

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

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

The ceremony was held on Saturday, May 19, and included remarks by Dr. Cameron to the students about the importance of becoming involved in the community and as a part of organized medicine. As part of the ceremony,

Dr. Cameron was honored to present the Academy of Medicine Education Foundation (AMEF) award to a graduating student who has shown outstanding commitment to the  
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AMCNO President Dr. R. Bruce Cameron speaks to the CWRU School of Medicine graduates about the importance of getting involved in the community and organized medicine.

## New Rules for Chronic Pain Prescriptions Announced

Recently Gov. John Kasich announced that doctors writing opioid prescriptions for chronic pain will have new regulations to follow in the near future. The new regulations will be enacted through rules adopted by the State Medical Board of Ohio, Ohio Board of Nursing, and Ohio State Dental Board and will include a series of checkpoints when opioid doses for chronic pain increase for patients.

The intent of the new rules is to increase patient awareness of the risk of opioid misuse and addiction, by having physicians talk with patients before starting them on long-term medication treatment to ensure opioids are actually improving function and that the patient is offered other non-opioid treatment when appropriate. The rules are also intended to promote collaboration between prescribers and specialists, and prescribers and their patients.

The benchmarks included in these new rules will be measured in morphine-equivalent doses (MED). At 50 MED, clinicians will be required to

re-evaluate the status of the patient’s underlying condition causing pain, assess functioning, look for signs of prescription misuse, consider consultation with a specialist and obtain written informed consent.

At 80 MED, clinicians will again be required to look for signs of opioid misuse, consult a specialist, obtain a written pain management agreement and consider a prescription for naloxone.

Should the prescription reach 120 MED, clinicians will have to bring in a pain medicine specialist as a prescriber or consultant.

Qualifying dentists will be limited to 100 MED for chronic pain, and any exceptions must be done in conjunction with a pain specialist.

The new rules are not intended to place limits on opioid prescriptions for sub-acute and chronic pain, rather they are meant to set forth safety checkpoints to promote collaboration and ensure appropriate prescribing and review non-medication treatment. The rules will not apply to patients receiving medication for terminal conditions or those within a hospital or in-patient setting. In addition, patients who are already being treated with opioids for chronic pain will not be required to consult with a pain management specialist unless dosages increase.

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

# FOUNDATION ACTIVITIES

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

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Cleveland and Northern Ohio communities, is a strong advocate for all patients and promotes the practice of the highest quality of medicine. This year’s AMEF award recipient was Daniel Binder. Just prior to the awards ceremony, the

AMCNO learned that Daniel was the grandson of AMCNO Past President Dr. Ted Castele, and Dr. Cameron was pleased to acknowledge that connection to the AMCNO during his remarks.

On Sunday, May 20, Dr. Cameron participated in the procession onto the stage at the commencement ceremony at Severance Hall. ■



AMCNO President Dr. R. Bruce Cameron (right) presents the AMEF award to Daniel Binder (also pictured, Dean Pamela Davis).



AMCNO Past President Dr. Richard Fratianne bestows an award in honor of his sister, Dr. Betty Jean Fratianne – which is given to a student for best exemplifying a commitment to the compassionate care of patients, volunteer service, and sensitivity to the needs of the poor, the elderly and the handicapped.



AMCNO member Dr. Theodore Parran (left) was recognized during the legacy award presentation along with his daughter Krista, who was part of the 2018 CWRU School of Medicine graduating class.

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## Congratulations to the 2018-19 AMEF Scholarship Recipients!

The Academy of Medicine Education Foundation (AMEF) has awarded eight local medical students with \$5,000 scholarships each for the 2018-19 school year to help ease the burden of student loans.

The AMEF Board of Directors reviews new applications each year and chooses students based on a number of criteria. Applicants are third- or fourth-year medical students who are, or were, residents of Cuyahoga, Ashtabula, Geauga, Lake, Lorain, Portage or Summit counties, and who have demonstrated an interest in being involved in organized medicine and community activities. They must also possess leadership skills and demonstrate academic achievement.

Each year, the AMEF and the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) highlight the scholarship recipients in our publications. The awardees are asked to provide their photo and short bio, so that our members can learn more about them—such as their interests and future plans. Their information follows.

The AMEF and the AMCNO would like to congratulate these exemplary recipients, and we wish them all the best in their medical careers.

### **Jonathan Barko** *Scholarship Recipient from Case Western Reserve University School of Medicine*



Jonathan Barko, a northeastern Ohio native (Mentor), is currently a third-year medical student at CWRU School of Medicine. He is involved in various academic and

service activities, including: volunteering and acting as a clinical coordinator for the Student-Run Health Clinic (SRHC), the Humanities Pathway (four-year co-curricular

elective), participating in the Peru Health Outreach Program, music director of Doc Opera (annual fundraiser for SRHC and Circle Health Services), member of CaseMed Minute, and most recently was elected to sit on the CWRU School of Medicine admissions committee as a student representative. Jonathan is conducting research in a basic science lab at CWRU, focusing on the pathogenesis/pathophysiology of pediatric eosinophilic esophagitis. He is the recipient of the NIH T35 grant and the Culpeper Fellowship for his research efforts. Outside of medicine, he enjoys playing clarinet in the Case Symphonic Winds, practicing piano, learning languages (ie, Mandarin, Japanese, Spanish), traveling, running, and cooking. Although he has not decided yet, Jonathan is planning on specializing in pediatric emergency medicine. Upon completing residency, he hopes to work as a full-time physician in an academic center, where he can pursue opportunities to teach in medical education and become involved in medical school admissions.

### **Abhijit Das** *Scholarship Recipient from Northeast Ohio Medical University*



Abhijit Das is a second-year medical student at Northeast Ohio Medical University. He earned his Bachelor of Science in Biology at Youngstown State University,

graduating *summa cum laude* as a member of the accelerated, six-year BS/MD program. As an M1, Abhijit was awarded a 2017 Medical Student Anesthesia Research Fellowship at the University of Michigan by

the Foundation for Anesthesia Education and Research. As an M2, he devotes his time to assisting his fellow underclassmen as a peer tutor for the first-year gross anatomy, biochemistry and physiology courses. As a student organization leader, Abhijit has organized seminars on health care in the correctional system as well as the use of social media as a tool for physician advocacy. He also enjoys leading educational outreach projects, like teaching anatomy to visiting high schoolers in the cadaver lab and speaking to Akron- and Cleveland-area students about different career pathways in health care. Although Abhijit is still exploring his interests in the various medical specialties, he looks forward to having an impact on the patients and communities that he will serve as a physician and advocate. As a music fanatic, Abhijit enjoys performing with his fellow classmates, both at school and in the community, as well as occasionally playing his saxophone. In his spare time, he also writes movie reviews and travel pieces for a neighborhood magazine back home in Okemos, Michigan.

