

## AMCNO Medical Legal Seminar Focuses on Specialty Courts

In April, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), the Academy of Medicine Education Foundation (AMEF) and the Cleveland Metropolitan Bar Association were pleased to co-sponsor our second annual seminar entitled "Medical Malpractice Issues for Physicians and Attorneys." The AMCNO would like to thank the members of our Medical Legal Liaison Committee and in particular committee members Messrs. George Moscarino and Edward Taber for scheduling the presenters and for moderating the session. Presenters included the Honorable Chief Justice of the Ohio Supreme Court, Maureen O'Connor, Judge Judy Kluger, Chief of Policy & Planning for New York State's Unified Court System, Judge John P. O'Donnell, of the Cuyahoga Commercial Docket, Dr. Muzaffar Ahmad from the Cleveland Clinic Foundation and Dr. Leonard Brzozowski, from Southwest General Health Center. Dr. Lawrence Kent, AMCNO President and Barbara Roman, CMBA President provided the opening remarks and welcomed the attendees to the joint session.

Mr. Edward Taber moderated the first session which was entitled "Medical Specialty Court Initiatives – Alternative Dispute Resolution (ADR)." The panel discussed special court-type innovations, as an alternative dispute mechanism for medical

cases; and their experiences with special courts and ADR in relation to medical malpractice cases.

### Ohio Supreme Court

The Chief Justice began the discussion by noting



Mr. Ed Taber (at podium) introduces the specialty court panel – Ohio Supreme Court Chief Justice Maureen O'Connor (left of podium) Judge Judy Kluger, and Judge John O'Donnell.

that a specialty court is a docket that is taken out of the main stream used for processing certain cases and these cases are then placed into what is known as a specialty docket. She stated that Ohio has many specialty dockets – such as drug courts, domestic violence courts, mental health

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Dr. Victor Bello (l) chairman of the Academy of Medicine Education Foundation (AMEF) bestows the inaugural AMEF Philanthropy Award on Dr. John Bastulli.

## AMCNO 2012 Annual Meeting Highlights

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) held its Annual Meeting Dinner and Awards Presentation Friday, April 27, honoring area professionals and awarding \$30,000 in foundation scholarships to local medical students during the evening's festivities. The 2012 list of honorees was led by **John A. Bastulli, MD**, who received the inaugural Academy of Medicine Education Philanthropy Award, for his unparalleled commitment to the AMEF and for his work as an outstanding fundraiser for AMEF. When presenting the AMEF award, the AMEF board chairman, Dr. Victor Bello, was pleased to announce that the AMEF board had unanimously voted to name the AMEF Philanthropy award after Dr. Bastulli to honor him for his staunch support of the foundation and for his superlative fundraising efforts.

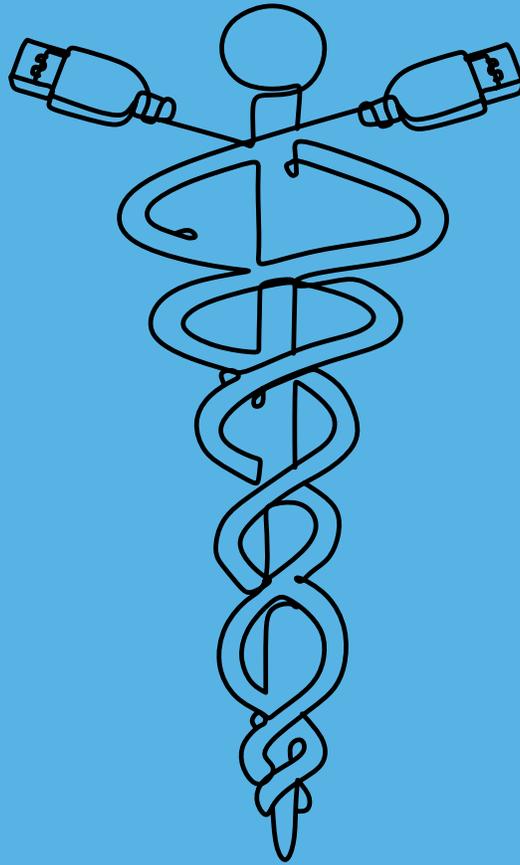
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courts, and a veterans court just to name a few. It is an alternative way of dealing with problems as they present in society. One of the benefits of creating a specialized docket is that it creates expertise and an element of consistency so that cases are treated similarly throughout the county or state where the docket is being utilized.



Ohio Supreme Court Chief Justice Maureen O'Connor offers her comments regarding specialty courts.

She noted that the first step in developing a specialty docket is to identify need. That means that there is a concerted effort by a group of like-minded individuals to look for a solution to a problem. She noted that this is something that the court does consistently – the court will put together a task force or working group to identify what the problem is and what could be the potential solution. Once a problem is identified, there have to be standards developed — and these standards may come from best practices developed by other states that have already set up a model. The next step is to identify a pilot project or areas where courts would be willing to step up, develop, take the training, and pilot a program. The Ohio Supreme Court then monitors these specialty courts through their case management section as a measurement tool. There are also rules developed and those rules must be approved by the seven members of the Ohio Supreme Court. So in a nutshell, in order to set up a specialized docket there has to be an identified need, a willingness by all the stakeholders to come together to set up and review the concept, study groups put together under the auspices of the Supreme Court; development of rules, identification of pilot projects, judges that are willing to step up and help out; studies done as to the effectiveness of the program, and then ultimately rules are developed for the policy and the procedures with final approval given by the Ohio Supreme Court.

### Commercial Dockets

Judge John P. O'Donnell, of the Cuyahoga Commercial Docket, Cuyahoga County Court of

Common Pleas, began by stating that his presentation was going to briefly describe the workings of the specialized commercial docket and some early case management techniques that *might* apply to a specialized medical docket. He noted that the commercial docket was established after almost two years as a pilot project. This was done after lawyers and business people began contemplating it as part of a task force with the intent to increase efficiency. The commercial docket promotes efficiency through specific specialized training of judges. There are two judges involved in the commercial docket in Cuyahoga County and this promotes efficiency and enhanced expertise. Also, by rule, these cases must be expedited quicker than the usual time limit. For example, motions must be ruled on within 60 days after being fully briefed and bench trial decisions must be made within 90 days. The commercial docket also requires published opinions so parties have the ability to consult the courts' past opinions, even before filing a lawsuit, which may give some guidance about the likelihood of success or a settlement – and this might be helpful in a medically related court case.

Both judges try to, when appropriate, work toward early settlement, but, of course, there are cases that are not ready to settle at the first or second pretrial. He noted that there may be other difficulties in getting a medical case settled pretrial but it never hurts to start talking settlement early. In the commercial docket setting, both judges have frequent conferences with all of the parties and during these conferences they may find that there are specific reasons why the parties do not wish to talk settlement, and the judge will then ask them to identify one or two areas of evidence that may need to be evaluated further before considering a settlement. The plan may be to get a deposition, or have some written discovery answered and then the parties reconvene to see if the case is positioned for settlement. Of course there are cases that will continue and linger on for a while but this is usually recognized early in the process – and this type of technique may be applicable to a special medical docket as well.

Another technique that would be directly transferrable to a medical docket is the collaboration of the judges. There have been instances where there is an issue that one of the judges may not be able to cover and the other judge will handle the matter. He noted that all lawyers have experienced a time when they have arrived at court and felt that a judge did not give enough attention to a case because the judge was involved in other matters. This is mitigated to some degree in the special court docket because the judges cover each other's cases where

necessary. If there were a medical specialized docket and you had 2-3 judges specifically involved in the docket then over time there would be repeat exposure to that judge. As legal practitioners, if you know you're going to a certain judge instead of one of 34, you could advise your client on what may need to be done with a greater degree of certainty since you have worked with the judge before and know what to expect.

He also noted that cases in the specialized commercial docket do tend to get settled faster with an average time from filing to disposition of



Judge John P. O'Donnell presents background on the Cuyahoga County Commercial Court.

83 days. He asked the audience to imagine for a moment if medical cases could be settled in 83 days – stating that there might be some benefit to that as well as less cost to the litigants. He did mention that there are major differences in how the cases are handled since the commercial docket involves resolving business cases where things typically come down to dollars and cents whereas in a medical case a negotiated settlement may be reported to a national database – that is an issue that exists in medical cases but not in commercial cases. Lastly he stated that in the first two years of the commercial docket they handled over 2000 cases and at this time there are roughly 400 medical malpractice cases pending in the Cuyahoga County courts – so the number of cases could be an issue when determining if there is a need for a special medical docket in Northern Ohio.

### New York Model

Judge Judy Kluger, the Chief of Policy & Planning for New York State's Unified Court System, presented to the group about the innovative New York medical specialty courts program. Judge Kluger stated that New York State leads the nation in the number of claims filed nationwide – 14% of claims filed in all 50 states. In 2009, New

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York State spent \$1.6 billion to cover medical malpractice expenses. In recent years, funds became available as part of a federal initiative with four goals in mind – putting patient safety first and work to reduce preventable injuries, foster better communication between doctors and patients, ensure that patients are compensated in a fair and timely manner for medical injuries, while also reducing the incidence of frivolous lawsuits, and reducing liability premiums.



Judge Judy Kluger gives an overview of the New York State Unified Court System.

In New York, there was already a project underway as part of The New York City Health and Hospitals Corporation Model (The HHC Model). This model utilized a process where meritorious claims as well as meritless claims against doctors and health providers were promptly identified and resolved. The key components of the HHC are specialized training for the judges in relevant areas of medicine and mediation skills, assignment of a dedicated judge from the earliest stage of litigation, and attendance at each settlement conference by parties who are familiar with the facts of the case and have the authority to settle. As a result of the implementation of the HHC and in-hospital patient safety initiatives, medical malpractice costs were reduced by approximately \$50 million per year. In 2010, a federal grant was awarded from the Agency for Healthcare Research and Quality (AHRQ). There were three components of the New York State AHRQ grant: 1. A new in-hospital Early Disclosure and Settlement program, 2. A proactive patient safety initiative, and 3. Dedicated court parts that engaged in Judge-Directed negotiations. The grant collaborators included the New York State Department of Health, the Harvard School of Public Health (a group that also develops metrics that evaluate and decide the efficacy of the

program), the Center for Court Innovation, and several area hospitals.

