experience. Ms. O’Kane addressed the ways hospital-patient experience surveys



Ms. Margaret O’Kane discusses how the NCQA is working toward high-value healthcare.

are utilized to measure quality. She also outlined how the quality ratings system (QRS), which will roll out this fall, will provide quality result displays and enable comparisons to create oversight and deliver actionable information to improve performance.

She provided an overview of the fastest-growing delivery system—the patient-centered medical home—which is organized to address population health and coordinated care. She touched on the widespread use of HEDIS data—the measurement system that encompasses 172 million people—and how gratifying it can be to see improvements in quality measurement.

She outlined how the Affordable Care Act (ACA) has resulted in providers having to change their model and the need for an insurance design to support reform, but even supporters believe that some portions of the ACA need to be fixed. Ms. O’Kane stated that the quality measures implemented through the ACA have a broad emphasis and resulted in the need for more accountability. A hospital star-rating system is coming in the near future, and this could also change the conversation. Medicare star ratings for healthcare plans have driven the market, and exchange plans will also have a star rating at some point, she said.

She touched on the Medicare Access and CHIP Reauthorization Act of 2015

(MACRA), noting that this law will result in the Centers for Medicare & Medicare Services (CMS) rolling out a number of payment changes in the coming years. Payments will be pushed into some type of bundled payment model to help physicians practice medicine more efficiently—and there will be payment rewards for doing so.

Ms. O’Kane stated that we need to build organized systems with team-based care—and we need real-time data and care coordination. She realizes, though, it takes time to redesign work flow. Providers will have to change their model, however, and outcomes need to be the true north in medical practice.

On Saturday, following a welcome and introductions, the first plenary session on Telemedicine began. The topic of the session was “Telemedicine: Achieving High-Quality Innovative Healthcare Delivery” and the panel members were **Natasa Sokolovich, JD**, Executive Director of Telehealth at the University of Pittsburgh Medical Center (UPMC); **John Jesser**, Anthem Insurance—President of LiveHealth Online, and VP of Provider Engagement Strategy; and **Kimberly Anderson, Esq.**, Chief Legal Counsel, State Medical Board of Ohio. The panelists were introduced by **Dr. James Coviello**, AMCNO Immediate Past President.

Ms. Sokolovich stated that the UPMC is the largest non-governmental employer in Pennsylvania, with 60,000 employees (3,600 are physicians), and it is comprised of 20-plus academic, community and specialty hospitals. Their telehealth program began in 2006-2007 with neurology services. Utilization has led to increased services.

Ms. Sokolovich defined telehealth/telemedicine as “the use of telecommunication and information technologies in order to provide clinical healthcare at a distance,” using internet, wireless, satellite and telephone media. UPMC leverages numerous devices to deliver patient care.

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AMCNO and AMEF Co-Sponsor 2016 Medical/Legal Summit

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She discussed the current state of telemedicine law and legal/regulatory issues of telemedicine, specifically covering physician licensure and credentialing, standard of care, corporate practice of medicine, fraud and abuse, and reimbursement.

Mr. Jesser presented on Anthem's LiveHealth Online program, which was designed to make healthcare safer and more affordable. It offers two private and secure telehealth solutions: LiveHealth Online for consumers, and a Practice Edition for physicians.

The program is available in almost all 50 states, on any device with an internet connection, providing access to in-network, board-certified doctors and licensed behavioral health professionals. As of January, almost 16 million plan members had access to it.

Ms. Anderson gave the final presentation on the practice of telemedicine in Ohio, as defined by the State Medical Board. She also discussed the timeline for telemedicine in the state. It began in 1999, with Rule 4731-11-09 "Prescribing to Persons Not Seen by Physician," and it has changed gradually over time. On December 15, 2015, House Bill 188 passed, addressing initial visits online—that they must meet the same standards as initial in-office visits. An updated telemedicine Rule will likely be reviewed in the legislature in September.



Dr. James Coviello introduces the Telemedicine panel at the Medical/Legal Summit.

