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AMC/NOMA Leadership

Judge Judith A. Lanzinger, 6th District Court of Appeals and Justice Terrence O'Donnell, Ohio Supreme Court, who are both running for two of the four seats open on the Ohio Supreme Court, met recently with physician leadership of the AMC/NOMA.

Judge Judith Lanzinger is an appellate judge in Toledo running for the Supreme Court of Ohio. She is an endorsed Republican candidate. Judge Lanzinger explained that she came to AMC/NOMA to introduce herself and let the association know her judicial philosophy supports a separation of powers and one should not legislate from the bench. She gave a brief synopsis of her personal background and experience. Judge Lanzinger told the members that she participated

*(Continued on page 2)*

AMC/NOMA Board members spend a moment with Ohio Supreme Court Justice Terrence O'Donnell at the January Board meeting. From left to right, Dr. Robert Hampton, Dr. Daniel Cudnick, Justice O'Donnell and Dr. Richard Niemczura.

Physicians Drs. Bastulli and Fabian Interviewed  
on the Issue of Medical Liability on WKYC-TV3

On February 13, 2003, **Dr. John Bastulli** was featured on WKYC-TV3. Fred Griffith on the station's, Studio 3, interviewed Dr. Bastulli and talked with him on "How Medical Liability Affects Physicians." Then in an interview with Monica Robins on the 6:00 p.m. newscast, Dr. Bastulli discussed "Unnecessary Testing" and on the 7:00 p.m. newscast "Defensive Medicine." The features were followed by a Webcast chat on wkyc.com with questions on "Issues of How to Reduce Health Care Costs and Medical Liability."

In the interview, Ms. Robins asked Dr. Bastulli about some of the things that are driving up medical costs. Dr. Bastulli said one problem is patients tend to use the emergency room for primary care



Monica Robins of WKYC interviews AMC/NOMA member Dr. Henry Fabian.

AMC/NOMA  
6000 Rockside Woods Blvd.  
Ste. 150  
Cleveland, OH 44131-0999

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purposes. He emphasized it is correct to go to the emergency room if patients call a physician's office after hours and get a recording advising if the call is a medical emergency to go to the ER. But when people seek care in the ER instead of the physician's office costs are driven up.

*(Continued on page 3)*

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THE ACADEMY OF MEDICINE  
OF CLEVELAND/  
NORTHERN OHIO  
MEDICAL ASSOCIATION  
6000 Rockside Woods Blvd.  
Suite 150  
Cleveland, Ohio 44131-2352  
Phone: (216) 520-1000  
Fax: (216) 520-0999

## STAFF

**Executive Editor**  
Elayne R. Biddlestone

**Membership & Marketing  
Coordinator**  
Linda Hale

**Communications Coordinator**  
Lynne Johnson



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John Moore  
Moore Communications  
17809 Canterbury Road  
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## Two Ohio Supreme Court Candidates Talk with AMC/NOMA Leadership

(Continued from page 1)

in the mini-internship program of another county medical society and found the experience most enlightening.

Justice Terrence O'Donnell informed AMC/ NOMA leadership that there are a number of justices on Ohio's Supreme Court who share the same philosophy — legislators should make the law, the executive branch should enforce it and the Ohio Supreme Court should interpret it. He stated "we do not determine or rule whether we think the legislature made the right decision. We wait for a case to work its way through the courts and then once it has gone through the court of appeals, take a look at it as to whether or not it was constitutional enactment."

There was some mention made during O'Donnell's presentation about attempting to change the Ohio Constitution — similar to what recently occurred in Texas. Justice O'Donnell stated the Ohio Constitution is an immutable document. If you are going to change and pass laws against what is in the present constitution, you have to be very careful about what aspect you are going to change. It takes a lot of effort and expense and is not an easy task. He continued to say there really are enough ways through legislation to handle issues and it does not require an overhaul of the system. "Legislation can be changed," the Justice commented, "and we would try to resolve the problems under the umbrella of the constitution."



Judge Judith Lanzinger with the AMC/NOMA Executive Committee, (l to r), Dr. George Kikano, Dr. James Lane, Dr. John Bastulli, Judge Lanzinger, Dr. Kevin Geraci, Dr. Richard Ludgin and Dr. Richard Niemczura.

**NOMPAC NOTE:** Physicians in Northeastern Ohio should be aware that this is a "watershed" year because four seats are up for the Ohio Supreme Court, which constitutes a majority of the justices on the court.

Judge Judith Lanzinger will face Nancy A. Fuerst for the one open seat on the court. Justice Terrence O'Donnell, will be defending his seat against Judge William O'Neill. Chief Justice Thomas Moyer will be defending his seat against Judge Ellen Connally.

The AMC/NOMA political action committee, NOMPAC, supports Judge Lanzinger, and Justices O'Donnell and Moyer. Chief Justice Moyer has served on the Ohio Supreme Court for sixteen years. During his tenure on the Supreme Court, he has developed a broad range of programs to ensure the integrity of the judiciary. It is imperative that these individuals are elected to the Ohio Supreme Court in order to maintain the balance of the court. ■



AMC/NOMA leadership spent time at a recent fundraiser event for the Ohio Supreme Court candidates, (l to r) Dr. John Bastulli, Chief Justice Thomas Moyer, Justice O'Donnell and Dr. John Clough.

## Two AMC/NOMA's Physicians Interviewed on the Issue of Medical Liability on WKYC-TV3 (Continued from page 1)

As to how money can be saved in the health care system, Dr. Bastulli suggested that maintaining a healthy lifestyle and visiting a physician on a regular basis for preventative care is very important. He added that the public has to be made aware that costs are going up because physicians are involved in a huge debate on tort reform. Statistics show states that have adequate tort reform are able to recruit and keep doctors. He reiterated to Ms. Robins that the AMC/NOMA is working to get additional tort reforms passed in Ohio. He added that even though legislation has been passed it did not go far enough and we are continuing to lose doctors in Ohio because of this issue.

Bastulli told Robins that the public needs to know about this serious issue and what is being done about it. Regarding what the public can do, Bastulli said that with billions being spent last year on litigation and in tort, the public needs to work with their physician and work with AMC/NOMA to get fair tort reform passed. If not, their access to quality health care at a reasonable cost will diminish. Ms. Robins was provided with copies of the AMC/NOMA literature that member physicians have distributed to their patients. He reiterated that patients should talk with their physician about effective tort reform.

Dr. Bastulli was questioned on what impact the Ohio Supreme Court election last year had on this subject. He answered that the tort reform in last



Monica Robins does a one-on-one interview with Dr. John Bastulli at the AMC/NOMA offices.

year's Senate Bill 281 has not yet been challenged. If it is, we need to know that the Justices are well-informed on the issue and that they share in the appropriate philosophy (see related cover story).

Ms. Robins was provided with information regarding the types of caps that are part of the tort reform bill. He informed Ms. Robins that there is no cap for economic damages or medical bills or costs, however, it is the noneconomic damages — pain and suffering — that are unpredictable in a jury case and large jury awards in those areas are what lead to high medical liability premiums.