The hospital initiatives have included developing a proactive approach to patient safety and reviewing adverse event data to identify clinical intervention as well as research best practices. The hospitals have also developed or enhanced disclosure and early settlement programs as well as developing a comprehensive policy and process for disclosure to the patient when an adverse event occurs. Training staff and implementing the new procedures of disclosing errors to patients and, where appropriate, offering settlement before a lawsuit is commenced – has been the most challenging part of the program.

The court initiative include a judge-directed negotiation which starts with case identification, followed by hospital meetings, meetings with the plaintiff's bar, and training and working with an attorney/nurse as part of the program. Some of the judges were already experts and did not require additional training – and at this time there are 60 trained judges. There is also interest from the hospitals and the bar association to work on the training aspects. The program was also able to hire a nurse with a law degree who keeps the records and the data and she is there to provide expertise when needed – but she does not have a decision-making role – that is left up to the judge.

Judge Kluger provided the audience with an overview of how a case study would work: first, the facts of the case are obtained, then there is a request for a judicial intervention, followed by a preliminary conference where there is an exchange of records by the parties, then a compliance conference where there may be further discussion regarding a settlement amount, and if there are differences between the proposed settlement amounts there may be some time before the next step which is a settlement conference where the parties may finally come to an agreement and reach the last step of the process - a final settlement conference. Each case is different and some cases may reach a settlement earlier in the process than others. In this process the judges are knowledgeable in the process and there is an opportunity to solve the issues earlier with less cost. In New York they call these "problem-solving" courts rather than "specialty courts" but the concept is similar.

Questions from the audience were varied with one attorney asking how this process would interrelate with a mediation process. Judge Kluger responded that they do not have mandated mediation in New York State and this

is because not everyone wants to go to mediation – however, if the parties want to go to trial it is available – and a small percentage do go on to a trial – but the process saves money overall. In response to a question regarding the percentage of employed physicians involved in the project Judge Kluger responded that all of the physicians participating in the HHC model are employed by the hospitals. The hospitals can make settlements and negotiate easier and sometimes the hospitals are out by stipulation and the hospital takes on the liability – however the doctor does have a say in whether cases are settled. Judge Kluger noted that in New York they have even stricter reporting than the national database and in some cases it is a barrier in getting to settlement. She stated that before this process the litigation costs were high – depositions and experts cost money and the cases were taking over 5 years to resolve – if there is an injury to a patient they are compensated sooner. This is about getting a fair and quick resolution in these type of cases.

### Physician Panel Discussion



Mr. George Moscarino introduces the physician panel – (l to r) Mr. Moscarino, Dr. Ahmed and Dr. Brzozowski.

Mr. George Moscarino moderated the second panel discussion which was entitled *Medical Malpractice – the Physicians' Perspective*. The physicians on the panel were asked to discuss their actual experiences as a Defendant in medical malpractice litigation, including but not limited to the emotional impact of being named and actively participating as a party in a lawsuit. Physician participants on this panel were Dr. Muzaffar Ahmed from the Cleveland Clinic Foundation and Dr. Leonard Brzozowski, from Southwest General Health Center.

Mr. Moscarino began the session by asking the physician panelists what it was like to get the summons or complaint that they had been sued. Both physicians noted that they felt anger and disbelief, noting it is a mixture of unpleasant emotions and it can be very stressful. The physicians also described their relationship with



Attorneys and physicians from around Northern Ohio participated in the medical legal seminar.

their defense attorneys noting that it was very helpful to talk to them because now there was someone that understood the process – and although you feel anticipatory pressure prior to a deposition the attorneys are very helpful. Both physicians agreed that during the deposition you have to be concise in your answers. Both physicians acknowledged that the expert witness situation can be difficult – since in some instances it is a local physician and that can be hard to deal with. It is important to take the lead from your defense attorney – and at trial be clear and concise in answering questions and do not stray from the truth; and remember that you are the expert in what you practice - talk to the jury and provide the facts as you know them.

One of the physicians noted that if you are a good communicator with your patients more than likely your medical malpractice claims could be limited – it is very important to communicate with your patients as much as possible. The medical profession is entering a new “realm” with the increased use of electronic health records (EHR) – and there is no doubt that this phenomenon will have an impact on the practice of medicine. Physicians should be clear and concise on what they put into the medical record. There are now practice guidelines embedded into the EHR and there is pre-population of the chart notes in the EHR – so physicians should be very careful when signing off on and pre-populating data in the record – and remember to educate your residents about these issues. Finally it was noted that physicians should always try to do more rather than less documentation in the chart, and there should be more discussion with patients about risks and outcomes in particular if you are planning an innovative procedure.

*The AMCNO, AMEF and the CMBA wish to thank all of the presenters for their participation in this session and the AMCNO looks forward to working with the CMBA in the coming year on other medical legal initiatives. ■*

## NORTHERN OHIO PHYSICIAN

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## Around the Statehouse

### Mid-Biennium Review (MBR) Moves Through the Legislature

Over the last two months a flurry of activity took place at the Ohio Statehouse as legislators moved quickly to pass House Bill 487, the main component of Governor John Kasich's Mid-Biennium Review (MBR). Both legislative chambers accepted the joint House-Senate conference committee report, which included a majority of the Senate provisions in the bill. The legislation is the result of a comprehensive review of the enacted state budget, state policy programs and agency operations. HB 487 has now been signed by Governor Kasich.

Several items included in the MBR are of interest to the medical community. One item of interest for physicians and hospitals is the provision that addresses Certificates of Conceded Eminence. This revised code will require the State Medical Board to issue to an applicant who meets specific requirements a certificate of conceded eminence authorizing the practice of medicine and surgery as part of the applicant's employment with either an academic medical center or a physician group practice affiliated with an academic medical center. The certificate of conceded eminence is generally valid for two years and may be renewed for an unlimited number of additional two-year periods. The fee for obtaining or renewing a certificate of conceded eminence will be \$1,000.00.

Also of interest to our members and area hospitals, the MBR included specific language addressing the use and disclosure of protected health information (PHI) by covered entities. Our members will recall that over the past year the AMCNO has been at the forefront with regard to this issue. The AMCNO convened a meeting of attorneys from hospitals around Northern Ohio where AMCNO attorneys outlined detailed information and concerns about the privacy language being considered for adoption by the Ohio Health Information Partnership (the Partnership). After careful review by the AMCNO committee, the AMCNO and hospitals from around the Northern Ohio region delivered written comments to the Partnership outlining our concerns with the privacy language. As a result of our efforts as well as others from around the state, the Partnership then convened a privacy summit to discuss this issue further. One of the suggestions that came out of the summit was to consider developing legislation that would address the health information exchange (HIE) privacy issue in Ohio. Based upon the

concerns brought forward by the AMCNO, the Partnership and others from around the state, the Office of Health Transformation (OHT) did decide to develop language to include in the MBR to specifically address the exchange of protected health information (PHI) in Ohio.

The following is a brief overview of the section of the MBR addressing PHI. This overview is based upon the comparison document prepared by the Legislative Service Commission (LSC). The AMCNO has asked the Partnership to develop written materials addressing the privacy language in the MBR and how it will impact physicians and hospitals. Once the AMCNO receives additional information on how this law will be implemented we will make that information available to our members.

#### [Use and Disclosure of Protected Health Information by Covered Entities](#)

It is the intent of the general assembly in enacting this chapter to make the laws of this state governing the use and disclosure of protected health information by covered entities consistent with, but generally not more stringent than, the HIPAA privacy rule for the purpose of eliminating barriers to the adoption and use of electronic health records and health information exchanges. *This legislation does the following:*

Enacts, into state law, federal requirements for a covered entity's (as defined by the HIPAA Privacy Rule) use and disclosure of protected health information.

Specifies that any state or local requirement that conflicts with the state law requirements referenced above, or that conflicts with other provisions of the bill pertaining to the confidentiality, privacy, security, or privileged status of protected health information, is generally unenforceable.

Specifies that a covered entity is subject to additional conditions when it discloses protected health information to an approved health information exchange without valid authorization from the individual who is the subject of the information or the individual's personal representative.

Specifies that a covered entity that accesses protected health information from or through an approved health information exchange in conformance with the bill is immune from civil liability and not subject to criminal prosecution or professional disciplinary action arising out of or related to the access.

Specifies that an approved health information exchange is immune from civil liability and not subject to criminal prosecution arising out of or related to a covered entity's disclosure of protected health information to the exchange, or use of protected health information accessed from the exchange, if the disclosure or use complies with the bill.

Specifies that an approved health information exchange is immune from civil liability and not subject to criminal prosecution arising out of or related to a covered entity's having accessed protected health information from or through the approved health information exchange. The approved health information exchange is immune from civil liability and not subject to criminal prosecution arising out of or relating to a covered entity's disclosure of protected health information to the exchange.

#### [Approved Health Information Exchanges](#)

Defines a "health information exchange" as any person or governmental entity that provides in Ohio a technical infrastructure to connect computer systems or other electronic devices used by covered entities to facilitate the secure transmission of health information, and specifies that it excludes health care providers engaged in direct exchange, including direct exchange through the use of a health information service provider.

# LEGISLATIVE UPDATE

Specifies that an “approved health information exchange” may also be a health information exchange certified by the Office of the National Coordinator for Health Information Technology in the U.S. Department of Health and Human Services.

*Authorizes the ODJFS Director, in consultation with OHT, to adopt rules regarding the following:*

(1) Standards the ODJFS Director must use to (a) approve health information exchanges operating in Ohio (b) prohibits the rules from being adopted until the earlier of 60 days following the adoption of a federal certification process for health information exchanges by the Office of the National Coordinator for Health Information Technology or January 1, 2013, and (c) requires the rules to be consistent with the certification standards for health information exchanges established in federal law.