The second plenary session covered End-of-Life Issues. **Dr. Robert Hobbs**, AMCNO President-Elect, introduced the panel, which consisted of **Lance Tibbles, JD**, Professor of Law, Director, Ethics Institute, Capital University Law School; **Elizabeth Malloy, JD**, The Andrew Katsanis Professor of Law, University of Cincinnati College of Law; and **Kristin Englund, MD**, staff physician at the Cleveland Clinic.

Mr. Tibbles began the discussion with "Medical Orders for Life-Sustaining Therapy" (MOLST). There is a clinical process behind these forms, requiring a conversation between a patient and his or her healthcare profession; it's a shared decision-making situation, he said.

The MOLST form is neutral, covering treatment measures or comfort care. Senate Bill 165, before committee now, requires a MOLST form to be reviewed at least once a year so that it is current. These forms are not advanced directives—they are intended to be complementary, and they are voluntary. He noted several advantages to completing this type of form: it is signed by a healthcare provider, it is a single page, it addresses CPR and other life-sustaining treatment, and it protects autonomy.

The objectives of Ms. Malloy's presentation on "Right-to-Die Legislation" were: correct terminology (e.g., death with dignity [DWD], not euthanasia), the legal definition, the states that allow DWD, DWD statutes, physician roles, the prescription process, and drug administration.

Ms. Malloy cited an interesting statistic from 2014: In Oregon, one of the few states that allows DWD, only 0.3% of deaths were attributable to it. Support for DWD is growing, she said. Fifteen states currently have pending legislation.

During Dr. Englund's presentation on "Futile Medical Therapy," she discussed the Hippocratic Oath and how taking care of patients has changed throughout history. She defined medical futility, emphasizing that "futility" applies to intervention, not the patient, and suggesting that the term should be changed to "medically inappropriate." Long before a crisis occurs, she said a patient, his or her family, and the patient's physician should discuss compassionate care.

Dr. Englund referenced an American Medical Association (AMA) report on medical futility in end-of-life care from the AMA's Council on Ethical and Judicial Affairs that cites a 7-step due process approach.

In January, a JAMA article discussed a movement toward better ICU use at the end of life. Researchers found that 1 in 5 U.S. residents receive this type of care, and more than 25% of Medicare dollars is spent on it. Dr. Englund then discussed ways to improve this statistic, such as increased access to and utilization of hospice care.



Dr. Robert Hobbs introduces the panelists for the second plenary session on End-of-Life Issues.

Following the plenary sessions, attendees were given the choice of four breakout sessions:

- HIPAA Update and Implications of the Use of Electronic Medical Records
- Medical Malpractice: The Effects of Tort Reform, Damage Caps and the Affordable Care Act
- Practicing in an "Opioid Epidemic" – Best Practices, New Regulations, and Other Developments
- Ohio State Medical Board Round Up: One-Bite, Mandatory Reporting and Other Issues

Bill Berglund, Esq., from Tucker Ellis LLP, moderated the "HIPAA Update and the Implications of the Use of Electronic Health Records" session. The panel consisted of **Joseph Dickinson, Esq.**, CHPC, Privacy & Information Security Officer, Office of General Counsel, from the MetroHealth System; and **Tejal Vakharia, Esq.**, Senior Vice President & Chief Compliance Counsel, Allscripts.

This session was held in a question-and-answer format—the presenters provided slides containing questions and asked for additional audience participation. An important issue deals with electronic medical record liability—namely, since physicians now have access to a lot of information in the EHR, are they liable if they do not check a specific item? In response, Ms. Vakharia stated that there is an overabundance of information today—it’s questionable whether physicians need to look at all of it. She noted that this issue is still under review and undecided yet in the law. Regardless, from a practical standpoint, it’s important for physicians to work with their EHR vendor on the usability piece to ensure the data they are receiving is more digestible so they can do their job more efficiently, she said.

