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THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO

NORTHERN OHIO
PHYSICIAN

July/August 2014 | Volume 99 | No. 4

THE VOICE OF PHYSICIANS IN NORTHERN OHIO

www.amcno.org

AMCNO 2014 Annual Meeting Highlights

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) held its Annual Meeting Dinner and Awards Presentation on Friday, April 25, at the Wyndham at Playhouse Square, honoring area professionals and awarding $40,000 in foundation scholarships to local medical students during the evening's festivities.

Dr. George Topalsky delivers his Presidential Address at the AMCNO Annual Meeting.

William H. Seitz, Jr., M.D., was awarded the John H. Budd, M.D., Distinguished Membership Award for his clinical and research interests and for his expertise in the field of orthopaedic medicine.

The Charles L. Hudson, M.D., Distinguished Service Award was given to Michael R. Anderson, M.D., for recognition of his work as a physician leader in the Northern Ohio community as well as in appreciation for his longstanding support for the AMCNO.

SIGN UP NOW FOR THE AMEF ANNUAL GOLF OUTING – SEE DETAILS INSIDE THIS ISSUE

The Clinician of the Year designation was conferred upon Gregory A. Nemunaitis, M.D., recognizing his long-time devotion and service to his patients.

The Special Honors Award was given to Albert L. Waldo, M.D., in recognition of his outstanding work in the field of cardiac electrophysiology and also in recognition of his long standing dedication to the practice of medicine.

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

Bestows Academy of Medicine Education Foundation Award

Dr. James Coviello, president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), spoke at this year's Case Western Reserve University's School of Medicine commencement awards ceremony on behalf of the AMCNO. The awards ceremony was held on Saturday, May 17th and included remarks by Dr. Coviello to the students regarding the importance of becoming involved in the community and as a part of organized medicine.

His speech also offered words of encouragement and he congratulated the students on their achievement. Dr. Coviello was also present and participated in the procession onto the stage at the commencement ceremony the following day at Severance Hall. As part of the commencement award ceremony, Dr. Coviello was honored to present the Academy of Medicine Education Foundation (AMEF) award to a graduating student who has shown outstanding commitment to the Cleveland and Northern Ohio community, and is a strong advocate for all patients and promotes the practice of the highest quality of medicine. This year's AMEF award recipient was Benjamin Abelson.

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AMCNO MEDICAL SCHOOL ACTIVITIES

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

(Continued from page 1)

Dr. Coviello delivered the following "Welcome to the Profession" address to the medical school graduates:

I am truly honored to be here on behalf of the Academy of Medicine of Cleveland & Northern Ohio. The excitement is palpable as we gather today to celebrate your current achievements as well as look forward to your future successes.

The Academy of Medicine, founded in 1824, stands as the oldest medical association in Ohio, currently celebrating its 190th year. Along with the CWRU School of Medicine, our two institutions have strived to advance the medical profession in one of our nation's most robust medical communities.

I imagine that many of you have reflected on the past four years with a sense of nostalgia as well as fulfillment. Memories and friendships will be cherished for years to come. As our profession's newest members, you represent the lifeblood for the future of medicine. Your enthusiasm and intellect will energize your fellow physicians. Your fresh ideas will challenge the status quo and improve patient care. At the same time, you will have the opportunity to learn the art of medicine from experienced mentors. These relationships and mutual efforts will only make our profession stronger.

As you know, the medical profession continues to experience a rapidly evolving healthcare environment. These changes involve not only clinical patient care, but also the business of medicine and policymaking. Now, more than ever, physicians need to not only refine their clinical skills and research protocols, but also remain aware of policy trends that will influence the profession's future integrity. Organized medicine continues to provide a strong voice to promote the highest quality patient care and preserve the essence of our profession. I hope that many, if not all of you, will become involved in your local and regional medical associations in the years to come.

Congratulations on your accomplishments. Celebrate with those family members, friends, and fellow students who have supported you through the successes and challenges of the last four years. Take all that you have learned and make a difference for patients and the profession of medicine. ■

AMCNO President, Dr. James Coviello (left) and Dr. Pamela Davis pose with the AMEF scholarship award recipient, Benjamin Abelson.

Tomorrow is Today

Ronald A. Savrin, MD, MBA
Past President, AMCNO
Medical Director, KEPRO

Those who wish to tread gradually and proceed at a deliberate pace into the new Medicare reimbursement and incentive programs might well take note that "time waits for no man [or woman]". Providers should be aware that failure to successfully participate in these programs may now (or soon) result in DECREASED reimbursements not just passing up well-publicized incentive payments. This overview serves as an introduction to three such major programs.

The Physician's Quality Reporting System (PQRS) impacts Medicare reimbursement for doctors of medicine, osteopathy, podiatry, oral surgery, dental medicine and chiropractic as well as non-physician practitioners who submit Medicare claims. In calendar year 2014 providers who successfully submit PQRS data may earn an incentive equal to 0.5% of payments under the Medicare Physician Fee Schedule (MPFS). Those who do not successfully participate will be subject, in calendar year 2016, to a "pay adjustment" equal to minus 2.0% of their MPFS claims. It is essential to understand that the 2016 "pay adjustment" is based on participation in calendar year 2014. Currently, there are 64 approved Clinical Quality Measures (CQMs) grouped into six National Quality Strategy (NQS) domains. If one reports individual measures, successful participation requires that the provider report at least 9 CQMs in at least 3 NQS domains—reporting each measure for at least 50% of the Medicare Part B Fee for Service (FFS) patients seen during the reporting period. If the provider's practice does not encompass at least 9 CQMs in at least 3 domains, the provider may report all (1-8) applicable measures in 1-3 NQS domains. Practitioners who meet the 2014 incentive criteria will avoid the 2016 adjustment. Those who do not meet these criteria can still avoid the 2016 adjustment by reporting at least 3 measures, or if the practice does not encompass at least 3 measures, by reporting all applicable measures. Individual practitioners may also report through a Qualified Registry, directly from a certified electronic health record (EHR), via their certified EHR vendor or via a Qualified Clinical Data Registry. Differing regulations apply to each reporting methodology.

The EHR Meaningful Use (MU) incentive program will also transition to a "pay adjustment" mode. Physicians who first attested to Meaningful Use in 2013 or 2014 are in MU Stage 1 and are eligible for a $12,000 incentive in 2014; those who first attested in 2011 or 2012 are in stage 2 and are eligible for a $4,000-$8,000 incentive in 2014. Beginning in 2015, physicians will be subject to a "pay adjustment" of minus 1.0% to minus 2.0% of their MPFS claims, increasing to minus 2% in 2016, minus 3% in 2017 and minus 3% to minus 5% or more in 2018 and beyond. Pay adjustments are based on reporting periods two years prior. To successfully participate, physicians must report either 15 (MU Stage 1) or 17 (MU Stage 2) core objectives and either 5 of 10 (MU Stage 1) or 3 of 6 (MU Stage 2) menu objectives. Objectives, definitions and other parameters may differ from stage to stage and year to year. Practices should familiarize themselves with these changes to avoid payment reductions.

Value Based Purchasing (VBP), first applicable to hospitals, will result in a Value Modifier (VM) being applied to physician payments for groups of 10 or more practitioners in 2016 and to all physicians in 2017. It is critical to understand that payments are based on performance periods two years prior, thus 2016 payments are based on 2014 performance. Participation in PQRS is integrated into the VPB program. Practices successfully participating in PQRS using the Group Reporting option, and those in which ≥ 50% of the eligible providers (EPs) successfully report individually, are eligible for VBP Quality Tiering. Based on Quality Tiering, groups may have their reimbursement adjusted up or down. If neither the group nor ≥ 50 % of the EPs successfully report for PQRS, all EPs will be subject to a minus 2% pay adjustment for failure to participate in PQRS and a minus 2% VM for VBP (minus 4% total). Quality Tiering is based on four composite scores:

- Process score – calculated from PQRS reporting measures.
- Outcome score – evaluates all cause readmissions, acute prevention quality indicators (bacterial pneumonia, urinary tract infection and dehydration) and chronic prevention quality indicators (chronic obstructive airway disease, heart failure and diabetes).
- Patient experience score – is based on PQRS CAHPS measures. (optional for 2014, for groups with ≥ 25 practitioners)
- Cost composite score evaluates
  - o total per capita costs, the Medicare Spending per Beneficiary (MSPB) measure; and
  - o total per capita costs for patients with chronic obstructive airway disease, heart failure, coronary artery disease or diabetes.

