

## The AMCNO, AMEF, and CWRU School of Medicine Co-Host 2-Day Mentoring Program for First-Year Medical Students

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), Academy of Medicine Education Foundation (AMEF), and Case Western Reserve University (CWRU) School of Medicine co-hosted two Speed Mentoring sessions in September at the Samson Pavilion on the Health Education Campus.

AMCNO members and additional physicians from local hospitals participated in the event, which featured a 30-minute didactic session led by Geiger Society Dean Dr. Marjorie Greenfield prior to the start of each program. AMCNO President Dr. Mehrun Elyaderani then provided opening remarks to the students, and talked about the important work of the AMCNO and that of the AMEF. Almost all of the first-year medical students who attended

these events had also signed up for AMCNO medical student membership during the Society Dean mixer held at the Cleveland Botanical Garden in July.

The format of the mentoring programs consisted of students breaking out into pre-assigned groups/locations, and physicians were assigned to their first table of students. The students then had 10 minutes to talk to



AMCNO President Dr. Mehrun Elyaderani talks to the students about the AMCNO and the work we do.

the physician(s) at their table—asking questions about their specialty, daily work life, how they chose their career path, etc. After 10 minutes, the physicians moved to the next table of students to talk with them as well, until the physicians had an opportunity

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## AMCNO Partner First Year Cleveland Shares a Winter 2019 Report

By Bernadette M. Kerrigan, Executive Director, First Year Cleveland

First Year Cleveland (FYC) is grateful for its partnership with AMCNO. Together we are working to reduce infant deaths, particularly African American babies. We are also thankful for the involvement of AMCNO leadership in FYC public policy and engagement efforts, as well as our action teams. If others would like to be involved in this important work, please contact Bernadette Kerrigan at (216) 368-6870 or [Bernadette.Kerrigan@case.edu](mailto:Bernadette.Kerrigan@case.edu).

Established in 2015, FYC is a multi-sector collaborative comprised of community members, healthcare professionals, parents and organizations committed to reducing infant mortality throughout Cuyahoga

County. They form 11 action teams that focus on priority areas proven to reduce infant deaths: addressing racial disparities, decreasing extreme prematurity and eliminating sleep-related deaths.

Together we have made a significant impact throughout Cuyahoga County. From 2015 to 2018 the infant mortality rate (IMR) decreased from 10.5 to 8.6; the IMR for the black non-Hispanic population decreased from 18.5 to 15.5; and sleep-related infant deaths declined from 27 to 19. FYC is focused on sustaining this downward trend

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# AMCNO MEMBERSHIP ACTIVITIES

## The AMCNO, AMEF, and CWRU School of Medicine Co-Host 2-Day Mentoring Program for First-Year Medical Students

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to talk with all of the students in their designated row of tables.



AMCNO Past President Dr. Matthew Levy interacts with the students during the event.

Feedback from the students and physicians indicated that, overall, both parties enjoyed these events. The students found the information to be invaluable, since many of them are trying to determine which career path they should take, and the physicians were pleased to share their experiences of going through medical school themselves.

Some physicians, including AMCNO Board member Dr. Pauline Kwok, even asked students what brought *them* to medicine. She also encouraged the students to keep an open mind as they move through medical school and try different fields of medicine to see what they like.

Dr. Elyaderani talked about how his father was an interventional radiologist, so being a physician appealed to him. He started off in cardiology, then moved to orthopedic surgery, which he still practices now and really likes because he says he "can identify a problem and solve it."

One student commented that she "really enjoyed speaking to physicians who had entirely different paths and interests," and she "learned about a lot of new specialties and subspecialties." Another student said she liked that "all of the mentors were so welcoming of questions and happy to answer/share them." And another student said he thought it was "a great opportunity" to meet the physicians who attended the



AMCNO fellow member Dr. Ayan De shares his experiences in the field of sleep medicine.

program and would have liked more time to talk with them.

We would like to thank everyone, including our AMCNO members and the CWRU School of Medicine staff, for their participation and support!

You can view photos from the two sessions on our Facebook page and Twitter feed.

If you would be interested in participating in next year's Speed Mentoring program, contact the AMCNO offices at (216) 520-1000. ■



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

# AMCNO PUBLIC HEALTH ACTIVITIES

## AMCNO Partner First Year Cleveland Shares a Winter 2019 Report

(Continued from page 1)

and is urgently and strategically working with our partners to save all our babies.

Recent highlights of our work include:

- **Structural Racism:** FYC was one of the first infant mortality collaboratives in Ohio to call out structural racism as a key factor in the county's and state's high infant death rates. FYC has presented our collaborative anti-racism work at numerous conferences so others may learn from our efforts.
- **Anti-Racism and Workplace Bias Training:** FYC received one of the only systemwide anti-racism infant mortality grants from the Ohio Department of Medicaid (ODM), which enabled us to certify 28 trainers using a proven, evidence-based Cook Ross Workplace Bias Training curriculum. By the end of 2019, more than 1,000 employees throughout multiple systems will learn how their own biases may be impacting poor infant and maternal health outcomes. These are not "one-and-done" training sessions; they are ongoing, strategic racial bias training and HR transformation efforts to address structural racism.
- **Programs for Parents and Expectant Parents:** FYC has been leading efforts to expand effective programs for African American parents and expectant parents. Working together, our community:
  - o Provided an additional 1,200 home visiting and birth worker slots in Cuyahoga County, resulting in 3,600 more expectant parents being served within the last three years. These slots were made possible by ODM grants to four highly effective agencies: Birthing Beautiful Communities, MomsFirst, Moms and Babies First and Nurse Family Partnership. African Americans filled 98% of these slots, and each of these programs led to significantly lower infant death rates compared to the county IMR of African Americans not served by these programs.
  - o We added 1,300 county **CenteringPregnancy**® slots over the last several years, and 80% of those slots were filled by African American expectant parents. National data indicates African Americans served through Centering have a 41% reduction in premature births. By the end of 2019, the FYC Centering

