

## AMEF Sponsors Opioids Conference for Update on Community Action Plan

The Academy of Medicine Education Foundation (AMEF) was pleased to sponsor the “Opioids: A Crisis Still Facing Our Entire Community” conference held September 6 at the Intercontinental Hotel in Cleveland. It was hosted by the U.S. Attorney’s Office and Cleveland Clinic. Academy of Medicine of Cleveland & Northern Ohio (AMCNO) members **Drs. Tom Collins, Ted Parran, and Joan Papp** participated in a panel discussion on the Northeast Ohio Hospital Consortium, which the Academy is a part of (see photo on right). AMCNO President **Dr. R. Bruce Cameron** and staff also attended the event.

The purpose of the meeting was to revisit the community action plan that was created 5 years ago to initiate changes to help combat the opioid epidemic in Ohio, and provide an update to community partners about what

has been done to date and to begin to develop new strategies to address this public health crisis.

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AMCNO members participate in the Northeast Ohio Hospital Consortium panel.

## Federal Opioid Legislation to Address Addiction

By Ray Krncevic, Esq., Tucker Ellis LLP

Amidst the current partisan gridlock and political infighting in Washington, lawmakers of all stripes have nevertheless joined together in an overwhelmingly bipartisan effort to address the issue of opioid addiction. The Support for Patients and Communities Act, signed into law on Oct. 24, 2018, provides the first comprehensive, nation-wide approach for dealing with the issue.

The new law tackles abuse and addiction from a public health and safety angle, focusing on expanding addiction prevention and treatment programs, strengthening labeling and screening requirements to deter counterfeit and illegal importation of opioids, and providing grants and other incentives to improve provider and patient education. Doctors will undoubtedly feel the effects of this legislation, and among the law’s 250 pages, the following components stand to have the greatest impact on physician practices.

Perhaps foremost among the changes affecting doctors is a push to improve prescribing and treatment practices. Congress has ordered the FDA to issue evidence-based opioid analgesic prescribing guidelines by this time next year. Between now and then, the FDA is instructed to seek robust input from the public, specifically including medical professional societies, medical boards, pharmacists, academics, and researchers, as well as patient groups. Additional changes are coming with respect to Medicare beneficiaries: beginning January 1, 2020, new entrants to

Medicare must receive a screening for substance abuse disorders at their first-time wellness visits, and going forward, providers must also perform an annual assessment for use disorders on Medicare patients who are receiving prescriptions for opioid medications.

Technology will play a prominent role in the years to come. By January 1, 2021, all prescriptions written for Schedule II, III, IV, and V drugs covered under either Medicare Part D or Medicare Advantage must be transmitted electronically. This mandate is expected not only to act as a deterrent to diversion and fraud, but also to provide the government

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**Justin Herdman**, U.S. Attorney for the Northern District of Ohio, addressed the audience, talking about how the opioid overdose issue is a priority at the attorney's office, following national security. Cuyahoga County Executive **Armond Budish** also addressed how the county has been tackling the issue. "By working together, we can have a bigger impact," he said, and suggested simple examples on how that can be achieved, such as increasing treatment beds and making naloxone widely available. Mr. Budish also talked about the public awareness campaign, "Know the Rx," that Cuyahoga County launched in 2017 and the AMCNO helped promote, that educates residents about the potential dangers of opioid prescriptions.



*Cuyahoga County Executive Armond Budish talks about how the county has been tackling the opioid issue.*

**Bridget Brennan**, from the U.S. Attorney's Office, served as the moderator for a panel on community accomplishments that included **Timothy Plancon**, from the Drug Enforcement Administration; Dr. Papp, who serves as the Medical Director for the Office of Opioid Safety at MetroHealth Medical Center; **Scott Osiecki**, from the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County; **Dr. Randy Jernejcic**, from University Hospitals; **Dr. Robert Bales**, from Cleveland Clinic; and **Judge Joan Synenberg**, from the Cuyahoga County Common Pleas Court.

Mr. Plancon said in the last 5 years, law enforcement has created enforcement/investigation teams to go after the supplier, not the addict. Cleveland is serving as a national template for these types of

investigations, he said. The teams collect information at the scene of an overdose and enter it into a shared database, then work toward the supply chain—starting at the street level and going all the way up to Mexican cartels. He said dangerous drugs are being sent from China, too, and extensively through the dark web. Through the Organized Crime Drug Enforcement Task Force, multiple agencies (ie, state, local and federal) will be working together to focus on drug dealers. He warned that cartels know opioid use is down, so they are pushing methamphetamine instead, which is highly addictive and is quickly becoming the next problem. Seizures of the drug have recently doubled, Mr. Plancon said, and cocaine production has significantly increased as well.

Judge Synenberg said they created a dual docket 5 years ago to assist with the opioid crisis. Drugs are not a new problem, but the drugs are changing, she said, adding that most users are masking emotional pain from trauma, so trauma and addiction need to be treated. Many in this population are parents and they're losing custody of their kids. Eighty-six percent of pregnancies in this population are unplanned, and the babies are born addicted to drugs. On the positive side, the drug court program is seeing a graduation rate of 70%. She said she and Judge David Matia get involved in their clients' lives and celebrate their recoveries. Most participate in mental health counseling—trauma-informed care is used to dig deep and help move people forward. Judge Synenberg stressed that addiction is a family disease and should be approached as such. This point was a common theme throughout the conference.

