

Northeast Ohio Hospital Opioid Consortium Welcomes New Physician Chair, Achieves Strategic Plan Objectives

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The Northeast Ohio Hospital Opioid Consortium began 2020 under the leadership of a new physician chair, Dr. David Stroom, medical director of alcohol and drug recovery at Cleveland Clinic. Dr. Stroom takes the helm following two years of accomplished leadership by Dr. Randy Jernejcic, vice president of clinical integration at University Hospitals.

The Opioid Consortium, a physician-led, member-driven partnership, includes Cleveland Clinic, The MetroHealth System, St. Vincent Charity Medical Center, University Hospitals, VA Northeast Ohio Healthcare System, The Center for Health Affairs, and The Academy of Medicine of Cleveland & Northern Ohio. Together, these organizations are working to significantly reduce the impact of the opioid epidemic in the region by sharing and

implementing evidence-based practices, promoting policy changes, and increasing prevention efforts. Housed at The Center for Health Affairs, the Opioid Consortium was formed when the region's health systems came together in late 2016 to develop a hospital-specific response to the crisis.

As the first physician chair, Dr. Jernejcic led the organization in establishing its leadership

structure and developing and implementing a two-year strategic plan with objectives in the areas of communication, education and patient management, harm reduction, treatment, prevention, data, and public policy.

Education

A flagship initiative of the Opioid Consortium is its opioid education program, launched in late 2019. The program was developed for nurses without specialty training in substance or opioid use disorders to strengthen their understanding and give them tools to identify and take appropriate action when they

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AMEF Sponsors Statewide Immunization Conference

The Academy of Medicine Education Foundation (AMEF) was pleased to sponsor the Immunize Ohio 14th Annual Statewide Immunization Conference. The event was very well-attended and featured presenters of various topics related to immunization.

Dr. Amy Acton, the Director of the Ohio Department of Health (ODH), opened the conference by stating that there is now a "window of opportunity" in Ohio since we have a governor who believes in immunizations. She emphasized that now is the time to join together on a clear strategy to address issues related to immunizations, and ODH will do everything they can to assist with this strategy.

Dr. Gary Marshall, Chief, Division of Pediatric Infectious Medicine at the University of Louisville School of Medicine, provided a presentation on the perspectives of vaccine hesitancy. He began his talk by outlining the history of vaccinology—showing a timeline of when vaccines were developed. He also noted that during what he refers to as the "golden age" of vaccines, there was a belief in science, so more people were getting vaccinated. The

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Dr. Amy Acton, Director of the Ohio Department of Health, provides opening remarks.

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encounter substance use disorder symptoms in patients. The coursework, available through an online portal, is designed to help nurses understand the disease of addiction and its progression, as well as identify high-risk substance use, especially opioid use disorder.

The opioid education program curriculum comprises four modules, which together cover topics including how to:

- Complete risk assessments.
- Identify and understand overdose and withdrawal.
- Provide education and treatment for opioid use disorder.
- Help patients manage complex conditions like chronic pain, diabetes, hepatitis or pregnancy.
- Interact with patients' family members.
- Help patients plan for discharge from the hospital.

"The Opioid Consortium membership identified as one of its priorities the development of an education program, which is beginning with nurses but in time will also grow to incorporate other healthcare professionals," said Dr. Jernejcic. "A challenge we face in society as a whole is the stigma associated with addiction. This program is meant not only to help us as providers deliver quality care but also to help us understand addiction as a chronic illness, alleviating stigma that can prevent patients from seeking and obtaining the treatment they need."

The opioid education program is a self-directed course developed with the input of an expert group of nursing professionals from across the Opioid Consortium membership and accessible by Opioid Consortium member organizations through an online portal maintained by The Center for Health Affairs.

CDC Grant

Plans for growing the education portal are already underway with funding support from the Centers for Disease Control and Prevention (CDC). The CDC awarded \$13.3 million over three years to a collaborative of organizations in the region, led by the Cuyahoga County Board of Health (CCBH) and including the Opioid Consortium. Announced in fall 2019, the grant is part of the CDC's Overdose Data to Action (OD2A) plan, which is intended to support work to improve data about overdose morbidity and mortality to better inform ongoing prevention and response efforts.

CCBH, one of 78 nationwide entities to be awarded a grant under this program, will

receive \$4.4 million in the first year. Of this funding, The Center for Health Affairs will receive almost \$340,000 the first year. The grant funding supports a variety of strategies to strengthen surveillance and better track opioid overdoses and deaths. In addition, it will augment prevention efforts by establishing linkages to care, increasing support to providers and health systems, and optimizing prescription and drug monitoring programs.

Utilizing this funding support, the Opioid Consortium will develop evidence-based provider education geared toward emergency room physicians and other providers who are triaging patients at risk for opioid use disorder or who have experienced an opioid-related event. Train-the-trainer education will be delivered to healthcare providers to improve their use of the Ohio Automated Rx Reporting System (OARRS), the state's prescription drug monitoring program (PDMP).

Naloxone Toolkit

One of the Opioid Consortium's goals under the umbrella of harm reduction calls for increasing access to and use of nasal naloxone. To that end, last fall the Opioid Consortium launched an online Naloxone Toolkit. A collection of resources freely available through The Center for Health Affairs' website, the Toolkit is designed to provide useful information to patients and healthcare professionals to help ensure naloxone gets into the hands of those who may need it.

