Cleveland’s 2014 Medical/Legal Summit kicked off at the Global Center for Health Innovation with keynote speaker Dr. Bill Frist discussing “The Future of Health Care Reform and Health Care Costs.” Co-sponsored by the Academy of Medicine of Cleveland and Northern Ohio (AMCNO), the Academy of Medicine Education Foundation (AMEF), and the Cleveland Metropolitan Bar Association (CMBA), the Summit began with opening remarks by Dr. George Topalsky, AMCNO president; Jonathan Leiken, CMBA president; and Matt Donnelly, deputy chief legal counsel, Cleveland Clinic, and co-chair of the Summit.

Dr. Frist, introduced as “a leading authority on health reform, government policy and politics,” outlined his vision for the six major trends impacting healthcare today: the growth in government-sponsored healthcare, the rise of the healthcare consumer, value-based delivery and reference-based pricing, movement toward home-based palliative care, medical innovations, and connective healthcare and the use of medical devices.

**Growth in government-sponsored healthcare**

Dr. Frist began by stating that the biggest change accelerated by the passage of the Affordable Care Act (ACA) was the “shift in risk” in healthcare—one that was driven mostly by insurers, employers and government to one that is driven by providers and their patients. He said that his personal definition of the ACA is “insurance reform plus expanded access to care.”

Dr. Frist stated that 16 million people are currently enrolled in exchanges and 16 million in Medicaid, and it is predicted that by 2023 the ACA will have resulted in 25 million people obtaining health insurance, but that will still leave around 31 million uninsured.

He also noted that with the release of the latest Congressional Budget Office (CBO) numbers, there is a real concern about how much this is all going to cost. The latest CBO estimates show that the total cost of implementing the ACA by 2023 will be more than $2.6 trillion. The question is, “How do we pay for that when we already have a struggling economy and a large debt?”

In addition, public opinion is an issue: recent polls show that 62% of Americans disapprove of the ACA. Dr. Frist is of the opinion that 70% of the ACA is good law and 30% needs to be refined and evaluated further. The key message here is that the passage of the ACA was relatively easy compared to the execution and implementation of the plan.

**Rise of the healthcare consumer**

Now that consumers are bearing more of the financial burden and paying high deductibles, they are becoming more active in their healthcare. And consumers are empowered like never before—using technology to go online, input their symptoms and look for a physician to treat them. Dr. Frist mentioned several websites where consumers can attain all kinds of information, including whether the physician takes their insurance, and, in some cases, whether the physician will offer them a discount.

**Value-based delivery and reference-based pricing**

The traditional fee-for-service system is changing and will ultimately be replaced with a value-based system, and reimbursement models will move in that direction as well. He also mentioned reference-based pricing, noting that this model is a healthcare benefit design through which employers/payers seek to address price variation by placing a cap on clinical services. The model is intended to show cost savings and change patient behavior by shifting costs from payers to patients. Dr. Frist noted that this type of pricing has not yet hit the mainstream in healthcare but he believes that this will be a trend in the future.

**Movement toward home-based palliative care**

More than 30% of end-of-life patients die in the hospital; however, most of them would probably prefer to die at home. Dr. Frist believes that a good palliative system of care could reduce costs, optimize quality of life and relieve suffering for critically ill patients. The United States is facing a
**AMEF Scholarships**

The AMEF presented eight local medical students with scholarships worth $5,000 each at this year’s AMCNO annual meeting. AMEF scholarship awards were granted to: Emily Aldrich, Northeast Ohio Medical University; Nicole George, Ohio University College of Medicine; Elias Kikano, Case Western Reserve University (CWRU) School of Medicine; Ellen Kim, CWRU School of Medicine; Daniel London, Cleveland Clinic Lerner College of Medicine; Alexandria Murray, Ohio University College of Medicine; Julie Pokersnik, Northeast Ohio Medical University; Mansi Shah, CWRU School of Medicine.

This was the ninth year scholarship monies were presented to recipients as part of the program of the AMCNO’s Annual Meeting and Awards Dinner, with students and their respective families in attendance.

