AMEF

FOUNDATION facts

A Newsletter of The Academy of Medicine Education Foundation

Fall 2015

AMEF Sponsors 2015 Medical/Legal Summit

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At the 2015 Medical/Legal Summit—which was co-sponsored by the Academy of Medicine Education Foundation, the Cleveland Metropolitan Bar Association (CMBA), and the Academy of Medicine of Cleveland & Northern Ohio (AMCNO)—the Honorable Michael O. Leavitt delivered the keynote address. His presentation followed opening remarks from CMBA President Bruce Hearey, and Summit Planning Committee Co-Chairmen Ray Krncevic, Associate General Counsel, University Hospitals, Law Department and AMCNO President James Coviello, MD.

Leavitt is the Founder and Chairman of Leavitt Partners, a healthcare intelligence firm that helps clients navigate the future of health care as they transition to new and better models of care. In previous roles, Leavitt served in the Cabinet of President George W. Bush (Administrator of the Environmental Protection Agency and Secretary of Health and Human Services [HHS]) as well as a three-time elected Governor of Utah. He is a seasoned diplomat, leading U.S. delegations to more than 50 countries. He has conducted negotiations on matters related to health, the environment and trade.

In his address, Leavitt spoke about "Healthcare Reform 2.0: Navigating Uncertainty and Anticipating What's Next." The transition to a value-based payment (VBP) system is the most significant change in the U.S. healthcare system since the widespread adoption of health insurance, he said. VBP will become the norm in healthcare and we need to act now to make sure we head off a major healthcare crisis.

Keynote speaker the Honorable Michael Leavitt spends a moment with representatives from the AMCNO, the CMBA and the summit planning committee (l to r – Dr. James Coviello, Gov. Leavitt, Mr. Ray Krncevic, Ms. Lisa Barrett and Mr. Bruce Hearey).

The transformation has already begun from fee-for-service (FFS) to VBP. The Centers for Medicare and Medicaid Services has aggressive goals: 30% of Medicare FFS payments will tie to alternative payments in 2016 and at 50% by 2018; 85% will be linked to quality.

Bundled pricing and expanded bundled payment initiatives (such as Patient-Centered Medical Homes) are seeing a lot of activity now. The full transition to a VBP system won't happen overnight, but it will happen sooner than anticipated. Factors that are driving the change are politics, health IT adoption, vertical integration, market viability, and Medicare/Medicaid.

There are two counterbalancing forces, in the economy and in society, that are also driving change. The first is compassion. In the healthcare business, people typically join the field to help others. That has been the underlying policy of the American people for the last 50 years, who want to live in a compassionate society, Leavitt said. The other force is dispassion. This is not a lack of compassion, he said, it is global economic dispassionate forces that are compelling us to do things that are uncomfortable and difficult.

Are we potentially setting ourselves up for a healthcare crisis? Yes, we are at risk of creating an access dilemma if physicians and systems don't change, and change in time, Leavitt said. "This is a balancing act, and there will be those who succeed and those who fail. There will be imperfection." However, we have no choice but to make the change. "It is driven by those economic dispassionate forces," he said. "I see people doing very hard things—mergers of practices, closures of hospitals—not because they sign up for them but because they have an economic imperative to do it. Our job is to figure out how to do this in the best way possible."

"If we want to remain a great nation, we have to accomplish this change," he said. "We have three choices: fight it and die, accept it and have a chance to survive, or lead it and prosper."

On Saturday, following a welcome and introductions, the first plenary session on Telemedicine began. Sitting on the panel were David Chmielewski, VISN 10 Cleveland Facility Telehealth Coordinator, Dept. of Veterans Affairs (VA); Brook Watts, MD, CMIO, Louis Stokes VA Medical Center; Kevin McCarter, Director, Retail Strategy, CareSource Management Group; and Kimberly Anderson, Esq.,

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Scholarships

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

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

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

Donations/Contributions

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

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

Cash Donations

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

Stock Gifts

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

Tribute Gifts

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

Planned Gifts

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

AMEF Scholarships

The AMEF presented six local medical students with scholarships worth $5,000 each at this year's AMCNO annual meeting. The AMEF scholarship recipients for 2015 were: Sruti Brahmandam, Northeast Ohio Medical University; Emily Holthaus, Cleveland Clinic Lerner College of Medicine; Danielle O'Rourke-Suchoff, Case Western Reserve University School of Medicine; Nicholas Pettit, Ohio University College of Medicine; Ji Son, Case Western Reserve University School of Medicine; and Kailin Yang, Cleveland Clinic Lerner College of Medicine.