Patient attribution is determined by identifying the group providing the plurality of primary care services that year. Practices are then assigned a quality tier (high, average, low) and a cost tier (low, average, high) and pay adjustments are based on the tier as follows:

	Low Cost	Average Cost	High Cost
High Quality	+ 2% (x)	+ 1 % (x)	0
Average Quality	+ 1% (x)	0	MINUS 1%
Low Quality	0	MINUS 1 %	MINUS 2%

X = multiplier determined by total downward adjustments in given year

These concepts and programs are not new. Too frequently, physicians assumed the reductions in reimbursement would begin at some future date. They would begin "tomorrow." Welcome to tomorrow ….. for tomorrow is today.

(See: www.cms.gov for further information) ■

Note: The AMCNO was pleased to have Dr. Savrin present this information at the 2014 Ohio State Society of Medical Assistants (OSSMA) Annual Conference.

AMCNO Responds to CMS Proposed Rule to Revise Timeline for Stage 2 Incentive Programs

In late May, CMS and ONC issued "Incentive Payments for CEHRT (CMS-0052-P)." This proposed rule would revise the timeline for Stage 2 of the Medicare and Medicaid EHR Incentive Programs and also outlines which version of certified EHR technology providers can use and when. The proposed rule CMS-0052-P (the Rule) would provide flexibility for both eligible providers (EPs), Critical Access Hospitals (CAHs) and eligible hospitals (EHs) in the attestation to meaningful use through the use of 2014 Edition certified electronic health record technology (CEHRT) because of delays and/or difficulty in adopting, implementing or upgrading to the 2014 standard.

In response to an alert sent out by Clinisync, the AMCNO sent a letter commenting on this proposed rule. The AMCNO requested that the Rule be modified to extend the start date for exclusive use of 2014 Edition certified Complete EHRs and EHR Modules meeting the CEHRT definition to the first day of the second quarter of FY 2015 (for EHs and CAHs) and April 1, 2015 (for EPs). Given the vagaries of technology implementation, workflow changes, and necessary staff training, an extension may be necessary to insure full implementation of 2014 Edition CEHRT and 2014 MU measures and CQM's.

Remember to Renew Your AMCNO Membership! 2015 Dues Invoices Will Be Sent Out in The Near Future!

State Medical Boards Adopt Policy Guidelines for Safe Practice of Telemedicine

Representatives of state medical licensing boards have approved updated guidelines to help ensure the safety and quality of medicine when it is practiced using telemedicine technology—which can connect a patient in one location with a care provider in another location. The Model Policy on the Appropriate Use of Telemedicine technologies in the Practice of Medicine, adopted by the Federation of State Medical Boards (FSMB), provides guidance and a roadmap that state boards can use to ensure that patients are protected from harm in a fast-changing healthcare delivery environment.

Among its key provisions, the model policy states that the same standards of care that have historically protected patients during in-person medical encounters must apply to medical care delivered electronically. Care providers using telemedicine must establish a credible "patient-physician relationship," ensuring that patients are properly evaluated and treated and that providers adhere to well-established principles guiding privacy and security of personal health information, informed consent, safe prescribing and other key areas of medical practice.

The policy adopted by the FSMB's House of Delegates, which represents all of the nation's 70 state and territorial state medical licensing boards, is advisory, meaning state boards are free to adopt it as is, modify it, or retain their own current policies regarding telemedicine.

Key Provisions of the FSMB Telemedicine Policy are as follows:

- Standards of care that protect patients during in-person medical interactions apply equally to medical care delivered electronically;
- Providers using telemedicine should establish a credible "patient-physician relationship" and ensure that their patients are properly evaluated and treated;
- Providers should adhere to well-established principles guiding privacy and security of records, informed consent, safe prescribing and other key areas of medical practice.

The new policy is available at www.fsmb.org/pdf/FSMB_Telemedicine_Policy.pdf ■

AMCNO PARTNERS WITH CUYAHOGA COUNTY HEALTH ALLIANCE

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has partnered with The Cuyahoga County Health Alliance in its first Community Health Challenge to promote health and wellness for the communities across Ohio's largest county. The challenge's primary focus areas are healthy eating, active living, and a tobacco-free environment.

The voluntary program is open for local governments to compete in now through August 30th. The Challenge started on May 1, 2014 and will conclude on August 30, 2014. The overall goal of the challenge is to engage Cuyahoga County communities and municipal workplaces in a voluntary countywide competition that is coordinated to drive improvements to health and well-being across the county.

The county has launched this initiative because in the 2014 County Health rankings Cuyahoga County was ranked 65th out of 88 Ohio counties for health outcomes. In addition, the average life expectancy is 65 years of age in some communities; whereas, it is 85 years of age in communities just a few miles away. Communities that choose to participate will earn and receive recognition as a community and municipal workplace that is a healthy place to live, work and play.

The AMCNO is pleased to participate in this community challenge and we look forward to assisting the county in achieving their goal in this initiative.

Meet James M. Coviello, M.D.

AMCNO President 2014-2015

James M. Coviello, M.D., AMCNO President 2014-2015

Why did you choose to go into medicine?
Having a father as a physician, I was exposed to the practice of medicine at a young age. Accompanying him on rounds at the hospital, I observed his caring for patients and each patient's appreciation for that caring. With these early experiences as well as my interest in science, the medical profession seemed to be a good choice. I chose to pursue internal medicine and primary care as a specialty as it allows for longitudinal care, building relationships that provide the greatest opportunity for better care and patient outcomes.

What are your hobbies and interests?
I am fortunate to have a family and enjoy spending time with my wife and two children. I also enjoy golf, kayaking, skiing, and other outdoor sports.

What accomplishments are you most proud of?
I am simultaneously proud and grateful for the clinical practice that I have established and developed over the years. I am thankful to be part of a highly-regarded practice, the Cleveland Physicians division of University Hospital Medical Group. I feel privileged to have the opportunity to help shape healthcare delivery in Northern Ohio and at University Hospitals.

What are your goals and priorities for the AMCNO this year?
The overarching goal is to continue the AMCNO's efforts advancing the medical profession in an increasingly challenging environment. Priorities include preserving the integrity of patient care, improving the efficiency of practice, and limiting regulations that adversely affect patient care. I hope that our membership will continue to be actively involved in the AMCNO, realizing that everyone's efforts will make a difference.

What is your biggest concern about the future of health care?
I am concerned that our rapidly evolving healthcare delivery system may jeopardize the essence of the doctor-patient relationship. The "alphabet soup" of new healthcare programs and initiatives has the potential to intrude on the physician's focus and efficiency. As physicians, we must remain involved in the policy decisions and implementation to ensure that our patients continue to get the highest quality care.

What would you ask individual physicians to do this year to support the AMCNO?
I hope that our members can remain cognizant of current trends in our profession by reading our emails and publications as well as attending AMCNO-sponsored events. Member activity and involvement in their practices, health systems, and communities can also provide a voice for our profession at the local level.

Is there anything else you would like to add?
I am looking forward to a very successful year at the AMCNO as these are exciting times for our profession. We have an opportunity to significantly impact the future of medical practice for the betterment of future physicians and patients. ■

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STAY ON THE ROAD TO 10 STEPS TO HELP YOU TRANSITION

The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing.

CMS can help you prepare. Visit the CMS website at www.cms.gov/ICD10 and find out how to:

- Make a Plan—Look at the codes you use, develop a budget, and prepare your staff
- Train Your Staff—Find options and resources to help your staff get ready for the transition
- Update Your Processes—Review your policies, procedures, forms, and templates
- Talk to Your Vendors and Payers—Talk to your software vendors, clearinghouses, and billing services
- Test Your Systems and Processes—Test within your practice and with your vendors and payers

Now is the time to get ready.
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Ohio State Medical Board Promulgates New Regulations with Respect to the Termination of a Physician-Patient Relationship and the Notification of Patients When a Physician Leaves a Medical Practice

By John T. Mulligan, Esq., McDonald Hopkins, LLC

Recently, the Ohio State Medical Board promulgated final regulations with respect to the process whereby Ohio physicians can terminate a physician-patient relationship. These regulations also addressed the notice of termination that a physician or a physician group must provide when a physician leaves a practice, sells a practice, or retires from the practice of medicine.

These regulations amend existing Board regulations, and follow a statute enacted by the Ohio General Assembly in March, 2013 which dealt specifically with the notice that must be delivered to patients when a physician's employment with a health care entity is terminated. The new regulations are now in effect.

In addition, the Board published FAQs that provide additional information concerning the new regulations.

Compliance with these regulations is mandatory. Violations can subject a physician to disciplinary action by the Board.

