



NORTHERN OHIO PHYSICIAN

The Voice of Physicians in Northern Ohio

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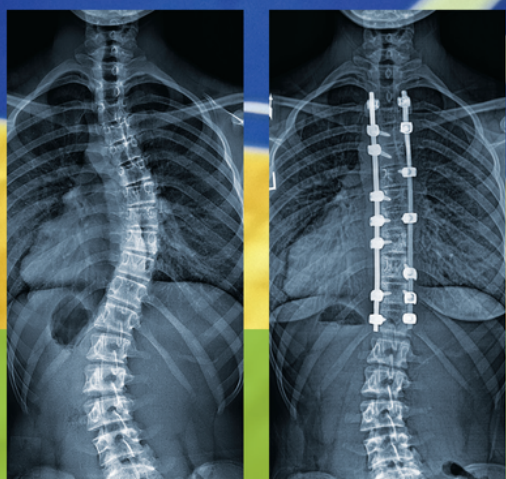
Left to right: Matt Levy, M.D., Fred Jorgensen, M.D., Mary LaPlante, M.D., Mary Frances Haerr, M.D., Marie Schaefer, M.D., Jonathan Scharfstein, M.D., Lilian White, M.D., Richard Watkins, M.D., Kristin Englund, M.D., Eric Shapiro, M.D.

A Chance to Say Thank You

On September 22, Academy members gathered for our annual Physician Appreciation Night at the Center for Health Affairs rooftop in Playhouse Square. The evening was a chance to celebrate the contributions of physicians across our region and present our annual awards.

Each year this event is a reminder of how fortunate this community is to be blessed with such incredible physician leaders and advocates. It is a long-standing tradition of the Academy of Medicine of Cleveland to present annual awards to recognize the incredible contributions of physicians and allied professionals in the field of medicine. Read more about the winners on the next page.

Now, her spine only bends on game day.



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Spine Center



2023 Annual Award Winners



Matt Levy, MD

JOHN H. BUDD, MD DISTINGUISHED
MEMBERSHIP AWARD

Gerard
Isenberg,
MD



CHARLES L. HUDSON, MD DISTINGUISHED
SERVICE AWARD

Mary
LaPlante,
MD



MYRA KING MERRICK, MD WOMEN
IN MEDICINE AWARD

Tricia
Bravo,
MD



CLINICIAN OF THE YEAR AWARD

Harmony
Stanger



THE HONORARY MEMBERSHIP AWARD

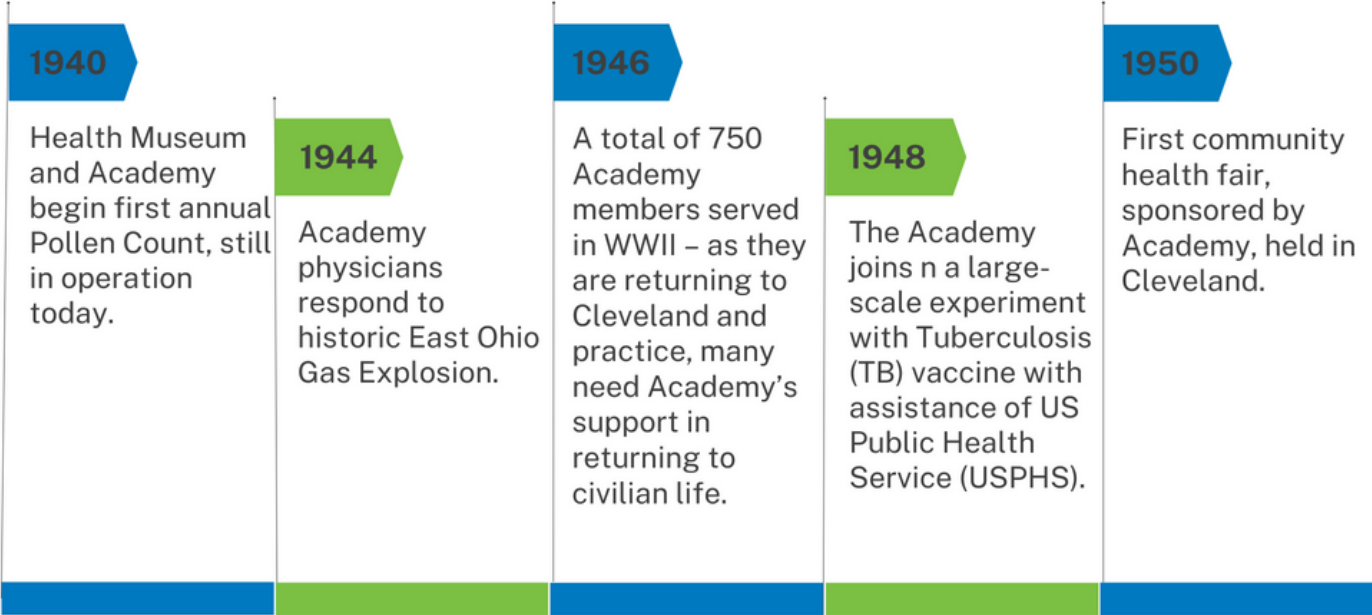
Bicentennial Update

The AMCNO will celebrate its bicentennial year in April 2024. First known as the 19th Medical District, the AMCNO is one of the oldest medical societies in the United States and the oldest professional association in Ohio. We will mark this incredible milestone year with several events in the community including a gala supporting the Academy of Medicine’s Education Foundation (AMEF) on Saturday May 4, 2024, at the Western Reserve Historical Society.

In this issue of the *Northern Ohio Physician*, we will share significant moments from our history with you from 1940-1950.

