



# NORTHERN OHIO PHYSICIAN

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The Voice of Physicians in Northern Ohio

[www.amcno.org](http://www.amcno.org)

## Acts of Service

Service has been a common theme of the AMCNO since our earliest days. We worked with the American Red Cross in 1951 to establish the first area blood bank. In 1983, we enlisted more than 1,400 volunteer physicians to care for the recently unemployed and their families, providing no-cost care to 2,574 people, ranging from acute illnesses to open-heart surgery. And, most notably, during the polio epidemic, 1.5 million Cuyahoga County residents, including 325,000 school children, were vaccinated by the AMCNO—the best completion rate in the United States.

The world's greatest philosophers and public servants have all mused on the topic of service, and how in serving others, we find fulfillment, optimism and hope. There is no question that today in medicine we are facing unprecedented and challenging times. Still very much in a COVID-19 pandemic for a third year, we are also fighting increased gun violence across the country, and now a nationwide attack on reproductive health care. Especially now, it seems dedicating ourselves to service is essential. And as Hippocrates so eloquently stated, "Wherever the art of Medicine is loved, there is also a love of humanity."

I am proud to say that we continue our commitment of service today. We recently visited MedWish International with our Board of Directors and Future Leaders Council members to help package a shipment of medical supplies to aid in the war relief in Ukraine. Founded in 1993, MedWish International is a not-for-profit organization that saves lives and the environment by repurposing discarded medical supplies and equipment to provide humanitarian aid to people in need.

It was especially noteworthy to do this service project with our Future Leaders Council, the youngest group of AMCNO leaders. These 15 physicians in training represent the best and brightest of Northern Ohio's medical students, residents and fellows. They are dedicated not only to their careers in medicine, but also to helping serve the community and their patients as volunteers and advocates. I hope you will take the time to get to know them on pages 14-16.

Although it can be challenging to stay focused in a time marked by chaos, I have faith that the members of this



AMCNO members and staff sort through medical supplies at MedWish International. Left to right: Future Leaders Council (FLC) member Adrian Lindsey, MD; AMCNO staff Anna Ruzicka; FLC member Zoe Rodes; FLC member Gowtham Yerneni; and AMCNO Board member Tanveer Singh, MD.

organization will once again rise to the challenge and put the needs of our community and patients first.

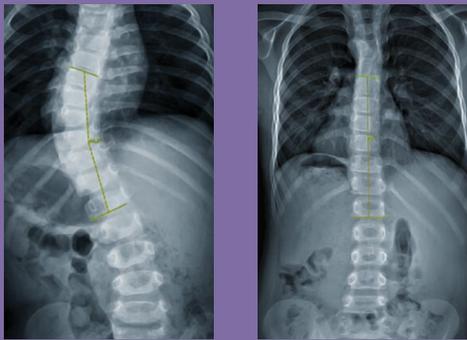
As always, it is an honor to represent you.

### Jen Johns, MPH

Executive Director, Academy of Medicine of Cleveland & Northern Ohio

“They straightened his spine without surgery!”

– Michelle, Max’s mom



*Max’s scoliosis was treated with Mehta casting.*



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# Congratulations to **DR. DAVID MARGOLIUS**, New City of Cleveland Public Health Director



David Margolius, MD, a recent AMCNO MetroHealth Group member, was appointed as the City of Cleveland's Director of Public Health earlier this summer. He started his new position August 1, and he is the first physician in 40 years to serve in this role.

Staff spent some time talking with Dr. Margolius, who is a primary care physician. He's originally from Cleveland and returned to the city seven years ago to work at MetroHealth, following the completion of his residency in Internal Medicine and a Chief Resident year at the University of California, San Francisco. He currently lives in the Old Brooklyn neighborhood of Cleveland with his wife and two children.

Dr. Margolius said, as a primary care physician, he has seen the effects of poverty, racism, lead in homes, and the opioid pandemic. He said he wasn't looking for a new job, but his close friends and mentors encouraged him to apply for it. He ultimately decided to accept the offer with the goal of making a bigger impact on these health issues affecting our city.

We at the AMCNO look forward to working with Dr. Margolius and the City of Cleveland on these issues that impact our physicians and the communities they serve, including, in addition to the others aforementioned, healthier meals for children (through our partnership with the American Heart Association) and all vaccinations. ■

## HHS Updates the Public on Monkeypox

By Anna Ruzicka, Health Policy Fellow

On August 4, Secretary of the U.S. Department of Health and Human Services (HHS) Xavier Becerra declared monkeypox a public health emergency (PHE) in the United States. As of August 5, there are 7,510 confirmed cases of monkeypox in the United States and 45 in Ohio.

Monkeypox spreads through close contact with someone with the virus, including direct contact with rashes, scabs, or bodily fluids; touching used objects, fabrics, and surfaces; contact with respiratory secretions; and intimate contact (hugging, kissing, and intercourse). The four most commonly documented symptoms are rash, fatigue, fever, and swollen lymph nodes. There has been no reported transmission of monkeypox in health care settings in the United States. You can read the CDC's recommendations for health care providers at <https://tinyurl.com/About-Monkeypox>.

Senior Policy Advisor at the Centers for Disease Control and Prevention (CDC), Dr. Robert Goldstein, stated during the HHS weekly Monkeypox Briefing

on August 4 that reported cases have been predominately in the population of men who have sex with men. However, leaders for the monkeypox response in our country emphasize that *anyone* can get it. Because it is important to use fact-based communication to prevent the stigmatization of men who have sex with men, the CDC released a guide on how to reduce stigma in messaging around monkeypox, available at <https://tinyurl.com/Reducing-Stigma>.

The CDC currently recommends vaccination for individuals who have been exposed, are believed to have been exposed, or are at high risk of exposure. For questions on monkeypox vaccination in Ohio, contact the Ohio Department of Health (ODH) at [ORBIT@odh.ohio.gov](mailto:ORBIT@odh.ohio.gov) or (614) 995-5599.

You can track case counts and trends at <https://tinyurl.com/Case-Count>, and register for the HHS's weekly webinars on Thursdays at 2 pm at <https://tinyurl.com/HHS-Zoom>. ■

# CONGRATULATIONS TO THE AMA on Celebrating its 175th Anniversary!



AMCNO Board member Mary LaPlante, MD, stands with AMCNO member Andrew Rudawsky, MD, at the AMA Annual Meeting.