### **Cosette Kathawa** *Scholarship Recipient from Case Western Reserve University School of Medicine*



Cosette Kathawa recently completed her second year at CWRU School of Medicine. She earned a Bachelor of Science in Neuroscience and Women's Studies, with a minor in

Spanish, from the University of Michigan in 2015. She wrote her undergraduate honors thesis about doulas of color and their role in reducing birth disparities for women

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## Congratulations to the 2018-19 AMEF Scholarship Recipients!

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of color in the United States, which reinforced her desire to continue conducting research that impacts the way physicians care for vulnerable populations. Following graduation, Cosette managed and volunteered with the Dial-a-Doula program at the University of Michigan's Women's Hospital, which makes free on-call doula support available to patients in labor to help improve birth experiences and outcomes for patients lacking social support. During medical school, Cosette has served as the Medical Director of the Student-Run Health Clinic. She also participated in the Patient Navigator Program, in which she and a classmate were partnered with a Syrian refugee family with complex medical needs. Cosette enjoyed being able to connect the many moving parts of their care, and found it incredibly fulfilling to experience health care as a conduit to building a genuine and trusting relationship with the family during their hardship. Cosette hopes to become a physician who advocates for and collaborates with marginalized and underserved communities, and who provides compassionate, culturally-sensitive care to her patients. She plans to pursue a career in OB/GYN and to continue working for reproductive justice.

### Molly Kelly

**Scholarship Recipient from Case Western Reserve University School of Medicine**



Molly Kelly is a member of the CWRU School of Medicine Class of 2019. Originally from Boston, she received her undergraduate degree in Molecular and Cellular Biology from Harvard College in 2013. Prior to medical school, she spent

two years conducting metabolism research at Dana-Farber Cancer Institute in Boston. At CWRU, she co-led the pathology interest group and helped create a shadowing program for students interested in pathology. She also organized a series of student-led panels and developed written guides about USMLE strategies and clinical research tips for first- and second-year medical students. Molly has long been interested in oncology, and to this end she has pursued both clinical and basic science research opportunities in the field, studying tumor immune microenvironments in breast cancer as well as outcomes related to surgical intervention in patients with metastatic colorectal cancer. In addition, she has worked on projects related to patient satisfaction and quality improvement, and she has competitively earned grant funding for these efforts. Outside of the clinical setting, she volunteers as a hotline advocate for the Cleveland Rape Crisis Center, and in her free time she enjoys hiking, kayaking, and traveling. Molly is applying to internal medicine residencies this fall, and in the future she plans to pursue a fellowship in hematology and oncology.

### Michael LaBarbera

**Scholarship Recipient from Cleveland Clinic Lerner College of Medicine of CWRU**



University of Cincinnati, and earned his master's degree at CWRU. In graduate school, he studied microfabrication on fellowship with the NASA Glenn Research

Center, where he developed a platform for microscale mechanical devices for a proposed mission to Venus. Additionally, he worked with the Louis Stokes Cleveland VA Medical Center to develop a microfluidic "artificial kidney" device for ambulatory dialysis. Michael is currently on a dedicated research year with Cleveland Clinic cardiologists in collaboration with biomedical engineers at Case. Their work applies machine-learning algorithms to imaging in patients with atrial fibrillation, to predict who is likely to fail ablation therapy. He is planning to apply into residency in either internal medicine or neurology, and in the future plans to combine his engineering and medical interests in translational research with machine learning. In his free time, he participates in weekly Bible study and renovates homes in Cleveland with Habitat for Humanity. He also enjoys spending time with friends, weight lifting, canoeing in the summer, and learning fingerstyle guitar.

### Danielle Marshall

**Scholarship Recipient from Case Western Reserve University School of Medicine**



Danielle Marshall is completing her third year at CWRU School of Medicine and will be applying for residency in orthopedic surgery in the fall. Originally from New Jersey,

Danielle traveled across the country to University of California, Berkeley, to obtain a degree in Molecular and Cellular Biology and a minor in Global Poverty in 2012. Upon graduation, she joined the leukemia clinical trials team at Weill Cornell Medical College in New York City for three years, where she pioneered research evaluating how patients' immune cells could be programmed to fight against cancer. The summer after her first year of medical

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school, Danielle was awarded the Summer Research Fellowship in orthopedic surgery at the Hospital for Special Surgery in NYC, where she managed two clinical trials in new therapeutic technologies and rotated in the operating room. From this experience, Danielle developed a keen interest in extremity reconstructive surgery, which combines surgical precision and artistic creativity to solve many traumatic defects. In her three years of medical school, her research efforts have resulted in four peer-reviewed publications, four oral presentations, and five poster presentations at medical conferences in diverse topics ranging from the use of a new plate design in distal radius fractures to novel surgical treatment of cherubism. Moving forward, Danielle plans to pursue a career involving clinical research and international volunteerism. She desires to merge her two passions of reconstructive orthopedic surgery and global poverty to work for Doctors Without Borders, while holding an academic position at a tertiary surgical center. She is extremely grateful for this gift from the AMEF and will be using it toward her future medical endeavors.

## **Tricia Stepanek** *Scholarship Recipient from Case Western Reserve University School of Medicine*



Tricia Stepanek is finishing her third year at CWRU School of Medicine and will be applying to residencies in OB/GYN this fall. She completed her Bachelor of Science

in Chemistry at the University of Notre Dame in 2012. Prior to entering medical school, Tricia worked as an assistant project manager for a large medical scribe company, where she implemented documentation programs in emergency

departments (ED) and hospitals across the Midwest. Her time in the ED instilled in her a passion for wellness and preventive medicine. While at CWRU, Tricia was accepted into the Jack, Joseph, and Morton Mandel Wellness and Preventive Care Pathway, completed a Master of Science in Nutrition, and served as the chair of the Wellness and Student Life Committee of Case's chapter of the American Medical Student Association. She spent time volunteering with the Student-Run Health Clinic, an organization that provides high-quality, cost-free medical care to underserved populations within the Cleveland community. Tricia is currently conducting clinical research in the Department of Radiology at University Hospitals Cleveland Medical Center, where she is exploring the role of digital breast tomosynthesis in screening mammography. Originally from Bay Village, Tricia hopes to practice in the Greater Cleveland area.