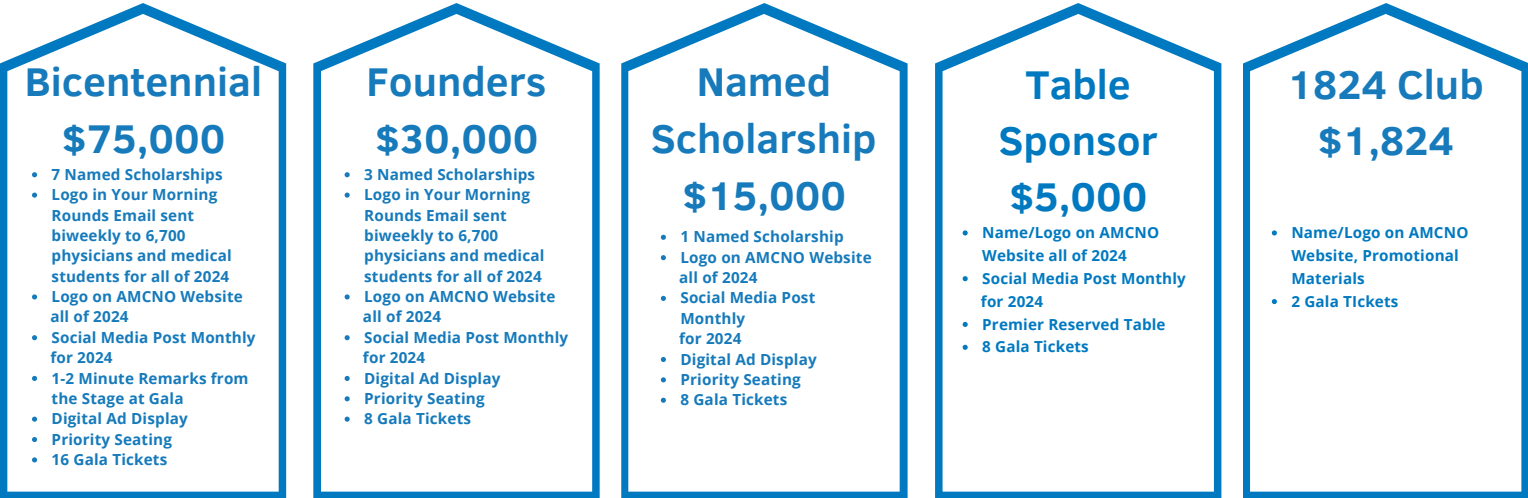


AMCNO History 1940 - 1950



1824 200 2024 B I C E N T E N N I A L SPONSORSHIPS

All sponsorships benefit the Academy of Medicine Education Foundation (AMEF), a 501c3 organization, and are tax-deductible. Use this link to sponsor - amcno.org/bicentennial-donations-and-sponsorships



Sabin Oral Sundays (SOS) Firsthand Accounts

Retired Academy Member William Mast, MD and his wife Virginia remember that hot 1962 summer Sunday in Cleveland like it was yesterday. They waited in line with hundreds of other Clevelanders at Mayfield High School with their small children, eager to get the long-awaited “miracle” polio vaccine. “We would have waited all night if we had to,” said Virginia.

She remembers palpably the feeling in the crowd that afternoon, the collective excitement, and relief felt as each person was handed a sugar cube with drops of the Sabin Oral Vaccine, protecting them from the awful disease that is polio. In that moment, she thought of a childhood memory she couldn’t shake, of growing up in Indiana where a classmate died from polio and her whole class attended the funeral. She was there getting vaccinated for him and for all the others who had succumbed to this terrible disease.

Dr. Mast recalls treating acute polio and working on reconstruction in orthopedics for polio victims in his practice. It was an illness that was not only deadly but in many circumstances life-changing with permanent paralysis and other orthopedic ailments in the survivors. He remembers talking to patients and community members who were hesitant to be vaccinated but did his part in educating them about the importance of vaccination to fight off this terrible illness.

Dr. Richard Fratianne, AMCNO past president, also remembers his experience with the SOS campaign. He said the campaign was like a “collective release from the dungeon that was polio,” and that you could feel a sense of worry immediately lift from those in the crowd receiving their vaccines. He said despite the long lines, the atmosphere was jubilant, and strangers were talking to strangers as if they were old friends.



All in, the Sabin Oral Sundays campaign in Cleveland, run by the Academy of Medicine, would be the most successful in the country, with 1.5 million people being vaccinated, leading to the ultimate eradication of this terrible disease in our community. As Dr. Sabin himself stated, “There has been no record like that anywhere in the world. This is the most extraordinary response I have ever heard anywhere. You people in Cleveland have done a remarkable job. This is a unique achievement in all the world.”

Do you remember taking part in Sabin Oral Sundays? If so, we’d love to share your story! Please email academyofmed@amcno.org.

Northeast Ohio Hospital Consortium Shares How to Spot Signs of Human Trafficking in Your Practice

On August 3, the Northeast Ohio Hospital Opioid Consortium held its third quarter meeting discussing the relationship between addiction and human trafficking. AMCNO has been a member of the Northeast Ohio Opioid Consortium since its founding in 2016.

MetroHealth employees who spoke at the meeting explained that individuals involved in human trafficking may be forced to take illegal substances which then leads to addiction. However, rather than being seen as the victims that they are, they are often viewed through the stigmatized lens of addiction.



**STOP
TRAFFICKING**

Additionally, they said that people with substance use disorders and people with mental health illnesses are often targeted for trafficking. They identified some red flags to look for in your patients including frequent sexually transmitted infections, pelvic pain, malnourishment, serious dental problems, bruises, scars, pregnancy, multiple abortions/miscarriages, hepatitis C, HIV, urinary tract infections, and others. Tattoos can also be a signal like barcodes indicating that the person is available for purchase, chains, cherries, pedobears, money bags, and “property of” with someone’s name.

If you suspect that your patient may be a victim of human trafficking, you must approach the screening process very delicately as the person may be ashamed or unaware of the fact that they are a victim. It is important to use a trauma informed approach with non-threatening or judgmental questions and to separate the suspected victim from the potential abuser. One example mentioned was saying you need to get a urine sample and talking to the patient while you escort to the bathroom. Suggested questions include the following: how can I help you; where do you sleep and eat; do you live there with other people; have you been physically harmed in any way; are you being forced to do anything you do not want to do? The patient may not be ready to discuss what is going on, and it is important to respect that and not push boundaries to build trust. It is also important to provide resources if they are being abused to allow them to thrive on their own and not go back to their abuser for housing, drugs, or any other temptation. Studies have also shown that as high as 91% of survivors of trafficking had a criminal charge which makes it harder to gain employment and rebuild one’s life after escaping from their abuser.

MetroHealth uses peer supporters with Thrive who can often bridge the gap and make them feel comfortable opening up to get a more accurate assessment. The presenters also included that stigma often prevents health care professionals from identifying trafficking victims, so it is important to train employees to recognize the signs and how to appropriately respond. They believe that everyone seen in a health care or behavioral health setting should be screened for human trafficking.

For more resources, visit the [community resource guide](https://amcno.org/community-resource-guide) at amcno.org/community-resource-guide.

Future Leader Spotlight

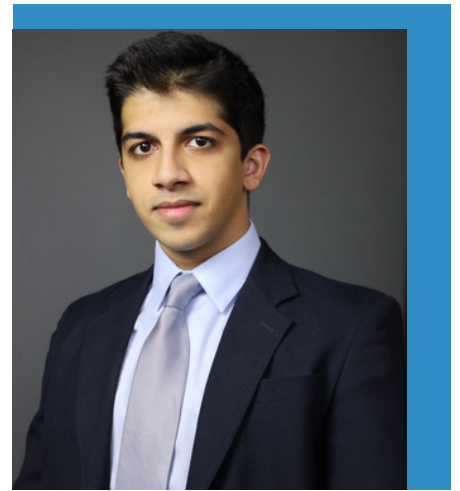
Omer Ashruf

Future Leaders Council (FLC) member Omer Ashruf is a third-year medical student at Northeast Ohio Medical University College of Medicine (NEOMED). He is a native Northeast Ohioan, growing up in Solon, Ohio. Before his time at NEOMED he earned a Bachelor of Science in Biomedical Science from the University of Akron.

Mr. Ashruf joined the first cohort of the Future Leaders Council last year. He says that he joined the FLC to advocate for his local and native communities in Ohio and to connect with local physicians, law makers, and other likeminded individuals. Mr. Ashruf sees the rising cost of healthcare in the United States as the most important issue facing physicians today. He is concerned about obstacles like inflating out-of-pocket costs for patients and restrictive drug negotiation policies.

Beyond his involvement with the AMCNO, Mr. Ashruf is building a career as an advocate. Governor DeWine recently appointed Mr. Ashruf as a student member of the NEOMED Board of Trustees in a two-year term from June 2023 to 2025 after an extremely competitive application process. In this role, he hopes to serve as a conduit for the student populace and simultaneously play any role necessary in the advancement of public serves to the school and the greater community.

