



NORTHERN OHIO PHYSICIAN

The Voice of Physicians in Northern Ohio

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AMCNO Advocates on Capitol Hill

AMCNO staff and members headed to Washington DC February 10-12th to attend the American Medical Association (AMA)'s National Advocacy Conference. The main advocacy ask from the AMA was for members to support the Medicare Patient Access and Practice Stabilization Act which would prospectively cancel the 2.83% payment cut for physicians that went into effect on January 1, provide physicians with a 2.0% payment update, help to stabilize physician practices and protect patients' access to care.



Left to right: Sara Kalout, Shamone Gore Panter, Olivia Safady, MD, Jen Johns, Umida Burkhanova, and Brandon Petrovich

AMCNO Advocates on Capitol Hill

(Continued from page 1)

Physician payment in Medicare has lagged behind inflation significantly, 33% lower than the inflation growth since 2001. To learn more about this initiative visit www.fixmedicarenow.org.

AMCNO staff and members, including Future Leaders Council Members Olivia Safady, MD, Shamon Gore Panter, Brandon Petrovich, Umida Burkhanova, Sara Kalout and AMCNO Board Member and Secretary-Treasurer Mary LaPlante, MD met with Congressman Max Miller (R-OH) and Sen. Jon Husted (R-OH), as well as the offices of Reps. Michael Rulli (R-OH), Emilia Sykes (D-OH), and Bob Latta (R-OH).

In our meetings, in addition to discussing the need for Medicare payment reform, we also discussed the need for prior authorization reform and expressed our concerns about the recent cuts announced by the Trump Administration to the National Institutes of Health (NIH) and how that could impact critical clinical trial research being performed by physicians in Ohio.

AMCNO looks forward to continuing to work with our leaders in D.C. to help protect the interests of physicians and patients across Ohio.



Akron Children's Joins AMCNO as Newest Group Member

The AMCNO is proud to announce Akron Children's as its newest group member. Akron Children's is the largest pediatric health provider in Northeast Ohio Akron Children's with 78 locations throughout the region, including a 289-bed campus in downtown Akron and a 32-bed campus in Boardman, Ohio. 548 physicians will join AMCNO through this new membership.

This new partnership with Akron Children's will allow for the expansion of the Store it Safe (SIS) program (see separate story page 8) in Northeast Ohio and is indicative of Akron Children's expansion in the Greater Cleveland area.

Specifically, Akron Children's has expanded its footprint in Greater Cleveland with a new outpatient surgery center, a pediatric urgent care center and expanded access to in-demand specialists such as pediatric cardiologists, neurologists; gastroenterologists (GI); ear, nose and throat (ENT) specialists; and orthopedic surgeons.

"We think we can address an unmet need by making our pediatric specialists and surgeons more accessible," said Chris Gessner, president and CEO of Akron Children's. "Parents want the highest quality pediatric care, and they want to be able to schedule appointments quickly and easily through an app or online. Our team is 100% kid-focused and it is our job to help them grow up safe and healthy."

"This new partnership with Akron Children's solidifies AMCNO's commitment to our youngest patients, making the health and well-being of children a key priority in our public health and advocacy work," said AMCNO Executive Director Jen Johns.

Welcome
Akron Children's Physicians

We are thrilled to welcome the physicians at Akron Children's as our newest group members. Their exceptional expertise, commitment to advancing pediatric healthcare, and passion for innovation will greatly enrich our membership. We look forward to collaborating on groundbreaking initiatives and furthering our shared mission of medical excellence.



Please join us in extending a warm welcome to our newest members from Akron Children's!



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*Contact Info: Jen Johns, AMCNO Executive Director; JJohns@amcno.org; (216) 520-1000
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AMCNO Hosts Specialty Networking at NEOMED

Speed networking is one of the AMCNO's signature events that helps to connect physicians in the community with medical students to begin the process of mentoring the next generation of Northeast Ohio doctors. In January, AMCNO co-sponsored Specialty Speed Dating at the Northeast Ohio Medical University (NEOMED).



AMCNO FLC members Taeris Guzman (in pink) and Pete Jordanides (in black) joined their fellow medical students to get to know AMCNO and other area physicians at NEOMED.



AMEF President Kristin Englund, MD speaks with students about her medical career in infectious disease.



AMCNO physicians are encouraged to join an annual speed networking night at local medical schools.



Orthopedic surgeon and AMCNO member Matt Levy, MD gets to know NEOMED students.



Marie Schaefer, MD AMCNO President, opened the event by emphasizing physician advocacy.



AMCNO Board Member Adrian Lindsey, MD talks with NEOMED students about medical careers in gastroenterology.



AMCNO member Thomas Gilson, MD is the Cuyahoga County Medical Examiner. He spoke to students about the unique field of forensic pathology.