## **Roy Xiao** *Scholarship Recipient from Cleveland Clinic Lerner College of Medicine of CWRU*



Roy Xiao came to Ohio after receiving his undergraduate education in Chemistry and Computer Science at Princeton University in 2014. He is currently

completing his fourth year of medical school at the Cleveland Clinic Lerner College of Medicine of CWRU and plans to apply for a residency in Otolaryngology this fall. He will also be receiving a Master of Science in Biomedical Investigation from CWRU. Roy recently completed a year of basic science research investigating novel medications to treat head and neck cancers through the Medical Research Scholars Program at the National Institutes of Health. Beyond

working directly with patients in the hospital, Roy is most excited by the possibilities for advancement and innovation throughout medicine through research. He has a wide array of interests within health care, including novel cancer therapies, surgical techniques, and public health initiatives. He has explored these interests through several research initiatives with hopes of continuing to improve the quality of medical care and patient outcomes. One example of his work was focused on demonstrating the role and value of home healthcare services in improving the transition back to the home for patients after hospital admission. Roy hopes to integrate research into a future career as an academic physician to continue contributing to the field of medicine. Roy also looks forward to a future in medical education to continue the tradition of never-ending learning within medicine. Outside the hospital, Roy's interests include cooking, following professional sports, playing with new gadgets, photography, and listening to podcasts. Roy greatly appreciates the generosity of the AMEF, and he is incredibly grateful for the continued support of his mentors.

The AMEF is now accepting scholarship applications for the 2019-20 school year. To learn more, visit the AMCNO website at [www.amcno.org](http://www.amcno.org).

Scholarship funds are primarily raised through the AMEF's annual golf outing. **This year's event will be held at the Sand Ridge Golf Club on Monday, August 13.** See page 13 for the brochure, and please consider joining us. We welcome your support! ■

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The proposed rules, which will have to go through each board's rulemaking process before they proceed to the Common Sense Initiative and Joint Committee on Agency Rule Review, are expected to be in place in the fall. The AMCNO will review the rules once they are available and provide additional information to our membership.

## **AMCNO Meets with the State Board of Pharmacy to Address Physician Concerns with OARRS Compliance Issues**

The AMCNO participated in a meeting with the State Board of Pharmacy (BOP) Executive Director Steve Schierholt and his staff to discuss the Ohio Automated Rx Reporting System (OARRS) compliance emails sent to physicians. Representatives from the State Medical Board of Ohio (SMBO) also participated in the meeting via teleconference.

The meeting was arranged by the Ohio Academy of Family Physicians (OAFP) to discuss complaints the medical associations have received from physicians who have received the compliance emails from the SMBO. The OAFP provided a detailed list of complaints they had received from members, and additional issues were also presented by the AMCNO and the other medical associations present at the meeting. Complaints ranged from a lack of respect for physicians who are trying to do their best to comply with the OARRS rules to a lack of specific patient information provided in the emails. Because the emails do not include any specific patient information, physicians have had to spend an inordinate amount of time trying to identify if they have actually missed a specific OARRS check. In addition, physicians who already have OARRS integrated into their electronic health record have received the non-compliance emails from the SMBO. Physicians are frustrated with the process and feel they are being threatened, when, in fact, they have complied with the OARRS regulations. Medical association staff at the meeting also provided multiple examples of problems with the process, noting that physicians want to do the right thing when prescribing, but they need accurate information to resolve any issues with prescribing and the OARRS system.

Director Schierholt noted that in 2016 the overdose death data showed that of the 4,050 who overdosed in Ohio, 80.77% had a history in OARRS. The overarching goal of the BOP is to get to a point where fewer Ohioans are becoming addicted in the first place—and it was this goal that led the BOP to start this compliance project. He also noted that in 2015, on average, 65,000 OARRS checks were made per day—now, around 470,000 checks are made per day and the number of doctor shoppers is going down. Unfortunately, however, the death number is not going down.

BOP staff also explained that currently there is no way to match a physician DEA number to a license number—and when the SMBO sends a letter, they use a license number and nothing validated the number in OARRS, but going forward that should no longer be an issue. The BOP is working with Appriss, their vendor for the OARRS system, to develop a new functionality so that physicians will be able to access a compliance report that will list which patients were prescribed an opioid or a benzodiazepine for more than a seven days' supply and were not queried in OARRS by the physician or delegate. Once this functionality is enabled, the BOP will be sending an alert to physicians and other prescribers in the state so that they will know how to access the compliance report. The SMBO staff indicated that once this functionality is enabled by the BOP, they will include this information in the emails sent to physicians, so they will know how to access this report and whom to contact if they need to address specific issues. The BOP is also working with the Ohio Supreme Court to flag an OARRS report if an individual is enrolled in a drug court program,

and they are working with the Ohio Department of Health to flag a report if someone is treated for an overdose.

In addition, BOP staff mentioned that there will be another feature added later this year—if a pharmacy reports an ICD-10 code, the information will also be available in OARRS. The BOP is planning to utilize the ICD-10 data to drive enforcement and policy decisions, and they are working with Medicaid to compare specific data related to opioid deaths.

On the education front, the BOP will regularly be providing reports to prescribers that present a snapshot of each clinician's prescribing of controlled substance medications. To assist prescribers in interpreting the data featured in this report, the BOP has developed a guidance document outlining how to read a prescriber practice report (visit [www.ohiopmp.gov/Documents/General/PHARMACIES\\_PRESCRIBERS/How\\_to\\_Read\\_a\\_Prescriber\\_Practice\\_Report.pdf](http://www.ohiopmp.gov/Documents/General/PHARMACIES_PRESCRIBERS/How_to_Read_a_Prescriber_Practice_Report.pdf) for a complete copy of this report). The BOP is also working on grants right now to develop a functionality that will include a treatment locator so that providers who want to make referrals will have a list of treatment providers. The BOP is also working with Appriss to develop educational videos.

The AMCNO and the other medical associations present at the meeting thanked the BOP staff for listening to the physician complaints and for their update on the changes that are planned for OARRS. We concluded the meeting by asking that a line of communication remain open between the BOP and the associations so that we can work together to address issues that may arise in the future.



*Rep. Scott Lipps (sponsor of HB 464—stroke legislation) addresses the group participating in Advocacy Day at the Statehouse.*

## **AMCNO Participates in Advocacy Day in Support of HB 464**

In late April, the AMCNO legislative staff was pleased to participate in an Advocacy Day at the Ohio Statehouse. The event was coordinated by the Ohio Chapter of the American Heart Association and the American Stroke Association. Participants met with legislators to outline the importance of establishing a foundation for improvements in stroke care through recognition of stroke centers in Ohio. House Bill 464 permits eligible hospitals to be recognized by the Ohio Department of Health (ODH) as comprehensive

or primary stroke centers or acute stroke-ready hospitals. It also prohibits a hospital from representing itself as one of these types of centers or hospitals unless it is recognized as such by ODH. The bill requires the establishment of written protocols for use by emergency medical service personnel when assessing, treating, and transporting stroke patients. The legislation will not require any Ohio hospital or center to seek or change their accreditation for stroke care, and certification is completely voluntary. The AMCNO supports HB 464.

