AMEF and the AMCNO Collaborate with CWRU School of Medicine to Address the Opioid Crisis in Ohio

By Theodore V. Parran, MD

The current opioid epidemic is a top priority for physicians and for organized medicine in Ohio. One important approach to addressing this epidemic is to provide the highest-quality education to Ohio physicians in the areas of prudent prescribing of controlled drugs; pain management; differential diagnosis and management of anxiety, insomnia, and attention deficit disorder (ADD); opioid and benzodiazepine pharmacology; and strategies to maintain professional boundaries while maintaining a therapeutic relationship.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) and its foundation, the Academy of Medicine Education Foundation (AMEF), have partnered with the CWRU School of Medicine Program in Continuing Medical Education (CME) to provide this type of online course. The course is designed for physicians in all specialties, to help them increase their knowledge and ability to effectively prescribe controlled medications that have abuse potential, with the intention to curb opioid and other controlled drug abuse and addiction. Through the AMEF, an educational grant has made this program possible. The AMEF is the charitable component of the AMCNO—the regional medical society that has united Northern Ohio physicians to respond to the needs of the profession since 1824.

CWRU School of Medicine: A National Leader in Controlled Drug Prescribing Education
Since 1994 CWRU School of Medicine has sponsored an “Intensive Course in Controlled Drug Prescribing” for the educational needs of all clinicians, as well as for those who have developed problems in their prescribing practices. More than 3,200 physicians and other prescribers have been referred to this 3-day, category 1 CME course by medical boards in 48 states and four Canadian Provinces, as well as by hospital systems and group practices. The course has received national acclaim as one of a very few high-quality educational offerings in the principles and practice of prescribing controlled drugs. Based on this expertise, several hospital systems requested that aspects of the course that most apply to typical medical practice be developed into an online offering so that clinicians in their systems could more easily access the content. Based on these requests, the AMEF decided to support this initiative with an educational grant.

The Current Opioid Crisis
Opioids are a class of medications that have long been used in patient care. They have also been involved in periodic epidemics of abuse and addiction since the Civil War era of the 1860s. According to the Centers for Disease Control and Prevention (CDC), the United States is in the midst of its worst opioid abuse and overdose epidemic. Prescription opioids continue to play a major role in the current epidemic, with at least half of the more than 28,000 opioid-associated deaths in 2014 involving a prescription.

As a consequence, Ted Parran, MD, a board-certified internal medicine and addiction medicine specialist, the Isabel and Carter Wang Professor and Chair in medical education at CWRU, and an AMCNO member, is especially busy combining his expertise in addiction medicine and medical education to teach the principles of safe opioid prescribing to students, residents and practicing clinicians.

“The current epidemic started in the early 1990s when there was a belief system shift, a so-called paradigm shift, regarding the treatment of chronic pain,” says Dr. Parran. “Before 1990, chronic pain was typically treated without opioid medications—and it was pretty effectively managed. In the 1990s palliative care physicians presented the hypothesis that if malignant pain could respond to more aggressive opioid prescribing, resulting in an improvement in patient quality of life … then perhaps they could also be useful in chronic pain management. This hypothesis—without substantial clinical data to support it—combined with intensive pharmaceutical company marketing and an emphasis on pain screening from accreditation organizations like the Joint Commission resulted in a massive increase in the prescribing of high-dose, long-term opioids for chronic pain. In retrospect, a significant proportion could be termed ‘over-prescribing.’ Tragically, the potential risks of opioid prescribing were largely unknown, and when they did become known, they tended to be downplayed,” he said.

(Continued on page 5)
AMEF awards scholarships each year to third- and fourth-year medical students (MD / DO) who are or were residents of Cuyahoga, Summit, Lake, Geauga, Ashtabula, Lorain or Portage counties, and who demonstrated an interest in being involved in organized medicine and community activities. Applicants must also possess leadership skills and demonstrate academic achievement. AMEF scholarships will be awarded to third- and fourth-year medical students attending the following: Case Western Reserve University School of Medicine, Cleveland Clinic Lerner College of Medicine of CWRU, Northeast Ohio Medical University, and Ohio University College of Medicine.

Applications are due no later than January 31 of the year in which the student is to begin his or her third or fourth year of study. Scholarship recipients will receive their award in April of that same year.

A copy of the scholarship application is available on the AMCNO website, under the AMEF tab, at www.amcno.org.

Donations/Contributions

Did you know that contributions made by December 31 could reduce taxes on returns filed by April 15 of the following year and that missing that date delays tax savings for a full year? That is why charitable gifts should be made well before Christmas. Timing is everything where year-end tax donations are involved, so don’t delay. Plan as if the year ends on December 15.

The AMEF is a 501(c)(3) tax-exempt organization dedicated to the improvement of healthcare. The AMEF touches the lives of physicians, medical school students and citizens across the region, through scholarships, community health projects and education. Please review the numerous opportunities to be involved in the Foundation’s efforts and consider making a donation. All donations are fully tax-deductible. If you have any questions, please email Secretary-Treasurer Elayne Biddlestone at ebiddlestone@amcnoma.org or call her at (216) 520-1000, ext. 100.

Cash Donations

To donate by check, simply send your gift by mail to AMEF, 6100 Oak Tree Blvd., Ste. 440, Independence, OH 44131. AMEF accepts donations made with payments through Visa or MasterCard. Please call (216) 520-1000, ext. 100, to make a credit card gift to the Foundation. Cash donations can also be made online at www.amcno.org, under the AMEF tab.

Stock Gifts

Gifts of appreciated stock are a convenient way to contribute to the AMEF. There are often many tax benefits for donors through tax deductions for the full fair market value of the contributed stock, and avoidance of taxes on capital gains. For more information about this type of giving, please call AMEF at (216) 520-1000, ext. 100.

Tribute Gifts

Remembering or honoring a family member, friend, loved one or colleague by making a gift to AMEF is a meaningful gesture. Any gift to the AMEF may be made “in memory of” or “in honor of” someone or some occasion. For information on this type of giving, contact AMEF at (216) 520-1000, ext. 100.

Planned Gifts

AMEF can help you learn more about planned giving. Planned gifts offer many benefits through tax deductions and/or reducing estate taxes. For information on this type of charitable giving, contact AMEF at (216) 520-1000, ext. 100, or go to the AMCNO website at www.amcno.org and click on the AMEF tab.

AMEF Sponsors Podcasts to Assist Medical Students with Career Choices

The AMEF was pleased to provide funds to assist in the launch of a program geared toward assisting medical students in choosing a medical specialty and planning their career. This program, known as The Undifferentiated Medical Student (TUMS), was created to empower medical students and get them to start thinking about their future.