(2) Requires establishment of processes for (a) obtaining approval or reapproval for an HIE to operate in Ohio. (b) the ODJFS Director to investigate and resolve concerns and complaints regarding an approved health information exchange, (c) a health information exchange to apply for reconsideration of a decision the ODJFS Director makes under a process described in (a) or (b), above, and (d) covered entities and approved health information exchanges to enter into participation agreements and enforce the terms of such agreements.

(3) Contents of participation agreements, which must include (a) procedures for an individual or the individual's personal representative to submit to the covered entity a written request to place restrictions on the covered entity's disclosure of protected health information to the approved health information exchange, and (b) standards a covered entity must use to determine whether, and to what extent, to comply with such a written request.

The bill also specifies that the technical capabilities of software available to health information exchanges must be taken into consideration when the ODJFS Director adopts rules establishing standards regarding a covered entity's compliance with a request to place restrictions on the disclosure of information to the exchange.

## [Standard Authorization Form – Use and Disclosure of Protected Health Information and Substance Abuse Records in Ohio](#)

Requires the ODJFS Director, in consultation with OHT, to adopt rules prescribing a standard authorization form meeting federal requirements for the use and disclosure of protected health information and substance abuse records.

Requires a standard authorization form adopted by the ODJFS Director to be accepted by any person or governmental entity in Ohio as valid authorization for the use or disclosure of protected health information and substance abuse records to the persons or governmental entities specified in the form.

Specifies that the bill does not preclude a different form from being accepted as valid authorization for the use or disclosure of protected health information and substance abuse records in Ohio if the other form meets all federal requirements.

## **Other Activities Around the Statehouse**

### [Ohio Adopts Opiate Drug Prescribing Guidelines for Emergency Departments and Acute Care Facilities](#)

Gov. John R. Kasich and representatives from the Governor's Cabinet Opiate Action Team (GCOAT) have released statewide guidelines to prescribe Opioids and Other Controlled Substances (OOCs) in emergency departments and other acute care facilities. Ohio now joins other national leaders like the state of Washington in narrowing this pipeline to prescription drug abuse. In 2007, drug overdose became the leading cause of injury death in Ohio, surpassing motor vehicle crashes for the first time on record. This trend continued through 2010.

Emergency Departments (ED) are a major source of opiate prescriptions, with 39 percent of all opioids prescribed, administered or continued in the U.S. Nationally, opioid prescribing for pain-related ED visits increased from 23 percent in 1993 to 37 percent in 2005. In Ohio, 16 percent of fatal overdose victims in 2008 had a history of “doctor shopping” (filled prescriptions from at least five different prescribers in a year). The OOCs guidelines

include a general approach to prescribing but are not intended to take the place of clinical judgment, which should always be used to provide appropriate care. The set of guidelines include reminders to clinicians on what drugs to avoid routinely prescribing, as well as points to consider when making a determination on treatment options. In addition, companion guidelines were established to educate patients on these new pain management policies for acute care facilities. The set of guidelines are the product of months of work by a subgroup of the opiate action team, led by the Ohio Departments of Aging and Health. To view the guidelines go to <http://www.healthyohioprogram.org/ed/guidelines.aspx>

### [AMCNO Scores Another Victory with the Ohio Supreme Court – Court Upholds Indoor Smoking Ban](#)

The AMCNO was pleased to learn that the Supreme Court of Ohio has affirmed a ruling by the Tenth District Court of Appeals to uphold the Ohio Smoke Free Workplace Act as constitutional. The court's 7-0 decision, authored by Justice Judith Ann Lanzinger, rejected claims by the owner of Zeno's Victorian Village that fines assessed against his establishment for violating the statewide ban on smoking in places of employment exceeded the state's legitimate police powers or were an unconstitutional governmental “taking” of private property.

In November 2006, Ohio voters passed a ballot initiative to enact the Smoke Free Act, which was codified in R.C. Chapter 3794 and became effective December 7, 2006. Subject to certain exemptions, the act prohibits proprietors of public places of employment from permitting smoking in their establishments, and authorizes the Ohio Department of Health (ODH) and local agencies designated by ODH to enforce the smoking ban, including the authority to impose fines that increase in severity for repeat violators.

The case before the OSC involved Bartec, which operates under the name Zeno's, a bar in Columbus. The Ohio Department of Health (ODH) cited Zeno's numerous times from 2007-2009 because the establishment continued to allow people to smoke despite the state law. In August 2009, the ODH filed an injunction action against Zeno's and sought to collect over \$30,000 in unpaid

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## Around the Statehouse

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finer. The trial court denied ODH's request for an injunction, vacated ten final orders, and found that ODH had created a "policy" of strict liability in enforcement of the law. In November 2010, the Court of Appeals reversed the decision of the trial court, and held that ODH investigates claims on a case-by-case basis and that it was improper for the trial court to vacate the final orders. The Court of Appeals held the case should be remanded with instructions for the trial court to issue an injunction against Zeno's.

Zeno's appealed this ruling to the Ohio Supreme Court and filed its brief. Zeno's had three main propositions of law including: (1) the ODH's enforcement of the ban violates separation of powers, (2) the ban extinguishes property rights, and (3) that Ohio's declaratory judgment statute enables previously cited Ohioans to challenge the constitutionality of the statute.

**An amicus brief was filed in this case by the AMCNO and numerous other organizations.** The amicus brief refuted each of Zeno's' key arguments from the perspective of the health care organization listed as part of the brief. There were 15 amici in total including the AMCNO. The brief was filed on behalf of the amici by McTigue & McGinnis, LLC, from Columbus, Ohio.

### Ohio Supreme Court Justice Lundberg Stratton to Resign from the Ohio Supreme Court

Ohio Supreme Court Justice Evelyn Lundberg Stratton has announced her resignation effective at the end of December, ending a 16-year run on the court. Justice Stratton was appointed to the high court in 1996 by former Gov. George V. Voinovich, and subsequently elected to three 6-year terms. Her current term ran through Jan. 1, 2015. Governor John Kasich will have the opportunity to appoint her successor.

### Ohio Medicaid Starts Medicaid Presumptive Eligibility Program for Pregnant Women and Children

Ohio Medicaid has begun an initiative to increase the efficiency of the Medicaid

eligibility-determination process and improve health outcomes for pregnant women and children. Ohio Medicaid will expand presumptive eligibility for Medicaid to pregnant women and allow certain qualified providers—federally qualified health centers (and look-alikes), children's hospitals and other providers—to perform a simplified check and grant immediate medical assistance to both children and pregnant women. Ohio will begin testing the enhanced presumptive eligibility program this month at Nationwide Children's Hospital in Columbus, MetroHealth System in Cleveland and the Community Action Committee of Pike County, with implementation statewide by January 2013.

### HB 421 Voted Out of Committee – Amendments Made to Address Reporting Issues

HB 421 – Physician Immunity – a bill which has been spearheaded by the AMCNO has now been voted out of the House Criminal Justice Committee. However, at press time, the bill had not made it to the House floor for a vote prior to the legislature's summer recess. HB 421 would grant civil immunity to physicians who report a patient's use of a drug of abuse or other condition not involving such use to specified persons or entities, to exclude the making of those reports from the grounds for disciplinary action against physicians, and to apply the civil immunity of physicians who report to an employer in the business of public transportation an employee's use of a drug of abuse or other condition not involving such use to any violation of a patient's privacy rights.

Over the last few months, HB 421 has had a lot of activity including a change in sponsor when Rep. Lynn Slaby was tapped to head the Public Utilities Commission of Ohio and his wife, Marilyn, took over his seat in the legislature. In addition, Rep. Kirk Schuring has replaced Rep. Lynn Slaby as chairman of the House Criminal Justice Committee. The Ohio State Medical Association (OSMA) has been working closely with the AMCNO staff on the bill and both organizations have provided proponent testimony. The most recent testimony by the AMCNO was in early May when Mr. Ed Taber, co-chair of the AMCNO provided comments to the House Criminal Justice Committee on the

bill. Mr. Taber told committee members current law permits a physician to report any medical condition that presents a risk of harm to the patient or the public from the patient's operation of a "common carrier" vehicle, such as a taxicab. He assured the committee that the amendment, as proposed in the bill, retains the same current limitation but simply expands which motor vehicles are included, expanding that from common carrier to any motor vehicle. Mr. Taber said the bill would bring Ohio law into conformance with HIPAA and he also noted that the legislation is needed as a complement to HIPAA because HIPAA does not provide immunity from suit while state medical privacy laws may subject physicians to duties as well as liabilities, more stringent than HIPAA. Mr. Taber strongly urged the committee to consider this common sense public safety amendment to modernize and close a loophole in R.C. 2305.33. It will help physicians serve their patients and the public more effectively and safely – consistent with the mission of the AMCNO.



*Mr. Ed Taber gives his testimony on HB 421 to the Ohio House Criminal Justice Committee.*

Pursuant to this hearing, the AMCNO and the OSMA developed several amendments to HB 421 to address concerns about the number of entities physicians were authorized to notify under HB 421 as well as the confidentiality of the reports. The OSMA also worked with the AMCNO to garner support from legislators on the House Criminal Justice Committee. As noted above, the committee did vote to move the bill but the bill has yet to reach the full House for a vote. The AMCNO will continue to monitor the legislation as it moves through the legislature.

# LEGISLATIVE ISSUES

**HB 143 – Youth Injuries** – this bill would require athletes in youth sports to be taken out of games if they were to show signs of a concussion. The bill has passed out of the House Health & Aging Committee and was voted on by the full House prior to their summer recess – the bill will now move onto the Senate for additional hearings. The AMCNO strongly supports this bill however, before the bill passed out of the House it was changed to permit non-physicians to return an athlete to play following removal from competition for showing signs or symptoms of sustaining a concussion. The AMCNO legislative committee has been following this legislation since it was introduced and we have notified the legislature that we feel that only those licensed health care providers whose scope of practice entails the diagnosis and management of brain injuries should have the authority to clear an athlete to play. The AMCNO will continue to advocate for language in the bill that would assure that physicians are making the return to play decisions.