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

Also at the meeting, the AMEF Philanthropy Award was presented to Victor M. Bello, MD, for his generous donations and commitment to the foundation. Dr. Bello is a past president of the AMCNO and a former AMEF board member.

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

The medical students receive their AMEF scholarship awards. (l to r) Ji Son, Kailin Yang, Sruti Brahmandam, Emily Holthaus, and Nicholas Pettit.

Victor M. Bello, MD, receives the AMEF John A. Bastulli, MD, Philanthropy Award.

AMEF Funds Used to Sponsor Business Practice Session for Residents

Through the generous support of the Academy of Medicine Education Foundation (AMEF) and the William E. Lower Fund, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) provided support for a seminar geared toward resident physicians entitled, "Understanding the Legal and Financial Aspects of Practicing Medicine." This seminar covered the following topics: estate planning for young physicians, benefits available to physicians, legal issues for new physicians joining a medical practice, business and tax aspects of a medical practice, and planning for the future.

After the session, attendees stated on their evaluation forms that the financial process and taxes were two of the most informative aspects of the seminar. One participant said that it was useful to have terminology clarified, and it was helpful to have a timeline of when financial planning aspects should be addressed.

The topics were in line with the residents' most pressing concerns, such as repaying loans, establishing retirement plans and minimizing debt.

This session is always very well-attended and provides valuable insights for residents about to enter the practice of medicine. Presenters at the session included AMCNO physician leadership. AMEF board members also participated in the event and spent time with the residents talking about their future plans in the practice of medicine. The AMCNO and AMEF would like to thank the Cleveland Museum of Natural History for hosting the event this year. The change in venue was well-received by presenters and attendees alike.

A financial planner from a local consulting firm speaks to the residents about benefits available to physicians.

AMEF Sponsors Medical Student Event

The AMCNO and Academy of Medicine Education Foundation (AMEF) were pleased to co-host the Case Western Reserve University Society Dean Mixer for first-year medical students. The event was once again held at the Cleveland Botanical Gardens. Dr. Matthew Levy, AMCNO president, attended this year's event along with AMCNO staff. Staff and Dr. Levy mingled with the students and society deans, providing information and answering questions about the organizations' activities. Dr. Levy then provided brief comments to the group and encouraged the first-year medical students to become involved in the organization. He explained that the AMCNO is a group of dedicated physicians who are working to improve quality of care, while providing education and community outreach in our community.

During the event, the students asked about the activities of the organization and the foundation; many were not aware that such organizations existed and were pleased to learn that they could participate as medical students. Many expressed interest in the work of the AMCNO and several had questions about their career and specialty choices, while others expressed an interest in volunteering and outreach activities. AMCNO staff was on-hand to provide membership information, and we are pleased to welcome more than 120 new medical student members.

Medical students line up at the Cleveland Botanical Gardens to become AMCNO members.

The students gather to hear their deans and AMCNO President Dr. Matthew Levy (pictured) speak.

AMEF Sponsors 2015 Medical/Legal Summit *(continued from cover)*

Assistant Executive Director, State Medical Board of Ohio.

Mr. Chmielewski opened the session with "Telehealth at the Cleveland VAMC." The VA's goal of home telehealth is to reduce emergency room visits, hospital admissions and bed days of care. The VA uses several technologies, including a clinical video version that works either from facility-to-facility or facility-to-home and allows for diagnoses to be made, care to be managed and check-ups to be performed, using real-time videoconferencing with supportive peripheral devices. All telehealth transmissions are fully encrypted, Mr. Chmielewski said.