In her interview with **Dr. Henry Fabian**, Ms. Robins asked how the medical liability crisis had affected him and his practice. Dr. Fabian indicated that he has lost trusted colleagues who have been forced to leave Ohio — some of whom have seen a 300% increase in premiums. In addition, some things in the practice have been reduced or curtailed to keep premiums under control. When Robins asked what his concerns were for the coming year, Dr. Fabian replied that he was concerned about insurance renewals — we have to wait and see each time. There are not many carriers left in the state. Even if the doctor does not have claims or a history their rates are skyrocketing. The public needs to look at it through something they can

relate to — for example, what if your auto insurance went up by leaps and bounds even when you have a clean driving record? The public would not be pleased about that — this is the situation with medical liability premiums.

Fabian told Robins that the tort reform system sets up a roadblock. Medicine is an art — and there has been a roadblock set up by the climate we are in — when you have this extra layer of risk and animosity between the doctor and patient you find yourself practicing defensive medicine. Dr. Fabian told Robins that defensive medicine increases health care costs for everyone in the community.

*Ms. Robins is the health reporter for WKYC-TV3 and has gone through the AMC/NOMA mini-internship program. ■*



Dr. Bastulli appears on the Studio 3 program on WKYC. Pictured left to right, Fred Griffith, Hollie Strano and Dr. Bastulli.



On January 25, Dr. John Bastulli appeared on WDOK's "Cleveland Connection" hosted by Jim McIntyre. The subject of the interview was the medical liability crisis in Ohio. If you missed the interview and would like to hear it, just go to the AMC/NOMA Web site at [www.amcnoma.org](http://www.amcnoma.org).



# State House Report

by Carolyn Towner and Kristy Smith, Towner Policy Group

## Prejudgment Interest Legislation Awaits Governor's Signing

House Bill 212, sponsored by State Representative Bill Seitz (R-Cincinnati), has passed the Ohio House of Representatives and the Ohio Senate and will go to the Governor for signing. This bill modifies the statutory rate of interest to which a creditor is entitled when money becomes due and payable upon instruments in writing, book accounts, settlements between parties, verbal contracts, and judgments, decrees, and orders for the payment of money arising out of tortious conduct or a contract or other transaction, unless a written contract provides a different rate of interest.

The bill specifies that the applicable postjudgment rate of interest is the rate as determined that is in effect on the date the judgment, decree, or order is rendered and that that rate remains in effect until the judgment, decree, or order is satisfied. The bill modifies the computation of the period for which prejudgment interest is due on a judgment, decree, or order for the payment of money in a civil action based on tortious conduct that has not been settled by agreement of the parties if the court determines that the party required to pay failed to make a good faith effort to settle the case and the party to whom the payment is to be made did not fail to make a good faith effort to settle the case. House Bill 212 precludes a court from awarding interest under the bill on future damages that are found by the trier of fact. In any tort action to which the existing statutes on payment of certain amounts of future damages do not apply, if a plaintiff makes a good faith claim against a defendant for future damages and if the verdict is in favor of the plaintiff, requires the trier of fact to specify in the written interrogatories or findings of fact both the past damages and future damages recoverable by the plaintiff.

## Young Calls for Constitutional Amendment

State Representative Ron Young (R-Painesville) has introduced House Joint Resolution 15, which calls for a constitutional amendment to allow the Ohio General Assembly to determine the limits of liability for all noneconomic damages and losses in a civil action upon a medical, dental, optometric or chiropractic claim. The limits would be placed upon damages such as pain and suffering,

mental anguish, and loss of enjoyment in a claim against a health care provider for medical negligence. Economic damages, such as lost earnings, medical care and rehabilitation costs will not be limited. The Resolution has been referred to the House Civil and Commercial Law Committee. The resolution is modeled after a resolution in Texas which called for an amendment to their state constitution and was recently narrowly passed and enacted. The initiative needs a three-fifths vote in both houses of the Ohio General Assembly and then the issue would be brought to the ballot for a vote. The AMC/NOMA will review the Resolution at our next legislative committee meeting — any member interested in obtaining a copy of the Resolution may contact the AMC/NOMA offices.

## Medical Liability Underwriting Association

On December 16, 2003, the House Insurance Committee amended and substituted House Bill 282 to provide for the establishment of a Medical Liability Underwriting Association for medical liability insurance and a Stabilization Reserve Fund. House Bill 282, sponsored by State Representative Larry Flowers (R-Canal Winchester), lengthens the time period during which the liquidator of an insolvent insurance company may void certain preferential transfers. House Bill 282 passed the Ohio House of Representatives on January 7, 2004 by a vote of 93 – 0. The bill passed the Ohio Senate on February 18, 2004 and will now go back to the House for concurrence and then go to the Governor for signing.

The creation of the Medical Liability Underwriting Association (MLUA) and a Stabilization Reserve Fund (SRF) ensures that medical liability coverage will be available in Ohio for physicians and hospitals. The bill was substituted, amended and reported out of the Senate Insurance, Commerce and Labor Committee on February 17, 2004 and the following changes were made:

1. Tighten eligibility language so a physician or hospital must first be declined by two admitted carriers in order to obtain Medical Liability Underwriting Association (MLUA) coverage;
2. Require the Governor to appoint the MLUA Board of Governors with the advice of the Superintendent;
3. Allow the Superintendent to close

down the MLUA if its continued operation undermines its statutory purpose or threatens its ability to meet its contractual obligations;

4. Provide the State will not be liable for the liabilities of the MLUA;
5. Add an emergency clause in order to have the ability to immediately establish the MLUA fund and cover physicians if the medical liability insurance market were to drastically worsen before the bill's effective date;
6. Include podiatrists under the provisions of the MLUA.

## Department Considering Initiative on Notice Requirements for Medical Malpractice Insurance Companies

The Ohio Department of Insurance is considering a legislative initiative to extend the current notice requirements for cancellation, nonrenewal, and increase in premiums from 30 days to 60 days for medical malpractice insurance companies. The legislation would also require medical malpractice insurers to provide notice to the Superintendent of the Ohio Department of Insurance if they intend to leave the Ohio market either in whole or in part.

In August 2002, the Department issued a memorandum requesting medical malpractice insurers to voluntarily agree to extend the current 30-day time frame for nonrenewal and substantial increase in premium. This memorandum did not address extending the time frame for cancellation of medical malpractice policies. The August 2002 memorandum also called for a sixty-day notice for market withdraw by a medical malpractice company and a decision by a medical malpractice company to restrict writings based on specialty or geographic area. The rationale for this memorandum was to ensure that agents and providers had sufficient time to make other arrangements for coverage if they were nonrenewed, needed a cheaper policy, or their medical malpractice insurer was leaving the market entirely.

The Department believes these amendments are necessary for the following reasons:

1. Current compliance with the memorandum is inconsistent and not enforceable.
2. The Department is relied on to provide information about medical

*(Continued on page 5)*

- malpractice market conditions and can only do so if voluntarily notified.
3. Certain specialties in certain geographic areas have notified the Department with increasing frequency in the last two months of concerns of "pull-outs" by medical malpractice insurance companies. These changes will establish a standard for all medical malpractice companies to follow when curtailing writings or leaving the state and will allow the Department to provide information that accurately reflects the current medical malpractice market.
  4. Providers are still struggling to find coverage and extending cancellation/ nonrenewal/premium increase notices will "put them on notice" to start reviewing their policies earlier and determining their options.

#### **Senate Bill 86 Signed by the Governor – Provides Immunity for Health Care Providers**

Senate Bill 86, sponsored by Senator Steve Stivers (R-Columbus), extends immunity from liability for services provided by volunteer health care professionals and workers to more health care professionals, health care facilities and to nonprofit referring organizations. The bill was signed by the Governor on January 14, 2004 and will be effective in 90 days.

