

AMCNO Urges Ohio Legislators to Support Medicaid Reform

The President of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Dr. George Topalsky, joined other advocates supporting extension of the Ohio Medicaid program for the Northeast Ohio Medicaid Expansion (NEO-MEC) Coalition Lobby Day at the Ohio Statehouse. The purpose of the Lobby Day was to encourage lawmakers to extend Medicaid benefits to 275,000 Ohioans.

Dr. Topalsky and other NEO-MEC participants stressed that time is of the essence for Medicaid expansion. Major portions of the Affordable Care Act will go into effect on January 1, 2014, and if extension of Medicaid is authorized it will take several months for the state to properly prepare for implementation of the program and additional coverage.

In addition to the NEO-MEC, other organizations from around the state, including hospitals and health systems, patient advocates, physicians, social service groups, and faith communities, have worked tirelessly to educate legislators and the public on the economic and health benefits of extending Medicaid.



AMCNO President, Dr. George Topalsky, spends a moment with Rep. Nan Baker during lobby day visits.

The AMCNO and other supporters of Medicaid expansion have been urging the Ohio legislature to find a bipartisan solution to this issue. During his legislative visits,

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Dr. George Topalsky poses with Dean Pamela Davis and AMEF award recipient Sarah Sweeney.

AMCNO President Presents Remarks to Graduating Medical Students Bestows Academy of Medicine Education Foundation Award

Dr. George Topalsky, 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 18th and included remarks by Dr. Topalsky to the students regarding the importance of becoming involved in the community and as a part of organized medicine.

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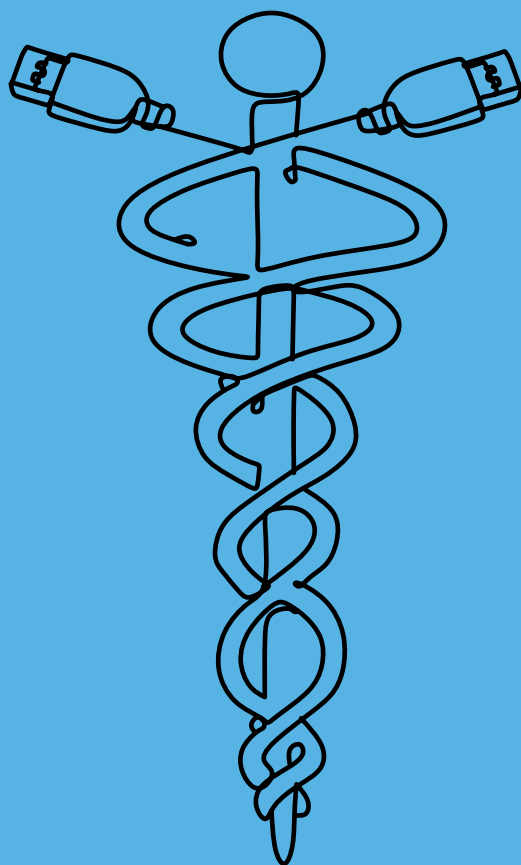
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Promoting Physician Advocacy

Dr. Fred Jorgensen, a representative from District I serving on the AMCNO board, arranged for the AMCNO to present to family medicine residents at the Fairview Hospital on the topic of physician involvement in advocacy and legislative activities. Presenting on behalf of the AMCNO was Dr. John A. Bastulli, Vice President of Legislative Affairs.

Dr. Bastulli told the residents that many health care issues and medical care options are decided by the legislature and government entities — so it is imperative that physicians get engaged in the legislative process.

He also outlined the advocacy activities conducted on behalf of physicians by the AMCNO — noting that the AMCNO Legislative Committee reviews all health care related legislation introduced in Ohio and provides our position to Ohio legislators as well as presenting testimony in Columbus.

He also informed the residents that it is helpful for physicians to get to know their legislators and try to set up a meeting with your state representative. The legislators change over quickly due to term limits and they labor in anonymity and would welcome a face with a name.



Dr. John Bastulli (far right) talks with Fairview residents about legislative advocacy (also pictured at the head of the table, Dr. Fred Jorgensen, AMCNO board member).

He also talked about the AMCNO position on health care reform. The residents expressed concerns about student loan debt and salaries, along with the potential impact of physician assistants and nurse practitioners on the practice of medicine in the future. ■

AMCNO President Presents Remarks to Graduating Medical Students

(Continued from page 1)

His speech also offered words of encouragement and he congratulated the students on their achievement. Dr. Topalsky 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 Sarah Sweeney. ■

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Thank you from the 2012 AMEF Golf Committee

The Ohio Supreme Court Upholds the Physician-Apology Statute and Determines that the Statute Applies to any Cause of Action Filed After September 13, 2004

The AMCNO Medical Legal Liaison Committee tracks cases for the AMCNO Board of Directors that come before the Ohio Supreme Court and could impact or change the law in Ohio concerning our physician members. Recently, Jennifer Becker and Brian Lange of the law firm of Bonezzi Switzer Murphy Polito & Hupp filed an Amicus Brief on behalf of AMCNO requesting that the Ohio Supreme Court uphold the Physician-Apology Statute governed by R.C. 2317.43, and exclude any evidence of a physician's gestures, conduct and expression of sympathy and prevent said gestures and statements from being used as an admission of liability. The AMCNO also requested that the Ohio Supreme Court apply the Statute to any cause of action filed after September 13, 2004, which is the effective date of the Statute.

The Ohio Supreme Court recently issued a favorable opinion holding that a physician's gestures, conduct and expression of sympathy are excluded pursuant to R.C. 2317.43. See *Estate of Johnson v. Randall Smith, Inc.*, 2013-Ohio-1507, — N.E.2d —, 2013 WL 1760949. Specifically, the Court held that a physician's statement to a patient that he took full responsibility for the situation was not admissible because his gestures, conduct and statements, were covered under R.C. 2317.43. The Ohio Supreme Court also held that the Statute applies to any cause of action filed after September 13, 2004.

By way of procedural history, in 2007, the plaintiff-patient refiled her medical malpractice action against the defendant-surgeon and his corporation alleging negligence related to the performance of her gall bladder surgery in April 2001. The case proceeded to trial and defendants filed a motion in limine to exclude the physician's statements of apology pursuant to R.C. 2317.43. The trial court conducted a hearing and the evidence showed that the physician made a statement of apology to the plaintiff and acted in a compassionate manner exhibiting sympathy and attempting to comfort his patient. The physician also stated that he took responsibility for the situation. Accordingly, the trial court determined that the statements were not admissible under R.C. 2317.43. A jury verdict was returned in the defendants' favor.

The Eleventh District Court of Appeals reversed the jury verdict and determined that the trial court had erred in applying R.C. 2317.43 because the statute was enacted and took effect after the malpractice claim arose and the statement was made. The appellate court also held that jurors could have determined that the words "take full responsibility" when

taken in context meant that the physician was admitting fault.

The Ohio Supreme Court reversed the judgment of the Court of Appeals and remanded the case to the trial court to reinstate the jury's verdict and trial court's judgment in favor of the defendants. The Court held that R.C. 2317.43 applies to any cause of action filed after September 13, 2004. The Court also held that the physician's statements were properly excluded under R.C. 2317.43, explaining that "it was improper to reverse the trial court's decision to exclude [the physician's] statement. The trial court had determined that [the physician] was faced with a distressed patient who was upset and made a statement that was designed to comfort his patient." Accordingly, the Ohio Supreme Court held that this is precisely the type of evidence that R.C. 2317.43 was designed to exclude as evidence of liability in a medical malpractice action. ■



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How Will The New Medicare Taxes Affect You?

The new tax law may impact your earned income and your investment income. High-income taxpayers may be hit with two tax hikes under the recently enacted health care overhaul legislation.

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AMCNO LEGISLATIVE ACTIVITIES

AMCNO Participates in Lobby Day at the Legislature

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Dr. Topalsky stressed to legislators that the AMCNO and the physicians we serve recognize the need for health care reform and have long advocated for change in the health care delivery system. He noted that physicians see the negative impact that inadequate health care can have on patients and that the AMCNO is confident that the health and well-being of uninsured members of the Northern Ohio community will be greatly improved by access to the medical coverage provided by an expanded Medicaid program. The AMCNO will continue to work through NEO-MEC and other statewide coalitions and stress to the legislature the importance of this issue. It is our hope that Ohio will decide to support the Medicaid expansion in order to improve patient access to care and establish a more efficient and complete health care delivery system for the citizens of Northern Ohio and the rest of the state.