The American Medical Association (AMA), which marked the 175th anniversary of its founding in May, helps propel the science and research that drives organized medicine forward through advocacy and innovation built around the world's first-ever code of medical ethics. The AMA's work to both standardize and modernize medical education and physician training are key elements in meeting its mission to promote the art and science of medicine and the betterment of public health.

As not only an individual membership association, but the convening national body of medicine through its House of Delegates—comprised of more than 190 state and specialty medical societies and other critical stakeholders—the AMA is the nation's largest and most influential medical organization. The policies adopted by the House of Delegates underpin its advocacy and guide ethical medical practice for millions of physicians in the United States and around the world.

Delegates selected by the state medical associations, medical specialty societies, national medical organizations and other recognized constituent associations that comprise the AMA House of Delegates meet twice each year to shape AMA policy and prioritize initiatives in medical education, ethical and judicial affairs, public health, diversity and inclusion, and a host of other subjects. A report from the meeting follows, written by Dr. Bruce Cameron, who attended the meeting and is an American College of Gastroenterology (ACG) delegate to the AMA. He is also an AMCNO Past President.

We at the AMCNO have been proud to partner with the AMA throughout our own almost-200-year history. In fact, several of our presidents went on to become AMA presidents, such as Dr. Charles Hudson, who served as our president from 1952-53, and then as AMA president from 1966-67, as well as Dr. John Budd, who was

our president from 1953-54, and AMA president from 1977-78.

The AMCNO has a long history of following the AMA's lead and supporting public health in our region. We were the first physicians in Ohio to report infant mortality statistics. We also worked with the American Red Cross to establish the first area blood bank, and we established the first Poison Control Line in Cleveland—one of the world's firsts. In 1953, we ran a television program on Sundays in Cleveland called "Prescription for Living," offering health information to the public—one of the first of its kind in the nation. Today, we update the public through our electronic *Northern Ohio Physician* newsletter and our social media pages.

In 1983, the AMCNO enlisted more than 1,400 volunteer physicians to care for the recently unemployed and their families, providing no-cost care to 2,574 people, ranging from acute illnesses to open-heart surgery.

Most notably, during the polio epidemic, 1.5 million Cuyahoga County residents, including 325,000 school children, were vaccinated by the AMCNO, the best completion rate in the United States. And today, our physicians fight rampant misinformation on vaccinations for COVID-19, testifying to legislators on the safety and efficacy of vaccinations. AMCNO volunteers also helped vaccinate first responders at drive-through clinics in the early stages of the COVID-19 pandemic. This work exemplifies our continued work and dedication to the health of the Northern Ohio community.

Since the earliest days of its founding, the AMA and its state and specialty medical association partners have put patients first—from their earliest

efforts to protect the public from medical quackery and fraudulent “medicines” that were ineffective at best and life-threatening at worst. Throughout the years, they have spoken for physicians in a unified voice in championing vaccine safety and efficacy, confirming the harmful effects of tobacco use while helping ban smoking on airliners, and advocating for seat belts as standard equipment in vehicles, among other initiatives.

The AMA continues to fulfill its mission by working to remove obstacles to patient care, leading the charge to prevent chronic disease and confront public health crises, and driving the future of medicine through innovation and improved physician training and education.

Although the AMA can be rightfully proud of its contributions to organized medicine, the organization has also owned up to the fact that some of its prior

actions and policies helped create many of the disparities and inequities in health that persist today. The AMA has acknowledged these mistakes and is working collaboratively to eliminate inequities throughout health care to achieve optimal health for all.

As the AMA celebrates its 175th anniversary, its leadership is grateful for the contributions of time and volunteer service by millions of physician members who have advanced its mission over generations while working tirelessly to improve the health of their patients, communities, and our nation. ■



## Report from the American Medical Association – Annual Meeting

Submitted by Bruce Cameron, MD, MACG

This year marks the 175th Anniversary of the American Medical Association (AMA). The AMA is the largest physician organization in the United States, and the AMA House of Delegates (HOD) meets twice a year as the policy-making body for the organization. For the last two years, the AMA has met virtually; this year's annual meeting, which took place June 10 - 15 in Chicago, was the first in-person meeting since November 2019.

The AMA represents all physicians, and the HOD is a very diverse organization. There are representatives from every state and specialty society, along with numerous interest sections, such as Medical Student, Resident and Fellow, Young Physicians, Senior Physicians, and many more. Almost 700 representatives registered for the event, and the HOD considered more than 30 different reports and more than 230 separate resolutions.

The opening of the HOD began on Friday, June 10, with addresses by outgoing President Dr. Gerry Harmon, who is a family practitioner from South Carolina, and AMA Executive Vice President Dr. James Madera. President Dr. Harmon made a separate plea regarding the AMA response to the escalation of gun violence in America and this theme was evident during the entire meeting as well. In addition, he described the “Recovery Plan for America’s Physicians.” This five-pronged effort addresses: 1) Telehealth, 2) Medicare Payment Reform, 3) Scope of Practice, 4) Prior Authorization and 5) Physician Burnout.

Saturday morning, the caucuses met and discussed the proposed reports and resolutions, and the HOD met on Monday, Tuesday, and Wednesday to hear the Reference Committee reports and deliberate them. It is interesting and at times entertaining, but it is all part of the deliberate process of developing policy.

Elections were held Tuesday morning. The new AMA President-Elect is Dr. Jesse Ehrenfeld, an anesthesiologist who lives in Wisconsin. The new President was inaugurated Tuesday evening—Dr. Jack Resneck Jr., a dermatologist from San Francisco.

### Resolutions regarding the “Recovery Plan for America’s Physicians”:

1. Telehealth – Resolutions supported universal internet access and reaffirmation of many policies regarding telehealth and equitable reimbursement in the post-Covid era.
2. Medicare Payment Reform – Multiple resolutions dealt with payment reform, including the elimination of budget neutrality, and include annual inflation updates. Other resolutions dealt with universal Medicaid expansion and prospective payments for private practice. The AMA has developed and adopted a Medicare Payment Reform plan that outlines 10 guiding principles that include annual payment updates, recognizing high value care, and use of clinical registries, among others.
3. Scope of Practice – Resolutions to direct the AMA to develop model legislation for not allowing independent practice by non-physician individuals and even reversing such legislation if it already exists. Determine the economic impact of non-physician supervised practitioners. “Truth and transparency” and title misappropriation language by non-physicians when dealing with advertising and marketing.