It’s vital that a patient receives a continuum of care, where alerts are showing up at the right time. One of the biggest problems is that these programs were built for one client—there was no crossover of information. Now there are these great analytic platforms that allow physicians to collaborate on a patient. Analytics are important and they have the power to assist with care. A physician can be proactively engaging with a patient if there is a change in his or her history and track information through a care coordinator. If a physician can get patients to a good outcome it will matter less if the physician looked at all the pages of the record.

Originally EHRs were started to get records off of paper—and these records were transferred into an electronic system, but it was not for interchange between systems. Now we are at the point of building a platform to change that—the health information exchange. It needs to be structured in a way that physicians can get the records they want when they need them and build a community to make that happen seamlessly. Although it is expensive to create this data exchange, it has a lot of potential and will benefit patients and physicians.

The “Medical Malpractice: Effects of Tort Reform, Damage Caps and the Affordable Care Act (ACA)” breakout session was moderated by **Dr. Matthew Levy**, AMCNO President, and featured several presenters: **Devin O’Brien** from The Doctors Company; **Paul Grieco, Esq.**, from Landskroner,



Dr. Matthew Levy moderates a breakout session on Medical Malpractice after introducing the panel.

Grieco and Merriman, LLC; and **Leslie Jenny, Esq.**, Marshall Dennehy, Warner, Coleman & Goggin, PC.

Dr. Levy led the group through several questions, asking the audience to text their responses. The audience agreed that the greatest effect of tort reform in Ohio was that it has discouraged the filing of non-meritorious claims. However, the audience also responded that tort reform in Ohio does not go far enough and they would like to see additional measures adopted in the state.

This led into the presentation by Mr. O’Brien outlining the impact the Medical Injury Compensation Reform Act (MICRA)—the tort reform law in California implemented in 1975—has had on medical malpractice cases in that state. MICRA has a \$250,000 cap on non-economic, pain and suffering, and recoveries, and no cap on special damages. There is a slide-scale limit on attorney fees, collateral source evidence is admissible, and arbitration can occur. Cases are resolved faster there because the jury verdict lottery potential is diminished, but cases still get filed at a high frequency rate. The insurance market is stable in California at this time. This differs from Ohio, which has a \$350,000 cap on pain and suffering, affidavit of merit, and a host of other changes—but not the same as MICRA. In Ohio, claims costs are still climbing. And, Mr. O’Brien noted that future medical costs may be impacted by the ACA.

Mr. Grieco commented that there has been a decline in the medical negligence claims filed in Ohio,

but from the plaintiff perspective that does not mean that negligence is not occurring. He said that he has a conversation with each plaintiff that presents in his office to determine whether it would be economical to pursue the case, which has led to a diminished number of cases. He did note, too, that since tort reform has been passed, there has been a better working relationship with the defense bar when dealing with some cases, and that can result in an early resolution.

Ms. Jenny wrapped up the panel discussion by providing insight into the ACA’s potential impact on future damages. She noted how the collateral source rule that prevents the defense bar from introducing evidence of payment of medical expenses or write-offs has impacted tort reform cases and the status of how this rule is applied in the various states.

She noted that we are beginning to see some positive ACA rulings in various states,

continued on page 10



Ms. Kelley Long and Ms. Elizabeth Collis, Esq. discuss issues related to the State Medical Board of Ohio during a breakout session.

AMCNO and AMEF Co-Sponsor
2016 Medical/Legal Summit
(continued from page 9)

with the courts considering a series of cases relating to arguments that the ACA could limit recovery on future damages. Basically, this could mean that now healthcare is officially not a collateral source, we should be able to give evidence to support this because all Americans are required to have it—it is not a benefit. Attorneys and physicians should continue to keep a close eye on how this could impact future cases.

In the “Practicing in an ‘Opioid Epidemic’” session, **Ryan Williams, Esq.**, from Brouse McDowell, introduced panelists **Steven Schierholt, Esq.**, Executive Director of the State Board of Pharmacy (BOP); **Cameron McNamee**, Director of Policy and Communications, BOP; and **Kimberly Anderson, Esq.**, Chief Legal Counsel, State Medical Board of Ohio.