Dr. Papp said that Project DAWN has come a long way in the last 5 years. In 2013, the project had one employee and one community site for naloxone kit distribution. Now, five community sites have distributed 10,000 kits, and 1,500 people have been saved through the program. They are expanding their efforts to help prevent overdoses, starting with how opioids are prescribed by physicians. The Office of Opioid Safety will look at hospitals and practices to determine best practices, and they will focus on education, advocacy and treatment. As for education, 13 employees on staff have created a curriculum to educate providers at the hospital, using new state and federal

guidelines. They also plan on holding town hall meetings and simulation programs to role play how physicians should talk with patients about opioids. Dr. Papp also discussed other programs, such as the one for first responders. Dr. Collins is the director of the program and works with Cleveland EMS, who now administer naloxone instead of taking the overdosing patient to the hospital.



*Ms. Bridget Brennan moderates a panel on community accomplishments.*

In the last 5 years, Mr. Osiecki said that the ADAMHS Board has partnered with many organizations. The Board has looked at what people need to be successful in recovery, such as a sober bed program, where people can live in sober housing after treatment for 30 to 90 days before they return to their permanent homes. He said that the perception of medication-assisted treatment (MAT) needs to change, as many sober houses don't accept these patients. Currently, there are 12 MAT homes in the county, and the ADAMHS Board is looking to increase that number. Mr. Osiecki also said the Board is providing funding for a fentanyl strip program utilized at Circle Health Services, where people who may be using drugs can test the substance first to see if it contains the lethal drug.

Dr. Bales said science has been mounting that MAT is a helpful part of recovery. The Cleveland Clinic is working on training and licensing physicians for this type of treatment, but the number of providers needs to increase, he said. Dr. Bales also said addiction is a chronic lifespan disease, and should be no different than how diabetes patients are treated. Medical schools are beginning to train residents, particularly in family medicine, on addiction as well.

Dr. Jernejcic said physicians have a moral obligation to step up to the plate, and he said through the consortium, the medical community is coming together and doing more to find best practices to share among other institutions. At UH, they are using a

# AMEF ACTIVITIES

pain management institute process, which addresses MAT, acute/chronic pain and addiction. A psychiatrist is currently running it, as the root of addiction is pain (psychological and physical), he said.

**Dr. Thomas Gilson**, Cuyahoga County Medical Examiner, next discussed, “The Evolving Nature of the Problem.” He covered how the epidemic has evolved and how it has strained our county. At one point, there were more prescriptions than people in Ohio, he said, adding that the magnitude of the opioid problem is enormous compared to any previous drug epidemic we’ve experienced. Eighty percent of heroin users started with prescription opioids. There is an increase in mortality from heroin—it is an illegal drug, so it is not known how much or what is in it, whereas opioids are manufactured in a specific dose/amount with known chemical properties.

Dr. Gilson said 2014 was the start of the fentanyl phase of the current crisis. It is a lab product, so there is no need for a growing season as there is with opioids. There has been a dramatic increase in mortality from this drug.

The number of opioid deaths in 2015 versus now has risen dramatically. Deaths really spiked in 2016 for all drugs—this is when carfentanil was introduced and it has done tremendous damage, he said. This drug was never meant for human use—it’s a tranquilizer for elephants.

Dr. Gilson said there are still many challenges to address, including funding. Cuyahoga County cannot continue to devote \$3 million as it has in the last 3 years going forward—it’s not sustainable, he said.

Cleveland Clinic President and CEO **Dr. Tom Mihaljevic** discussed the efforts his facility has put in place to respond to the drug overdose epidemic, such as improvements to the electronic medical record system that led to a 30% reduction in prescription opioids; an alternative treatment for lower back pain, with a program known as Back on TREK (Transform, Restore, Empower, Knowledge); an advanced communication course on de-escalation techniques between patients and caregivers; a universal screening tool to identify addiction in pregnant women; and various forums to reach out to the community and educate them about drugs.



*Cleveland Clinic President and CEO Dr. Tom Mihaljevic discusses efforts at his facility to combat the opioid problem.*

The next panel discussion focused on “The Need for Common and Shareable Data.” Mr. Herdman served as moderator. Panelists from the medical examiner’s office, Ohio HIDTA (High Intensity Drug Trafficking Area), ADAMHS Board, Case Western Reserve University, and Cleveland State University talked about how they have taken data from various sources to see if they can better determine touch points in a person’s life—what would have been helpful at the physician’s office, court, jail—and what can be done differently so he or she doesn’t up in the morgue. This data community has also been able to build tools for data sharing between law enforcement and the community, such as a live online map that shows in real time where overdoses are occurring. The panelists said that as researchers, they share some of the responsibility in responding to this epidemic as well, and they are willing to work with others to share and analyze data.

The Northeast Ohio Hospital Consortium panel followed and was moderated by Dr. Jernejcic, who is the consortium’s physician chairman. Dr. Collins, an AMCNO board member and our representative on the consortium, began the discussion by saying that the unifying force of Clevelanders has always been how we come together in a time of crisis. He noted that the AMCNO has helped tremendously in advocating for physicians and hospitals over the years. The AMCNO has also been actively working with the State Medical Board of Ohio, the Board of Pharmacy, the legislature and state administrators to tackle the opioid crisis. He further commented that it is impressive to have the AMCNO as part of this consortium and to see how physicians and all the systems have aligned to address this epidemic.

**Dr. David Stroom** from Cleveland Clinic said they are trying to take a proactive stance at his facility by including all members of the care team, such as physicians, nurses and addiction counselors. And they are starting training in medical school to help future physicians understand the disease concept of addiction. He also stressed that the stigma surrounding addiction needs to be reduced—another common theme at the conference.