## Bills Signed by the Governor

**HB 292 – Genetic Counselors** – has now been signed by the Governor after moving fairly quickly through the legislature. However, the bill was amended and changed substantially before it was signed by Governor Kasich. The legislation was amended to include the language contained in both SB 297 – the clinical research faculty certificate bill and SB 286 the physician professional development legislation. Once the bill is enacted it will establish licensure requirements for genetic counselors, modify certain laws governing the State Medical Board, and it will also create a visiting clinical professional development certificate for certain physicians who are not licensed in Ohio; and finally it will allow for the renewal of a Clinical Research Faculty Certificate and implement certain requirements that must be met in order for a physician to obtain a certificate or renew their certificate. The AMCNO strongly

supported HB 292 and we are pleased that these issues have moved so swiftly through the legislature and have been signed by the Governor.

## Governor Signs Texting Ban Law

Governor Kasich recently signed a new law which bans drivers under the age of 18 from using any electronic device, whether to text, make a call or do anything else. The law is a primary offense for minors punishable by a \$150 fine and 60-day license suspension for a first offense, and \$300 fine and one-year suspension for repeat violations. For the first 60 days after the bill takes effect, drivers will be issued warnings instead of tickets. The AMCNO strongly supported this legislation and we applaud the legislature and the Governor for working on this important issue. ■



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## Raising Health Literacy Awareness: The Ohio Health Literacy Conference Series

By Karen Komondor, RN, CCRN.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), St. Vincent Charity Medical Center and Project Learn, along with presenting sponsors Regency Construction Services and The Center for Health Affairs and its business affiliate CHAMPS Healthcare, are bringing together leaders in the field of health literacy (HL) to increase HL awareness, share resources, and build capacity for a statewide collaboration among healthcare providers for the **inaugural Ohio Health Literacy Conference Series 2012 (OHLIC)**. In partnership with the Academy of Medicine of Cleveland & Northern Ohio, the City of Cleveland Department of Public Health, Cuyahoga County Board of Health, Visiting Nurse Association of Ohio, AIDS Taskforce, and Case Western Reserve University, OHLIC will serve as a forum for best practices, tools, tips and rationale for HL. This article will define HL, describe the scope of the problem, provide strategies to increase HL, and discuss ways St. Vincent Charity Medical Center (SVCMC) and Project Learn are raising awareness through partnerships and trainings.

### Background

The Institute of Medicine (IOM) defines HL as “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”<sup>1</sup> However, there is general talk in the field that this definition does not go far enough. In fact, some will argue that it focuses too much on “the patient’s ability”. At SVCMC, in our current focus on promoting clear communication, we have expanded our definition to include both the patient’s ability to obtain, understand and act on health information as well as the provider’s capacity to communicate clearly, educate about health and empower their patients. Issues with HL, in general, are less reflective of the function of individual patients, but more a reflection of the system that serves us all. The key aspect of thinking about HL is that people have trouble understanding health information.

Most of the research to date has focused on the barrier of low general literacy of patients. Low literacy is indeed an important barrier and one we need to keep forefront in our minds. However, I think we can all recognize that a large part of the problem in health care is the complexity of the system and the complexity of information we give to our clients.

### Scope of the Problem

Growth in the field of HL in the United States was propelled by the findings of the National Adult Literacy Survey (NALS) in 1993 and the National Assessment of Adult Literacy (NAAL) in 2003. The 2003 NAAL included a measure of HL which found that nearly nine out of ten American adults have difficulty understanding health information, and 36% of the U.S. population have poor HL skills. These individuals cannot: use a graph to determine a healthy weight range, use a chart to find the age range for a child’s vaccination, or read a label to identify substances that interact with over-the-counter

medications.<sup>2</sup> As a result, persons with limited HL skills have higher utilization of treatment services, including hospitalization and emergency services and lower utilization of preventive services. Individuals with limited HL incur medical expenses that are up to four times greater than patients with adequate HL skills. It is estimated that \$106-\$238 billion is lost every year on health care costs due to a disconnect in the delivery of health information.<sup>3</sup>

### Common Low HL Problems

Patients are regularly confronted with complicated, confusing forms and instructions. Although the average reading grade level of American adults is grade eight, and 20% of Americans read at a fifth grade level or below, most education materials are written at a twelfth grade level or above.<sup>4</sup> Most Americans are not familiar with medical terms or how their bodies work. Challenges are faced when they have to interpret numbers or risks to make a health care decision; when they are diagnosed with a serious illness and are scared or confused; or when they have complex conditions that require complicated self-care.

### Strategies to improve HL

The American Medical Association (AMA), in its HL manual for clinicians, describes specific strategies for increasing HL. These include, 1) slowing down the pace of your speech, 2) using plain, non-medical language, 3) showing pictures or using analogies, 4) encouraging questions, and 5) using the teach-back or show me technique.<sup>5</sup> The teach-back technique, or asking patients to state in their own words what they have been taught, is essential in confirming their understanding. The work of the HL Institute (HLI) at SVCMC is an example of putting these strategies into practice.

### Local and National Efforts

In 2007, the Sisters of Charity Foundation awarded a grant to Project Learn, in partnership with SVCMC, to institutionalize HL across the

continuum of patient care. The HLI was created, and to date, approximately 100 patient education materials have been revised to an average sixth grade reading level and all resident physicians, nurses, and ancillary staff have been trained in HL principles. Patient education policies have been revised to include requirements for using plain language and the teach-back technique in all patient education encounters. In addition, the HLI and Project Learn are working to build a community of experts in the field through on-site trainings and workshops.

On a national level, the tipping point for moving HL from the margins to the mainstream occurred in 2010 with 1) the passage of the Plain Writing Act, 2) with laws related to clear health communication in the Affordable Care Act, and 3) with the release of the National Action Plan to Improve Health Literacy from the Department of Health and Human Services.<sup>6</sup>

The 2012 **Ohio HL Conference Series** is being launched as a forum to facilitate relevant discussions that provide valuable knowledge about the provision of quality health care. Each speaker, presenter and attendee alike will gather for sessions on challenges and innovations experienced by service providers and patients today. They will discuss the relationship between HL and health outcomes, identify tools to use in daily practice to enhance clear communication with clients/patients, and identify HL resources which improve communication.

**Editor’s Note: The AMCNO is proud to be a partner in the OHLIC project. For more information, or to register, go to [www.stvincentcharity.com/OHLIC](http://www.stvincentcharity.com/OHLIC). ■**

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## MedWorks Hosts Cancer Screening Clinic

Recognizing the great community need, MedWorks hosted a very successful and well attended two-day cancer screening clinic at the Free Medical Clinic site on June 2nd & 3rd. This was MedWorks twelfth clinic, and the first focused specifically on screening for cancer. "Approximately 1.5 million people in Ohio do not have health insurance," Carrie Clark, MedWorks Executive Director, said. "This means it's possible that 1.5 million people are forgoing preventive screenings that could save their lives. The free cancer screenings offered at this clinic both diagnosed cancers and gave hundreds of people much-deserved peace of mind about their health and their ability to access and afford quality health care."

Over 175 medical and lay volunteers delivered care to patients throughout the two-day clinic. MedWorks volunteer and The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) past president, Dr. Laura David led the women's health group in providing cancer screenings, including breast and cervical exams, to 116 women. Additionally, 90 women received PAP smears, 45 received mammograms on the day of the clinic and an additional 41 women had mammograms scheduled for a future date. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is a supporter of MedWorks and in addition to serving on MedWorks board, Dr. David has volunteered her time at every clinic since MedWorks inception.

Over 400 patients total received 1,075 medical services over the two day period including 860 cancer screenings. Day one offered both men's

health and women's health screenings while day two included oral health, dermatological, and colon cancer screenings. 96 patients were screened for dermatological cancers, 140 for oral cancers, 60 received flexible sigmoidoscopies, and 11 received vouchers for low dose CT scans. All 400 patients met with a social worker prior to discharge. Key to the MedWorks approach, all patients identified as emergent received follow up services to ensure they were connected with essential follow-up medical care and existing community resources. The Cleveland Clinic and University Hospitals played a significant role in this process by providing colonoscopies, diagnostic mammograms, and further screenings and services for patients in need.

MedWorks is a non-profit organization committed to improving access to healthcare for Ohio's uninsured and underinsured. MedWorks



*Dr. Laura David, AMCNO past president, talks to a patient at the MedWorks event.*

provides an innovative vehicle through which healthcare providers, corporate sponsors, and other volunteers can provide free healthcare, education and ancillary services to the medically underserved. Over 10,000 patients have received critical medical, vision, and dental care, as well as assistance in linking to a medical home, from MedWorks since 2009. To learn more about MedWorks or volunteer please visit their website at [www.medworksusa.org](http://www.medworksusa.org). ■

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## Promoting Healthy Workplaces & Healthy Communities.

**FitzGerald, Community Leaders and Institutional Partners Launch County Health Alliance Pilot Project**



*AMCNO president Dr. James Sechler and AMCNO past president Dr. Laura David spend a moment with the County Executive Mr. Ed FitzGerald and Dr. Delos Cosgrove from the Cleveland Clinic Foundation following the press conference.*

The AMCNO president, Dr. James Sechler, and the AMCNO past president Dr. Laura David were proud to be on hand at the April 30th press conference when the Cuyahoga County Executive, Ed FitzGerald, announced the launch of the Cuyahoga County Health Alliance. Mr. FitzGerald noted that health improvement is a critical component of the county-wide efforts to increase productivity and performance, economic development, educational attainment, quality of life and neighborhood revitalization. He further stated that "The issue of health must become part of our regional dialogue and part of a good organizational and public policy agenda" noting that the 2012 County Health Rankings had Cuyahoga County ranked 65th out of Ohio's 88 counties. He believes this is not acceptable and it is time to move from awareness to action. State and local data show that the leading causes of death and disability across the county are from chronic diseases such as heart disease, cancer, obesity and diabetes. The AMCNO is pleased to partner with the Cuyahoga Health Alliance Initiative.

### What is the county health alliance?

- An initiative to address health improvement through regional collaboration, innovation and accountability.
- A coalition of talent from the government, business, health care, non-profit, academic and philanthropic sectors.
- An opportunity to develop and implement a robust organizational and public policy agenda that prevents and reduces the burden of chronic diseases such as heart disease, cancer, stroke, diabetes and obesity.
- An opportunity to work within the Socio-Ecological model to focus on health and wellness through educational programs; organizational policies; community, systems and environment changes; and public policies.
- A call to collective action.