1. Regulation Relating to the Termination of the Patient-Physician Relationship. (Ohio Administrative Code Section ("OAC") 4731-27-02.)

The amended regulation is largely unchanged from the prior regulation. It provides that a physician who desires to terminate a physician-patient relationship must send a notice to the patient that includes all of the following:

(a) A statement that the physician-patient relationship is terminated.
(b) A statement that the physician will continue to provide emergency treatment and access to services for up to thirty days from the date the letter was mailed to allow the patient time to secure care from another licensee.
(c) An offer to transfer records to a new provider upon the patient's signed authorization.

In the FAQs that accompanied the new regulation, the State Medical Board made it clear that the term "emergency treatment and access to services" does not mean that, after providing notice, the physician is required to see the patient for routine medical services. However, the physician is required to provide emergency care to the patient.

According to the FAQs, the phrase "access to services" generally contemplates that the physician will provide the patient a short-term prescription for maintenance medication. The phrase "for up to thirty days" anticipates that there may be situations where a patient's actions or threats may compromise the safety of the physician and/or office staff. Under these circumstances, the physician may terminate the physician-patient relationship immediately and is not required to provide further services. These are welcome clarifications to the regulation.

The notice can be sent in one of two ways:

(1) Via certified mail, return receipt requested to the last address for the patient on record. A copy of the letter, the certified mail receipt, and the mail delivery receipt must be maintained in the patient record; or
(2) Via electronic message sent using a HIPAA compliant electronic medical records system or HIPAA compliant electronic health records system that provides a means of electronic communication. However, if the electronic message is not viewed within ten (10) days of having been sent, then a certified letter must be sent.

The requirement to provide this notice does not apply in the following common situations:

(1) Where the physician rendered medical service on an "episodic basis or in an emergency setting", and the physician should not reasonably expect that related medical services will be rendered by the physician to the patient in the future.
(2) Where the physician formally transferred the patient's care to another health care provider who is not in the same practice group.
(3) Where the termination of the relationship is because physician is leaving a practice, selling a practice, retiring from medical practice, or whose employment with a health care entity has ended for any reason—in these situations a notice described below in this article must be sent.
(4) When the patient has terminated the relationship, either verbally or in writing or has transferred care, and the physician maintains documentation of the termination in the patient's records.

2. Notification Requirements in a Situation in Which a Physician Departs From a Group Practice Due to Resignation, Involuntary Termination, or Retirement. (OAC Section 4731-27-03, and Ohio Revised Code Section 4731.228.)

When a physician leaves a group practice, notice must be sent either via regular mail to the last address of the patient on record, with the date of mailing of the letter documented in the patient's file, or by an electronic message sent via a HIPAA compliant electronic medical records system, or a HIPAA compliant electronic health records system.

The obligation to provide notice rests with the practice. However, the practice may require that the physician make the notification. In such case, the practice must provide the physician with a list of the patients and the patient contact information. The physician must then provide the notice either via regular mail or via a HIPAA compliant electronic method. In addition, the physician "may, but is not required to" publish a notice of termination in local newspapers.

Taken in combination, the requirements of the regulation and the statute obligate the group or the physician to provide notification to patients the physician has seen within the

prior two years (except those seen in an emergency or episodic basis) in the following three circumstances:

(1) Where an employed physician's employment with the group terminates unless the physician continues to provide service to the practice as an independent contractor.
(2) Where a physician who is an independent contractor of the practice terminates that relationship with the practice.
(3) Where the physician has an ownership interest in the entity and terminates that ownership interest—it may be that this was intended to deal with a partnership or a limited liability company situation in which the physician was not, technically, an "employee" of the practice.

The notice must include the following:

(a) A statement that the physician will no longer be practicing medicine with the practice.
(b) The date on which the physician ceased or will cease to provide medical services at the practice.
(c) If the physician will be practicing medicine in another location, contact information based on information provided by the physician. The requirement to provide this contact information does not apply where the practice has a "good faith concern that the physician's conduct or the medical practice provided by the physician would jeopardize the health and safety of patients . . . ." The statute contains no other exceptions—for example, there is no exception for a situation in which the departing physician will be practicing in violation of a covenant not to compete.
(d) Contact information for an alternative physician or physicians employed by the practice, or contact information of a group practice that can provide care for the patient.
(e) Contact information that enables the patient to obtain information on the patient's medical records.

There seems to be an inconsistency between the requirements of the regulation and those of the statute in terms of the timing of the notice. Ohio Revised Code Section 4731.228, relating to the termination of "employment" of a physician, provides that the notice must be sent not later than the later following two events:

(1) The date of the termination of employment of the physician; or
(2) Thirty (30) days after the practice "has actual knowledge of termination or resignation of the physician . . . ."

On the other hand, if the terminating physician is a partner in the practice, or a member of a limited liability company (which would mean that, technically, the physician was not an "employee" of the practice), then the notice is governed by OAC Section 4731-27-03. In this case, the notice must be sent not later than the earlier of the following two events:

(1) Thirty days prior to the last day the physician will see patients; or
(2) Upon actual knowledge by the practice that the physician "will be leaving, selling, or retiring from" the practice.

This inconsistency gives rise to a couple of questions:

- Why should there be a timing difference at all?
- What if a physician is a shareholder-employee of a practice structured as a corporation? Is the physician an "owner" and thus OCR Section 4731-27-03 and its notice requirement applies, or is the physician an "employee" and thus R.C. Section 4731.228 applies?

Taken literally, this would appear to mean that if a physician who was a partner in a partnership or member of a limited liability company (and, perhaps, a shareholder-employee of a corporation) had announced to the practice an intent to resign one year hence, the required notice would need to be given to patients at that point. Whether this was the intended consequence of this regulation is not clear. Often physicians and practices prefer not to provide such lengthy notice. Practices should be more cognizant of the notice requirements when discussing possible retirements or transitions with physician owners.

Medical groups should review their physician employment contracts to confirm that the provisions in those contracts are consistent with current Ohio statutory law and regulation.

3. Patient Notification Requirements in a Situation in Which the Physician is Terminating a Solo Medical Practice. (OAC Section 4731-27-03.)

In a situation in which a physician is retiring from or otherwise terminating a solo practice (regardless of whether the practice is simply being closed or was sold to someone else with the selling physician no longer practicing) there are patient notification requirements. In such case, notice to the patients is to be sent by regular mail to the last address for the patient on record with a date of the mailing of letter documented in the patient's file. An electronic message sent via a HIPAA compliant electronic medical record system is also permitted.

The notice must be sent no later than thirty days prior to the last day the physician will see patients or upon actual knowledge that the physician will be leaving, selling, or retiring, whichever is earlier. As mentioned above, this would create an issue, for example, for a physician who has informally established in his or her own mind a somewhat far-off retirement date. At what point must the notice be given? At what point does the physician's future planning process become "actual knowledge" of retirement? In the case of a physician who, due to acute illness or unforeseen emergency is unable to provide the advance notice, the notice is to be provided not later than thirty days after it is determined that the physician will not be returning to the practice.

The patients to whom the notice must be sent are those to whom the physician had provided services in the two year period prior to the last day the physician will see patients.

The notice must include all of the following:

(a) A statement that the physician will no longer be practicing medicine at the location.
(b) The date on which the physician cease or will cease to provide medical services.
(c) Contact information for an alternative physician or physicians who could provide care for the patient.
(d) Contact information that would enable the patient to obtain information in the patient's medical records.

These requirements do not apply in a situation in which the physician provided services only on an episodic basis or in an emergency department or urgent care center when it would not be reasonably expected that related medical service would be rendered by the physician to the patient in the future. ■

John T. Mulligan (216/348-5435 – jmulligan@mcdonaldhopkins.com).

Open Payments Sunshine Program Increases Transparency in Health Care

By Patrick Conway, M.D., Deputy Administrator for Innovation & Quality CMS Chief Medical Officer.

As part of the Open Payments program, the Centers for Medicare & Medicaid Services (CMS) will soon make data about the financial relationships between the health care industry and physicians (e.g., including medical doctors, doctors of osteopathy, dentists, chiropractors, and others) and teaching hospitals available to the public. Offering this data will create more transparency and allow those interested to use, analyze and monitor it.

Open Payments, previously known as the Sunshine Act, is a federal transparency program enacted by Congress in 2010. Under this program, CMS collects and publicly reports data about payments ("transfers of value,") ownership, or investment interests between drug and device manufacturers and physicians and teaching hospitals. Beginning with the last five months of 2013, CMS will collect this data annually from industry and make it publicly available, downloadable, and searchable. Every year CMS will continue to release this financial information as it becomes available about the prior year (e.g., by June 30, 2015 for 2014 data.)