Within his medical career, Mr. Ashruf is most excited about the responsibility of autonomously handling and providing quality care to patients. He is anxiously looking forward to transitioning from medical student to resident to attending physician and hopes to have a career in either hematology/oncology or cardiology. He first became interested in pursuing medicine when he saw his dad start his medical residency shortly after immigrating to the U.S. He appreciates the physician's role in holistically assessing a patient's health and values the function of organized medicine in becoming an advocate for yourself, your patients, and your community. "There's really no shortage of good that you can do as a physician," said Mr. Ashruf. The AMCNO congratulates Mr. Ashruf on his appointment and looks forward to continuing to support him through his medical career.



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Ohio Injury Prevention Partnership Hosts Virtual Conference

Ohio Injury Prevention Partnership (OIPP) hosted a virtual conference on August 4. The keynote speaker, was Austin Sanders, Director of the Mayor's Office of Innovation for the City of Huntington, West Virginia. Mr. Sanders spoke about a program he leads to support first responders. The West Virginia Compass Program, as it is known, was created in 2021 to support first responders in addressing compassion fatigue while dealing with the opioid epidemic in their city known as the overdose capital of America.



“Compass is a comprehensive program designed to ensure that every first responder is equipped with the resources and support necessary to build personal resiliency and to cultivate a culture of wellness within their department and across the community,” said Mr. Sanders.



Mr. Sanders added that the need for this program was evident after the exacerbation of existing compassion fatigue along with occupational stress and trauma during the COVID-19 pandemic.

Through a combination of mental and physical fitness services, the Compass program ensures that participating first responders have access to resources to benefit their health holistically including behavioral health education, mental health check ins, massage therapy, nutrition consultations, and workout programs. They have found so far that participants are two times more satisfied with their jobs and 20% more satisfied in their ability to manage relationships, solve problems, and acknowledge and discuss mental and physical issues compared to the 25% of first responders in Huntington who do not participate in the program.

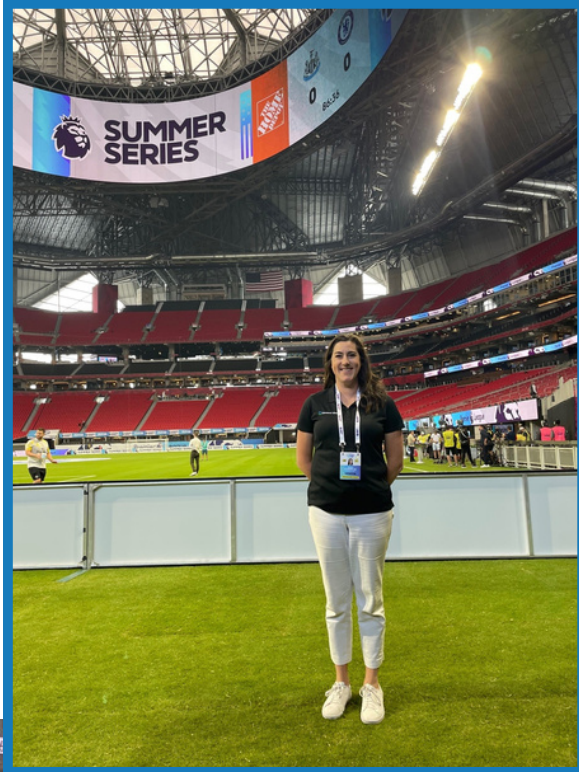
Six different Ohio advocates then went through their different forms of successful injury prevention and response programs including syringe exchanges, lock boxes for firearms, first responder suicide prevention, naloxone distribution, and falls prevention for older adults. Christina Jackson, Director of Integrated Harm Reduction & Linkage to Care Services at The Centers in Cleveland shared the successes they have had with their harm reduction programs. The Centers started a syringe program in 1995 and was the only such program in the tristate region until around 2011. Over time, they have worked with partners and community members to update their syringe program, diversify harm reduction kits, administer HIV tests, and distribute naloxone. Ms. Jackson said that they are still challenged by national miseducation and fear around fentanyl and overdose and keeping consistent contact with community members who need their resources.

Next, four first responders discussed programming that they have implemented within their departments to prevent injury in their jurisdictions. Finally, a community paramedicine and injury prevention specialist discussed using paramedics to educate older adults on fall risks. While many risk factors are not modifiable, some like home hazards, vitamin D deficiency, inappropriate footwear, and medications that increase fall risk can be changed to decrease risk of falls. They also encourage patients to talk about falls with their provider since many times they do not due to embarrassment or lack of time during their visit.

For more information on OIPP, their partners, and their work, [visit their website](#) or scan the QR code.

AMCNO President-Elect Participates in Premier League Summer Series

Marie Schaefer, MD, AMCNO President-Elect and a sports medicine physician with Cleveland Clinic, entered the spotlight this summer as one of the medical services providers for the inaugural Premier League Summer Series.



The tournament took place July 22-30 in five major East Coast cities, with Premier League teams Aston Villa, Brentford, Brighton & Hove Albion, Chelsea, Fulham, and Newcastle United participating. The purpose of the Summer Series was to help build fandom for the teams in the United States.

Dr. Schaefer and her colleagues at Cleveland Clinic were asked to serve in this capacity to provide world-class medical services, facilities, and equipment for the League and clubs at matches and training camps. They also supported teams with services including medical treatments, medical tests, and navigation of the United States healthcare system.

Dr. Schaefer said the best part of the experience was collaborating with physicians, physiotherapists, athletes, and coaches from around the world. "Being integrated with the teams at training sessions as well as traveling and eating with them, I was able to be fully immersed and have meaningful, and often practice-changing, conversations about the similarities and differences in training protocols, treating injuries, and managing these world class athletes. Plus, it is always amazing to work outside and watch really good soccer!"

Left: Dr. Marie Schaefer poses in front of the Premier League Summer Series field. Below: Dr. Schaefer and her fellow physicians are pictured with the Premier League Summer Series Trophy.



First Year Cleveland Community Partner Gathering

On July 27, First Year Cleveland (FYC) hosted a Community Partner gathering to share data trends, relevant bills in the Ohio Legislature, and updates. FYC is a community coalition dedicated to helping all babies celebrate their first birthdays. The AMCNO has been a member of the organization since its inception. The vision of FYC is to ensure first birthdays and healthy moms for every family in Cuyahoga County, and their mission is to mobilize the community through partnerships and a unified strategy to reduce infant deaths.



Epidemiologist Nilanjana Majumdar, MPH at the Cleveland Department of Public Health and Richard Stacklin from the Cuyahoga County Board of Health shared data trends with the group. First, Ms. Majumdar discussed how the teen birth rate is higher in Cleveland than the national rate. She mentioned how non-Hispanic Black populations have the highest birth rate in Cleveland. Both Ms. Majumdar and Mr. Stacklin drew attention to the fact that the highest rates of negative health outcomes are found in the “Cleveland crescent,” an area which has been historically redlined and affected by policies and regulations that put its residents at a disadvantage. The highest rates of sexually transmitted infections (STIs) are also the highest in this crescent area. Ms. Majumdar also noted how the infant mortality rate decreased as the mother’s age increased for all groups except Black and Hispanic moms where the trends were the opposite.