To accomplish that task, TUMS is conducting interviews with one physician from each of the 120+ specialties and subspecialties listed on the Association of American Medical Colleges’ Careers in Medicine website to enable medical students to hear more about specific medical specialties through podcasts. The physician interviews are broken into three sections, with a repeating set of questions about the nuts and bolts of the specialty in question, the personal algorithm the physician guest used to determine this was the right specialty for him or her, and advice for long-term career planning irrespective of the physician’s specialty.

The Undifferentiated Medical Student is regularly featured in the top 40 podcasts of the Science & Medicine < Medicine subcategory in iTunes. As noted, TUMS is sponsored in part by the AMEF. To learn more about TUMS go to their website at www.undifferentiatedmedicalstudent.com.
AMEF Sponsors Training Session on Opioid Prescribing Practices

The Academy of Medicine Education Foundation (AMEF) was pleased to partner with MetroHealth Medical Center to sponsor a training session, “Safe and Competent Opioid Prescribing Education (SCOPE) of Pain,” for local healthcare professionals on June 2. The session was provided by Boston University School of Medicine (BUSM) and reviewed best practices and clinical pearls of managing chronic pain.

Daniel P. Alford, MD, MPH, course director of the program and Professor of Medicine at BUSM, provided background information on chronic pain, reporting that 100 million Americans are affected by it and describing how chronic pain itself can be a disease. He also discussed significant barriers to adequate pain care, including lack of decision support for chronic pain management and financial alignment favoring the use of medications. Dr. Alford stressed that care must be tailored to each patient’s experience.

Since more than two-thirds of patients obtain prescription opioids from family or friends (either by asking for them or stealing them), Dr. Alford said that physicians need to do a better job of discussing safe storage and disposal of medications with their patients.

Because the efficacy and safety of chronic opioid therapy has been inadequately studied, opioid prescribing needs to be more selective and conservative, according to reports in several medical journals. In addition, researchers have found that opioids help some patients, harm some patients, are only one tool for managing severe chronic pain, and are indicated only when alternative safer treatment options are inadequate, Dr. Alford said.

Sybil Marsh, MD, MA, Associate Professor in the Department of Family Medicine and Community Health at University Hospitals Cleveland Medical Center, discussed how to safely initiate (or continue) opioid therapy. She emphasized that chronic pain requires multidimensional care, which includes restoring function, reducing pain, improving quality of life, and cultivating well-being. Dr. Marsh stressed that opioid prescriptions should be considered a test or a trial, and said that if opioids are necessary, it’s best to start with a low dose and increase it slowly. She talked about the use of a Patient Prescriber Agreement as well, which outlines a patient’s plan of care and is signed by both the patients and the prescriber, is reviewed regularly (usually annually), and serves as a Patient Counseling Document.

And Dr. Marsh talked about ways to monitor for opioid misuse, including patient questionnaires, pill counts, urine drug tests, and Prescription Drug Monitoring Program data review.

Dr. Alford returned to the podium and discussed assessing and managing aberrant medication-taking behavior, and offered alternate options for when a patient experiences a lack or loss of benefit from a medication. He reminded attendees that not all chronic pain is opioid responsive, a higher dose of an opioid is not always better and may increase the risk of adverse effects, and some chronic pain improves after opioid taper.

A panel discussion followed Dr. Alford’s talk, and featured Vince Caraffi, MPH, Cuyahoga County Opiate Task Force; Hauns Charters, Group Supervisor, Drug Enforcement Administration, Cleveland District Office; and Cameron McNamee, BA, Director of Policy and Communications, State of Ohio Board of Pharmacy. The panelists fielded questions from the audience.

The SCOPE of Pain event was well-attended by various healthcare professionals, including physicians.

One participant asked about the rules behind prescribing opioids in Ohio. McNamee discussed the acute pain guidelines that were just released, which the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has shared with members in previous publications and can be obtained on our website, www.amcno.org. McNamee also provided the audience with two-sided cards that outline when the Ohio Automated Rx Reporting System (OARRS) should be accessed—one side is specifically for prescribers and the other is for pharmacists. This reference card can be obtained online at www.pharmacy.ohio.gov.

The panelists also discussed possible reasons why Ohio has a high rate of opioid deaths, how the community is working toward making treatments more affordable, and what well-meaning physicians can do to avoid issues with their prescribing practices.

In his closing remarks, Dr. Alford said that pain is subjective, and it’s a common problem. He believes everyone should have access to comprehensive pain management, adding that opioids need to be the last choice when treating pain to decrease the demand for them. Physicians, however, should not swing the pendulum completely the other way and stop prescribing opioids altogether, he said, because some patients do actually benefit from them.

Dr. Alford informed participants that they could find additional resources on chronic pain on the SCOPE of Pain website: www.scopeofpain.org.
Foundation Facts • Fall 2017

AMEF Sponsors Crain’s Health Care Forum

The Academy of Medicine Education Foundation (AMEF) was pleased to be one of the many community sponsors of the Crain’s Health Care Forum. Held at The NEW Center of the Northeast Ohio Medical University (NEOMED), this forum was convened in an effort to provide attendees with an assessment of the current state of health in healthcare in Northeast Ohio and its future outlook.

Following opening remarks from Dr. Jay Gershon of NEOMED, Elizabeth McIntyre, Publisher and Editor of Crain’s Cleveland Business, led a panel discussion with local healthcare executives. Panelists included Dr. Brian Donley, Chief of Staff and Chief of Clinical Operations at the Cleveland Clinic; Dr. Bernard Boulanger, Executive Vice President and Chief Clinical Officer from MetroHealth; William Considine, CEO and President of Akron Children’s Hospital; Dr. Dan Simon, President, University Hospitals Cleveland Medical Center; and Tom Strauss, CEO and President, Sisters of Charity Health System.

The panelists were asked to address various topics, including caring for the Medicaid population in Ohio. Dr. Donley noted that the Medicaid expansion has allowed access to patients who were in need of care to address chronic disease issues and substance abuse and addiction problems—noting that there is a need to improve access in order to reduce the burden of the cost of care. Dr. Simon agreed with these points and also noted that Medicaid expansion had an impact on bad debt and free care, and it has helped to improve the financial stability of hospitals. Mr. Considine stated that there are 2.4 million children in Ohio, and 1.3 million of them are on Medicaid. Because Medicaid is the number one pediatric payer of healthcare in the county, he is concerned about the future of pediatric healthcare coverage. All of the panelists agreed that Medicaid expansion and enhanced coverage has improved the management of chronic health conditions and that there would be a great deal of uncertainty in the healthcare market if Medicaid coverage was cut back.

When asked about how patient access could be improved, the panelists agreed that there is a need to bring resources closer to the community—through primary care networks and partnerships. There is a real need to provide patients access to care where they live, shop and work. Patients want local access to their physician and they do not want to travel great distances to obtain that care. All of the panelists agreed that the issue of infant mortality has to be addressed as well—this can be done by creating partnerships with local governments and non-profits and working collaboratively with members of the community on education initiatives.