These financial interactions can happen for many reasons: research, conference travel and lodging, gifts, and consulting. They can foster collaboration among physicians, teaching hospitals, and industry manufacturers that may contribute to the design and delivery of life-saving drugs and devices.

However, they also can potentially lead to conflicts of interest in how health care providers prescribe medications or give medical care.

While CMS doesn't make assumptions or draw conclusions about the reported information, the Agency will take steps to ensure that only accurate information is made public. For example, as part of this initial data collection process, CMS has engaged stakeholders as pilot users to ensure that reporting systems are user-friendly and performing properly.

In addition, CMS will give physicians and teaching hospitals an opportunity to be sure that information reported about them is accurate. In order to review the data and make corrections if necessary, physicians and teaching hospitals must first register in CMS' Enterprise Portal starting on June 1, 2014. Then, starting in July, they must register in the Open Payments system (via CMS' Enterprise Portal). This voluntary review and dispute period is open for 45 days.

CMS strongly encourages physicians and teaching hospitals to register in our Enterprise Portal and Open Payments systems so they can review their specific data. Any data that physicians or teaching hospital dispute, but is not corrected by industry within the dispute resolution period, will be included when the data is made public and marked as disputed.

It is important that physicians or teaching hospitals know about this program, how and what financial relationships are reported, and how to answer questions from patients. Visit go.cms.gov/open payments to get more information about Open Payments (the Sunshine Act) and the resources available to understand the program. Health care providers and others with questions and concerns can be emailed to openpayments@cms.hhs.gov.

This information is provided by the United States Department of Health and Human Services. ■

Be Prepared for Changes Coming to the Bureau of Workers' Compensation

Changes to Incentive/Premium Discount Program Enrollment Deadlines

In continuation of the "Billion Back" campaign from the summer of 2013, the Ohio Bureau of Workers' Compensation (BWC) has announced additional changes to come this year and in 2015.

A "Billion Back" was a one-time dividend released to eligible private and public taxing districts equating to $1 billion in June 2013 and completed in October 2013. It was made possible because the financially strong Ohio State Insurance Fund exceeded the target funding ratio of assets to liabilities established by the BWC Board in 2008.

Included in the Billion Back campaign was a plan for the BWC to transition to a prospective billing system that will align it with standard industry practices. The transition is effective for the July 1, 2015 policy year for private employers.

Through the AMCNO workers' compensation third party administrator, **CompManagement, Inc.,** your organization can see how participation in a program will impact your costs as well as how these programs can be stacked together to achieve the **maximum savings** available for your organization.

Don't miss your opportunity to be evaluated for participation in an incentive/premium discount program. Discounts vary by program but are as high as 53%, which was the maximum discount allowed by BWC for the 2014 policy year.

To implement, BWC has changed the incentive/premium discount program enrollment deadlines. For private employers, the enrollment deadlines are listed below for the 2015 policy year:

Program	New Enrollment Deadline	Previous Enrollment Deadline
Group Rating	November 24, 2014	Last business day of February
Group Retrospective Rating	January 30, 2015	Last business day of April
Individual Retrospective Rating	January 30, 2015	Last business day of April
Deductible Program	January 30, 2015	Last business day of April
One Claim Program	January 30, 2015	Last business day of April
Destination Excellence - Drug Free Safety Program - Individual Specific Safety Program - Transitional Work Bonus	May 29, 2015	Last business day of April
Destination Excellence - Safety Council	July 31st No change made to this deadline	July 31st
Destination Excellence - Go Green - Lapse Free	No enrollment deadline	No enrollment deadline
EM Cap	No enrollment deadline	No enrollment deadline

The time to act is now due to the earlier enrollment deadlines for the 2015 policy year. Take this free, no-obligation opportunity to explore your options today!

Simply complete the Temporary Authorization to Review Information (AC-3) online on the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) website at www.amcno.org /Member Services/ Insurance Services/Workers Compensation or contact CompManagement at (800) 825-6755, select option 3 and speak to a customer support representative. ■

Legislature Passes Slew of Bills Before Recessing for the Summer Months

The Ohio General Assembly left the Statehouse in early June and they are likely to be gone until September or October. Before leaving Columbus the legislature passed a slew of bills in a flurry of activity—including mid-biennium budget bills (MBRs).

Mid-Biennium Budget Bills

HB 487 Requires Formation of Committee to Develop Concussion Guidelines

The education MBR (HB487) raised concerns among several state and regional medical groups, including the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) because it included a provision that would broaden the list of practitioners allowed to clear student athletes for play after a head injury. In a joint letter to the Ohio Senate, the associations urged Ohio legislators not to approve the amendment noting that any legislative proposal with the potential to affect children's' health and safety, such as the one introduced in the amendment to Sub. HB487 should be carefully and transparently vetted by the legislature.

The AMCNO and many other medical associations supported a law that was enacted in the last General Assembly which established a prohibition against returning a student to play after a concussion until the injury was cleared by a physician or any other licensed health care provider authorized by the school authority or youth sports organization (HB143, 129th General Assembly).

During the last biennial budget process chiropractors sought to be included among those who could assess and clear concussed student athletes for play. The language made it through the General Assembly but was vetoed by Governor Kasich after the AMCNO and other medical associations voiced our concerns about the issue. Governor Kasich said in his veto message that the item should be considered in separate legislation with input from all health care professionals because of the "potentially significant dangers from improperly treated concussion injuries."

Although the AMCNO and many other medical associations expressed concerns over this issue, the K-12 mid-biennium review bill (HB 487) picked up a rider in the Senate, which was cleared by the conference committee, that would create a new process to determine recommended standards of care and appropriate levels of education for youth concussion management.

HB 487 requires that a committee be created that includes the Department of Health director and individuals with "substantial experience" in the diagnosis and treatment of concussions including: a representatives of the State Medical Board, a neurologist, a sports medicine physician, a representative for the State Chiropractic Board, a chiropractor with a background in neurology and a chiropractor practicing sports medicine.

The committee is to develop and publish guidelines for (a) the diagnosis, treatment and clearance of concussions and head injuries sustained by athletes participating in interscholastic athletics or athletic activities organized by youth sports organizations and (b) the minimum education requirements necessary to quality a physician or other licensed health care professional to assess and clear those athletes for return to practice or competition. The legislation requires that if a licensing agency of physicians or other licensed health care professionals seeks to have its licensees authorized to assess and clear athletes for return to practice it must adopt rules establishing standards that are equal to or stronger than the guidelines developed by the committee and also permits a licensing agency to adopt rules establishing continuing education requirements for its licensees who access and clear athletes for return to practice. The legislation also authorizes health care professionals who meet the education and continuing education requirements established in rules adopted by their respective licensing agencies to assess and clear interscholastic and youth sports organizations' athletes for return to play following suspected concussions. This last provision opens the door to any licensed health-care professional who might wish to evaluate concussed athletes.

Several media outlets picked up this story including *The Columbus Dispatch.* Their editorial showed a strong backing for the AMCNO's position on this issue. The AMCNO is working with medical associations and various healthcare organizations from around the state to determine next steps and how to respond to this issue now that HB 487 has become law. The AMCNO will continue to provide our membership with updates on this issue in future publications.

HB 483 Addresses Addiction Issues

The MBR appropriations bill (HB 483) included a compromise approach to the appropriation of $47.5 million through the Ohio Department of Mental Health and Addiction Services (ODMAS). The funding going forward will be distributed through the OHMAS Director as follows: $6.5 million for "prevention activities" at the state agency; $7.5 million in increases for the Residential State Supplement program; $5 million in GRF to establish recovery housing beds; a $5 million earmark in capital community program monies for recovery housing; $4.4 million for county grants to fund caseworkers to assist courts in addressing addiction challenges; and $24.5 million for addiction and recovery supports with an emphasis on housing. Legislative leadership believes that this provision reflects consideration of the concerns of local ADAMHs boards and provides accountability for use of the funding. It is also hoped that this funding will assist in the battle against the heroin epidemic in Ohio.