Gabriella Celeste, JD, from Case Western Reserve University’s Schubert Center for Child Studies shared the importance of meeting individuals where they are at, listening to their needs, and offering them the appropriate resources. She mentioned the role that health education plays in pregnancy and health outcome rates in Cleveland and Ohio, given that Ohio is the only state with no health education standards.

Rob Frost with Capitol Partners provided an update on legislation relevant to First Year Cleveland’s work including Ohio House Bill 6, the Strong Foundations Act, which focuses on infant and maternal mortality in Ohio. This bill would expand the Healthy Beginnings at Home program to the entire state to support stable housing initiatives for pregnant mothers and improve maternal and infant health outcomes. It would also allow for continuous Medicaid enrollment for children 0-3 years old and to allow Medicaid to reimburse for doula services. Mr. Frost also discussed Ohio Senate Bill 93 which has the same language as the doula subsection of HB 6. The AMCNO is actively tracking both pieces of legislation and will update our members on any relevant action.

Finally, First Year Cleveland Executive Director Angela Newman-White discussed the work that the organization will be doing to expand their community involvement including creation of a community advisory board, policy committee, community listening sessions, health care committee, and data use consortium. AMCNO is proud to be a member of First Year Cleveland, and we will continue to update our members on how they can be involved with our joint efforts to decrease infant mortality.

Dr. Margolis City Club Appearance

On August 11, City of Cleveland Department of Public Health Director David Margolius, MD, presented to the City Club on current public health initiatives, including the ongoing efforts at the city level to pass an ordinance banning the sale of all flavored tobacco products including menthol and flavored vapes and to create a tobacco retail license so that the city can better enforce existing tobacco laws. AMCNO supports this ordinance and testified in support earlier this year.



Left to right: Ms. Marlene Harris-Taylor, Dr. David Margolius

As reported previously in the *Northern Ohio Physician*, Dr. Margolius is the first physician to hold the position of Public Health Director for the City of Cleveland in over 30 years. He was appointed in 2022, and previously was Director of Internal Medicine at MetroHealth.

During his remarks, Dr. Margolius shared that smoking kills 500,000 people a year and urged the members of the public in the audience to take the energy we brought to addressing COVID and use it to combat what is now the largest cause of death in the US.

He also indicated that 35% of adults in the City of Cleveland smoke, substantially higher than the national average of 11%. Because we are among the worst major cities in the US, the tobacco companies continue to invest more advertising here, specifically targeted at low-income and minority communities. Additionally, almost 90% of black smokers smoke menthols, so advertising is targeted at that community. Menthol, Dr. Margolius explained, also has a flavor and a cough suppressant, which allows you to inhale more smoke, making it more addictive and harder to quit.

Before ending his remarks, Dr. Margolius spoke to other important public health issues needing addressed in Cleveland, including lead poisoning and gun violence. AMCNO looks forward to continuing to partner with Dr. Margolius to address these critical public health issues in our community.



Left: Anna Ruzicka, staff at AMCNO, prepares to ask a question to the panel.

Future Leaders Attend Cancer Advocacy Event in Columbus

On October 18, Future Leaders Council members Anu Sharma, Eija Kent, Olivia Safady, and Zoe Rhodes visited Columbus with AMCNO staff member Anna Ruzicka for an American Cancer Society Cancer Action Network (ACS CAN) Ohio Policy Forum on access to care at the Ohio Statehouse.

ACS CAN is the nation's leading cancer grassroots advocacy organization and a nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. They work every day to make cancer issues a legislative priority at a national level.

The event began with the presentation of the National Distinguished Advocacy Award to Governor Mike DeWine for his contributions to advance Ohio's tobacco control policy. In his acceptance speech, Governor DeWine spoke of the important progress that has been made in Ohio including raising the minimum age to purchase tobacco to 21 years old and the establishment of the tobacco quit line. The Governor also said that he supports a statewide flavor ban on tobacco including menthol products. The AMCNO [submitted a letter](#) to Governor DeWine this summer requesting his veto of Congress's budget line item to preempt local regulations on tobacco, and we are grateful that he did veto this piece of the legislation. AMCNO past president Kristen Englund, MD also [gave public testimony](#) before Cleveland City Council this spring in support of an ordinance to ban the sale of flavored tobacco within the city. We will continue to update members on this effort.

ACS CAN's event consisted of a panel discussion moderated by Edward Johnson, Assistant Health Commissioner for the City of Columbus. Panelists included Bridget A. Oppong, MD, FACS, a surgical oncologist at The James Ohio State University Comprehensive Cancer Center; Emrullah Yilmaz, MD, PhD, director of precision oncology at the Cleveland Clinic; and Kerri Shaw, MSW, LISW-S, C.CHW, Community Health Worker Lead at the Ohio Alliance for Population Health.

One of the primary discussion topics was biomarker testing and the life-changing effects it has on cancer diagnosis and treatment. Dr. Yilmaz explained that biomarker testing allows healthcare providers to find the unique change in someone's tumor to allow for targeted treatment based on the tumor's specific mutations. He shared that it could expand one's life expectancy. However, there is disparate access to this testing since it is often not covered by health insurance. This is why Representative Andrea White (R-Kettering) introduced House Bill 24 to require health plan and Medicaid coverage of biomarker testing so that all Ohioans can have access to the best cancer treatment, not just those who can afford it. The AMCNO [testified in support of this bill](#) in March in the House Insurance Committee and continues to track the bill's movement.

Panelists also spoke of the importance of holistic care and the role that patient navigators and community health workers play in translating health information to populations with low health literacy and increasing access to high-quality screenings and medical treatment.

After the panel, patient advocate Tom Pamer shared the importance of biomarker testing within his own diagnosis and treatment for prostate cancer in 2017. Overall, the forum provided a great opportunity to learn more about the importance of advocacy for cancer patients.



Left to right: Oliva Safady, Anu Sharma, Zoe Rhodes, and Eija Kent



Left to right: Zoe Rhodes, Eija Kent, and Anu Sharma

Pollen Line Wrap Up

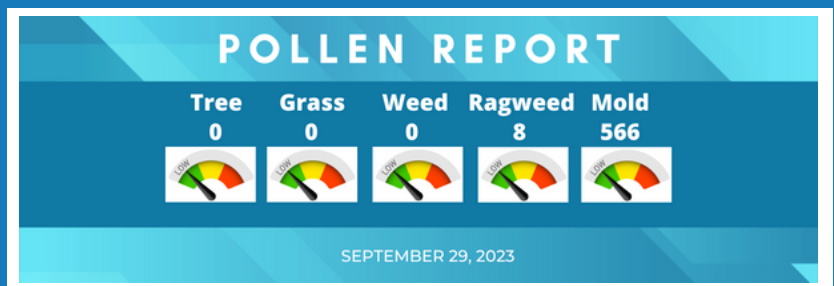
Allergy/Immunology Associates is committed to serving our community of the Greater Cleveland area by providing daily pollen counts every year through the Academy of Medicine of Cleveland & Northern Ohio Pollen Line.