2024

AMCNO YEAR IN REVIEW

\$240,000+

IN GIFTS AWARDED TO:

- Medical Student Scholarships
- Ohio AAP Store It Safe
- Health Policy Institute of Ohio
- Ohio Physicians Health Program

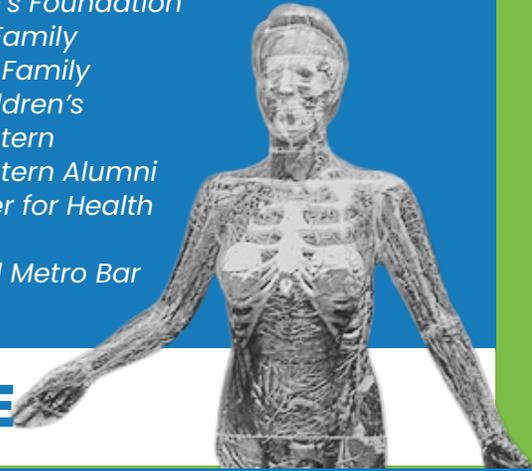
Special thanks to our Bicentennial Partners

- NOMS Foundation
- Mt. Sinai Health Foundation
- Cleveland Clinic Hillcrest Hospital
- Cleveland Clinic Marymount Hospital
- University Hospitals
- Sisters of Charity Foundation
- Saint Luke's Foundation
- Eismann Family
- Fratianne Family
- Akron Children's
- Case Western
- Case Western Alumni
- The Center for Health Affairs
- Cleveland Metro Bar
- Reminger
- Cleveland Clinic
- MetroHealth
- Ohio University Heritage College of Osteopathic Medicine
- Cleveland Clinic Women's Professional Staff Association

4
STATEHOUSE LOBBYING DAYS

6
SPEED MENTORING EVENTS

9
COMMUNITY COLUNTEER NIGHTS



200 YEARS OF ADVANCING MEDICINE

6,700 Physician, resident & medical student members

7 TV Media Appearances

1 Bicentennial Museum Exhibit



OUR LARGEST FUTURE LEADERS COUNCIL YET

630 NEW FOLLOWERS ACROSS TIKTOK, TWITTER, INSTAGRAM, FACEBOOK, AND LINKEDIN

AMCNO Hosts City Club Forum on Gun Violence as Final Bicentennial Event

In a final event honoring their 200 years of organized medicine in Cleveland, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) partnered with the City Club of Cleveland to host Brian Williams, MD, an author and surgeon from Dallas, Texas, to discuss the intersection of medicine and gun violence prevention.

Dr. Williams was the trauma surgeon on duty when, on July 7, 2016, seven police officers were wounded by a sniper at a peaceful protest in Dallas, Texas. That night, compounded by his years of work in medicine and seeing the impacts of inequity, racism, and violence on his community, inspired him to dedicate his career to advocacy for violence prevention beyond the hospital setting.

Dr. Williams's advocacy led him to public policy, and he was appointed to serve as chair of the Dallas Citizens Police Review Board and later as the Dallas County Special Advisor for Health Equity. He went on to serve as the Robert Wood Johnson Foundation Health Policy Fellow, where he was involved in crafting and getting passed the Bipartisan Safer Communities Act. His 2023 book, *The Bodies Keep Coming: Dispatches from a Black Trauma Surgeon on Racism, Violence, and How We Heal* is a bestselling medical memoir.



Brian Williams, MD hosts AMCNO City Club Forum. Photo Courtesy of the City Club of Cleveland.



Jen Johns, AMCNO Executive Director, rings the bell to bring the start the meeting. Photo courtesy of the City Club of Cleveland.



AMCNO Members and guests enjoy the presentation.

On December 12, Dr. Williams spoke to a sold-out crowd about his book and his journey in medicine, advocacy, and gun violence prevention. The timing of the conversation was prime, as this issue becomes more prevalent in our communities. As AMCNO Executive Director Jen Johns noted in her opening remarks, "This is a heavy topic. But an important one as just this week, Cuyahoga County announced a 25% increase in child fatalities from 2022, where death by homicide is the number one killer of Cleveland teens. If there was ever a time to welcome Dr. Williams to the City Club – it is now – to hear how he came to rethink everything he thought he knew about medicine, injustice, and what true healing looks like in all our communities."

Those who missed the event can watch the recording [here](#).

As part of the AMCNO's bicentennial we have convened a coalition on gun safety and are working on initiatives to reduce firearm injury and improve gun security in the greater Cleveland community. Those interested in joining the coalition can contact Jen Johns at JJohns@amcno.org.

Northeast Ohio Gun Safety Coalition Sets Mission, Plans to Distribute Lockboxes

The Northeast Ohio Gun Safety Coalition (NEOGSC) kicked off the new year with a strategic planning session aimed at narrowing in on projects and priorities as the group moves forward.

The meeting was attended by coalition members that reflect the broad spectrum of people working to reduce firearm injury and death in the region, including representatives from major hospital and public health organizations, community-based violence intervention groups, law enforcement, and individuals tackling the issue in their own communities.

Together, the group crafted a mission statement to define the work ahead.

“The Northeast Ohio Gun Safety Coalition’s mission is to foster collaboration between health providers and the communities they serve to reduce injury and death from firearms and to improve security and safety.”