The bill provides that a health care professional who is a volunteer and complies with the provisions in the bill is not liable in damages to any person or government entity in a tort or other civil action, for injury, death, or loss to person or property that allegedly arises from an action or omission of the volunteer in the provision to an indigent and uninsured person of medical, dental, or other health-related diagnosis, care, or treatment, including the provision of samples of medicine and other medical products, unless the action or omission constitutes willful or wanton misconduct.

#### **Physician Assistants Bill Introduced**

State Senator Lynn Wachtmann (R-Napoleon) has introduced Senate Bill 147 to revise the physician assistants' law and to allow physician assistants to prescribe drugs. The bill has been referred to the Senate Health, Human Services and Aging Committee and has been undergoing hearings.

The bill establishes that a supervising physician may authorize a physician assistant to perform a service only if the service is authorized under the physician

supervisory plan approved for the physician by the State Medical Board, the policies of the health care facility in which the physician and physician assistant are practicing, or, if applicable, both the physician supervisory plan and the policies of the health care facility. The supervising physician does assume legal liability for the services provided by the physician assistant. The bill allows the physician assistant to prescribe certain drugs and devices. The Physician Assistant Policy Committee is required to submit to the State Medical Board a formulary that lists drugs and devices that may not be included in the physician delegated prescription authority to the physician assistant. The bill does require physician assistants to have a master's or higher degree in order to prescribe; however, there is a grandfathering provision that if the physician assistant meets the clinical experience requirements and the pharmacology instruction, a non-master's or higher degree physician assistant can prescribe drugs.

#### **Senator Kirk Schuring Sends Letters to CEO's of Med Mal Insurance Companies**

State Senator Kirk Schuring (R-Canton) has sent letters to the CEO's of the five large medical malpractice insurance carriers in Ohio requesting them to explain why the actions taken by the Ohio legislature have not stabilized the renewal premiums in Ohio. He also states in his letter that "I am considering legislative measures that will have an impact on how medical malpractice insurers conduct business in our state." The intent of the legislation will be to provide more checks and balances within Ohio's regulatory framework with a goal of fostering a more stable and competitive market.

In addition, Senator Schuring has sent a letter to Senate President Doug White and House Speaker Larry Householder asking the Ohio Senate Judiciary Committee on Civil Justice and the Ohio House Civil and Commercial Law Committee conduct committee hearings using the subpoena powers prescribed under Ohio law to require representatives from medical malpractice insurance companies to give testimony regarding the reasons the medical malpractice insurance crisis has not subsided.

Senator Schuring also promotes regulatory reform prohibiting intra-state rating territories of medical malpractice insurance and would like the Ohio Department of Insurance use more scrutiny and ask for more justification of medical malpractice premium rate filings. The

AMC/NOMA will follow this issue closely through our legislative committee.

#### **Representative Oelslager Makes Recommendations to Ohio Med Mal Commission**

Rep. Oelslager (R-Canton) has asked the Commission on Medical Malpractice to review possible legislation that would require every malpractice insurance policy be issued for at least five years, and would prohibit insurers from increasing premiums by more than 5% over the prior year. Under the amendment, insurers could raise premiums in excess of 5% if they could demonstrate to the department with actuarial information that the boost was justified. Rep. Oelslager also asked the commission to:

- Study legislation that would require insurance companies to rate physicians on a completely individual basis.
- Study transactional costs.
- Study the geographic boundaries that dictate what insurance companies charge doctors for their premiums.

In a written response to Representative Oelslager's recommendations, Ms. Womer-Benjamin, the Director of the Ohio Department of Insurance did not concur with the recommendation to require medical malpractice insurance companies to offer five-year policies with guaranteed renewals and a 5% cap on annual premium increases. The Director said existing state law requires that all rates be actuarially justified before the department may accept them. She said the medical malpractice market, volatile under normal circumstances, was more uncertain than ever. However, she saw positive signs emerging that include the entry of a new company into the market, and two consecutive years in which premiums have increased at the same level. In addition, her letter stated the following: "Were Ohio to take extreme action as you suggest, companies would leave the Ohio market entirely or their financial situation would plummet, an area the department also oversees and regulates as part of its consumer protection mission," Ms. Womer-Benjamin said. "Forcing medical malpractice companies into insolvency is not in the best interests of Ohio consumers." Finally, Director Ann Womer Benjamin indicated that she plans to have the Ohio Department of Insurance's Property and Casualty Division prepare a detailed response to the first three suggestions pertaining to rating physicians individually, costs associated with dismissed lawsuits and the uniform standards for setting premiums. ■

## Medical Malpractice Commission Continues to Discuss Medical Liability Issue

In order to further analyze the causes of the current medical malpractice insurance crisis, and explore possible solutions in addition to tort reform, S.B. 281 created the Ohio Medical Malpractice Commission ("Commission"). The Commission is composed of nine members, all of whom must have expertise on medical malpractice issues. The insurance industry, health care providers, and the legal system are all represented on the Commission. Ann Womer Benjamin, Director of the Ohio Department of Insurance, serves as Chairman of the Commission.

The Commission is required to study the effects of S.B. 281's tort reforms on the medical malpractice marketplace. Second, the Commission is required to investigate the problems posed by, and the issues surrounding, medical malpractice. The Commission must submit a report of its findings to the Ohio General Assembly on or before April 11, 2005, which is two years after the effective date of the bill. However, because of the importance of this issue, the Commission has decided to issue this interim report to detail its progress.

### Commission Evaluation of Options to Date

The first priority of the Commission was to establish a common understanding among members of the medical malpractice market, the fundamentals of ratemaking, and the Department's statutory obligations regarding rate review. Therefore, initial meetings of the Commission were devoted to establishing a baseline of knowledge as opposed to studying specific options. Early on, the consensus of the group was that because the current medical malpractice insurance market is unstable, having sharply increasing premiums over the last several years and increasing surcharges on specialties and practitioners in certain geographic areas, the Commission should explore options that may help alleviate short-term cost concerns for providers as well as those options that may supplement current reforms in the long term. A summary of the options and possible recommendations follow.

### Data Collection

#### *Proposed recommendations:*

- The Commission fairly uniformly feels additional data is needed to evaluate more completely the causes of the medical liability crisis in Ohio and has preliminarily identified several tools to collect information including the following:
  - Issuance of an annual report of information submitted by the clerks of court to the Ohio Department of Insurance. Senate Bill 281 did not contain this requirement. This information could be compiled and made available to stakeholders and various media.
  - Issuance of an annual report of aggregate information obtained through the Department's claims data study. This information is being collected from all companies that report written premium. The Department intends to issue a report regarding aggregate information and analysis of any specific trends in the Ohio market. This report could be modeled after a report issued annually by the State of Illinois. Information obtained on specific claims, claimants, and medical information or company specific information are confidential and not subject to Ohio's public records law.
- The Commission may want to consider recommending that information obtained through these sources be forwarded to the appropriate professional governing board for potential action against the professional, as Florida law provides.
- The Commission should consider statutory recommendations to expand the data requirements, specify public access, and clarify use of the data through amendments to existing law. These recommendations should also recognize the costs associated with additional responsibilities. For example, the Department would require additional resources, which would have budgetary ramifications. Consideration should also be given to asking clerks of court to continue to monitor and report this information, again with cost and efficiency issues, or to direct the obligation to report the information to the insurance

companies as under Florida law.