Mr. Ray Krncevic introduces the Telemedicine panel (l to r – Mr. David Chmielewski, Dr. Brook Watts, Mr. Kevin McCarter and Ms. Kim Anderson).

Ms. Watts then discussed "Telehealth: What does the evidence show?" Key points for the literature focused on the effects on the practice, healthcare outcomes, patient satisfaction and provider satisfaction. The VA-specific evidence showed few randomized trials and telehealth was usually part of a complex intervention, but patients did like the technology. Using telehealth for cancer pain showed significant improvements in patients for both pain and depression. And, when telehealth was used for diabetes patients, researchers saw a significant difference in A1c outcomes at 6 months.

Mr. McCarter spoke next about creating a connection between retail and telehealth. "We're looking to improve access and increase communication, not to replace physicians," he said. "Telehealth would be an extension." Health Spot is one prototype, which he said is like a photo booth with access to care, and mobile clinics would provide telemedicine services in a self-contained environment. The plan is to place these mobile clinics in "hot spot zones" for a week or two to service a community's needs.

To close the session, Ms. Anderson defined "the practice of telemedicine" in Ohio. She also provided a detailed overview of sections of the Ohio Revised Code (ORC) and the State Medical Board of Ohio interpretative guidelines and position statements on the issue of telemedicine. Telemedicine resources can be found on the State Medical Board of Ohio website at www.med.ohio.gov as well as the AMCNO website www.amcno.org.

The second plenary session covered Physician Extenders. The panel consisted of Sallie Debolt, Esq., General Counsel, State Medical Board of Ohio; Thomas Dilling, JD, Adjudication Coordinator/ Legislative Liaison, Ohio Board of Nursing; Ed Taber, Esq., Tucker Ellis LLP (moderator); and Rajesh Chandra, MD, Division Chief, Internal Medicine and Geriatrics, UH Case Medical Center (UHCMC).

Ms. Debolt spoke first about "Physician Assistant Practice in Ohio," and discussed certain sections of the ORC, including Section 4730.09 (A) which lists 42 services a physician assistant (PA) may provide under a standard supervisory plan approved by the Medical Board. Ms. Debolt also discussed the similarities and differences between PAs and advanced practice registered nurses (APRN). Ms. Debolt also described how the PA practice may change in the future if SB 55 passes in the current legislature. To view SB 55 go to (www.legislature.ohio.gov).

Next, Mr. Dilling talked about "Advanced Practice Nursing in Ohio." He discussed the different types of nurses and the APRN Standard of Practice, as defined under Rule

Mr. Edward Taber provides introductions for the physician extender panel (l to r – Dr. Rajesh Chandra, Ms. Sallie Debolt and Mr. Tom Dilling).

Dr. Dale Cowan makes a few remarks before introducing the end-of-life panel (l to r – Dr. May Al-Abousi, Dr. Monica Gerrek and Ms. Kim Bixenstine).

4723.8.02 of the Ohio Administrative Code. Additional information can be found on the Board of Nursing website: http://nursing.ohio.gov/practice.htm#advancedpractice.

Dr. Chandra then presented "Physician Extenders Hospital Practice Models." He gave several examples, including two University Hospital models. One is the UHCMC hospitalist-nurse practitioner (NP) general medicine service model, which consists of seven full-time and three part-time NPs. The capacity of service is 24 patients. One team is supervised by two hospitalist physicians and they admit and manage private attending patients with supervision and the NPs have prescriptive authority. There are shared medical visits with onsite physician supervision available at all times and services are billed under the physician. The other model is the UHCMC oncology hospitalist-NP service model. It is similar to the general medicine model, but there are two teams and the remaining patients are managed directly by the hospitalists. There is potential growth and deployment with using these types of models, Dr. Chandra said, including independent billing opportunities and managing low acuity observation unit patients after day 1.

Mr. Taber closed with a discussion on "Physician Extender Liability Issues." He stated that the number 1 reason for liability allegations is the PA or the APN fail to consult the physician. Other reasons: the PA or APN exceeded the scope of practice, the physician failed to supervise, and there was a violation of policies/procedures. Mr. Taber gave a couple of case examples before ending the session.