- Coalition will be the third largest Centering system in the United States.
- o Our **fatherhood and faith-based programs** are being integrated throughout our home visiting programs; these components are key to reducing infant deaths.
  - **Advocacy and Public Policy:** FYC is working with Advocacy and Communication Solutions (ACS) and Center for Community Solutions (CCS), seeking long-term Medicaid billable solutions so the aforementioned programs have continuous financial sustainability. ACS played a key role in statewide advocacy and lobbying on behalf of FYC. These efforts resulted in ODM releasing a \$26 million Infant Vitality Grants RFA, with up to \$4.8 million being earmarked for Cuyahoga County.

They also worked with the Speaker of the Ohio House to draft House Bill 11, and then built and supported the introduction of the bill via testimony of IM partners (including the AMCNO) and engaging members of the House and Senate to advance and support the bill. HB 11's goal is to reduce infant mortality and improve the health of mother and child.

- **Paid Family Leave:** CCS has outlined options for a Cuyahoga County paid family leave policy. This involved reviewing policies currently offered at the state and national level, identifying legal barriers to implementing said policy and ultimately looking at evidence connecting paid family leave policies to improve maternal and infant health.
- **Pregnancy and Infant Loss:** FYC has activated an African American parent-led movement that has: established a Grief Recovery Institute, which is building a pregnancy and infant loss support capacity among African American licensed professionals and paraprofessionals; hosted annual infant death remembrance events; and recently released the film "Toxic," which examines the harmful effects of race-related stress on African American women during pregnancy.
- **Safe Sleep:** More than 1,000 Safe Sleep Heroes have been recruited and trained as a sustainable effort in reducing preventable sleep-related infant deaths. The "heroes" spread the message of

putting an infant to sleep safely by following the ABCDs of Safe Sleep: Alone, on their Back, in a Crib and Don't smoke.

- **Hospital Collaboration:** In a coordinated effort to improve IMRs, all three local labor and delivery hospitals' OB and NICU leaders meet on a frequent basis to review data, share lessons learned and discuss what is working and what is not.
- **Housing Vouchers:** FYC is working with Cuyahoga Metropolitan Housing Authority to secure housing vouchers for high-risk pregnant women to ensure better infant and maternal outcomes.
- **Equity Lens Integration:** FYC is proactively integrating an equity lens into all our efforts to double down our collective efforts to reduce infant deaths. This will lead systems to proactively implement anti-racism and systems changes in addition to changes in service delivery.

There is urgency and action in our work. We have noted progress in reducing infant deaths within each race, but acceleration needs to occur on all levels. We have the right roadmap, and we must continue to work strategically and collectively in leading both system changes and expanding effective programs for African American expectant parents to achieve our goals, save our babies and eliminate racial inequities. ■