4. Prior Authorization – Encourage the CPT committee to develop administrative codes for prior authorization denials and appeals. Resolution 211 (supported by the American College of Gastroenterologists and others) directs the AMA to advocate to Congress and CMS to delay the implementation of the Medicare Appropriate Use Criteria (AUC) and advance modifications to the AUC that address technical and workflow challenges.
5. Physician Burnout – This is very prominent and prevalent right now. Resolutions were passed that deal with questions on licensing and credentialing applications that need to be eliminated (Lorna Breen Health Care Protection Act). In addition, Resolution 723 encourages the AMA to work with appropriate stakeholders to “add an institutional focus on physician wellbeing as an accreditation standard...that do not add additional burdens to physicians.” Encourage development of standardized reporting mechanism for the collection of current wellness initiatives at various institutions. ■

## Help AMCNO Gather Materials for Our Bicentennial

As you likely know, the AMCNO will be celebrating its 200th anniversary in 2024, and we are planning now for this incredible milestone.

In addition to continuing to conduct searches for our archives, we have personally received some unique items from those who have been long-time members, or from the families of former physician members. These materials are all part of our interesting and long history!

If you have any items that would help inform our efforts in sharing the history of medicine in northern Ohio with the public, please reach out to AMCNO Executive Director Jen Johns. ■



## The items listed below will give the reader an idea of the breadth of issues discussed at the AMA HOD meetings:

- Disinformation and misinformation on social media by physicians and disciplinary action
- Medicare and coverage for dental, vision and hearing services
- Regulation of ghost guns
- Ethical principles for physicians involved in private equity-owned practices
- Developing cultural humility in medical education
- Enabling medical students and resident access to fertility preservation
- Caps on insulin co-payments
- Over-the-counter access to oral contraceptives
- Sexual harassment accreditation standards for medical students
- Urge health and life insurance companies to divest investments in fossil fuel
- Support democracy
- September 11 as a National Holiday
- Consequences of switching between Medicare Advantage and traditional Medicare plans
- Domestic violence-related injuries and reconstructive surgery
- Universal childcare and preschool
- Warning public that gas stoves may increase childhood asthma
- Natural hair and hairstyles and discrimination in medicine
- Research and funding for Post ICU syndrome
- Medicaid transportation to include grocery shopping
- Multiple gender and LGBTQ+ issues
- Parental leave for medical students
- Meeting accessibility
- And more!

**Editor’s Note:** Related to disinformation and misinformation, the first item in the bulleted list, the AMA reports that disinformation, especially throughout the COVID-19 pandemic, has been extremely concerning. Some describe it as a secondary “infodemic,” where permanent harm may be done to the trust in institutions due to the sheer volume of disinformation spread in a rapidly changing and sensitive environment. For more information and the full article on this topic, visit [www.ama-assn.org/delivering-care/public-health/ama-details-plan-stop-public-health-infodemic](http://www.ama-assn.org/delivering-care/public-health/ama-details-plan-stop-public-health-infodemic).



## New Anti-Vaccination Efforts Emerge

Legislators in Columbus have introduced proposed legislation, HB 679, which seeks to ban incentives from government and private entities to encourage vaccination. Key points of the bill:

- It would do away with incentives or penalties for businesses that are based on requiring their employees to get vaccinated.
- Under the bill, health insurers wouldn't be able to give better rates to companies who require employees to get vaccines and governments, or health departments wouldn't be able to punish companies that don't require employees to get vaccines.
- It would disallow the government from penalizing or taking away licensure from a business that does not meet a vaccine mandate.
- A business is not liable for any outbreak of a communicable or infectious illness or disease, other than a foodborne illness or disease, that may be considered a vaccine preventable disease.

Additionally, the Ohio Ballot Board recently decided a statewide effort to place a "Medical Right to Refuse" amendment could move forward in gathering signatures. The effort is backed by the group Ohio Advocates for Medical Freedom, which lobbies for "Ohioans to be able to refuse any medical procedure or treatment." They are now in the process of collecting the 443,000 signatures from Ohio voters required to place the issue on the ballot for the May 2023 election.

The proposal would impact all vaccinations, not just those for COVID-19, and would give an individual "absolute right" to refuse any medical treatment or vaccination, as well as prohibit health care providers from "requiring, mandating, or coercing" any person to receive a "medical procedure, treatment, injection, vaccine, prophylactic pharmaceutical or medical device." It is important to note there are already vaccine exemptions in Ohio law for those with medical, religious, or philosophical objections.

The AMCNO continues its membership in the statewide coalition for sound vaccination policies and will continue to fight all attempts to curtail the public from getting vaccinated against infectious diseases.

## REPRODUCTIVE HEALTH UPDATES: Landscape in Ohio Post-Dobbs Decision

**Editor's Note:** With the Supreme Court overturning *Roe v. Wade*, and creating uncertainty around abortion law, the AMCNO is dedicated to keep its members up to date with the most recent developments at the local, state and federal levels. As always, we remain committed to fighting back against any legislation or policy that interferes in the patient-physician relationship.

### Ohio State Supreme Court Decides

## "Heartbeat Bill" Can Go into Effect Post-Dobbs

Shortly after the U.S. Supreme Court overturned *Roe v. Wade*, the Ohio Supreme Court declined to issue an emergency stay requested by the state's abortion providers to stop the enforcement of the state's passed legislation SB-23, known better as the "Heartbeat Bill." As a result, on June 24, it became law.

The law bans abortion in Ohio after six weeks of gestation. The law also requires physicians or other providers to determine if there is a detectable fetal heartbeat before conducting an abortion. If there is, the procedure cannot move forward.

The only exceptions included in the law are if the procedure is necessary to prevent the death of the pregnant woman, or to prevent serious risk of "the substantial and irreversible impairment of a major bodily function (but not mental health) to the pregnant woman." Abortion procedures can also be conducted if there is no fetal heartbeat.

The law contains no exceptions for rape or incest. Physicians performing these procedures are now required to record and report the medical condition

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## “Heartbeat Bill” Can Go into Effect Post-Dobbs *(Continued from page 7)*

necessitating each patient’s abortion and the “medical rationale” behind their decision. That documentation must be kept by the doctor for at least seven years. Doctors providing abortions in violation of this law can be charged with a fifth-degree felony and face loss of medical license. It is important to note that in many cases the law does not distinguish between abortion and miscarriage (in medicine, a “spontaneous abortion”), and according to the *New England Journal of Medicine*, “approximately 30% of recognized pregnancies result in miscarriages.” Miscarriages and still births often require the use of abortion medication and/or surgical management. Additionally, according to the *Kaiser Family Foundation*, “for stillbirths, the alternative to surgical management is

induction of labor with medications; this has been shown to be less safe for the mother than [abortion] and often requires a multi-day hospitalization.