Following the plenary sessions, attendees were given the choice of four breakout sessions: End-of-Life Issues, Medical Marijuana, the Affordable Care Act, and Opioids and Pain Medicine.

Dale Cowan, MD, JD, UH Parma Medical Center, moderated the End-of-Life Issues session. The panel consisted of Monica Gerrek, PhD, Director of Ethic Education at MetroHealth; May Al-Abousi, MD, UH Parma Medical Center; and Kim Bixenstine, Esq., VP & Deputy General Counsel, UH. The panel discussed two difficult case problems. One involved a male patient who had a history of strokes, recurrent aspiration pneumonia and other health conditions. His clinical condition significantly worsened over a 6-month period, but he was able to express a "Do Not Resuscitate Comfort Care Order." His family, however, did not want to accept his wishes. Ms. Gerrek stated that a case can be referred to the ethics committee at any point. In this case, the family was ethically and legally obligated to fulfill the patient's wishes. The panel also discussed POLST (Physician's Orders Life Sustaining Treatment). Many states have been using this form because it's a way to address complicated issues. The second case problem involved a baby who was born with a neurologic condition and had been in the NICU since birth. He couldn't swallow or react to any stimuli, and he was blind and deaf. The team concurred his condition was not expected to improve. His mother wanted to have a G-tube and tracheostomy placed. The team and the mother had to discuss what was ethical and what the child's quality of life would be. Ms. Bixenstine provided her input on the legalities involved in both case scenarios, suggesting the involvement of palliative care and a second opinion in the latter.

The Medical Marijuana breakout session was moderated by Dr. Robert Hobbs and featured several presenters: Jason Jerry, MD, Staff Physician, Cleveland Clinic Alcohol and Drug Recovery Center, Assistant Professor of Medicine, Lerner College of Medicine of CWRU; Attorneys

Dr. Jason Jerry discusses medical marijuana during one of the breakout sessions.

Barry Maram and Richard Hu from the law firm of Taft, Stettinius & Hollister, LLP; and Tim Cosgrove, Esq., an attorney and government relations representative with Squire, Patton Boggs, LLP. Dr. Jerry led the discussion with an overview of marijuana and medicine. He noted that although marijuana has been around for 5,000 years, we've only begun to understand the drug's pharmacology within the last 50 years.

On the topic of cannabis-related medicines, Dr. Jerry noted that rigorous research is needed regarding cannabis-derived substances, which is in its infancy. He said that the Food and Drug Administration (FDA) has a regulatory process that should be utilized, which is supported by all major medical organizations, whereas the use of state legislation to determine the availability of medications is opposed by the medical community. He stressed that medical marijuana should go through the appropriate FDA process, not through state legislatures. Messrs. Hu and Maram provided an overview of state laws, noting that 23 states and Washington, DC, and Guam allow for the use of medical marijuana. Mr. Hu stated that each state's medical cannabis laws and regulations are very distinct. Mr. Cosgrove rounded out the discussion by offering his viewpoint on the medical marijuana discussions taking place in the Ohio legislature and the possibility of this issue finding its way onto the November ballot.

In the Affordable Care Act (ACA) breakout session, David Valent, from the Cleveland Clinic, served as the moderator. Also on the panel were Thomas Campanella, Esq., Baker Hostetler, LLP; Michael Hughes, MD, Summa Health System; Donald Ford, MD, VP of Medical Affairs, Hillcrest Hospital, Cleveland Clinic; and Patricia Decensi, Esq., Medical Mutual of Ohio. Dr. Hughes discussed Accountable Care Organizations (ACOs) as a way to reduce healthcare costs—they provide better care, not duplication of care, and they lower premiums, which gives access to more patients. Dr. Ford talked about the Medicaid expansion and how it created a dilemma that wasn't foreseen for the ACA. Ms. Decensi said that huge changes have been and are being made in how insurance is sold and priced. What hasn't changed yet, however, is that insurance companies are still paying on an fee for service basis. To obtain private insurance, 700,000 Ohio individuals logged onto the federal exchange. It was also noted that the King v. Burwell case may have far-reaching consequences once a decision is determined.