## **AMCNO Provides Testimony in Support of Telemedicine Legislation**

AMCNO President Dr. R. Bruce Cameron provided written testimony to the House Health Committee regarding HB 546—legislation that would prohibit health plans from treating telemedicine services differently from in-person healthcare services solely because they are provided by telemedicine services. The AMCNO commented that telemedicine, a key innovation in support of healthcare delivery reform, is being used in initiatives to improve access to care, care coordination and quality, as well as reduce the rate of growth in healthcare spending. These initiatives offer a promising avenue to expand service delivery for providers and decrease economic barriers to accessing primary care, particularly for patients who find travel difficult, reside in an institution, or live in medically underserved areas.

We also noted that the appropriate use of telemedicine can greatly improve access to quality care, strengthen the patient-physician relationship, and improve access for patients with chronic conditions who may have limited access to care.

Ohio is currently behind 35 other states that have passed laws providing reimbursement for telemedicine services. The language included in HB 546 aligns Ohio with other states by requiring a health benefit plan to cover telemedicine services on the same basis and to the same extent that the plan covers in-person health services. The legislation does not mandate payment parity for telemedicine services and will allow health plans to negotiate rates for telemedicine services with physicians. The AMCNO will continue to work with a statewide coalition of provider and

patient groups supporting HB 546 to try to move this legislation forward.

## **One-Bite Rules Under Debate**

As previously reported, HB 145 was enacted by the Ohio Legislature earlier this year. The AMCNO has been working with the Medical Association Coalition (MAC)—a group that consists of medical associations from around the state and attorneys who are representing physicians in cases before the State Medical Board of Ohio (SMBO)—to develop the provisions of HB 145. This bill was meant to create a “one-bite” proposal that would assure that physicians’ privacy and anonymity would be protected. One-bite requires the SMBO to establish a confidential program for the treatment of impaired physicians. It allows providers to avoid discipline by the SMBO if they seek and complete treatment (and other specific criteria are met) for a drug, alcohol or other substance abuse problem, as long as they have not previously participated in one-bite or been sanctioned by the SMBO for impairment. Specifically under the “one-bite” exemption, a physician with drug or alcohol issues is not required to notify the SMBO if he or she meets the following conditions:

- Examination at an approved treatment provider;
- If diagnosed with impairment, the individual completes treatment in accordance with the Medical Board requirements; and
- The individual has not violated the Board’s statutes or rules, other than those relating to impairment.

The MAC fully endorsed HB 145, with the understanding that the rules and processes previously agreed upon would be honored once the bill was enacted. Although we understood that the existing rules would need to be edited to align with the legislative language, we were surprised to see that significant changes were made to the rules circulated by the SMBO for comment. The MAC, in its formal comments to the SMBO, requested that draft rules be amended to honor the previously agreed-on process. The MAC has also requested a meeting of stakeholders and key legislators to resolve the inconsistencies found in the SMBO rules.

At press time, the AMCNO and the MAC were also working on a response to the Common

Sense Initiative (CSI) since the SMBO has sent their draft rules to CSI for comment. Again, we plan to insist on a stakeholder meeting to address our concerns with the rule as drafted. The AMCNO and the MAC are committed to working with the SMBO to implement an effective and confidential one-bite program, but the rules, as currently drafted, do not achieve that result.

Finally, the SMBO has filed another set of rules with the Joint Committee on Agency Rule Review that would establish a confidential monitoring program, whereby Medical Board licensees who are under investigation concerning a mental or physical illness, other than substance use disorder or chemical abuse/dependency, may be appropriate for ongoing investigative observation and monitoring rather than formal disciplinary action. For those eligible physicians, non-disciplinary board actions would not be reported to the National Practitioners Data Bank. The MAC plans to evaluate de-identified data from the non-disciplinary program once it is implemented and consider future decisions on disability discrimination rendered by the U.S. Department of Justice, prior to deciding if additional legislative action is needed.

## **Ohio Medicaid Budget Forecast**

Ohio Medicaid updated its budget forecast in May and determined enrollment will be less than originally projected as a result of Ohio’s steadily improving economy. The reduced caseload will translate into budget savings of \$354 million (\$54 million state share) in 2018 and \$466 million (\$122 million state share) in 2019. While significant, these amounts are within 2.6% of the original budget in 2018 and 3.2% in 2019. During the budget process, Ohio Medicaid made it clear that program savings, if any, would be used to mitigate the impact of the budget cuts described below.

This will result in hospitals avoiding budget cuts—the fiscal year 2018-2019 operating budget reduced the Medicaid appropriation for hospitals \$1.1 billion over two years. Ohio Medicaid immediately implemented a plan to keep spending within reduced appropriation levels with the least amount of negative impact on hospitals and patients as possible. Based on the updated budget forecast, Ohio Medicaid adjusted its hospital spending plan

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to further reduce the impact of budget reductions. As a result, hospitals will absorb \$185 million in Medicaid reimbursement cuts over two years, but otherwise avoid an additional \$956 million in cuts originally enacted in the budget.

Also based upon this reforecast, there will be no need for a June payment delay. Ohio Medicaid's original plan to keep spending within the budget's final appropriation level included a one-week payment delay for all providers in June 2018. A one-week payment delay results in one-time Medicaid savings, and, because Medicaid pays most claims within ten days, stays well within the 30-day industry standard for prompt payment. However, based on the reforecast, Medicaid has determined that savings are sufficient for the budget to balance without needing the June payment delay. This is particularly important for behavioral health providers to maintain cash flow stability as they transition to managed care in July 2018. ■

## NOMPAC Supports House of Medicine Fundraiser

The AMCNO PAC—the Northern Ohio Political Action Committee (NOMPAC)—was pleased to support the Ohio Senate Republican Caucus hosted by the House of Medicine on May 15. AMCNO Past President Dr. Robert Hobbs, who is a current Ohio State Medical Association (OSMA) Councilor, and AMCNO executive staff attended this event.



AMCNO Past President Dr. Robert Hobbs (right) spends a moment with Senate President Larry Obhof during the event.



Dr. Hobbs (left) talks with Representative Steven Huffman—who is also a physician—at the House of Medicine event.

## NORTHERN OHIO PHYSICIAN

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6100 Oak Tree Blvd., Suite 440,  
Cleveland, OH 44131-2352

Phone: (216) 520-1000 • Fax: (216) 520-0999

**STAFF Executive Editor**, Elayne R. Biddlestone

**Associate Editor**: Tara Camera

**Contributing Staff**: Abby Bell

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30700 Bainbridge Road, Suite B  
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(216) 591-2350  
Philip.Moshier@LFG.com



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## CenteringPregnancy™ Showing Strong Outcomes in Cuyahoga County

By Bernadette Kerrigan, MSSA, LISW, SPHR, Executive Director

First Year Cleveland's CenteringPregnancy™ Coalition, an important action team that is part of the public-private infant mortality collaboration in Cuyahoga County, showed positive outcomes in 2017. With recent additional Ohio Department of Medicaid grant funding of \$1.4 million to support an enrollment goal of 2,000 women, program expansion may lower preterm birth rates as well as a reduction in low birth weight babies in 2018 if the positive outcomes can be scaled.