In response to a query about how to combat the rising cost of health care, the panelists said that population health can help reduce the demand for costly medical services—that is, focus on patients before they are really ill and build on population health strategy. If you can find a way to keep patients out of the hospital and focus on efficiency of care and care coordination, while still keeping a watchful eye on quality and patient safety, that can take the cost out of care, per the panelists. It was also noted that in the future the success of a hospital or system will depend on their ability to deliver value to patients and the purchasers of care.

Ms. McIntyre from Crain’s moderated the session and asked the panel about the health of healthcare providers—noting that we are seeing more and more about burnout of those who have worked decades in the healthcare industry—and she asked the group if there has been an increase in burnout and, if so, why.

Mr. Considine noted that the pace of everything we do has skyrocketed—and the types of patients coming through the doors with different social determinants of care are at an all-time high. The challenges and the responsibilities of caregivers have grown—and the people who choose to work in the healthcare field have big hearts and give of themselves regularly, and many times they do not know when they have gone too far in terms of taking care of themselves and their own health. “We need to talk about this in our organizations and have our eyes open,” he said. “In our training program we send residents home after certain things happen. If something horrific occurs in the emergency room there is an emotional drain—we need to take care of the caregiver. One thing that has been successful is having caregivers talk about their experience to an auditorium of fellow workers. They talk about their frustrations and what happened. If you do not talk about it or have a vehicle in your culture or organization, you need to,” Mr. Considine said.

Dr. Boulanger indicated that at Metro they are concerned about the wellness of their caregivers. They are buried under regulations, documentation requirements have increased and the electronic health record usage is an issue. The sound of medicine and nursing should not be the click of the mouse—we need the laying on of hands and looking at patients, he said. At Metro they are using EPIC’s provider proficiency tool—they can see when providers are preparing notes and orders and doing other work in EPIC—so that executives can review these issues and try to free up the providers’ time.

Mr. Considine noted that we also have to recognize that the expectations of millennial fellows and residents are different—especially pertaining to their work life balance expectations. During interviews for faculty positions the interview questions center around things
such as how many vacation days do I have and how often am I on call. This tells us that the work life balance is very important—and wellness of our workforce is critical—so we need to have breaks and vacations. We need to change—if we do not, we will not have the workforce, he said.

Dr. Donley noted that this type of conversation is actually a healthy change. Some of the issues causing burnout are rules and regulations in health care, which have created a lot of work, but some of these are unnecessary and we need to reduce some of them. And then there is the explosion of knowledge that is available—machine learning and deep learning will help us deal with some of these issues, he said. But when we talk about people in health care they do not mind working hard—they have been doing that for many years—but what they care about is that they are losing some of the meaning and purpose in their work. So we need to try and restore that, Dr. Donley said.

The panel also discussed how to better partner with social agencies to affect change and responded to specific questions from the audience.

The keynote panel discussion was followed by “Stat Chats” on the topics of mental health, opioid and drug abuse, behavioral health and the workplace, and the aging population. Each topic area was led by an expert discussing the issue’s current status and impact. Case study presentations followed, during which attendees had the chance to learn about some of the innovative solutions taking place in Northeast Ohio. Audience discussion and table talk took place after each expert/case study.

The final presentation was a discussion between a medical student and a professor from NEOMED focused on the changing healthcare sector, its challenges and opportunities.

The AMEF was pleased to sponsor this important community event.

To view Crain’s coverage of this event go to www.crisncleveland.com/hcforum17.

AMEF and the AMCNO Collaborate with CWRU School of Medicine to Address the Opioid Crisis in Ohio

As a consequence, opioid prescribing in the U.S. has quadrupled since 1999, with an accompanying upsurge of availability on the secondary, so-called “street market.” Since 2014 physicians have gradually begun decreasing opioid prescriptions in the face of widespread misuse and fatal overdoses. One unexpected, and disastrous, result has been that many patients have turned to heroin, which is significantly less expensive and more easily available than prescription opioids. This in turn triggered a spike in fatal heroin overdoses. A confounder is that heroin is frequently mixed with fentanyl or even carfentanly, which are synthetic opioids illegally produced and imported from China through Mexico. Fentanyl can be 100 times more potent than heroin, playing a major role in rampant accidental opioid overdoses in cities throughout Ohio and the nation.

The CWRU – AMCNO/AMEF Response

The current crisis is a perfect time for initiatives like the CWRU – AMCNO/AMEF online educational series. This series focuses on teaching a systematic approach that is time efficient, clinically effective, and evidence-based to help physicians make sound decisions regarding the acute and chronic prescribing of all controlled drugs. In effect it is a way to implement a “Universal Precautions” clinical practice-based approach to prescribing that clarifies the risk/benefit factors present in each patient situation, and also provides a systematic way to follow-up with monitoring and documentation. Basic aspects of this online curriculum cover topics such as cost-effective and efficient patient assessment, starting/continuing/stopping/or avoiding controlled drugs, doctor-patient relationship maintenance, medical board requirements, and medical record documentation. Also covered are basic principles of controlled drug pharmacology, physical dependence, withdrawal management, pain/anxiety/insomnia/ADD diagnosis and treatment, and mandatory aspects of documentation and record keeping.

Dr. Parran reports that “the CDC has referred to the current opioid epidemic as the most serious iatrogenic epidemic of our new century.” Course material in this new online series will clearly help all clinicians with controlled drug prescribing decisions, will help with better balanced prescribing patterns, and will result in better patient and community safety.

The AMEF, CWRU School of Medicine and AMCNO are pleased to make this outstanding clinical education resource available to the prescribing clinicians of our region.

Visit the AMCNO website, www.amcno.org, to learn more about the online course.
AMEF Sponsors the 2017 AMCNO/CMBA Medical Legal Summit

Gail Wilensky, PhD, delivered the keynote address, “The Future of the Affordable Care Act and Medicare Payment Reform,” at the 2017 Medical Legal Summit—an annual event co-sponsored by the AMEF, AMCNO, and the Cleveland Metropolitan Bar Association (CMBA). It was held March 24-25 at the CMBA Conference Center.

Prior to Dr. Wilensky’s keynote presentation, opening remarks were provided by Dr. Robert E. Hobbs, AMCNO President and Summit Co-Chair, and Marlene Franklin, Esq., Associate General Counsel at MetroHealth Medical Center and Summit Co-Chair. The Health Care Law Update took place earlier in the afternoon, prior to the keynote presentation. Among the topics covered during that session were: “Safety Net Providers: Law and Public Policy,” and “Managing Risk in Employing Foreign Nationals: At the Crossroads of Health Care, Labor and Employment, and Immigration,” which was presented by Isabelle Bibet-Kalinyak, McDonald Hopkins LLC. Ms. Bibet-Kalinyak had written an article on this topic for the AMCNO’s 2017 March/April Northern Ohio Physician magazine.