Issues related to prescribing pain medications and regulatory issues were addressed in the breakout session on Opioids and Pain Medicine. Joan Papp, MD, FACEP, MetroHealth Medical Center, Department of Emergency Medicine, and Cuyahoga County Project DAWN Medical Director, moderated the session and introduced the panel. Dr. Bina Mehta, from the Akron General Spine and Pain Institute, led the discussion by outlining what steps should be followed once a physician decides to prescribe opiate therapy. The prescriber and patient should agree on: risks and benefits of opioid therapy supported by an opioid agreement, treatment goals, expectations for routine urine drug screenings and a follow-up plan. Dr. Mehta also described the principles for safe prescribing. In addition, she provided some red flags to look for when prescribing opioids, offered safe

(Continued on page 6)

Mr. David Valent introduced the panel that discussed the ACA - (l to r – Ms. Patricia Decensi, Dr. Donald Ford, Dr. Michael Hughes and Mr. Tom Campanella).

Dr. Joan Papp provided the introductions for the opioid and pain panel (l to r – Dr. Bina Mehta, Dr. Christopher Adelman and Mr. William Schmidt).

prescribing tips and describing what type of patients may abuse opioids. Dr. Chris Adelman, Medical Director, Rosary Hall at St. Vincent Charity Medical Center, provided an overview of the scope of the opioid epidemic both nationally and statewide and described pharmacotherapy options in opioid addiction. Mr. William Schmidt from the State Medical Board of Ohio rounded out the panel discussion by providing an in-depth overview of the regulatory perspective. Mr. Schmidt described legislation in effect, including pain clinic regulations, naloxone access, prescribing opioids to minors and the mandatory use of the OARRS system. He also provided insight into recent OARRS updates, including two that took effect in March and April of this year.

More than 200 Northern Ohio physicians and attorneys signed up to attend this event—we thank them for their attendance and for supporting our organizations. We would especially like to extend our sincere thanks to the planning committee, presenters and all of the event sponsors. The AMCNO and CMBA are already starting to plan for the 2016 Medical/Legal Summit. The planning committee will be meeting in the near future, and AMCNO members are encouraged to submit topics and suggest presenters for the Summit. Contact Elayne Biddlestone at ebiddlestone@amcnoma.org or (216) 520-1000, ext. 100.

Combining Charitable Giving With Smart Tax Planning

By Philip G. Moshier, CFP®, CRPC®, AEP®

Are you hanging on to some low-basis, highly appreciated assets that you would gladly sell if you could somehow avoid losing much of the value to taxes? One solution might be an estate planning arrangement known as a charitable remainder trust. This type of trust may provide you with income tax deductions and other tax breaks, while enabling you to convert an appreciated asset—such as stocks or bonds, real estate or a work of art —into an income stream for life.

With a charitable remainder trust (CRT), you transfer assets into the trust and may take a charitable income tax deduction, subject to certain limitations. Since the asset will not pass to your favorite charity for several years, the deduction will be less than the assets' current value. The trust, in turn, may sell the assets and invest the proceeds into income-producing investments. The trustee pays the donor a certain amount each year for a stated period—usually for the donor's lifetime—and then turns over the principal (also known as the "remainder" interest) to the charity named by the donor in the trust agreement. The charity could be your alma mater, a museum, church, or any other qualified charitable institution.

When the CRT sells the asset, it pays no immediate tax on the gain, so all the proceeds can be reinvested to produce income. If you had sold the asset outright instead of giving it to the CRT, you would have paid the IRS capital gains taxes on your profit, in addition to any capital gains tax imposed by your state. In setting up a CRT, you may name yourself as trustee, which enables you to manage the investment of the funds in the trust. You might want to review this with a financial advisor, as there could be reasons why this is not prudent, given your particular financial situation. Alternatively, by using a professional trustee such as a bank or the charity itself, you could help ensure that the arrangement complies with the complex legal rules, which must be followed to retain the tax benefits.