Dr. Papp said some programs translate well to other systems, such as the naloxone program (which can provide naloxone kits to patients) and the ED suboxone program (which identifies those in the ED at immediate risk for overdose and connects them with MAT and peer supporters).

Dr. Parran discussed several innovations at St. Vincent Charity that they are eager to share, such as research and teaching initiatives that have worked. Rosary Hall increased the number of beds in their detox unit from 12 to 27. They also provide support for those struggling with addiction in the hospital. In addition, they’ve added a MAT clinic into their residency clinic, and integrated the detox unit into mandatory medical training.

UH’s **Dr. Jeanne Lackamp** said they have decreased prescription opioids by 130,000 units. They are also working hard to reduce the stigma of addiction by working with medical students, teaching them how to care for and care about this population, she said. Recognizing opioid use typically begins with a reasonable pain problem, UH has established a pain management institute that uses a multidisciplinary approach to manage opioid use and pain. They also focus on where they can start patients besides opioids.

**Dr. Kevin Smith** from the Northeast Ohio VA Healthcare System said his facility appreciates the opportunity to be on the consortium. In 2014, the VA addiction program was being overrun by veterans. They brought in psychiatry experts to meet the demands. At that time, six providers could prescribe suboxone—today there are 40. In 2015, less than 50 people were treated with suboxone—that number now stands at 300.

The panelists discussed additional positive points about joining forces in the consortium, such as bringing leaders together and then working with their perspective leadership teams; sharing a unified message on how

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they educate physicians, nurses and staff as well as those in Columbus and Washington, DC; and simply the ability to collaborate, to share ideas, programs and data.

The lunch keynote speaker was **Aaron D. Marks**, who is a local recovery advocate. He shared his personal experience with opioid and heroin addiction and his recovery. He was first prescribed opioids following surgery for wisdom teeth removal, and he eventually moved on to heroin in college. "Addiction is not rational," he said. "It is not a choice—no one wants to live like that." Mr. Marks stressed that it will take a comprehensive solution to combat this drug problem.

The next panel discussion involved initiatives that are working in Cleveland. It was moderated by **Elizabeth Newman**, President and CEO of the Centers for Families and Children and Circle Health Services. Panelists were **Lisa Fair**, from Circle Health, who talked about their needle exchange program; **Erin Helms**, Executive Director of the Woodrow

Project, who discussed Project SOAR (Supporting Opioid Addiction Recovery); **Judge David Matia**, who talked further about the work of the drug courts; **Brian Bailys**, co-founder of Ascent, who talked about peer recovery coaches; **Thom Olmstead**, from St. Vincent Charity, who explained their transportation program for those trying to get to treatment; and **Pam Gill**, President and CEO of Recovery Resources, who discussed the 60-year-old organization's program offerings.

The conference concluded with reports from the group's four subcommittees following breakout sessions for each: Education and Prevention, Law Enforcement, Healthcare Policy/Treatment, and Data and Analytics.

This conference was a starting point in a discussion about how the community will work together to address this challenge. The AMCNO, along with all the community partners, will continue to work toward the goal to find solutions to address this epidemic. ■



Mr. Aaron Marks served as the keynote speaker during lunch.



AMCNO President Dr. Bruce Cameron (right) stands with AMCNO member Dr. Tom Collins at the conference.

*The AMCNO Board of Directors and Staff  
wish you and your family  
Happy Holidays and a Healthy New Year!*



# FEDERAL LEGISLATION

## Federal Opioid Legislation to Address Addiction

(Continued from page 1)

with ample data with which to assess prescribing patterns. Also beginning in 2021, the U.S. Department of Health and Human Services will start tracking prescriber data gleaned from the aforementioned e-prescribing to determine which prescribers are statistical outliers, based on their specialty and geographic location. These outliers will then be notified of their status as such, and “persistent outliers” will be required to enroll in remedial training. Finally, the legislation requires the federal Drug Enforcement Administration, by October 2019, to issue regulations allowing prescribers to obtain a special registration to prescribe controlled substances via telemedicine, and to set forth procedures and prerequisites on how prescribers can qualify.

Expanding the availability of substance abuse treatment is another priority, particularly for vulnerable populations. The Support Act includes a significant expansion of coverage of addiction treatment under Medicaid for mothers and infants, for at-risk youth, and for inpatient treatment generally. The Act further broadens treatment options by allowing a wider scope of medical professionals to prescribe medication-assisted treatment (MAT), *i.e.* methadone, buprenorphine, and naltrexone. Presently, physicians must either hold one of several board certifications or undergo certain special training to be MAT providers, and are typically limited to treating no more than 30 MAT patients at one time, with a maximum of 100 at a time in certain instances. The new law expands this limit to 275 patients, and also extends MAT prescribing capabilities to recent medical school graduates; this means that residents who undergo the requisite training will now be permitted to prescribe MAT as well. The law also broadens the ability of nurse practitioners and physician assistants to prescribe MAT, and extends this option to clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives (provided that state medical and nursing boards permit it, which is generally the case in Ohio for buprenorphine and naltrexone). Finally, as an incentive to clinicians, the Act offers student loan forgiveness of up to \$250,000 for providers working full time in the field of substance use disorder treatment either in rural areas or in counties where the mean drug overdose death rate is higher than the national average.