Mr. Schierholt gave an overview of the Ohio Automated Rx Reporting System (OARRS), reviewed trends in opioid and other controlled substances prescribing, cited Ohio’s efforts to integrate OARRS into electronic medical records, reviewed new laws and regulations for the use of OARRS and recent enhancements, and provided information about naloxone distribution.

In October, Governor John Kasich announced an investment of up to \$1.5 million a year to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across the state, allowing instant access for prescribers and pharmacists, he said. The BOP is currently processing integration requests from hospitals, physician offices, pharmacies and health systems.

Mr. McNamee talked about the required use of OARRS. House Bill 341, which took effect April 1, 2015, requires a medical professional to review OARRS data when initially prescribing or personally furnishing an opioid or benzodiazepine to an Ohio patient, except in certain care situations. Pharmacists are also required to check OARRS prior to dispensing; new regulations for these providers went into effect on Feb. 1, 2016.

As the final topic of discussion, Ms. Anderson talked about the “Guidelines for the Management of Acute Pain Outside of Emergency Departments.” The guidelines, developed by the Governor’s Cabinet Opiate Action Team (GCOAT), were released January 19. She stressed that these guidelines are a supplement—not a replacement of—clinical judgment.

Ms. Anderson defined “acute pain” as pain that is expected to resolve in days or weeks. The detailed guidelines stress trying non-opioid options as the first line of defense in pain treatment, such as physical therapy or over-the-counter products. If opioids need to be prescribed, the smallest dose possible is recommended. A link to the new guidelines can be found on the AMCNO website: www.amcno.org.

In the “Ohio Medical Board Round Up” session, **Adam Davis, Esq.**, from Reminger, introduced the panel comprised of **Elizabeth Collis, Esq.**, Collis Law Group in Columbus; and **Kelley Long**, Executive Director, Ohio Physicians Health Program.

Ms. Long said that the Ohio Physicians Health Program is a non-profit organization focused on motivating physicians to look for mental health treatment.

Ms. Collis explained that the One-Bite Rule “allows impaired physicians and medical professionals who suffer from addiction or similar impairments, who seek treatment and complete a care program at a State Medical Board-approved treatment provider to remain in the private sector for care and monitoring without having to report it to the State Medical Board.” It is a one-time instance and covers fully licensed physicians and resident physicians who are Ohio residents, as long as their actions are not criminal and are not putting patients or others at risk. The rule was formally adopted in 1987 by the Ohio General Assembly.

In 2015, the State Medical Board of Ohio began working on drafting changes that would eliminate One-Bite and replace it with the “First Occurrence Recovery Program.” The difference between the two is that the current One-Bite Rule allows a physician to voluntarily enter confidential treatment, and the new rule would require reporting through the Medical Board.

The change has received some backlash from physicians, who believe there will be a “chilling effect” on those who seek treatment. Ms. Collis stated that Kentucky and Missouri have imposed reporting requirements for license renewal, and both states have seen a significant to near total decrease in voluntary reporting of addictions and mental health issues. Another concern is that the new program creates unnecessary bureaucratic barriers for physicians seeking treatment. The panelists said that the success rate for physician’s completing this program and maintaining sobriety is very high.

Ms. Collis also discussed frequently-asked-questions from physicians, such as: “Am I allowed to prescribe medication to myself and/or my family members?” She said she advises against it, but if physicians choose to do this, she asks them to treat their family as they would any other patient—establishing a medical record for each family member and keeping it current. Another question is: “If the Board is investigating me, what parts of the investigation are confidential?” She said the Board is there to protect the public, not represent the physician. If the State Medical Board shows up at a physician’s door, the physician should be polite and courteous, but she discouraged physicians from inviting the representatives in to look around. Physicians have 20-30 days to provide information to the Board, so they do not need to meet with the representatives at that moment, and they do not need to sign anything. In the meantime, she highly encourages physicians to hire counsel to help them through the process.