*\*2018 data are preliminary and unaudited.*

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

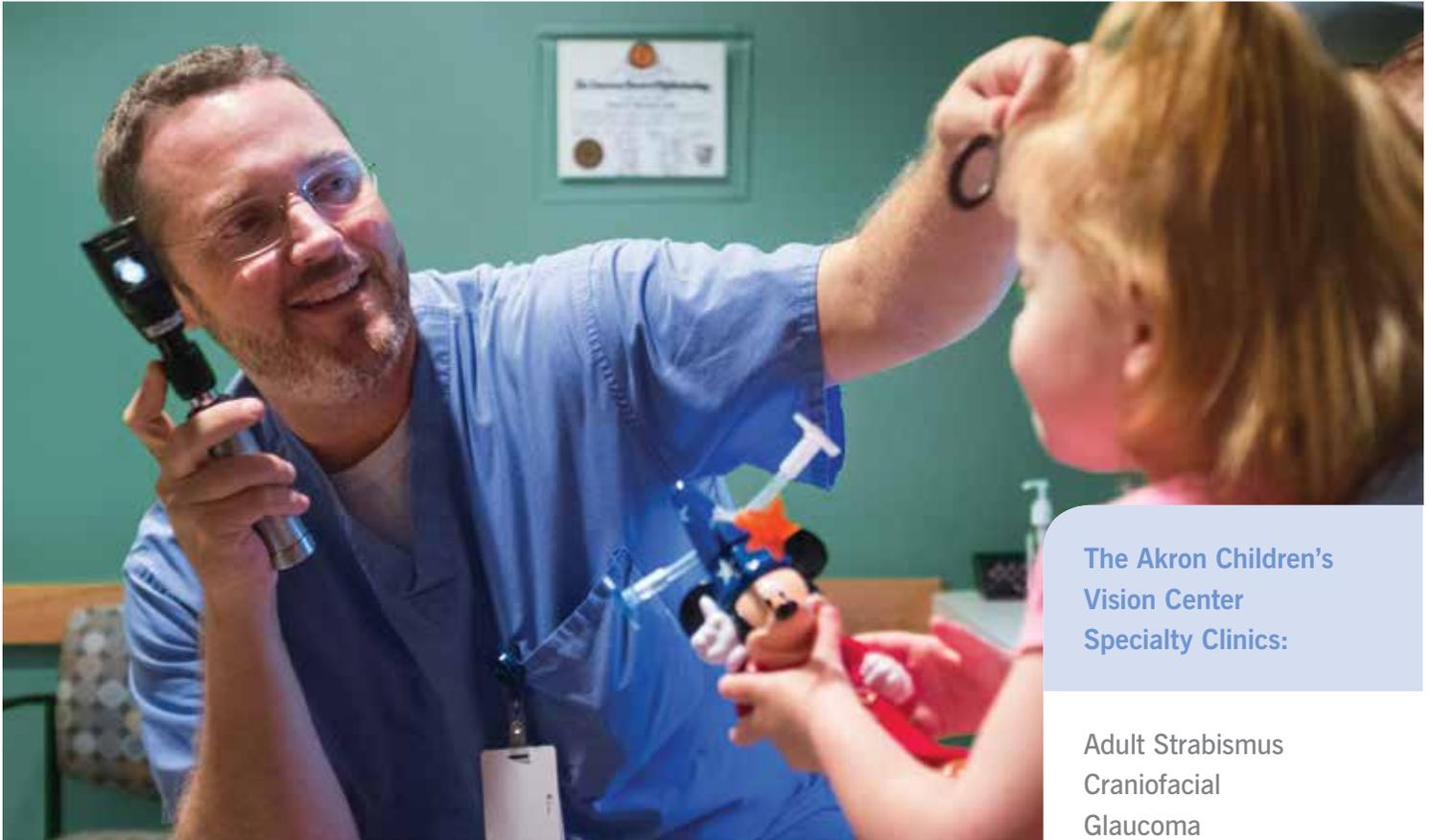
## Save the Date!

The Medical Legal Summit will be held Friday, April 24, and Saturday, April 25, 2020.

This annual event is co-hosted by the AMCNO, Academy of Medicine Education Foundation, and Cleveland Metropolitan Bar Association.

More information will be disseminated in the new year!

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## AMCNO Pollen Line – 2019 Review

By Kelsey Graven, DO; Ryan Shilian, DO; Reimus Valencia, DO; Robert Hostoffer, DO; Devi Jhaveri, DO; Theodore Sher, MD; and Haig Tcheurekdjian, MD

Allergy/Immunology Associates remains committed to serving patients of the Greater Cleveland area by reporting daily pollen counts on the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Pollen Line. We used a Rotorod Aeroallergen device to obtain the sample and calculate the daily pollen levels during the 2019 pollen season.

Tree pollen, grass pollen, and ragweed pollen are the main culprits affecting patients of Northern Ohio 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.

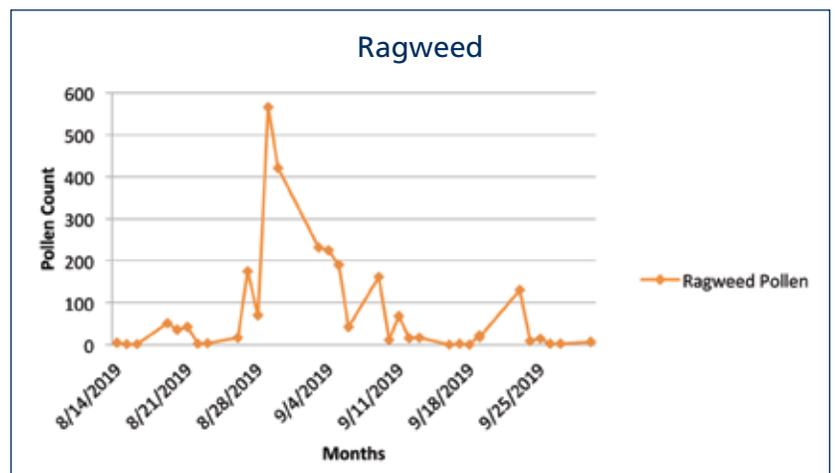
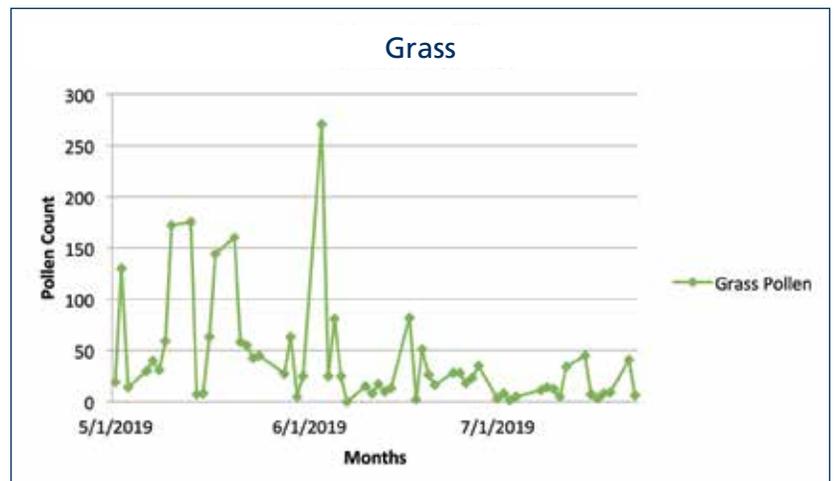
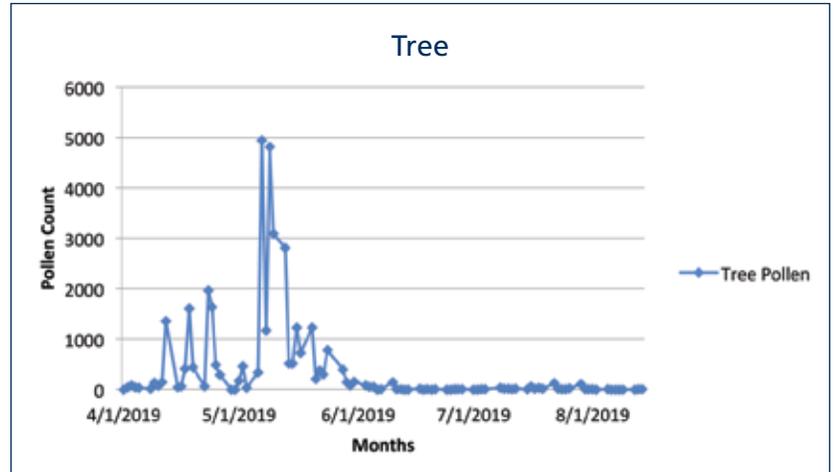
In the Greater Cleveland area, the pollen season begins with the blooming trees in spring. Compared to last year, tree pollen appeared around the same time in early April. Tree pollen levels showed two peaks compared to three peaks last year, with the maximum peak occurring on May 7, about two weeks later than last year. Tree pollen levels persisted well into early August this year at higher levels than in the previous year.