The Toolkit is organized by reader type – patients and families, providers, pharmacists, and social workers – and is unique in being a single source that covers this spectrum of target audiences. Comprising material from reputable sources like national and local public health agencies, accrediting bodies and professional associations, the Toolkit includes:

- Talking points for providers, pharmacists and social workers who may be looking for assistance in discussing naloxone with patients.
- Guidelines on prescribing and dispensing naloxone.
- Informational resources for patients and family members intended to answer their questions about naloxone.

Prior to launch, the Toolkit was reviewed and tested by an expert group of nurses, pharmacists and others to ensure the quality and usability of the information.

"The most important thing we can do as a collaborative is to find ways to save lives, and

we know that naloxone is a critical tool for preventing deaths from opioid overdose. The development of this Toolkit is one step that we can take to support providers and patients in getting more naloxone out there in the community where it can reverse overdose." said Dr. Jernejcic.

Another component of this harm reduction initiative was the hosting of a training on naloxone in November at The Center for Health Affairs' office for neighboring Playhouse Square District organizations. The Center teamed up with The MetroHealth System's Project DAWN (Deaths Avoided With Naloxone), which provided the training. A total of 12 individuals representing 10 organizations learned about how to recognize the signs and symptoms of overdose and how to administer naloxone, as well as what to expect when a person is revived. The training also covered the Ohio Good Samaritan law that protects people from liability when providing emergency medical and non-medical care. Ten naloxone kits – one for each organization represented – were distributed at the training.

HHS Secretary & Surgeon General Meetings

An important component of the Opioid Consortium's strategic plan concerns securing changes to public policy that support and facilitate efforts to reverse the opioid crisis. In support of that work, the Opioid Consortium has taken an active voice on related policy developments and has reached out to public officials to share the story of what's happening in Northeast Ohio.

In 2019, the Opioid Consortium was fortunate to connect with both the United States Surgeon General and the Secretary of Health and Human Services (HHS). In the fall, Brian Lane, president and CEO of The Center for Health Affairs, and Lisa Anderson, MSN, RN, senior vice president, joined HHS Secretary Alex Azar in Washington, D.C., for an opioid roundtable discussion. The convening also included key HHS staff members, directors from the Office of National Drug Policy and the Centers for Disease Control and Prevention, and leaders from Dayton, OH, and Huntington, WV.

Lane and Anderson shared information about the collaborative work taking place in Northeast Ohio. Meeting attendees inquired about how the Opioid Consortium originated and the possibility of replicating it in other parts of the country. At the close of the meeting, Director Jim Carroll of the Office of National Drug Control Policy and others expressed interest in visiting Cleveland to meet with the Opioid Consortium and learn more about its work.

AMCNO COMMUNITY ACTIVITIES

The meeting with Secretary Azar came just a few months after U.S. Surgeon General Dr. Jerome Adams' spring visit to Cleveland and attendance at a meeting of the Opioid Consortium. Dr. Adams, who had a full itinerary during his visit to the area, spent the afternoon hearing from Opioid Consortium member hospitals about the work they are doing both individually and collaboratively to address the opioid epidemic in the region.

In engaging and compelling remarks, Dr. Adams shared his perspective on the crisis facing the nation. He emphasized how crucial it is to lift the stigma associated with substance use disorder and shared a personal story about how addiction has affected a member of his own family.

"It's painful to share that story," he said. "But every time I share that story, someone comes up afterwards and shares their story of how their family is struggling and how they have not talked about it before. A big part of what I do is trying to address stigma; sharing stories, tearing down barriers, helping people understand there are bad choices that lead to substance use disorders just like there are bad choices that lead to flare-ups of my asthma. But that doesn't mean that it's my choice to

have asthma or that it's someone else's choice to have substance use disorder. It's a disease. It's a disease with treatments that are effective if properly applied. It's a disease that people aren't going to get treated if they don't feel like they can come forward without stigma attached with them."

Dr. Adams also emphasized the essential role of naloxone in saving lives and suggested two tangible acts that can be taken immediately:

- Carry naloxone, and be an advocate; educate others in the community about it.
- Share the Surgeon General's digital postcard, which lists five steps everyone can take to prevent opioid misuse.

He offered additional strategies for consideration in Northeast Ohio and across the country, including:

- Providing medication-assisted treatment in jails.
- For patients who come to medical appointments as a follow-up to surgery, providing drop boxes for them to return any unused opioids or even antibiotics.
- Considering who in the community is not represented in collaborative work to address the crisis and finding a way to engage them.

Following his remarks, participating members of the Opioid Consortium had the opportunity to share briefly what they are each doing within their own organizations, as well as collaboratively as a group, to address the problem.

"It's important to hear about the great work going on like what's happening here," said Dr. Adams. "I'm so proud of the progress you all are making. I leave here heartened."

Looking Ahead

Under the new leadership of Dr. Stroom, the Opioid Consortium will continue to forge ahead with objectives related to education, naloxone access, public policy and other key initiatives. The coming year will include expansion of the opioid education program, completion of deliverables under the CDC grant, and continued outreach and relationship building with public officials.