Suppose a 65-year old doctor owns $100,000 worth of ABC Company stock that he bought some years before for $20,000. He wants to sell the low-yielding shares and invest the proceeds in U. S. Treasury bonds. But by simply selling the stock, he would pay capital gains tax of $16,000 (20% capital gains rate) on the $80,000 profit. So he transfers the stock into a CRT instead, and elects to receive $5,000 annual income for the rest of his life, at which time the principal will go his favorite cause. The trust sells the shares and buys 2.4% Treasuries, paying no current capital gains tax on the $80,000 gain. The yearly income stream the trust pays out will generally be considered distributions of ordinary income, on which the doctor will pay tax.

He also has available an income tax deduction in the year the transfer is made. Since the stock won't pass to the charity for several years, however, the deduction will be less than the stock's current market value. The available deduction will be equal to the present value of the remainder interest given to the charity of his choice.

Calculation of the deduction is based on four main factors: the fair market value of the asset, the life expectancy of the income beneficiary (the person receiving the yearly payout), the discount rate, and the payout rate chosen by the income beneficiary. In this example, using a 2.2 % discount rate, the doctor's available deduction would be

approximately $44,000, subject to certain limitations.

Whether you choose to make a gift of an asset directly to a charity or through a CRT, the value of the asset, together with any future appreciation, will effectively be removed from your taxable estate—which can help reduce your estate tax liability at your death. With a CRT, you can shrink your taxable estate by the amount ultimately retained by the charitable organization of your choice. Of course, since the charity will be the ultimate beneficiary of the trust assets, you will want to make sure that you have otherwise adequately provided for your family.

One way to replace assets donated to charities is by purchasing life insurance for the benefit of your heirs. Funds to purchase the insurance policy may be available through the increased income resulting from the tax deduction for the donated asset and the cash flow produced by the investment of the trust proceeds. By holding the life insurance policy in an irrevocable trust and making it the owner of the policy, the death benefit may be kept out of your estate, thereby reducing your ultimate estate tax bill. Of course, insurance applications are subject to underwriting approval.

There are two kinds of charitable remainder trusts to choose from; both are irrevocable meaning they can't be cancelled once the trust document is executed. The "annuity trust" throws off a steady income flow at a fixed amount each year—$5,000 or some higher amount annually, for instance. These types of CRTs tend to be more popular with people in their seventies or older who want the security of a guaranteed pay out in their old age and who don't want to take the risk that a market dip could erode the trust principle a few years down the road.

Unlike the annuity trust, the charitable remainder "unitrust" pays out a fixed percentage of the net fair market value of the trust assets as it may vary from year to year. Unitrusts pay a variable return—annual distributions fluctuate with the fortunes of the invested fund. While annuity trusts are appraised just once, unitrusts must be revalued each year, which can drive up administrative expenses, especially with hard-to-value assets such as closely held business interests, real estate or art work. But unitrusts also permit additional contributions of property under certain conditions, which can increase your income. Younger investors tend to prefer a unitrust to an annuity trust because its flexibility can help provide a hedge against inflation over the long-term.

The Internal Revenue Code limits the yearly annuity and unitrust payments from a CRT and mandates a minimum percentage value for the charity's remainder interest. Regardless of which type of CRT is used, the annual amounts received by the donor are generally subject to income tax, either as ordinary income or as capital gain.

Donating art, antiques, collectibles or other tangible personal property is subject to a special rule, which affects the size of your up-front income tax charitable deduction. Donating such property which you have owned for over one year usually generates a charitable deduction equal to the object's fair market value at the time of the gift, so long as the charitable institution uses the object in a manner related to its charitable purpose.

Thus, donating a Picasso to an art museum which plans to display it in its gallery would clearly meet the "related use" rule. But giving the painting to your charity of choice, which in turn, sells it and uses the proceeds to support various causes would not be a related use. If the charity does not intend to use the art work to further its charitable mission, your income tax deduction is limited to your basis (generally, what you originally paid for the object)—not its current, appreciated value.