**Benefits of joining include:** Shared learning and capacity-building, potential cost-savings on employee health care, conducting worksite and community policy and service audits, enhancing employee and community engagement, and implementing an evidence-based policy and systems change agenda. A menu of options for worksite health and wellness is available to participants.

The institutional partners participating in this initiative include the Academy of Medicine of Cleveland & Northern Ohio (AMCNO); Better Health Greater Cleveland, CWRU School of Medicine, Cleveland Clinic, Cuyahoga County Board of Health, Cuyahoga Community College, Cuyahoga County Executive's Office and County Council, Diabetes Partnership of Cleveland, First Suburbs Consortium, George Gund Foundation, Kaiser Permanente of Ohio, Kent State University College of Public Health, MetroHealth, OSU-Extension, PolicyBridge, Saint Luke's Foundation, Sisters of Charity Health System, and University Hospitals.

For more information go to: <http://www.wellness.cuyahogacounty.us/>

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## AMCNO Board of Directors Takes Official Position with Regard to Maintenance of Licensure

In May 2012, the State Medical Board of Ohio (SMBO) officially voted to proceed with studying the components of Maintenance of Licensure (MOL), as one of several states participating in pilot studies with the Federation of State Medical Boards. In June, the SMBO executive director, Mr. Rick Whitehouse, teleconferenced with the AMCNO executive committee and acknowledged that the SMBO had officially decided to conduct a pilot study and a readiness inventory for MOL in Ohio. At this time, the length of the “pilot study” is undetermined – but if the SMBO decides to implement a pilot in Ohio it will be after they determine how the project would be implemented, their level of readiness to implement the project, and also after the SMBO determines whether they need to make legislative changes or adopt rules to begin the MOL implementation process.

The AMCNO physician leadership has been meeting with the state medical board executive since the SMBO began reviewing the MOL concept (see Northern Ohio Physician magazine March/April 2011, November/December 2011 and March/April 2012 on the AMCNO website at [www.amcno.org](http://www.amcno.org)). During our discussions with the SMBO, the AMCNO physician leadership agreed that physicians should engage in life-long learning activities and participate in continuing medical education programs. However, the AMCNO physician leadership also noted that the SMBO is already utilizing stringent CME requirements tied to physician licensure in order to assure that physicians are adequately trained and providing quality of care to their patients. We also voiced several other concerns related to the MOL concept and asked for statistical data from the SMBO which clearly showed that there is an urgent need to implement alternative Maintenance of Licensure (MOL) requirements in the state of Ohio.

After months of review and discussion by the AMCNO with regard to the MOL issue, the AMCNO is still not convinced that there is clear evidence that additional MOL requirements are needed in Ohio and we have yet to view any data that shows that new MOL requirements would result in licensing more competent physicians.

*Therefore, the AMCNO board of directors has made the decision to oppose the proposed State Medical Board of Ohio (SMBO) efforts to impose alternative Maintenance of Licensure requirements on physicians in Ohio at this time. The AMCNO will continue to closely monitor the SMBO MOL activities and consider taking additional action if needed to assure that physicians in Northern Ohio are not adversely affected by the SMBO's participation in the MOL process. The AMCNO will continue to provide updates on this issue to our membership.*

### **What is Maintenance of Licensure (MOL)?**

Maintenance of Licensure (MOL) is a system in which physicians periodically demonstrate ongoing clinical competence as a condition of licensure renewal. MOL involves three components to demonstrate the ongoing competency of physicians. Each of these components would in turn contain an array of items that would meet the requirement for licensure renewal.

The first component is “reflective self-assessment.” Physicians would participate in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent completion of tailored educational or improvement activities. Items meeting these criteria include the review of literature, home study, web-based study, CME, or MOC/OCC certification. The MOL Implementation Group suggests that physicians who are board certified may already meet all three components of MOL.

The next component is “assessment of knowledge and skills.” Physicians must demonstrate the knowledge, skills, and abilities necessary to provide safe, effective patient care within the framework of the six general competencies as they apply to their individual practice. This can be accomplished through patient and peer surveys, computer-based simulations, and practice relevant MOC/OCC examination.

The final component involves measurement of actual “performance in practice.” Physicians would demonstrate accountability for performance in their practice using a variety of methods that incorporate reference data to assess their performance in practice and guide improvement. Examples include 360 degree evaluations, analysis of practice data, and patient review.

The Federation of State Medical Board Guiding Principles underlying the integration of MOL into the process of licensure renewal include:

- supporting a commitment to lifelong learning and facilitating improvement in physician practice;
- establishing requirements that are administratively feasible and developed in collaboration with other stakeholders;
- ensuring patient care is not compromised or barriers to physician practice created;
- creating a flexible infrastructure with a variety of options for meeting requirements;
- balancing transparency with privacy protections (Source – Northern Ohio Physician, March/April 2011)

### **Maintenance of Certification (MOC)**

Maintenance of Licensure differs from Maintenance of Certification (MOC). MOC was started in 2000, when the 24 Member Boards of the American Board of Medical Specialties (ABMS) agreed to evolve their recertification programs to one of continuous professional development. Through ABMS’ Maintenance of Certification (MOC) process, board certified physicians in 24 medical specialties build six core competencies for quality patient care in their medical specialty.

While ABMS guides the MOC process, ABMS’ 24 Member Boards set the criteria and curriculum for each specialty. The four-part MOC process includes: Licensure and Professional Standing, Lifelong Learning and Self-Assessment; Cognitive Expertise, and Practice Performance Assessment. Physicians are evaluated in their clinical practice according to specialty-specific standards for patient care. They are asked to demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments. (Source: ABMS website [www.abms.org](http://www.abms.org)).

### **CME accreditation requirements for Ohio Physicians**

Every two years, physicians in Ohio must complete 100 hours of CME. All 100 hours of CME may be earned in Category 1 but only 40 credits of CME in Category 1 are mandatory. In Ohio, the state medical board does allow 25 Category 1 credits for participation in ABMS MOC programs. For more information see the State Medical Board of Ohio CME section of their web site at <http://med.ohio.gov/pdf/abmd.pdf> ■

# AMCNO BOARD OF DIRECTORS

## Meet James L. Sechler, M.D. AMCNO President 2012-2013



James L. Sechler,  
M.D.

Cardiovascular  
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Parma, Ohio

### Tell us about your practice

My practice is a private practice of Cardiology, based in Parma, Ohio. We are a group of nine private practice cardiologists including specialists in Interventional Cardiology, Electrophysiology as well as Clinical Cardiology, practicing predominantly at Parma Community General Hospital with service also to Southwest General Health Center. I have been in private practice since 1985, first at St. Vincent Charity Medical Center, and now at Parma Hospital.

### Why did you choose to go into medicine and why did you choose cardiovascular disease as your specialty?

I come from a long line of physicians through my mother's side of the family. My mother was a physician as was her mother and father, and her paternal grandfather. As a child and young teenager, I had really no interest in medicine, being predominantly interested in music, having learned eight musical instruments, with special interest in piano and pipe organ, also performing in orchestras and bands playing string bass, bass guitar, tuba and in the percussion section. However, in ninth or tenth grade, I began to feel the call to become a physician. It is hard to describe how my interest changed, but I was transformed into a different paradigm. It was a gradual process. I chose cardiovascular disease during my medical residency. In medical school, I had a rotation reading EKGs and a clinical cardiology rotation, both of which I found very interesting, but initially I wanted to be a general internist. However, with my CCU rotation during my internship year, I decided that my passion was cardiovascular disease.

### What are your hobbies and interests?

I have three main hobbies, the first being endurance running, having run a half marathon and currently training for a full marathon. I am also interested in playing the bagpipes, having taken that up as my most recent musical instrument (the year I turned 50, which was seven years ago). I also am involved in the Cleveland Heights Royal Scottish Country

Dancing Society, as well. My wife and I are also regular attendees of the Cleveland Orchestra, Apollo's Fire and other classical music offerings around the city. We are also members of the Cleveland Art Museum and enjoy some of the exhibitions they offer from time to time.

### What accomplishments are you most proud of?

Professionally, I was Chief of Cardiology at St. Vincent Charity Medical Center from 1990 to 1999, which was a challenging but also rewarding experience. I have also held several other leadership roles during my hospital tenures, and I am currently serving as Chief of the IRB and Medical Director of Cardiac Rehabilitation at Parma Hospital. I am also very proud to have been chosen as president of the AMCNO for 2012-2013. On a personal level, I prepared and performed a professional level concert pipe organ recital my junior year in college, and recently I overcame morbid obesity by losing over 170 pounds, and I keep physically fit through my current running pursuits.

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

We will continue our ongoing legislative advocacy including support for candidates in the upcoming Ohio Supreme Court election. We will continue to support community organization initiatives, such as the Center for Health Affairs, Cuyahoga Health Access Partnership, and the Cuyahoga County Health Alliance to name a few. Our involvement in assisting our members with the adoption of electronic medical records will continue and through our medical legal liaison committee we will keep close tabs on medical legal developments in the state of Ohio which could impact our physician members. We plan to remain active in education for physicians as well as education for the public, including our Pollen Hot Line and Health Lines radio program. We will strive to keep a close watch on the pulse of medicine in the community and we will address new challenges as they arise.

### What is your biggest concern about the future of health care?

There are several major areas which will provide challenges in the next year for our physician membership. The first is the fate of the Affordable Care Act of 2010, which should be decided by the Supreme Court of the United States by the time this article is in print. Until we know the results of that decision and its implications and the results of the presidential election in November, there will remain a great deal of uncertainty about the future of medicine in the United States, and we will need to keep a watchful eye on these developments. Also of importance is the ongoing need for physician practices and hospitals to adopt electronic medical records. Electronic health record adoption adds a lot of uncertainty to the practice of medicine as well as inherent frustrations and unforeseen consequences as individual practices and other entities adopt these new modes of

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medical documentation and communication. Also of concern is the medical legal climate in Ohio. The AMCNO will work to assure that the tort reform measures that have been instituted in Ohio remain intact.