- Ohio may want to consider other provisions, especially with respect to public access to the information collected.

### Medical Error Reduction

#### *Proposed Recommendations:*

- The Commission encourages continuing efforts to identify barriers to sharing information from patient safety committees so providers can learn from their mistakes.
- The Commission should review, and identify possible funding for, patient safety/medical error reduction efforts. This could be a collaborative effort with the Ohio Patient Safety Institute.
- The Commission should explore the possibility of directing insurance companies to identify medical error reduction measures that their insureds should employ.

### Non-meritorious Lawsuits

#### *Proposed Recommendations:*

- Some Commission members identified a medical review panel to screen lawsuits as a viable alternative to reduce lawsuits and the related costs. Currently, House Bill 215 proposes one model for medical review panels. The Commission may want to recommend that parties involved in deliberations on this legislation report to the Commission their conclusions of the effectiveness of medical review panels and the need for further statutory changes.
- The Commission should evaluate the actual use of Ohio Civil Rule 11 by defendants and judges and the current frivolous lawsuit statute.
- The Commission should explore special certification of attorneys authorized to bring medical malpractice cases.
- The Commission should explore greater use of alternative dispute resolution mechanisms.

### Tort Reform and Other Legal System Reforms

#### *Proposed Recommendations:*

- The Commission should obtain information from other states regarding the impact of tort reform. Specific information and testimony from

*(Continued on page 7)*



states which have enacted significant tort reform could also help in the evaluation. Representatives from Wisconsin, Indiana and New Mexico have testified as to the measures those states have employed; testimony from California, Florida and Colorado might also be instructive.

- The Commission should explore the need for modifying caps on damages beyond those imposed by S.B. 281.
- The Commission should explore the need for statutory changes such as limiting attorney fees, changing the statute of limitations, including the 180-day letter, changing the burden of proof to the higher standard of "clear and convincing" from "preponderance," or requiring the defendant and the plaintiff to file an expert's report before the trial would proceed.

**Alternative Risk Mechanisms**

*Proposed Recommendations:*

- The Commission could begin consideration of a next step regarding Patient Compensation Funds. (PCFs.) Although information obtained on PCFs indicated that they do impact rates, major threshold questions were raised by members such as the merit in light of the cost to providers, funding, operation, and administration. The Commission should further consider PCFs especially specific data on the impact on rates.
- The Commission could examine the possibility of a no-fault compensation fund to compensate injured claimants in certain types of cases, such as birth injury cases.
- The Commission will support House Bill 282. *(House Bill 282, sought by the Department, would provide for the transfer of the \$12 million still held by the Ohio JUA into a new fund that could be used to create a new medical liability company or to fund other medical malpractice initiatives as approved by the Ohio General Assembly. The legislation would also give the Director of Insurance authority to create a Medical Liability Underwriting Association ("MLUA") if the current medical malpractice market further deteriorates. The MLUA would write primary insurance coverage for doctors unable to find coverage. The legislation is currently under review by the Ohio Senate.)*

**Additional Issues for Review**

The Commission plans to review a number of additional topics in 2004. Among the topics are the following:

- Frivolous lawsuits
- No-fault systems
- Data Collection
- Patient Safety Measures
- Impact of Rate Increases on Ohio Health Care Consumers
- Standard of Care/Proof
- Additional Tort/Legal Reform

**Additional Exploration of Topics Reviewed in the Past Year**

The Commission will explore further some of the topics already reviewed by the Commission this past year. Patient Compensation Funds, Medical Liability Underwriting Associations, and medical review boards all merit additional review by the Commission.

This article is an abbreviated summary of the actual Interim report completed by the Ohio Medical Malpractice Commission. ■

**AMC/NOMA Annual Meeting**

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**William H. Seitz, Jr., MD**

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WKYC Medical Reporter

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## NATIONAL PRESENTERS:

**David Studdert** – Dr. Studdert is Associate Professor of Law and Public Health at the Harvard School of Public Health, where he teaches courses in health law and medical ethics. Dr. Studdert’s research focuses on legal and regulatory issues in the health care sector. Dr. Studdert is currently involved in projects investigating medical injury, external review of coverage appeals, and the medical malpractice crisis in Pennsylvania. He holds degrees in law, public health, and health policy.

**Jeffrey D. Pariser, Executive Director, Common Good** – Mr. Pariser is a lawyer with extensive experience in healthcare issues. Prior to joining Common Good, Mr. Pariser was a partner with the Washington, DC-based firm Hogan & Hartson, where he worked with physicians, health insurers, hospitals, and pharmaceutical manufacturers, represented a number of nonprofit organizations. Mr. Pariser was a law clerk to Hon. Stewart Pollock of the New Jersey Supreme Court and served on the adjunct writing faculty at Brooklyn Law School.

**Gerald B. Hickson, MD**, is Associate Dean for Clinical Affairs, director of the Vanderbilt Center for Patient and Professional Advocacy, Professor of Pediatrics, and Associate Professor of Family and Health Systems Nursing at Vanderbilt University School of Medicine. His research has focused on understanding why families choose to file suit, why certain physicians attract a disproportionate share of malpractice claims and how to identify and intervene in high malpractice claims to reduce risk.

**Tommy G. Thompson** is secretary of Health and Human Services, in the U.S. Department of Health and Human Services. Responsible for 60,000 personnel and a \$503 billion budget, Secretary Thompson has worked to increase funding for the National Institute of Health, prepare for bioterrorism, advocate preventive health, reform welfare, and reorganize Medicare and Medicaid. As governor of Wisconsin for 14 years, he helped make the state a model for welfare-to-work programs, health insurance solutions, and school choice.

**George V. Voinovich, United States Senator (Ohio)** – Throughout his distinguished career in service to the people of Ohio, U.S. Senator George Voinovich has strived to make government “work harder and smarter and do more with less.” These words provide good insight into the man who helped turn Cleveland around after it became the first major city to declare bankruptcy since the Depression, and who led the transformation of Ohio state government into a model of efficiency and effectiveness while controlling state spending and improving the quality of services. He builds on this legacy now as Ohio’s U.S. Senator by listening to the people of the state. Senator Voinovich was a strong supporter of tort reform when he was Governor of Ohio and he continues to work toward tort reform on the federal level.

## STATE PRESENTERS:

**Ann Womer Benjamin, Director, Ohio Department of Insurance** – Director Ann Womer Benjamin served four terms representing the 75th District (Portage County-Part) in the Ohio House of Representatives before Governor Bob Taft selected her for his cabinet. Director Womer Benjamin brings 25 years of experience as a practicing attorney.

**Tom Dilling, Executive Director, Ohio State Medical Board** – Mr. Dilling has been with the Medical Board since February of 1988, when he joined the staff as an attorney enforcement coordinator, reviewing and preparing disciplinary cases for administrative action. In 2002-2003, He served on the Board of Directors of the Federation of State Medical Boards.