The AMCNO and CMBA would like to thank the Northern Ohio physicians and attorneys who signed up to attend this informative event—we thank them for their attendance and for supporting our organizations. We would especially like to extend our sincere thanks to the planning committee, presenters and all of the event sponsors. The AMCNO and CMBA are already starting to plan for the 2017 Medical/Legal Summit. The planning committee will be meeting in the near future, and AMCNO members are encouraged to submit topics and suggest presenters for the Summit. Contact Elayne Biddlestone at ebiddlestone@amcnoma.org or (216) 520-1000, ext. 100.

AMEF Sponsors Ohio Infant Mortality Event

The Academy of Medicine of Education Foundation (AMEF) was a proud sponsor of the 2016 Infant Mortality Summit that took place Dec. 5-6 at the Huntington Convention Center of Cleveland. The event was hosted by the Ohio Collaborative to Prevent Infant Mortality and the Ohio Department of Health (ODH), and this year's theme was "Aiming for Equity."

Ohio's infant mortality rate (IMR) is higher than most states and the nation as a whole. The 2014 overall IMR was 6.8. In Cleveland, it was 5.3 among whites, 14.3 among African-Americans, and 6.2 among Hispanics. Ohio is working toward achieving the Healthy People 2020 objective of an IMR of 6.0 per 1,000 live births in every racial and ethnic group, and this Summit provided information and action steps for communities to work toward that goal.

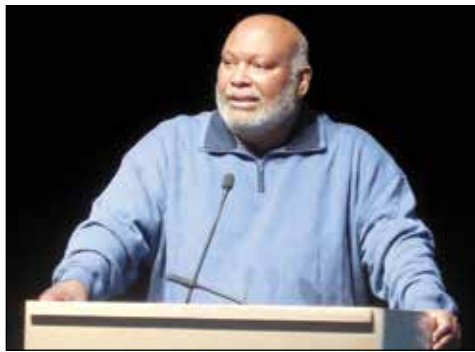
On Monday, Dec. 5, registration, exhibits and posters opened for this free event, and breakout sessions were held in the afternoon. **City Council President Kevin Kelly** provided brief remarks in the general session about the First Year Cleveland initiative, which will focus on ensuring that more babies make it to their first birthday. "2017 has to be the year of no excuses," Kelly said. "We have to make an impact. We have to clean off our desks and focus on this issue as a top priority."



Cleveland City Council President Kevin Kelly provides brief remarks about the First Year Cleveland initiative.

Welcoming remarks were then delivered by **Dr. Arthur James**, from the Department of Obstetrics/Gynecology, The Ohio State University. In his address, Dr. James said, "Every baby is our responsibility, and we have to do more," adding that it has been done for everyone, considering data shows

that improvements are being made for white babies, but not African-American babies. He said that he was encouraged by the participation at this year's event—1,500 registrants—that people in Ohio care about this issue and are committed to changing the way things have been done in the past.



Dr. Arthur James, co-chair of the event, talks about aiming for equity during his opening remarks.

The remainder of the afternoon's program featured one family's personal story, a panel discussion on Cleveland's grassroots effort, and a presentation from **Dr. Deena Chisolm** on health disparity research. Dr. Chisolm is an associate professor of Pediatrics and Public Health at The Ohio State University, and the Director of the Nationwide Children's Hospital Center for Population Health and Equity Research.

"We need to start in the right place," she said. "It's not about the 'numbers,' it's about babies, and helping children grow into other years of life."

Dr. Chisolm said that equality and equity are two different things—everyone's needs are not the same. How we look at things and how we do things has to change to help close the gap of inequality, she stated.

On Tuesday, Dec. 6, **Cuyahoga County Executive Armond Budish** welcomed the attendees, and co-chairs **Lisa Holloway** from the March of Dimes Ohio Chapter and Dr. James provided opening remarks.

Additional speakers featured throughout the program included **Dr. Mary Applegate**, Medical Director of Ohio Medicaid, and **Dr. Mary DiOrio**, Medical Director of the ODH, who discussed "State Partnerships to Reduce Infant Mortality." **Kenneth Braswell**,



Cuyahoga County Executive Armond Budish welcomes the attendees.