A last-minute addition to the bill involves new anti-kickback rules. Section 8122 of the Act prohibits any payment or remuneration (including kickbacks, bribes, or rebates) to or from any individual to incentivize referrals to or

usage of “recovery homes, clinical treatment facilities, and laboratories.” Although this language generally mirrors that of the existing Anti-Kickback Statute, and carries with it similar exceptions, these new prohibitions are not limited to services paid for by Medicare or Medicaid. Rather, the Act amends the federal bribery statute, and these new restrictions apply to any services provided by recovery homes, treatment facilities, and labs, regardless of who is paying for the bill. Physicians who practice in this area should carefully review any existing referral relationships they have to ensure compliance with the new statute.

Although the law was passed by overwhelming margins in both chambers of Congress (393-8 in the House and 98-1 in the Senate), the debate was not completely devoid of controversy. One criticism has been that the funding level for an issue of this magnitude (\$8 billion over five years) is insufficient. A second relates to patient privacy, namely the “Part 2” restrictions that require treatment records for drug and alcohol addiction to be kept separate from the rest of a patient’s chart. A proposal discussed during the House-

Senate conference would have removed this requirement, and instead required that addiction treatment charts be maintained in accordance with HIPAA along with a patient’s other medical records. Proponents of the change, including the American Hospital Association, argued that practitioners needed to know if their patients had a history of addiction in order to take appropriate precautions when prescribing pain killers and other medications. However, opponents of the amendment, including the American Medical Association, warned that including patients’ addiction treatment history in their standard medical charts would likely deter many from seeking the help they need for their addiction. Ultimately the amendment was not adopted, meaning the status quo will continue as to addiction treatment confidentiality, although it is likely the debate on this point will continue.

While the ink is still fresh on the Support Act, its full impact will continue to evolve over the next several years, as the effects of the law take hold and new regulations are rolled out. While not a silver bullet, the Support Act figures to play a prominent role in addressing issues surrounding opioid abuse and addiction in the years to come. ■



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With the Ohio legislature out of session for the most part until after the November election, there has not been a lot of activity going on at the Statehouse. Once the elections are over, legislators will return to Columbus and the lame duck session will begin. The AMCNO will continue to monitor the legislative activity and report to our members of any healthcare-related issues that move through the legislature.

## **The AMCNO Opposes Issue 1**

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Board of Directors has agreed to join other organizations and individuals who oppose State Issue 1—a ballot initiative that would create a constitutional amendment to reduce penalties for crimes of obtaining, possessing and using illegal drugs.

In a news releases, the AMCNO Board notified media outlets and legislators of our reasons for opposing Issue 1, noting that physicians are on the frontline every day treating patients with addiction, and we see the anguish and suffering the opioid epidemic has caused for our patients, their families and the community. In response, we have worked tirelessly to address the opioid crisis in our state. We have supported combatting drug abuse through many initiatives on several fronts at the state and local levels, and physician prescribing of opioids has been greatly reduced.

However, despite all of these endeavors, overdose deaths in Ohio continue to rise. Recent statistics released by the Ohio Department of Health (ODH) indicate that Ohio's overdose deaths increased by more than 800 in 2017, to a total of 4,854, caused by an increase in fentanyl-related deaths.

Issue 1 would make the possession of powdered fentanyl in amounts of less than 20 grams a misdemeanor, with only probation as a consequence. We believe that this provision sends a message to drug dealers that they can do business in Ohio at low risk at a time when the data clearly shows that fentanyl-related overdose deaths are increasing at an alarming rate. As physicians, we are concerned that this has the potential to increase the addiction problem in Ohio, not reduce it.

"This is a public health issue that cannot be ignored," said R. Bruce Cameron, MD, AMCNO President. "We have to do what is best for our patients, so, therefore, we have opted to oppose Issue 1. Passage of Issue 1 will only serve to exacerbate the drug overdose epidemic in Ohio."

The AMCNO understands that the proponents of Issue 1 want to address the impact of substance abuse in our state and our criminal justice system; however, Issue 1 as written puts Ohio on the path of adopting some of the most lenient drug laws in the country. The physician members of the AMCNO urged all Ohioans to vote **NO** on State Issue 1.

At press time, the elections in Ohio had not yet taken place. The AMCNO is hopeful that Issue 1 does not pass on November 6.

## **AMCNO Joins Multiple Healthcare Organizations in Urging HHS to Add Patient Protections to Step Therapy Policy**

As previously reported by the AMCNO, we are vigorously supporting SB 56/HB 72 in the Ohio legislature, and we are pushing for passage of this legislation before the end of this year. Both bills are intended to address the practice utilized by insurers known as "step therapy." Step therapy protocols require the use of a specific medication without knowing the patient's medical history. Excluding physicians' clinical judgment from patients' treatment plans creates a barrier to getting the right care at the right time. Step therapy can undermine physicians' ability to effectively treat patients and lower quality of care, resulting in set-backs and disease progression for patients. Step therapy, also known as "fail first," is a tool insurers use to limit how much they spend covering patients' medications. Under step therapy, a patient must try one or more drugs chosen by their insurer—usually based on financial, not medical, considerations—before coverage is granted for the drug prescribed by the patient's healthcare provider. Patients may be required to try one or more alternative prescription drugs that are of lower cost to the insurer, but may not be the best therapy for some patients. The legislation under review in Ohio improves the step therapy process to ensure that patients get access to the medications they need in a timely manner. **It does not mandate that insurers cover any medications that are not already part of a patient's plan.**

Recently, the Health and Human Services (HHS) proposed changes to Medicare's step therapy policy, which would allow Medicare Advantage plans to use step therapy. In response, the AMCNO joined other organizations in signing onto a letter to Alex Azar, II, Secretary of the HHS, expressing concerns with these changes. The letter urges the Administration to be mindful of the

potential impact on beneficiaries, citing that many people have few therapeutically equivalent drugs for treating their conditions. The letter also outlines a set of patient protections, including adherence to evidence-based treatment guidelines, protection for mid-treatment patients, recognized standard of care, a simple and expeditious exceptions and appeals process, and full transparency and oversight.