## OTHER PRESENTERS INCLUDE:

**James Lane, MD**, President, Academy of Medicine of Cleveland/Northern Ohio Medical Association (AMC/NOMA), George Thomas, DO, Past President of Cleveland Academy of Osteopathic Medicine (CAOM) and President-Elect of the American Osteopathic Association

**Mr. David Martin**, President, The Premium Group

**William Seitz, Jr., MD**, President-Elect, AMC/NOMA

**Ms. Carolyn Towner**, Towner Policy Group, Columbus, Ohio and AMC/NOMA Lobbyist

**John A. Bastulli, MD**, Vice President of Legislative Affairs, AMC/NOMA

**J. Richard Ludgin, MD, JD**, Member, AMC/NOMA Board of Directors

**ALL SPEAKERS ARE CONFIRMED**



## AMC/NOMA Policy on Charging Administration Fees

Recently *USA Today* published an article concerning the rise in medical liability premiums and what some doctors around the country are doing to try and combat it. One example cited was the charging of "office user fees" to help defray the costs.

In February 2003, AMC/NOMA's Board of Director's established policy and approved the following language regarding the charging of administrative fees.

"The AMC/NOMA believes that the decision to charge an administrative fee to patients is up to the individual physician, as long as the patient is provided written notice of the administrative fee and the fee is within reason. The AMC/NOMA reviewed this matter and could find no legal impediment relative to the charging of an administrative fee, however, physicians are cautioned to evaluate their managed care contracts carefully prior to making the decision to charge such a fee. In addition, physicians are cautioned that government contracts such as Medicare and Medicaid specifi-

cally preclude physicians from charging an administrative fee to their patients."

At their Interim meeting in December 2003, the AMA House of Delegates issued a report stating, in general, there does not appear to be anything inherently unethical or illegal about charging reasonable "administrative" fees for non-medical services. Given that the cost of providing medical services to patients is being driven up by the ever-increasing number of state and federal government unfounded compliance mandates and uncontrollable rapidly increasing costs for insurance and other items, it is understandable that some physicians have been forced to resort to unconventional mechanisms just to cover such costs. This is clearly another indication that physicians are struggling to survive in today's health

care environment, and another warning sign that patient access to health care is being seriously threatened. Prior to implementing any such fee, physicians should consult with their legal counsel to determine any restrictions under state law or in contracts they may have executed.

The cost of running a medical practice continues to escalate every year, yet the reimbursement rates from insurance companies continues to decline. If the trend continues many physicians will be faced with hard decisions regarding their practice. The AMC/NOMA continues to work hard on behalf of physicians in Northeastern Ohio to decrease medical liability insurance costs, to level the playing field for physicians and to seek legislation to reduce the yoke of managed care on physicians. ■

For more information go to: [http://www.amcnoma.org/webpages/main/amcnoma\\_letter\\_to\\_the\\_editor\\_022503.asp](http://www.amcnoma.org/webpages/main/amcnoma_letter_to_the_editor_022503.asp)

Or to read the *USA Today* article go to: [http://www.usatoday.com/news/health/2004-01-19-doctors-premiums-usat\\_x.htm](http://www.usatoday.com/news/health/2004-01-19-doctors-premiums-usat_x.htm)

## Notifying Patients of a Group Physician's Departure

by John T. Mulligan, Esq.

Anytime a physician leaves a group, whether due to retirement or to join another practice, an issue arises as to the group's responsibility to provide notice to existing patients.

Ethical Opinions promulgated by the American Medical Association address this point. These rules are especially relevant to physicians in Ohio since violations can be grounds for discipline by the Ohio State Medical Board.

In part, Opinion 7.03 states: "The patients of a physician who leaves a group practice should be notified that the physician is leaving the group. Patients of the physician should also be informed of a physician's new address and offered the opportunity to have their medical records forwarded to the departing physician at his or her new practice location. It is unethical to withhold such information upon request of a patient. If the responsibility for notifying patients

falls to the departing physician rather than to the group, the group should not interfere with the discharge of these duties by withholding patient lists or other necessary information."

In discussions with representatives of the Ohio State Medical Board, it is clear that the Medical Board's position is that the requirement of notifying patients can be satisfied if the group informs any patient who inquires that the physician has left, where the physician can be located, and that upon request, the patient may have his or her records transferred.

Recently we inquired of the American Medical Association as to its interpretation of Opinion 7.03. In a reply letter to our office, Leonard J. Morse, MD, Chair of the Council of Ethical and Judicial Affairs of the AMA, took the same position as the Ohio State Medical Board. As stated by Dr. Morse, the position of the AMA is that

the patient notification requirements can be satisfied by any of the following:

- Verbal notification when requested by the patient
- Verbal notification to the patient at the time of the physician's departure from the practice
- Written notification to the patient before the physician's departure from the practice

There is no absolute requirement for written notice. Of course, a group could always send out a notification if it chooses, but this is not required as long as the group provides information to patients who request the information.

*Source: McDonald Hopkins' Health Law, McDonald Hopkins Co. LPA, 2100 Bank One Center, 600 Superior Avenue East, Cleveland, OH 44114. This article is reprinted with permission from McDonald Hopkins. ■*

## Working to Improve Healthcare Quality

There has been a great deal of debate recently regarding the medical liability crisis and its effect on quality patient care. A good deal of the debate centers on legislative initiatives and tort reform. One other area that has been mentioned less frequently than legislative reform is risk retention and prevention of medical errors. This is a crucial piece in the puzzle of slowing the climb of insurance premiums. The AMC/NOMA appreciates that tools are presently available to assist physicians in improving records and keeping timely schedules for appropriate screening of their patients for complications and common diseases. To assist with this endeavor, physician members of AMC/NOMA serve on committees of Ohio KePRO. Ohio KePRO, the Quality Improvement Organization (QIO) for Ohio, is under contract with the Centers for Medicare & Medicaid Services (CMS). One of the missions of Ohio KePRO is to improve the health of Ohio's 1.8 million Medicare beneficiaries.

One vital program offered by KePRO is The Physician Office Quality Improvement (POQII) Program. This effort focuses on quality health care for patients in the community through the preventive measures of mammography and adult immunizations, and on diabetes management. These POQII care measures include increasing the number of Medicare beneficiaries with diabetes who receive an annual A1c, a biennial lipid profile, and a biennial eye exam. Wouldn't you expect 100% of our patients to have these basic surveillance tests? Based on Medicare claims data for the period April 1, 2001 to March 31, 2003, Ohio achieved an annual A1c rate of 82%, a biennial lipid profile rate of 83%, and a biennial eye exam rate of 68%. Fifty-two percent of Medicare beneficiaries with diabetes received all three measures.

Another care measure for the POQII is for "women to receive a mammogram at least every 2 years." However, Medicare claims data for the time period identified above indicate that about 39% of Ohio Medicare women aged 52 to 69 DID NOT receive a mammogram at least once. The mammography utilization rate in Ohio for women aged 65 and older was only 51.4%. Ohio ranked 22nd in mammography utilization rates out of 50 states, while other states had rates as high as 72%. These care measures are less stringent than the recommended guidelines for diabetes care and screening mammography, yet Ohio's rates are, nevertheless, low.

The other two POQII care measures are "Medicare beneficiaries receiving an annual influenza vaccination," and "one pneumococcal immunization after age 65." Ohio's rates based upon the Consumer Assessment of Health Plan Survey (CAHPS) for 2001 are 69.7% for influenza vaccinations, and 65.6% for pneumococcal vaccinations. Ohio's ranks, based upon CAHPS Survey for Medicare Managed Care and Fee-for-Service, are 35th for influenza immunizations in comparison to the national average, and 25th for pneumococcal immunizations in comparison to the national average.