Your deduction may be similarly limited if collecting art is your business, because the artwork would be considered part of your inventory. The amount of deductions you are allowed in any one year are further limited by your adjusted gross income and the type of charitable organization to which you are contributing. Generally, gifts to public charities generate larger tax deductions than gifts to private charities.

It may be easier to meet the "related use" rule by giving an art work directly to a charity, instead of through a trust, thereby increasing the amount of your deduction. Using a CRT as a receptacle for a sculpture, for instance, will probably limit the deduction to your basis in the sculpture. If the CRT converts the sculpture into an income-producing asset, the "related use" test will not likely be met. Nevertheless, the CRT may still be a viable method of transferring appreciated works of art with a low cost basis from a collection in order to avoid immediate capital gains, create a revenue flow, and reduce the size of the donor's taxable estate.

Properly drafted, a charitable remainder trust may be successfully used to achieve numerous tax and financial planning objectives. Consult with a professional adviser to determine whether charitable giving should be a part of your financial planning strategy.

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AMEF Joins with MetroHealth to Sponsor Session on Opioid Use

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) and the Academy of Medicine Education Foundation (AMEF) were pleased to join MetroHealth's Project DAWN (Deaths Avoided with Naloxone) and the Cuyahoga County Board of Health in sponsoring a timely session for physicians and healthcare staff on the topic of opioid use. The session, entitled "Opioid Use Disorder, Associated Stigma and How to Utilize Key Prevention Tools," was held at MetroHealth, and more than 200 participants attended the event, including representatives from the AMCNO staff and board of directors.

Dr. Jason Jerry discusses evidence-based treatment for addiction.

Following a brief introduction by Dr. Al Connors, the chief quality officer at MetroHealth, the event began with a presentation by Cuyahoga County Medical Examiner Dr. Thomas Gilson, who provided an overview of the opioid problem in Cuyahoga County. He described the current and recent data on the extent of opioid mortality in the region, noting that the county is seeing a rise in opioid deaths due to fentanyl — which has been manufactured and brought into the community and is not being diverted from medical facilities. He also noted that 73% of heroin overdose victims had a file with the OARRS system, meaning within two years of death 3 of 4 heroin fatalities had received a legal prescription for some type of controlled substance.

Dr. Christina Delos Reyes from University Hospitals provided an overview of opioid use disorder and discussed the different models for understanding substance use disorders and the disease of addiction, including the medical model. She also outlined the symptoms, major clinical manifestations and diagnostic criteria for opioid use disorder. She noted that addiction is a chronic and treatable brain disease and the most successful treatments combine behavioral therapy with medications. One of her final comments for the day was that we need to start treating addiction the way we treat other diseases — when someone else has any other disease we all rally around them and try to help if we can. With addiction, people that have it do not want to talk about it because they are embarrassed and others do not know what do to. We need to change the culture, she said.

Dr. Jason Jerry from the Cleveland Clinic described evidence-based treatments for opioid use disorders and noted that treatment for addiction is not a "one-size-fits-all" proposition. He also described the deficiencies in the system that block access to effective care. He provided a detailed history of drug use and treatment plans and the treatments utilized for addiction such as medication-assisted treatments.

The keynote speaker for the event was Sam Quinones, a Los Angeles-based freelance journalist and author of Dreamland: The True Tale of America's Opiate Epidemic. To write the book, Quinones traveled across the United States, and the book focuses on the drug epidemic in a small Ohio town.

Quinones' book illustrates how addiction affected the Portsmouth, Ohio, community and shows how the prescribing of pain medications and addictive painkillers, along with the influx of black tar heroin from one small county in Mexico, impacted small towns and cities like Portsmouth.

Quinones described how certain factors gave rise to more painkillers being prescribed over the last few decades: A study published in the early 1980s outlined that addiction was rare when patients were given narcotics while hospitalized, and the Joint Commission decided that pain is a

Sam Quinones delivers the keynote speech at the MetroHealth session.

fifth vital sign and began judging hospitals on how well they treat pain. He also noted that the manner in which doctors were judged by patients — along with patients believing that they were entitled to a life free of pain — led to the frequent prescribing of narcotics, which added to the problem. At the same time this was going on pharmaceutical companies began to aggressively market oxycontin as "non-addictive" — which resulted in doctors thinking that these drugs could be prescribed without any risk.