Bills Introduced in the Ohio Legislature to Address Medicaid Reform

Companion bills addressing Medicaid reform are now under review in the Ohio House and Senate. These companion bills have bipartisan support and represent a first step in an effort to overhaul Ohio's Medicaid system. The bipartisan-sponsored bills do not contain language pertaining to Medicaid expansion.

The legislation contains three main components: Medicaid reform, workforce development and a joint legislative oversight committee. A substitute version of the measure is also being drafted to shape the goals and policies of the Medicaid program and will include: cost control mechanisms and goals, payment innovation flexibility, continued workforce development linkages, as well as incentives that reward quality of care rather than quantity of care. The legislature is currently working on a substitute bill with the goal of having one bill for review.

AMCNO Works With Other Organizations to Obtain Line-item Vetoes in the Final Budget Bill

The AMCNO joined other statewide medical and healthcare organizations to urge Governor Kasich to line-item veto the section of the budget bill that would have allowed chiropractors to return athletes to play after suffering a head injury or a

concussion. The AMCNO was pleased to learn that we were successful in this effort and this controversial provision has been removed from the budget bill.

In addition, the AMCNO and NEO-MEC sent letters to Governor Kasich requesting that he veto a provision in the budget bill that would prohibit the state from extending Medicaid healthcare coverage. Our letter noted that we are frustrated that the General Assembly has not yet authorized coverage extension to thousands of Ohio's working poor, and at this point we must take legislative leaders at their word that this important debate will continue in the very near future. Governor Kasich vetoed the item in the bill that would have prevented the state from expanding the Medicaid program to cover additional residents under the provisions of the Affordable Care Act.

Other Issues Addressed by the AMCNO During the Budget Process

During the debate on the Ohio budget in both the House and the Senate, the AMCNO president, Dr. George Topalsky, submitted written testimony outlining the AMCNO concerns with certain aspects of the bill. In addition to commenting on Medicaid expansion and the youth concussion issue, Dr. Topalsky commented on the State Medical Board's request for fee increases and an expedited licensure process, as well as taxes on other tobacco product taxes.

The AMCNO and other organizations were successful in getting an amendment into the budget bill gaining parity in taxation for little cigars and cigarillos. The parity rate will be 37% of the wholesale price which will equate to approximately \$1.25/pack. This new tax will take effect on Oct 1st, 2013. Although this provision does not include **all** other tobacco products, it is a victory for the AMCNO and many other advocates that have worked on this issue for many years. It is a step in the right direction and the AMCNO will continue to advocate for increased tobacco control funding.

The AMCNO was also successful in keeping the legislature from increasing physician licensure fees. The AMCNO stressed to the legislature that the SMBO should look at their own internal functions prior to implementing an increase in any licensure fees. We were pleased to learn that the legislature included an item in the budget bill that requires the State Medical Board of Ohio to adopt internal



The AMCNO Northern Ohio Medical Political Action Committee (NOMPAC) hosted a fundraiser for Rep. Terry Johnson - the only physician serving in the Ohio legislature. L to R - Rep. Johnson, Elayne Biddlestone, AMCNO EVP, Jon Wills, Executive Director of the Ohio Osteopathic Association, and Ernie Boyd, Executive Director of the Ohio Pharmacists Association.



Dr. Topalsky with Rep. Armond Budish following discussions about Medicaid reform.

management rules setting forth criteria for assessing the Board's accomplishments. It also requires the SMBO to include data gleaned from these assessments in their annual report. In addition, it requires that the rules adopted by the SMBO as well as their annual report be publicly accessible on the Board's website.

The AMCNO also objected to a provision in the budget bill that would have required board certification in order for a physician to obtain an expedited license in Ohio. The final bill did not include this provision and revised the requirements for obtaining an expedited certificate to practice medicine and surgery or osteopathic medicine and surgery by endorsement by removing a provision that would have required an applicant to hold current certification in a medical specialty.

AMCNO Signs Onto Joint Letter to Congress Regarding Medicare Part B Drug Reimbursement

The AMCNO joined over 17 medical associations from across the State of Ohio in sending a letter to Ohio Congressional Representatives about the need to oppose additional cuts to the Medicare Part B drug

reimbursement program that covers injectable and infusible drugs administered by physicians and community health centers. Our organizations, representing seniors, patients and healthcare providers in Ohio, strongly urged Congressional representatives to oppose any congressional action that would make further cuts in Medicare payments for cancer care and the treatment of other serious illnesses. We noted that deeper cuts, on top of those imposed by the sequester, will cause significant and lasting damage to Ohio's community-based cancer care infrastructure.

Currently, physicians providing Part B-covered drugs, which are a limited subset of drugs that generally must be injected or infused by a health care professional, are reimbursed under the Average Sales Price (ASP) plus 6% formula. This formula was established by the Medicare Modernization Act of 2003 and resulted in significant savings to the government and to patients. The 6%, on top of the ASP, recognizes that physicians incur costs for shipping, handling and storage of these drugs according to FDA guidelines, helps with costs associated with drug preparation and clinical monitoring, as well as variations in acquisition cost by physicians due to their purchasing agreements. MedPAC has noted that the ASP+6% payment formula generally results in a slim difference between acquisition cost and Medicare reimbursement, and in some cases doesn't fully compensate physicians for the costs of some drugs.

During the previous deliberations on deficit reduction, there was a proposal to further reduce Medicare Part B payments for drugs from ASP+6% to ASP+3%. There is a possibility that ASP cuts could be reconsidered when Congress revisits deficit reduction, especially since the President includes a cut to ASP+3% in his latest budget proposal. Physicians and patients are already being impacted by across the board Medicare payment reductions of 2% under sequestration, which essentially reduces Part B drug reimbursement to ASP+4%. The AMCNO and other medical organizations pointed out how devastating any additional cuts would be for millions of seniors nationwide as well as many seniors here in Ohio and noted that since other sequester cuts are already being absorbed by those who provide care to Medicare beneficiaries, it is vital that Congress refrain from further cuts that would weaken our capacity to fight cancer and other life-threatening diseases.

State Agency Updates

Ohio Department of Insurance (ODI) Releases Analysis of Exchange Plans

Ohioans who buy basic coverage through the federally run individual health insurance exchange could see costs rise significantly under Affordable Care Act regulations, according to the Ohio Department of Insurance. A preliminary analysis of the proposed rates for more than 200 health insurance plans filed with ODI by 14 companies suggests that insurers are anticipating costs to rise under the ACA coverage requirements. Individual insurance plans filed with the department project that costs associated with providing coverage of the required essential health benefits range from \$282 to \$577 per month. Some rate filings are now public and can be found on ODI's website.

Medicaid-Medicare Dual Eligible Project to Start in 2014

Individuals who are dually eligible for Medicaid and Medicare will not be able to voluntarily enroll in Ohio's new Integrated Care Delivery System (ICDS) until March 2014. Director John McCarthy is of the opinion that the three-year Medicare-Medicaid integration demonstration project's new launch date will give the state additional time to guarantee a smooth transition of the more than 114,000 Ohioans who will likely be impacted by the new program. Voluntary enrollment in the project was previously set for Sept. 1, 2013. Ohio Medicaid will work with the ICDS Enrollment Workgroup to develop education and communication materials regarding the project.

The Health Transformation Innovation Fund has also provided \$4 million for outreach efforts to inform individuals of their options when choosing a managed care plan. Enrollees can opt out of Medicare, but would get all Medicaid payment and services through the ICDS.

Under the program, enrollee benefits will be managed and individuals in the plan will have an assigned personal care manager who will assess his or her needs to promote a "person-centered" approach to health care. The project will also be subject to CMS-required quality measures.

The Center for Medicare and Medicaid Services approved Ohio's ICDS project proposal in December 2012, making Ohio's the third



Dr. Topalsky spends a moment with Senate Minority Leader Eric Kearney and Bethany Sanders, Deputy Legal Counsel and Policy Advisor for the Ohio Senate Democratic Caucus.

state to finalize an agreement with CMS on such a project and the second state to model it in terms of managed care.