There are two components to the POQII project: one is statewide improvement, and the other is improvement in rates of participating physicians offices and clinics. Ohio KePRO has recruited 485 physicians and nurses to participate in these quality improvement initiatives. This task force is working statewide to improve the rates in these quality measures.

Ohio KePRO offers Category I Continuing Medical Education credit for physicians who initiate quality improvement activities within their office settings.

It offers teleconferences every other month to providers to discuss methods of quality improvement changes that work within the physician office setting. Ohio KePRO also provides Continuing Education Units for nurses who participate in the teleconferences.

Ohio KePRO has a toolkit that includes flow sheets, care guidelines, resources and references, information about electronic medical records, electronic registries, process improvements, patient education materials, cultural competence information, and other tools to implement system changes within the office. The information is in hard copy, can be downloaded from Ohio KePRO's Web site at [www.ohiokepro.com](http://www.ohiokepro.com) and is available on CD-ROM. All information is non-proprietary and can be used, copied, and adapted.

Ohio KePRO is one of growing number of quality improvement resource organizations. The tools that Ohio KePRO provides to facilitate thorough screening of our patients are basic, fundamental and protective to both them and us. There is no reason that the aids provided by KePRO should be restricted only to Medicare patients.

It is important for each physician to examine his or her individual office systems to check to see that methods are available to ensure fail-safes for proper and timely screening, surveillance and monitoring of common diseases.

*Contributing to this article were Drs. Kevin T. Geraci, Immediate Past President of the AMC/NOMA and a member of the Ohio KePRO committee reviewing the Physician Office Quality Improvement Initiative (POQII) and Janette Vajda, BSN, RN, MEd, CPHQ, the project supervisor for Ohio KePRO's POQII. ■*

### Member Assistance in Dealing with Insurance Carriers

AMC/NOMA members can access The Practice Management Department of the Academy of Medicine/Northern Ohio Medical Association when they have specific practice management issues, questions or concerns. A third party payor review form is available for our physician members and their staff to utilize when filing an insurance complaint to the AMC/NOMA. This will allow the investigation of your concern. A variety of issues can be addressed such as payment issues, denials, claims, documentation requests, and telephone access.

To obtain your form, please contact the AMC/NOMA practice management department at (216) 520-1000 or email at [concerns@amcnoma.org](mailto:concerns@amcnoma.org).

## Decorative Contact Lenses: Medical Devices or Not?

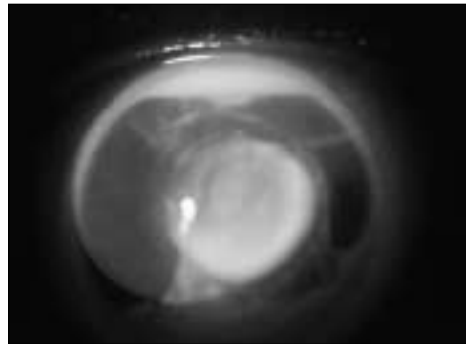
by Timothy L. Steinemann, MD

Over the past three years, we have witnessed a dangerous trend in fashion eye-wear — the sale of colored cosmetic contact lenses by vendors other than eye care professionals. This was initially reported in 2002 as a front page expose in the *Los Angeles Times* and later on ABC TV's *20/20*. At MetroHealth Medical Center we have now cared for several young people (largely teenage girls) who have presented with acute vision-threatening problems related to the misuse of decorative contact lenses. Our findings regarding six patients were recently published (Steinemann, TL et al. Ocular Complications Associated with the Use of Cosmetic Contact Lenses from Unlicensed Vendors. *Eye and Contact Lens*, 29 (4):196-200, 2003).

Over-the-counter sales of contact lenses (illegal in the U.S.) largely involve lenses that are not used to correct refractive errors. Instead, they are tinted to change the appearance of eye color or have various shapes and designs ranging from animal eyes to sport team logos. Initial reports were circulated by the American Academy of Ophthalmology in July 2002. Several patients were treated emergently by a South Carolina ophthalmologist who saw the teenagers after they had worn contact lenses purchased from beachwear stores.

Historically, all contact lenses including tinted costume or decorative lenses have been considered and evaluated as medical devices by the United States Food and Drug Administration. Although soft contact lenses have been legally marketed for over 30 years, the first products sold to alter the wearer's apparent iris color received approval in 1986. A package insert included the following phrase, "the lenses act to alter the apparent color of the eye," establishing a regulatory precedent for other manufacturers to follow. A product is not a drug or device under the Food, Drug and Cosmetic Act unless a manufacturer or vendor makes an expressed claim concerning the products' therapeutic benefits. At that time, the AMC/NOMA leadership along with the professional eye care industry and advocacy groups wrote to the FDA voicing concern about product and consumer safety. The AMC/NOMA pointed out that in the state of Ohio, Attorney General Betty Montgomery had issued a warning to consumers considering over-

the-counter purchase of cosmetic contact lenses. The AMC/NOMA strongly encouraged the FDA to continue to consider color contact lenses as medical devices, not cosmetics. The policy statement emphasized that even if contact lenses do not correct vision, they still need to be fitted and monitored by an eye care professional. The misuse of contact lenses does carry the risk of complications including bacterial and acanthamoeba infection, corneal abrasions, and keratitis resulting in vision loss, scarring, blinding infection and even loss of the eye. The FDA responded that they had no intention of modifying existing legal requirements or "deregulating" contact lenses and that they would use their full range of enforcement tools to ensure that decorative lenses were not commercially distributed in the U.S. without appropriate involvement of eye care professionals.



*The slit lamp photo (picture of the eye) shows Pseudomonas keratitis and prominent injection, central corneal infiltrate and edema, and hypopyon.*

In an April 4, 2003, notice in the Federal Register, the FDA announced that they would classify non-corrective decorative lenses as cosmetics. The Food, Drug and Cosmetic Act defines a "cosmetic" as an "article intended, introduced or otherwise applied to a body part for beautifying, promoting attractiveness or altering the appearance." Therefore, these lenses could not be regulated as medical devices. As such, these lenses were being sold without medical supervision at lower costs on the Internet and at various retail outlets. The FDA cannot review the safety of the lenses before they are sold to the public, cannot set "good manufacturing practices" for manufacturers, cannot require the supervision of a health care professional and cannot require that adverse events with



*Dr. Timothy L. Steinemann*

the lenses be reported promptly. "This new interpretation does not provide adequate regulatory safeguards, is not in the public interest and justifies corrective legislation," said Ed Schilling III, Executive Director of the Contact Lens Institute, a trade group of large United States contact lens makers.

In May of 2003, Rep. Henry Waxman (D-CA) and co-sponsor Rep. John Boozman (R-AK) introduced legislation (HR 2218) that would reverse the FDA's decision and in October, U.S. Sen. Mike DeWine (R-OH) and co-sponsor U.S. Sen. Edward Kennedy (D-MA) announced the introduction of companion Senate Bill 1747.

The U. S. House of Representatives passed HR 2218 on November 19, 2003 by an overwhelming majority, and the AMC/NOMA strongly supports the Senate Companion Bill 1747. Many eye care practitioners and advocacy groups including the AMC/NOMA have contacted their Senators to encourage passage of the legislation as is.