The NEOGSC was formed as part of the AMCNO’s Bicentennial in 2024. The AMCNO Board of Trustees determined that, because firearms are the number one killer of children in the country, improving secure storage of firearms so as to prevent intentional and accidental injury and death is a critical public health issue. Throughout 2024, Academy staff worked to convene the NEOGSC.

“The Northeast Ohio Gun Safety Coalition’s mission is to foster collaboration between health providers and the communities they serve to reduce injury and death from firearms and to improve security and safety.”

Together with a broad coalition of community members, NEOGSC will now work to promote safe storage of firearms, link healthcare and community resources for victims of firearm injury, and spread suicide prevention awareness.



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The above image will appear on lockboxes provided by the Ohio AAP Chapter and distributed by the AMCNO.



At the January planning session, the NEOGSC settled on a logo and a mission.

Presently, the group is planning events for late spring and early summer that will focus on crisis response and violence intervention. At these events, the AMCNO will distribute firearm lockboxes, made possible through a partnership between the AMCNO and the Ohio Chapter of the American Academy of Pediatrics to support their Store It Safe initiative.

Lockboxes are one way in which firearm owners can safely store their weapon out of the reach of children. The Academy of Medicine Education Foundation’s 2024 donation of \$20,000 to Ohio AAP will enable the organization and the coalition to distribute more than 500 lockboxes through community events and during medical appointments.

According to a 2023 report from the Centers for Disease Control, 76% of the firearms used in unintentional injury deaths of children were unlocked, and 74% were stored loaded.

The National Shooting Sports Foundation, the trade association for the firearms industry, says that lockboxes provide reliable protection for firearms and allows owners to legally transport them as needed. The NSSF recommends that gun owners explore safe storage options online at gunstoragecheck.org to find what meets their lifestyle and security needs.

Looking ahead, the NEOGSC will be working on strategies to improve conversations about secure storage in health care settings, as well as to promote messaging about safety in the community.

To learn more about the NEOGSC and the scope of the problem, including firearm injury statistics, resources for medical providers and the general public, and details about the Store It Safe program, visit www.amcno.org/gun-safety-coalition

If you are interested in joining the work of the NEOGSC, please email Jen Johns at jjohns@amcno.org.

Gift of a Lifetime: Dr. Silvia Perez Protto helps expand organ donation as a Lifebanc Medical Director

Much of Dr. Silvia Perez Protto's career has been spent having thoughtful, and sometimes difficult, end-of-life conversations with patients and families.

Originally from Uruguay, she earned her medical degree from Universidad de la República, Montevideo-Uruguay, and worked as an intensivist and transplant coordinator. She continued her training at the Transplant Services Foundation, Clinic Hospital Universitat de Barcelona, Spain as a Fundaci3n Carolina scholar, before moving to the United States to complete her anesthesiology residency and critical care fellowship at the Cleveland Clinic.

"I worked as a donor coordinator for the National Institute of Donation and Transplantation. I used to consent families of potential donors, maintain the organ donor, coordinate with the intensivists and transplant teams in order to do the surgery, and this was my work for many years before coming here," Dr. Perez Protto said. "Then when I came here, it was different, because intensivists are less involved in the process. Everything is done by the Organ Procurement Organization that manages the donor process in the hospital."

Dr. Perez Protto is the medical director of the End of Life Center at the Cleveland Clinic, where she has implemented several programs to improve advanced care planning for patients and to foster caregiver resilience at the end of life. In February 2024, she was part of a new partnership between the Cleveland Clinic and Lifebanc, Northeast Ohio's nonprofit Organ Procurement Organization. This service has expanded assistance to Northeast Ohio's physicians caring for patients at the end of life by having a team of Cleveland Clinic intensivists on call as Lifebanc Medical Directors.



The process of organ donation starts with identifying an eligible donor and obtaining authorization by the Lifebanc family liaison when the intensivist allows them to have the conversation. Individuals can register themselves as an organ donor in life prior to their death, but if they have not, the family is consulted. Eligible donors whose organs are usable have their organs preserved mechanically. Technological advances in preservation and organ perfusion, either ex-situ or in-situ, have massively increased the number of donations in the last several years.

With those improvements and expanded donor pool comes the challenge of coordinating care between OPOs and health systems, which is where the new Lifebanc partnership aims to help.

"I should give a lot of credit to Silvia for pitching a new model of care that can encompass all of this, and that's how our current agreement between Lifebanc and the Cleveland Clinic started," Dr. Samir Latifi, division chief for pediatric critical care at the Cleveland Clinic and pediatric medical director at Lifebanc, said.

"It's really fun to have two hats; when we're on for Lifebanc, we're on for Lifebanc, and when we're on for Cleveland Clinic, we're on for Cleveland Clinic."

According to Lifebanc, 42,887 transplants were performed in 2022. However, 2,572 Ohioans are still waiting for transplants, and may die while on the transplant list.

"Most people are waiting for a kidney," Dr. Latifi said, "which can be a life changing transplant because it allows patients to get off dialysis, improving their quality of life and saving money in the health system in the long run."