"I'm pleased to be serving as physician chair of the Opioid Consortium," said Dr. Stroom. "I look forward to guiding this initiative and continuing to work closely with my colleagues within the health systems in Northeast Ohio as we develop and implement important programming aimed at saving lives." ■

AMCNO Annual Mini-Internship Program Provides Unique Insight into the Practice of Medicine

Key community leaders were selected to take part in the AMCNO's annual two-day Mini-Internship program held Oct. 22 and 23, 2019. They were able to rotate through a variety of specialties alongside our physician members. The interns observed various surgeries and medical procedures as well as sat in on office visits with patients. These activities enabled the community leaders to have an unparalleled look at the practice of medicine in today's healthcare arena.

This year's participants (or "interns") were: **Judge Deena Calabrese**, Cuyahoga County Court of Common Pleas; **Helen Forbes-Fields**, Executive President and General Counsel of the United Way; and **Julie Washington**, Health News Reporter with *The Plain Dealer*.

At the end of the internship, our members and the interns met at the AMCNO offices for the Debrief Dinner, where they were able to share their experiences. Program Chair Dr. Bill Seitz, Jr., invited the interns to start the conversation.

Judge Calabrese was pleased to have the opportunity to see some of the similarities between how the physicians handled their cases and how she conducts herself as judge. She was surprised by the physicality of some of the operations, and she enjoyed observing how

empathic the physicians' interactions were with their patients.

Ms. Forbes-Fields said she had a wonderful experience. She appreciated the passion, enthusiasm and honesty that she was able to observe with her designated physicians. She also appreciated that they took the time to have side conversations with her throughout the day.

Ms. Washington said she learned a lot from the experience and was glad she took part in it. One thing she learned was that the physicians she shadowed have a close relationship with their patients, and she was amazed how hard the physicians worked. She, herself, found it exhausting to see so many people in one day. Overall, she found it to be a wonderful experience as well.

Our members appreciated how engaging the interns were and said it provided them the ability to reflect on how others view their interactions with patients.

Many of the physicians and interns expressed the desire to keep in touch with each other to foster ongoing open communication between their professions.

To close the event, Dr. Seitz presented each intern with a certificate for completing the program. Photos from the event are highlighted on page 4.

The AMCNO expresses its sincerest appreciation to our physician members and the interns who participated in this special event. We also want to thank Dr. Seitz for participating in and serving as the program chair for the past three decades. His dedication has truly made this program a huge success. As this was his last year as chairman, he passed the torch to AMCNO Past President Dr. Matthew Levy.

If you would be interested in participating in next year's Mini-Internship program, contact our offices at (216) 520-1000. ■

AMCNO COMMUNITY ACTIVITIES

2019 AMCNO Mini-Internship Program



Many of our 2019 Mini-Internship participants gather for a group photo. (l-r): Dr. William Seitz, Jr.; Ms. Helen Forbes-Fields; Dr. Jonathan Scharfstein; Ms. Julie Washington; Dr. Irina Todorov; Dr. Karen Cooper; AMCNO President Dr. Mehrun Elyaderani; Judge Deena Calabrese; Dr. Kristin Englund; Dr. Donald Ford.



Dr. Seitz (left) receives a certificate from Dr. Elyaderani (right), thanking him for chairing the program for the past 30 years.



Dr. Elyaderani (left) and Dr. Cooper stand with their intern, Judge Calabrese (center).



Our members and the interns gear up for their participation in the program. Front row (l-r): Judge Calabrese, Ms. Washington, Ms. Forbes-Fields. Back row (l-r): Drs. Elyaderani, Cooper, Jeffrey Brown, Ford, Todorov, Englund, and Seitz.



Dr. Englund (left) and Dr. Todorov (right) stand with their intern, Ms. Forbes-Fields.



Ms. Washington stands with Dr. Ford, after she receives her certificate of completion.

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Ms. Forbes-Fields (center) receives her certificate and poses with the physicians she shadowed. (l-r): Drs. Todorov, Scharfstein, Seitz, and Englund.



Judge Calabrese (center) stands with two of the physicians she shadowed during the program—Dr. Cooper and Dr. Elyaderani.

AMEF ACTIVITIES

AMEF Sponsors Statewide Immunization Conference

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uptick in vaccinations during this time period clearly illustrated that new cases of disease were prevented or eradicated.

He said everything changed, however, in 1998 when Andrew Wakefield published his infamous paper stating that vaccines caused autism—a report that has since been refuted. This paper created a strong anti-vaccine sentiment that has resulted in what is termed the “era of vaccine hesitancy.” Now, some pediatricians may be willing to spread out the vaccine schedule if parents are concerned—even though there is no evidence that this type of schedule makes a difference. There is also evidence that the number of pediatricians encountering a vaccine-averse family has increased considerably. There are also hot spots of vaccine hesitancy, and exemption from vaccines has reached epidemic proportions in some parts of the country. This is not just a United States phenomenon—hesitancy is apparent elsewhere in the world.

Massive measles outbreaks have occurred in Europe, as well as in the United States, and the most common scenario is that these cases have stemmed from a person who was not vaccinated. The World Health Organization (WHO) has recognized vaccine hesitancy as a global public health threat and one of the top 10 threats in 2019.

Dr. Marshall said that the pathway to vaccine hesitancy starts with misinformation on the Internet, where parents read that vaccines cause autism. A culture of anti-science also exists—the belief that science is not always right. In addition, some parents believe serious side effects are common, so they will not vaccinate their child.