In summary, it is important to remember that a decorative colored contact lens is a foreign body, a piece of plastic placed on the eye, by which wearers can incur serious risks related to contact lens fit. Even in the best of circumstances, with ongoing supervision by an eye care professional, as many as half of all wearers are non-compliant with the care regimen. Over 1500 people with contact lens-related eye injuries were treated in U. S. hospital emergency rooms in 2002 and many more are seen in doctor's offices, clinics or not at all.

The AMC/NOMA will keep you posted on the status of Senate Bill 1747 and other developments on this matter.

*Dr. Steinemann is an ophthalmologist on staff at MetroHealth Medical Center, and is also an associate professor at Case Western Reserve University. ■*



## Clean Indoor Air Is in the Wind for Cleveland

A growing group of health-focused agencies is calling for Greater Clevelanders to join the Cleveland Clean Indoor Air Campaign, an initiative to make all workplaces and indoor public spaces in the city of Cleveland smoke-free. Since the Clean Indoor Air Campaign kicked off in late November, 2,147 individuals and 47 organizations have endorsed it, including The Academy of Medicine Cleveland/Northern Ohio Medical Association. In addition, the City of Cleveland Health Department has assembled a task force representing a broad cross-section of individuals with an interest in clean indoor air to review and discuss the issue.

"I believe our Campaign slogan says it all — It's about health. It's about time.," said Rimas Jasin, Executive Director of the local American Cancer Society. "Scientific evidence clearly demonstrates that secondhand smoke is a real threat to public health, killing more than 53,000 nonsmoking Americans each year," he said.

Gary DeNelsky, PhD, chair of the Cuyahoga County Tobacco Control Coalition, said that a clean indoor air policy will establish Cleveland as a leader for healthy workplaces. "Many people do not stop to consider that restaurants and bars are worksites, but in fact statistics show that nonsmoking employees of bars and restaurants suffer higher rates of health problems associated with smoking than the general population. No one should have to sacrifice health in order to keep a job," said DeNelsky.

He said that secondhand tobacco smoke is Ohio's third leading cause of preventable death, with research linking secondhand smoke exposure to myriad diseases and conditions, including emphysema, stroke, Sudden Infant Death Syndrome (SIDS), emphysema, hearing loss, low birth weight, cavities, impotence, pneumonia and breast, lung, colon and other cancers. Environmental tobacco smoke contains more than 4,000 chemicals, 43 of which are known carcinogens. "Cleveland is ranked #4 in the United States for tobacco use, so we are exposed to more secondhand smoke than people in most other cities in the country," said DeNelsky.

If Cleveland adopts a smoke-free policy, it will join the ranks of 266 other cities and five of the United States with smoke-free laws already in place.

Cleveland does have an ordinance on its books and has since 1987. It mandates smoking sections for most restaurants, eliminates smoking in city buildings, banks, and select other facilities, and gives some workers the right to request smoke-free work areas. However, the *1987 Act* exempts many workplaces and public places, including hotels, bars, some offices, bowling alleys, bingo halls, taxis, clubs, concert halls, factories, stadiums, bathrooms and more. Research has also shown that segregated smoking sections do not eliminate the dangerous health effects of second-hand smoke.

The AMC/NOMA has joined in the support of this campaign because we want to ensure that Cleveland City Council will update the 1987 Clean Indoor Air Act into a 100% clean indoor air ordinance, eliminating secondhand tobacco smoke in all public, indoor areas and workplaces in Cleveland.

"While the 1987 Clean Indoor Air Act was an important first step," said Cuyahoga County Treasurer Jim Rokakis, who helped craft the *1987 Act* while representing the Archwood-Denison area on Council, "we really can't claim victory until we take the next step and show the kind of courage displayed by leaders in New York and Los Angeles, by eliminating smoking in indoor, public places altogether."

Opponents of clean indoor air laws fear business losses; however, all well-designed, published studies concluded that laws requiring restaurants and bars to be smoke-free have no impact or a positive impact on sales and employment.

The AMC/NOMA leadership believes that an organization like the Academy should support this initiative. There will be a need for assistance from physicians and medical experts in Cleveland in order to make a difference in this campaign.

To join or learn more about the Cleveland Clean Indoor Air Campaign, please visit [www.smokefreeohio.org](http://www.smokefreeohio.org). Also check out these Web sites: National Center for Disease Control and Prevention [www.cdc.gov/tobacco/](http://www.cdc.gov/tobacco/) and Smoke-Free Environments Law Project: [www.tcsg.org/sfelp/](http://www.tcsg.org/sfelp/) or contact the AMC/NOMA offices at (216) 520-1000 or contact Donna Korn at the American Cancer Society at (216) 241-1177, ext. 123. ■

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### Medical Records Questions

The AMC/NOMA receives calls daily regarding patient medical records and fees charged by health care providers.

Physician's and staff may request a Medical Records Fact Sheet from AMC/NOMA. This will enable you to answer some of your patient's questions concerning Ohio Revised Code guidelines.

If you have any questions regarding this fact sheet or other practice management issues, please contact the AMC/NOMA office at (216) 520-1000, ext. 314 or write us with your concerns at [concerns@amcnoma.org](mailto:concerns@amcnoma.org) or 6000 Rockside Woods Blvd., #150, Cleveland, OH 44131 or fax (216) 520-0999.

## AMC/NOMA Golf Outing

**AMC/NOMA will host a golf outing on August 9, 2004, in memory of Marissa R. Biddlestone to benefit the Academy of Medicine Education Foundation (AMEF) at Canterbury Golf Course.**

This is the first annual event held by AMEF. By participating in this special fundraiser your contributions will assist in expanding educational programs and implementing new initiatives for both physicians and the patient population.

The Academy of Medicine of Cleveland established the Academy of Medicine Education Foundation (AMEF) in 1996. The foundation is a 501(c)(3) tax-exempt, nonprofit corporation organized for charitable, education and scientific purposes.

*Contributions to the Foundation are tax deductible to the fullest extent allowable by law.*

The categories for participation are as follows:

**Event Sponsor: \$3,000.00 – includes fees for a foursome**

**Hole Sponsor: \$1,000.00**

**Per Golfer: \$ 350.00**

For more information, please contact Linda Hale at the AMC/NOMA at (216) 520-1000 or lhale@amcnoma.org.

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## AMC/NOMA Legislative Chairman Seeks to Raise Public Awareness Regarding Medical Liability Reform

In December 2003, Dr. Bastulli presented to the Rotary Club of Cleveland and his presentation was so well-received that a member of the Rotary requested that Dr. Bastulli make a presentation to his organization, the Cleveland Society of Poles. Dr. Bastulli's presentation covered the AMC/NOMA's legislative agenda as well as background information on how the medical liability crisis is affecting patient care in Northeastern Ohio.