Kasich Administration to Increase Access to Home- and Community-Based Care

Ohio will receive \$169,076,032 in additional federal medical assistance percentage (FMAP) under the Balancing Incentive Payments (BIP) Program for improving Ohio's system of providing long-term services and supports and directing half of all Medicaid long-term care funding to home- and community-based services by 2015. Governor Kasich's first budget increased spending on all long-term services and "rebalanced" where the money is spent, increasing funding for home- and community-based services by \$200 million over two years. As a result, an additional 7,600 Ohioans are receiving Medicaid long-term care services in their own home or community setting, and the share spent in home and community settings (vs. the share spent on institutions) has increased from 36 percent in 2011 to 39 percent in the current fiscal year (SFY 2013). The Governor's proposed Jobs Budget 2.0 increases Medicaid payments related to home- and community-based services by \$30.8 million over the biennium and takes other steps to improve quality and access to services in community-based settings. To participate in the BIP Program, states must achieve a benchmark of 50 percent of total Medicaid long-term care expenditures on HCBS by September 30, 2015. States must also adopt three standard operating protocols to improve care for

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AMCNO LEGISLATIVE ACTIVITIES

individuals. The three protocols include: the establishment of a no-wrong-door/single-entry-point system for beneficiaries; implementation of case management services that are free of conflicts of interest; and core standardized-assessment instruments.

Ohio Department of Health Launches New Initiative to Combat Childhood Obesity

The Ohio Department of Health will soon begin an initiative to combat the epidemic of childhood obesity across Ohio funded with \$1 million in federal bonus funds awarded to the state for its children's health insurance efforts. The program will target children up to five years old since research has shown its best to address the issue at an early age as nutritional and physical activity habits are being developed. ODH said funded counties will work with local early childhood education centers and other groups on the initiative.

Money for the program comes through the state's bonus payments under the Children's Health Insurance Program Reauthorization Act. So far the state has invested those funds in a variety of areas, including efforts to expand presumptive eligibility for pregnant women and children, improve the early identification of autism spectrum disorders, and provide better access to patient-centered medical homes, among others.

Legislation Under Review at the Statehouse

The AMCNO legislative committee reviews all of the healthcare related bills before the Ohio Legislature and provides input to the legislators with regard to our position on legislation. Here are several of the bills being tracked by the AMCNO at this time:

House Bill 103 – Medical Claims – This bill would specify the manner of sending a notice of intent to file a medical claim and to provide a procedure for the discovery of other potential defendants within a specified period after the filing of a medical claim. The AMCNO Medical Legal Liaison Committee – which is comprised of both physicians and attorneys have some concerns with this bill. The committee is concerned that the legislation would potentially leave the door open to having the unintended effect of actually extending the statute of limitations (SOL) to two years for bringing a medical claim. The bill as written also leaves open significant legal room and discretion to add additional medical/nursing

providers after the customary expiration of the SOL period. A member of the AMCNO medical legal liaison committee has now been added to a work group made up of plaintiff and defense attorneys from across the state to continue to discuss our concerns with this legislation. The AMCNO opposes this legislation in its' current form.

HB 123 – Telehealth Services – Regarding Medicaid and health insurance coverage of telehealth services.

This bill would have Ohio join 38 other states by requiring Medicaid coverage of emerging telehealth services. The sponsors of the legislation believe that such services improve access, quality of care and lower costs of consulting clinical experts especially in rural areas where patients do not have ready access to specialists. In addition, increasing access to telehealth services will save money by decreasing improper care and reducing unnecessary admissions or extended hospital stays. Telehealth services will also reduce transportation costs previously necessary to move a patient to a larger medical center where specialists are available. The AMCNO supports this legislation.

HB 131 – Tanning regulations – This bill would regulate chemical tanning and prohibit tanning facilities from allowing the use of sun lamps by certain individuals under 18 years of age. The AMCNO supports this legislation.

HB 139 Hospital admissions – This bill would permit certain advanced practice registered nurses and physician assistants to admit patients to hospitals. The bill's sponsor testified that Ohio is one of only two states prohibiting advance practice nurses from admitting to hospitals and the final state to have a similar prohibition on physician assistants. The sponsor believes that by allowing such hospital admissions is a common sense approach to improving access, cost and improvement to healthcare. The legislation is permissive to allow hospitals to determine who has admitting authority and it specifically provides that PAs and APNs can only admit under their supervising and/or collaborating physicians. At press time, a substitute bill was under review that would address some of the AMCNO legislative committee's questions regarding this bill. The AMCNO has a position of neutral with technical assistance on this legislation.

HB 144 – Nicotine alternatives – This bill would include alternative nicotine products within the restrictions that currently apply to the sale or distribution to, and possession or use by, minors of cigarettes and other tobacco products. The AMCNO supports this legislation.

HB 170 – Drug Overdoses – This bill would allow a licensed health professional authorized to prescribe naloxone, if acting with reasonable care, to prescribe, administer, dispense, or furnish naloxone to a person who is, or a person who is in a position to assist a person who is, apparently experiencing or who is likely to experience an opioid-related overdose without being subject to administrative action or criminal prosecution, to provide that a person who is in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose is not subject to actions of professional licensing boards, administrative action, or criminal prosecution for a drug offense or practicing medicine without a license if the person, acting in good faith, obtains naloxone or a naloxone prescription from a licensed health professional and administers it to a person for an opioid-related overdose, and to provide that peace officers and licensed emergency responders who are acting in good faith are not subject to administrative action or criminal prosecution for a drug offense or practicing medicine without a license for administering naloxone to a person who is apparently experiencing an opioid-related overdose. The AMCNO supports this legislation.

SB 132 – Health Care IDs – This bill would require certain health care professionals to wear, when providing direct patient care, an identification card, badge, or similar device that includes a photograph of the professional and specifies the license held by the professional. The AMCNO supports this legislation.

AMCNO members are welcome to contact the our offices to learn more about our position on these bills or on any other AMCNO legislative initiatives. ■

How does the fiscal cliff compromise affect you?

From increased income and Social Security taxes to new rules governing retirement and investment accounts, there's a lot of change to adjust to.

Brought to you by Philip G. Moshier, CFP, CRPC

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For the second time in as many years, taxpayers endured a period of uncertainty while Congress and the White House haggled over tax policy. Fortunately, the “fiscal cliff” was resolved when they reached an agreement in early January. The American Taxpayer Relief Act of 2012 leaves many policies permanently in place. It also makes some significant changes, which are important to understand as you make financial decisions now and in the future.

Notable tax changes

The law avoids a tax hike for middle-income taxpayers by permanently extending the Bush-era tax cuts for most. At the same time, it targets the highest earners with higher taxes.

Here are eight highlights of the new tax environment:

- 1. Individual income tax rates.** For high earners — single taxpayers earning \$400,000 and joint filers earning \$450,000 or more a year — the ordinary income tax rate increases to 39.6% from 35%. If you fall into the higher tax bracket, you may want to adjust your withholding amount in 2013 to account for the increase.
- 2. Capital gains and dividends.** For those same taxpayers, the tax rates for long-term capital gains and dividends rise to 20%. For all other taxpayers, the 15% (or lower) capital gains rates remain in effect permanently. If you are subject to the 20% rate, talk to your financial advisor about how you can maximize tax-advantaged accounts and other tax-saving investment strategies.
- 3. Estate taxes.** The estate and gift tax exemption permanently remains at \$5 million a person (\$10 million per couple), indexed annually for inflation. (It will amount to \$5.25 million in 2013.) Gifts above that amount will be subject to a new 40% tax rate, up from 35%. Portability, which transfers any exemption unused by the deceased spouse to the surviving spouse, remains intact.
- 4. Social Security payroll tax.** The Social Security tax for employees, 4.2% in 2012, reverts to 6.2%, reducing take-home pay for millions of wage earners. For someone earning the 2013 maximum of \$113,700 or more, the tax increase is about \$200 a month.
- 5. Retirement plan rollovers.** To raise revenue, the legislation allows taxpayers to convert any amount in a non-Roth 401(k), 403(b) or 457(b) plan to a Roth account in the same retirement plan. That's true regardless of whether you've reached age 59½ or no longer work for the employer. You'll still owe tax on the amount of pretax assets you roll over, but under current rules the money won't be taxed on withdrawal. One caveat: the ability to convert is dependent on the specific plan involved. Congress permits conversions under the law; however, it is an optional provision for plans.
- 6. Charitable contributions from IRAs.** The law extends through 2013 the tax-free distributions to a charity from an IRA by someone who is 70½ or older. Gifts can total up to \$100,000 per taxpayer each tax year.
- 7. Education savings.** Coverdell Educational Savings Accounts were made permanent by the legislation. These accounts allow tax-free growth for annual contributions of up to \$2,000 per student. The funds can be used for qualified elementary, secondary and college education expenses. The law also expands the student loan interest deduction and the American Opportunity Tax Credit (worth up to \$2,500) for five more years.
- 8. Medicare-related taxes.** The Patient Protection and Affordable Care Act — instituted a new Medicare tax of 0.9% on wages over \$250,000 for couples and \$200,000 for single filers. The rate for employees had been 1.45%, regardless of income. Now, a single individual earning \$250,000 in 2013 will pay 1.45% tax on the first \$200,000 of earned income, and then 2.35% (1.45% plus 0.90%) on the remaining \$50,000.