Founder and Executive Director of Fathers Incorporated, discussed bringing fathers into the healthy baby conversation as well, as they are part of the solution but don't always feel welcomed.

Numerous breakout sessions were held throughout the day. AMCNO staff attended a session on how partnerships are making a difference in other Ohio cities. The executive directors from each initiative—Cradle Cincinnati, Celebrate One (in Columbus) and First Year Cleveland—discussed their efforts and successes.

Cradle Cincinnati has seen a 13% reduction in IMR, including a 30% decrease in sleep-related deaths. The program focuses on directing the community to resources they can use, and promoting the message of the "3 S's:" Spacing, Smoking, and Sleep. Celebrate One is structured differently than the other two cities' initiatives—using an executive committee to oversee the program. They focus on Healthy Women, Babies and Neighborhoods, and have several programs in each category to focus on those goals. First Year Cleveland is a relatively new initiative but will be taking direction from these two other programs to establish a strong base.

The event closed with a presentation from **Paul Schmitz**, Senior Advisor, Collective Impact Forum, on "Building a Collective Impact Culture" and a call to action from **Magda Peck**, Founder/Principal of the MP3 Health Group, which is dedicated to social innovation and systems change for healthy and just communities.

AMEF Sponsors Immunize Ohio Event

The Academy of Medicine Education Foundation (AMEF) was pleased to sponsor the 2016 Immunize Ohio statewide immunization conference held in November at the Galaxy Banquet Center in Wadsworth, Ohio.

The purpose of this year's "The Future of Vaccines" conference was to dispel misinformation through candid discussion on the validity and safety of current vaccines and address vaccination's spectrum of benefits, while focusing on the advancement of adjuvant technology and its improvements toward public health.

The guest speakers for the event were: **Dr. Blaise Congeni**, Director for the Division of Infectious Diseases at Akron Children's Hospital; **Dr. Leonard Friedland** from GlaxoSmithKline, and **Dr. Raymond Strikas** from the Centers for Disease Control and Prevention (CDC). They were introduced by **Cindy Modie**, Director of Immunize Ohio, who also welcomed the 200 attendees at the start of the program.

Dr. Congeni's talk focused on the changes in vaccinations schedules for HPV, meningitis, and pertussis, as well as vaccination hesitancy and refusal.

He stressed that the anti-vaccine movement is harmful to public health. "The risk of disease far outweighs the risk of vaccine," he said. "Vaccines are effective, they are safe, and they need to be recommended." He added that in the last 100 years, the life span of Americans has doubled, largely because of vaccines.

Current recommendations for HPV vaccination for females and males is age 11 or 12 years, and can begin as early as age 9. Females are to receive HVP2, HPV4, or HPV9; males receive HPV4 or HPV9.

Meningococcus B immunization is recommended for those aged 10 to 25 years, and the majority of the ACIP committee agreed that ages 16 to 18 is the preferred age range so that the protection will last into the highest risk period. As a "category B recommendation," however, physicians and patients will decide on an individual basis whether a patient needs to receive this vaccine, Dr. Congeni said.

He also discussed adolescent and adult pertussis vaccination. Routine immunization

with Tdap for all pregnant women is highly recommended. And if it's not administered during pregnancy, a dose should be given immediately postpartum. By doing so, it could prevent all infant deaths that occur from this disease, Dr. Congeni said.

Dr. Friedland discussed adjuvants during his presentation and how they are included in the complex biological mixtures that make up vaccines. The discovery of adjuvants occurred in the 1920s, and by the 1930s, they were used in vaccinations. Since then, billions of doses have been administered safely and effectively, he said.

However, we've only recently begun to understand exactly how the immune system is activated, he said. Three scientists received a Nobel Peace Prize in 2011 for discovering innate and adaptive immunity.

He also discussed the safety considerations for the development of vaccines with novel adjuvants, assessing the risks versus benefits through each stage. He referred to the current climate for vaccinations as the "Golden Age," because new adjuvants have been and are being discovered—something that hasn't been done in the last 75 years.