Ultimately, Drs. Perez Protto and Latifi hope that the new partnership will help improve the connection between organ procurement and physicians in critical care. They want physicians to feel equipped to make the consult to Lifebanc when a potential donor meets evaluation criteria, and to help them be promoters of donation in the community.

"As a trusted member of the community, because you are a physician, understanding the integrity of the process is I think helpful to increase authorization rates," Dr. Perez Protto said. "For the ones in the ICU, we want intensivists to be open to talk to the Lifebanc medical director on call and support the process, making sure we are not withdrawing from mechanical support a patient that could be a donor."

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Legislative Update: 135th General Assembly Ends Without Action on AMCNO Priorities

The 135th General Assembly ended in December without movement on any of the AMCNO priority bills. One of these bills was HB 24, on Biomarker Testing. The bill would require health benefit plans and Medicaid to cover biomarker testing. The AMCNO is part of a coalition, organized by the American Cancer Society Cancer Action Network, with over 40 patient and provider organizations across Ohio supporting this critical legislation.

55% of cancer clinical trials currently use biomarker testing. When doctors can connect their patients to the most appropriate targeted therapies using biomarker testing, patients can avoid other treatments that may be ineffective or have additional side effects.

Over 74,000 Ohioans are diagnosed with cancer each year, and this legislation could help many of them get more precise treatment for their individual case. We will work with our coalition partners this year in the 136th to reintroduce this legislation. We also plan to work again with other physician advocacy groups on legislation targeting prior authorization reform. This past General Assembly we supported “Gold Card,” legislation which would allow a “fast-lane” for providers who routinely receive approval for their prior authorizations.



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We also plan to work against inappropriate scope of practice expansions. And finally, because this is a budget year, we will be working with the Governor’s office and the legislature to ensure that physicians and their patients are protected in this year’s budget talks.

At the federal level, Congress did not pass the Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act (H.R. 2407) before leaving for the year. This legislation would have provided coverage for Medicare beneficiaries to have access to early cancer detection tools. Congress also failed to stop the 2.83% across-the-board Medicare physician payment cut.

“The continuing resolution utterly fails to address declining reimbursement rates for Medicare, pushing our health system down a path that will have predictable and deleterious results,” said American Medical Association (AMA) President Bruce A. Scott, MD, a Louisville, Kentucky, otolaryngologist in private practice.

“For the fifth consecutive year, Congress has adjourned and allowed Medicare cuts. What will be the result? Patients struggling to access health care. Physicians closing or selling their private practices while others opt to leave the profession.”

AMCNO will continue to stand alongside the AMA in fighting physician payment cuts with the new Congress.

Two Physicians Announce Statewide Candidacies

As the primary season for the 2026 statewide offices begins, two physicians have already joined the race. Former Ohio Department of Health Director Dr. Amy Acton has announced her candidacy for Governor as a Democrat and for Secretary of State.

Acton is best known for her stint as Director of Health during COVID-19, where she held daily conferences alongside Governor Mike DeWine (R). "I'm running for governor because I don't want to look the other way when Ohioans are struggling," Acton said at a press conference announcing her candidacy. "By almost every measure, our state has been going in the wrong direction and I think we all know it's time for a change."

Acton served as Ohio's first female health director. Before taking that position, Acton worked as a community research and grants management officer for the Columbus Foundation and as a professor of public health at the Ohio State University. She holds a master's in public health (MPH) from Ohio State University, and earned her medical degree (MD) from Northeast Ohio Medical College (NEOMED). If elected, Acton would be Ohio's first female governor.



Another physician, Dr. Bryan Hambley, also a Democrat, has announced his run for Ohio Secretary of State. Hambley is an oncologist from the Cincinnati area. He decided to run for Secretary of State after volunteering for Issue 1, the unsuccessful redistricting amendment. "My job doesn't end at the hospital door and really caring for my community and improving things like public health and public policy really requires a democracy that's working for people," Hambley said in a press conference.

Hambley holds a master's in public health (MPH) and medical degree (MD) from Tulane University. He also completed a critical care fellowship at University Hospitals of Cleveland, where he served as Chief Resident. He also completed a fellowship in hematology at Johns Hopkins Hospital in Baltimore.

Governor Mike DeWine Appoints Lt. Gov. Jon Husted to U.S. Senate

Jon Husted (R) is heading to Washington. The former Lt. Governor was appointed by Governor Mike DeWine (R) to fill the U.S. Senate seat vacated by Vice President J.D. Vance (R). At a press conference announcing his appointment, Sen. Husted said his priorities in office will be fighting inflation, illegal immigration and advancing conservative values.

To maintain the seat, Sen. Husted will need to win a special election in 2026 and then run again for a full term in 2028.

The announcement opens up the gubernatorial primary for 2026, as Husted was long anticipated to be the front-runner for the Republican primary. Governor DeWine appointed Jim Tressel, former Ohio State football coach, and former President of the University of Akron and Youngstown State University to serve the remaining two years of Husted's term as Lt. Governor.