Heading up the First Year Cleveland coalition are co-chairs Celina Cunanan, CNM, System Chief, Nurse-Midwifery at University Hospitals, and Alison Tomazic, Centering and Midwifery Program Manager at Neighborhood Family Practice.

University Hospitals was named the Centering Healthcare Institute Regional Leadership Partner in the Midwest in February this year, in part due to the strong performance the CenteringPregnancy™ programs have had so far. The six organizations in Cuyahoga County that are part of the coalition are Northeast Ohio Neighborhood Health Services (NEON), Neighborhood Family Practice (NFP), The MetroHealth System, Care Alliance, Cleveland Clinic, and University Hospitals.

"The Centering model has been nationally recognized as an effective strategy to prevent preterm births and improve maternal and infant health," says Patti DePompei, RN, MSN, President, University Hospitals Rainbow Babies & Children's and MacDonald Women's hospitals.

In 2017, the six organizations which provided CenteringPregnancy™ as part of the coalition had the following results:

- 64 cohorts
- 550 women enrolled
- 409 African American mothers participated
- 285 babies were born
- 4.5% low birth weight babies
- 4.9% preterm birth [compared to county 12.1%]
- 69.3% of mothers were breastfeeding at discharge
- 77% African American mothers

All of the organizations are reporting to the local Ohio Equity Institute (OEI) through Cuyahoga County Board of Health on participation and birth outcomes.

"Based on national research, we know Centering can reduce preterm birth rates for African American moms by 41 percent," notes Cunanan. "We are seeing strong outcomes

locally in Cuyahoga County as well, and look forward to continued expansion of this critical area of prenatal healthcare."

Alison Tomazic has conducted two Centering facilitation workshops for the coalition to date, with more set in the future, as an in-house trainer with Centering Healthcare Institute. "Expanding these programs through training will allow us to scale up the positive impact CenteringPregnancy™ can have in Cuyahoga County. We want to be prepared to help as many women as possible enroll in and attend

Centering groups to support maternal and infant health," said Tomazic.

Learn more about the program at <http://www.uhhospitals.org/macdonald/services/nurse-midwifery/services/centeringpregnancy> or by contacting [FYCCenteringCoalition@case.edu](mailto:FYCCenteringCoalition@case.edu).

More information on First Year Cleveland can be found at <http://FirstYearCleveland.org> and anyone can sign up for email newsletters by texting "BABY" to 66866. FYC welcomes ideas, feedback, and input—please email [FYCIdeas@case.edu](mailto:FYCIdeas@case.edu) ■

**Editor's Note:** The AMCNO is pleased to be a community partner of First Year Cleveland. We have been involved with this initiative since its inception.

### Small Practice Quality Payment Program Support Available



Health Services Advisory Group (HSAG) has been contracted by the Centers for Medicare & Medicaid Services (CMS) to support large practices—those with 16 or more eligible clinicians—in understanding and successfully participating in the Quality Payment Program (QPP) for the state of Ohio. Through the Small, Underserved, and Rural Support (SURS) initiative, clinicians included in the QPP can receive no cost practice-level support for Performance Year 2018 under the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

Practice-Level Support Available from HSAG:

- Support in understanding the general requirements of the QPP
- Assistance in determining if you are included in the QPP
- Advice on identifying and choosing appropriate MIPS measures and activities to report
- Help with submitting your data
- Guidance on transitioning into an APM or Advanced APM
- Practice readiness assessments
- Developing strategies for implementing Certified Electronic Health Record Technology (CEHRT)
- Assistance in forming Virtual Groups with peers
- Support in participating in a quality improvement initiative

Please visit HSAG's QPP Service Center at <https://www.hsag.com/QPP> to find out more. HSAG looks forward to working with your organization and its members! If you have any questions, please contact Kim Salamone, PhD, MPA, HSAG, Vice President, Health Information Technology, at [ksalamone@hsag.com](mailto:ksalamone@hsag.com).



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Akron Children's Hospital

## Meet R. Bruce Cameron, MD 2018-2019 AMCNO President



### TELL US ABOUT YOURSELF AND YOUR PRACTICE

I am a gastroenterologist. I was in private practice with a multi-specialty group at University Suburban Health Center for my first 22 years of practice before joining UHMP Gastroenterology as one of four founding members in 2006. UHMP Gastroenterology is a hybrid model, with salaries based on collections, but with physician ownership of two ambulatory surgery centers in collaboration with University Hospitals (UH) and our practice management partner, Physicians Endoscopy of Philadelphia.

At the start of my practice, I saw both general medicine patients and gastroenterology consultations. Unfortunately, as the demand for screening colonoscopy grew following Katie Couric's televised procedure, I had to give up general medicine for more endoscopy time. The summer of 2018 will mark my 35th year in practice. As with anyone's practice, there have been great successes mixed with some tragedies. The high points vastly outweigh the lows, however, and I have been very happy working as an internist and gastroenterologist.

I am well-versed in the difficulties of independent private practice and now the employment model. I also have in-depth personal experience in running a small business in the form of our two ambulatory surgery centers. I have become immersed in the practice management side of our operation after representing the American College of Gastroenterology (ACG) on the American Medical Association (AMA) CPT Advisory Committee, the AMA RUC Advisory Committee, the ACG Practice Management Committee, the ACG Board of Governors, the ACG Board of Trustees, and now the AMA House of Delegates.

### HOW DID YOU BECOME INTERESTED IN MEDICINE?

My father was an internist and my mother was a nurse at University Hospitals, and I am the second oldest of their 12 children. I was thinking about medicine as an undergraduate at Wabash College, but my performance was average at best, so I earned a Master of Arts in Teaching, with a concentration in inner-city teaching, from John Carroll University. I taught junior high science in inner-city Cleveland for two years and I was not happy. Because my father was an internist at UH and a graduate of Western Reserve School of Medicine, I was able to obtain an interview with Dr. Jack Caughey. Dr. Caughey was a very unusual Dean of Admissions and he took an interest in me. We worked out an arrangement that I would take further course work at Cleveland State University (CSU) and present a superior performance that would indicate my seriousness in proceeding with a medical education. From there, everything worked out very well, and I began medical school in 1975. I was one of Dr. Caughey's last "bent arrows" to enter CWRU School of Medicine before his retirement. I met my future wife of nearly 40 years on the third day of school when I was assigned to teach her how to draw blood on the 16 bed wards of old Lakeside Hospital. She is now a retired dermatologist from the Cleveland Clinic, and our daughter is a graduate of CWRU School of Law, with a Masters in Urban Planning and Development from CSU. She now works for a large real estate development organization, the NPR Group, as a project manager. We lost our son Alan to an accidental overdose while he was attending college at the University of Colorado.