On June 29, the American Civil Liberties Union (ACLU), the ACLU of Ohio, Planned Parenthood Federation of America, and the law firm WilmerHale filed a lawsuit on June 29 in the Ohio Supreme Court seeking to block the state’s ban on abortion. The plaintiffs are asking the Ohio Supreme Court to order state officials not to enforce S.B. 23 and to declare the ban unconstitutional under the Ohio Constitution. The AMCNO will continue to monitor this case closely and keep members up to date. ■

# Biden Administration Says **Hospitals Must Provide Abortions in Emergency Situations**

In response to the continued confusion surrounding abortion care in a post-Dobbs world, President Biden issued guidance aiming to help doctors and hospitals reconcile state laws restricting abortions with federal law that can require the procedure.

Specifically, guidance from the Department of Health and Human Services (HHS) says federal law protecting access to emergency health care treatment mandates that physicians provide an abortion if the physician deems it necessary and a medical emergency, even if the procedure isn’t legal under state law.

In addition, the President ordered the Secretary of HHS to take the following actions:

- **Protect Access to Medication Abortion.** HHS will take additional action to protect and expand access to abortion care, including access to medication that the FDA approved as safe and effective more than 20 years ago.
  - **Protect Access to Contraception.** HHS will take additional actions to expand access to the full range of reproductive health services, including family planning services and providers, such as access to emergency contraception and long-acting reversible contraception like intrauterine devices (IUDs). In all 50 states and the District of Columbia, the Affordable Care Act guarantees coverage of women’s preventive services, including free birth control and contraceptive counseling, for individuals and covered dependents.
  - **Launch Outreach and Public Education Efforts.** HHS will increase outreach and public education efforts regarding access to reproductive health care services—including abortion—to ensure that Americans have
- access to reliable and accurate information about their rights and access to care.
  - **Protect Sensitive Health Information.** HHS will consider additional actions, including under the Health Insurance Portability and Accountability Act (HIPAA), to better protect sensitive information related to reproductive health care. The Secretary of HHS has already directed the HHS Office for Civil Rights to take initial steps to ensure patient privacy and nondiscrimination of patients, as well as providers who provide reproductive health care, including by:
    - » Issuing new guidance to address how the HIPAA Privacy Rule protects the privacy of individuals’ protected health information, including information related to reproductive health care. The guidance helps ensure doctors and other medical providers and health plans know that, with limited exceptions, they are not required – and in many cases, are not permitted – to disclose patients’ private information, including to law enforcement.

» Issuing a how-to guide for consumers on steps they can take to make sure they're protecting their personal data on mobile apps.

• **Protect Patients, Providers, and Clinics.** The Administration will ensure the safety of patients, providers, and third parties, and to protect the security of other entities that are providing, dispensing, or delivering reproductive health care services. This charge includes efforts to protect mobile clinics, which have been deployed to borders to offer care for out-of-state patients.

• **Establish an Interagency Task Force.** The President has directed HHS and the White House Gender Policy Council to establish and lead an interagency Task Force on Reproductive Health Care Access, responsible for coordinating federal interagency policymaking and program development. This Task Force will also include the Attorney General. In addition, the Attorney General will provide technical assistance to states affording legal protection to out-of-state patients as well as providers who offer legal reproductive health care. ■

## State Medical Board Webinar Explains the Interstate Medical Licensure Compact

*By Anna Ruzicka, Health Policy Fellow*

The State Medical Board of Ohio (SMBO) hosted a webinar on July 20, explaining the rollout of the Interstate Medical Licensure Compact (IMLC) in Ohio. Rebecca Marshall, Joe Turek, and Jerica Stewart represented the SMBO, and Marschall Smith joined from the IMLC Commission (IMLCC). Through the compact, physicians (both MDs and DOs) can apply for expedited licensure in any of the other 37 participating states.

Ohio originally joined the compact after Governor Mike DeWine signed Senate Bill 6 into law on July 29, 2021. The AMCNO played an important role in its passage through the Ohio Senate and House of Representatives, having testified in both chambers supporting the legislation. AMCNO Executive Director Jen Johns attended the law's signing alongside two AMCNO members, Dr. Steven Shook and AMCNO Past President Dr. Bruce Cameron. A year later, the compact's rollout in Ohio ran ahead of schedule, and physician applications opened on August 2.

Smith said that for physicians, the biggest benefit of applying for licensure through the compact rather than through the traditional state boards is that it takes much less time to get the licenses. He stated that on average, it takes 35-45 days from application to get the Letter of Qualification that approves a physician for licensure. After that, within 7-10 days, the licenses are issued by the individual state boards that the physician selected on their application. These licenses last for

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AMCNO Past President Dr. Bruce Cameron, AMCNO Member Dr. Steven Shook and AMCNO Executive Director Jen Johns (back row, behind Gov. DeWine) attended the bill signing of the Interstate Medical Licensure Compact legislation last year.

365 days, and then the physician has the option to reapply. Applications cost \$700 at the time of application, in addition to the cost of a license in the state(s) they have selected. States currently participating can be found at <https://www.imlcc.org/#map>.

Physicians may select as many states as they would like on their application. If they would like to add an additional state license after their initial application, there is a \$100 fee on top of the state fee. Those applying for licensure through the compact in Ohio must have Ohio as their State of Principle License (SPL)—meaning they hold a full, unrestricted license in Ohio and meet one of the other four state eligibility criteria available on IMLCC’s FAQ page at <https://imlcc.org/faqs/> (under “Who is eligible to participate in the compact?”). If you are found to be ineligible after your application, you will receive an email from the IMLCC Board. Additionally, physicians are responsible for staying up to date with CME requirements for each of the states in which they have licensure through the compact. These vary from state to state.

Applications may be completed online at [www.imlc.org/apply](http://www.imlc.org/apply). For a more in-depth explanation, watch the webinar at <https://tinyurl.com/IMLCWebinar>. Email any questions about licensure to [license@med.ohio.gov](mailto:license@med.ohio.gov) and general inquiries to [contact@med.ohio.gov](mailto:contact@med.ohio.gov). ■

## HOW MUCH ASSURANCE do you have in your malpractice insurance?



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# AMCNO Submits **Letter of Support for ARPA-H**

By Anna Ruzicka, Health Policy Fellow

On June 16, we sent a letter supporting the placement of the newest federal agency—the Advanced Research Projects Agency for Health (ARPA-H)—in Cleveland to Secretary Xavier Becerra at the U.S. Department of Health & Human Services (HHS) and ARPA-H Deputy Director Dr. Adam Russell at National Institutes of Health (NIH). You can read the letter here: <https://tinyurl.com/AMCNO-Letter>.