Governor DeWine Introduces State Budget

On Monday February 3rd Governor Mike DeWine dropped his final two-budget bill. Like previous budgets introduced by the Governor, there is a focus on children, and improving the lives of our youngest Ohioans.

Specifically, the budget includes language that would provide free school breakfast and lunch at schools where 25% of students are eligible for free lunches (185% of Federal Poverty Level (FPL)) or if the school participates in the National Lunch Program.

The budget also invests \$10 million a year for the Tobacco Use, Prevention, Cessation and Enforcement Fund, as well as language increasing the cigarette tax by \$1.50 a pack and an increase on vapor tax from \$.10/mL to \$.20/mL. It also includes past AMCNO supported efforts to ban flavors marketed towards children on all vapor products.

The Governor's budget also expands School Based Health Clinics into additional underserved areas, including:

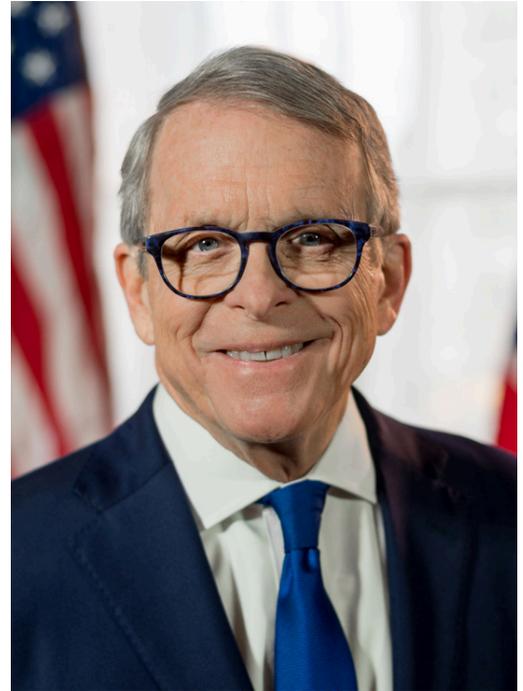


Image source: Vivien McClain Photography, 2018, via VivienMcClainphoto.com



Providing funding for up to 32 new healthcare partners and school districts for either planning, start-up, or expansion of school-based health centers.



Increasing access to primary and preventive healthcare services for students.



Reducing absenteeism by addressing acute and chronic health conditions within schools.



Enhancing data collection at the state level for all school-based health centers across the state.



Providing training or technical assistance opportunities related to school-based health centers to school districts and healthcare agencies.

The Governor's budget also includes funding to create a new vision services program, OhioSEE to provide students who fail vision screenings in kindergarten through third grade with free eye exams and glasses.

Of concern in the proposed budget, however, is language that would rollback Medicaid expansion in Ohio if the FMAP (Federal Medical Assistance Percentage) falls below 90%, as Medicaid cuts from the federal government are likely under the Trump Administration.

The AMCNO will continue to keep members updated and advocate with the Ohio legislature as the budget moves through the legislative process this year. The final budget must be signed into law by June 30, 2025.

Run Your Own Race: After years of advising others, Shamone Gore Panter, PhD, pursues medicine



On August 31, 2007, Shamone Gore Panter, PhD, cancelled her MCAT registration at the last minute. Despite her undergraduate degree from Youngstown State University in chemistry and biology, research experiences at the Cleveland Clinic, and a summer of preparing for the exam, she was terrified.

“I did not have any confidence at all that I could do well on that test, like none. So I canceled it, and I said, ‘Okay, so what can I do?’”

What she did was pursue a PhD with the then nascent collaboration between Cleveland Clinic and Lerner College of Medicine at Case Western Reserve University. There, she was able to dive deeply into cardiovascular research, which is what had originally driven her desire to go to medical school.

“My mom died suddenly in 2001, and it was from sudden cardiac death,” Gore Panter said. “From then it was like, okay, how does this happen? Why does this happen? This doesn’t make sense. Trying to understand that is really what got me into thinking about cardiovascular anything.”

Through her PhD program, she was never far from medicine. The program included a clinical mentor portion of the education, meaning Gore Panter was frequently seeing patients and visiting the OR with her mentor. After earning her degree, she took a postdoc position at Cleveland State and started teaching in the biology department.

Eventually, she became one of the advisors for students looking to get into medical school.

“Students would ask me ‘how did you decide to go this way compared to that way?’ and I was never bashful about sharing my fear of taking the MCAT. And it didn’t used to bother me,” Gore Panter said. “But then it started to bother me.”

The final push to try medicine again came during the pandemic. Her niece, who was a new mom at the time, was nervous about the COVID vaccine and how it worked. Through talking together, Gore Panter was able to explain how mRNA vaccines work, what they do, what they don’t do, and assuage her concerns. The next day, her niece went to get her vaccine, and Gore Panter decided it was time.

“I wanted to be able to build relationships, to work with education, to work on advocating for patients,” she said.

By June, she was encouraged to apply for the Ohio University Heritage College of Osteopathic Medicine’s Transformative Care Continuum, which is an accelerated pathway into family medicine. Still, the hurdle from more than a decade loomed: the MCAT. The pre professional director at Cleveland State, with whom she’d worked for years at that point, challenged her to take a practice exam over the weekend, and if she scored over a 500, she would apply to the program that summer.