At the time of the Summit, the American Health Care Act (AHCA) was still being debated. Keynote speaker Dr. Wilensky stressed that regardless of the outcome, there is still a need for bipartisan support for passing any type of legislation. She discussed the unique makeup of the new governing body—Republicans now control Congress and the White House, but they are without a filibuster-proof majority in the Senate. This means that the Republicans need some Democratic support, or they will have to use the budget reconciliation process, which comes with challenges as well. Her advice to the Senate Republicans, especially concerning the Affordable Care Act (ACA), is to find something that they think could garner bipartisan support, and work on that.

It is clear that the ACA needs to change, Dr. Wilensky said, stressing that in year 4, “exchanges are still in churn, and one-third of counties in America are left with one insurer in the exchange.” And, the Congressional Budget Office (CBO) had predicted 18 million enrollees in exchanges by 2017; so far this year only 12.1 million have signed up. She did say that “the unsung hero” has been the success of Medicaid expansion plans that have pulled in numbers of the uninsured. And “this population has been absorbed without the churn and without stress in the system,” she said.

Dr. Wilensky said she sees many “mistakes” related to ACA policy, “As a public policy person, I’m not going to trash anything that substantially increases people with insurance coverage—that is a good thing.” But mistakes have happened along the way in previous administrations, she said, where Republicans had opportunities that they did not follow through on, such as limiting the age-band to 3:1 instead of 5:1; allowing 26-year-olds to stay on their parents’ policy after Jan. 1, 2014; guaranteeing future coverage without penalties; and lenient “special enrollment” rules.

One strategy is to repair or reform the ACA, she said. Politics never allowed this as an option—Republicans spent 2010-2016 vowing to repeal and replace it, particularly conservative Republicans. Legislation that is passed on a partisan basis is rarely stable, however, she said. Medicare was passed with bipartisan support, even though conservative Republicans and southern Democrats were against it. The new legislation, however, has a deep political partisan divide.

Replicants have adopted a “three-bucket strategy,” Dr. Wilensky said, one of which is fast-track a bill, as they did with the AHCA. She said a better strategy, however, would have been to let both the Senate and the House pass something and then come to a reconciliation later. The other strategy is changing regulations and other administrative changes. The Administrative Procedures Act puts in many safeguards and processes to be followed in changing regulation and has to be consistent with the statute Congress is trying to implement. The Centers for Medicare & Medicaid Services (CMS) has to write rules and regulations, which is not a fast process. And the final strategy is a separate legislative package for other changes, such as malpractice reform, selling insurance across states, etc. This strategy requires 60 Senate votes.

She discussed proposed legislation introduced by Senators Bill Cassidy (R-LA) and Susan Collins (R-ME), which would keep some ACA provisions but not all. States would have three options:

1. Continue with the ACA, with the same funding for Medicaid (95% of premium subsidies).
2. Receive 95% of federal funding.
3. Create their own solution but without federal funding.

Four Republican governors who expanded Medicaid in their respective states, including Ohio Gov. John Kasich, also proposed legislation focusing on Medicaid reforms, wanting to maintain support for their expanded Medicaid programs. They proposed that states should be offered two options: convert federal funding to a per capita grant or funding for nondisabled/nonelderly to a block grant, or keep the current system but reduce the federal share.

The real problem, Dr. Wilensky said, is that no Democrats support the AHCA; and some
Democrats have denounced Sens. Cassidy and Collins. But, she stressed that it is clear that stable legislation needs to have bipartisan support. “If the Republicans jam through a bill without the Democrats, it will be no more successful or stable than the ACA,” she concluded.

The Saturday sessions began with a plenary session on MACRA (or, the Medicare Access and CHIP Reauthorization Act of 2015). The speakers were Cathy Costello, JD, Director, CliniSyncPLUS Consulting, Ohio Health Information Partnership; Dr. Howard Pitluk, Health Services Advisory Group (HSAG), Vice President for Medical Affairs and Chief Medical Officer; and Dr. Robert Furno, Chief Medical Officer at CMS (via Skype).

Ms. Costello discussed several items, including reporting timelines and Meaningful Use (MU) measures for 2017-18 for MACRA, the Merit-based Incentive Payment System (MIPS) and reporting options, the significance of the Composite Performance Score (CPS), and the Advanced Alternative Payment Models (APMs).

Dr. Pitluk talked about how HSAG is a partner in improving healthcare quality. Nearly 25% of the nation’s Medicare beneficiaries fall under the HSAG’s Quality Innovation Network-Quality Improvement Organization (QIN-QIO) territory. He discussed how research indicates that quality has improved through electronic health records and MU reporting. Advancing Care Improvement has replaced MU, and it is not “all or nothing.” Dr. Pitluk also talked about health information technology and its impact.

Dr. Furno focused on the Quality Payment Program, which will reform Medicare Part B payments for more than 600,000 clinicians, and improve care across the entire healthcare delivery system. He then discussed the two tracks, MIPS and Advanced APMs, in more detail.

The next plenary session addressed the opioid crisis in Ohio. Panelists were Dr. Nicole Labor, Addiction Specialist, SUMMA Health Systems; Marisa Darden, Assistant United States Attorney, Northern District of Ohio; and Hugh Shannon, Administrator, Cuyahoga County Medical Examiner.

Mr. Shannon shared information on overdose deaths from 2006-2017 for all categories. In 2014, fentanyl was introduced into Cuyahoga County. There was a “catastrophic rise” in deaths in 2016, he said, and only 2 months into 2017, the projections are very high for deaths this year compared to last year. Ninety-five percent of all fatalities involve more than one drug and/or alcohol. He mentioned that Project DAWN, spearheaded by AMCNO member Dr. Joan Papp, has increased the number of lives saved.

Dr. Labor talked about how addiction is a brain disease, and she gave an easy-to-understand description of how each part of the brain is affected by addiction. She said that medical providers, law enforcement and others are focusing on the drug, not the disease. The goal of treatment should be to restore the frontal cortex—where behavioral therapy works—once it’s been “hijacked” by the midbrain, where the drugs and alcohol work. She said she would like to see a shift in the current crisis—to treat the disease of addiction and work on prevention.

Ms. Darden discussed the Organized Crime Drug Enforcement Task Force Unit, which was created in 2013, and is a four-point model: law enforcement, education and prevention, healthcare policy and treatment. She said her office focuses on “big players,” such as drug dealers and cartels. Not many prosecutors are taking on these cases, but the Cleveland unit is. The penalties are stiff to send a message to drug dealers who are ruining communities and lives, she said. She also said the task force is placing an emphasis and resources on prevention, talking to schools and parents, for example, on the effects of drugs.