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 June 10, almost four weeks later than last year. The overall grass pollen levels persisted until the end of September this year, which is three weeks longer than the previous 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, the same day as last year. The overall level of ragweed was similar to the previous year.

Each year, Allergy/Immunology Associates, in coordination with the AMCNO, is honored to provide the pollen count for the Greater Cleveland area from April 1 to October 1. The counts are available through the Pollen Line, (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, 2020! ■



## State Medical Board of Ohio (SMBO) Qualifying Conditions Review

The SMBO recently completed its annual process that reviews petitions to determine whether any new conditions will be added to the existing list of conditions that qualify a patient to receive a recommendation for medical marijuana.

The Board voted against adding anxiety and autism spectrum disorder to the list of qualifying conditions for treatment with medical marijuana, so these conditions will not be added to Ohio's Medical Marijuana Control Program at this time.

The SMBO said it could review these conditions at a later date, if additional studies or evidence are brought forth in the petition process. The next petition process will take place Nov. 1, 2019, through Dec. 31, 2019. The SMBO also voted to set the following year's window, which will be Nov. 1, 2020, through Dec. 31, 2020.

At this time, only patients with one of the following medical conditions may currently participate in Ohio's medical marijuana program: AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, cancer, chronic traumatic encephalopathy, Crohn's disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, hepatitis C, Inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson's disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spinal cord disease or injury, Tourette's syndrome, traumatic brain injury, and ulcerative colitis.

The AMCNO will continue to follow this issue and report any updates to our members.

## CBD Update

Recent updates to Ohio law have changed the definition of marijuana to no longer include hemp and hemp products with a THC content of no more than three-tenths of a percent. Hemp products, including hemp-derived CBD (cannabidiol), can now be sold outside of a licensed medical marijuana dispensary.

Under Ohio law, hemp is now defined as:

"The plant *Cannabis sativa* L. and any part of that plant, including the seeds, thereof

and all derivatives, extracts, cannabinoids, isomers, acids, salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3% on a dry weight basis."

## Governor DeWine Asks for Ban on Flavored Vapor Products

Gov. Mike DeWine has urged the General Assembly to ban flavored vaping products, saying his administration lacks the authority to take the action.

The governor has considered following states like New York and Michigan in prohibiting flavored e-cigarette products amid a two-prong public health crisis stemming from vaping, but he does not believe he has the power under Ohio law. Instead he called on state lawmakers and the U.S. Food and Drug Administration to eliminate flavors as part of a move to reduce their growing use among young people.

Legislation has already been introduced in the Ohio House (HB 346) to ban flavored vapor products. This bill would prohibit the sale of flavored electronic cigarettes and flavored vapor products and establish a committee to study the health risks associated with such products. In addition, legislation has also been introduced in the Ohio House (HB 347) that would prohibit people under 21 from entering a vape store and require retailers to not display vape products in an open area accessible to the public. The AMCNO legislative committee will be reviewing these bills at their next meeting.

The governor also called on colleges and universities to consider making their campuses vape-free. In addressing a recent surge in vapor-related pulmonary illnesses, he tasked the Department of Commerce and Board of Pharmacy with reviewing the safety of products in the state's medical marijuana program.

Gov. DeWine said he believed a ban on the products, including menthol and mint, would limit the appeal of nicotine products with teenagers, among whom the use of the products has increased dramatically in recent years.