The culture of medicine has also changed—at this time, modern medical training focuses on shared decision making. Dr. Marshall questioned why parents, who are not vaccine experts, should be included in the shared decision-making process. Physicians know the science and the epidemiology, so they need to use that to bring parents to the scientific truth, he said.

He added that there is a need to educate people and put the law on the physician’s side when it comes to school mandates and medical exemptions—physicians need to come together with other partners, including industry, to ensure that the right thing happens and everyone is protected equally.

Ms. Sarah Duade, MPH, from ODH, presented on the “Ohio School Immunization Requirements and Coverage.” She reviewed the entry requirements for Ohio schools and described immunization coverage data trends in our state’s schools. She stressed that school immunization requirements assure children are protected against vaccine-preventable diseases, and that severe negative health effects can be prevented in children when vaccines are used effectively. She also stated that schools with lower rates of immunization compliance are susceptible to outbreaks of vaccine-preventable diseases.

She outlined what constituted “non-compliance” in Ohio with regard to school immunizations, and she said that Ohio law allows for two types of exemptions: a medical exemption (and a licensed physician must certify this), or a reason of conscience, including religious convictions (this exemption must have a written statement from the student’s parent or guardian and must state a reason).

Finally, Ms. Duade outlined the requirements for school immunization annual reporting in Ohio. All Ohio schools, public and private, for which the state board of education prescribes minimum standards, are required to report immunization summaries to ODH by October 15 of each calendar year.

ODH is currently working on efforts to increase school vaccination coverage through Get Vaccinated Ohio—a public health initiative in which ODH provides funding to local health departments to raise and maintain immunization levels among children and adolescents. They are also working on the Immunization Quality Improvement for Providers (IQIP) program designed by the Centers for Disease Control and Prevention (CDC) to increase vaccine uptake among children and adolescents.

The final presenter of the day was Mr. Ethan Lindenberg, who has become known nationally as an activist for his opposition to anti-vaccine disinformation campaigns. Mr. Lindenberg outlined for the audience how he received his vaccinations, against his mother’s wishes, once he turned 18.

He said his mother believed in what he called “conspiracy theories” related to vaccines, so he was not vaccinated as a child. He described to the audience how he used Reddit to ask for help on how he should



The conference, held in Wadsworth at The Galaxy, was very well attended.



Mr. Ethan Lindenberg discusses how he was vaccinated against his mother’s wishes once he turned 18.

proceed to get vaccinated. He also decided to begin reviewing other vaccine-related resources, including articles from the CDC, and determined that after reaching adulthood, he wanted to get vaccinated.

He described how his decision resulted in getting the attention of the media and politicians—he was even invited to attend a U.S. Senate hearing that dealt with epidemics of diseases like measles, which can be prevented but is becoming more prevalent because of the dissemination of misleading information about vaccines.

Mr. Lindenberg said that in the past, if someone disseminated misinformation, there was no one to listen to it, except for that person’s small circle of friends or family. Social media and the Internet have escalated the dissemination of misinformation to a whole new level, considering a large percentage of the population uses online groups or platforms to get medical information. People in these online groups spread intentional misinformation, and it can be manipulative. Misinformation is a real problem we need to be aware of and do something about, he said, adding that defending the science behind vaccinations is paramount. He encouraged the audience to stay firm on what they know to be true. He ended his presentation by stating that fighting for change can be difficult, but remaining unbreakable may save a life. ■

AMEF COMMUNITY ACTIVITIES

AMEF Co-Sponsors Opioid Epidemic Seminar

The Academy of Medicine Education Foundation (AMEF) was pleased to be a co-sponsor of "The Opioid Epidemic: Where are We Now?" conference, which was held Sunday, Dec. 8, 2019, from 9:30 am – 4:30 pm, at the Landmark Centre Office Building in Beachwood. This program was hosted by the Siegal Lifelong Learning Program at Case Western Reserve University (CWRU) and the CWRU School of Medicine.

During the conference, physicians, judges, attorneys and other professionals who are on the front lines of this epidemic (declared the worst of our time in 2014) discussed what works to help those suffering from the disease of addiction and how they are updating systems and processes so that this problem is not perpetuated. The learning objectives for this program included how to diagnose substance use disorders and refer for proper treatment using evidence-based methods, learning the strengths and weaknesses of the health systems with respect to handling substance abuse disorders and learning how the legal and healthcare systems can collaborate to improve outcomes for individuals with substance abuse disorders in ways that either system cannot accomplish alone.

Nicole Labor, DO, was the keynote speaker. She is Board-certified in addiction medicine and is the Medical Director for OneEighty, an addiction treatment center in Wooster. Her presentation focused on "The Science of Addiction."

The first panel discussion of the day centered on how the legal system has been responding to the opioid crisis and featured Justin Herdman, United States Attorney for the Northern Ohio District, Pattie London, an attorney with the Cuyahoga County Public Defender's Office,

Brian Hoffman, also an attorney in the same office, and Judge Joan Synenberg, of the Cuyahoga County Court of Common Pleas and Cuyahoga County Recovery Court.

Two performers from the Improbable Players, a nonprofit that provides prevention education, were featured during the lunch break. Their performance "Stages" focused on the misconceptions that lead to substance misuse.

Dr. Ted Parran, from the CWRU School of Medicine and St. Vincent Charity Medical Center, who is also an AMCNO member, was part of a medical panel that included Dr. Jennifer Bailit from MetroHealth; Dr. Leon Margolin from the Comprehensive Pain Management Institute; Jessica McCullough, RN, an addiction fellow PhD student at Case; and Andy Getz, MSW. This panel provided a presentation about treatment of addiction.