Healthcare professionals gather to learn about the latest information concerning immunizations.

The final presenter, Dr. Strikas, discussed vaccine storage and handling, vaccine administration, and new recommendations from the CDC and ACIP.

He advised attendees to visit the CDC website at www.cdc.gov to obtain the latest Vaccine Storage and Handling Toolkit. He stressed that vaccines must be properly stored from manufacturer all the way to administration, and training is essential.

He also discussed the best practices and resources for vaccine administration errors, safe injection practices, and infection control.

To learn more about Immunize Ohio, visit their website: www.immunizeohio.org.

Annual AMEF Fundraiser

Every year in August, AMEF sponsors an event designed specifically to raise funds for the foundation—a charitable golf outing held in memory of Marissa Rose Biddlestone, daughter of the AMCNO executive vice president and CEO, who succumbed to leukemia in 2003.

Now in its 13th year, this annual outing has raised more than \$430,000 for the foundation—funds that are utilized for local medical student scholarships and the aforementioned AMEF projects.

(For an overview and pictures from this year's outstanding outing see page 15).

Please consider AMEF in your charitable giving plans. Inside this newsletter is an envelope that you can use for your AMEF donation. It includes information on the different types of gifts we offer as well as the various payment methods. Thank you!

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A special thanks to our contributors from 1990 to present

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As the cost of medical education continually increases, financial assistance for medical students is more important than ever. And as you may know, a physician shortage is predicted in the next decade, with studies showing there may not be enough qualified physicians to meet the medical needs of an aging population in coming years. AMEF needs funds to provide scholarships to medical students to assure that our medical schools continue training physicians to meet the needs of patients in the future. Your contribution to AMEF will help us with this laudable goal. In addition, your funds will be used to assist with other worthwhile foundation activities. Contributors will be acknowledged on the AMCNO website, in future newsletters and when the medical scholarships are awarded at our annual meeting. Included with this newsletter is a give envelope for AMEF. A separate mailing has also been sent out to all past scholarship recipients and all AMCNO members requesting donations/contributions to the AMEF. Please include AMEF in your charitable giving plans.



AMEF

Academy of Medicine Education Foundation

As the cost of medical education continually increases, financial assistance for medical students is more important than ever. And as you may know, a physician shortage is predicted in the next decade with studies showing there may not be enough qualified physicians to meet the medical needs of an aging population in coming years. AMEF needs funds to provide scholarships to medical students to assure that our medical schools continue training physicians to meet the needs of patients in the future. Your contribution to AMEF will help us with this laudable goal. In addition, your funds will be used to assist with other worthwhile foundation activities. Contributors will be acknowledged on the AMCNO website, in future newsletters and when the medical scholarships are awarded at our annual meeting. Included with this newsletter is a give envelope for AMEF. A separate mailing has also been sent out to all past scholarship recipients and all AMCNO members requesting donations/contributions to the AMEF. Please include AMEF in your charitable giving plans.

The Academy of Medicine Education Foundation was formed by the physician leadership of the Academy of Medicine of Cleveland & Northern Ohio. Original funding came from voluntary contributions as a result of a successful polio vaccination program sponsored by the Academy of Medicine of Cleveland in 1958 and 1962. The largest continuing commitment of the foundation is student scholarship grants to worthy students in the medical field. Since its inception, the foundation has granted more than \$1.5 million to such qualified students. The foundation has historically initiated many programs of benefit to the community and has co-sponsored and funded various healthcare related seminars and programs across Northeast Ohio for decades.