“I only applied to OU, only applied to that program,” Gore Panter said. “As an advisor, I would never tell anybody that, but I knew that’s where I was going.”

In the fall of 2022, Gore Panter started medical school at OUHCOM, joining many of the very same students she had advised or taught in the past.

“As an older student, I could be some of these people’s parents, okay,” Gore Panter said. “My first semester, I had my TCC people, but I was doing my own things because I didn’t know people. But then that second semester on, finding my people has made a monster, monster difference in my experience of medical school as like, true friends, like, for real for real.”

For other students of all backgrounds, but especially those who have taken a less direct route to medical school, Gore Panter said it’s important to run your own race.

“My brain is not 22 years old, right, my brain is not 25 years old. That’s just the way biology works, right?” she said. “So be okay with that and understand that you may not do like them. You better worry about doing like you.”

Gore Panter will graduate in 2025, and, as part of the TCC program, already knows that once she passes her boards, she will match to Cleveland Clinic Lakewood Family Health for her family medicine residency.

At her graduation, she’ll be hooded by the mentor who she worked with as an undergraduate researcher at the Cleveland Clinic, who connected her to the city, in 2005.

“A lot of us have these really big dreams or thoughts on what we can do, we can fix everything, and unfortunately, healthcare isn’t set up that way,” Gore Panter said. “So [it’s about] finding where you think you really can contribute.”

DEA's Remote Prescribing Rules Are Here

By Avery Schumacher, Esq., Partner, Epstein Becker & Green, P.C.

Through highly anticipated rulemaking, published January 17, 2025, the Drug Enforcement Administration (“DEA”) and U.S. Department of Health and Human Services (“HHS”) released the following guidance (collectively referred to herein as the “DEA’s 2025 Rules”):

The DEA’s 2025 Rules are more restrictive than the temporary COVID-19 waivers that prescribers have become accustomed to but offer more remote prescribing flexibility than existed pre-pandemic.

Background

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 requires at least one in-person visit with a patient before prescribing a controlled substance via telemedicine, with limited and narrow exceptions. It has become clear that complete reversion to pre-pandemic prescribing practices would be impracticable. In response, the DEA issued a proposed rule in March of 2023, which was highly criticized as too restrictive, and which received a record number of comments—more than 38,000—causing the agency to reconsider its position. To buy time to implement final regulations that promote accessibility without increasing diversion risks, the DEA extended temporary COVID-19 telemedicine prescribing flexibilities three times, most recently through December 31, 2025.

2025 Special Registration Proposed Rule

In the Special Registration Proposed Rule, DEA outlines three separate types of registrations that prescribers may apply for to issue controlled substances via telemedicine without first conducting an in-person evaluation:

- 1 A Telemedicine Prescribing Registration, which would allow practitioners to prescribe Schedule III through V controlled substances;
- 2 An Advanced Telemedicine Prescribing Registration, only available to certain practitioners who are board certified in specific specialties, including psychiatry, which would allow them to prescribe Schedule II controlled substances; and
- 3 A Telemedicine Platform Registration, which would establish a new requirement applicable to telemedicine companies.

The Special Registration Proposed Rule would also require heightened recordkeeping, state-level compliance, and use of a newly created national prescription drug management program (“PDMP”) for special registrants. Other highlights include requiring special registrants to:

- Be in the same state as a patient to prescribe a Schedule II controlled substance and limiting Schedule II telemedicine prescriptions to fifty percent of a practitioner’s total Schedule II prescriptions;
- Use audio and visual modalities when prescribing, with limited exceptions;
- Capture a photo of the patient presenting official identification during initial visits; and
- Have a State Telemedicine Registration for every state where they treat patients, with limited exceptions.

Final Rule Regarding Access to Buprenorphine Treatment Via Telemedicine

Under the Buprenorphine Telemedicine Prescribing Final Rule, effective March 21, 2025, DEA and HHS permanently expand access to telemedicine facilitated buprenorphine treatment for patients with opioid use disorder (“OUD”).

Under this final rule, providers may prescribe buprenorphine to treat OUD via audio only telemedicine modalities for up to six months. To continue treatment beyond six months, an in-person evaluation is required, or the patient can pursue other authorized forms of telemedicine.

DEA Final Rule Regarding Veterans’ Access to Controlled Substances Via Telemedicine

The VA Telemedicine Prescribing Final Rule, effective March 21, 2025, specifically allows practitioners employed by the U.S. Department of Veterans Affairs (“VA”) to prescribe controlled substances via telemedicine without conducting an in-person evaluation, provided that another VA practitioner has previously conducted an in-person visit, and the prescriber complies with additional conditions around recordkeeping and checking state PDMP data.

Preserving and Protecting the Independent Practice of Medicine: NOMS Healthcare Shares Advice with Medical Students

Over the last several decades, as the administrative burdens in medicine have climbed and insurer reimbursement rates have dropped, more and more physicians are choosing to forego private practice and work as employees of larger hospitals and systems. For those physicians who want the autonomy of private practice and the support of a network, independent group practices are an increasingly popular option.