For more information about step therapy, please visit [www.reformsteptherapy.com](http://www.reformsteptherapy.com) and [www.prescriptionprocess.com/steptherapy](http://www.prescriptionprocess.com/steptherapy), or Ohio Physicians for Step Therapy Reform at [http://oanet.org/aws/OOSA/pt/sp/STEP\\_home\\_page#fix](http://oanet.org/aws/OOSA/pt/sp/STEP_home_page#fix).

## **ODM, OhioMHAS Meeting Explores Substance Use Disorder Treatment Coverage**

The Ohio Department of Medicaid (ODM) and Ohio Department of Mental Health and Addiction Services (OhioMHAS) hosted a meeting about substance use disorder treatment and an 1115 waiver opportunity at ODM in October.

The CMS 1115 waiver requires broad reforms related to prescribing guidelines, performance measures, access to appropriate levels of care and services such as medication-assisted treatment (MAT). Section 1115 demonstrations and waiver authorities in section 1915 of the Social Security Act are vehicles that states can use to test new or existing ways to deliver and pay for healthcare services in Medicaid and the Children's Health Insurance Program (CHIP). Through Section 1115, the Secretary of Health and Human Services has the authority to approve experimental, pilot or demonstration projects that are found to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to evaluate state-specific policy approaches to better serve Medicaid populations.

The 1115 waiver goals, discussed during the meeting, follow:

- Increased rates of identification, initiation and engagement in treatment
- Increased adherence to and retention in treatment
- Reduced overdose deaths, particularly from opioids
- Reduced utilization of emergency departments and inpatient hospital settings for treatment, where the

# AMCNO LEGISLATIVE REPORT

utilization is preventable or medically inappropriate through improved access to other continuum of care services

- Reduced number of readmissions to the same or higher level of care, where the readmission is preventable or medically inappropriate
- Improved access to care for physical health conditions among beneficiaries

Following the finalization of the waiver 30-day posting for public comment, the plan is to finalize the waiver and implementation plan and submit them by November 30, to receive approval from CMS by spring 2019.

## The AMCNO Continues to Support HB 559 – the Ohio Immunization Process Improvement Plan

The AMCNO is hopeful that HB 559 will move before the end of the year. We believe that this legislation would have a positive impact on all Ohioans.

### What it does:

- Boosts Ohio's immunization rates and keeps our children safe and healthy.
- All parents, including those with an immuno-compromised child, will have the information about opt-out rates they need to make an informed decision about schools.

### What it does not do:

- It DOES NOT impact current exemptions or mandate vaccines.
- It DOES NOT in any way change the ability of parents to make decisions regarding whether or not to immunize their child.

## APRN Independent Practice Bill Introduced Again – AMCNO Opposes HB 726

Legislation that would eliminate the current requirement that advance practice registered nurses (APRNs) collaborate with a physician has once again been introduced in the Ohio Legislature. AMCNO members will recall this issue from the last General Assembly. In 2016, after 18 months of working with elected officials and the nurses, the bill that was ultimately passed made amenable modifications to the APRN scope of practice, but did NOT include independent practice authority. The AMCNO, the Ohio State Medical Association (OSMA) and other medical associations worked tirelessly to achieve this outcome, and we strongly advocated for the physician-led, team-based approach to care.

However, just a short time later, this concerning issue is back, and HB 726 seeks to fundamentally change how physicians and APRNs work together safely and effectively. Medical groups across Ohio, including the AMCNO, oppose this legislation. We will be working with a coalition spearheaded by the OSMA to be sure that legislators

understand that physicians and APRNs are not interchangeable, and that we do not condone this unnecessary and unsafe change to APRN scope of practice. It is unlikely that this bill will move before the end of the year but the AMCNO will be sure that legislators are aware of our opposition to this bill. ■

## Did You Know? The AMCNO is on Twitter and Facebook!

Stay up to date on what's happening within the AMCNO by following us on Twitter @AMCNOTABLES and liking us on Facebook at The Academy of Medicine of Cleveland & Northern Ohio. On both accounts, we highlight AMCNO events and photos, post articles about what we're working on, and more.



*Be in the Know—Join Us on Social Media Today!*

## Planning for Your Financial Future

Our goal is to fully understand and analyze the specifics of your financial situation, and then provide you with the information, advice and alternatives you need to make the best possible decision about your financial future.

As family wealth planners, it is our responsibility to help you build a secure retirement plan and assets with future generations.

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## AMCNO Pollen Line – 2018 Review

By Shan Shan Wu, DO; Neha Sanan, DO; Jason Schend, DO; Devi Jhaveri, DO; Theodore Sher, MD; Haig Tcheurekdjian, MD; and Robert Hostoffer, DO

Allergy/Immunology Associates remains committed to serving patients of the Greater Cleveland area, reporting daily pollen counts for the AMCNO Pollen Line. We used a Rotorod Aeroallergen device to obtain the samples and calculate the daily pollen levels during the 2018 pollen season. For about 10 days out of the pollen year, the Rotorod spinner was reset due to tremendous rainfall, resulting in absence of pollen on the rods. However, in general, the trend and peak pollen levels were minimally affected.