Lawmakers already raised the tobacco and vapor purchase age from 18 to 21, a

provision in the biennial budget (HB 166) that went into effect October 17 (the AMCNO strongly supported this budget provision). The governor said the problem remains the tobacco companies are targeting young people with the proliferation of fruit, candy, chocolate and other flavors.

The other public health concern with vaping is the rise of severe pulmonary illnesses associated with the products. Ohio Department of Health (ODH) Director Amy Acton, MD, said the state currently has 22 confirmed cases, with another 19 being investigated. While nobody has died of the illnesses in Ohio, there have been a dozen deaths nationwide. ODH has issued a directive mandating that cases be reported to health departments. Dr. Acton said the individuals with confirmed cases range in age from 15 to 59, with an average age of 21. Most were using illicit products or were mixing vapor liquids.

## ODH Invests \$4 Million for Campaign to Educate Students, Parents about Vaping Use Dangers

The Ohio Department of Health (ODH) recently announced new initiatives to educate young people and parents about the dangers of vaping. The announcement comes as state and federal public health officials have identified reports of severe pulmonary illness likely caused by vapor products.

ODH Director Amy Acton, MD, said in a statement that the "explosive increase in vaping among our youth is a public health crisis, and we must educate them and their parents about the dangers of vaping." She added: "Youth have shown an increased vulnerability to nicotine addiction, and evidence suggests that nicotine use during adolescence and young adulthood has long-term impacts on brain development. Last year alone, we saw a 48% increase in vaping among middle schoolers and a 78% increase in vaping among high schoolers. We must provide resources to help our youth to quit using any tobacco products, including vaping."

The new initiatives from ODH include letters to school districts encouraging them to prohibit the use of vaping products and to warn administrators, teachers, parents and students about the dangers.

# AMCNO LEGISLATIVE ACTIVITIES

The state will also invest \$3.3 million to develop tools and resources for use by community groups to educate people about vaping hazards. An additional \$800,000 in public education campaigns will target youth and parents in explaining the use of vape products and the state's new law increasing the tobacco and vapor product purchase age to 21, which took effect October 17.

To learn more about the ODH campaign, go to <https://odh.ohio.gov/wps/portal/gov/odh/media-center/odh-news-releases/initiatives-educate-youth-parents-vaping-dangers-tools>.

## **FDA Creates Webpage on Respiratory Illnesses Associated with Vaping Product Use**

The U.S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) are investigating the recent distressing incidents of severe respiratory illness associated with use of vaping products, and they are working closely with state and local health officials to investigate these incidents as quickly as possible.

As the investigation into the matter continues, the FDA has created a Consumer Update to provide information for consumers to help protect themselves. They have also created a new Lung Illnesses Associated with use of Vaping Products webpage to provide an overview of these incidents and the FDA's actions to date, as well as recommendations for consumers, healthcare providers, and state health departments.

The CDC and FDA are encouraging clinicians to report possible cases of vaping-associated respiratory illness to their local or state health department for further investigation. Reporting these cases is crucial, as federal and state partners work together to have accurate case identification and reported case counts.

If vaping product use is suspected as a possible cause for a patient's lung illness, a detailed history of the substances used, the sources, and the devices used should be obtained, as outlined in the CDC Health Advisory, and efforts should be made to determine if any remaining product, devices, and liquids are available for testing.

Healthcare providers can also contact their local poison control center. To view the health advisory go to <https://emergency.cdc.gov/han/han00421.asp>.

The CDC and the FDA encourage the public to provide detailed information related to any unexpected tobacco- or e-cigarette-related health or product issues to the FDA via their online Safety Reporting Portal.

## **State and County Agencies Receive Millions from Federal Government for Opioid Fight**

The federal government recently awarded tens of millions of dollars to state and local agencies to boost addiction treatment and data collection in the opioid crisis.

The U.S. Department of Health and Human Services (HHS) announced \$1.8 billion total nationwide between grants from the Centers for Disease Control and Prevention (CDC) for overdose data and response programs and the Substance Abuse and Mental Health Services Administration (SAMHSA) through the State Opioid Response program.

Ohio received \$55.79 million in State Opioid Response funding from SAMHSA in the second year of funding under that program. That money stems from legislation formerly known as the 21st Century CURES Act. The Ohio Department of Health received \$8.7 million from the CDC's Overdose Data to Action Funding.

In addition to the state award, the Cuyahoga County Board of Health received \$4.4 million, Franklin County Public Health received just under \$4 million and Hamilton County General Health District received \$5.3 million.

## **Substance Abuse Disorder Medicaid Waiver Receives Federal Approval**

Federal regulators have approved Ohio's request for a Medicaid waiver involving substance use disorders. The waiver, a five-year Section 1115 demonstration project, will allow the state to enhance residential treatment services for Medicaid enrollees with such disorders. It also permits the state to use federal funding for people who temporarily live in inpatient or residential treatment facilities.

The state submitted the application to the federal Centers for Medicare and Medicaid Services in January and received approval in late September. The waiver became effective Oct. 1, 2019, and will end Sept. 30, 2024. The project expands Ohio Medicaid's efforts to develop care models to support people in their communities and homes and improve access to a continuum of substance use disorder (SUD) services. During the demonstration period, the state intends to increase retention in treatment, while reducing the use of emergency departments and inpatient hospitals.