Earlier this month, Rick Schneider, Michael Shaughnessy, MD, and Bradley Hillard, DO, from Northern Ohio Medical Specialists (NOMS) met with AMCNO medical student members to talk to them about the NOMS model, and how it combines some of the sought after elements of both independent and employed practice. NOMS Healthcare was formed in 2000 and has since grown to include more than 300 licensed providers across the region. NOMS is a group member of AMCNO.

“Our goal, just by being a physician owned organization is to empower the doctors as much as possible,” Schneider, Chief Strategic Officer for NOMS, told medical students at the AMCNO event. “The physicians get the smallest piece of the healthcare dollar spent, but obviously, you’re the gatekeepers to everything. Don’t forget about that power.”

NOMS Healthcare is a multi-specialty, independent, physician owned and led practice. They work to reduce the need for inpatient care, saving patients money and allowing them agency in their healthcare. Physician owned practices that join NOMS have the benefit of sharing resources with other practices while maintaining their autonomy in operations.

According to a survey from the Physician Advocacy Institute, 77.6% of physicians are now employees. Large health systems have the benefit of being able to negotiate reimbursement rates and other costs associated with medicine that smaller private practices don’t, and they manage the business side of healthcare, while private practice physicians are also small business owners themselves.

Dr. Shaughnessy, an ophthalmologist and AMCNO Board Member, joined NOMS in 2020 after more than 20 years managing his own private practice. As an independent practice, he said, his clinic outsourced operations like bill collection and tax services and took whatever fee for service rates the insurance companies offered. When he joined NOMS, all those administrative needs, including fee negotiation, moved in house under one large group.



Rick Schneider, MBA, Michael Shaughnessy, MD and Bradley Hillard, DO, presented to AMCNO student members about independent group practice.



AMCNO Future Leaders Council members Umida Burkhanova, Taeris Guzman, Pete Jordanides and Rahul Kumar listen to the NOMS panel presentation.

“I had no power [to negotiate with insurance] when I was six doctors, but NOMS had a lot more power since they were 300 doctors and commanded 700,000 visits a year,” Dr. Shaughnessy said. “You have better power as a bigger group, so that co-op was attractive to me, that I would share negotiations and share prices of our paper supplies or anything else.”

Dr. Hillard, NOMS Chief Operations Officer, came to NOMS after a long career working as a family medicine doctor in a large system and overseeing one of the largest accountable care organizations in the country. At NOMS, he’s emphasized value-based care, driving down patient costs and giving providers tools to coordinate care. NOMS has allowed him and his wife, also a family medicine physician, control over their

workloads and earnings that they did not have as employed physicians.

“If you really enjoy seeing the fruits of your labor, then an independent model is something that I would have you think about,” Dr. Hillard said

As more doctors express a desire for greater work life balance and control over their labor, Schneider said physician led groups are an option that those completing their training should consider.

“Don’t forget that physicians are really the power behind the healthcare system,” Schneider said. “Don’t forget the value that you bring to any organization, whether it’s on the private career path, or as an employee of a large academic medical center.”

Status Update: Physician Noncompete Agreements in Ohio

By Kate Hickner and Kate Crawford; Attorneys, Brennan, Manna & Diamond, LLC



As healthcare attorneys, we are noticing that many Ohio physicians are still confused about the enforceability of employment agreement noncompete provisions. The bottom line is that reasonable noncompete agreements are still enforceable in Ohio. Many physician employers (including physician practices, health systems and other organizations) still take noncompete provisions seriously and are willing to enforce them.



Physicians should not sign any noncompete agreement unless they are willing to abide by its terms. Further, they should not assume that a current or prior employer will look the other way if a noncompete is violated. Physician clients often tell us that they do not need to worry about a noncompete because an employer's representative has promised that the noncompete will not be enforced. But these representatives are often not the ultimate decision maker. In general, a physician should only rely upon promises that a noncompete will be ignored if a binding waiver or amendment to the restriction is in writing. Depending upon the circumstances, noncompete violations can result in financial liability for both the breaching physician and subsequent employers. Under some circumstances, courts can also force physicians to stop violating noncompete provisions and leave their employment. This can be stressful and disruptive for all involved.

Noncompete agreements have been at the center of important policy and legal discussions during recent years. Because the restrictions typically places limitations on the ability of a physician to work for other employers, they can sometimes impact a physician's ability to make a living, provide continuity of care to patients, and to serve the community. Not only the physician, but also their families, potential employers, patients and the community more broadly, can be adversely affected.

The American Medical Association (AMA) argues that unfair noncompete clauses in physician employment contracts hinder career advancement and patient access to care, advocating for their removal. By removing noncompete clauses from these agreements, the AMA believes this change will benefit both physicians and patients.

At the same time, employers often heavily depend upon noncompete provisions, as well as confidentiality, non-solicitation, non-interference, non-disparagement and other restrictive covenants, to protect their organization's proprietary information. Noncompete agreements allow health systems and other employers to protect their assets and invest in their workforce.