Also at the meeting, the AMEF Philanthropy Award was presented to Paul A. Hellstern, Jr., MD, for his generous donations and commitment to the foundation since receiving his scholarship award in 1987. Dr. Hellstern is board certified in Internal Medicine and Gastroenterology, and he is in private practice in Crystal River, Fla.

In addition, Dr. Coviello, president of the AMCNO was honored to present the AMEF award at the Case Western Reserve University’s School of Medicine commencement award ceremony to a graduating student who has shown outstanding commitment to the Cleveland and Northern Ohio community, and is a strong advocate for all patients and promotes the practice of the highest quality of medicine. This year’s AMEF award recipient was Benjamin Abelson.

AMEF enhances the philosophy of the AMCNO in its focus on health-oriented education for physicians, their staff and for patients by providing support for meaningful education and highlighting the value and quality of healthcare in our community.

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**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, or go to the AMCNO website at www.amcno.org and click on the AMEF link.

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

AMCNO President Dr. James Coviello (left) and Dr. Pamela Davis pose with the AMEF award recipient, Benjamin Abelson.
AMEF Funds Used to Sponsor Business Practice Session for Residents

Through the generous support of the AMEF and the William E. Lower Fund, the AMCNO provided the venue for a seminar geared toward resident physicians entitled “Preparing for the Business Aspects of Practicing Medicine.” This seminar covered such topics as estate planning for young physicians, benefits available to physicians, legal issues for new physicians joining a medical practice, business opportunities for new physicians and disability programs and planning for the future. This session is always very well-attended and provides valuable insights for residents about to enter the practice of medicine. Presenters comments to the group and encouraged the first-year medical students to become involved in the organization. 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.

During the event, the students asked AMCNO physician representatives about the activities of the organization and the foundation; many were not aware that such organizations existed and were pleased to learn that they could participate as medical students. Many expressed interest in the work of the AMCNO and several had questions about their career and specialty choices, while others expressed an interest in volunteering and outreach activities. AMCNO staff was on-hand to provide membership information, and we are pleased to welcome more than 100 new medical student members.

AMEF Co-Sponsors Medical Student Event

The AMCNO and the AMEF were pleased to co-host the Case Western Reserve University Society Dean Mixer for first-year medical students. The event was once again held at the Cleveland Botanical Garden. Drs. James Coviello, James Sechler, and Matthew Levy attended this year’s event as representatives for the AMCNO and AMEF. These physician leaders mingled with the students and the society deans and provided information and answered questions about the organizations’ activities. Dr. Coviello, AMCNO’s president, provided brief remarks to the group and encouraged the first-year medical students to become involved in the organization. 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.

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AMEF Co-Sponsors Event for Practice Administrators

The AMCNO and AMEF co-hosted the 29th annual Solving the Third-Party Payer Puzzle seminar on November 13, 2013, to a full room of attendees. Insurance company presenters included Medical Mutual of Ohio, Anthem Blue Cross and Blue Shield, Medicare (CGS, LLC), Ohio Department of Job and Family Services, UnitedHealthcare, and Cigna Healthcare of Ohio. Packets of information and handouts from each of the providers, as well as a luncheon, provided a day packed full of information and education for office administrators and their staff. Our sincerest thanks to all of the presenters.

Annual AMEF fundraiser

Every year in August, AMEF sponsors an event designed specifically to raise funds for the foundation. A charitable golf outing in memory of Marissa Rose Biddlestone, daughter of Elayne Biddlestone, the AMCNO executive vice president and CEO, who succumbed to leukemia in 2003. Now in its 11th year, this annual outing has raised more than $400,000 for the foundation—funds that are utilized for local medical student scholarships and the aforementioned AMEF projects. (For an overview and pictures from this year’s outstanding outing see page 7).
The Academy of Medicine Education Foundation Co-Sponsors Medical/Legal Summit Event continued from cover

physician shortage and an increase in the aging population, so providing home visits with 24/7 monitoring coupled with palliative care could be helpful. In addition, more than 5,000 hospitals are in operation in the United States and many are at less than 70% capacity. It is predicted that within the next 7 years the number of hospitals will be reduced significantly as the move to home healthcare with monitoring eliminates the need for in-patient hospital care.