### What would you ask individual physicians to do this year to support the AMCNO?

I would hope that the physicians of Northern Ohio would join our organization and participate in our committees. But certainly, they should feel free and are encouraged to approach their AMCNO board members with their particular concerns, which can be brought to the board meetings for our consideration. I also hope that they would participate in our activities, and consider giving interviews for our Health lines radio program. We also invite them to visit our new website, [www.amcno.org](http://www.amcno.org).

### Is there anything else you would like to add?

I would like to say how honored I am to serve as President of the AMCNO for the 2012-2013 term. I hope I am able to make a valuable contribution to the organization, and be of service to our physician members. ■

# AMCNO ACTIVITIES

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

### Bestows Academy of Medicine Education Foundation Award

Dr. James Sechler, president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), spoke at this year's Case Western Reserve University's School of Medicine commencement awards ceremony on behalf of the AMCNO. The awards ceremony was held on Saturday, May 19th and included remarks by Dr. Sechler to the students regarding the importance of becoming involved in the community and as a part of organized medicine. His speech also offered words of encouragement and he congratulated the students on their achievement. Dr. Sechler was also present at the commencement ceremony the following day at Severance Hall. As part of the commencement award ceremony, Dr. Sechler was honored to present the Academy of Medicine Education Foundation (AMEF) award to a graduating student who has shown outstanding commitment to the Cleveland and Northern Ohio community, and is a strong advocate for all patients and promotes the practice of the highest quality of medicine. This year's AMEF award recipient was Benjamin Gonzalez.



*Dr. James Sechler, AMCNO President (r) and Dr. Pamela Davis present the AMEF Award to Benjamin Gonzalez.*



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## Medicare 102 Workshop

The Academy of Medicine of Cleveland and Northern Ohio (AMCNO) co-sponsored a Medicare 102 Workshop on Wednesday, April 25th where Vanessa Williams from CGS LLC provided updates on the 2012 final rules and the Medicare physician fee schedules (MPFS), and discussed Medicare Part B secondary payer deductible issues. Electronic Prescribing (eRx) Payment Adjustments were also reviewed as well as how to avoid the payment adjustments followed by discussion on signature requirements and tips—signatures, initials, electronic signatures and digitized signatures; what is an acceptable form of signature and how each is used. An overview of the provider enrollment process including National Provider Identifier (NPI), E-Signatures, as well as applications and provider enrollment revalidation procedures were also provided. The audience had an opportunity to ask questions about codes and modifiers, the appeals process and Medicare Secondary Payer (MSP).

CGS offers a number of workshops and seminars throughout the year at various locations across the state. The workshops vary in subject matter, from Medicare Update workshops to Medicare 101 and 102 seminars. CGS will be presenting on the topic of E/M codes at the AMCNO offices in August as well as presenting at the AMCNO "Solving the Third Party Payer" seminar in November 2012...watch for details.



*Ms. Vanessa Williams from CGS LLC provides valuable updates at the Medicare 102 Workshop.*

THE 9th ANNUAL MARISSA ROSE BIDDLESTONE MEMORIAL GOLF OUTING  
Proceeds to Benefit The Academy of Medicine Education Foundation (AMEF)

Monday, August 6, 2012

Chagrin Valley Country Club

4700 SOM Center Rd., Chagrin Falls OH

Registration at 10:30 AM

Shotgun Start at 1:00 PM

AMEF acknowledges with deepest appreciation the generosity of the following sponsors:

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1. \_\_\_\_\_   
2. \_\_\_\_\_   
3. \_\_\_\_\_   
4. \_\_\_\_\_ 

By participating in this special AMEF fundraiser, your contributions will assist in expanding educational programs including medical school scholarships as well as implementing new initiatives to assist both physicians and the patients they serve.  
Thank you from the 2012 AMEF Golf Committee

## Connecting the Dots in Patient Care Across Ohio

By Rebekah Richards

There's no time like now to start using health information technology (HIT) to transform health care, stressed Judy Murphy to a packed room of some 300 office managers, physicians, hospital CEOs, CIOs and other healthcare professionals. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) was well represented at the event by both staff and physician leadership.

Murphy, who serves as the Deputy National Coordinator for Programs and Policies in the Office of the National Coordinator for HIT, talked about electronic health record (EHR) systems and progress in achieving meaningful use requirements.



National Deputy Coordinator Judy Murphy

"Don't make it just about meeting meaningful use and getting the money; make it about changing care in a positive way as you're doing that."

At a Columbus HIT event, *Patient Care: Connecting the Dots in Ohio* held April 26 and sponsored by the Ohio Health Information Partnership, as the keynote speaker, she said the real goal is to improve health outcomes through health information technology.

"Health information exchange is so important when we think about that patient-centered record, having it accessible as a patient moves," she said. "You collect the information once, and you use it many times, making sure it's accessible across venues, involving the patient, hooking the patients into the idea that they're a partner in their care. This is our untapped resource."

### A PATIENT-CENTERED VIEW

Dr. Patrick Ecklar, a family physician from MetroWest Internal Medicine within the Mt. Carmel Health System, echoed this need for patients to have access to their health information, explaining the benefits of a patient centered medical home.

"We need to improve outcomes, reduce cost, enhance reimbursement, increase physician and staff satisfaction as well as patient satisfaction," Ecklar said. "This is not a new concept. This goes back to the '60s ...It's a team approach. I think the best way to look at it is, it's coordinating care."

Currently, there's a trend that tells doctors to see more and more patients, when what they really need to focus on are the ones they already have, making sure they're coming in for their checkups when they should, he said.

"I worry about the patient engagement part of this," Ecklar said. "I think we can do a better job of leading people."



Dr. Ronald Savrin, AMCNO past president (center) spends a moment with Mr. Jon Wills from the Ohio Osteopathic Association (left) and Mr. Greg Moody from the Ohio Office of Health Transformation.

### A STATE PERSPECTIVE

Coordination of care is what Greg Moody espouses as the director of healthcare departments across state government through the Governor's Office of Health Transformation (OHT).

"A lot of what we've been trying to do at the state level is focus in on hot spots," Moody said. "Health care works pretty well for most of us, most of the time, but within the system there are these places where things go wrong. If we can find those and focus on them, that I really think is the opportunity to make meaningful change."

Five percent of the nation's population accounts for more than half of all health care costs, he said. "We tend to shy away from those few who are spending so much, but those are the hot spots." And he added, the



The session was well-attended by physicians, office managers, hospital executives and health information technology staff.

# STATEWIDE HIE ACTIVITIES

healthcare system is failing those who need it the most.

"Some of those people are just going to be expensive since they have a condition. Others in that group are expensive because the system itself failed them. They could've gotten preventive care. They didn't have to have that drug interaction that then put them in the hospital for three weeks," Moody said. "One of the most powerful tools to knit together coordinated care is electronic health information and our ability to share that."

Moody also mentioned that the OHT was working on language for inclusion in the Mid-Biennium Review (MBR) to address the health information exchange privacy issue that has been of concern to physicians and hospitals around the state (for more information on the MBR privacy language see page 6).

Tracy Plouck, director of the Ohio Department of Mental Health, discussed the benefits of health homes, a model for those with chronic diseases where clinicians can provide better care coordination for patients who need both primary and behavioral health care.

"As we think about enrolling individuals, we're not going to bring this up statewide with the flip of a switch, but rather, we are looking for areas where providers maybe already have partnerships that are working well," Plouck said.

The key is to either develop new ways to continue the progress that's already underway or look at areas where there is promise for partnership and give those partners the help they need, she said.

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## FROM THE PHYSICIAN TRENCHES

For those who wanted to learn from the doctors with their boots in the EHR trenches, a physicians' panel discussed what it's really like



From l. Dr. James Johns, Donna Johns, Dr. Gregg Alexander, Dr. Jeanne Robertson and Dr. Gary Huston

to go through the move from paper to electronics in their practices and within hospital systems.

"You know there's certain dates you remember in your life – your birthday, or your kids' birthdays. On July 27, 2011, I went live electronically," said Dr. James Johns of Little Flower Family Practice in Canton, Ohio.

"I remember three days of intense training and we closed the office. The company that we went with brought in a great instructor; we learned a lot. I sat down the fourth morning with a patient, opened the screen of my laptop and just froze because I had no idea what to do. It's gotten much better since then, though," he said.

The quality of his records has never been as good as it is now with an electronic system, he said. He can make notes that he can later pull up when he's about to see a patient. The EHR system gives him more quality time with patients since he isn't fumbling around wondering what he might be forgetting, he said.

"I think it's a lot of work, but in my mind, it's worth the work," Dr. Johns said. "I don't think the goal to meet meaningful use is the goal that we need to have. The goal is to provide better patient care. And I'm learning more and more ways every day about how to use my EMR to do that."

Dr. Gregg Alexander of Madison Pediatrics in London, Ohio, said the spontaneity of electronic communications helps him provide on-the-spot advice to parents, no matter where he is.

"The value is phenomenal," Dr. Alexander said. "Being able to transcribe information, being able to find information at a soccer game, and have a parent call and say 'excuse me just one second,'" he said. "You can check right there and then and talk to them about their specific issue, for their specific child, with that specific medical problem. There's so many little things that are an advantage," he said.

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## PHYSICIANS WITHIN HOSPITALS

Dr. Jean Robertson, the CMO of Fairfield Medical Center in Lancaster, Ohio, gave practical advice on hospital implementation.

"One of the biggest challenges I think we all face is engaging physicians and staff and getting them to think about their workflow.

And that has to be done before you roll out or implement your application. That's something we don't always think about. We do the same things every day.

Workflow changes take time. "It takes awhile to become comfortable with what you're doing and not to feel rushed," she said. Getting everyone working together in the office as a team will help those challenges go better, she said.

Dr. Gary Huston, a family physician and general surgeon with Conneaut Medical Center in northeastern Ohio believes the medical field and HIT still have a long way to go. Having gone through EHR implementation within his practice and the University Hospital system, he envisions a future where the technology is easier and comprehensive.