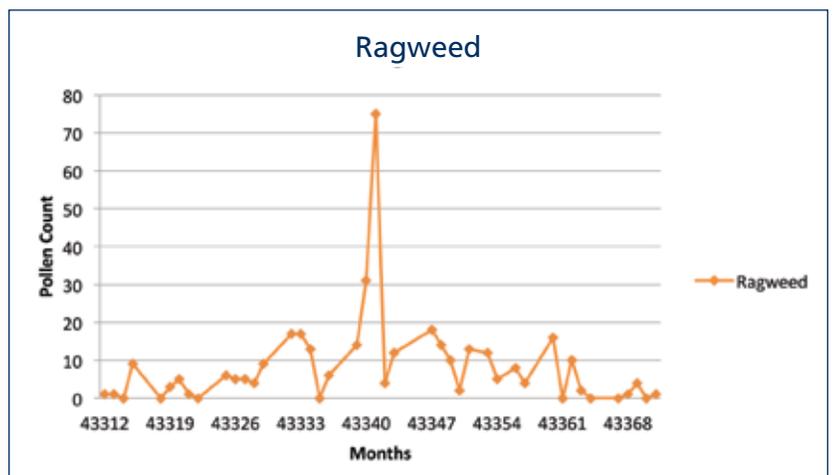
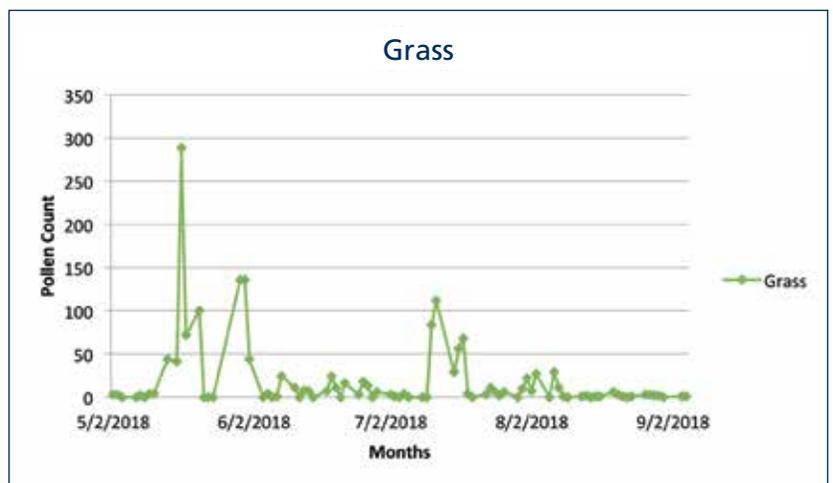
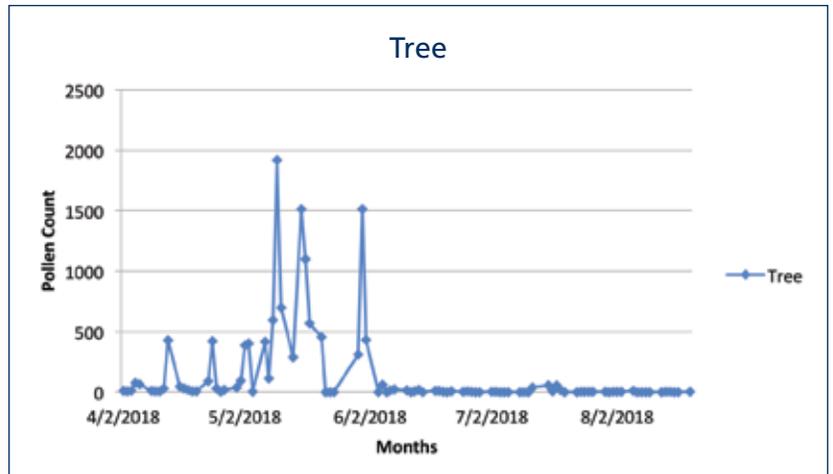
Tree pollen, grass pollen, and ragweed pollen are the main culprits affecting Northern Ohio patients during each season. Pollen counts benefit both patients and their household members. Pollen counts also guide allergists and other physicians in targeting therapy for their patients to achieve optimal symptom relief. The pollen season can be miserable for those who suffer from allergic rhinitis, allergic conjunctivitis, and/or asthma. By following yearly trends, we can predict the timing of certain allergens and prepare our patients so that they can maximize their quality of life.

In the Greater Cleveland area, the pollen season begins with the blooming trees in spring. Compared to last year, tree pollen appeared around the same time in early April. Tree pollen levels showed three peaks compared to two peaks last year, with the maximum peak occurring on May 10, about two weeks later than last year. Tree pollen levels persisted well into early August this year, which is later than all the previous years.

Grass pollen is the main allergen during summer months. Grass pollen in Northeast Ohio started early May and, like tree pollen, lasted longer than previous years, well into early September. Grass pollen levels peaked on May 17, almost four weeks earlier than last year. The overall grass pollen level was nearly two times higher compared to last year.

As the temperature cools and the days begin to shorten, we fall into the autumn ragweed season. Ragweed appeared in late July, similar to last year. The ragweed peak occurred on August 29, five days later than last year. The overall level of ragweed was about one-third lower than last year.