**Medical innovations**

Dr. Frist predicted that many of the new medical innovations are going to come from outside of the healthcare system. He outlined how various entrepreneurs and companies run by engineers and other types of specialists are creating devices that will totally change how tests will be conducted, how information will be disseminated and how providers will be reimbursed for their services.

**Connective healthcare and wearable devices**

Dr. Frist also demonstrated how technology can be used to track patients and their health statistics, noting that these devices can give health trends over time at a reduced cost. He also noted that these devices show a huge potential for usage in clinical trials due to the large amount of health information that can be tracked in real-time and monitored.

Dr. Frist’s presentation was very well-received, with participants commenting on the depth of his knowledge and expertise in healthcare reform and medical innovation.

Saturday’s plenary session began with a “Debate on Tort Reform” between Brian Atkinson, president of Physician Insurers Association of America (PIAA), and Professor Max Mehlman from CWRU School of Law. Atkinson outlined how data has shown that although the majority of claims are closed in favor of the defendant, the average cost to defend the claim is $32,000. He stated that the cost to defend claims keeps going up, adding costs to the healthcare system. The reality is that 18% of the GDP goes into healthcare and a significant amount of those costs are due to medical liability issues. Legislation has recently been introduced in Congress to address practice guidelines and safe harbors—if a physician can demonstrate that he practiced within certain guidelines, he could have a “safe harbor” against a claim. In rebuttal, Professor Mehlman discussed how the medical malpractice system works. He stated that when medical malpractice insurance rates rise, the medical world believes that it is the high rate of claims and payouts that are responsible for the high premiums, when in actuality it is due to the medical malpractice insurance cycle. He also noted that nonpayment of claims with merit occurred more often than payment of claims that were not associated with errors or injuries. Both presenters agreed that open communication with the patient and enhancing the patient/physician relationship can be helpful.

The second General Session, entitled “The Effect of Social Media on Physicians and Lawyers,” featured Sara Simrall Rorer, from Taft Stettinius & Hollister, LLP, and David L. Marburger, from Baker Hostetler, LLP. Rorer outlined the HIPAA compliance risks for physicians (or other “covered entities”) when they or their employees use social media to talk about their patients. She outlined the current enforcement environment for these cases, steps that physicians and hospitals must take if a HIPAA violation is detected, and steps physicians can take to minimize potential sanctions if a violation occurs. Marburger led a lively presentation on what physicians can expect to occur in the court system if they dispute comments a patient posts online. It was clear that it can be somewhat difficult for physicians to use the legal system to refute an adverse online posting.

Attendees were given the choice of four breakout sessions, all of which were designed to address the different issues facing physicians and their legal counsel in the current medical environment. A session entitled “The Use of OARRS When Prescribing Narcotic Prescriptions” featured a panel consisting of Judge David Matia, Cuyahoga County Court of Common Pleas; Dr. Thomas Gilson, Medical Examiner of Cuyahoga County; Ohio Rep. Robert Sprague; Kim Anderson, representing the State Medical Board of Ohio; and Paul Schad, representing the Ohio Board of Pharmacy. Schad outlined what is contained in an OARRS (or Ohio Automated Rx Reporting System) report and how to access it. Anderson outlined when a physician is required to access OARRS, noting that this could change with the passage of HB 341 – legislation currently under review in the Ohio legislature. Rep. Sprague pointed to statistics showing the large amount of opioids that are still prescribed in Ohio, and he stated that HB 341 is intended to make checking OARRS mandatory for prescribers except under certain circumstances. Judge Matia mentioned that it is important to ascertain who is overprescribing, and find a way to inform these prescribers about OARRS and whether their patients are doctor-shopping to obtain prescriptions. Dr. Gilson provided an overview of a recent study he conducted regarding the heroin epidemic in Cuyahoga County, stating that heroin is now identified in half of all overdose deaths. However, he also noted that a prescription for legal controlled substances was noted in 64% of deaths associated with heroin, with the most common medications being opioid pain relievers and benzodiazepines, which he believed clearly showed a need to address prescribing practices.