The final plenary session was about lawsuits—how to avoid or survive them, from a medical/legal perspective. Panelists were AMCNO member Dr. John Bastulli, St. Vincent Charity Medical Center; The Honorable Nancy McDonnell, Cuyahoga Co. Court of Common Pleas; and R. Eric Kennedy, Esq., Weisman, Kennedy & Berris Co, LPA.

Dr. Bastulli, who is also the AMCNO’s VP of Legislative Affairs, said that the medical community promotes a culture of safety. “We have made strides in the last 15 years in reducing medical errors,” he said. Malpractice suits can be stressful for physicians, but he offered a few suggestions in the event a physician is summoned for a case, such as don’t contact the patient and don’t alter the medical record. He said injured patients should be compensated fairly if they are truly harmed.

Mr. Kennedy has been asked to represent physicians in addition to the one that is hired by a physician’s insurance company. He tells physicians to “take [the case] personally”— they must decide whether they were right or wrong, if they met the standard of care. He also tells them “not to take it personally”—they’re going to have bad results, it’s nature, it’s medicine.

He added that medical malpractice filings are down—about 25% of what they were 10 years ago. Judge McDonnell said that malpractice cases in the county are down as well. The panelists agreed that tort reform has had a major impact.

The panelists also agreed that practice guidelines and standard of care are more important in lawsuits, rather than policies.

Following the final plenary on Saturday was a breakout session with two options: “Medical Marijuana,” or “Legal Issues in the Care of the ‘Vulnerable Patient.’”

(Continued on page 8)
The Medical Marijuana session was moderated by Dr. Hobbs and Ms. Bibet-Kalinyak, and featured two presenters:

**Dr. Jerry Mitchell**, a member of the Ohio Medical Marijuana Advisory Panel, and
**Ms. Cassandra L. Manna**, Esq., from Roetzel & Andress, LPA.

Dr. Mitchell provided information on the known effects of marijuana, and he noted that there have been no randomized trials done on marijuana because it is classified as a Schedule I drug. He also provided background on HB 532, which was signed into law in Ohio in 2016. This law established a framework for marijuana cultivation, processing, dispensing and recommending marijuana. He stated that rules are currently being written for this legislation by the Departments of Commerce, Pharmacy and the State Medical Board.

Ms. Manna provided an overview on some of the legal aspects of the new law. She noted that a key point for physicians to remember is that if they are recommending medical marijuana to patients, they are issuing a “recommendation” versus a prescription. This was done because if a physician were to write a prescription for marijuana, they would be writing a prescription for a Schedule I drug, and under federal law, the Drug Enforcement Administration could revoke their license. Medical marijuana can be recommended for 21 qualified medical conditions, and there is a statute that allows for other medical conditions to be added to the list, so the list can expand in the future.

In the other breakout session, **Chuck Corea**, In-House Attorney at the Cuyahoga County Board of Developmental Disabilities, discussed “vulnerable patients.” He said 40% of patients have a disability or behavioral health issue. He talked about applicable Ohio Revised Code sections and definitions that cover this population, such as competent, incompetent, neglect, abuse, and emergency guardianships. He also discussed supported decision-making, which is an alternative to guardianship and involves the use of friends, family members, and professionals to help these patients understand the medical situations and choices they face. The discussion concluded with case scenarios.

More than 250 Northern Ohio physicians and attorneys registered for this annual event, and both organizations appreciate their attendance. The AMEF, AMCNO and CMBA especially thank the event sponsors for their generous support, as well as the planning committee and presenters for their hard work and sharing their expertise.

The planning committee is meeting now to discuss next year’s agenda. AMCNO members are encouraged to participate, submit topics and suggest presenters for the Summit. Contact Elayne Biddlestone at ebiddlestone@amcnoma.org or (216) 520-1000, ext. 100, for more information.

**AMEF Provides Two Medical Student Scholarships for Attendance at FMEC Annual Meeting**

In November, the AMEF was pleased to be a sponsor of two medical student scholarship registrations to the Family Medicine Education Consortium, Inc., (FMEC) conference held here in Cleveland. These scholarships were awarded to students from CWRU School of Medicine and Northeast Ohio Medical University and covered conference registration, meals at the meeting and hotel accommodations. This important conference covered a myriad of topics, including quality improvement methods, evidence-informed decision making, an integrated care continuum, and other hot topics in family medicine.

**AMEF Sponsors 2017 Doc Opera**

AMEF is pleased to be a sponsor of Doc Opera once again this year. The theme for this year’s show is “Indiana Bones,” and the event takes place December 16 at the John Hay High School Auditorium.

Doc Opera is a collaborative fundraiser and musical production organized and performed by the students and faculty of CWRU School of Medicine and Cleveland Clinic Lerner College of Medicine. The primary mission of this annual variety show, which is now in its 33rd year, is to raise funds to provide quality healthcare and related services free of charge for those in the community who are in need. The beneficiaries are Circle Health Services (formerly The Free Medical Clinic of Greater Cleveland) and the CWRU Student-Run Free Clinic.

Please consider AMEF in your charitable giving plans. Inside this newsletter is an envelope that you can use for your AMEF donation. It includes information on the different types of gifts we offer as well as the various payment methods. Thank you!
AMEF Funds Used to Sponsor Business Practice Session for Physician Members and Residents

Through the generous support of the AMEF and the William E. Lower Fund, the AMCNO provided the venue for the “Understanding the Legal and Financial Aspects of Practicing Medicine” seminar. This annual event was moderated by AMCNO President Dr. Fred Jorgensen.

The following topics were covered during the seminar: estate planning for young physicians, legal and other issues for new physicians joining a medical practice, benefits available to physicians, and the business and tax aspects of a medical practice. Presentations were given by representatives from McDonald Hopkins LLC, Sagemark Consulting/Lincoln Financial Advisors, and Walthall CPAs LLP. Among the key points discussed were: how to create a budget and build an emergency fund, the best ways to review a physician employment agreement and negotiate compensation, how to prepare a will or trust, items to consider when opening a physician practice, and options that are available for paying off student loans.

This seminar is always very well-attended and provides valuable insights for residents about to enter the practice of medicine as well as important information for established physicians, which is why the event was also open to AMCNO member physicians and nonmembers this year.

From the feedback we received from the evaluation forms, the majority of participants rated the speakers as “excellent,” and the remaining few rated them as “good.” Also, when asked “what issues regarding the practice of medicine are of concern to you at this time,” many individuals said that their concerns were covered during the seminar.

The presenters provided positive feedback about the seminar as well, saying that they thought things went well, the event was well-attended and participants asked great questions. All of the presenters said that they would be happy to participate in this event again next year.

The AMEF and AMCNO would like to thank the Cleveland Museum of Natural History for once again hosting this event.