A panel representing the hospital systems and how they are responding to the opioid epidemic featured Dr. David Stroom, who is also an AMCNO member and the incoming chair of the Northeast Ohio Hospital Opioid Consortium (of which the AMCNO is a member) for the Cleveland Clinic; Dr. Christine Antenucci; Dr. Joan Papp, from MetroHealth; and David Berger, a nurse practitioner.



AMCNO member Dr. Ted Parran sits on a medical panel at the seminar to discuss addiction treatment.



Another panel discusses the legal system's response to the opioid crisis.

Scott Osiecki, CEO of the ADAMHS Board of Cuyahoga County, wrapped up the conference and provided comments on how the ADAMHS Board will work with its partners to ensure that opioid lawsuit settlement funds are used to support a continuum of care that includes prevention, early intervention, harm reduction, treatment and recovery support services.

This conference was also made possible by the generous support of Karen and Richard Spector, and the Melissa Rae Fund in Support of Addiction Education, Understanding and Change. ■

AMEF and AMCNO Sponsor the Annual Doc Opera Event

Now in its 35th year, Doc Opera is a collaborative fundraiser and musical production organized by students and faculty from Case Western Reserve University (CWRU) School of Medicine and Cleveland Clinic Lerner College of Medicine. This variety show is written, directed, and performed entirely by the students.

In keeping with Case's commitment to give back to the community, the show's primary mission is to raise funds to provide quality healthcare and related services to individuals and families in our community regardless of their ability to pay through their beneficiaries: CWRU Student-Run Free Clinic and Circle Health Services. It also provides a

venue for creative expression and inter-professionalism among the medical and health professional students of Cleveland. The theme for the 2019 event was "The Wizard of Gauze" and included music from the *Wizard of Oz* movie, with skits and props to fit the occasion.

Doc Opera is a non-profit organization that relies on area businesses to help defray the costs of production and to contribute to the donations made to the program's beneficiaries. The Academy of Medicine Education Foundation (AMEF) and the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) were pleased to once again sponsor the event. ■



Local medical students perform a skit during the annual variety show.

Legislation Under Review

HB 323 – Psychologist Prescribing

This bill would authorize certain psychologists to prescribe drugs and therapeutic devices as part of the practice of psychology. The AMCNO opposes this legislation.

HB 329 – Sun Lamp Tanning

This bill would prohibit the provision of sun lamp tanning services to individuals under age 18. The AMCNO submitted testimony to the Ohio House Health Committee in support of this legislation. In our testimony, we noted that physicians understand that this is an important public health issue that needs to be addressed. It is a medical fact that children are at greater risk for skin cancer because their skin has not yet fully developed, which greatly increases their chance of skin damage. Numerous medical studies show that indoor tanning use at an early age increases the chance of skin cancer. It is estimated that at least one out of every five children will develop skin cancer in his or her lifetime. Many of these skin cancers are preventable, yet skin cancer remains the most common form of cancer in the United States. For these reasons, the American Cancer Society recommends that people avoid tanning beds and sun lamps altogether.

HB 341 – Addiction Treatment

This bill would authorize a pharmacist to administer by injection any drug used for treatment of drug addiction that is prescribed by a physician and administered in long-acting or extended-release form, rather than limiting the authority to administering opioid antagonists. It also exempts from office-based treatment licensure by the Board of Pharmacy a place in which patients are treated for opioid dependence or addiction through direct administration of addiction treatment drugs by a physician, advanced practice registered nurse (APRN) or physician assistant (PA). The bill provides that patients treated for opioid dependence or addiction through direct administration of drugs are not counted for purposes of determining whether an office-based opioid treatment provider must be licensed by the Board. The AMCNO supports this legislation.

HB 346 – Flavored Vaping

This bill would prohibit the sale of flavored electronic smoking devices and flavored vapor products, and would establish a committee to study the health risks associated with such products.

This bill specifically uses the term “characterizing flavor” to describe the type of electronic smoking and flavored vapor products that would be banned, defining that as: “a taste or aroma, other than the taste or aroma of tobacco, emitted either prior to or during consumption of a tobacco product... includes the tastes or aromas relating to food or drink of any sort—menthol, mint, wintergreen, fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverages, herbs or spices.” The study committee established by HB 346 would consist of two members of the House of Representatives, one from majority and one from minority parties, two members of the Senate from majority and minority parties, and one member appointed by the governor. The committee would study the health risks associated with the use of electronic smoking devices and vapor products, and it would consider the prevalence of the use of electronic smoking devices and vapor products in Ohio, as well as the effects of the use of electronic smoking devices and vapor products on the human body, including the cause of any adverse health effects associated with use of these products. Not later than six months after the effective date of the bill, the committee would be required to submit a report to the General Assembly detailing its findings and any recommendations related to the health risks associated with the use of these products. The AMCNO supports this legislation.

HB 347 – Vaping Products

This bill would place restrictions on retailers of vapor products. The bill would prohibit people under the age of 21 from entering a vape store, and it would require retailers to not display vape products in an open area accessible to the public. This bill would also prohibit the sale or offer of sale of cigarettes, other tobacco products, or alternative nicotine products by or from a vending machine except in specific locations not open to the general public. The AMCNO supports this legislation.