Despite their widespread criticism across the healthcare industry, noncompete agreements remain legal in most states. In Ohio, noncompete agreements are enforceable if the restrictions imposed 1) are no greater than necessary for the protection of the employer's legitimate business interests; 2) do not impose undue hardship on the employee; and 3) are not injurious to the public.[1]

Courts evaluate several factors when determining the reasonableness of a noncompete agreement such as the geography and time limits, whether the former employee had access to confidential information and trade secrets, and if the agreement is an attempt to eliminate unfair competition as opposed to ordinary competition.[2] Although noncompete agreements are enforceable in Ohio so long as they are reasonable, courts have exercised their authority to strike any unreasonable provisions from these agreements.

Under Ohio law, a physician noncompete agreement is considered unreasonable if it imposes undue hardship on the physician and is injurious to the public, the physician's services are vital to the health, care and treatment of the public, and the demand for the physician's medical expertise is critical to those in the community.[3]

The FTC previously estimated that banning noncompete agreements altogether would lead to greater innovation, an increase in new businesses, and higher earnings for U.S. workers. As a result, the FTC issued a final rule last April, 2024 banning these agreements. However, in August, a court in Texas stopped the ban from taking effect. The FTC has since appealed. In the meantime, the court's order does not prevent the FTC from addressing the enforceability of noncompete agreements on a case-by-case basis.



With a new administration, it is unclear whether the FTC will ultimately be successful in implementing its noncompete ban. President Trump appointed Andrew Ferguson, who opposed much of the FTC's rulemaking agenda under its former leader, Linda Khan, to serve as the new Chair of the FTC. Ferguson has argued that the FTC lacks clear authority from Congress to write substantive rules.

Ohio physicians should consult with a healthcare attorney before negotiating noncompete provisions terms and before making decisions on future employment when a noncompete will impact post-employment options. Ohio physicians should also stay abreast of developments in this controversial and evolving area of the law.

[1] Raimonde v. Van Vlerah, 42 Ohio St.2d 21, 325 N.E.2d 544 (1975).

[2] See Extine v. Williamson Midwest, Inc., 176 Ohio St. 403, 200 N.E.2d 297 (1964).

[3] See Williams v. Hobbs, 9 Ohio App.3d 331, 460 N.E.2d 287 (1983).

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Akron Children's Dr. David Karas is using informatics and intentionality to improve immunizations



As the state and country continue to face a crisis of vaccine denial and hesitancy, pediatric providers are on the frontlines of getting shots in arms. Dr. David Karas, pediatrician and director of clinical informatics and clinical decision support at Akron Children's Hospital, AMCNO's newest group member, has been working to meet the moment for most of his career.

"It was probably 10 years ago now that I was sitting on my back deck, realizing that I go every day and I see one patient at a time, I'm only helping one patient at a time," Dr. Karas said. "I really wanted to figure out, how do I really impact change across the large organization like Akron Children's Hospital, and I really wanted to figure out how can I do more? How can I help our whole population of kids instead of just one at a time?"

At the time, Akron Children's was starting to get involved with electronic medical records,

and Dr. Karas saw an opportunity to serve patients at a more macro level. He helped build standardized order sets to guide providers, joined a large asthma project that taught providers more about appropriate diagnosing and treatment, and engaged deeply in informatics to improve the implementation of standard of care and national guidelines.

Much of Dr. Karas's work has focused on vaccines. Keeping children up to date on their vaccines, he said, is among the most important jobs of a pediatrician, but amidst vaccine hesitancy and misinformation, it can also be, at times, the hardest. After decades of high immunization rates, many families just don't see the devastating preventable illnesses anymore, like whooping cough or deadly meningitis.

"My biggest fear now is measles," Dr. Karas said. "We need to maintain at least 95% coverage to maintain herd

immunity, and we are well below that in our kindergartners the state of Ohio. Unfortunately, we are going to be ripe for a measles outbreak, and my fear is that children will actually die from measles in Ohio."

As of late February 2025, Texas, New Mexico, Georgia and New Jersey are experiencing outbreaks of measles, with several other states confirming individual cases. In Texas, the vast majority of the 124 cases are among children, and more than half of the cases are in a county with a nearly 14% vaccine opt-out rate. On February 26, Texas officials announced the first death of a child due to the measles outbreak.

In Ohio, 4.2% of kindergartners were exempted from one or more vaccines for the 2023-2024 school year, with only .2% opting out for medical reasons. Ohio is also leading the country with the highest level of flu spread according to the Centers for Disease Control and has seen more than 9,000 flu-associated hospitalizations this season.

Dr. Karas's current work centers on quality improvement training to individual practices to help them improve immunization rates. The project is aimed at helping providers learn to have conversations to work with families through their hesitancy.

"My philosophy is that everyone in that exam room really does want what's best for that child," Dr. Karas said. "We truly are coming from the same place- we want what's best for kids, we want them to be safe and happy and healthy, and so once we're coming with the same perspective, then it's easier to start to create some bridges of understanding."

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