Each year, a one-day pollen course is conducted at Allergy/Immunology Associates to train fellows and interns how to collect pollen samples and then report them to the public. During the training session, provided by Nicole Tierney, the fellows and interns learn how to use the Rotorod Sampler, an aerobiology sampling device located near the clinic that collects pollen, mold and other particles on small plastic rods. The rods are brought inside every day and analyzed using a light microscope. These physicians are shown how to prepare, mount and stain the rods to see the microscopic pollen and mold more clearly. They also learn how to identify various types of tree, grass and weed pollen to provide a volumetric pollen count to the public. The pollen count takes into consideration the percentage of the plastic rod that is analyzed, the amount of time the rods are exposed to the air, and the duty cycle of the Rotorod Sampler.

Allergy/Immunology Associates, in coordination with the AMCNO, is honored to provide the pollen count for the Greater Cleveland area from April 1st to October 1st. The counts are available daily through the Pollen Line: (216) 520-1050, and through graphics on X, formerly known as Twitter at @AcademyMedCLE, and at www.amcno.org.



During a one-day training session at Allergy/Immunology Associates, Nicole Tierney (right) shows residents and fellows how to collect and report the daily pollen samples.



Sample Pollen Report from X, formerly known as Twitter.

NIH Awards \$56.3 million to Northeast Ohio Clinical and Translational Science Collaborative

Case Western Reserve University (CWRU)'s School of Medicine's Clinical and Translational Science Collaborative (CTSC) announced they've received a seven-year grant of \$56.3 million from the National Institutes of Health (NIH). The goal of the collaborative is combining efforts to help facilitate faster research breakthroughs for patients and increases the number and diversity of researchers and patients

CWRU School of Medicine formed CTSC with the Cleveland Clinic, MetroHealth, University Hospitals, and the Louis Stokes Veterans Administration Medical Center.

In this round of the grant, they announced two additional partners – Northeast Ohio Medical University and the University of Toledo. Their mission is “to be a catalyst for high quality clinical and translational science and transformative research to positively impact the health of those in Northern Ohio and beyond.”

This grant builds on nearly \$175 million in funding from the NIH since 2007 and will be used on transformative research projects over the next seven years to benefit the health of Northern Ohio residents and the public at large. Learn more about the CTSC's work at <https://case.edu/medicine/ctsc/>.

Can Doctors Respond to Online Reviews?

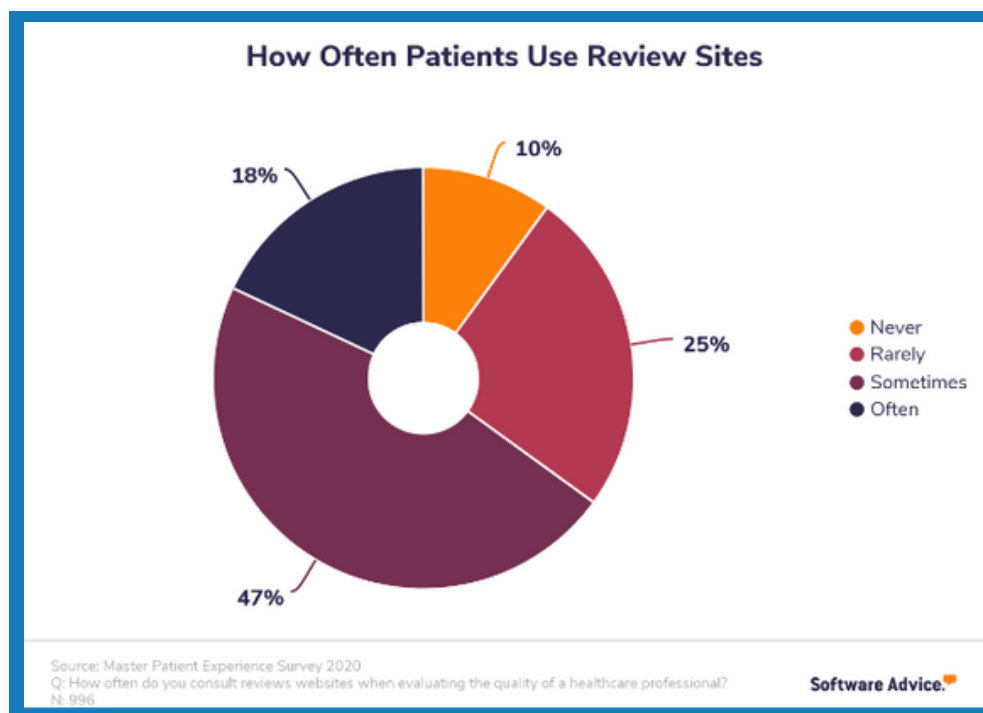
By Andrew Stebbins, Buckingham, Doolittle & Burrough, LLC

In today's digital era, online reviews have a significant influence on consumer decision making, including when it comes to selecting healthcare providers. With these platforms, patients can now share every aspect of their healthcare experience including a doctor's expertise, bedside manner, and overall performance. Healthcare specific review sites like WedMD, RealSelf, and Vitals.com have grown increasingly popular among patients

71% of patients in a survey from Software Advice say they use online reviews as a first step in evaluating a new medical professional.

Acknowledging the influence of online reviews is crucial for medical professionals to maintain a positive online reputation. However, there are many details for healthcare professionals have to consider to maintain their online reputation.

The main issues medical professionals face in responding to online reviews is HIPAA and ensuring that you do not disclose any sensitive medical information of the patient. If there is one thing to take from this article it is this: regardless of what a patient says in a review, the patient has not waived their rights under HIPAA, and medical professionals are not able to publicly disclose any private medical information about the patient.



The restrictions put on medical professionals by HIPAA make it difficult to provide adequate responses to online reviews left by patients, and especially reviews that discuss in detail the treatment they received. While medical professionals need to be especially mindful of these restrictions, it is not impossible to respond to online review.

Some best practices are to claim and monitor your profiles, carefully respond to reviews, and encourage patients to leave reviews. Make sure that you know exactly what platforms you and your practice are listed on and claim those profiles where possible. Once you can monitor your online presence, you will be able to respond promptly to any reviews that come up and diffuse any potentially harmful situations.

Once you are notified of a review, you should aim to respond as quickly as possible. When responding to negative reviews, it is important to acknowledge the patient's concerns and offer to discuss with them offline where you can engage in a more thorough conversation with the patient without risking disclosing any medical information. A response such as "Thank you for your feedback and for bringing this to our attention". Then follow up with a request for a call or reach out directly to the patient to discuss further.

Once you have identified the platforms where you and your practice are listed, make sure your patients know too. While this might be hard to do at first, it is important to encourage positive reviews from patients; the more positive reviews you have, the less impact a negative review will have on your overall rating.

This bears repeating again - when responding to a patient review, do not reveal any information about their treatment, or even acknowledge that they were even a patient. It is still important to be professional in any response and to avoid prolonged conversations with individuals through these platforms, which will only increase the possibility of an inadvertent disclosure of medical information. Take the conversation offline as quickly as possible.

Responding to online reviews is an important part of managing your reputation as a medical professional. While there are additional concerns you must consider before responding, there are clear best practices to engaging with former, current, and potential patients on these review platforms. Embracing online reviews can help you boost your online presence and increase your visibility to potential new patients.