ARPA-H was proposed by President Biden and later established through Public Law 17-103 on March 15, 2022. The agency's mission is to benefit the health of all Americans by catalyzing health breakthroughs that cannot readily be accomplished through traditional research or commercial activity. As a witness to the numerous medical breakthroughs that have happened in northern Ohio throughout almost 200 years, the AMCNO strongly believes that Cleveland is the best home for ARPA-H.

Modeled after the Defense Advanced Research Project Agency (DARPA), which was founded in 1958, ARPA-H will be a distinct division in the NIH that will undertake a wide range of medical challenges, from the molecular to societal levels of health. It is intended to bring about high-risk, high-reward research and innovations such as vaccines that prevent cancers and platforms to reduce health disparities in maternal morbidity and mortality.

A group of Congressional members from Ohio also sent a letter of support to President Biden and Secretary Becerra for ARPA-H's placement in Cleveland. Their full letter is available at <https://tinyurl.com/ARPA-H-Letter>.

Reps. Shontel Brown (OH-11) and Dave Joyce (OH-14) provided us with

comments about the letter they and the other Congressional members sent.

Rep. Brown told us: "The letter penned earlier this year urged the President to consider Cleveland as the base because we agree the city is best prepared to support this revolutionary agency. Northeast Ohio's renowned health care and educational institutions have significantly impacted health research and care for millions. We encourage AMCNO members to continue to amplify our region's wins to the Department of Health & Human Services whenever possible."

Rep. Joyce said: "As someone who was born and raised in Northeast Ohio, I know Cleveland is uniquely positioned to house the new ARPA-H headquarters. Our world-class hospitals, premier universities, and vibrant and dynamic workforce make Northeast Ohio both a natural and ideal location for this new federal agency. I urge the President to consider Ohio as a potential home for ARPA-H so that the Buckeye State can continue to support the next generation of discovery, innovation and production in biomedical sciences and drive breakthroughs in health care research and development."

Learn more about ARPA-H at [www.nih.gov/arpa-h](http://www.nih.gov/arpa-h). ■

## Northeast Ohio Hospital Opioid Consortium Launches **Innovative Prescriber Education Tool**

The Northeast Ohio Hospital Opioid Consortium is taking its educational content to a new, innovative platform with the recent launch of its next course for prescribing clinicians. Powered by QuizTime, this course delivers daily questions to subscribers' phone or email that can be completed in just a few minutes each day.

Funded through the Centers for Disease Control and Prevention's Overdose Data to Action grant, the course is free of charge to enrollees. It is designed for prescribing clinicians, including physicians, advanced practice registered nurses and physician assistants. Continuing education credits are offered for participants through Vanderbilt University Medical System.

Designed for prescribing clinicians in both inpatient and outpatient settings, the course consists of 20 scenario-based, multiple-choice questions delivered daily, or at whatever frequency the learner chooses. Topics covered by the course include:

- Destigmatizing medication-assisted therapy
- How to refer patients for treatment service
- How to screen for opioid use disorder
- Strategies to decrease the prescription of dangerous combinations of medications and increase the rate of prescription of non-opioid analgesics

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## Northeast Ohio Hospital Opioid Consortium Launches Innovative Prescriber Education Tool

(Continued from page 11)

QuizTime is a unique tool for delivering education developed by the Center for Advanced Mobile Healthcare Learning at Vanderbilt University Medical Center. Studies using QuizTime's spaced, retrieval-based approach to learning have shown superior knowledge retention and sustained performance improvement in continuing medical education settings. The QuizTime course catalog is continually growing and currently includes approximately 30 offerings covering a wide variety of clinical topics, half of which are specifically geared toward responsible opioid prescribing and stewardship.

This course is the latest addition to a compendium of coursework developed by the Opioid Consortium. Additional offerings through a more traditional web-based learning platform include one module each for health care support staff and for prescribing clinicians. Together, these courses are aimed at advancing the Opioid Consortium's goals around professional education to most effectively provide care for patients with opioid and other substance use disorders. More information on the Northeast Ohio Hospital Opioid Consortium's educational offerings, including this new course, is available at [opioidconsortium-education.org](http://opioidconsortium-education.org). ■

## About the Northeast Ohio Hospital Opioid Consortium

The Northeast Ohio Hospital Opioid Consortium is a physician-led, member-driven partnership of hospitals working collaboratively to address the region's opioid epidemic. Housed at The Center for Health Affairs, the Opioid Consortium includes Cleveland Clinic, The MetroHealth System, St. Vincent Charity Medical Center, University Hospitals, the VA Northeast Ohio Healthcare System and The Academy of Medicine of Cleveland & Northern Ohio. Together, these organizations work to mitigate the opioid crisis through a coordinated action plan, which includes reforms to prescription guidelines, use of medication-assisted treatment (MAT), expanded distribution and use of naloxone and health professional education. The ultimate goal of the Opioid Consortium is to reduce the number of overdoses and deaths that result from opioid use and misuse. Learn more at [neohospitals.org/consortium](http://neohospitals.org/consortium).

## State of Ohio Joins 988 Nationwide Mental Health Crisis Line

On July 13, the Ohio Department of Mental Health and Addiction Services (MHAS) announced that Ohio was ready to launch 988, the 24/7 phone line that will be free to all Ohioans. Individuals calling the line will receive confidential support for themselves or loved ones suffering a mental health or suicide crisis. The nationwide 988 Suicide & Crisis Lifeline went live on Saturday, July 16.

"Mental health is just as important as physical health," said Governor Mike DeWine. "988 is a statewide resource that will quickly connect anyone who needs immediate support or crisis treatment to a trained counselor who can listen and connect them with resources. I encourage Ohioans who are in crisis themselves, or helping someone who is, to call 988 for help."

The 988 number was designated by Congress in 2020 and will be operated by the existing National Suicide Prevention Lifeline's existing call center, which launched in 2005.