The demonstration will allow Ohio Medicaid to expand efforts to implement models of care supporting individuals in the community and home—outside of institutions—and improve access to a continuum of high-quality, evidence-based SUD services. This continuum of care is based on American Society of Addiction Medicine (ASAM) criteria that reflect nationally recognized clinical treatment guidelines. During the five-year demonstration period, Ohio seeks to:

- Increase adherence to and retention in treatment
- Reduce overdose deaths, particularly those due to opioids
- Reduce preventable or medically inappropriate use of emergency department and inpatient hospital settings for treatment by increasing access to other services
- Reduce readmissions to inpatient hospitals or higher levels of care when the readmission is preventable or medically inappropriate
- Improve access to care for physical health conditions among individuals with an SUD
- Increase rates of identification, initiation, and engagement in treatment for SUD

Details and implementation updates on Ohio's SUD 1115 waiver can be found at <https://bh.medicare.ohio.gov/> ■

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# NORTHERN OHIO PHYSICIAN

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## Tobacco Cessation Programs Available for Ohioans of All Ages

By Amy Gorenflo, Cessation Services Program Administrator,  
Tobacco Use Prevention and Cessation Program, Ohio Department of Health

As Ohio's Tobacco 21 law is now in effect, the Ohio Department of Health's (ODH) Tobacco Use Prevention and Cessation Program reminds healthcare providers that Ohioans of all ages have a variety of FREE tobacco cessation options available. The *My Life, My Quit Program* is especially designed for nicotine users under age 18 and the *Ohio Tobacco Quit Line* is available to any Ohio resident over 18.

The use of a telephonic cessation service by tobacco users is one of the most effective interventions for tobacco cessation. Every state in the United States operates a telephone cessation service, with most calls routed through a national portal, 1-800-QuitNow. Some quick facts about the *Ohio Tobacco Quit Line*:

- It is accessible by calling 1-800-Quit Now, 24 hours a day, seven days a week.
- Services are offered by trained coaches that offer telephonic tobacco cessation treatment.
- Up to eight weeks of nicotine replacement therapy (NRT) is available; one two-week dose is shipped after each call (up to four times). Participants have their choice of patches, gum, or lozenges. NRT is not provided to participants under 18.
- Participants can opt into text messaging and choose general themes, or messages can be targeted for several different chronic diseases.
- After several years of limited eligibility, the program is now open to ALL Ohioans regardless of insurance status.
- There is a special protocol for pregnant women:
  - o Participants have the same coach for all scheduled calls
  - o Increased number of calls (10 vs. five)
  - o Incentives for call completion
    - \$20 in prenatal period
    - \$30 in postnatal period
  - o Follows participants up to six months after delivery, a time when relapse is common
  - o Pregnant women must have medical release for NRT.
- Consumers of ANY tobacco or nicotine products may enroll.

Callers to the *Ohio Tobacco Quit Line* can expect to first speak with a trained tobacco cessation and coach/counselor. An intake questionnaire, asking participants about tobacco use habits and past quit attempts as

well as demographics, is collected. The first coaching call takes place at first call unless callers opt out. The full protocol offers five proactive, scheduled calls with additional, unlimited "as needed" calls encouraged.

Patients may be referred to the *Ohio Tobacco Quit Line* via an online portal, by clicking on the "Healthcare Providers" tab at [www.ohio.quitlogix.org](http://www.ohio.quitlogix.org). Providers can increase engagement of their patients by screening for quit readiness before making the referral, sharing what to expect, letting patients know to expect a call from (855) 261-2640. To further increase the likelihood of engagement, it's prudent to suggest the patient program the number that will be calling into their cellular phone.

The use of telephonic tobacco cessation services is a research-validated best practice. A 2013 Cochrane review<sup>i</sup> of 77 controlled trials with more than 85,000 participants revealed patients were 27% more likely to quit using telephonic cessation versus self-help only. The literature also suggests a dose response in that those completing more sessions were 32% more likely to quit. Further, use of NRT increases the likelihood of quitting by 14% when combined with telephone counseling.

As part of program evaluation efforts, ODH uses an independent evaluator to contact participants seven months after enrollment. A report is sent to ODH every six months, with the most recent (August 2019) reported quit rate for all participants being 37.2%. This is significantly higher than the self-guided participant quit rate of 17.2%, collected by ODH's evaluator using the same methodology.

To address the growing nicotine dependence of young people, Ohio and several other states recently partnered to launch an enhanced tobacco cessation program for teens who want to stop using tobacco products, including electronic cigarettes and

vapes. The *My Life, My Quit Program* was developed by National Jewish Health (Ohio's Quit Line vendor since 2003) in partnership with youth mental health and addiction expert Dr. Bonnie Halpern-Felsher of Stanford University. Throughout the program, teens work with coaches who listen and understand their unique needs, provide personalized support, and help them build a quit plan to become free from nicotine. Some quick facts about *My Life, My Quit*:

- Free and confidential help is available from a quit coach specially trained to listen to teens, help teens navigate social situations that involve tobacco or vaping, and find healthy ways to cope with stress.
- Teen-focused messages are included in promotional and educational materials—created with youth input—that encourage teens to quit vaping or using tobacco.
- Five coaching sessions are included via live text messaging or by phone on a dedicated toll-free number (1-855-891-9989) or online chat.
- Simplified online and mobile program registration is available to get teens to a coach quicker.
- Dedicated teen website is available at [mylifemyquit.com](http://mylifemyquit.com) with online enrollment, live chat with a coach, information about vaping and tobacco, and activities to support quitting and stress relief.
- Ongoing text messages are included for encouragement throughout the quit process.
- Participants receive a certificate of program completion.