Now in its 56th year of operation, the AMCNO is pleased to partner with Allergy/Immunology Associates on the Pollen Line to provide the pollen count to the Greater Cleveland community from April 1 to October 1. The counts are available through the Pollen Line by calling (216) 520-1050. The pollen count can also be found online at [www.amcno.org](http://www.amcno.org). Stay healthy, warm, and safe this winter. We look forward to helping you prepare for next year's pollen season on April 1, 2019! ■



## HIP-Cuyahoga is Actively Working to Bridge Clinical Medicine and Public Health

By *Kirstin Craciun, MPP, MSW, and Heidi Gullett, MD, MPH*

The Health Improvement Partnership-Cuyahoga ([hipcuyahoga.org](http://hipcuyahoga.org)), a cross-sector community health improvement collaborative, has been focused on crafting the next community health assessment to occur in 2019. The last large-scale Cuyahoga County community health assessment was conducted in 2013, followed by the release of the Cuyahoga County Community Health Improvement Plan (CHIP) in 2015. Following this foundational work, HIP-Cuyahoga evolved from long-standing working groups into the current collaborative of more than 1,000 individuals and 300 organizations. The Cuyahoga County Board of Health serves as the backbone organization of HIP-Cuyahoga. Other anchor organizations include Better Health Partnership, the Case Western Reserve University (CWRU) School of Medicine, and Policy Bridge, to name a few, as well as community members, who are represented on HIP-Cuyahoga's steering committee and in workgroups.

HIP-Cuyahoga's vision is that Cuyahoga County is a place where all residents live, work, learn, and play in safe, healthy, sustainable, and prosperous communities. The consortium's four key approaches are perspective transformation, collective impact, community engagement, and health and equity in all policies. Since the last community health improvement plan, work has focused on the four priority areas of eliminating structural racism, improving healthy eating and active living, improving chronic disease—namely hypertension—and increasing collaboration between public health and clinical care entities. These priorities were chosen through a facilitated process grounded in equity and aligned with the Ohio State Health Improvement Plan and the National Prevention Strategy. The overarching outcomes of HIP-Cuyahoga are achieving equity and improving both well-being and population health.

In October 2013, the subcommittee working on the priority of improved collaboration between public health and clinical care entities developed the goal of creating an integrated system to conduct future coordinated, comprehensive countywide community health assessments to identify and respond to evolving community health priority areas. While this work has been largely driven by the shared agenda of improving health for all, this collaborative vision was also partly driven by the desire to improve efficiency by simultaneously meeting the requirements for not-for-profit hospitals to complete community health needs assessments every three years and local health departments to also complete community health improvement planning processes for accreditation purposes. This joint process also locally operationalizes state of Ohio requirements for hospital systems and local health departments to work together on community health improvement planning efforts every three years.

Members of this subcommittee of HIP-Cuyahoga have been working for the past five years to develop authentic relationships across sectors, including with Northeast Ohio's regional hospital association, The Center for Health Affairs, and individual hospital systems, to realize this shared vision. The Center for Health Affairs has grown into a key partner in coordinating community health improvement efforts, providing strategic vision, logistical and administrative support, and providing guidance on multiple stakeholder perspectives. Numerous hospital system representatives and public health officials have also been critical leaders in developing this collaborative approach to improving the health of Greater Cleveland residents.

Building on the past five years of collaboration guided by HIP-Cuyahoga, The Center for Health Affairs, and the CWRU School of Medicine, the collaborative is poised to complete a community health assessment in 2019 that includes the Cleveland Department of Public Health, Cuyahoga County Board of Health, and multiple local hospital partners. A major strength of conducting the assessment and community health improvement planning process collaboratively is the potential to address complex structural determinants of health, which have previously proven intractable, but which impact both individuals and organizations through preventable differences in health outcomes.

The 2019 community health assessment will encompass primary data collection, using a robust survey methodology, in addition to key stakeholder interviews and a comprehensive analysis of secondary health data, including an analysis of hospital data. This work will be conducted in conjunction with the Hospital Council of Northwest Ohio, a regional hospital association serving hospitals in the northwest quadrant of the state. The primary data collection will be heavily grounded in community engagement, collective impact, and equity as

guiding principles. The assessment will then be followed by a facilitated process of identifying key priority areas on which to collaboratively focus for the next three years. These priorities will draw upon identified needs from both qualitative and quantitative elements of the assessment and will interface with key facets of the state health improvement plan, reflecting the needs of the local community, while also ensuring that health is addressed in the broadest sense.

Several obstacles have been overcome to create opportunity for collaboration around community health assessment and improvement planning processes. For example, several local hospitals and the two Cuyahoga County local health departments were on different assessment cycles, both in year and required frequency in relation to other hospital systems. To ameliorate this challenge and meet the Ohio requirement to align efforts by 2020, a focused 2018 assessment was conducted by the Cleveland Department of Public Health, the Cuyahoga County Board of Health and University Hospitals to meet compliance requirements for each respective organization. This assessment will be released in late 2018 and will be followed closely by the more robust 2019 collaborative assessment involving additional hospital systems and both local health departments. This will enable future collaborative assessments to occur on three-year cycles for all partners.

A tremendous wealth of healthcare resources exists in Cuyahoga County, yet there are stark inequities in the health experienced by its residents. The conditions that shape health—such as poverty, access to healthy food, and safe and affordable housing, to name a few—are not spread equitably across the county, resulting in significant differences in health outcomes and life expectancy. This collaborative community health improvement process reflects the tangible ways partner organizations are doing business differently to achieve our shared goal of creating community conditions where everyone can reach their full potential. This work will continue long into the future, given the demonstrated commitment by HIP-Cuyahoga members to addressing structural determinants of health to realize our collective vision of equity. ■

**Editor's Note:** *The AMCNO is pleased to be one of the many organizations involved in the work of HIP-Cuyahoga.*

# AMCNO MEMBERSHIP ACTIVITIES

## AMCNO Resident Members Learn about the Business Side of Practicing Medicine at Annual Seminar

The AMCNO held its annual “Understanding the Legal and Financial Aspects of Practicing Medicine” seminar for residents and guests in September at the Cleveland Museum of Natural History. This event is sponsored by the William E. Lower Fund and Academy of Medicine Education Foundation (AMEF).