The outcome

While rates have increased in some cases, these permanent changes will have a positive effect on financial and estate planning. Knowing how taxes will affect you can give you a lot more sense of security.

Talk to your financial planner about:

- How the new tax rules affect your financial strategy
- Ways you can support educational and retirement goals
- How you can adjust your charitable giving to maximize its impact ■

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MedWorks Hosts Two Successful Healthcare Events

MedWorks is a non-profit organization that is focused on providing patient-centered, coordinated care to address underserved patients' most immediate medical needs. Services are provided at no charge without any qualification requirements by dedicated and highly skilled medical and social service volunteers. Thanks to the support of community partners, funders, and volunteers, MedWorks was able to provide more high quality medical, dental, and vision care in 2012 than ever before. MedWorks offers a variety of specialty care clinics along with general medical clinics regularly throughout the year.

Under the leadership of AMCNO's Immediate Past President, Dr. Laura David, MedWorks offers women's health care, providing comprehensive women's health exams along with mammograms on site at its free mobile health clinics.

On April 20th, MedWorks and partner organization Neighborhood Family Practice joined forces to provide 344 medical services to 126 women at Neighborhood Family Practice's new Detroit Shoreway location. During this *Women's Health Day Cancer Screening Clinic*, women were seen by volunteer OBGYNs from both Cleveland Clinic and University Hospitals. Dr. David personally met with each woman to explain the follow up care they needed and answer any lingering questions. Patients were then escorted to social work and scheduled for any additional follow up appointments. Six short weeks later, MedWorks was busy again at North Coast Health Ministries. On June 8th, at the Lakewood North Coast Health Ministries site, volunteer doctors saw 106 patients and provided 183 medical services for them. An additional 181 non-medical services were provided by the rest of the volunteer team.



AMCNO board member Dr. Laura David (seated) goes over paperwork with MedWorks volunteers at the event.

MedWorks is always looking for volunteers to help with their free medical clinics. There is a particular need for Ophthalmologists to assist at a free vision clinic occurring this fall. If you would like to volunteer, please visit the MedWorks website at www.medworksusa.org. ■

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Meet George V. Topalsky, M.D. AMCNO President 2013-2014



George V. Topalsky, M.D.,
AMCNO President 2013-2014

Tell us about your practice

My practice is a private practice consisting of five internists and five advanced care nurse practitioners. We are in Garfield Heights and mainly admit to Marymount Hospital. We also have privileges at Parma Hospital. It is a traditional Internal Medicine practice with a busy hospital medicine service as well as outpatient clinics. We also provide home care through our ACNPs and make nursing home rounds. I have been in practice since 1990 and at one time had privileges at six local hospitals.

Why did you choose to go into medicine?

My interest in medicine evolved from my inclination to solve problems. Science and math provided the first problem solving challenges in school and I gravitated toward them. I also felt that applying scientific knowledge to people's needs could most immediately be accomplished through being a physician. I don't remember even considering another path of study. Internal medicine is cognitive and the most complete of specialties allowing for close interaction between all the other subspecialties and so it complemented my personality.

What are your hobbies and interests?

I have too many interests and fit into the jack of all trades and expert at none category. Exercise is part of my lifestyle. I regularly run, road cycle and lift weights. I apply my fitness skills to skiing out west, mountaineering, as well as racket sports and midrange endurance races. My intellectual interests range from reading historical biographies and learning about what challenges existed and how they were managed, enjoying listening to classical and jazz piano and tinkering with motorcycles.

What accomplishments are you most proud of?

Other than having a great family, on a professional level I'm proud of serving as Vice President of Medical Affairs at Marymount Hospital for the last eleven years. Participating in hospital policy issues that advocate for patient safety and quality improvement while at the same time continuing to practice medicine has been fulfilling. Interacting with Cleveland Clinic leadership during this time regarding integration of regional hospitals to a large system has been equally fulfilling and has taught me much about healthcare delivery. On an adventure level summiting the Grand Teton and cycling several century rides was satisfying.

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

My goal is to support and represent the AMCNO in its role as physician and patient advocate. Healthcare related legislative issues will be followed closely even though not at the forefront of the practicing physicians' mind. The AMCNO will scrutinize and lobby the bills that have direct implications on how patient care is delivered. Medicaid expansion will take most of our energy this year but there will be a continued interest in issues regarding the policies of the State Medical Board of Ohio, electronic medical record utilization and the role of physician extenders to name a few.

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

Healthcare delivery is changing. The medical school graduates of today are accomplished, energetic and dedicated. We have to provide an environment for them to be interested and motivated to care for patients. Based on the involvement of stakeholders whose interests are purely political or financial the relationship of doctors to patients will become fragmented and business like. We can't let physicians become shift workers by overburdening them through faulty policies and bureaucratic formalities. To this end physicians need to be at the front of all healthcare debates loudly participating in finding solutions to our challenges.

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

First of all, physicians in the region need to

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become involved and join the AMCNO. It is a nondenominational organization, as I like to call it. Find out who your AMCNO Board members are and raise concerns that you would like to be addressed. There are many activities both educational and social. Use the AMCNO as a resource.

Is there anything else you would like to add?

I am excited and honored to serve the AMCNO as president this year. Let's stay engaged and involved. ■

The Physician Payment Sunshine Act – Answers to the 5 W's

By David E. Schweighoefer and J. Ryan Williams
from Walter | Haverfield LLP

Introduction

The Physician Payment Sunshine Act was enacted as part of the sweeping federal health reform legislation Accountable Care Act. The Centers for Medicare and Medicaid Services recently released final rules that implement the Sunshine Act. In general, the Sunshine Act requires two things. First, applicable manufacturers of drugs, medical devices, biologicals or medical supplies must track and report payments made to physicians. Second, applicable manufacturers and group purchasing organizations must disclose for public reporting any ownership or investment interests held by physicians.

Physicians should be aware of the ins and outs of the Sunshine Act to avoid any unintended and/or uncomfortable public reporting and disclosures. Answering the proverbial "5 W" questions regarding the Sunshine Act is an important first step in guarding against any of these unintended risks.

Who is Required to Report?

The Sunshine Act requires public reporting and disclosure from manufacturers of drugs, medical devices, biologicals and medical supplies and group purchasing organizations. A manufacturer is any entity operating in the United States that produces or prepares at least one drug device, biological or medical supply covered under Medicare, Medicaid or the Children's Health Insurance Program. Manufacturers operate in the United States if they have a physical location or conduct activities in the United States. Distributors and wholesalers are also manufacturers for purposes of the Sunshine Act if these entities hold title to the drug, device, biological or supply.

What Must be Reported?

The Sunshine Act requires reporting and disclosure of two items: (1) payments and other transfers of value to physicians; and (2) certain ownership or investment interests held by physicians. For any payments or transfers of value, both the "form" and the "nature" of the payments or transfers must be reported. Examples of the "form" include cash or cash equivalents, in-kind items or services, stock, stock options, or any other ownership interest, dividend, profit, or other return. Description such as consulting fees, honoraria, entertainment, food, and travel, royalties, or

grants speak to the "nature" of the payments or transfers.

The Sunshine Act does exclude certain payments. For example, payments of less than \$100 in the aggregate during any given year, providing educational materials that directly benefit patients and intended for patient use, discounts and rebates, and product samples are not subject to reporting under the Sunshine Act.

The Sunshine Act defines ownership or investment interests in a fairly straightforward manner. An ownership or investment interest can be direct, indirect, and through debt, equity, or other means. This includes stock, stock options, partnership shares, limited liability company membership units, as well as loans, bonds, or other financial instruments that are secured with an entity's property or revenue or a portion of that property or revenue. That said, ownership or investment interests in a publicly traded security or mutual fund are excluded under the Sunshine Act.

When Are Reports Due?

There are various key dates to keep in mind with respect to the Sunshine Act. Beginning August 1 and continuing through December 31, 2013, manufacturers subject to the Sunshine Act must begin to collect and track payment, transfer, ownership, and investment information. Beginning January 1, 2014, the collection and tracking of this information will be on a calendar year basis. All reports for the partial year 2013 are due by March 31, 2014. Physicians will receive consolidated reports by August 2014. All reports will then be disclosed on a public website by September 30, 2014.

Where and How to Report?