SB 198 vs. HB 388 – Network Care

Two senators have introduced legislation to address surprise medical billing in Ohio—a policy aim previously targeted in the biennial budget before being vetoed by the governor. Sen. Steve Huffman and Sen. Nickie Antonio are sponsoring this bill to establish an arbitration process for providers and insurers in cases where an out-of-network provider cares for a patient in an in-network setting. Currently patients are “balance billed,” in

which the provider bills them for the cost not covered by the insurer. SB 198 seeks to end this practice. For charges less than \$700, a benchmark would set the price, with arbitration for cases that are more than that amount. Providers can also bundle several lower-priced services together and go to arbitration. The goal is to provide an impetus for providers and insurers to enter negotiations. Overall, the goal is to take the patient out of the process. If providers don't agree with the rates they're paid by the insurer, the proposal would create a process for resolving those disputes. Sending the two sides to arbitration, rather than picking a rate, would prevent the legislature from “taking sides” in the dispute. The AMCNO supports SB 198.

Another bill tackling the issue of surprise billing has now been introduced in the Ohio House. HB 388 includes a requirement that a health plan must reimburse the greatest of three amounts: the median amount the health plan issuer negotiated with in-network providers or facilities, the rate the health plan issuer pays for out-of-network services under the health benefit plan, or the rate paid by Medicare.

In this bill, the provider is also given the option to inform the plan that they wish to negotiate, in which case the plan must attempt a good faith negotiation with the provider or facility. If, in 30 days, they are unable to reach a settlement, the provider or facility may request arbitration. The insurer must submit as its final offer the greatest of the three amounts aforementioned. Each party's final offer (and the arbitrator's decision) must be based solely on the accuracy or inaccuracy of the greatest of those three reimbursement amounts previously described. The non-prevailing party must pay 70% of the arbitrator's fees and the costs of arbitration, and the prevailing party must pay the remaining 30%.

The AMCNO and statewide medical associations support the Senate proposal— SB 198— rather than HB 388, since the Senate version prevents surprise bills and includes arbitration, but does not include cost caps in arbitration.

There is concern on the part of organized medicine that HB 388 will create more narrow insurance networks for patients and actually limit their ability to seek appropriate and timely care.

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Legislation Under Review

(Continued from page 7)



AMCNO VP of Legislative Affairs Dr. John Bastulli stands with Rep. Diane Grendell.

Update on APRN and CRNA Legislation

The AMCNO and all of the statewide medical associations have continued to stress our opposition to scope of practice bills that are currently under review in the Ohio House Health Committee that would give independent practice authority to APRNs and certified registered nurse anesthetists (CRNAs). The AMCNO submitted opposition testimony on both bills to the committee.

We are pleased to let our members know that due to the efforts of organized medicine, and in particular by the OSMA and the Ohio Society of Anesthesiologists, there has been some significant and timely progress made on the CRNA bill, HB 224. A substitute bill was reviewed and accepted by the Health Committee in December that included all of the changes to the bill organized medicine has been asking for since the bill was introduced. Based upon these changes the AMCNO has changed our position to neutral on HB 224. The language in the substitute bill does the following:

- Allows CRNAs to order drugs, tests, intravenous fluids and treatments only during the perioperative period and only if the facility has a policy delineating such authority. Supervising physician must sign off and ability to order has to be patient specific.
- Allows supervising physicians to opt out of the CRNA expanded authority if they believe it is not in the best interest of the patient.
- Clinical support functions are clarified for CRNAs and **do not** include ordering of drugs, tests, intravenous fluids or treatments.

- Ensures that the medical director of the facility wanting to implement this new authority is involved in crafting the policy the facility will use.

The AMCNO continues to voice strong opposition to the APRN independent practice bill, HB 177. A substitute bill has been introduced; however, the new language is not acceptable to organized medicine. Here is a brief summary of the most recent substitute bill:

- The bill is still an independent practice bill for the nurses. The only change is that once an APRN graduates, they have to engage in 2000 hours of clinical practice before they can truly practice independently. Those 2000 hours are the equivalent to a year of practice, although “clinical practice” is not defined in the bill.
- The bill also allows an APRN to collaborate with another APRN during this 2000 hours of clinical practice and no physician needs to be involved at all with the nurses training and clinical practice.
- The bill also allows an undefined number of collaborators. Meaning, you could have one nurse in the state collaborating with all newly graduating nurses, and after a year, those nurses could practice independently.

There are also other scope of practice expansions contained in the bill including the ability for nurses to have independent authority to clear youth athletes who have sustained a concussion to return to play. The AMCNO will continue to monitor the status of both of both of these bills as they move through the legislature.

Administration Updates

SMBO Approves New Executive Director

The State Medical Board of Ohio (SMBO) has unanimously approved Stephanie M. Loucka as its new executive director, effective Nov. 14, 2019.

Ms. Loucka previously served as the director at the Ohio Department of Aging (ODA). Prior to that, she held senior leadership positions at the Ohio Department of Administrative Services and ODA. Most recently, Ms. Loucka served as the human resources director at Gahanna-Jefferson Public Schools.

She received a bachelor’s degree in history and political science from Otterbein College and a law degree from the University of Cincinnati College of Law.

The AMCNO Executive staff had the opportunity to meet with Ms. Loucka during a recent meeting. Ms. Loucka indicated that she was looking forward to working with the AMCNO and other medical associations in the future.