AMEF Provides Funding for Pollen Line Training Course

On July 10, Nicole Tierney of Jordan, MN, taught a pollen course at the Allergy/Immunology Associates clinic. AMEF provided funding for the training. Fellows and interns learned how to use the Rotorod Sampler, an aerobiology sampling device located near the clinic that collects pollen, mold and other particles on small plastic rods. The rods are brought inside and analyzed using a light microscope. The attendees were shown how to prepare, mount and stain the rods in order to see the microscopic pollen and mold more clearly. They also learned how to identify various types of tree, grass and weed pollen to provide a volumetric pollen count to the public. The pollen count takes into consideration the percentage of the plastic rod that is analyzed, the amount of time the rods are exposed to the air and the duty cycle of the Rotorod Sampler. The pollen count is calculated Monday through Friday at the clinic and reported as a low, moderate or high level via the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Pollen Line.

The AMCNO Pollen Line service has been assisting those with seasonal allergies for more than 50 years. It helps provide a line of defense to many who suffer from sneezing, itching, running noses, and watery eyes when the pollen starts to fly. The AMCNO would like to thank Allergy/Immunology Associates for providing the daily pollen counts for 2017, as they have been doing for many years.

The AMCNO would also like to thank AMEF for providing the funds for the pollen training course.
Congratulations to the 2017-18 AMEF Scholarship Recipients!

The Academy of Medicine Education Foundation (AMEF) was pleased to award seven (7) medical students with $5,000 scholarships each for the 2017-18 school year. Since the inception of AMEF, this foundation arm of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has awarded more than $1.5 million in scholarship funds.

The AMEF Board of Directors reviews new applications each year and chooses students based on a number of criteria. Applicants are third- or fourth-year medical students who are, or were, residents of Cuyahoga, Ashtabula, Geauga, Lake, Lorain, Portage or Summit counties, and who have demonstrated an interest in being involved in organized medicine and community activities. They must also possess leadership skills and demonstrate academic achievement.

Beginning this year, and going forward, the AMEF and the AMCNO will highlight the scholarship recipients in our publications. This year’s awardees were asked to provide their photo and short bio, so that our members can learn more about them—such as their interests and future plans.

The AMEF and the AMCNO would like to congratulate these exemplary recipients, and we wish them well in their medical careers.

**Carl Allamby**
**Scholarship Recipient from Northeast Ohio Medical University**

In addition to completing the required coursework for his medical education, Carl Allamby serves on the Northeast Ohio Medical University (NEOMED) Admissions Committee, Community Advisory Board, in partnership with Cleveland State University, and participates in the Emergency Medicine, Family Medicine, and Internal Medicine interest groups. He is also vice president of NEOMED’s local Student National Medical Association chapter. His hobbies and special interests are weight lifting, running, downhill skiing and spending time with his wife and children. He hasn’t decided his specialty choice yet, but he intends to enter either emergency medicine or internal medicine. As a future physician, he intends to practice in the Cleveland area. He plans to remain involved in the community by being an advocate for urban city health by promoting and participating in community and educational events within Northeast Ohio. He also would like to be involved in outreach programs associated with whichever medical facility he is employed. Additionally, he enjoys being a positive influence on children who desire to pursue a career in the medical field. Remaining involved in children’s educational experience by visiting and speaking at school events is an important aspect of influencing and cultivating the youth, to which he intends to engage in as his career advances.

**Stephen McNulty**
**Scholarship Recipient from Ohio University Heritage College of Osteopathic Medicine**

Stephen McNulty spent a decade as a travel photographer before transitioning to medicine, and although the change in direction may seem unusual, it came to Stephen quite organically. At the age of 25 he was asked to lead the Joseph Saxton Gallery of Photography in the Canton Arts District, a position that eventually earned for him the title of one of Canton’s 50 Most Influential People. At the same time, he was enrolled at Canterbury University in Christchurch, New Zealand, where he was one of a select few students accepted into the biosecurity special endorsement program, a specialized biology degree. For years he bounced between Ohio and New Zealand until the catastrophic earthquake of 2011 in Christchurch. He was downtown when the tremor centered less than 10 miles away claimed hundreds of lives. A month later, when the Tohoku tsunami ravaged northern Japan, he felt a kinship with the survivors and bought a one-way ticket to Tokyo. Eventually he was evacuated when the Fukushima reactors began their uncontrollable meltdown and began an expedition that would last four months through Southeast Asia. Shortly after returning home a close friend was lost to a random act of violence. All of this together precipitated the change to medicine so that he could more directly care for those most in need of aegis. Global health and humanitarian response are chief among his medical interests, and he hopes to work with relief efforts lending aid to disaster, conflict, famine, and outbreak survivors. To do this, he anticipates training in internal medicine with a focus on infectious disease, trauma, or neurology. The AMEF scholarship will help him focus on primary care. Stephen is a medical student at Ohio University Heritage College of Osteopathic Medicine.

**Pooja Rambhia**
**Scholarship Recipient from Case Western Reserve University School of Medicine**

Pooja Rambhia is a member of Case Western Reserve University (CWRU) School of Medicine Class of 2019. There, she is co-student leader of the Dermatology Free Clinic at the Free Medical Clinic of Greater Cleveland. She is also the associate editor for the Free Clinic Research Collective, a peer-reviewed journal run by medical students. Pooja is currently pursuing a year of basic science research in the Department of Dermatology at University Hospitals Cleveland Medical Center, exploring the role of early genetic changes in the initiation of high-risk melanoma families, and plans to pursue a medical career in dermatology. Outside of medicine, Pooja enjoys cake decorating and practicing yoga. She is originally from Long Island, New York.

**Jessica Robertson**
**Scholarship Recipient from Northeast Ohio Medical University**

Jessica Robertson is currently a third-year medical student at Northeast Ohio Medical University. She just completed her psychiatry clerkship and is moving into family medicine. Perhaps her most rewarding academic endeavor has been participating in peer...
Akshay Sharma
Scholarship Recipient from Case Western Reserve University School of Medicine

Akshay Sharma is finishing his third year at CWRU School of Medicine, and he will be applying for a residency in Neurosurgery this coming fall. Originally from Orange County, California, he finished his undergraduate degree in Molecular and Cellular Biology with a minor in Government at Harvard University in 2014. He has had the opportunity to engage in a wide array of research within the fields of Neurosurgery and Public Health. He is most proud of his time spent with the Student-Run Free Clinic, an organization devoted to both fostering interprofessional collaboration and bringing much-needed healthcare services to more than 400 underserved patients per year within Cleveland. For Akshay, the field of medicine provides an intersectional insight into the human condition that he believes is rare in many other fields. The possibility inherent to a career in medicine excites him the most about his future; he hopes to be an ardent advocate for all patients, both within and out of the hospital, invested in the promotion of medical knowledge, and leader in the community. He is incredibly grateful for this gift from the AMEF, a reminder of the rich legacy of mentorship and service fundamental to the field.