The Sunshine Act requires the federal government to implement and maintain a web based reporting system. The reporting entities will submit web based reports that will include the physician's full name, business address, specialty, NPI, dates of any payments or transfers, and certain contextual information associated with the drug, device, biological or supply in question or the nature of the ownership or investment interest. Physicians may challenge these reports via an online portal for a period of 45 days after physicians receive the consolidated reports. This

challenge must first involve informal resolution activities between the physician and the applicable reporting party. If a resolution cannot be reached, the report will still be made public but will be flagged accordingly. Physicians may continue to seek corrective action with respect to a report for two years after it is publicly reported.

Why is the Sunshine Act Important?

The Sunshine Act is designed to promote transparency. Many healthcare professionals, and more importantly, patients and the public, have a view that monetary or other financial influence from manufacturers of drugs and devices tend to cause biased views about the benefits and risks of treatments and other alternatives. While the Sunshine Act is not designed to hamper innovation and discovery, it is the federal government's attempt to promote transparency and to allow everyone, including patients and physicians, to draw their own conclusions about the significance of any influence that drug or device manufacturers have over physicians.

Conclusion

Physicians should be prepared to address reports and disclosures under the Sunshine Act. After gaining a decent understanding of the requirements of the Sunshine Act, physicians should closely examine any arrangements in which they receive financial payments from manufacturers or otherwise maintain an ownership or investment interests in any of these entities. Physicians should then be proactive in contacting these entities and preemptively discussing each entity's intentions in making reports and disclosures. If possible, these discussions should include a candid conversation about the contents of any reports affecting the physician. Lastly, physicians should keep an eye on the federal government's activities associated with developing the reporting website. Once this website is developed, physicians should be given an opportunity to request and receive portal login information.

The Sunshine Act could have various repercussions to a physician's practice and keeping abreast of a physician's financial relationships with reporting entities and proactively managing these relationships is even more critical now. ■

Affordable Care Act: Implementation Is Still A Work In Progress

By David Valent, Esq.

This article is intended to serve as an update regarding the status of the implementation of the Affordable Care Act ("ACA").

One key component of the ACA set to take effect soon is the availability of Health Insurance Market Places/Exchanges. The Market Places are intended to make insurance options available at much lower costs than what is currently available through private insurance carriers. The Market Places are needed, because, beginning in 2014, individuals who are not insured will have to obtain insurance, or face a tax penalty for failure to comply. The Market Places are the key tool designed to help make "affordable" insurance options available to all individuals, pursuant to the ACA. But, not only are the Market Places important to the ACA's goal of providing individuals with affordable insurance options, the Market Places are also an important tool to assist employers with finding coverage for their employees, pursuant to coverage mandates under the ACA.

Health Insurance Market Places/Exchanges are scheduled to be online by October 1, 2013, with coverage starting January 1, 2014. The government has also promised educational outreach programs to soon be available with regard to using the online Market Places. Although the educational outreach has not yet begun, the Administration says that the

project is still on schedule. However, many experts fear that the system will not be up and running on time and/or that the health insurance options will still have costs that are not "affordable" to the average American.

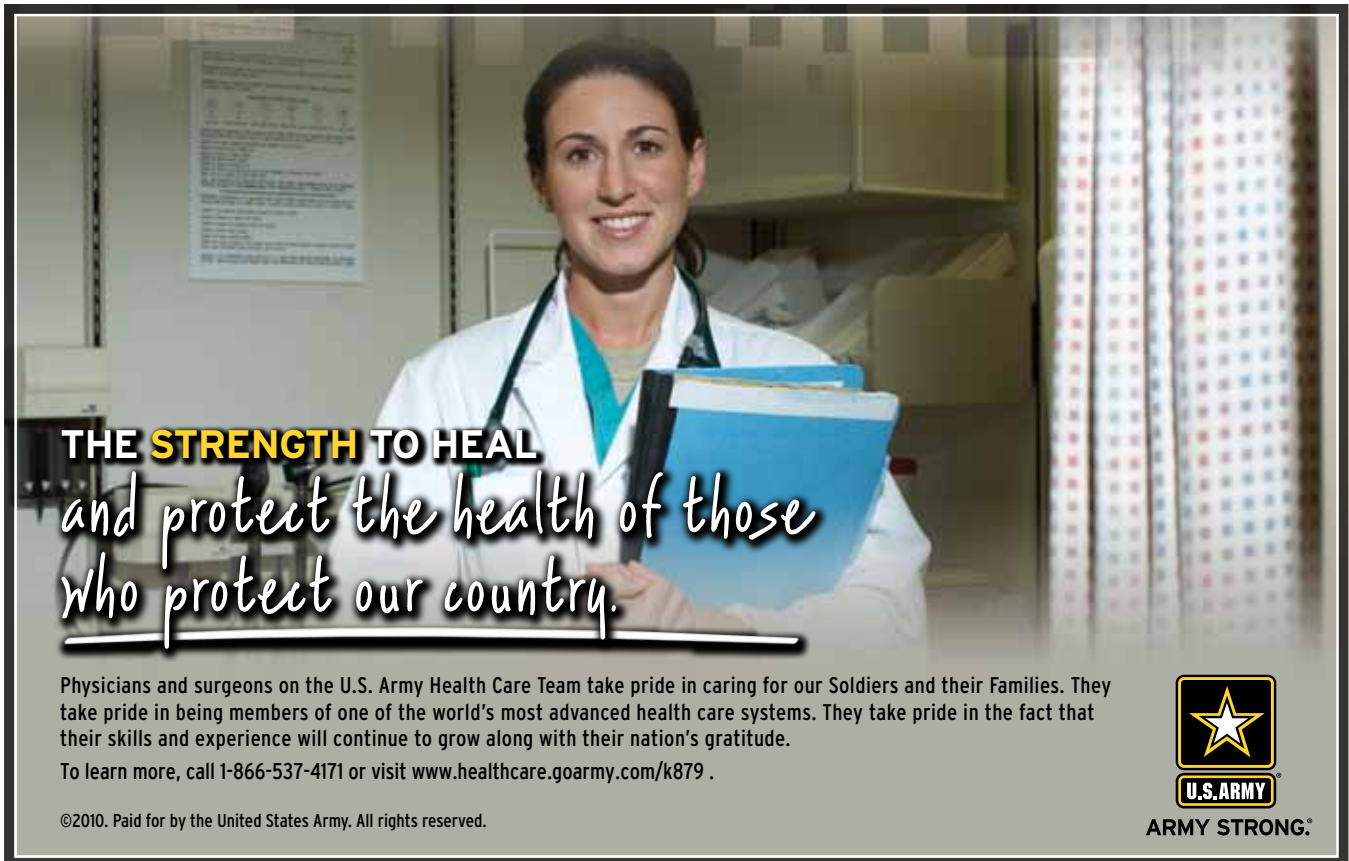
On June 14, 2013, to provide further assurance that the government does have a plan in place to timely introduce the Health Insurance Market Places, the Department of Health and Human Services released a Notice of Proposed Rulemaking. The Notice proposes a number of rules/policies related to the implementation of the Affordable Care Act, including provisions regarding the Health Insurance Market Places.

Interestingly, the proposed rules intend to give states more flexibility with the implementation of the ACA. The rules permit a state to operate a State-based Small Business Health Options Program (SHOP), while the Department of Health and Human Services would still operate the individual federally-facilitated Market Place in that state. The government says these provisions have been developed based on state feedback, and would allow a state to focus on

the effective implementation of the SHOP. Many other rules have also been proposed with regard to ensuring the quality, timeliness and effectiveness of implementing the ACA's key provisions. Despite these government efforts to assure the public that the ACA will be timely and effectively implemented, not everyone is convinced of same.

United States Senator Pat Roberts [R-KS] recently proposed a bill that would repeal portions of the ACA, if the Market Places are not up and running on time. That said, attempting to repeal the ACA is not a new idea. There have been approximately 37 prior attempts at repealing the ACA, and none have yet been successful. Thus, it is expected that despite some challenges, the ACA will likely continue to remain in place, at least through the next election cycle.

Moving forward, we will continue to keep readers updated as to all the pertinent developments involving the ACA, and particularly, its impact on Ohio and on Ohio health care providers. In the interim, should you have questions, please do not hesitate to contact health care law attorney, David Valent, Esq., with Reminger Co., L.P.A.: dvalent@reminger.com; (216) 430-2196. ■




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Governor's Cabinet Opiate Action Team (GCOAT) Working with State Regulatory Boards to Finalize Prescribing Guidelines

The AMCNO continues to participate in the Governor's Cabinet Opiate Action Team (GCOAT) Reforming Prescribing Practices Committee where it became clear that the regulatory boards in Ohio were working toward adopting clinical guidelines addressing the use of medication therapy management for high-dose chronic pain patients. The AMCNO along with other statewide organizations has been an active participant in this process which would establish clinical guidelines for the utilization of medication therapy management for an extended timeframe for high-dose chronic pain patients.