### WHAT ACCOMPLISHMENTS ARE YOU MOST PROUD OF?

Of course, I'm very proud of the practice I have built and the many volunteer hours I have given to local and national medical societies. I am most proud of the community-based faculty teaching award that I received from the house staff at UH in 1998. Unfortunately, the federal requirement for attending involvement on inpatient service has severely limited community-based physicians from rounding with ward teams. I still have some third-year medicine clerks rotating through the endoscopy centers to get a feel for what an endoscopic practice is like.

### WHAT ARE YOUR HOBBIES AND INTERESTS?

I like to say that my hobby is golf, but I only got out twice last summer. I like to scuba dive, but my wife pointed out recently while we were in Mexico that I haven't been diving in 10 years. I find that my practice management volunteer jobs for the ACG take me out of town about one month a year, so I suppose that these assignments have become my avocation. I still hope to golf more when I retire.

### WHAT ARE YOUR GOALS AND PRIORITIES FOR THE AMCNO THIS YEAR?

The first goal is to listen to the Board of Directors and EVP/CEO Elayne Biddlestone and keep everything on an even keel. The advocacy efforts of the AMCNO are extraordinary and have no peer. The AMCNO has represented the interests of physicians and hospitals in our region and state for 194 years. It was instrumental in changing the makeup of the Ohio Supreme Court that led to sustained reform, stabilization and resolution of our malpractice crisis in 2005. Most recently, it has presented amicus briefs (or friend of the court filings) on the privacy of peer review, caps on non-economic damages in malpractice cases, time limits on filing malpractice claims, and the "apology statute."

The AMCNO needs to lobby for affordable health insurance and affordable medications for our patients but also keep in mind that physician reimbursement has been falling against inflation since 1995.

Physician "burn out" has become an epidemic as EHRs, coding requirements, prior authorization, reimbursement cuts with MIPS scores, and rising overhead costs require more and more time each day and keep physicians from examining the patient, making a correct differential diagnosis, and instituting a treatment plan. Dealing with all of this and expecting to receive a fair payment for your efforts and still have time in the day for a family life is next to impossible.

The AMCNO must encourage our major hospital systems to remove the administrative burdens from physicians. Hospital systems have saved money by transferring administrative duties to the physician and saving on dictation costs, billing departments, and front desk personnel. We must continue to address

*(Continued on page 12)*

# AMCNO LEADERSHIP UPDATE

## Meet R. Bruce Cameron, MD

(Continued from page 11)

governmental regulators who do not value physician work. These same regulators have not held the EHR manufacturers to the functional and intraoperative standard that was promised in the discarded “Meaningful Use 3” standards.

### WHAT ARE YOUR CONCERNS ABOUT THE FUTURE OF HEALTH CARE?

When I was in medical school, you could still hear advice such as “work hard, do a good job, look out for your patients, and financial success will take care of itself.” Nothing could be further from the truth in this day and age. The regulatory and administrative burden is already overwhelming and slated to get worse. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was supposed to change medical practice to an efficient care delivery system that was patient-centric and cost efficient. Unfortunately, the Quality Payment Program (QPP) has initiated complex rules that reward reporting rather than quality of care, while moving physicians from fee-for-service to risk-bearing arrangements that promise “bonuses” but practically guarantee cuts in reimbursement. According to the Medical Group Management Association (MGMA), QPP is the most burdensome regulatory issue facing group practice, with a requirement for 15 quality measures and a two-year delay before actionable feedback. Seventy percent of MGMA members cite the program for a lack of clinical relevance to patient care. MGMA reports that in 2016, 785 hours per physician and \$15.4 billion were spent on quality measure reporting systems. The majority of the time physicians spent was in entering information into the medical record only for the purpose of reporting quality

measures for external entities. The administrative burden is driving physicians away from patients and toward paperwork.

### HOW WOULD YOU ASK PHYSICIANS TO SUPPORT THE ACADEMY?

Specialty societies dominate organized medicine, with 78% of physicians having memberships in a national society, while only 26% of physicians belong to the AMA. This tends to deliver a mixed message to regulators and Congressional members who can hear different voices from the specialists than they do from the combined “House of Medicine” at the AMA. As the old adage reminds us, “all politics are local,” so we need to remember that most of our advocacy work is state and local and that no organization does it better or more economically than the AMCNO.

In an earlier time, the independent physician felt an obligation to join state and local medical societies to keep up with, and have a voice in, state and local regulatory events and the practices of the large hospital systems in their locality. Employed physicians are skeptical of membership in county and state medical societies and feel that their employer should be taking care of supporting advocacy groups on their behalf. Unfortunately, physicians who are accustomed to making autonomous decisions find themselves part of a large organization that can ignore the individual physician’s voice. That voice continues to be the AMCNO. We should not passively accept our current circumstances as if nothing can be changed. Collectively, we can expect more from our leaders in government, our hospitals and our profession. The effectiveness of the AMCNO depends on the support it receives from those we represent. I am concerned that the effectiveness of the AMCNO may not be appreciated until it is lost. ■



During the installation ceremony, outgoing AMCNO President Dr. Fred Jorgensen (right) passes the gavel to incoming President Dr. R. Bruce Cameron (left). Dr. Cameron will serve for the 2018-19 year term.

## 2018-2019 Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Board of Directors and Officers

### AMCNO BOARD OF DIRECTORS

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Mary Frances Haerr, MD

#### DISTRICT III

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**AMEF**

Academy of Medicine Education Foundation

**PLEASE JOIN US** on August 13, 2018, at The Mayfield Sand Run Club in support of the **15TH ANNUAL MARISSA ROSE BIDDLESTONE MEMORIAL GOLF OUTING.**

The Northern Ohio community benefits greatly from this yearly summertime event. Proceeds help fund local educational programs (including medical school scholarships) and help physicians and the patients they serve achieve better health outcomes through the implementation of new initiatives, plus so much more.

So do your part! Tee up and help continue the tradition of excellent health care in our region!

The Academy of Medicine Education Foundation (AMEF) was established for charitable, educational and scientific purposes.

The purpose of the AMEF is to add a charitable component to the AMCNO and position the Academy as a viable resource dedicated to the improvement of health care through education. The AMEF enhances the philosophy of the AMCNO in its focus on healthcare-oriented education for physicians, their staff and patients by providing support for meaningful education and highlighting the value and quality of health care.