"Too often Ohioans in crisis don't know where to turn for help, and the stigma of asking can keep them from reaching out," said MHAS Director Lori Criss. "We are working to change all this in Ohio. Moving to a 3-digit crisis number helps increase the visibility of the help available to Ohioans experiencing a mental health or addiction crisis," she added. "988 is

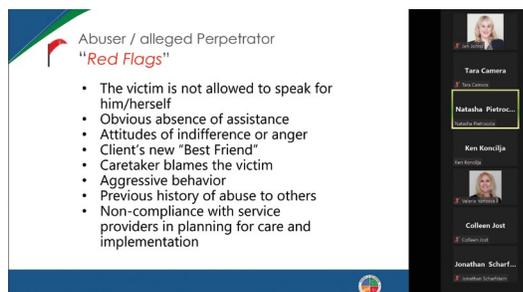


more than just an easy-to-remember number, it is a direct connection to a compassionate person on the other line who is trained to provide support to anyone in distress – whether that is thoughts of suicide, emotional distress, or substance use crisis."

When Ohioans dial 988, they will encounter a greeting message while their call is routed to the local Lifeline network crisis center based on their area code. A trained crisis counselor will answer the phone, listen to the caller, provide support, and connect them to additional resources if needed. Counselors will also be available nationwide at this number by text.

According to MHAS, studies have shown that approximately 80% of calls made to a crisis line can be resolved through a phone conversation, alleviating burdens on local law enforcement and hospital systems. The line will be supported by federal funding in its first year. ■

# Cuyahoga County Hosts Webinar on Elder Abuse for AMCNO Members



On July 14, the Cuyahoga County Department of Health and Human Services Division of Senior and Adult Services (DSAS) provided training to AMCNO members on how to see, stop and report elder abuse. Physicians are mandated reporters of elder abuse in Ohio. The presentation was conducted by Natasha M. Pietrocola, the DSAS Deputy Administrator of Community Programs and Services.

Ms. Pietrocola has spent more than 18 years in social services addressing diverse issues in the field of aging including community based long-term care, elder abuse and social advocacy. As Deputy Administrator, she has executive oversight over the Adult Protective Services program and manages all reports and investigations of allegations of abuse, neglect, self-neglect and/or exploitation of impaired, elderly residents 60+ years of age who reside in the community, as well as vulnerable adults aged 18 to 59.

During her presentation she shared the following facts about elder abuse:

- 1 in 6 people aged 60+ have experienced some type of elder abuse.
- As few as 1 in 14 cases of suspected abuse, neglect and exploitation are reported.
- Elder abuse is more common than child abuse, with more than 5 million elder abuse victims at any one time in the United States.
- In almost 90% of elder abuse and neglect incidents, the perpetrator is a family member; two-thirds of perpetrators are either adult children or spouses.
- Elders who have experienced abuse, even modest abuse, have a 300% higher risk of death within the year when compared to those who have not been mistreated.

If you suspect a vulnerable adult is being abused, neglected, or exploited, there are two ways to report it:

1. Call the state hotline at 855-644-6277 (855-OHIO-APS).
2. Report it through the Ohio Adult Protective Services Online Referral Portal at <https://aps.jfs.ohio.gov>.

A full recording of the training is available at [www.amcno.org](http://www.amcno.org) to view at your own pace. ■

# AMEF Provides Funds for Annual Pollen Line Training

The AMCNO held its annual Pollen Line training for the new medical residents and fellows at Allergy/Immunology Associates in July. The Academy of Medicine Education Foundation (AMEF) was pleased to provide the funds once again for the session.



The Pollen Line, a longstanding AMCNO-sponsored community service, features Allergists Robert W. Hostoffer, DO; Devi Jhaveri, DO; Haig Tcheurekdjian, MD; and Shan Shan Wu, DO, from Allergy/Immunology Associates who are providing the counts on behalf of the AMCNO again this year.

The training session was led by Nicole Tierney. Ms. Tierney has more than 12 years of experience in both pharmaceutical and medical device clinical research. She has served as a certified Clinical Research Coordinator in the fields of neurology, allergy, asthma, and chronic obstructive pulmonary disease. She holds a BA in Biology from the University of Northern Iowa.

Ms. Tierney explained that the main reason for collecting pollen data is to help inform patients and allergy sufferers of what is in the air locally, by analyzing the trends throughout the year. The pollen count is obtained each day by the residents and fellows analyzing the collector rods from the pollen machine and dividing the number of pollen grains on the collector rod by the volume of air sampled.

As it has for more than 50 years, the AMCNO Pollen Line provides pollen counts daily Monday through Friday beginning in April. The AMCNO pollen report is accessed by local news stations and other area media outlets.

The public can call the free hotline at (216) 520-1050, check [www.amcno.org](http://www.amcno.org), or follow us on Twitter @AcademyMedCLE to get the daily report. The Pollen Line is accessible 24 hours a day from April through October.

We are grateful for our ongoing relationship with Allergy/Immunology Associates to provide this important community resource, and to our foundation for funding the training. ■

# We Welcome our 2022 - 2023 Future Leaders Council Members

The AMCNO Future Leaders Council (FLC) is dedicated to empowering our medical student, resident and fellow members with educational, leadership and networking opportunities. It is a collaborative group of young leaders wanting to make an impact on AMCNO's work and on our community's health. FLC members can shape the difference they want to see in medicine and develop a career that is both enjoyable and helpful to them as they grow into the professional leaders they want to be.

These members will sit on AMCNO committees, ensuring that the voice of tomorrow's physicians is included in all levels of our work. Their objectives will be to influence policy at the local, state and national levels, while also being actively involved in their local communities as they organize impactful and timely public health initiatives. They will also organize and lead social and educational events that will strengthen and broaden their scopes of practice.

We hope you get to know them a little better as they join our organization in this capacity. For now, read on to learn more about each of them.

## **Andrew Alejo** *Medical Student*



Andrew is a third-year medical student at Northeast Ohio Medical University (NEOMED). He graduated from Stony Brook University with a bachelor's degree in Technology

Systems Management and then pursued a master's in Anatomy and Biomedical Imaging from NEOMED in 2020. He is a published author in the field of musculoskeletal and orthopedics research, and he has represented NEOMED at multiple local, state, national and international conferences. Andrew holds many leadership positions, including President of NEOvations, a new medical innovation program at NEOMED, as well as serving as one of the lead student organizers for NEOMED's 2021 Student Research Symposium. He volunteers his time during medical school serving the diverse Akron community, as well as providing care to patients at NEOMED's Student-Run Free Clinic. He enjoys working out and trying new restaurants in Northeast Ohio.