Regulatory Prescribing Bills Become Law

Several regulatory prescribing bills, including HB 314, 341 and 366 have also been enacted. The AMCNO had opposed HB 314 as originally submitted to the legislature, however, after several interested party meetings there were changes made to the bill. Specifically the bill addresses the issue of opioid prescriptions issued to minors and it establishes in the Revised Code an explicit informed consent requirement for prescribers who, in the absence of a medical emergency or other specified circumstances, intend to prescribe to minors controlled substances containing opioids. The bill also specifies that the informed consent requirement has three components: assessing the minor's mental health and substance abuse history, discussing with the minor and the minor's parent, guardian, or another

(Continued on page 12)

Legislature Passes Slew of Bills Before Recessing for the Summer Months *(Continued from page 11)*

authorized adult certain risks and dangers associated with taking controlled substances containing opioids, and obtaining the signature of the parent, guardian, or authorized adult on a consent form. In addition, the bill limits to not more than a 72-hour supply the quantity of a controlled substance containing an opioid that a prescriber may prescribe to a minor when another adult authorized by the minor's parent or guardian gives the required consent and requires that the signed consent form, known as the "Start Talking!" consent form, be maintained in the minor's medical record. The bill also authorizes regulatory boards to impose sanctions on prescribers who fail to comply with the bill's informed consent requirement that are the same as those generally imposed for other disciplinary violations and makes conforming changes to provisions specifying conditions that apply when an advanced practice registered nurse or physician assistant with prescriptive authority issues a prescription. Other portions of the bill deal with reporting to child fatality review boards and the location of methadone treatment facilities. The AMCNO supported HB 314 as amended.

HB 341 addresses conditions for prescribers accessing the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS). The bill requires that beginning April 1, 2015, physicians and other prescribers, before initially prescribing or personally furnishing an opioid analgesic or a benzodiazepine, must request patient information from OARRS that covers at least the previous 12 months and prescribers must make periodic requests for patient information from OARRS if the course of treatment continues for more than 90 days. There are several exceptions from the required review of an OARRS report, including drugs prescribed to hospice or cancer patients, drugs to be administered in hospitals or long-term facilities, drugs to treat acute pain from surgery or a delivery, and drug amounts for use in seven days or less.

Under the legislation, beginning January 1, 2015 physicians and other prescribers as well as pharmacists—when renewing their professional licenses—must certify to their licensing boards that they have access to OARRS and subjects the licensees to possible disciplinary action for false certifications. The State Board of Pharmacy is also authorized to restrict a person from obtaining further information from OARRS if the person creates, by clear and convincing evidence, a threat to the security of information contained in OARRS.

The legislation also requires the State Board of Pharmacy to provide information from OARRS to prescribers, pharmacists, and the Administrator of Workers' Compensation or BWC managed care organization if certain criteria are met and requires a managed care organization (MCO) to have entered into a contract with the Department of Medicaid before information from OARRS can be provided to the MCO. The AMCNO supported HB 341 as enacted.

HB 366 is another bill that was supported by the AMCNO that has now become law. This bill requires hospice care programs to establish policies to prevent diversion of controlled substances that contain opioids.

Two Bills Dealing with Cancer Treatments Signed into Law

Two other bills that were supported by the AMCNO and have the potential to help patients fighting cancer were also signed into law. SB 99 was introduced to address an issue that has arisen with some insurance plans. At this time, even though a physician may want to utilize oral chemotherapy drugs for certain cancer patients, the cost associated with this type of treatment can, at times force a patient to use less expensive intravenous chemotherapy drugs. This cost differential can occur because oral chemotherapy drugs may fall under a health insurance plan's pharmacy benefit, whereas an intravenous drug falls under a plan's medical benefit. For patients, pharmacy benefit co-pays for orally administered medications can be cost prohibitive yet the medical benefit co-pays are much less expensive. At times this can result in the physician and patient looking to a different treatment plan due to this cost discrepancy. SB 99 addresses this issue by requiring insurance companies and Medicaid plans that cover traditional intravenous treatments to either establish comparable coverage for oral medications or to only charge up to $100 for a 20-day supply of oral chemotherapy medication.

Senate Bill 230 establishes standards for the delivery of non-self-injectable cancer drugs. The bill is intended to address the drug dispensing practice known as "brown-bagging," which occurs when an insurer requires a patient to receive medications from a mail-order pharmacy. Currently, when a patient brings mail-order medications to a physician, it is virtually impossible for the physician to know if the drugs have been compromised or if they are still safe to use. In order to end this practice of "brown-bagging," SB 230 prohibits pharmacists from dispensing non-self-injectable cancer drugs to a patient, a patient's representative, or a patient's private residence. The bill provides exceptions for when a patient lives in a nursing home, residential care, or rehabilitation facility, and it exempts pharmacists from this rule when a patient is receiving hospice or home health services.

Other Bills Under Review

HB 536 – the AMCNO sent a letter of support on HB 536 which is legislation that requires that a child be immunized against certain diseases in accordance with the immunization schedule recommended by the U.S. Centers for Disease Control and Prevention and its Advisory Committee on Immunization Practices as a condition of enrollment in a licensed child care facility. The bill also provides for exceptions to mandatory immunization if the immunization is medically contraindicated or the child's parent or guardian objects for reasons of conscience, including religious convictions. The letter from the AMCNO noted that thousands of Ohio children are in child care settings and proper immunization is essential to good health and in particular to public safety. The State of Ohio recognizes this with a law that requires certain vaccinations before children can enroll in kindergarten. However, many other communicable diseases, which are preventable through vaccines, can occur before a child starts school.

The AMCNO also stated that since we are currently experiencing a dramatic rise in vaccine-preventable illnesses in Ohio it is imperative that we establish a requirement for vaccines for children in child care settings. Ohio needs public policy now that maintains our strong system of vaccines and high vaccination rates. HB 536 would provide further protection for child care operators who

already require vaccinations, and only children who attend child care settings are required to be vaccinated. As an organization representing physicians and public health supporters, the AMCNO believes HB 536 would add a level of protection for children, their families and child care settings and we have asked for favorable consideration of HB 536.

HB 501 – the House Health and Aging Opiate Addiction Treatment and Reform Subcommittee members continue to discuss HB 501, legislation that would reclassify the drug Zohydro as a Schedule I controlled substance. It is well-known that Cuyahoga County is experiencing a public health crisis due to the use of prescription opioids and the subsequent crossover into heroin use. In October of 2013, the Food and Drug Administration (FDA) approved Zohydro, non-combined, time release formulation of hydrocodone that does not contain acetaminophen and could have a dosage of up to 10 times the current formulation of Vicodin. This formulation has raised concerns around the country and various medical organizations have expressed their concerns to the FDA and the Office of National Drug Control Policy. Locally, the Greater Cleveland – Cuyahoga Community Wide Heroin/Opiate Task Force which includes the AMCNO, sent a letter to the federal government voicing our concerns with the public release of Zohydro, and we asked that the release be halted until such time as a more abuse resistant formulation is completed, tested and approved.

With regard to HB 501, the AMCNO submitted written testimony to the committee noting that while the AMCNO agrees that the federal government and the Food and Drug Administration should seriously consider halting the release of Zohydro until a more abuse resistant form has been completed we have significant concerns with the state legislature reclassifying an FDA-approved drug and we do not support HB 501 in its current form.

The AMCNO also informed the committee that we are not opposed to addressing patient safety issues and educating physicians about the use of highly addictive medications and we are open to working with legislators and other interested parties to create guidelines that will address issues related to the prescribing and use of Zohydro by physicians in Ohio. The AMCNO continues to participate in interested party meetings on HB 501 and will keep our members informed on the status of this bill.

Ohio State Board of Pharmacy Provides Guidance Document Regarding Tramadol

In a guidance document recently released by the Ohio State Board of Pharmacy it was noted that effective September 1, 2014, tramadol and products containing tramadol will be classified as Schedule IV controlled substances in the state of Ohio pursuant to Ohio Administrative Code 4729-11-03. Section 3719.44 of the Ohio Revised Code authorizes the Ohio State Board of Pharmacy (OSBP) to add a previously unscheduled compound, mixture, preparation, or substance to any schedule.

Tramadol is an opioid analgesic that produces its primary opioid-like action through an active metabolite, referred to as the "M1" metabolite (O-desmethyltramadol). Since March 1995, tramadol has been available as a non-controlled and centrally acting opioid analgesic under the trade name ULTRAM® approved by the Food and Drug Administration (FDA). Subsequently, the FDA approved generic, combination, and extended release products of tramadol.

Data from the Ohio Automated Rx Reporting System (OARRS) comparing tramadol and other analgesics in terms of annual prescriptions dispensed show a substantial increase since 2007 in tramadol prescriptions (93.8% increase) compared to hydrocodone combination products (0.7% increase) and oxycodone (29.9% increase). This increase may be explained by an awareness of the addictive nature of controlled substance opioids by the prescriber community resulting in a switch to tramadol, which is currently non-controlled. However, studies show that while tramadol has a currently accepted medical use, it has abuse potential similar to that of Schedule IV controlled substances as well as mimics the effects of controlled substance opioid analgesics. By classifying tramadol as a Schedule IV controlled substance, the Board seeks to educate prescribers and patients on the potential adverse effects of this medication and to provide additional legal and regulatory oversight to protect the health and safety of Ohioans.