"How come you can go online and buy a book, and two years later, they remember that book? That's where we have to get," Dr. Huston said. "We all know this is going to give us better quality care. We all see that in our practices, but it is really difficult to do," Dr. Huston said.

Despite the challenges of EHR adoption, health information exchange can shape the future.

"We are in the birth pangs," Alexander said. "We are so early on, and we've got so much left to go. Return on investment comes with the big picture, with health information exchange going national." When Bell first invented the telephone, it didn't really have value with only one person using it, he said.

"When there are three people with a phone, you start to see some value. A country – a world – that's a whole different picture."

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*Rebekah Richards recently received her B.A. from Franciscan University of Steubenville and is a part-time communications assistant at the Ohio Health Information Partnership.*

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*Editor's note: The AMCNO is proud to be an active participant in the Ohio Health Information Partnership through various committees and work groups. If members have any questions about the partnership please contact the AMCNO offices at 216-520-1000. ■*

## CONTINUING EDUCATION FROM TRI-C

Take advantage of discounted classes for AMCNO Members and their staff. Contact Linda Hale at (216) 520-1000 for exclusive AMCNO member course numbers to register and obtain a discounted price.



### Summer Term 2012

Date	Time	Course Title	Discount Fee	CEU	Location
7/9/12 – 8/8/12	9 am – 12 pm (M-W)	Fundamentals of Billing Reimbursement	\$338	CEU 3	UTC
7/10/12 – 8/9/12	6 pm – 8 pm (Tue)	Hospital/Facility Billing & Reimbursement	\$249	CEU 2	CCE
7/10/12 – 8/21/12	6 pm – 9 pm (T-TH)	Medical Terminology	\$350	CEU 3.9	CCE
7/12/12	8:30 am–12:30 pm (TH)	ICD-10 Preparation Review plus A&P & Medical Terminology	\$115	CEU 4.5	CCE
7/25/12	9 am – 3 pm (Wed)	ICD-9-CM Fundamental & More	\$179	CEU 6	CCE
8/7/12 – 9/6/12	6 pm – 9 pm (T-TH)	Fundamentals of Billing Reimbursement	\$338	CEU 3	CCC
8/15/12	8:30 am – 12:30 pm (W)	ICD-10 Preparation Review plus A&P and Medical Terminology	\$115	CEU 4.5	CCE
9/5/12 – 10/1/12	8:30 am – 11:30 am	Introduction to Electronic Health Records	\$209	CEU 1.6	CCE
9/10/12	8:30 am – 12:30 pm (M)	ICD-10 Preparation Review plus A&P and Medical Terminology	\$115	CEU 4.5	CCE
9/15/12 - 11/10/12	9 am – 1 pm (Sat)	AAPC Accelerated Professional Medical Coding Curriculum	\$902	CEU 3.6	CCE
10/2/12 – 11/1/12	6 pm – 8 pm (Tue)	Hospital/Facility Billing & Reimbursement	\$249	CEU 2	CCE

Course Locations: **CCE: Corporate College East** 4400 Richmond Rd., Warrensville Hts., OH 44128 • **CCW: Corporate College West** 25425 Center Ridge Rd., Westlake OH 44145 • **UTC: Unified Technologies Center** 2415 Woodland Ave., Cleveland, OH 44115

### MODIFIER-25 USE WITH XXX GLOBAL SURGERY CODES

At a recent meeting with AMCNO physician leadership, CGS administrators noted that they have been receiving a large volume of questions regarding the use of modifier-25 with CPT codes having a global surgery indicator of "XXX" (for example: injection and infusion codes). AMCNO staff had asked CGS to prepare an article or a provider alert on this topic. Recently, CGS did send out an alert on this issue noting that payment for a service with an "XXX" global days indicator already includes the E&M component required to provide the service. The National Correct Coding Initiative states: Payment for XXX procedures performed by physicians include the inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed. This work should never be reported as a separate E&M code. Other "XXX" procedures are not usually performed by a physician and have no physician work relative value units associated with them. A physician should never report a separate E&M code with these procedures for the supervision of others

performing the procedure or for the interpretation of the procedure."

CGS noted that based on the definition of modifier-25; the only time an E&M service would be appropriate with an XXX procedure is if the E&M is significant and separate from the XXX service provided on the same day. The E&M may be related to the same diagnosis prompting the XXX procedure but cannot include any work inherent in the performance, supervision or interpretation of the XXX procedure.

### CGS DOCUMENTATION ISSUES

There has been an increase in the number of errors found during a Comprehensive Error Rate Testing (CERT) review involving missing or insufficient documentation. To help assure that physicians are properly paid for the work done for Medicare patients here are a few things to remember:

CGS cautions that physicians should be descriptive in their office/progress notes; and if physicians order an x-ray or other test be sure to document that the service was ordered. Verbal orders are not sufficient. Even if the x-ray or lab

is being done in the office there must still be clear written documentation that the service was ordered.

When documenting the order be sure that the medical necessity for having the test/lab work performed is contained in the clinical notes. When reviewing documentation the auditor needs to be able to discern why the service was requested. When lab work is sent to another facility, be sure the ordering provider signs the lab/imaging request sent to the lab.

Make sure to properly SIGN all notes, orders, test results; all documentation that supports a claim in the patient chart should have the provider's signature. If the provider is initialing this documentation he/she must also print their name by the initials or circle the typed name on an office form. This lets the reviewer clearly see who documented the medical record.

If the signature is not legible please print the name along with the signature or complete an attestation. A sample attestation can be found on the CGS website ([www.cgsmedicare.com](http://www.cgsmedicare.com)) by clicking on the Signature icon located on the right side of the screen.

# AMCNO ANNUAL MEETING

## Annual Meeting 2012

(Continued from page 1)

**Michael W. Wise** was honored with the Presidential Citation Award for his legislative initiatives of importance to physicians and their patients, and for delivering superlative advocacy advice and legal expertise on important policy issues impacting the practice of medicine. The Honorary Membership Award was presented to **Dick Goddard**, Meteorologist-Fox 8 News, in recognition of his commendable contributions and longstanding commitment to the city of Cleveland, and for leading the way as the first local meteorologist to recognize the importance of providing the AMCNO daily pollen counts to the public during allergy season. The Special Honors Award was given to **Avroy A. Fanaroff, MD**, for his lifelong dedication and commitment to the medical profession. The 2012 Clinician of the Year designation was conferred upon **Louis Keppler, MD**, recognizing his long-time devotion and service to his patients. The Charles L. Hudson, MD, Distinguished Service Award was given to **Anthony E. Bacevice, Jr., MD**, for his significant contributions to the healthcare of the community specifically through his longstanding service as host of the AMCNO's Healthlines radio program. **Anthony E. Furlan, MD**, was awarded the John H. Budd, MD, Distinguished Membership Award for his exemplary accomplishments in the field of neurology and the treatment of stroke, and for his dedication to the Northern Ohio healthcare community over the course of his career.

The Academy of Medicine Education Foundation (AMEF) presented six local medical students with scholarships worth \$5,000 each at the meeting.

The scholarships were awarded to **Paul Adenuga**, Case Western Reserve University School of Medicine, **George Asaad**, Ohio University College of Medicine, **Nida Degesys**, Northeast Ohio Medical University, **Caitlin Hicks**, Cleveland Clinic Lerner College of Medicine, **Arielle KanTERS**, Case Western Reserve University School of Medicine and **Lina Ortega**, Case Western Reserve School of Medicine.

The final highlight for the evening was the installation of **James L. Sechler, MD**, as president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) for the 2012-2013 year. To view Dr. Sechler's President's Corner on the AMCNO website please go to <http://www.amcno.org/index.php?id=16>. ■



Dr. Lawrence Kent delivers his AMCNO year in review speech.



The 2012 fifty-year awardees gather for a photo prior to the start of the meeting. (left to right) David F. Bennhoff, M.D., Pedro Y. See, M.D., Michael D. Stanton-Hicks, M.D., and Unni Kumar, M.D.



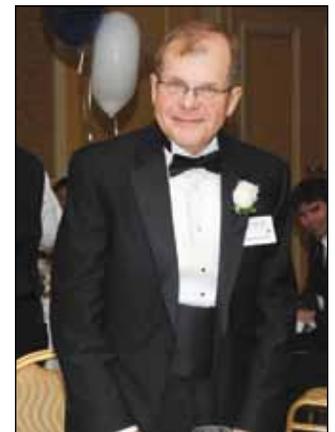
The 2012 annual meeting honorees share a moment during the reception. (left to right) Anthony J. Furlan, MD, Avroy A. Fanaroff, MD, Michael W. Wise, Esq., Louis Keppler, MD, John A. Bastulli, MD, Anthony E. Bacevice, Jr., MD, and Mr. Dick Goddard.



The AMCNO past presidents pose for the camera prior to the festivities. (left to right) Raymond J. Scheetz, Jr., MD, Anthony E. Bacevice, Jr., MD, John A. Bastulli, MD, Kevin M. Geraci, MD, Ronald A. Savrin, MD, George E. Kikano, MD, William H. Seitz, Jr., MD, Laura J. David, MD, Unni Kumar, MD, and Victor M. Bello, MD.



The AMEF scholarship recipients gather at the podium after receiving their \$5,000 scholarship award. (left to right) George Asaad, Nida Degesys, Arielle KanTERS, Lina Ortega and Paul Adenuga.



James L. Sechler, MD, president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) for the 2012-2013 year.