The Ohio Department of Medicaid to Make Two Major Policy Changes in 2020

Starting next year, Medicaid will move to a Uniform Drug List (UDL) across all of its managed care plans. The Ohio State Medical Association (OSMA) supports the goal of creating a standardized and uniform process for coverage and prior authorization for medications—regardless of what managed care plan the patient has selected. Establishing a unified preferred drug list for Ohio’s Medicaid population has potential for assisting doctors in delivering high-quality medical care by making necessary medications more accessible to patients. As the process moves toward implementation in 2020, OSMA will be working with physicians from all specialties to closely review the initial formulary to ensure it addresses the variety of challenges faced by treating the more than 2.6 million Ohioans on Medicaid.

In addition to the UDL, the Ohio Department of Medicaid (ODM) is also making significant changes to its Episodes of Care reporting programing. ODM will eliminate a number of episodes that have been designed in the last several years, and focus its payment reform efforts on a more-narrowly defined list, impacting a smaller number of specialties. To review the ODM news release on this issue, visit <https://medicaid.ohio.gov/Portals/0/Resources/PharmacyTransparency/11-08-19-UPDL-Press-Release.pdf>.

Trump Administration Strengthens Medicare by Reducing Provider Burden and Valuing Time Spent with Patients

The Trump Administration and the Centers for Medicare & Medicaid Services (CMS) finalized major policy changes that implement key provisions of President Trump’s Executive Order on Protecting and Improving Medicare for Our Nation’s Seniors that will reduce clinical burden, ensure appropriate payment

AMCNO LEGISLATIVE UPDATE

for clinicians, and enable them to provide their patients with high-quality care. This final rule builds on the Administration's and CMS's efforts to secure and improve Medicare and establish a patient-driven healthcare system that focuses on improving health outcomes. It is projected to save clinicians 2.3 million hours per year in burden reduction.

The Trump Administration is taking additional steps to address the longstanding criticism from clinicians that billing and coding requirements for Evaluation and Management (E/M) services from the mid-1990s are burdensome and overly complicated. Building on the historic changes finalized last year, these changes update the more than two-decades-old E/M documentation and coding framework that clinicians use to bill Medicare for common office visits. As a result of these updates, starting Jan. 1, 2021, clinicians will be able to make better use of their time and restore the doctor-patient relationship by spending less time on documenting visits and more time on treating their patients. In this final rule, they are also increasing payment for office and outpatient E/M visits as well as providing enhanced payments for certain types of visits, recognizing the value of the clinicians' time that they spend treating the growing number of patients with greater needs and multiple medical conditions. These changes will also take effect Jan. 1, 2021.

The final rule also helps clinicians take care of patients who are chronically ill. Right now, Medicare pays for care management services for patients transitioning from the hospital, or for patients with multiple chronic conditions. CMS is introducing a new Principal Care Management (PCM) code that separately pays for care management of patients with a single, high-risk chronic condition, such as diabetes or high blood pressure, ensuring that patients with one high-risk condition can receive important care management services, such as checking medication adherence and coordinating care. Payments to practitioners will increase for the transitional care they provide as patients move from the hospital to follow-up care, which is important for patients because it ensures the continuity of their care. Improvements will also be made to chronic care management services for patients with multiple chronic conditions. In addition to the existing payments for chronic care management services, practitioners can

be paid more if they spend more time on these care management services. Patients with chronic care needs who use the healthcare system more frequently benefit from this additional care coordination.

In addition, the final rule improves the Quality Payment Program by streamlining requirements with the goal of reducing clinician burden by including a new, simple way for clinicians to participate in CMS's pay-for-performance program, the Merit-based Incentive Payment System (MIPS). This new framework, the MIPS Value Pathways (MVPs), will be developed in collaboration with stakeholders, such as medical professional societies, and it will begin in the 2021 performance period. It moves MIPS from its current state, which requires clinicians to report on many measures and activities across the multiple performance categories, consisting of Quality, Cost, Promoting Interoperability, and Improvement Activities, to a program that allows clinicians to pick which clinically-related, specialty-specific measurement sets to report on that are more relevant to their scope of practice. Under this framework, patients will be able to compare clinician performance on these measures, as well as on a standard set of claims-based population measures (readmissions, for example) and interoperability measures. In this way, clinicians will be held accountable for fewer but more meaningful measures. ■

For a fact sheet on the CY 2020 Physician Fee Schedule final rule, please visit: <https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar>.

For a fact sheet on the CY 2020 Quality Payment Program final rule, please visit: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/737/2020_QPP_Final_Rule_Fact_Sheet.pdf.

To view the CY 2020 Physician Fee Schedule and Quality Payment Program final rule (CMS-1715-F), please visit: <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>.

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The Supreme Court of Ohio to Consider What Constitutes an Unauthorized Disclosure of Protected Health Information in the Context of Collecting a Medical Debt

By Susan M. Audey, Esq., Tucker Ellis LLP & Emily Jaye Johnson, Esq., Tucker Ellis LLP

We are all familiar with the Health Insurance Portability and Accountability Act (HIPAA) and its Privacy Rule establishing standards to prevent the unauthorized disclosure of a patient's protected health information (PHI). Indeed, they have been our constant companion with every patient encounter in the 20-plus years since their enactment in the late 1990s. And those encounters include trying to collect a debt owed by a patient because PHI, by statutory definition, includes payment-related patient information.