The Purpose of AMEF

AMEF MAY APPLY FUNDS TO THE FOLLOWING CHARITABLE AND EDUCATIONAL PURPOSES:

- Promoting education and research in the field of medicine by the establishment or financing of fellowships, scholarships, lectures, projects and awards on such terms as the Trustees deem best;
- Providing and promoting education programs on the science of medicine, including presentations on clinical care and new procedures;
- Providing and promoting health education for the welfare of the community, identifying public health issues and unmet community healthcare needs and make proposals for dealing with such issues and filling such needs for the benefit of the public;
- Maintaining and providing educational materials and publications concerning healthcare to the members, related public service organizations and citizens of the community;
- Supporting medical education at local medical schools by providing lectures and counseling services;
- Supporting local public health programs and initiatives;
- Sponsoring seminars on topics of medical education and public health issues;
- Assisting in the production of educational radio and television programs, telephone recordings, and computer and electronic programs and materials, designed in each case to educate members of the general public on matters of health care and public health issues;
- Making grants, donations, or contributions of funds or other property in the trust estate to other charitable, scientific, and educational trusts, organizations or institutions, organized and operated for any of the purposes set forth in subparagraphs above, or for uses that are in furtherance of any of the other purposes of this Trust, including for medical research and education, public health programs, and public and community education relating to healthcare and wellness programs, provided that no part of the net income of such trusts, organizations, or institutions inures to the benefit of any private shareholder or individual and that no substantial part of the activity of such trust, organization, or institution is the carrying on of propaganda, or otherwise attempting to influence legislation, or participating or intervening in any political campaign.

2016 Golf Outing Highlights

Many Thanks to the 2016 Golf Outing Participants and Sponsors for Another Smashing Success!

AMEF's golf outing will benefit medical students, physicians and the community

On August 8, golfers teed off for the Academy of Medicine Education Foundation's (AMEF) 13th Annual Marissa Rose Biddlestone Memorial Golf Outing.

This year's event was held at the Mayfield Sand Ridge Golf Club. Eager foursomes tested their expertise in a shotgun tournament to raise money for AMEF, which was established for charitable, education and scientific purposes. These monies will be utilized for medical student scholarships, annual CME seminars and grants for health-related programs.

The day went smoothly as golfers registered and dropped off their bags, practiced their shots and enjoyed a leisurely lunch in the warm summer air. The shotgun start was at precisely 1 pm, and the game was on!

Our congratulations to the teams that took home the top prizes:

1st Place Team: William Seitz, Jr., MD; Peter Voudouris; Jacob Ehlers; Lindsey Ehlers

2nd Place Team: Jeff Stanley, DO; Pat O'Brien; Dennis Forchione; Jason Forchione



3rd Place Team: Ed Taber, Dave Valent, Ernest Auciello, Jeff Whitsell

Skill prizes were also awarded:

Closest to the pin: Tom Epps, Nick Trankito, Irwin Mandel, Pat O'Brien

Longest drive: Nate Bayless and Al Page

Longest putt holed: Pat Monahan

Cocktails were enjoyed as everyone relaxed after some challenging holes. Golfers then sat down for a delicious dinner, awards, a great speech by Dr. John Bastulli and a fun prize raffle.

A special thank you to Classic Auto Group – Jim Brown and Dr. Victor Bello for sponsoring the hole-in-one contests. And thank you to all the event and hole sponsors who helped make the day such a huge success.

Thank you to the 2016 Event Sponsors:

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SAVE THE DATE for next year's AMEF Golf Outing! August 7, 2017, at Chagrin Valley Country Club. See you there!



AMEF

Academy of Medicine Education Foundation

Meet the AMEF Board of Trustees

The AMEF Board of Trustees is comprised of dedicated individuals possessing the vision to recognize the value of a charitable component to the AMCNO. The Foundation Board of Trustees is responsible for making decisions, developing policy and providing specific direction to the foundation.

James L. Sechler, MD, President

Laura J. David, MD, Vice President

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Elayne R. Biddlestone, Staff

Mission

The mission of AMEF is to enhance healthcare through education of the medical profession and the community at large. The purpose of AMEF is to add a charitable component to the AMCNO and to partner with the AMCNO in implementing new initiatives for both physicians and the patient population through charitable, educational and scientific efforts. AMEF enhances the philosophy of the AMCNO in its focus on health-oriented education for physicians, their staff and patients by providing support for meaningful education and highlighting the value and quality of healthcare. A showcase for a philanthropic spirit is provided through the foundation for physicians who desire to give back to the community and the profession they serve.