## **Omer Ashruf** *Medical Student*



Omer is a third-year medical student from Northeast Ohio Medical University (NEOMED). Upon entering medical school, he quickly became interested

in the intersection of organized medicine and public health policy. As a liaison to the American Medical Association's Foundation Board and the NEOMED Chapter Vice President/Policy Lead, Omer has authored resolutions at both the state and federal levels on a broad range of topics, including insurance reimbursement, equitable vaccine distribution, vaccine distribution, payer claims databases, and Medicaid expansion. Omer is the President of NEOMED's Oncology Interest Group, and he takes pride in organizing and participating in the many volunteering opportunities they provide to NEOMED students through Akron Children's Hospital, Make-A-Wish Foundation, and Be the Match. A native Clevelander, Omer spends his free time exercising, reading, and cooking breakfast foods.

## **Erinn Coe, MD** *Resident*



Dr. Coe is a third-year internal medicine resident at Summa Health in Akron, and she starts a rheumatology fellowship at University Hospitals in Cleveland this summer. She is originally from the Youngstown area, and she has a passion for working with underserved patient populations. She is currently the House Staff President at Summa Health, and her professional interests include pulmonary manifestations of rheumatic diseases and resident education. Outside of work, she enjoys spending time with her family, playing with her cats, baking, and distance running.

## **Emily Cooper, MD** *Resident*



Dr. Cooper is a second-year psychiatry resident at the Cleveland Clinic. She graduated from the University of Toledo College of Medicine in 2020. She's currently chief resident of academics within her program, and her academic interests include medical education, neuroscience, and autism spectrum disorder. Some of her current projects include creation of a new neuropsychiatry didactic curriculum and upcoming presentations at both the American Psychiatric Association (APA) and the National Association for the Dually Diagnosed (NADD) conferences. She will be pursuing a child and adolescent psychiatry fellowship after her psychiatry residency.

## **Michael Dubé** *Medical Student*



Michael is a third-year medical student at Northeast Ohio Medical University (NEOMED). He is originally from Livonia, Michigan, and obtained his bachelor's degree in Human Biology from Michigan State University (MSU). Also at MSU, he worked as a research assistant at the MSU Center for Orthopedic Research, which sparked his initial interest in the field he would like to pursue in the future—orthopedic surgery. He has

continued to work on various orthopedic surgery research projects through NEOMED as well as the Department of Orthopedic Surgery at Cleveland Clinic. Michael currently holds multiple roles at NEOMED, including co-president of the Surgery Interest Group, treasurer of the Orthopedic Surgery Interest Group, editor of the *Journal of Medical Sciences at NEOMED*, and EMR Director of the Student-Run Free Clinic.

**Benjamin Gaal**  
*Medical Student*



Benjamin is finishing his third year at Case Western Reserve University School of Medicine. He grew up in Sheffield Lake and attended St. Edward High School in Lakewood, where he played football. He earned his Bachelor of Arts in Political Science at Johns Hopkins University and spent a year at Hospital for Special Surgery in New York City before coming back to Cleveland. Upon finishing medical school, Benjamin hopes to apply for a residency in orthopedic surgery.

**Negin Khosravi**  
*Medical Student*



Negin is a third-year medical student at Northeast Ohio Medical University (NEOMED). She was born and raised in Iran. She moved to California with her family at the age of 15. She attended the University of San Francisco, where she earned her bachelor's degree in Biology. She then continued her education by completing a master's degree in Biotechnology at Johns Hopkins University, while working at the National Cancer Institute. Before medical school, Negin worked in the field of ophthalmology and assisted in research on treatments for age-related macular degeneration. She has been a senior leader at the NEOMED Student-Run Free Clinic, a tutor for first- and second-year medical students, and a peer advisor. Her other passions include community service, mentoring, reading and traveling. She aspires to

become an emergency physician and advocate for patients in the Northeast Ohio community.

**Kelly Kimball**  
*Medical Student*



Kelly is a third-year medical student at Northeast Ohio Medical University (NEOMED). She earned her undergraduate degree in Biochemistry and Molecular Biology from Linfield University in McMinnville, Oregon, where she was heavily involved in biochemistry research. Before starting medical school, she completed an internship focused on medical education and youth empowerment in Trieste, Italy. She has a passion for teaching, and, in April 2021, she was granted the College of Medicine Peer Tutor of the Year Award; she continues to serve as a tutor for first- and second-year medical students. She continues to serve in many leadership roles, including on the executive board for the student medical journal at NEOMED and as a senior team leader for NEOMED's Student-Run Free Clinic. Her current interests are dermatology education, autoimmune disease pathology, community outreach, and mentorship.

**Wilhemina Koomson**  
*Medical Student*



Wilhemina was raised in Cleveland. She received her bachelor's degree in Molecular Biology from Princeton University and attended graduate school at Yale University, where she studied genetics. She is a fourth-year medical student in the Cleveland Clinic Lerner College of Medicine at Case Western Reserve University.

**Adrian Lindsey, MD**  
*Fellow*



Dr. Lindsey is a fellow at Case Western Reserve University School of Medicine's University Hospitals and Veterans Affairs Medical Center, where he also completed his residency. He completed his Doctor of Medicine degree at the University of Cincinnati. He is originally from Akron, and his hobbies include Legos, sports, and movies.

**Emily Manning**  
*Medical Student*



Emily is a medical student at Case Western Reserve University School of Medicine. She graduated with a master's degree in Physiology from North Carolina State University and a bachelor's in Public Policy with a concentration in U.S. and Global Health from the University of North Carolina at Chapel Hill. She is a first-generation low-income student and is passionate about making health care and medical education equitable and accessible to all. Emily has served in many leadership roles to improve diversity initiatives and reduce health disparities among the Cleveland community, and she is excited to bring her passion for policy to the Future Leaders Council.

**Sondos Mishal**  
*Medical Student*



Sondos is a fourth-year medical student at Northeast Ohio Medical University (NEOMED). She completed her bachelor's degree in Natural Sciences at the University of Akron in 2019. She has pursued these interests through her various involvements, such as the SOAR Student-Run Free Clinic at NEOMED, Open M Clinic in Akron, Ohio State Medical Association (OSMA), and the Health Professions Affinity Community

*(Continued on next page)*

## We Welcome our 2022 - 2023 Future Leaders Council Members *(Continued from page 15)*

(HPAC). She is the assistant clinic chief at the SOAR Clinic and a medical volunteer at the Open M Clinic. Sondos has also helped author resolutions for OSMA. These efforts began early for her during her four-year commitment to being an HPAC officer working on projects such as the Refugee Health Fair in Akron to increase access and education to the new refugee population in 2018. Sondos spends her free time painting, cooking, and hiking various Ohio trails.