Once adopted, Ohio will join the following states (and the U.S. Military) that have added tramadol as a Schedule IV controlled substance: Arkansas, Georgia, Illinois, Kentucky, Mississippi, New Mexico, New York, North Dakota, Oklahoma, Tennessee, and Wyoming. More information documenting the rationale for scheduling tramadol can also be accessed here: http://www.pharmacy.ohio.gov/Documents/Pubs/Special/Proposal%20to%20Consider%20Placement%20of%20Tramadol%20into%20Schedule%20IV.pdf ■

Justice Judith French spends a moment with AMCNO physician leadership (l to r Dr. James Sechler, AMCNO Immediate Past President, Justice French, Dr. Matthew Levy, AMCNO President-Elect, and Dr. James Coviello, AMCNO President.

AMCNO Physician Leadership Meets with Ohio Supreme Court Justice Judith French

Recently, Academy of Medicine of Cleveland & Northern Ohio (AMCNO) physician leadership had the opportunity to meet with Ohio Supreme Court Justice Judith French. Justice French has spent time traveling around the state and has been to all 88 counties in an effort to get to know the populace around the state and the issues of importance to them. Justice French has met with law enforcement, lawyers, medical personnel and physicians and community leaders. The AMCNO physician leadership discussed our concerns with how the affidavit of merit rule is applied and why we think it is important to look at that rule and consider some changes in how it is applied and implemented. For more information on the upcoming Ohio Supreme Court race see page 14.

Ohio's Supreme Court Election

In Ohio, in 2014, we will be deciding which two people will serve with five other justices who comprise our Ohio Supreme Court, our judicial branch. Standing for election to new six-year terms are Justice Sharon L. Kennedy and Justice Judith L. French. Cuyahoga County Common Pleas Judge John P. O'Donnell has declared his candidacy for the seat held by Justice French. Term-limited State Representative Tom Letson of Warren has declared his candidacy for Justice Kennedy's seat.

Elected to the Court in 2012, Justice Kennedy formerly served as administrative judge for the Butler County Court of Common Pleas, Domestic Relations Division. Justice French was appointed to the Court in January 2013. She previously served on the Tenth District Court of Appeals in Franklin County. Judge O'Donnell was first elected to Common Pleas Court in 2002, was defeated in the 2004 election, and then elected again in 2006.

In coming months, you will be hearing and reading much more about these candidates. Just as important as their backgrounds and experience will be their judicial philosophies—what they believe about the proper role of the Ohio Supreme Court. A person's philosophy or beliefs greatly impacts the decisions they make and this is certainly the case with Supreme Court Justices. Most justices at this level fall into one of two philosophies:

Constructionalist Justices who view their role as an evaluator of whether a law or lower court ruling is in line with Ohio's constitution; they do not believe their job is to influence state policy or make new laws, but rather to interpret current laws.

Activist Justices who believe their role is to go beyond simply reviewing laws, but to add meaning or change existing laws to enhance a particular viewpoint; they consider their role as more of a policy maker.

The 2002 election marked a dramatic shift in the philosophical approach of the Ohio Supreme Court, a current approach that provides objective, reasoned and impartial interpretations of Ohio law. The Academy of Medicine of Cleveland & Northern Ohio's (AMCNO) goal in the 2014 election is to preserve this fair and balanced approach which serves the best interests of ALL Ohioans.

A more activist viewpoint can trigger concerns about the balance of power—the separation of power—within government. While legislators and the governor are specifically directed by the state constitution to set state policy, the decisions and orders of activist judges can inappropriately push specific policy directives on behalf of a special interest.

The people who are elected to the Ohio Supreme Court serve an important role within the checks and balances of state government. With their ability to strike down laws and order government officials to take certain actions, the justices—as a group and as individuals—can have a tremendous influence on businesses and other entities—including the practice of medicine. Because many court decisions are made by a one-vote majority (a four to three vote), it is crucial to know that all of the justices you are electing to the Supreme Court share your beliefs and values and will act on your behalf. Based upon a review of their rulings both Justice French and Justice Kennedy have proved to be fair and balanced jurists who are not prone to over-stepping their judicial boundaries. The AMCNO urges its members to support those candidates who see their roles as interpreting laws, not making them—candidates like Justice French and Justice Kennedy. ■

NOMPAC Update – Ohio Supreme Court Race

The Northern Ohio Political Action Committee (NOMPAC) can make a significant difference to physicians and their practices. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) relies on NOMPAC to impact issues relevant to physicians. There are many special interest groups who are working very hard and stepping up their lobbying efforts to line up against organized medicine.

We need every physician to contribute to NOMPAC in order to continue to fight on behalf of physicians. NOMPAC will help to ensure a strong voice for physicians in Northern Ohio at the Statehouse. NOMPAC works to identify concerns that will best address legislative and regulatory issues affecting physicians in Northern Ohio.

Once again, we face the challenge to ensure that the justices on our Supreme Court interpret the law and do not legislate from the bench. The AMCNO's Political Action Committee (NOMPAC) will once again be very active in this campaign. NOMPAC believes that in order to make certain that this occurs we need to keep Justices Sharon Kennedy and Judith French on the court. These individuals are dedicated to further establish and preserve the principles of judicial fairness. The NOMPAC seeks to support judicial candidates that have a philosophy of judicial restraint, who interpret the law and not make the law—leaving public policy matters up to the legislative branch of government. The NOMPAC is pleased to endorse Justices Sharon Kennedy and Judith French in their bid for re-election to the Ohio Supreme Court.

Prior to 2002, the Ohio Supreme Court was considered an "activist" court, one that "legislated from the bench." At that time, four of the seven justices consistently voted to overturn tort reform. In 2002, Ohio was declared a medical liability crisis state. Physicians were forced to leave Ohio or retire early because they couldn't find affordable medical liability insurance. **Beginning in 2003, when the make-up of the Court changed, the medical community successfully worked with legislators to pass more than 20 different tort reforms.** The effects of medical liability reforms have been significant. Since 2003, medical liability premiums have decreased and medical liability closed claims are down significantly. At this time, the majority of the Ohio Supreme Court is described as a court that believes in judicial restraint; and due to this philosophical majority, this Court has upheld tort reform when challenged by the plaintiff's bar. Physician support of NOMPAC provides a medical voice with legislators who share health care concerns and will be supportive of medicine. If we do not keep this voice loud and strong we will not achieve the goals of organized medicine at the Statehouse. NOMPAC relies on financial support from you, the practicing physician and member of the AMCNO, to bring about positive changes for patients and the medical profession. As a member of the AMCNO, you may contribute to the NOMPAC.

The AMCNO is an independent organization that represents the physicians in Northern Ohio. We have lobbyists in Columbus that represent OUR grassroots interests—we work with legislators to affect changes that will benefit patients and physicians while achieving a balance that will assist physicians and patients throughout the state. Do you want to affect change in the legislature? Contribute to NOMPAC. Please look for the NOMPAC mailer that was recently sent out to all AMCNO members and consider contributing to NOMPAC. ■

Promoting Physician Advocacy

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

Dr. John Bastulli, (center) spends a moment with the family medicine residents at Fairview Hospital.

Dr. Bastulli noted that many health care issues and medical care options are decided by the legislature and government entities—so it is imperative that physicians get engaged in the process. Physicians have two choices—they can either get engaged or leave it to the legislators and government to set the agenda. The AMCNO believes that physicians should get engaged in the legislative process and advocate on their own behalf.

Dr. Bastulli also outlined the advocacy activities conducted on behalf of physicians by the AMCNO—noting that the AMCNO Legislative Committee reviews all health care related legislation introduced in Ohio and provides our position to Ohio legislators as well as presenting testimony in Columbus. He outlined the extensive work that has been done recently by the AMCNO and other medical associations on the issue of prescribing opioids and the numerous bills under review at the Ohio Statehouse dealing with this issue. He noted that these type of discussions highlight why it is so important for physicians to become educated about the legislative process and get to know their legislators.