It is important to note that these clinical guidelines would apply to physicians that are using opioids for the treatment of chronic, non-terminal pain for longer than three months at high doses with their patients. It establishes a trigger threshold of 80 mg of a Morphine Equivalent Daily Dose (MED) as to when a physician should pause and reassess their treatment plan with the patient. When the patient exceeds the 80 mg MED threshold, the prescriber should strongly consider the following actions to optimize therapy and ensure patients safety:

- Reestablish informed consent, including providing the patient with written information on the potential adverse effects of extended-release or long-term opioid therapy.
- Review the patient's functional status and documentation, including the 4A's of chronic pain treatment: Activities of daily living; Adverse effects; Analgesia; and Aberrant behavior.
- Review the patient's progress toward treatment objectives for the duration of treatment.
- Utilize OARRS as an additional check on patient compliance.
- Consider a patient pain treatment agreement that may include more frequent office visits, considering different treatment options including drug screens, use of one pharmacy, use of one provider for the prescription of pain medications, and consequences of non-compliance with the terms of the agreement.
- Reconsider having the patient evaluated by one or more other providers who specialize in the treatment of the area, system or organ of the body perceived as the source of the pain.

It is also important to note that GCOAT and the respective regulatory boards are moving forward with this as a *guideline* to establishing a standard of care rather than as a rule. The AMCNO and various other statewide medical associations voiced our concern last year when it was suggested that these guidelines should be adopted as a mandated rule. As a result of these advocacy efforts, GCOAT revised its position and is moving this forward as a clinical guideline. This will provide the medical associations with the opportunity to promulgate these new standards through

educational offerings and encourage voluntary adoption of this practice.

The SMBO and the other regulatory boards have now adopted these standards as a position statement and the GCOAT plans to implement the

guidelines by September 1, 2013. The GCOAT is also working on metrics to assess over the course of the next year as to the effect of the trigger threshold clinical guideline.

If there is no impact on the prescribing issues in the State of Ohio within a one-year timeframe it is possible that these guidelines could become a rule so it is imperative that the AMCNO and other physician associations educate physicians on these guidelines once they are in effect. The AMCNO has also become part of a GCOAT subcommittee that will be responsible for developing educational materials in order to educate physicians and other healthcare professionals as well as the public about these guidelines. The AMCNO will continue to provide our members with information about this important issue in our email blasts, the Northern Ohio Physician and on our website at www.amcno.org.

2013 Cuyahoga Community College Center for Health Industry Solutions

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Date	Time	Title	Member-Fee	Location
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8/5/13	9-12pm	Health Care Navigator Mon, Tues, Weds & Thurs	\$1995	UTC
8/5/13	6-9pm	Cancer Registry Principles, Practices and Application Mon, Tues & Weds	\$375	UTC
8/15/13	6-9pm	AAPC Professional Medical Coding Curriculum Thurs	\$1663	UTC
8/22/13	6-9pm	AAPC Professional Medical Coding Thurs	\$1663	Westshore
8/22/13	6-9pm	Essentials of Electronic Health Records Thurs	\$309	UTC
9/21/13	9-3pm	ICD-9-CM Fundamentals and More Thurs	\$189	UTC
9/23/13	6-9pm	Fundamentals of Billing Reimbursement Mon & Weds	\$354	UTC
9/28/13	9-3pm	Overview of ICD-10-CM and ICD-10 PCS Sat	\$375	UTC
9/23/13	6-9pm	Fundamentals of Billing Reimbursement Mon & Weds	\$354	UTC
9/28/13	9-3pm	Overview of ICD-10-CM and ICD-10-PCS Sat	\$375	UTC
10/7/13	6-8pm	Hospital/Facility Billing Reimbursement	\$237	UTC
10/19/13	9-3pm	CPT Coding Fundamentals and More Sat	\$189	UTC
11/1/13	9-12pm	Medical Front Office Fundamentals Mon, Weds & Fri	\$475	UTC
11/2/13	9-3pm	Overview of ICD-10-CM and ICD-10-PCS Sat	\$375	UTC
11/6/13	6-9pm	Patient Access Specialist Fundamentals Mon & Weds	\$475	UTC
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Cuyahoga County Health Needs Assessment Now Available

By Deanna Moore, Vice President, Corporate Communications, The Center for Health Affairs

There is no question that in order to best serve their patients, healthcare providers and physicians must understand the health needs of their communities. Unfortunately, acquiring this type of information isn't always easy and in some cases, it doesn't even exist. Northeast Ohio providers, however, now have access to up-to-date information on the health needs of their communities thanks to the collaborative efforts of The Center for Health Affairs, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) and a wide range of community and healthcare organizations that worked together to conduct a comprehensive community health needs assessment in Cuyahoga County.

The report, which was released to the public on April 30, 2013 at an event that drew close to 100 people, assesses the health needs of adults in Cuyahoga County, including an oversampling of African Americans. The health assessment provides a snapshot of Cuyahoga County and comparative data from Ohio and the U.S. The report covers a range of health topics in ten categories including:

- Health Status
- Healthcare Coverage
- Arthritis, Asthma & Diabetes
- Cardiovascular Health
- Weight Status
- Alcohol Consumption
- Tobacco Use
- Preventive Health
- Quality of Life & Social Context
- Oral Health

Background

Though work on the Cuyahoga County portion of the project didn't begin until 2012, the concept was envisioned by The Center for Health Affairs, the Northeast Ohio hospital trade association, in 2010 after passage of the Affordable Care Act. Among the many requirements of the new law was a mandate that nonprofit hospitals conduct health needs assessments every three years in order to maintain their tax-exempt status. Well aware that this mandate applied to almost all of its member hospitals, The Center embarked on a project to conduct county-by-county assessments that could be used by its members to meet the new requirements.

While The Center was eager to help its members meet their new requirements, it was also clear that the community health needs assessment project would benefit from input from a range of organizations throughout Northeast Ohio. Participation from other healthcare and community organizations, it was realized, would only serve to provide a more comprehensive, useful data set to better understand the health needs of the community. As a result, The Center sought a consulting partner who would work with

not just its member hospitals but representatives from the entire community. In 2010, The Center began working with the Hospital Council of Northwest Ohio, an organization with dozens of years of experience in health needs assessments that embraced this type of collaborative approach. In Cuyahoga County, the health needs assessment was initiated in early 2012 when dozens of community groups, including the Academy of Medicine of Cleveland and Northern Ohio, gathered to learn more about a potential county-wide collaboration opportunity. At that time, The Center and its community partners in neighboring counties had already begun to conduct community health needs assessments in Ashtabula, Geauga, Lorain and Medina Counties and hoped to gain support to expand the project to Cuyahoga County. Adding Cuyahoga County to the list of counties conducting assessments in Northeast Ohio allowed The Center to commit to providing not just county-level data but also a regional report, which would draw from the data collected in all five counties. The initial meeting generated substantial interest and The Center, along with its new Cuyahoga County community partners in attendance, decided to move forward with the project.

Process and Methodology

The Hospital Council of Northwest Ohio partners teamed with researchers at the University of Toledo to conduct their assessments and to ensure compliance with the most rigorous research methods. In Cuyahoga County, adults age 19 and over were used as the sampling frame for the adult survey. The researchers used power analysis to determine what sample size was needed to ensure a 95 percent confidence level with a corresponding confidence interval of 5 percent (i.e. we can be 95 percent sure that the "true" population responses are within a 5 percent margin of error of the survey findings). A sample size of at least 384 adults from all races and 384 African American adults was needed to ensure this level of confidence.

A four-wave mail survey was used to collect county-specific data from respondents who were chosen using random selection — a methodology that allows the results to be generalized to the entire population. The University of Toledo researchers also applied necessary weightings to the results to ensure the survey population is commensurate with the general population.