ODH funds several local programs to address tobacco. Those interested in learning more, or to submit a request for free tobacco cessation promotional materials, may contact [tobaccoprevention@odh.ohio.gov](mailto:tobaccoprevention@odh.ohio.gov). ■

i Stead LF, Hartmann-Boyce J, Perera R, Lancaster T. Telephone counselling for smoking cessation. Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD002850. DOI: 10.1002/14651858.CD002850.pub3.

**Editor's Note:** In May, the AMCNO and several other medical associations participated in a meeting with ODH staff and discussed how to promote tobacco cessation treatment options that are available to the public. We are pleased to provide this information to our members.

## AMCNO, OSMA Host a Networking Reception and District 5 Policy Update

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) and Ohio State Medical Association (OSMA) hosted a Networking Reception and Policy Update for District 5 in October at the AMCNO offices.

During this free event, attendees (including several AMCNO members and past presidents) learned more about several advocacy items, including those contained in the Ohio budget. Gov. Mike DeWine had issued 25 vetoes to the state budget on July 18, such as surprise billing and price transparency, which Monica Hueckel, Senior Director of Government Affairs at OSMA, discussed in further detail. Other healthcare issues in the budget included telemedicine, Tobacco 21, and continuing education for physicians. And, the OSMA successfully advocated for the removal of a few provisions from the budget bill, such as facility fees, ER-Medicaid diversion, and non-opioid directives.



Monica Hueckel, from the OSMA, discusses items in the Ohio budget.

The AMCNO and OSMA continue to advocate for the physician-led, team-based approach to care with regard to scope of practice proposals. As such, these two organizations continue to work on advocating against independent, unsupervised practice for advanced practice registered nurses (APRNs) and expanded scope of practice for certified registered nurse anesthetists (CRNAs), as well as prescriptive authority for psychologists. These organizations are also involved in efforts to decrease barriers to treatment for mental illness and substance use disorders, increase transparency and plan accountability in the Medicaid program, and decrease the regulatory burden imposed on physicians.

In addition, OSMA CEO Todd Baker and OSMA President Dr. Susan Hubbell talked about the Healthier Ohio 2020 & Beyond program. Ohio is ranked 46th out of 50 in health value, so there is a need to greatly improve that—Mr. Baker said Ohio is very good at sick care, but needs to do better with preventive care. These two OSMA leaders discussed how they are working with us at



Attendees listen as AMCNO President Dr. Mehrun Elyaderani discusses issues of importance to physicians.

the AMCNO on several initiatives related to physician burnout, such as decreasing administrative burdens, changing workflow processes and synchronizing writing prescriptions, which would transform how physicians perform care.

Additional topics of importance to physicians were also discussed.

This forum in Cleveland was part of the OSMA's initiative to open up dialogue in several cities throughout Ohio; stops were held in September and October and included Toledo, Athens, Rootstown, Dayton, and Cincinnati.

The AMCNO will continue to monitor important legislative issues and report updates to our members. Please see pages 6-7 for more information on our recent advocacy work. ■

## Ohio Supreme Court Justice Sharon Kennedy Meets with AMCNO Board of Directors

The AMCNO Board of Directors was honored to have Ohio Supreme Court (OSC) Justice Sharon Kennedy attend their October meeting. Justice Kennedy spent time with the Board discussing her role on the court.

The board received a brief historical perspective of how things worked in Ohio before tort reform was enacted. At the height of runaway juries, even doctors who had never had an action or a reportable event saw their insurance premiums skyrocket to levels that were unsustainable. Insurance providers across Ohio dropped from 14 to 2, and physicians saw their premiums increase astronomically, with some physicians ultimately being told they were uninsurable—causing them to close their practice or sell their practice to a hospital group. The board learned more about how judicial activism by previous OSC

justices had overturned previous tort reform initiatives, clearly illustrating why it is important to have justices who exercise judicial restraint.

Justice Kennedy stated that as a former police officer and current Justice of the OSC, she took an oath to uphold the Constitution of the United States of America, the State of Ohio, and the laws of Ohio. She stated that the Constitution guarantees our freedom by limiting and balancing the government's power among three separate but equal branches. She stated that as a member of the OSC, she plans to continue to honor the



Justice Sharon Kennedy (center) stands with Dr. John Bastulli (left) and Dr. R. Bruce Cameron (right).

Constitution and uphold the law, not creating it or legislating from the bench. ■

## Changes in Ohio Law Took Effect Oct. 17 for SMBO Licensees

Ohio's biennium budget (HB 166) contains many policy changes, a number of which will impact State Medical Board of Ohio (SMBO) licensees.

Following is a summary of changes in Ohio law that became effective Oct. 17, 2019. You are encouraged to read the complete laws in the Ohio Revised Code (ORC). Information on laws and rules for licensees is also available in the Laws & Rules section.