Dr. Bastulli asked the residents in attendance at the session to provide comments on what issues are on the horizon that they believe might have to be addressed in the legislature. The residents noted that they are still very unclear on all aspects of the Affordable Care Act (ACA) and how it will impact reimbursements, and they expressed concern that the ACA is going to impact the amount of time they can spend with their patients. The residents also discussed their concerns about prescribing pain medications and their fear that there will be unintended consequences from all of the rules and regulations surrounding this issue. The AMCNO will continue to provide information to our resident members regarding our advocacy activities. ■

NORTHERN OHIO
PHYSICIAN

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THE NORTHERN OHIO PHYSICIAN (ISSN# 1935-6293) is published bi-monthly by the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), 6100 Oak Tree Blvd., Suite 440, Cleveland, Ohio 44131. Periodicals postage paid at Cleveland, Ohio. POSTMASTER: Send address changes to NORTHERN OHIO PHYSICIAN, 6100 Oak Tree Blvd., Suite 440, Cleveland, Ohio 44131. Editorial Offices: AMCNO, 6100 Oak Tree Blvd., Suite 440, Cleveland, Ohio 44131, phone (216) 520-1000. $36 per year. Circulation: 3,500.

Opinions expressed by authors are their own, and not necessarily those of the Northern Ohio Physician or The Academy of Medicine of Cleveland & Northern Ohio. Northern Ohio Physician reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

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AMCNO 2014 Annual Meeting Highlights *(Continued from page 1)*

Laura J. David, M.D. was awarded the Outstanding Service Award for her notable commitment to the AMCNO, and in particular for her longstanding commitment to public health issues and for her involvement with the Medworks project.

The Special Recognition Award was conferred upon Dan Paoletti in appreciation of his working with the AMCNO to enhance the use of electronic health records and for his efforts to establish a statewide health information exchange.

George M. Moscarino, Esq., was honored with the Presidential Citation Award for his efforts to promote collaborative initiatives between the Academy of Medicine of Cleveland & Northern Ohio and the Cleveland Metropolitan Bar Association.

The Academy of Medicine Education Foundation (AMEF) presented eight local medical students with scholarships worth $5,000 each at the meeting. The scholarships were awarded to Emily Aldrich, Northeast Ohio Medical University, Nicole George, Ohio University College of Medicine, Elias Kikano, Case Western Reserve University School of Medicine, Ellen Kim, Case Western Reserve University School of Medicine, Daniel London, Cleveland Clinic Lerner College of Medicine, Alexandria Murray, Ohio University College of Medicine, Julie Pokersnik, Northeast Ohio Medical University, and Mansi Shah, Case Western Reserve University School of Medicine.

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

The final act of the evening was to install James M. Coviello, M.D., as president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) for the 2014-2015 year. To learn more about the new AMCNO president, Dr. Coviello, see page 6). ■

50 year awardees Jafar Mobasseri, MD, Sheela N. Dravid, MD, and Wilma F. Bergfeld, MD pose for the camera after receiving their awards.

AMEF scholarship award recipients spend a moment together – pictured left to right are: Mansi Shah, Nicole George, Elias Kikano, Emily Aldrich, Ellen Kim, and Alexandra Murray.

AMCNO Honorees smile for the camera – pictured left to right are: Greg Nemunaitis, MD, Albert Waldo, MD, Ms. Cathy Costello (accepting the award for Mr. Dan Paoletti), William Seitz, Jr., MD, Laura David, MD, Mr. George Moscarino and Michael Anderson, MD.

AMCNO past presidents strike a pose prior to the start of the Annual Meeting – pictured left to right are: Doctors Victor Bello, Wilma Bergfeld, William Seitz, Jr., George Kikano, Laura David, George Leicht, John Bastulli and Anthony Bacevice, Jr.

AMCNO HIGHLIGHTS AND RECENT ACTIVITIES

The Academy of Medicine of Cleveland & Northern Ohio

THE VOICE OF NE OHIO PHYSICIANS FOR 190 YEARS

AMCNO Working on Behalf of Our Members and their Patients

LEGISLATIVE/ADVOCACY ACTIVITIES

- Reviewed and took positions on all healthcare related bills under review at the State legislature making our position known to the legislative sponsors and committee chairman—enhancing the AMCNO presence at the Statehouse;
- Met with and urged state legislators to support Medicaid expansion in Ohio;
- Participated in a Lobby Day with other organizations to push for Medicaid expansion in Ohio;
- Successfully lobbied to gain parity in taxation for little cigars and cigarellos to help curb tobacco product purchases;
- Participated in several roundtable discussions with Congressional leaders;
- Worked with other associations on issues related to returning athletes to play following a concussion;
- Participated in hearings of the Prescription Drug Addiction Study Committee;
- Provided testimony on numerous regulatory prescription drug bills under review at the Ohio House;
- Provided testimony on legislation to support childhood immunizations in Ohio;
- Participated in discussions on legislation to reduce the number of defendants named in lawsuits, and opposed changes to the bill that would extend the statute of limitations;
- Advocated for the Ohio Board of Pharmacy to make changes to the OARRS system and integrate OARRS into electronic health records;
- Voiced strong support for changes to the affidavit of merit rule to encourage more rigorous and consistence enforcement of the rule, and to ensure that expert affiants were qualified to render opinions;
- Sent a letter to Congress urging them to oppose additional cuts to the Medicare Part B drug reimbursement program;
- Urged Congress to take prompt action to address the current budget uncertainty and the economic hardships imposed by the sequestration and advocated for a permanent change to the Sustainable Growth Rate (SGR) formula;
- Coordinated and participated in interested party meetings on key health care legislation, and worked with local healthcare institutions and statewide associations on legislative initiatives coordinating testimony and strategy on legislation of importance to physicians.

PRACTICE MANAGEMENT

- Provided timely information to our members on managed care issues and the yearly update on the fees to be charged for transfer of medical records;
- Hosted CGS training and educational sessions at the AMCNO offices for practice managers and AMCNO members;
- Disseminated timely and topical news to practice managers through our publication Practice Management Matters;
- Provided our members with services designed to resolve insurance company disputes with third party payers in Northern Ohio;
- Provided a third party payor seminar for practice managers and physicians—an event created by the AMCNO now entering its 32nd year.

COMMUNITY/PUBLIC HEALTH EFFORTS

- Continued our participation on the Board of the Cuyahoga Health Access Partnership (CHAP);
- Provided representation to the Center for Health Affairs and KePRO board of directors;
- Participated in an event discussing the initiatives of the Ohio Office of Health Transformation;
- Participated in and voiced support for Ohio's new youth drug abuse prevention initiative "Start Talking"—a campaign which focuses on ways to reduce the likelihood of youth drug use before it starts;
- Conducted our fourteenth annual successful Vote and Vaccinate event on Election Day offering flu and pneumonia vaccines through our community partnerships in underserved areas;
- Hosted the 29th annual Mini-Internship program that allows community members to shadow AMCNO physicians in their practice setting—the longest continuous program of its kind in the country;
- Continued as an active participant in Better Health Greater Cleveland;
- Participated in advocacy efforts with the Investing in Tobacco Free Youth Coalition to engage legislators in increasing other tobacco product taxes to decrease their use and enhance anti-smoking efforts;
- Worked with the Ohio Department of Health to develop the Statewide Health Improvement Plan;
- Continued as an institutional partner in the County Executive's County Health Alliance;
- Continued to provide volunteers and support for MedWorks and provide physician representation on the MedWorks Board;

PUBLIC RELATIONS

- Participated in a Choosing Wisely Initiative broadcast event and conducted a *Healthlines* interview with Dr. John Santa from Consumer Reports on the Choosing Wisely initiative;
- Participated in interviews discussing Choosing Wisely targeted topics that were widely disseminated to the public;
- Continued to meet with Ohio state agency administrators to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Continued to offer our award-winning online *Healthlines* program conducting exclusive interviews with physician members of the AMCNO;
- Entered the 53rd year of operation for the AMCNO Pollen Line, garnering extensive media attention for the service; utilized social media to provide information on the pollen counts to the community;
- Provided timely updates to our members on the topics of health care reform, meaningful use, electronic health records, ICD-10, and accountable care organizations;
- Sent out news releases and utilized social media to reach the community, our members and the media;
- Provided physician presenters through our Speakers Bureau to present on medically related topics to community organizations and schools.

FOUNDATION OUTREACH AND YOUNG PHYSICIAN ENGAGEMENT

- The Academy of Medicine Education Foundation (AMEF) awarded eight $5,000 scholarships to local third and fourth year medical school students.
- Conducted presentations to residents and other health care groups regarding AMCNO legislative activities;
- Presented a "Welcome to the Profession" address to the graduating class of Case Medical School and Cleveland Clinic Lerner College of Medicine;
- Bestowed the Academy of Medicine Foundation (AMEF) $1,000 award to a graduating student who has shown outstanding commitment to the Northern Ohio community;
- Participated in resident orientations across the region and met with new medical students to garner their support and AMCNO membership;
- Partnered with the William E. Lower Fund to present a seminar on "Preparing for the Business Aspects of Medicine"—a program designed for resident members and their spouses—a program launched in Northern Ohio by the AMCNO;
- Presented information about the AMCNO, sent physician leadership to the Meet and Greet event for first year medical students, and recruited students for AMCNO membership.