The response rate for the entire mailing, including both groups, was 35 percent (n=620: CI=3.93%). The response rate for the general population survey was 39 percent (n=354: CI= 5.21%). The response rate for the African American mailing was 30 percent (n=266: CI=6.01%). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Survey Development

Each county's survey includes an extensive set of core indicators that are part of the Behavioral Risk

(Continued on page 16)

Cuyahoga County Health Partners

Academy of Medicine of Cleveland & Northern Ohio*	Mt. Sinai Healthcare Foundation
Benjamin Rose Institute on Aging*	Neighborhood Family Practice
Case Western Reserve University	NEON
Center for Community Solutions	Parma Community General Hospital*
Cleveland Clinic Administrative Campus*	Ronald McDonald House of Cleveland, Inc.
Cuyahoga County Board of Health	Southwest General Hospital*
Cuyahoga County Office of the Executive	St. John Medical Center*
Hospital Council of Northwest Ohio	St. Vincent Charity Medical Center*
Jewish Community Federation of Cleveland	The Center for Health Affairs*
Kaiser Permanente	United Way Services
Medical Mutual of Ohio	University Hospitals Case Medical Center*
Mental Health Advocacy Coalition	Visiting Nurses Association
MetroHealth Medical Center*	

*Funders

Cuyahoga County Health Needs Assessment Now Available

(Continued from page 15)

Factors Surveillance System (BRFSS), a national survey of the Centers for Disease Control (CDC). The BRFSS is used by the CDC to assess the health risk behaviors in every state across the United States. In counties that collect youth data, core questions are drawn from the Youth Risk Behavior Surveillance System, the CDC's youth survey of health risk behaviors. These consistent indicators allow any county that conducts a survey to compare its results to those of other counties that have also conducted a health needs assessment because the questions are the same. Since the core indicators are drawn from a national assessment, counties can also compare their results to national and state benchmarks.

In addition to the core questions, counties select an additional 40 questions to customize the health needs assessment for their purposes. This flexibility enables counties to address areas that are of particular concern in their community that might not attract attention in other places. These additional questions are chosen through a collaborative process in which representatives from various community organizations come together to discuss and choose questions that address the concerns of their community. Whenever possible, the additional questions are standardized questions used in other national or state assessments to allow the county to compare its results to state or national data.

In Cuyahoga County, more than 20 organizations participated in the health needs assessment project. The stakeholder group, known as the Cuyahoga County Health Partners, not only helped develop the survey but assisted with determining community priorities, communicating

and inviting key stakeholders to join the group and editing the draft report. A few stakeholders, including the Academy of Medicine of Cleveland and Northern Ohio, also contributed funding for the project.

Results Highlight

The Cuyahoga County assessment final report was released at the April 30, 2013 event and contains more than 100 pages of analysis on the health behaviors of adults in Cuyahoga County. Dozens of data points were reviewed at the event. In many areas, Cuyahoga County showed similar results to Ohio and to the United States. Residents of Cuyahoga County, for instance, had similar perceptions of their health as did Ohioans and Americans. Other indicators, however, demonstrated differences. In Cuyahoga County 87 percent of residents have healthcare coverage, for example, while only 82 percent of Americans fall into that category.

Though numerous data points were discussed in detail at the event, there were a few findings in particular that caught the attention of the audience. In a session that solicited feedback from the audience, participants expressed that they were surprised by a number of findings:

- Five percent of residents use the emergency department as their regular source of healthcare.
- In Cuyahoga County, 67 percent of adults are overweight or obese, compared to 66 percent in Ohio and 64 percent in the U.S.
- Among the 24 percent of residents who were limited in some way due to physical, mental or emotional problems, 38 percent reported back or neck problems; 34% reported stress,

depression or anxiety and 31 percent reported arthritis as the cause.

- More than half (56 percent) of Cuyahoga County residents had received a flu vaccine in the past 12 months, increasing to 74 percent for those ages 65 and over.

How Will the Results be Used?

As was intended when the project began, Cuyahoga County hospitals will be able to use the results to help meet the health needs assessment requirements that are a part of the Affordable Care Act but organizations across Northeast Ohio will also be able to rely on the results as they make decisions about the health improvement activities they undertake. In fact, participants at the April 30 event reported that they would use the findings in a variety of ways including:

- Forming community partnerships
- Assisting with grant writing
- Augmenting other local sources of data
- Enhancing programs to meet health needs
- Reinforcing work that is already being done
- Advocating for tax policy that encourages healthy behaviors
- Leveraging the data to expand the scope of the assessment to schools in the future

The Cuyahoga County health needs assessment project was completed in 2012 and provides an in-depth overview of the health status and health behaviors of adults in Cuyahoga County. A regional report including data from Ashtabula, Cuyahoga, Geauga, Lorain and Medina Counties will be released in the fall of 2013. The Hospital Council of Northwest Ohio also offers Data Link, a tool that allows users to select any indicator and compare it to county, state or national benchmarks. For additional information on The Center's health needs assessment project contact Deanna Moore at (216) 255-3614 or deanna.moore@chanet.org. ■

2013 STATEWIDE IMMUNIZATION CONFERENCE

Presented by immunizeohio.orgTM – The Consortium for Healthy & Immunized Communities Inc.

“Keeping your vaccines, your community and your bottom line healthy...”

The recent introduction of the Affordable Care Act and changes to billing and coding practices has substantially impacted physicians, providers, health care workers and the public alike. The 2013 Statewide Immunization Conference focuses on effective strategies to improve the systems for immunizing adults, teens and children.

Topics Include: Immunization Update, Billing and Coding, Impact of Health Care Reform on Vaccine Payment and Delivery, New Recommendations in Storage and Handling, Vaccination of Pregnant Women and more.

We invite you and your colleagues to join us in discussion and learning so that we can collectively make a difference to our community.

Who should attend?

Physicians, nurses, nurse practitioners, office staff and public health professionals.

Date: October 18, 2013

Venue: 100th Bomb Group Restaurant, 20920 Brookpark Road, Cleveland, Ohio 44135

Time: 7:30 AM – 4:15 PM **Cost:** \$75.00 (non physician) \$85.00 (physician)
REGISTRATION OPENS JULY 01, 2013 – CLOSES OCTOBER 01, 2013

About immunizeohio.orgTM

Expanding the scope of its mission to encompass all of Ohio, the Consortium for Healthy & Immunized Communities Inc. established immunizeohio.org as the masthead for promoting statewide immunization education. The 2013 Statewide Immunization Conference is the platform for building a strong network of health care workers and legislators, whose shared goal is to make vaccines pertinent and accessible to all. Please join in the effort and make a contribution!

For more information please visit our website: www.immunizeohio.org

Note: This event is supported by the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) and our foundation – the Academy of Medicine Education Foundation (AMEF).

The Academy of Medicine of Cleveland & Northern Ohio
THE VOICE OF NE OHIO PHYSICIANS FOR MORE THAN 189 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;
- Sent a letter to Congress urging them to prevent passage of legislation that would exempt cigars from Food and Drug Administration review;
- Continued our legislative lunch concept – an opportunity for physicians to meet and greet legislators from their district;
- Conducted candidate interviews and created and disseminated a Voting Guide for our members in cooperation with the state medical association – inclusive of information on Common Pleas judges running in Northern Ohio Counties, and all of the NOMPAC endorsed candidates from Northern Ohio, with one exception, were elected;
- Developed Meet and Greet opportunities for physician members during the Ohio Supreme Court election campaign;
- Urged Congress to take prompt action to address the current budget uncertainty and the economic hardships imposed by the sequestration and advocated for a permanent change to the Sustainable Growth Rate (SGR) formula;
- Spearheaded the introduction of legislation that would address physician immunity in certain reporting circumstances and legislation that would address the issue of physician ranking by insurance companies;
- Coordinated and participated in interested party meetings on health care legislation, and worked with local healthcare institutions and statewide associations on legislative initiatives coordinating testimony and strategy on legislation of importance to physicians;
- Worked collaboratively with other medical associations to file an amicus curie brief in order to strike down as unconstitutional an Ohio statute making it a crime for certain candidates to accept campaign contributions from Medicaid providers;
- Hosted a health system reform event with the state medical association, legislators and hospital leadership; and met with Congressional representatives regarding health care reform.

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;
- 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 their administrative advisory council for practice managers;
- Disseminated timely and topical news to practice managers through our online publication Practice Management Matters;
- Met with the new physician leadership from CGS Administrators to discuss issues and concerns AMCNO members had been experiencing with regard to claims;
- 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 31st year.

COMMUNITY/PUBLIC HEALTH EFFORTS

- Continued our participation on the Board of the Cuyahoga Health Access Partnership (CHAP);
- Provided representation to the Center for Health Affairs and the Ohio KePRO board of directors;
- Conducted our thirteenth annual successful Vote and Vaccinate event on Election Day offering flu and pneumonia vaccines through our community partnerships in underserved areas;
- Hosted the 28th annual Mini-Internship program that allows community members to shadow AMCNO physicians in their practice setting – the longest continuous program of its kind in the country;
- Continued as an active participant in 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 as an institutional partner in the County Executive's County Health Alliance;
- Worked with the Center for Health Affairs to raise awareness about the drug shortage impact among physicians and hospitals;
- Continued to provide volunteers and support for MedWorks and provide physician representation on the MedWorks Board.