AMCNO Hosts Annual Speed Mentoring with CWRU

On October 12 and 14, the AMCNO hosted our annual Speed Mentoring event with Case Western Reserve University's (CWRU) School of Medicine and Office of Alumni Relations.

The event allowed first- and second-year medical students to meet and network with area physicians to start exploring the broad spectrum of specialty choices available to them. Students rotated between eight different tables with physicians representing different medical specialties and were able to ask them questions and hear their advice.

AMCNO President Jonathan Scharfstein, MD gave remarks at Thursday's event sharing with students how this is his favorite AMCNO event to attend as a similar event helped him when he was in medical school at the University of Pennsylvania. Saturday morning remarks were provided by Marie Schaefer, MD, AMCNO President-Elect. We appreciate all our doctors who attended the event and look forward to continuing this tradition with CWRU next year.



OSMA Hosts Event in Honor of National Physician Suicide Awareness Day

On September 17, the Ohio State Medical Association (OSMA) hosted an event alongside Disappearing Doctors at COhatch The Gateway in Columbus in honor of National Physician Suicide Awareness Day. The event featured an art installation by Jeremy Rosario. The hand-crafted portraits in the exhibit were made with donated medical supplies and featured real doctors who lost their lives to suicide during the COVID-19 pandemic, including Cleveland physician Dr. Anita Lang (pictured).



Dr. Lang was a MetroHealth physician board certified in obstetrics/gynecology, internal medicine and hematology/oncology at the time of her passing. She was also a professor at Case Western Reserve University.

Speakers at the event included Dr. Eric Drobny, president of the OSMA, Dr. Brad Goldman, an emergency room physician who spoke on physician burnout, and Sarah Fryman, whose internist husband died by suicide. According to a recent American Medical Association (AMA) survey, 63% of doctors admit to feeling burned out, and 1 in 5 doctors plan to quit in the near future. It is estimated 400 doctors die by suicide each year.

The AMCNO is working to help spread awareness about the OSMA's Well-Being Care program for Ohio's health care provider community. We encourage any members struggling with mental health and/or burnout to seek help. For more information and resources, please visit <https://www.osmawellbeing.org/care>.

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Northeast Ohio Black Health Coalition Hosts Lead Poisoning Awareness Luncheon

On October 27, the Northeast Ohio Black Health Coalition hosted a Lead Poisoning Awareness Luncheon in collaboration with the United States Environmental Protection Agency (EPA), the Northeast Ohio Black Health Coalition (NEOBHC), and Cleveland Lead Advocates for Safe Housing (CLASH) concentrating on the impact of lead poisoning on black and brown communities and in recognition of National Lead Poisoning Prevention Week.

The event kicked off with opening remarks Executive Director Yvonka Marie Hall (pictured). In her remarks, Ms. Hall pointed out that Cleveland's lead levels are among the worst in the country and are twice as bad as in Flint, MI. She also spoke about the issue being particularly bad in neighborhoods with high black populations including the city's Lee Harvard Neighborhood.

The next speaker was Cleveland City Councilwoman Rebecca Maurer, who represents Ward 12 which includes parts of Old Brooklyn, Slavic Village, Brooklyn Centre, and Tremont.

Councilwoman Maurer is a lawyer and community advocate. She's focused her legal career on housing issues including lead poisoning in children. In her remarks, she spoke to proposed legislation she is sponsoring entitled the "Residents First" law which would address several housing issues including lead. She encouraged the community members in the audience to get involved in advocacy on this issue, as she is already facing pushback from landlord and real estate interests.



Shayna Sellers, PhD, of the Environmental Protection Agency (EPA) also spoke to the attendees about the health impacts of lead poisoning. Dr. Sellers said some of the most common health effects in children included behavior and learning problems, lower IQ, hyperactivity, slowed growth, and hearing issues. She pointed out that part of the problem with lead poisoning is that lead exposure often has no obvious symptoms, underscoring the need for children to be screened with blood tests at their well-child visits. She said testing is generally recommended at ages 1 and 2.

She also said one major way to prevent lead poisoning is through the water supply and mentioned that Cleveland Water recently received \$19 million from the bipartisan infrastructure law to replace thousands of lead service lines throughout Cleveland and Cuyahoga County—a significant step in the right direction.

Matthew Tejada, Deputy Assistant Administrator for Environmental Justice from the EPA also addressed the crowd and left his remarks with an impassioned plea to community advocates to take advantage of both the attention and funding the federal government is now applying towards this important issue stating, "Coming together, and having these conversations about this issue with your city, state, and federal governments and your local utility is the most important toughest part of the work."

The AMCNO will continue to stay involved in local advocacy efforts on lead poisoning prevention and reduction. For additional information on ways to get involved visit epa.gov/lead/actions.

Legislative Committee Makes Positioning on New Legislation

With the return of legislators to both Washington and Columbus after the summer recess, so too did a flurry of legislative activity. The AMCNO Legislative Committee met twice this fall to develop positioning on the following pieces of legislation.

FEDERAL LEGISLATION

Bill Number	Subject	Position
HR 2474 Strengthening Medicare Act	This bill would change the conversion factor for the physician fee schedule under Medicare by replacing the separate annual conversion factor with one single factor equal to the annual percentage increase in the Medicare Economic Index (MEI) each year to adjust for inflation.	Actively support. Physician payment must be adjusted as the cost of providing care rises. By not adjusting rates, there is a potential access issue for patients if providers do not continue to treat Medicare patients.
HR 5394 Expanding Remote Monitoring Access Act	This bill would extend public health emergency (PHE) provisions allowing for reimbursement for remote monitoring services for patients, regardless of COVID-19 status.	Actively support. Remote monitoring can serve a key role in the care of certain patient populations, including those with mobility and transportation issues.

STATE LEGISLATION

Bill Number	Subject	Position
HB 73 Off-Label Prescribing	This bill would allow protections for prescribers using medications off-label and would also allow patients to bring off-label drugs into the hospital, and to refuse or require the administration of certain medications.	Neutral with technical assistance. While the committee felt physicians should maintain the ability to prescribe medications off-label, it had significant concerns about the hospital inpatient language included in the bill which could interfere with patient care.
SB 81 Authorizing Nurses to Sign Hospital Documents	Allows APRNs to sign any document relating to the admission, treatment, or discharge of a hospital patient.	Actively oppose. The committee felt there were liability concerns to the physicians working in a standard care agreements with these providers and also patient safety concerns.
HB 99 Regards reducing benefits related to certain emergency services	Prohibits health insurers from reducing or denying claims for emergency services solely based on a diagnosis code or impression or due to absence of an emergency medical condition if a prudent layperson would have reasonably expected the presence of an emergency medical condition.	Actively support. Patients and their treating physicians should not be penalized for the patient seeking emergency care.