### All license types

- Eliminates a requirement under which an affirmative vote of at least six members of the board is necessary to grant a license to an applicant. This change will allow the SMBO to issue licenses faster, instead of waiting for monthly board meetings.
- Licenses will expire two years after the original date of issuance. For existing license holders, the renewal deadline will continue to be on the same date as it is currently; for new license holders, this means renewal will occur on the two-year anniversary of initial issuance and every two years thereafter.
- The board can now impose terms and conditions to ensure an applicant's fitness to practice, as follows: (1) when seeking issuance of a license without having been

engaged in practice or participating in a training or educational program for more than two years, and (2) when seeking restoration of a license that has been inactive for more than two years.

### Physicians

- Ohio MDs, DOs, and DPMs will need to complete a total of 50 hours Category 1 CME every two years to be eligible for license renewal. Previously, physicians were required to complete a total of 100 hours, of which 40 needed to be Category 1.
- The amount of continuing education hours a physician may earn providing healthcare services as a volunteer will be reduced to three hours.
- Expedited licensure: Clarifies an eligibility requirement that applies to a physician seeking an expedited license by endorsement by specifying that the applicant must not have been the subject of more than two malpractice claims resulting in a finding of liability in the 10 years preceding the date of application.

- Training certificates: Allows a holder of a physician training certificate to apply for late renewal not more than 30 days after the certificate's expiration date if the individual pays a \$150 reinstatement fee.
- Clinical fellowship programs: Specifies that an accredited clinical fellowship program constitutes (1) graduate medical education recognized by the board and (2) a program that an individual may participate in by obtaining a training certificate.
- Clinical research faculty: Specifies that holders of clinical research faculty certificates will need to complete 75 hours Category 1 CME every three years to renew their certificates.
- Telemedicine certificates: Specifies telemedicine certificates will be converted to standard MD or DO licenses. Ohio's law regarding telemedicine certificates will be repealed, eliminating the need for a separate certificate. All active telemedicine certificate holders, upon conversion to holders of a full MD or DO license, will be required to meet Ohio's continuing education requirements in order to renew their license (50 hours of Category 1 CME every two years). Physicians wishing to provide health care via telemedicine to individuals located in Ohio may do so under their full Ohio license. ■

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# AMCNO MEMBER ACTIVITIES

## AMCNO Hosts Annual Seminar for Resident Members on the Business Aspects of Medicine

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) hosted its annual seminar, "Understanding the Legal and Financial Aspects of Practicing Medicine," on October 2, at the Cleveland Museum of Natural History. This event is sponsored by the Academy of Medicine Education Foundation (AMEF) and William E. Lower Fund, and it is offered free-of-charge to the AMCNO's resident members.

AMCNO President Dr. Mehrun Elyaderani provided opening remarks and introduced each speaker before his or her presentation. Representatives from a few different companies covered various interesting topics for the attendees.



AMCNO President Dr. Mehrun Elyaderani provides opening remarks at the seminar.

Isabelle Bibet-Kalinyak, from McDonald Hopkins LLC, discussed physician contracting. She stressed the importance of investing time in negotiating employment agreements, and not being afraid to ask for reasonable changes. She also discussed what types of questions to ask concerning benefits, liability/malpractice insurance, non-compete clauses, and other important issues. In addition, as a

transactional and compliance healthcare attorney with a subspecialty in immigration, Ms. Bibet-Kalinyak covered foreign national-related topics, such as terms for those on temporary visas and immigrant visas. She closed her presentation with some practical advice, and said, "a contract is only as good as the people behind it."

Mark O'Sickey, from North Coast Executive Consulting, discussed personal financial planning. Using an interactive format, he asked the audience financial questions, and when an attendee responded with a correct response, he or she was rewarded with a Starbucks gift card. Some of the questions (and answers) included:

- What percentage of adults have a financial plan in place? (30%)
- On average, how many people think they have enough life insurance? (56%)
- What percentage of Americans maintain a budget? (33%)

Cindy Kula and Jennifer Gajda, from Rea and Associates LLP, talked about the business

and tax aspects of a medical practice. They emphasized the importance of getting advice for any business-related issues, and defined the different types of businesses (e.g., sole proprietorship, partnerships, corporations, and limited liability companies). They also covered the topic of student loans, and offered a few points of sound advice, such as paying off the loans as soon as possible, asking if lenders will allow you to pay interest only, looking into a graduated repayment option if it's available, and using a student loan consolidation program (which is a larger loan, but offers a longer repayment term and/or better interest).



Representatives from Rea and Associates share solid financial information with the attendees.

Katherine Wensink, also from McDonald Hopkins, was the final speaker for the evening, and she discussed estate planning. She focused on living estate plans, trusts, and digital assets, as well as prenuptial agreements, which she said can help address death, divorce and property settlements; otherwise, state law controls these decisions.

We would like to thank all of our resident members for attending the event; from the feedback we received, they enjoyed learning this valuable information. Many thanks as well to the presenters for their time and for sharing their financial knowledge with the attendees. And, thank you to the Cleveland Museum of Natural History for once again providing a wonderful space for this event.

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

To see photos from the event, visit the AMCNO Facebook and Twitter pages. ■



### AMCNO Board of Directors

AMCNO Board members are responsible for addressing important issues for physicians and their patients and setting policy for the Academy.

If you are interested in running for the AMCNO Board of Directors for 2020, please contact our offices at (216) 520-1000.

We will also soon send an email with additional information, so please be on the lookout for that as well!