But just what PHI can healthcare providers disclose when attempting to collect a debt without running afoul of state law establishing an independent tort for unauthorized disclosure of PHI—otherwise known as a *Biddle* claim¹—or federal law under HIPAA? That question is presently before the Supreme Court of Ohio in *Menorah Park Center for Senior Living v. Rolston*.² In that case, Menorah Park had sued a former patient to collect unpaid bills for healthcare services. As required by court rules, Menorah Park attached copies of the unpaid medical bills to its complaint. Those bills, unredacted, contained the provider's name and address, the patient's name and address, dates of service, billing or procedure codes, a description of the general category of services provided, the amounts charged, payments made, and the remaining balance due.

In response, the former patient counter-sued, claiming that Menorah Park had disclosed "private health information," actionable

under *Biddle*, and sought to certify a class of individuals from whom Menorah Park had similarly sought to recover unpaid medical bills by attaching unredacted copies of medical bills to lawsuits. Although the trial court granted Menorah Park's motion to dismiss the countersuit, the Eighth District Court of Appeals, which covers Cuyahoga County, reversed. To the Eighth District, the patient had sufficiently pleaded a *Biddle* claim because the unredacted medical bills could be construed to be unauthorized disclosures of PHI.³ Now on appeal to the Supreme Court, the Court will examine the interplay, if any, between what constitutes an unauthorized disclosure actionable under *Biddle* and the HIPAA Privacy Rule's exception for permitting disclosure of the "minimum necessary" PHI for the purpose of collecting a medical debt.

The Court has an interesting task before it. While Menorah Park urges the Court to find that HIPAA controls, three different groups,

AMCNO included, have filed friend-of-the-court briefs—known as amicus curiae briefs—and each offers the Court a slightly different take on how the issue should be resolved. AMCNO urged the Court to adopt a clear standard that the medical bills supporting Menorah Park's complaint satisfy the "minimum necessary" under HIPAA and thus are authorized disclosures that foreclose a *Biddle* claim. Other amici urged the Court to overrule *Biddle* altogether with the enactment of HIPAA; other amici urged the Court to look to debt-collection law as a framework.

The former patient has yet to file her response brief. Just as Menorah Park has abundant amicus support, the former patient will also likely have amicus support. However the Court resolves this issue, AMCNO members can be assured that its interests are represented and have been made known to the Court. We will keep you posted as this appeal progresses. Stay tuned. ■

¹ *Biddle v. Warren General Hosp.*, 86 Ohio St.3d 395, 715 N.E.2d 518 (1999).

² Sup.Ct. Case No. 2019-0939.

³ *Menorah Park Ctr. For Senior Living v. Rolston*, 8th Dist. Cuyahoga No. 107615, 2019-Ohio-2114.

AMCNO Offers a Lawyer Referral Brochure for Our Members

When legal questions or issues arise, the AMCNO believes it is important for our members to obtain sound advice from legal counsel who are knowledgeable in relevant areas of the law, and who have a commitment to the effective representation of physicians and their practice groups. The AMCNO Lawyer Referral Brochure is the product of our effort to identify such attorneys. We encourage our members to make use of these lawyers whenever they encounter significant legal issues. There is no effective substitute for the services of an attorney who is on your side, knows the exact facts of your situation, and is in a position to give you independent advice.

If an AMCNO member needs to retain legal counsel or representation, this brochure may assist you in the search for legal counsel.

This brochure contains information from law firms that we contacted who are willing to work with physicians on specific issues. The participation list is reviewed every other year. The rates of participating attorneys vary, with some indicating that they will provide a discounted fee to an AMCNO member.

To access the brochure, visit our website, www.amcno.org, and click on the Practice Resources tab.

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AMCNO/CMBA 2020 Medical Legal Summit

April 24-25, 2020

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

Co-Chairs:

- **David Valent, Esq.**, *Cleveland Clinic*
- **Mehrun Elyaderani, MD**, *Orthopaedic Associates, and AMCNO President*

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

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



Keynote Speaker - Kathleen Blake, MD

“Intelligence: Artificial or Augmented? Hope or Hype?”

Artificial intelligence (AI) has been used in a variety of settings for more than 30 years, and yet its use in the direct care of patients is in its relative infancy. As with any new technology, physicians, patients, regulators, payers and educators are striving to keep up the rapid pace of AI development. They are asking four key questions: Does it work? Who will pay for it? Who's liable if it does not work? How should/will I integrate AI into my practice? The answers to these questions will determine if AI is a reason for hope, or just hype, and, whether AI will augment or replace human intelligence.

The American Medical Association's Vice President for Healthcare Quality, Dr. Kathleen Blake, will deliver a keynote address on AI principles, policies and issues related to this very timely topic.

SUMMIT DETAILS

April 24 – CME, CLE and UH CRME TBD

April 25 – CME, CLE and UH CRME TBD

Friday, April 24, 2020 - Afternoon

Join the CMBA's Health Care Law Section for their annual health care law update, prior to the Summit. Visit www.CleMetroBar.org for more info or call 216-696-2404.

FRIDAY, April 24, 2020 - Evening

Keynote Speaker: Kathleen Blake, MD

“Intelligence: Artificial or Augmented? Hope or Hype?”

A networking reception follows

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