STATE LEGISLATION - CONTINUED

Bill Number	Subject	Position
SB 103 Sale of Kratom Products	Requires food processing and retail food establishments to register kratom products with the Director of Agriculture and prohibits retail establishments from selling or distributing kratom products to individuals under age 18.	Neutral with technical assistance. The committee felt this substance should be regulated but had some concerns with the bill language.
SB 126 Hospital Non-Competes	Prohibits any nonprofit hospital from requiring a prospective or employed health care professional to agree to refrain from obtaining employment in a specified geographic area, for a specific time period, with a particular employer, or in a particular industry/practice specialty as a condition of employment.	Actively support. The committee felt physicians should have a right to practice where they choose.
SB 129 Optometry Scope of Practice	This bill would significantly expand the scope of practice for optometrists, and to perform procedures that currently fall under ophthalmologists' scope.	Actively oppose. The committee felt optometrists do not have adequate training to perform these extended procedures.
SB 144 Pharmacy Immunizations	Allows a pharmacist, pharmacy intern, certified pharmacy technician, or a registered pharmacy technician working under the direct supervision of a pharmacist to administer an immunization for any disease to anyone five years or older.	Actively oppose. The committee felt this responsibility should remain with the pharmacist in the interest of patient safety.
HB 229 Required Disclosure on Sudden Unexpected Death in Epilepsy Information	Regards requirements around information provided by healthcare providers on Sudden Unexpected Death in Epilepsy to at risk patients.	Actively oppose. The committee felt it should be up to the practicing physician what medical information is shared with patients.
HB 236 Prohibits congregate care settings from denying a patient or resident access to an advocate	Generally prohibits the congregate care setting from (1) denying a patient or resident access to an advocate and (2) prohibiting an advocate from being physically present with a patient or resident.	Actively oppose. The committee felt that physicians and health care facilities need to be able to protect patients, including restricting visitors, when in the interest of protecting the public's health.
HB 256 Requires ODNR to inquire about organ donation	Requires Ohio Department of Natural Resources (ODNR) to ask Ohioans if they would like to become an organ donor when they apply for a hunting or fishing license.	Actively support. The committee felt this would help increase awareness for organ donation.
HB 258 To increase fine for repeatedly selling tobacco to minors	No manufacturer, producer, distributor, wholesaler, or retailer of cigarettes/nicotine products may give, sell, or otherwise distribute cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes to any person under age 21, and increases penalties.	Actively support. This legislation will allow for stricter penalties for those retailers not appropriately age verifying customers purchasing tobacco products.

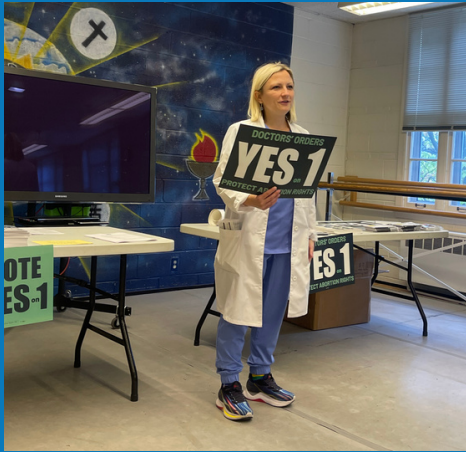
November 7th Election Results

Ohioans voted on Issue 1, the proposed constitutional amendment to protect reproductive rights. The amendment passed with 56.62% yes votes.

The AMCNO joined the Ohio Physicians for Reproductive Rights, the American Congress of Obstetricians and Gynecologists (ACOG), the Ohio Academy of Family Physicians (OAFP), the Ohio Chapter of the American Academy of Pediatrics (AAP), the Ohio Chapter of the Society for Maternal and Fetal Medicine, and the Ohio Physicians Action Network in supporting the amendment based on protecting the physician-patient relationship from government intrusion and to protect the practice of medicine. You can read our full press release here: amcno.org/assets/PDFs/AMCNO%20Release%20vF.pdf

AMCNO also participated in two Doctors' Day of Action on Saturday, October 7 and Sunday, November 5 in conjunction with the Ohio Physicians for Reproductive Rights.

On November 7, Ohioans also voted on Issue 2, an indirect initiated state statute regarding recreational marijuana. The AMCNO was opposed to Issue 2 based on the potential abuse of marijuana and its impact on the public's health. This amendment also passed with 56.97% yes votes. This makes Issue 2 a state law which will go into effect 30 days after the election on December 7. However, since this is a state law and not added into the Ohio Constitution, legislators have the opportunity to edit or repeal it. We will monitor any movement in the Ohio Legislature on this topic.



Far Left: Dr. Lauren Beene gives instructions on canvassing neighborhoods.

Near Left: AMCNO Future Leaders Council Members Eija Kent and Sue Kim prepare to spread the word to vote Yes on Issue 1.

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DEA Holds Listening Sessions on Telemedicine

On September 12 and 13, the Drug Enforcement Administration (DEA) held listening sessions to inform their regulations on prescribing controlled substances via telemedicine. Speakers included healthcare practitioners, experts, advocates, patients, and other members of the public.

DEA Administrator Anne Milgram opened the listening session sharing that the DEA's goal is to expand access to telemedicine in a way that puts patients and their safety first and that recognizes the severity of the opioid epidemic in the United States. She also clarified that they were using the term telemedicine as defined by the Ryan Haight Act, meaning that once a patient has met with their provider in-person, virtual meetings between patients and providers are no longer considered telehealth. Additionally, their regulations would only apply when there are prescriptions for controlled substances.

Many presenters mentioned the potential to increase access to care for patients in rural areas, those with transportation barriers, families with deaf children, and more groups through expansion of telehealth without a required first in-person visit. Others at the session also discussed the potential for missed substance abuse using telehealth and shared their belief that a physical examination must be held so the provider can look for signs of substance abuse in the nasal tracts, track marks on the skin, and infection. Additionally, a psychiatrist mentioned their fears about providers creating telehealth clinics as a cash grab just to prescribe medication for conditions like attention deficit/hyperactivity disorder (ADHD).

Additionally, advocates for terminally ill patients brought up the point that there should be exceptions to these rules for patients receiving end-of-life care so that oncologists who may not be comfortable prescribing pain medication for these patients could refer the patient to a telehealth pain management provider for palliative care.

The DEA said that they will have another comment period open this fall for written comments before they finalize their telehealth rules. The AMCNO will continue to monitor these proposed regulations.

AMCNO Comments on Ohio State Medical Board (OSMB) Rules on Office Based Treatment for Opioid Addiction

AMCNO recently commented on OSMB Rules 4731-33: 01-04—Office Based Treatment for Opioid Addiction. In our comments, we respectfully disagreed with the Board's inclusion of 8 hours of "Category 1," continuing medical education relating to substance abuse and addiction every two years to prescribe buprenorphine. This requirement puts Ohio in a category outside other states, who do not have such requirements, leading to a potential access issue for our patients. From our research on this topic, we have found only one other state, Kentucky, with a CME requirement to prescribe buprenorphine. The more barriers in place to potential prescribers, the less likely those prescribers are to offer this treatment to patients.

We indicated support for the board's removal of the behavioral health treatment requirement and the change to instead require an assessment of each patient's psychosocial treatment needs in addition to medication. While well-intentioned, the original requirement forcing a physician to work with a behavioral health provider for all patients had the potential to decrease access to care and cause significant delays in care to patients.

We also expressed support for the board's change to allow for the prescribing of 32 mg per day of buprenorphine if a prescriber is a board-certified addiction specialist or addiction psychiatrist or if a consultation has been obtained from such a specialist recommending the higher dose. We believe clinically this change is appropriate and allows for a prescriber to adjust the dosage of medicine when and where appropriate.