PHYSICIAN EDUCATION OPPORTUNITIES

- Collaborated with Case Western Reserve University and the Cleveland Clinic to offer an educational session entitled "ER/LA Opioid REMS: Achieving Safe use While Improving Patient Care—covering the new Ohio 80 MED guidelines developed by the Governor's Cabinet Opiate Action Team (GCOAT);
- Collaborated with the Healthcare Information and Management Systems Society (HIMSS) and other organizations to present an event on meaningful use at the Global Center for Health Innovation;
- Participated in a session of the Northeast Ohio Patient Navigation Collaborative regarding the evolution of patient navigation in Northern Ohio;
- Partnered with the Cleveland Metropolitan Bar Association to present the second annual Medical Legal Summit addressing issues of importance to physicians and attorneys; which included keynote speaker Dr. William Frist, and presentations on fraud and abuse, cyber liability; tort reform, social media usage by physicians and prescribing issues;
- Provided timely information to our members through our partnership with the Agency for Healthcare Research and Quality Review (AHRQ) on their Effective Health Care Program (EHC);
- Provided our members with detailed information on the meaningful use rules, EHR adoption, the Affordable Care Act, accountable care organizations, and the statewide health information exchange;
- Partnered with Tri-C to offer discounted practice management classes to physicians and practice managers;

BOARD INITIATIVES/ADVOCACY

- Agreed to participate in the Ohio's House of Medicine group in order to discuss organizational advocacy priorities;
- Agreed to send physician leadership to meet with the State Medical Board of Ohio to discuss issues of importance to our members;
- Supported the efforts of Clinisync and the development of a statewide health information exchange;
- Issued a policy statement noting that the AMCNO opposes any legislative initiative that could potentially interfere with the patient-physician relationship or criminalize a medical procedure that is within the accepted standards of appropriate medical care;
- Adopted a social media policy and statement on professionalism in the use of social media;
- Agreed that board certification should be not be a requirement for Ohio medical licensure;
- Agreed to work with the State Medical Board of Ohio on telemedicine guidelines;
- Agreed to increase the advertising and promotion for the AMCNO *Healthlines* program;
- Supported removing an exemption in the Ohio Revised Code for sole shareholders, partnerships and limited liability partnerships from licensure as terminal distributors of dangerous drugs;
- Met with and received a detailed presentation from the Medical Director of the Ohio Physicians Health Program on the topic of physician health and wellness issues;
- Adopted the American Medical Association guidelines for patient navigator programs;
- Agreed to continue to partner with Better Health Greater Cleveland to help advance the national Choosing Wisely initiative;
- Agreed to work with other medical organizations to address the suggested changes to the one-bite exemption;
- Submitted comments to the State Medical Board of Ohio regarding their suggested changes to the office based treatment for opioid addiction treatment rule;
- Agreed to become part of the Greater Cleveland-Cuyahoga Community Wide Heroin/Opiate Task Force;
- Agreed to a position of opposition on state legislation that attempted to reclassify a Scheduled Drug;
- Agreed to support a request to Congressional representatives asking for support for community-based opioid fatality prevention efforts;
- Supported AMCNO continued involvement in the Governor's Cabinet Opiate Action Team (GCOAT) to review and adopt clinical guidelines addressing the use of medication therapy management for high-dose chronic pain patients, and approved GCOAT opioid prescribing guidelines;
- Agreed to work with the GCOAT and statewide organizations to provide education to AMCNO physician members regarding the new opioid prescribing guidelines;

Benefits of Membership in the AMCNO

Renowned Physician Referral Service

Representation at the Statehouse

Specialty Listing in the AMCNO online Member Directory

Practice Promotion via *Healthlines* online program

Reimbursement Ombudsman

Informative Seminars

Speaker's Bureau opportunities

Insurance/Financial Services

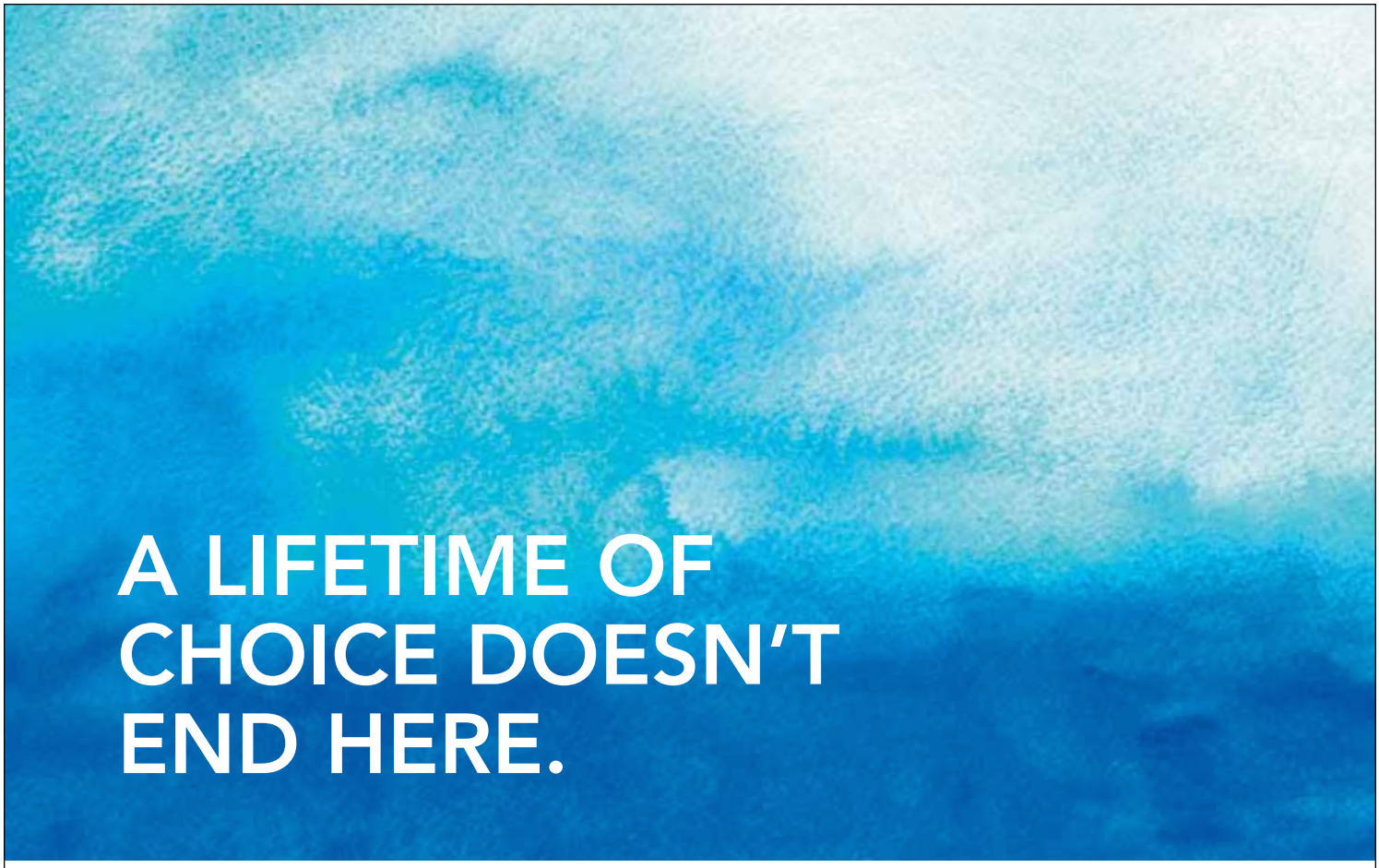
Weekly, quarterly and bimonthly publications offering healthcare news and practice guidance

Member Discounts including Worker's Comp, Practice Management Classes at Tri-C and so much more!

Is YOUR Voice Being Heard?

Already an AMCNO member? Now is the time to renew your commitment to organized medicine that makes a real difference in your practice and our region. Please look for a 2015 dues billing in your mail soon!

Not yet a Member? Now more than ever is the time to join the only regional medical association tirelessly working in the best interest of you — the NE Ohio physician. Call our membership department at (216) 520.1000 ext. 101 for details on all the benefits and services available exclusively to our members.



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