One member of the audience stated that he used to work for one of the larger insurance companies in town and that even as early as the mid-1980s they saw a big jump in health insurance premiums and at that time the company had trends showing an increase in the use of defensive medicine. At that time, this was attributed largely to the fact that there were large jury awards beginning to be given out in this county and as the cases

multiplied it seemed as if defensive medicine increased as a reaction to these lawsuits. He asked in light of this evidence why there was such reluctance on the part of the legislature to put a cap on these awards. Dr. Bastulli responded that the tort reform legislation passed in the Senate in Ohio with reasonable caps and caps on attorney contingency fees — but when the bill reached the House it went to a committee that was chaired by a trial attorney and was made up of some other trial attorneys and they gutted the bill. There were several other questions regarding the impact on access to health care and the upcoming Ohio Supreme Court races. In response to the questions concerning the Supreme Court race, the audience was provided with background on the importance of that race and the names of the candidates supported by organized medicine. ■



*Dr. Bastulli responds to a question from the audience.*

## MINI-INTERNSHIP

### AMC/NOMA'S 20th Annual Mini-Internship Program

"Everything you saw was a slice of the physician's life — not choreographed." This statement from **Dr. William H. Seitz Jr.** is echoed by all physician participants and appreciated by every intern in this year's mini-internship program.

2004 celebrates the Academy's 20th Annual Mini-internship. The program, which began in 1989, was initially held in both the spring and fall and in 1995 evolved into an annual event. The program was designed to provide laypersons with a brief but intensive experience of a physician's day. Since the program began, nearly 150 professionals with ties to the healthcare industry have had the opportunity to get a first-hand look at all aspects of a physician's day. Dr. William H. Seitz, Jr. (pictured) has been the Mini-Internship Program Facilitator for over 15 years. Dr. Seitz will be honored at this year's Annual Meeting with the Outstanding Service Award for his hard work and dedication that's made Mini-Internship the Academy's most successful community outreach program. This program pairs media persons, journalists, legislators, attorneys, insurance executives and

others with physicians for two days of shadowing. The interns are afforded the opportunity to observe all functions of the physician's daily routine, including surgeries, hospital rounds, trauma care, office visits and administrative responsibilities.

Participating physicians in this year's event were: **William Seitz, Jr., Chair 2004 Mini-Internship; John Bastulli, MD; Diane Butler, MD; Mohan Durve, MD; Mehrun Elyaderani, MD; Judith Evans, MD; Stephen Flynn, MD; Richard Fratianne, MD; Christopher Furey, MD; Gayle Galan, MD; Kevin Geraci, MD; Mohamed Hamid, MD; Dan Karns, MD; Bram Kaufman, MD; Louis Keppler, MD; James Lane, MD; Pierre Lavertu, MD; Gerald Meier, MD; Howard Nearman, MD; David Perse, MD; Mark Rodkey, MD; Marc Schrode, DO; Trilok Sharma, MD; Anthony Stallion, MD; Tim Steinemann, MD; Sherri Tenpenny, DO.**

Interns for this year's program were **Matthew Carroll**, Director Public Health, Cleveland Department of Public Health; **Cheryl Donahue**, Anthem Blue

Cross; **Rebecca Hysing**, Program Manager, Cuyahoga County Board of Health; **Shannon Mortland**, Staff Reporter, *Crain's Cleveland Business*; **Alan Thompson**, P.R.I.D.E. and WERE morning radio show; **Michael Walker**, Director Professional Contract & Network Management—Medical Mutual of Ohio; **Vanessa Williams**, Provident Education Administration—Palmetto GBA Medicare.

This year's event began with an orientation gathering on Sunday, February 15th, a "meet and greet" for interns and physicians, and concluded with a debriefing dinner on Wednesday, February 18th where all involved took the time to share their thoughts about this unique experience. Dr. Seitz urged interns to share their newfound knowledge with their colleagues. A primary goal of this program is to improve communication between the community and the medical profession. It provides an opportunity for policy makers to make the distinction between theory and reality.

*(Continued on page 15)*



Several interns commented on the willingness of the participating physicians and their staffs in making their experience comfortable as well as all-encompassing. Intern comments help physicians be grounded, to appreciate what actually happens.

Vanessa Williams appreciated the time physicians gave to explain every procedure. The intensity of the day brought the doctor's daily routine to light so as not to be taken for granted. "After my day on Monday, I was in bed by 5:30 PM, she stated, "It was very rewarding."

"I was amazed at the amount of time the doctor and staff had to give," remarked Matthew Carroll, "The generosity of physicians and the staff was overwhelming. I even got quizzed in heart surgery, I didn't expect to be quizzed! As an attorney, I learned a lot about the heart."

"Dr. Galan really kept me running," stated Cheryl Donahue, "I went from a nice practice setting to the ER. While at St. Vincent, I viewed open heart surgery. My doctor said 'come see this' they didn't want me to miss a thing. Everyone went out of his or her way to make me feel comfortable."

Rebecca Hysing commented on the pace of the physician's day. "I visited with Pierre Lavertu, MD, who saw 18 patients in 4 hours. I learned firsthand the difficulty physicians have in dealing with elderly patients. I highly recommend this experience".



Alan Thompson with *Richard Frattianne, MD.*

Shannon Mortland got to see a "little bit of everything, including life flight. I was able to scrub up for surgery with Dr. Perse, they even gave me a step stool so I could see the surgery. My experience will certainly help me to ask better questions."

Michael Walker said the experience has put a "different spin" on his view. "This experience has brought me more in touch with what the medical community does for us. My career with Medical Mutual of Ohio has been 'how can I improve the system'? I've come to appreciate that the system is healthier now than ever because of the passion that physicians have for their patients."

Alan Thompson learned that many of the support staff members present were there because of government, lawyers and insurance companies. "I enjoyed my time, it was a learning experience, and I highly recommend the program."

It was Matthew Carroll who said it best. "The everyday, commonplace things that doctors do daily are the extraordinary as the ordinary."

*For more information on this year's event or to sign up for the 2005 program, please contact Membership and Marketing Coordinator, Linda Hale at (216) 520-1000 ext. 309 or by email at lhale@amcnoma.org. ■*



*Dr. Seitz has been the Mini-Internship Program facilitator for over 15 years. Here he is pictured with 2004 interns, (left to right), Shannon Mortland, Rebecca Hysing, Dr. William H. Seitz, Cheryl Donahue, Alan Thompson, Vanessa Williams, and Michael Walker.*



*2004 Mini Internship physicians and interns (Front row), Dr. Richard Frattianne, Intern Vanessa Williams, Intern Shannon Mortland, Dr. Judith Evans, Intern Rebecca Hysing, Dr. Mohan Durve. (Row 2), Intern Cheryl Donahue, Intern Alan Thompson, Dr. Marc Schrode, Intern Michael Walker, Intern Matthew Carroll, Dr. Tim Steinemann. (Row 3), Dr. Mohamed Hamid, Dr. Diane Butler, Dr. Trilok Sharma, Dr. William Seitz Jr. Back Row: Dr. Mehrun Elyaderani, Dr. Gerald Meier, Dr. Kevin Geraci, Dr. Sherri Tenpenny.*

**AMC/NOMA's  
20th Annual  
Mini-Internship  
Program  
Orientation  
and Debriefing  
Photo Highlights**



*Class of 2004 Interns: Front: Vanessa Williams, Shannon Mortland, Rebecca Hysing, Matt Carroll  
Back: Cheryl Donahue, Alan Thompson, Michael Walker*



*Matthew Carroll chats with **Gerald Meier, MD**, regarding what he can expect to learn during the program.*



***Tim Steinemann, MD**, meets with his intern, Cheryl Donahue.*



***James Lane, MD**, outgoing AMC/NOMA president, presents Vanessa Williams with her certificate of completion for the program.*



***Sherri Tenpenny, DO**, with her intern, Shannon Mortland.*