AMA Holds Telehealth Discussion

On September 19, the American Medical Association (AMA) hosted a webinar on telehealth and emerging models of physician licensure between states. Kimberly Horvath from the AMA dissected the four models of licensure for cross-state and telehealth services: interstate compacts, licensure by endorsement or reciprocity, special purpose telehealth registry or license, and exceptions to in-state licensure requirements.

Ohio uses interstate compacts as part of the Interstate Medical Licensure Compact (IMLC) which it entered in September 2022. The AMCNO was one of the key proponents of the legislation entering Ohio into the Interstate Licensure Compact, SB 6, which was introduced by Sen. Kristina Roegner (R-Hudson). This legislation allows physicians licensed in Ohio to now more easily license and practice in the other 39 states in the compact.

Executive Director of IMLC Commission, Marschall Smith, also spoke on the webinar discussing the successes the IMLC has had so far in the 39 states along with Washington, D.C. and Guam which have joined. He reported that 17% of all new licenses issued to physicians in 2022 came through the compact process, and 31% of physician licenses issued in participating states came through the compact. The AMCNO supports the use of telehealth to increase access to care and will continue to support legislation at the state and federal level to expand its use when appropriate.

Medicare Open Enrollment

Open enrollment for Medicare is now open through December 7. This gives Medicare beneficiaries the chance to compare coverage options for 2024 between Medicare Advantage plans and traditional Medicare as well as health and drug plans. It is important for enrollees to reevaluate their plans each year as costs and covered benefits for Medicare Advantage and Part D drug plan costs change each year. Coverage changes take effect on January 1 including an out-of-pocket drug cost cap of about \$3,500 which was passed through the Inflation Reduction Act. US Congress made additional policy changes this year to cap monthly insulin prices at \$35 and make recommended vaccines free for enrollees.

There are several ways for patients to compare plans and look at savings options, including those listed on the right.

- 1** Go to [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
- 2** Call 1-800-MEDICARE - 24/7
- 3** Get free personalized health insurance counseling from your State Health Insurance Assistance Program (SHIP).
Call 1-800-686-1578
Email - oshipmail@insurance.ohio.gov

US Senators Introduce “Bipartisan Primary Care and Health Workforce Act”

On September 19, Senators Bernie Sanders (I-VT) and Roger Marschall, MD (R-KS) introduced a bill to address the looming primary care shortage in the United States.

Called the “Bipartisan Primary Care and Health Workforce Act,” Senate Bill 2840 increases funding to promote primary care training primarily for medical students and nurses. It creates more residency slots and boosts funding for training programs, especially those that target underserved areas and populations. While groups like the National Association of Community Health Centers and American Dental Association have publicly supported the legislation, large hospital groups including the Federation of American Hospitals and American Hospital Association oppose the bill due to its restrictions on hospitals. These include prevention of hospitals from using anticompetitive contracting prices when they negotiate prices with commercial insurance companies and prohibition of hospitals from billing facility fees for telehealth services and evaluation and management health care services.

The AMCNO is supportive of the federal efforts to address the primary care crisis and residency slot shortage and will continue to track movement of this bill.

AMCNO Comments on CMS Medicare Physician Payment Rule

AMCNO recently provided comment on the Department of Health and Human Services (HHS) Center for Medicaid and Medicare Services (CMS) CY 2024 Revisions to Payment Policies under the Medicare Physician Payment Schedule (MFS) and Other Changes to Part B Payment and Coverage Policies Proposed Rule.

In our comments, we expressed concern with the proposed rule's 3.36 percent reduction in the 2024 Medicare conversion factor, lowering it from \$33.8872 to \$32.7476, as well as the anesthesia conversion factor being reduced from \$21.1249 to \$20.4370. Physician practices cannot continue to absorb increasing costs in providing care while also facing failing payment rates. Additionally, continued cuts to physician reimbursement could hinder access to Medicare recipients if practices decide they can no longer provide care at these lower levels of reimbursement.

We also expressed support to CMS that at least 38 percent of Evaluation/Management (E/M) office visits warrant an additional increase to account for “additional resources associated with primary care or ongoing care related to a patient’s single, serious, or complex chronic condition, regardless of visit level.” We stood with comments from the American Medical Association (AMA) in asserting that the medical profession is the best source in describing what work is entailed in these visits by physicians, and what is involved in providing those services.

We also applauded CMS’ proposal in continuing the delay of its policy requiring a physician to see the patient for more than half of the total time of a split or shared E/M visit in order to bill for the service. We believe that this pause has been helpful in not disrupting team-based care, as it did not consider medical decision making by the physician. We support the recommendation to allow physicians through 2024 to continue to bill split or shared visits based on the patient’s history, exam, or medical decision-making accounting for more than half of the total time.

We also thanked CMS for implementing telehealth flexibilities included in the Consolidated Appropriations Act (CAA) of 2023 by waiving the geographic and originating site requirements for Medicare telehealth services through the end of CY 2024. These flexibilities will allow patients across the country to continue to access needed services, particularly from their homes, eliminating barriers associated with accessing in-person care.

In the proposed rule, CMS proposed maintaining the additional payment for in-home administration of the COVID-19 vaccine beyond the end of the COVID-19 PHE and to extend payment for in-home administration of three additional preventative vaccines—the pneumococcal, influenza, and hepatitis B vaccines. We applauded this inclusion as it will increase access to needed vaccinations for a vulnerable population, and we encouraged CMS to also consider including the recently approved RSV vaccine to be included in this policy.

We also applauded CMS for the proposal to cover additional dental services integral to the success of other Medicare covered clinical services, including those used to identify, diagnose, and treat infections in connection with certain cancer treatments including chemotherapy, CAR T-Cell therapy, and high-dose bone modifying agents. Covering these services will help avoid delays in care for patients with high-risk and time-sensitive conditions.

In the proposed rule, CMS proposed covering the hemoglobin A1c test for diabetes and prediabetes screening purposes, as consistent with updated United States Preventative Services Task Force recommendations. We applauded this change in the interest of early detection which can lead to better patient care.

CMS also proposed extending several COVID-19 PHE flexibilities in the Medicare Diabetes Prevention Program (MDPP), including alternatives for in-person weight measurements, and eliminating the cap on the number of services that may be provided virtually. We offered our support for these changes.

Lastly, we expressed support for CMS’ proposed increase in bundled episode payments for office-based OUD treatment. The office-based OUD bundled payment services are included on the Medicare Telehealth List, and audio-only interactions can meet the Medicare requirements for meeting these services. We also supported the CMS proposal to allow these periodic assessments to be provided via audio-only communications through the end of CY 2024. These extended flexibilities will allow physicians to continue to care for this vulnerable population without disruption.



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The AMCNO Celebrates Women in Medicine Month



On September 7, the AMCNO held its second annual Women in Medicine Wine Night. Over 40 AMCNO members attended, ranging from medical students to retired physicians. The event was hosted by AMCNO board members Roopa Thakur, MD and Lilian White, MD along with AMEF board president Mary Frances Haerr, MD. Two lucky raffle winners also received baskets including a bottle of wine, a reusable AMCNO bicentennial tote bag, chocolates, two wine glasses, and more.

Women in Medicine Month is about celebrating the growing number of female physicians in what used to be an exclusively male field and continuing the advocacy work to support women in the medical discipline. Thank you to everyone who attended!