# AMCNO ANNUAL MEETING



The Academy of Medicine of Cleveland & Northern Ohio  
**THE VOICE OF NE OHIO PHYSICIANS FOR MORE THAN 188 YEARS**  
 AMCNO Working on Behalf of Our Members and their Patients

## LEGISLATIVE 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 - enhancing the AMCNO presence at the Statehouse.
- Continued our legislative lunch concept – an opportunity for physicians to meet and greet legislators from their district;
- Convened a work group chaired by the Chief Justice of the Ohio Supreme Court to begin discussions about establishing a special medical court pilot program to review medical liability cases in Northern Ohio;
- Spearheaded the introduction of HB 421- legislation that would address physician immunity in certain reporting circumstances and SB 121 - legislation that would address the issue of physician ranking by insurance companies;
- Continued to advocate strongly for a permanent change to the Sustainable Growth Rate (SGR) formula used to calculate Medicare physician fees.
- Coordinated and participated in interested party meetings on the physician immunity legislation, physician ranking legislation and on legislation related to scope of practice issues;
- Worked with several statewide medical associations on legislative initiatives coordinating testimony and strategy on legislation of importance to physicians;
- Strongly supported legislation of interest to Northern Ohio physicians including bills dealing with youth injuries, genetic counselor licensure, and clinical research faculty certificates;
- Became a member of the Governor's Cabinet Opiate Action Team Professional Education Work Group, Reforming Prescribing Practices Committee, to provide additional recommendations to address Ohio's prescription drug abuse epidemic;
- Met with lobbyists from the major institutions in Northern Ohio in an effort to dialogue on issues of importance to the physicians in our community.

## PRACTICE MANAGEMENT

- Provided timely information to our members on managed care issues and the yearly update on the fees to be charged for transfer of medical records;
- Provided detailed information to our members about signing up for the Ohio Board of Pharmacy automated reporting system OARRS;
- Hosted CGS training and educational sessions at the AMCNO offices for practice managers and AMCNO members;
- Continued our active participation as a member of the UnitedHealthCare Physician Advisory Board and the UHC administrative advisory council for practice managers;
- Disseminated timely and topical news to practice managers through our publication Practice Management Matters;
- Met with CGS Administrators to discuss concerns and problems AMCNO members had been experiencing with regard to claims processing, timely payment, and customer service since the start-up of CGS as the MAC in Ohio;
- Provided our members with services designed to resolve insurance company disputes with third party payers in Northern Ohio;
- Provided a third party payor seminar for practice managers and physicians – an event created by the AMCNO now entering its thirtieth year.

## COMMUNITY/PUBLIC HEALTH EFFORTS

- Continued our participation on the board of the Cuyahoga Health Access Partnership (CHAP) a countywide health access partnership created to provide a coordinated system of access to care across all providers for the region's low income uninsured residents and participated in the CHAP annual meeting event;
- Participated in a statewide "State of Tobacco Control" summit with statewide organizations and hospitals;
- Participated in a regional event where U.S. Secretary Kathleen Sebelius announced changes to health information technology adoption rules;
- Provided representation to the Center for Health Affairs and Ohio KePRO board of directors;
- Conducted our twelfth annual successful Vote and Vaccinate event on Election Day offering flu and pneumonia vaccines through our community partnerships in underserved areas;
- Hosted the 27th 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 Better Health Greater Cleveland;
- Participated in advocacy efforts with the Investing in Tobacco Free Youth Coalition to engage legislators in increasing other tobacco product taxes to decrease their use and enhance anti-smoking efforts;
- Continued as an active participant in the Northeast Ohio Quality Collaborative;
- Continued to provide volunteers and support for the MedWorks event in order to provide healthcare to the uninsured and underinsured population in our area;
- Continued as an active participant and as a member of the Governance committee of the Case REC.

## PUBLIC RELATIONS

- Continued to meet with Ohio state agency administrators to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Conducted myriad exclusive interviews on the Healthlines radio program with physician members of the AMCNO;
- Conducted presentations to regional specialty societies regarding AMCNO legislative activities;
- Provided detailed spotlight articles about area legislators in the Northern Ohio Physician magazine;
- Entered the 51st year of operation for the AMCNO Pollen Line, garnering extensive media attention for the service;
- Published numerous scientific and medical articles written by AMCNO members in the Northern Ohio Physician;
- Provided timely updates to our members on the topics of health care reform, meaningful use, electronic health records, ICD-10, and accountable care organizations;
- Provided physician presenters through our Speakers Bureau to present on medically related topics to community organizations and schools;

- Launched a new and improved website at [www.amcno.org](http://www.amcno.org) offering a wealth of information for our members and extensive background about the AMCNO.

## FOUNDATION OUTREACH AND YOUNG PHYSICIAN ENGAGEMENT

- The Academy of Medicine Education Foundation (AMEF) awarded six \$5,000 scholarships to local third and fourth year medical school students.
- Presented a "Welcome to the Profession" address to the graduating class of Case Medical School and Cleveland Clinic Lerner College of Medicine;
- Bestowed the Academy of Medicine Foundation (AMEF) award to a graduating student who has shown outstanding commitment to the Northern Ohio community;
- Participated in resident orientations across the region and met with new medical students to garner their support for AMCNO membership;
- Partnered with the William E. Lower Fund to present a seminar on "Preparing for the Business Aspects of Medicine" – a program designed for resident members and their spouses – a program launched in Northern Ohio by the AMCNO;
- Presented information about the AMCNO at the CWRU Meet and Greet event for first year medical students and recruited students for AMCNO membership;
- Presented and participated in a panel discussion at the CWRU Medical Student Career Night.

## PHYSICIAN EDUCATION OPPORTUNITIES

- Participated in a forum sponsored by the Health Action Council entitled "Health Reform from Different Perspectives" along with presenters from area hospitals;
- Partnered with a regional law firm to present a session entitled "False Claims Act Enforcement";
- Assisted in recruiting physicians to attend the Cuyahoga County Medical Reserves Corps (MRC) and register as MRC volunteers;
- Participated on community health and wellness fairs in the county;
- Participated in the Center for Medicare and Medicaid Services (CMS) Region V session;
- Provided detailed information to our members on how to select an electronic health system and address computer security issues;
- Provided our members with detailed information on the meaningful use rules, EHR adoption, and the statewide health information exchange;
- Partnered with Tri-C to offer discounted practice management classes to physicians and practice managers;
- Partnered with Ohio KePRO, the Ohio Health Information Partnership and other statewide organizations to launch the Learning and Action Network – a network designed to engage physicians in collaborative and educational sessions to learn more about adopting an EHR;
- Partnered with the Cleveland Metropolitan Bar Association and the Academy of Medicine Education Foundation to develop an innovative seminar concept for both physicians and attorneys to address medical malpractice issues.

## BOARD INITIATIVES/ADVOCACY

- Agreed to participate in Ohio Department of Health meetings regarding the implementation of Medicaid Health Homes;
- Submitted recommendations to the Ohio Supreme Court, Commission on the Rules of Practice & Procedure urging amendment of Ohio Civil Rule 10(D)(2), also known as the affidavit of merit provision;
- Agreed to join other health care organizations to file an amicus brief in a case before the Ohio Supreme Court that challenged the constitutionality of the Smokefree Ohio Act – and scored a major victory for the AMCNO and organized medicine when the OSC upheld the law;
- Participated in an amicus brief in *White v. Leimbach* – and scored a victory for AMCNO members when the Ohio Supreme Court reversed a decision which had held that expert testimony was not required in certain instances;
- Voted to appoint a physician representative to the Ohio Health Information Partnership (OHIP) Clinical Advisory Group;
- Agreed to file an amicus brief with the Ohio Supreme Court on behalf of physicians on a case involving First Amendment Rights of Medicaid providers to contribute to certain political campaigns in Ohio;
- Agreed to file an amicus brief with the Ohio Supreme Court as a part of the Ohio Alliance for Civil Justice to uphold the medical malpractice statute of repose;
- Agreed to partner with the Agency for Healthcare Research and Quality Review (AHRQ) on their Effective Health Care Program (EHC);

- Agreed to become an institutional partner in the County Executive's County Health Alliance;
- Joined a statewide group working with the Ohio Department of Health (ODH) to develop a Statewide Health Improvement Plan (SHIP);
- Supported federal legislation to offer assistance to medical legal programs;
- Agreed to participate in a Statewide Privacy Summit to discuss the development of the Clinisync patient consent policy and legislative changes needed to address the health information exchange privacy issue in Ohio;
- Agreed to co-sponsor Medicaid Provider Incentive Program (MPIP) training sessions for AMCNO members;
- Strongly supported joining the Center for Health Affairs as a stakeholder in the Northeast Ohio Patient Navigator Collaborative (NEOPNC);
- Continued AMCNO support for the National Children's Study;
- Continued as active participant in the Tri-C Health Information Technology Grant Advisory Committee;
- Provided input and comments regarding the Ohio State Medical Board Maintenance of Licensure concept in Ohio which could lead to additional reporting burdens for physicians;
- Strongly supported statewide efforts to increase the tax on other tobacco products such as smokeless tobacco and small cigars as a member of the Investing in Tobacco Free Youth Coalition.
- Continued to advocate for changes to SGR payment methodology for physician payments and the need to recognize Northern Ohio as a separate location for geographic payment indices under Medicare.

## Benefits of Membership in the AMCNO

Renowned Physician Referral Service  
 Representation at the Statehouse  
 Specialty Listing in the AMCNO online Member Directory  
 Practice Promotion via Healthlines radio program  
 Reimbursement Ombudsman  
 Informative Seminars  
 Speaker's Bureau opportunities  
 Insurance/Financial Services  
 Weekly, quarterly and bimonthly publications offering healthcare news and practice guidance  
 Member Discounts including Worker's Comp, Practice Management Classes at Tri-C 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 2013 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.



## INTRODUCING Specialty Care Services



### A patient-focused approach to complex therapy needs.

With Giant Eagle Pharmacy's new Specialty Care Services, patients are involved as active partners in the care process. We believe this approach helps to optimize adherence to your prescribed treatment plans.

**We're committed to helping your patients navigate the complexities of their specialty therapy through comprehensive patient outreach that includes assistance with:**

- ▶ Prior Authorization
- ▶ Insurance Verification
- ▶ Patient Copay
- ▶ Refill Reminders
- ▶ Side Effect Management
- ▶ Manufacturer Copayment Support

Plus, what sets us apart from other specialty pharmacies is our network of over 200 in-store pharmacy locations and face-to-face support from the pharmacist and staff that your patients know and trust.

**Specialty Care Services are currently available to patients you are treating for:**

- ▶ Cancer
- ▶ Psoriasis
- ▶ Crohn's Disease
- ▶ Rheumatoid Arthritis
- ▶ Anemia and Other Blood Disorders

For more information, contact [specialtycare@gianteagle.com](mailto:specialtycare@gianteagle.com)