Audience members raised questions as to the confidentiality of the OARRS report in the patient record and Anderson noted that the physician is expected to note in the chart that OARRS was accessed but the actual report should not remain in the chart. Several audience members commented that instead of having physicians and other providers check OARRS on every patient it would be better to link the OARRS system to the patient’s electronic health record as protected health information, and they strongly suggested that this option be considered in discussions with the legislature.

Foundation Facts  •  Fall 2014
Another breakout session entitled “Fraud and Abuse and Other Regulatory Issues Facing Physicians” included Stephen Sozio of Jones Day; Cathy Hanselman, special agent, U.S. Dept. of Health & Human Services (HHS), Office of the Inspector General; and Michelle Heyer, assistant U.S. Attorney, Civil Division Health Care Unit. Presenters discussed the trends in healthcare law enforcement, noting that fraud matters, civil settlements and judgments have continued to rise over the last 10 years. Sozio addressed the cases that can end up under review as well as the role of whistleblowers in these cases. Hanselman explained the different types of cases reviewed by HHS, which can involve physicians, hospitals, home health companies, labs, among others. Allegations can range from billing for services not rendered to medically unnecessary treatments and falsification of medical records. The main sources for these cases come from data analysis, hotlines and providers self-disclosing fraud and abuse. Heyer outlined the issues involved in a qui tam investigation—a type of civil lawsuit whistleblowers bring under the False Claims Act, a law that rewards whistleblowers if their qui tam case recovers funds for the government. Since 2009, these cases have steadily increased, with the U.S. government recovering more than $10 billion.

A final breakout session covered the topic of “Cyber Liability.” It included a well-rounded discussion by presenters Steven Dettelbach and Michael Tobin from the U.S. Attorney’s Office for the Northern District of Ohio; Brian McDowell from University Hospitals; and Whitney Gibson from Vorys, Sater, Seymour and Pease, LLP. Dettelbach explained the difficulty of prosecuting large international hackers and how these groups are now targeting health records, since they can glean a lot of information from them. Other presenters noted that physicians can be attacked in many ways online, and, to combat this issue, presenters opined that it is prudent to set up a monitoring system. If a physician needs assistance, it is important to obtain legal expertise or help from their institution. In addition, physicians and hospitals should have an experienced team to call on to address negative online material. Unfortunately, most online reviews come from a negative patient experience; therefore, the presenters recommended physicians try to have positive reviews posted, using software from certain companies that make it easier for patients to distribute reviews to various rating websites.

“The Physician Interaction with Pharmaceutical and Medical Device Industry” session addressed the off-label use of pharmaceuticals and generic drugs, as well as the Physician Payment Sunshine Act and how the law influences innovation concepts at health systems and institutions. This panel consisted of Ed Taber, Tucker Ellis, LLP; Gwendolyn Roberts Majette, Cleveland-Marshall College of Law; and Chris Coburn, vice president of innovation, Partners HealthCare. Taber provided background on new regulations under consideration by the FDA that could potentially change the duty to warn for the use of generics. He also noted that off-label drug use is permissible for physicians if it is within the standards of care – but it is prohibited for marketing with some exceptions. Professor Majette addressed the parameters of the Physician Payment Sunshine Act. This act was part of the ACA and it requires certain pharmaceutical and device manufacturers to annually report to the HHS secretary certain payments or other transfers of value (both direct and indirect) furnished to U.S.-licensed physicians and CMS teaching hospitals. Professor Majette noted that there is a 45-day window for correction of the information that will be published to the public, so if an individual or teaching hospital has a dispute, they can request to correct the report before it is posted. Coburn completed the session by providing information on how to deal with institutional conflicts and concerns and how to assure that physicians and institutions remain compliant.

More than 250 physicians and attorneys from across the Northern Ohio region signed up to attend this informative session. The AMCNO would like to extend our sincere appreciation to the 2014 planning committee and all of the event sponsors. The AMCNO and CMBA are already working on the 2015 Medical/Legal Summit. The planning committee will continue to meet, and AMCNO members are encouraged to submit topics and suggest presenters for the Summit. Please submit your comments or suggestions to Elayne Biddlestone at ebiddlestone@amcnoma.org.
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 at our annual meeting. Included with this newsletter is a give envelope for AMEF. A separate mailing has also been sent out to all past scholarship recipients and all AMCNO members requesting donations/contributions to the AMEF. Please include AMEF in your charitable giving plans.