**Please select your level of support:**

- Diamond Sponsor**     **\$10,000** Includes fees for 2 foursomes, plus your company name featured prominently in the brochure, in a full page in the day's program, on signage at dinner and on a list of event sponsors displayed at several areas around the course.
- Platinum Sponsor**     **\$5,000** Includes fees for a foursome, plus your company name featured prominently in the brochure, in the day's program, on signage at dinner and on a list of event sponsors displayed at several areas around the course.
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- Hole Sponsor**     **\$1,000** Includes your company name in the brochure, in the program for the event, and displayed on a specific hole.
- Individual golfer**     **\$350** Your entry fee of \$350 includes greens fees, cart and one caddy, lunch, dinner and prizes.
- Can't make it. But I'd like to make a tax-deductible contribution \$\_\_\_\_\_

**A portion of the sponsorship and golf fees are tax deductible.**

**Golfers: please indicate foursome names & handicaps**

- |          |          |
|----------|----------|
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For more information or to register by phone call Abby Bell or Tara Camera at: 216-520-1000

Fax registration to: 216-520-0999 OR Pay by credit card:  AMEX  MasterCard  Visa

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_



## Members Needed for AMCNO's Annual Mini-Internship Program

The AMCNO will hold its annual Mini-Internship program October 22-24, 2018. The program, which was established in 1989, is designed to improve understanding and communication between the medical profession and those in the community who influence, establish and report on healthcare policy in Northeast Ohio. During the two-day program, interns have the opportunity to spend time with four physicians, accompanying them through their daily work schedule, which can include office visits and surgery.

The goal of the program is to create an information exchange to help broaden the perspectives of all participants. Through the experience, interns can witness first-hand the demands and rewards of the medical profession during a typical physician workday.

To learn more about the program, you can view a video interview between Past President Dr. Anthony Bacevice, Jr., and the program's lead physician, Dr. William Seitz, on our website [www.amcno.org](http://www.amcno.org).

The AMCNO is asking its members to participate in the program and act as faculty for the interns. If you are interested in participating in this year's event, contact Tara Camera at (216) 520-1000, ext. 102, or email her at [tcamera@amcno.org](mailto:tcamera@amcno.org). ■

## Physician Participants Needed for the Annual PALS Networking Event

The AMCNO is looking for physician members to participate in our fourth annual Physicians Are Linked with Students (PALS) networking event. It will be held at the Case Western Reserve University School of Medicine on October 4, from 6-8 pm.

During the program, second- and third-year medical students will have the opportunity to speak with physicians to learn about the details of practicing medicine and what they can expect if they enter a specific specialty. We would like to have physicians from various fields participate, so that the students get a better overview of different specialties and subspecialties.

This event is a huge success each year, based on the extremely positive feedback we receive from both the students and physician participants at the completion of the program. It is a great opportunity to meet with these young students and aspiring physicians to help give them guidance in their studies.

If you are interested in learning more about the event, and you will like to participate in it, please contact Tara Camera at the AMCNO offices at [tcamera@amcno.org](mailto:tcamera@amcno.org) or (216) 520-1000, ext. 102.

It should be a fun evening! We hope you will get involved. ■

## The AMCNO Celebrates Its Members Who Have Been Practicing Medicine for 50 Years

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) recently honored a very unique group of physicians—those who have been practicing medicine for 50 years.

These physicians have continued to be active participants in the healing process, contributing to humanity through each of their medical specialties, and reaching out tens of thousands of times to their patients, families and colleagues.

To recognize this extraordinary milestone in their careers, the AMCNO presented each physician with an award certificate, thanking them for their dedication and for all of the lives that they have helped throughout the years.

The AMCNO honors the following physicians who have achieved 50 years in the medical profession. We are thankful that they have chosen to be included in our organization, and we sincerely appreciate the care they have provided to Northern Ohio residents for the last five decades.

### Congratulations!

Philip L. Bailin, MD	Drogo K. Montague, MD
Jerome L. Belinson, MD	Virginia C. Poirier, MD
Thomas B. Bralliar, MD	Saraswathi Ramachandran, MD
William D. Carey, MD	William J. Reinhart, MD
Benedict J. Colombi, MD	Raymond J. Scheetz, Jr., MD
Robert G. Corwin, MD	Stephen D. Schreibman, MD
Daniel Boles Cudnik, MD	Norman J. Starr, MD
Beverly B. Dahms, MD	Murali Sundaram, MD
Kevin T. Geraci, MD	Augusto Torres, MD
Michael Thomas Gyves, MD	Cornelis Trouw, MD
Robert Kiwi, MD	Celia Yap, MD
Louis H. Levine, MD	William I. Zaia, MD
Asikin Mentari, MD	Hernando Zegarra, MD



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**Stay in the Know—  
Join the AMCNO  
on Social Media!**

Did you know the AMCNO is on Twitter and Facebook? Did you also know that you don't have to sign up for either of the platforms to be able to view our pages?

Through these social media accounts, we can post what's happening within the organization, such as events and photos that go along with them. We also post breaking news and updates, in addition to retweeting information that is of interest to our members.



Follow us on Twitter at [AMCNOTABLES](https://twitter.com/AMCNOTABLES), and Like us on [Facebook](https://www.facebook.com/AMCNOTABLES).



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# AMCNO HIGHLIGHTS AND RECENT ACTIVITIES

The Academy of Medicine of Cleveland & Northern Ohio  
**THE VOICE OF NE OHIO PHYSICIANS FOR 194 YEARS**  
AMCNO Working on Behalf of Our Members and Their Patients  
AMCNO Highlights and Recent Activities

## LEGISLATIVE/ADVOCACY ACTIVITIES

- Reviewed and took positions on all healthcare-related bills under review at the state legislature, making our position known to the legislative sponsors and committee chairman; and worked with local healthcare institutions and statewide coalitions to address legislative matters;
- Provided testimony, letters and presentations on bills—supporting changes in step therapy processes, opposing psychologist prescribing, opposing fireworks legalization, supporting telemedicine legislation, and expressing concern about maintenance of certification, physical therapist and certified nurse anesthetist scope of practice issues;
- Participated in advocacy events for childhood immunization legislation and stroke center legislation;
- Participated in a statehouse rally supporting continuing Medicaid expansion;
- Became part of a statewide coalition to support pharmacy benefit manager/clawback legislation to prohibit health plans from over-inflating pharmacy charges;
- Worked with a statewide medical coalition on legislation to change the one-bite rules in Ohio and confidential treatment for physicians.

## PRACTICE MANAGEMENT

- Participated in a Region V State Medical Society meeting with Centers for Medicare & Medicaid Services (CMS) and worked with the CMS staff to provide physician training on MACRA, the Quality Payment Program and the Merit-based Incentive Payment System (MIPS);
- Participated in discussions with the Ohio Department of Medicaid on the development of a primary care physician survey;
- Participated in a regional physician roundtable meeting with CMS Administrator Seema Verma;
- Participated as an active member of the CGS Provider Outreach and Education Group;
- Worked with local law firms to provide timely information to our members on topics such as the American Health Care Act, medical marijuana, when texting patients is appropriate, Medicaid work requirement and community engagement information, and how to manage online criticism;
- Provided our members with information on the retention and appropriate charges for medical records;
- Provided detailed information to our members regarding cybersecurity issues.