Alexander Ulintz
Scholarship Recipient from Cleveland Clinic Lerner College of Medicine of CWRU

Alexander Ulintz is a native of Broadview Heights, and he is currently a third-year medical student at the Cleveland Clinic Lerner College of Medicine of CWRU. Prior to starting medical school, he spent much of his time as an emergency department (ED) volunteer and EMT. He has always been inspired by the role of the physician in promoting social justice and respected the role of the ED as society’s “safety net.” However, through his work, he began to understand many emergency visits are the result of larger systemic issues, including the primary care system. As a medical student, he assembled an interdisciplinary “hotspotting” team of medical, dental, nursing, social work and law students that identified frequent utilizers of the healthcare system, understood social factors affecting access to care through a relationship-based model, and developed tailored, patient-centered approaches to improve patient health. For six months, the team worked with six patients at the Stephanie Tubbs Jones Health Center in East Cleveland. One particular success story involved a patient who was hospitalized nine times in 18 months for chronic medical conditions and was struggling to find resources to sustain her health when she was not hospitalized. The patient identified barriers to health care and the team helped coordinate social services and transportation to primary care and allied health appointments. During their collaboration, the patient did not require any ED visits/hospitalization and was able to make lifestyle modifications.

Vanessa Van Doren
Scholarship Recipient from Case Western Reserve University School of Medicine

Vanessa Van Doren is a medical student at CWRU School of Medicine. She is a student board representative of Physicians for a National Health Program (PNHP), a group of 20,000 physicians advocating for a universal, single payer healthcare system in the United States. She founded a PNHP student chapter at Case Western during her first year of medical school. She was the Health Policy Committee Leader for Case’s chapter of the American Medical Student Association and has held leadership positions in Case’s student chapters of Doctors for America, Universities Allied for Essential Medicines, and White Coats for Black Lives. Vanessa received her BA in anthropology in 2007 from Brown University and worked as a genetics researcher for seven years before deciding to shift her focus to clinical medicine. She is interested in increasing the medical community’s involvement in social justice activism. She is applying to internal medicine residencies this year and plans to pursue an infectious disease fellowship.

Moving forward, he will pursue a career that capitalizes on the ED’s unique role in American society to identify systematic ways to assist high-utilizers by connecting them with community resources and into a primary care system. He will be conducting a year-long research project exploring some of these interventions before finishing medical school and applying to a combined Emergency Medicine/Internal Medicine residency.

The AMEF is now accepting scholarship applications for the 2018-19 school year. To learn more, visit the AMCNO website at www.amcno.org.

Scholarship funds are primarily raised through the AMEF’s annual golf outing. This year’s event was held at the Chagrin Valley Country Club on August 7. See page 15 for the highlights, and please consider joining us next year at Sand Ridge Golf Club on August 13. We welcome your support!
AMEF Joins the AMCNO in Sponsorship of Two Medical Student Events

Medical Student Mix and Mingle a Huge Success

The AMEF and AMCNO were pleased to co-host the Case Western Reserve University School of Medicine Society Dean Mixer for first-year medical students. The event was once again held at the Cleveland Botanical Gardens.

AMCNO President Dr. Fred Jorgensen attended the event, along with AMCNO staff. He provided brief comments to the group. He talked about the AMEF and AMCNO, emphasizing the importance of both organizations, and encouraging the students to become involved in both of them. Dr. Jorgensen also mentioned that the students should keep in mind that the AMEF offers scholarships to third- and fourth-year medical students. He explained that the AMCNO is a group of dedicated physicians who are working to improve quality of care, while providing education and community outreach in our community through the AMEF.

During the event, the students asked about the activities of the organization and the foundation; many were not aware that such organizations existed in our area, and they were pleased to learn that they could participate in them as medical students. Many expressed interest in the work of the AMEF and AMCNO, and several students had questions about their career and specialty choices, while others expressed an interest in volunteering and outreach activities.

Staff was on-hand to provide membership information, and we are pleased to welcome more than 130 new medical student members.

Physicians and Students Connect to Discuss Specialty Choices

The AMEF and AMCNO hosted the annual PALS (Physicians Are Linked with Students) networking event recently at the CWRU School of Medicine. Second- and third-year medical students were invited to take part in this invaluable program.

The purpose of the event is to educate and empower students as they try to learn more about some of the various specialties that are available and choose one that fits them. The physicians provide a general overview of their chosen field, and offer advice based on their own experiences, to help give students a better understanding of a certain specialty and the field of medicine as a whole. Students can also network with the physicians, and feel confident that they can talk to someone if they have additional questions or need advice.

In his opening remarks, AMCNO President Dr. Fred Jorgensen discussed the AMEF and AMCNO, and stressed to the students the importance of being a member as well as completing an AMEF scholarship application to possibly help them financially in their academic endeavors.

The physician members who participated in the event represented the following fields of medicine: anesthesiology, cardiology, emergency medicine, family medicine, gastroenterology, gynecology, infectious diseases, and orthopedic surgery.

All of the students and physicians who attended the event said they enjoyed it. Many students said that even in such a short amount of time, they felt that they had developed a relationship with the physicians. The physicians enjoyed taking part in PALS because they liked meeting with the students and helping provide guidance in their academic paths.

Photos from the event are available on the AMCNO Twitter feed (@AMCNOTABLES).
AMEF Contributors
A special thanks to our contributors from 2004 to present

$30,000 and above
Eisman Family Medical Scholarship Fund

$20,000 – 29,999
Classic Auto Group
Cleveland Anesthesia Group
Clinical Technology Inc
Complete Eye Care
Kellison & Co.
Lincoln Financial Advisors
Medical Mutual of Ohio
Private Harbour Investment, Management & Counsell
Walter & Haverfield, LLP

$15,000 – 19,999
H.C. Murray Corp
Matthew E. Levy, MD
Reminger Co. LPA

$10,000 – 14,999
Paul A. Hellstern Jr., MD
Todd Associates, Inc.