PUBLIC RELATIONS

- Continued to meet with Ohio state agency administrators to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Changed the Healthlines format to an online program and conducted myriad exclusive interviews on the Healthlines program with physician members of the AMCNO;
- Entered the 52nd year of operation for the AMCNO Pollen Line, garnering extensive media attention for the service; utilizing social media to provide information on the pollen counts to the community;
- Provided timely updates to our members on the topics of health care reform, meaningful use, electronic health records, ICD-10, and accountable care organizations;
- Sent out news releases and utilized social media to reach the community, our members and the media;
- Provided physician presenters through our Speakers Bureau to present on medically related topics to community organizations and schools.

FOUNDATION OUTREACH AND YOUNG PHYSICIAN ENGAGEMENT

- Awarded seven \$5,000 scholarships to local third and fourth year medical school students;
- Conducted presentations to residents regarding AMCNO legislative activities;
- Agreed to fund the Consortium for Healthy Communities (CHC) immunization conference;
- 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;
- Bestowed the inaugural Academy of Medicine Foundation Philanthropy Award;
 - Participated in resident orientations across the region and met with new medical students to garner their support and AMCNO membership;
 - Partnered with the William E. Lower Fund to present a seminar on "Preparing for the Business Aspects of Medicine" – a program designed for resident members and their spouses;
 - Presented information about the AMCNO and sent physician leadership to the Meet and Greet event for first year medical students and recruited students for AMCNO membership.

PHYSICIAN EDUCATION OPPORTUNITIES

- Participated in a conference entitled Improving the Patient Experience co-sponsored by the Cleveland Clinic, University Hospitals Case Medical Center and the MetroHealth System;
- Partnered with the Cleveland Metropolitan Bar Association to present a Medical Legal Summit addressing issues of importance to physicians and attorneys; which included presenters on healthcare reform, HIPAA regulations, apology statutes and more;
- Participated and presented at the Northeast Ohio Patient Navigator Collaborative (NEOPNC) event to create awareness about the Northern Ohio patient navigator network;
- Provided our members with detailed information on the privacy laws addressing the use and disclosure of protected health information by covered entities and physicians;
- Participated in a statewide forum with the Ohio Health Information Partnership addressing physician use of health information technology;
- Partnered with a regional law firm to present a session entitled "False Claims Act Enforcement"; and "Medical Malpractice Claims – The Impact of Being Sued";
- Provided timely information to our members through our partnership with the Agency for Healthcare Research and Quality Review (AHRQ) on their Effective Health Care Program (EHC);
- Partnered with Tri-C to offer discounted practice management classes to physicians and practice managers;
- Continued our partnership with Ohio KePRO, the Ohio Health Information Partnership and other statewide organizations to promote the Learning and Action Network – a network designed to engage physicians in collaborative and educational sessions to learn more about adopting an EHR.

BOARD INITIATIVES/ADVOCACY

- Opposed the State Medical Board of Ohio initiative to implement a maintenance of licensure process for physicians practicing in Ohio;
- Opposed the State Medical Board budget request to raise physician licensure fees;
- Objected to the State Medical Board of Ohio mandating board certification requirements for physician licensure;
- Approved becoming part of the Health Policy Institute Wellness and Prevention Collaborative;
- Developed and approved a position statement regarding health care reform with a commitment to work with Congressional leaders and state legislators to implement facets of health care reform;
- Strongly supported Medicaid expansion in Ohio and agreed to become a member of the Northeast Ohio Medicaid Expansion Coalition;
- Met with and received a detailed presentation from the Medical Director of the Ohio Physicians Health Program on the topic of physician health and wellness issues;
- Adopted the American Medical Association guidelines for patient navigator programs;
- Agreed to partner with Better Health Greater Cleveland to help advance the national Choosing Wisely initiative;
- Joined the American Medical Association Alliance to standardize reports used in physician profiling;
- Agreed to file an amicus brief with the Ohio Supreme Court on behalf of physicians in Johnson v. Smith – a case that would have allowed a physician's acceptance of responsibility for his/her actions in conjunction with statement of apology to be part of a trial – and scored a victory for physicians when the Ohio Supreme Court ruled that these type of statements were not admissible;
- Agreed to become a participant in the Governor's Cabinet Opiate Action Team (GCOAT) to review and adopt clinical guidelines addressing the use of medication therapy management for high-dose chronic pain patients, and strongly urged the Governor's cabinet to adopt guidelines rather than rules;
- 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 and scored another victory for physicians when the Ohio Supreme Court reversed a decision in Rutherford v. Kaiser that would have allowed medical malpractice claims to be brought long after the alleged malpractice occurred;
- Agreed to approve and disseminate the Governor's Cabinet Opiate Action Team's statewide guidelines to prescribe opioids and other controlled substances in emergency departments and other acute care settings;
- Agreed to meet with physician leadership from the state medical association in order to develop additional avenues of collaboration;
- Approved partnering and contributing to the Center for Health Affairs initiative to conduct a community needs assessment;
- Approved AMCNO participation in a the Ohio Health Literacy Awareness conference series; partnering with area institutions to increase health literacy awareness;

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 online 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 2014 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.

AMCNO 2013 Annual Meeting Highlights

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) held its Annual Meeting Dinner and Awards Presentation Friday, April 27, at the Ritz-Carlton Cleveland, honoring area professionals and awarding \$35,000 in foundation scholarships to local medical students during the evening's festivities.

Jeffrey S. Smith, Esq., was honored with the Presidential Citation Award for his efforts to promote collaborative initiatives between the Academy of Medicine of Cleveland & Northern Ohio and the Ohio State Medical Association. The Special Recognition Award was conferred upon **The Honorable Tom Patton** in appreciation of his long and dedicated service to the citizens of Ohio through his work with the legislature.

The Special Honors Award was given to **William W. Steiner, II, M.D.** in recognition of his commendable service to the medical profession and the community through his work on the Internal Medicine Mentorship Program and also in recognition of his longstanding dedication to the practice of medicine. The 2012 Clinician of the Year designation was conferred upon **Leonard H. Bernstein, M.D.**, recognizing his long-time devotion and service to his patients.

The Charles L. Hudson, M.D., Distinguished Service Award was given to **William L. Annable, M.D.**, for his lifelong dedication to his patients and the health care community and for his uncompromising pursuit of excellence through quality of care initiatives. **Gary S. Hoffman, M.D.**, was awarded the John H. Budd, M.D., Distinguished Membership Award for his unparalleled

accomplishments in the treatment of rheumatic and immunologic disease and for his outstanding contributions to vasculitis research.

The Academy of Medicine Education Foundation (AMEF) presented seven local medical students with scholarships worth \$5,000 each at the meeting. The scholarships were awarded to **Zane Ahmed**, Cleveland Clinic Lerner College of Medicine, **Harrison Cash**, Case Western Reserve University School of Medicine, **Allison Early**, Case Western Reserve University School of Medicine, **Ali Faramarzalian**, Case Western Reserve University School of Medicine, **Selena Magalotti**, Northeast Ohio Medical University, **Sarah Nickolich**, Case Western Reserve University School of Medicine and **Julie Pokersnik**, Northeast Ohio Medical University.

And as always, physician members celebrating the fiftieth anniversary of their medical school graduation were honored during the program as well.

The final act of the evening was to install **George V. Topalsky, M.D.**, as president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) for the 2013-2014 year. To learn more about the new AMCNO president, Dr. Topalsky, see page 11). ■



The Academy of Medicine Education Foundation (AMEF) 2013 scholarship recipients in attendance pose for the camera. (pictured left to right - Julie Pokersnik, Selena Magalotti, Ali Faramarzalian, Allison Early, and Harrison Cash).



The 2014 Annual meeting honorees were l to r - Dr. William W. Steiner, II, Dr. Leonard H. Bernstein, Dr. Gary S. Hoffman, Dr. Mary Wall (accepting for Jeffrey Smith) The Honorable Tom Patton, and Dr. William L. Annable.



The past presidents of the AMCNO in attendance for the evening line up for a photo op - l to r Dr. Kevin Geraci, Dr. Paul Janicki, Dr. Raymond Scheetz, Jr., Dr. Victor Bello, Dr. Ronald Savrin, Dr. Anthony Bacevice, Jr., Dr. Lawrence Kent and Dr. Dale Cowan.



The 50 year award recipients in attendance for the annual meeting event strike a pose. (pictured left to right - Drs. Edgar Tolentino, Leonard Bernstein, Elizabeth Balraj, Niranjana Shah Thaker, Mahmoud Adam, Dale Cowan, and Donald Schermer).

AMCNO ANNUAL MEETING



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