The Purpose of AMEF

AMEF MAY APPLY FUNDS TO THE FOLLOWING CHARITABLE AND EDUCATIONAL PURPOSES:

- Promoting education and research in the field of medicine by the establishment or financing of fellowships, scholarships, lectures, projects and awards on such terms as the Trustees deem best;
- Providing and promoting education programs on the science of medicine, including presentations on clinical care and new procedures;
- Providing and promoting health education for the welfare of the community, identifying public health issues and unmet community health care needs and make proposals for dealing with such issues and filling such needs for the benefit of the public;
- Maintaining and providing educational materials and publications concerning health care to the members, related public service organizations and citizens of the community;
- Supporting medical education at local medical schools by providing lectures and counseling services;
- Supporting local public health programs and initiatives;
- Sponsoring seminars on topics of medical education and public health issues;
- Assisting in the production of educational radio and television programs, telephone recordings, and computer and electronic programs and materials, designed in each case to educate members of the general public on matters of health care and public health issues;
- Making grants, donations, or contributions of funds or other property in the trust estate to other charitable, scientific, and educational trusts, organizations or institutions, organized and operated for any of the purposes set forth in subparagraphs above, or for uses that are in furtherance of any of the other purposes of this Trust, including for medical research and education, public health programs, and public and community education relating to health care and wellness programs, provided that no part of the net income of such trusts, organizations, or institutions inures to the benefit of any private shareholder or individual and that no substantial part of the activity of such trust, organization, or institution is the carrying on of propaganda, or otherwise attempting to influence legislation, or participating or intervening in any political campaign.

The Academy of Medicine Education Foundation was formed by the physician leadership of the Academy of Medicine of Cleveland & Northern Ohio. Original funding came from voluntary contributions as a result of a successful polio vaccination program sponsored by the Academy of Medicine of Cleveland in 1958 and 1962. The largest continuing commitment of the foundation is student scholarship grants to worthy students in the medical field. Since its inception, the foundation has granted more than $1.5 million to such qualified students. The foundation has historically initiated many programs of benefit to the community and has co-sponsored and funded various healthcare related seminars and programs across Northeast Ohio for decades.
2014 Golf Outing Highlights

2014 AMEF GOLF OUTING... ANOTHER SMASHING SUCCESS!

Amidst a sunny and serene backdrop at exclusive Chagrin Valley Country Club, golfers once again teed off at the Academy of Medicine Foundation’s (AMEF’s) 11th annual Marissa Rose Biddlestone Memorial Golf Outing.

On August 4, 20 eager foursomes tested their expertise in a shotgun tournament that raised a total of $33,000 for AMEF (established for charitable, education and scientific purposes). These monies will be used for medical student scholarships, annual CME seminars and the Healthlines program. Honored AMEF scholarship recipients were invited to join the group for a delicious mid-summer night’s dinner, topped off by a non-stop evening of events!

The day went smoothly as golfers dropped off their bags, registered, practiced their shots and enjoyed a leisurely lunch. The shotgun start was at precisely 1 p.m., and the game was on! Results were as follows:

1st Place Team: Kent Kraft; Dennis Forchione; Jeff Stanley, DO; and Jason Forchione

2nd Place Team: John Bastulli, MD; Rich Garcia; Mark Mingione; and Gerry McDonough

3rd Place Team: Brian Gannon; Brian Lee; Joe Palcko; and Dave Valent

Skill prizes were also awarded:

Closest to the hole: Mark Mingione; David Reddrop; Geoff Greenleaf; and Howard Waxman, DPM

Longest drive: Brian Lee #5, Dustin Mcree #10

Longest putt holed: Jim Brosius

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

A special thank you goes to Classic Auto Group – Jim Brown and Dr. Victor Bello for sponsoring the Hole-in-One contests. Thank you also to all the event, hole and hole-in-one sponsors who helped make the day successful as everyone putted their way to success.

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Prepare now and SAVE THE DATE! We’ll see you next year on August 3 at Barrington Golf Club for the 2015 AMEF Golf Outing!
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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.

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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.