$5,000 – 9,999
Cleveland Clinic
Laura J. David, MD
Endoscopy Center at Bainbridge
ForTec Medical Inc.
Joyce A. Graham CPA
Kapp Surgical Instruments
Robert E. Lembach, MD
McDonald Hopkins LLC
Mount Yale Capital Group
The Premium Group
REA & Associates Inc.
James L. Sechler, MD
William H. Seitz Jr., MD
Sisters of Charity Health System
Sutter, O’Connell & Farchione
United Agencies
Visiting Nurse Association

$3,000 – 4,999
Anthem Blue Cross & Blue Shield
Victor Bello, MD
Brouse McDowell LPA
Center for Health Affairs
CWRU School of Medicine
The Collis Group
The Doctors Company
Kevin Geraci, MD
Howmedica/Three Rivers
Kindred Hospitals
M & M Consulting, Inc.
John P. MacLaurin, DO
John R. Sedor, MD
Sky Insurance
George V. Topalsky, MD
United HealthCare of Ohio Inc.
University Hospitals Health System
University Suburban Health Center

$1,000 – 2,999
Aspect Medical Systems
Lauren Balogh
Rosemarie Balogh
Mr. & Mrs. Paul Biddlestone
Clear Choice Laser
Cleveland Vascular Institute LLC
Duke Realty
Fairview Hospital
Mary Frances Haerr, MD
Hillcrest Hospital
Robert Hobbs, MD
Independence Surgery Center
Industrial First, Inc.
Inspire Pharmaceuticals Inc
Paul Janicki, MD
Pauline Kwok, MD
James Lane, MD
Liberty Bank
Lutheran Hospital
McDonald Investments, Inc.
Gerald C. McDough

Tia M. Melton, MD
Mercedes-Benz of Cleveland
Stanley Nahigian, MD
Northeast Ohio Podiatric Medical Academy
Ohio Podiatric Medical Association
Parma Community General Hospital
RPM, Inc
Sagemark Consulting
Ronald A. Savrin, MD
Beth Sersig, MD
Team Health
Katherine M. Thomas, DO
Towner Policy Group
Tucker Ellis & West LLP
Walthall Drake & Wallace LLP

$500 – 999
Advanced Neurology and EMG
Astra-Zeneca
Anthony E. Bacevice Jr., MD
Al Balogh
Theodore J. Castele, MD
Bruce Cohen, MD
Commemorative Publishing
James M. Covello, MD
David C. Epstein, MD
Richard Fratianne, MD
Lawrence T. Kent, MD
Mary R. LaPlante, MD
George P. Leicht, MD
Leimkuehler Inc.
Arnold Milner, MD
Andrea H. Naylor-Golembsiewski, MD
NEON (Northeast Ohio Neighborhood Health Services, Inc.)
North Central Academy of Podiatric Medicine
Debra Polson, MD
Raymond Scheetz, MD
Raymond J. Votypka, MD

The AMEF would like to thank the Eisman Family Medical Scholarship Fund for their generous stock gift in 2017. Dr. Jerry Eisman was the recipient of a $1,000 scholarship from the foundation each year that he attended Ohio State Medical School (1963-1967). Gifts of appreciated stock are a convenient way to contribute to the AMEF. There are often many tax benefits for donors through tax deductions for the full fair market value of the contributed stock, and avoidance of taxes on capital gains. For more information about this type of giving, please call AMEF at (216) 520-1000, ext. 100.
The Purpose of AMEF

As the cost of medical education continually increases, financial assistance for medical students is more important than ever. And as you may know, a physician shortage is predicted in the next decade with studies showing there may not be enough qualified physicians to meet the medical needs of an aging population in coming years. AMEF needs funds to provide scholarships to medical students to assure that our medical schools continue training physicians to meet the needs of patients in the future. Your contribution to AMEF will help us with this laudable goal. In addition, your funds will be used to assist with other worthwhile foundation activities. Contributors will be acknowledged on the AMCNO website, in future newsletters and when the medical scholarships are awarded. Included with this newsletter is a give envelope for AMEF. A separate mailing has also been sent to all past scholarship recipients and all AMCNO members requesting donations/contributions to the AMEF. Please include AMEF in your charitable giving plans.
2017 Golf Outing Highlights

The 2017 Annual AMEF Golf Outing Participants and Sponsors were in Top Form!

Event Proceeds will Benefit Medical Students and our Local Communities

On August 7, golfers teed off for the Academy of Medicine Education Foundation’s (AMEF) 14th Annual Marissa Rose Biddlestone Memorial Golf Outing.

This year’s event was held at the Chagrin Valley Country Club. Eager foursomes tested their expertise in a shotgun tournament to raise money for AMEF, the foundation component of the AMCNO that was established for charitable, education and scientific purposes. These monies will be utilized for medical student scholarships, annual CME seminars and grants for health-related programs.

The day went smoothly as golfers registered and dropped off their bags, practiced their shots and enjoyed a leisurely lunch in the warm summer air. The shotgun start was at precisely 1 pm, and the game was on!

Our congratulations to the teams that took home the top prizes:

1st Place Team: Dennis Forchione, Kent Krafft, Don Marcello, and Jeff Stanley, DO
2nd Place Team: Jim Doan, Bob Hogsett, Bob McCloskey, and Phil Moshier
3rd Place Team: Alan Hill, Michael Sidoti, Ryan Williams, and David Lum

Skill prizes were also awarded to the following:

Closest to the pin: Peter Bastulli, Tom Epps, Al Santilli, John Bastulli, Jr.
Longest drive: Jon DeArment and Jan Zollinger
Longest putt holed: William Seitz, Jr., MD

Cocktails were enjoyed as everyone relaxed after some challenging holes. Golfers then sat down for a great speech by Dr. John Bastulli, a delicious dinner, awards, and a fun prize raffle.

A special thank you to Jim Brown at Classic Auto Group and Dr. Victor Bello for once again sponsoring the hole-in-one contests. And thank you to all the event and hole sponsors who helped make the day such a huge success.

Our thanks to the 2017 Event Sponsors:
Victor Bello, MD
Cleveland Anesthesia Group
Clinical Technology, Inc.
H.C. Murray Group
Industrial First, Inc.
Kellison & Company
Matthew E. Levy, MD
Private Harbour Investment Management & Counsel
Reminger Co., LPA
Sagemark Consulting

Our thanks to the 2017 Hole Sponsors:
The Center for Health Affairs
Mary Frances Haerr, MD
Robert E. Hobbs, MD
Pauline Kwok, MD
James L. Sechler, MD

SAVE THE DATE for next year’s AMEF Golf Outing! August 13, 2018, at Sand Ridge Golf Club. See you there!
Mission

The mission of AMEF is to enhance healthcare through education of the medical profession and the community at large. The purpose of AMEF is to add a charitable component to the AMCNO and to partner with the AMCNO in implementing new initiatives for both physicians and the patient population through charitable, educational and scientific efforts. AMEF enhances the philosophy of the AMCNO in its focus on health-oriented education for physicians, their staff and patients by providing support for meaningful education and highlighting the value and quality of healthcare. A showcase for a philanthropic spirit is provided through the foundation for physicians who desire to give back to the community and the profession they serve.

Meet the AMEF Board of Trustees

The AMEF Board of Trustees is comprised of dedicated individuals possessing the vision to recognize the value of a charitable component to the AMCNO. The Foundation Board of Trustees is responsible for making decisions, developing policy and providing specific direction to the foundation.

James L. Sechler, MD, President
Laura J. David, MD, Vice President
Anthony E. Bacevice, Jr., MD
John A. Bastulli, MD
Paul C. Janicki, MD

Elayne R. Biddlestone, Staff