### **Kara Renner, MD** *Resident*



Dr. Renner is from Cuyahoga Falls and attended Ohio University Heritage College of Osteopathic Medicine (HCOM) for her medical education, and The Ohio State

University for her undergraduate in Neuroscience. While at HCOM, she was a member of the Transformative Care Continuum program and participated

in quality improvement work surrounding population health in diabetes management and follow-up for Cleveland Clinic Family Health Center. Through this work, she developed a passion for health system science and change processes, and she went on to earn her yellow-belt certification in Lean Six Sigma. She also created a community project aimed at training resident physicians in trauma-informed care. She began her residency in family medicine in July at Cleveland Clinic. Her hobbies include hiking, traveling, crocheting, and being a dog and plant mom.

### **Zoe Rodes** *Medical Student*



Zoe is a first-year medical student at Case Western Reserve University School of Medicine. She is a native Alaskan, and her first job involved helicoptering to glaciers. After college, she served as an AmeriCorps

member at a Federally Qualified Health Center, teaching exercise and nutrition classes for Latinx children and families. She is passionate about health disparities and improving health care access. She enjoys ballroom dancing, crocheting, and being in nature.

### **Gowtham Yerneni** *Medical Student*



Gowtham is a first-year medical student at Case Western Reserve University (CWRU) School of Medicine. He is originally from the Chicago area and completed his bachelor's degree at CWRU. Gowtham is involved in local food waste reduction efforts, COVID-19 vaccine outreach programs, and several CWRU clubs (such as the Case Mechanics Club). He is interested in cardiology and emergency medicine. In his free time, he enjoys mountain biking, fishing, playing football, and watching Formula 1. ■

## The AMCNO is Now on TikTok!

Ever wonder what our members would be if they weren't physicians? Watch our latest TikTok video on our new channel: [www.tiktok.com/@academyMedCLE](http://www.tiktok.com/@academyMedCLE).



This channel will also spotlight the series, "The Doctor Is In," where our members answer the public's commonly asked medical questions. You can also see the videos on our Instagram and Twitter @AcademyMedCLE. ■

## AMEF Awardee: Suhib Jamal



*Suhib Jamal (left), a Case Western Reserve University School of Medicine student, receives the Academy of Medicine Education Foundation (AMEF) Award during the school's Commencement Awards Ceremony in May.*



# AMEF Sponsors HPIO Forum on **Youth Mental Health Crisis in Ohio**

*By Anna Ruzicka, Health Policy Fellow*

The Health Policy Institute of Ohio (HPIO) hosted an event on August 2 to discuss the mental health crisis facing Ohio youth. The Academy of Medicine Education Foundation (AMEF) is pleased to be a sponsor of the HPIO's 2022 educational event series, which includes this forum.

HPIO President Amy Rohling McGee moderated the conversation and began the forum by sharing that mental health outcomes are getting increasingly worse for children in Ohio, especially with increased isolation during the COVID-19 pandemic.

Poor youth mental health has become a national concern in recent years, as signaled by U.S. Surgeon General Dr. Vivek Murthy's 53-page advisory from December 2021 discussing the youth mental health crisis—available at <https://tinyurl.com/HHS-Advisory>. Ohio has been mirroring national mental health trends, including the movement of suicidal ideations toward a younger age group. Caren Howard from Mental Health America (MHA) shared that youth aged 11 to 17 years old had the highest nationally reported suicidal ideation in 2021. Suicide is also the leading cause of death in Ohio youth aged 10 to 14 years old, said Tony Coder, Executive Director of the Ohio Suicide Prevention Foundation (OSPF). Coder stated that we must start targeting resiliency messages to younger children to fight against this trend and better equip them to face mental health challenges by providing support and educating them on available resources.

So far in 2022, there has been a rise in suicide cases, with near-record numbers in some Ohio counties. However, mental health advocates in Ohio are encouraged by the resources offered by OhioRISE (Resilience through

Integrated Systems and Excellence)—a specialized managed care program from the Ohio Department of Medicaid (ODM) for youth with complex behavioral health and multisystem needs. ODM Deputy Director Marisa Weisel shared that the project launched on July 1 and has focused on building better infrastructure to provide more in-community care for enrollees including in-home therapies and more transparent care coordination.

The speakers also mentioned how a young person's identity has a significant impact on their mental health, particularly gender and race. Howard shared MHA data showing that LGBTQ and female high school students had the highest suicide ideation in 2021, and multiracial children aged 12 to 17 years old had the highest rates of major depression reported by far compared to other racial groups. Howard mentioned that lower-income students often do not have access to mental health resources. Because of this, she said, it is important for schools to implement multitiered systems of support so that each student has access to mental health care. Howard also shared case studies of successful state policies that have been implemented in New York, Virginia, and Kansas to integrate mental health care in the school setting that have increased school attendance and improved academic performance.

*(Continued on next page)*

## AMEF Sponsors HPIO Forum on Youth Mental Health Crisis in Ohio

(Continued from page 17)

Speakers Kelly Blankenship, DO, from Dayton Children's Hospital and Sherry Shamblin from Hopewell Health Centers described the work they do in their own communities. They shared that collaboration is an integral component in the mission to improve the mental health of young Ohioans and something that we should all prioritize in our efforts toward this cause.

To watch the recording, view the slides, and learn more information about this event, visit [www.bit.ly/HPIOevents](http://www.bit.ly/HPIOevents).

A reminder that the nationwide hotline for mental health emergencies is now 988. The 24/7 phone line is free to all Ohioans. Those who call it will receive confidential support for themselves or loved ones suffering a mental health or suicide crisis. ■

## THANK YOU

to the organizations that have generously supported HPIO's 2022 educational event series

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# NORTHERN OHIO PHYSICIAN

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## Dog Days of Summer

On June 23, AMCNO members gathered on a beautiful Cleveland evening with their canine friends at Taps & Tails Dog Park and Bar. The event offered a chance to gather and network as well as to take a much-needed break to enjoy the sunshine and watch the dogs play.

The AMCNO is always interested in hosting new and fun events that appeal to our members. Have an idea for an event? Email Digital Marketing and Membership Manager Val Yanoska at [vyanoska@amcno.org](mailto:vyanoska@amcno.org). ■