**AMCNO President Dr. R. Bruce Cameron** provided opening remarks and brief introductions for each presenter.

**Mark O’Sickey**, with North Coast Executive Consulting, discussed financial planning, such as insurance needs for newly married couples; estate strategies, including your digital life (ie, appointing someone to handle your online accounts in the event of your death); and saving strategies. O’Sickey also offered advice on the best personal budgeting tools to use to help determine what’s being spent each month and where cutbacks can be made.

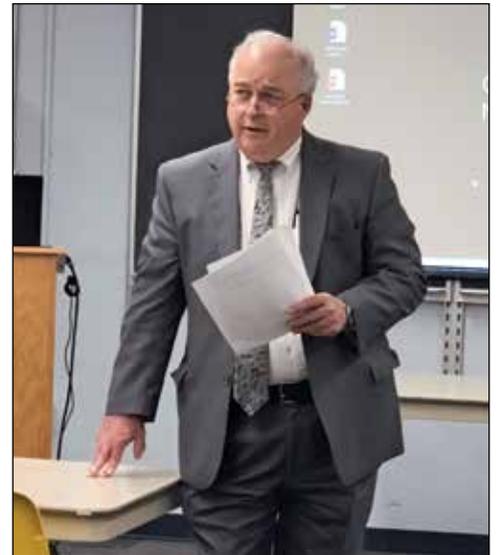
The next presenter, **Kate Wensink**, from McDonald Hopkins LLC, discussed estate planning in further detail. She first focused on living estate plans, and talked specifically about establishing a financial durable power of attorney (and having an alternate) who can make financial decisions for you, having a healthcare power of attorney who can make healthcare decisions for you if you become incapacitated, and creating a living will that spells out your wishes regarding end-of-life decisions (which is not the same as a Do Not Resuscitate order). Wensink also discussed wills and the different types of trusts. In addition, she provided attendees with planning reminders, such as building in flexibility for general estate planning and revisiting it at least every 5 years, and the importance of designating a beneficiary.

**Isabelle Bibet-Kalinyak**, also from McDonald Hopkins, presented “Reviewing and Negotiating Physician Employment Agreements.” She advised attendees to establish an effective contracting process that includes asking for relevant materials early on, establishing a timetable to negotiate and finalize the contract, and taking time to consider and discuss the

contract terms. Bibet-Kalinyak said it’s important to invest time in negotiating your employment agreement for several reasons—a contract is a two-way street and it sets the tone of the relationship, and it will serve as a basis for future contract negotiations. She also discussed key contract provisions, including coverage obligations and support, term and termination, and compensation and benefits.

The final presenters for the evening were **Cynthia Kula** and **Dan Bialek**, who are CPAs with Walthall Rea. They discussed “Business and Tax Aspects of a Medical Practice,” highlighting the various types of business structures that can be used to establish a practice, such as sole proprietorship, partnership, corporation, and limited liability company, as well as the related tax considerations for each structure. Their presentation also covered the recent Tax Cuts and Jobs Act. The impact is minimal for most people, Kula said, and she explained what was included in the legislation.

Following the event, attendees provided feedback; many were pleased with the topics



AMCNO President Dr. Bruce Cameron addresses the attendees during his opening remarks at the seminar.

and rated the speakers with high marks. The presenters stated that they enjoyed participating in this program, and the AMCNO thanks them for taking part in it. We would also like to thank the museum for being an accommodating host.

The information provided during the seminar is for educational purposes only; it is not a solicitation. ■

## SAVE THE DATE! 2019 Medical Legal Summit March 22-23, 2019

Cleveland’s Medical Legal Summit will be co-sponsored by the Cleveland Metropolitan Bar Association (CMBA), Academy of Medicine of Cleveland & Northern Ohio (AMCNO), and Academy of Medicine Education Foundation.

### Co-Chairs:

- Bruce Cameron, MD, University Hospitals, and AMCNO President
- Shannon Jerse, JD, St. Vincent Charity Medical Center, and David Valent, JD, Cleveland Clinic

The Summit is intended to bring together doctors, lawyers, health care professionals and others who work in allied professions for education, lively discussion and opportunities to socialize.

For more information, call the AMCNO at (216) 520-1000 or the CMBA at (216) 696-3525.

### SUMMIT DETAILS

March 22 – CME, CLE and UH CRME TBD

March 23 – CME, CLE and UH CRME TBD

#### Friday, March 22 - Afternoon

Join the CMBA’s Health Care Law Section for their annual health care law update.

Visit [www.CleMetroBar.org](http://www.CleMetroBar.org) for more info or call 216-696-2404.

#### Friday, March 22 - Evening keynote

**A Debate featuring AMA President Dr. Barbara McEneny and ABA President Bob Carlson**

#### Saturday, March 23

**Continental breakfast followed by a half day of sessions**

### REGISTRATION RATES

AMCNO members, CMBA members and other healthcare providers (ie, nurses and staff): \$85

Non-Members: \$150

Students and Residents: \$15

### LOCATION

One Cleveland Center  
1375 E. 9th Street  
Second Floor  
Cleveland, OH 44114