## COMMUNITY/PUBLIC HEALTH EFFORTS

- Provided representation and input to the Cleveland Museum of Natural History Health Advisory Committee;
- Provided representation to the Center for Health Affairs Board of Trustees;
- Hosted the 28th annual Mini-Internship program that allows community members to shadow AMCNO physicians in their practice setting—the longest continuous program of its kind in the country;
- Continued as an active participant in the Better Health Partnership;
- Continued our work with the Cuyahoga County Board of Health as part of their Health Improvement Plan Partnership (HIP-Cuyahoga);
- Participated in the Greater Cleveland/Cuyahoga Community-Wide Heroin/Opiate Task Force;
- Continued our longstanding Vote and Vaccinate Program in the community;
- Participated as a member of the Prescription Drug Abuse Action Group (PDAAG);
- Continued as a member of the CliniSync Physician Advisory Group and provided timely articles about the work of CliniSync in our magazine and on our website;
- Participated in regional meetings focusing on how to address the opioid crisis.

## PUBLIC RELATIONS

- Continued to meet with Ohio state agency administrators to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Entered the 56th year of operation for the AMCNO Pollen Line, garnering extensive media attention for the service; utilized social media to provide information on the pollen counts to the community;
- Sent news releases and utilized social media to reach the community, our members and the media;
- Provided physician presenters to discuss medically related topics, such as harm reduction strategies, to community organizations;
- Provided videos on our website for our members on legislative advocacy, foundation sponsorships and AMCNO activities.

## FOUNDATION SCHOLARSHIP AND SPONSORSHIP ACTIVITIES

- The Academy of Medicine Education Foundation (AMEF) awarded eight \$5,000 scholarships to local third- and fourth-year medical school students;
- Sponsored podcasts to assist medical students with career choices;
- Provided funding for the Pollen Line training;
- Sponsored a Safe and Competent Opioid Prescribing Education (SCOPE) of Pain Training program for physicians;
- Sponsored the Crain's Health Care Forum;
- Offered sponsorship opportunities for educational seminars and events and promoted this opportunity to hospitals, medical schools and community associations;
- Bestowed the AMEF \$1,000 award to a graduating student who has shown outstanding commitment to the Northern Ohio community;
- Sponsored the AMEF annual golf event, which has now brought in more than \$450,000 to the foundation—funds that are utilized for medical student scholarships;
- Sponsored the Case Western Reserve University (CWRU) School of Medicine "Doc Opera."

## AMCNO AND AMEF YOUNG PHYSICIAN ENGAGEMENT

- Presented a "Welcome to the Profession" address to the graduating class of CWRU School of Medicine and Cleveland Clinic Lerner College of Medicine;
- Participated in resident orientations across the region and met with new medical students to garner their support and AMCNO membership;
- Partnered with the William E. Lower Fund to present a seminar on "Preparing for the Business Aspects of Medicine"—a program launched in Northern Ohio by the AMCNO and designed for resident members and their spouses;
- Presented information about the AMCNO and sent physician leadership to a Meet and Greet event for first-year medical students and recruited students for AMCNO membership;
- Sponsored a medical school student networking event with second-year students, known as PALS (Physicians Are Linked with Students).

## PHYSICIAN EDUCATION OPPORTUNITIES

- Collaborated with the AMEF and CWRU School of Medicine to provide opioid prescribing education courses for physicians;
- Partnered with the Cleveland Metropolitan Bar Association to present the fourth annual Medical Legal Summit, which addresses issues of importance to physicians and attorneys;
- Partnered with the Institute of Health Technology for its Cleveland Summit;
- Provided information to our members on accessing the Ohio Department of Health acute pain prescribing online modules;
- Promoted the Take Charge Ohio initiative to our members—an initiative to help promote safe pain management practices and prevent the misuse of pain medication.

## BOARD INITIATIVES/ADVOCACY

- Approved the AMCNO participation in the Ohioans Against the Deceptive Rx Ballot Issue—an initiative which would have affected prescription drug costs in an adverse manner;
- Scored a huge victory for physicians when the Ohio Supreme Court reached a decision regarding the apology statute in Ohio, giving Ohio one of the strongest apology laws in the nation;
- Agreed to work with First Year Cleveland (FYC) to focus on accurate data collection to identify and resolve issues contributing to infant deaths, and agreed to appoint an AMCNO Board member to work with FYC on infant mortality issues;
- Agreed to promote the Know the Risks Campaign to our members and partner in this program that provides key information regarding opioid addiction to the public;
- Agreed to become a partner in the Northeast Ohio Hospital Opioid Consortium and appointed an AMCNO Board member to participate in their meetings;
- Agreed to continue to work with the Medical Association Coalition to address the one-bite rules under review by the State Medical Board of Ohio (SMBO);
- Drafted and sent comments to the SMBO regarding their proposed confidential monitoring program, office-based opioid treatment and acute pain prescribing rules;
- Agreed to work with CWRU to conduct a physician burnout survey, and subsequently agreed to become a founding member of the Ohio Physician Wellness Coalition (OWPC) and work with the coalition and the Ohio Physicians Health Program (OPHP) to provide physician well-being education and information;
- Agreed to file an amicus brief at the appellate level to address rules of evidence discrepancies and standard-of-care testimony issues;
- Approved working with a statewide medical coalition to voice concerns to the Board of Pharmacy (BOP) regarding requiring ICD-10 codes on controlled substance prescriptions;
- Agreed to file an amicus brief at the appellate level to address unauthorized use of a patient's medical record;
- Agreed to join other medical associations in continued opposition to the BOP compounding rules;
- Agreed to continue to participate in an ongoing lawsuit with the Ohio Hospital Association and other medical associations against the state of Ohio, seeking an injunction to enjoin a flawed price transparency law from becoming effective;
- Approved and re-issued our position statement on healthcare reform and sent our statement to Congress.

## Benefits of Membership in the AMCNO

Physician Referral Service  
Representation at the Statehouse  
Specialty Listing in the AMCNO online Member Directory

Informative Seminars  
Speaker's Bureau Opportunities

Insurance/Financial Services  
Weekly, quarterly and bimonthly publications offering healthcare news and practice guidance

Community Resource Guide  
Lawyer Referral Brochure

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

## Is YOUR Voice Being Heard?

**Already an AMCNO member?** Now is the time to renew your commitment to organized medicine that makes a real difference in your practice and our region. Please look for a 2019 dues billing in your mail soon!

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