The outcome of this prescribing practice has been a rise in the amount of prescription painkillers available to the public. One town that felt the brunt of this was Portsmouth, Ohio — starting with the town becoming the pill mill capital of the country. A doctor set up a pill mill in the area and soon others set up pill mills as well, and it became a lucrative cash business. Portsmouth developed a mentality where you could buy anything in that city with oxycontin. The town lost businesses, and many of the citizens became addicted.

It was also about this time that drug traffickers from a small town in Mexico moved into cities like Portsmouth and began selling heroin — preying on addicts already hooked on pain pills — since heroin was cheaper than the painkillers. They realized that if you follow the pills sooner or later there will be a heroin market. Quinones described how the drug trade works, noting that Mexican traffickers have focused on a less-processed form of heroin called black tar because of how it looks when processed. Black tar is cheap

to make and purchase, resulting in more people becoming addicted.

Ohio passed a pill mill bill in 2011 and since they have closed, Portsmouth has started to make a comeback. There have been some economic and business changes in their community, and the citizens have begun to turn away from drug dependency. Quinones stated that he believes the community is the antidote to heroin — there is still a drug problem in this country and we need to come together as a community to address these issues.

Quinones was followed by Dr. Joan Papp, the Medical Director for the MetroHealth Project DAWN program. Dr. Papp discussed how to identify patients who are at risk for opioid overdose and would benefit from take-home naloxone. She also outlined the changes in Ohio law that impact naloxone prescribing and provided information on how to incorporate prescription naloxone into a practice environment. Dr. Papp also presented information on MetroHealth's controlled substance prescribing policy, which replaced the current departmental policies with a system-wide policy for prescribing controlled substances — incorporating recent changes in the Ohio Revised Code and the State Medical Board of Ohio guidelines for prescribing opioids for the treatment of chronic, non-terminal pain.

The event also included presentations from clinicians and others who provided stories of recovery and how to recognize the stigma associated with opioid use disorder — as well as the steps involved in prevention, abuse, recovery and relapse — along with a detailed presentation on how to approach patients who abuse substances and provide constructive feedback to these patients on how to reduce or stop their substance abuse. Cameron McNamee from the Ohio Board of Pharmacy also provided a detailed presentation on OARRS — how to register for it and utilize the data available on the database.

The full-day event was most informative, and the feedback from all of the participants was very positive. The slides from this event can be accessed at http://www.metrohealth.org/dawn-conference. Quinones did not have a slide presentation, but more information about his book can be obtained at http://www.samquinones.com/books/dreamland/

Annual AMEF Fundraiser

Every year in August, AMEF sponsors an event designed specifically to raise funds for the foundation – a charitable golf outing in memory of Marissa Rose Biddlestone, daughter of the AMCNO executive vice president and CEO, who succumbed to leukemia in 2003.

Now in its 12th year, this annual outing has raised more than $400,000 for the foundation—funds that are utilized for local medical student scholarships and AMEF projects.

For an overview and pictures from this year's outstanding outing see page 15.

AMEF Provides Support to the SUPER Coach Program at University Hospitals

The AMEF board agreed to provide sponsorship funds to a program based at University Hospitals known as SUPER (Supporting Understanding and Promoting Engagement and Resilience). It is a Coach program with a mission to help people change behaviors—mainly tobacco use, unhealthy diet, sedentary lifestyle and medication non-adherence—to improve overall health and well-being.

Please consider AMEF in your charitable giving plans. Inside this newsletter is an envelope that you can use for your AMEF donation. It includes information on the different types of gifts we offer as well as the various payment methods. Thank you!

AMEF Sponsors Immunize Ohio Event

Through the generous support of the Academy of Medicine Education Foundation (AMEF) and others, Immunize Ohio hosted a one-day, CME-credited immunization symposium on Sept. 10 at the Embassy Suites in Dublin, Ohio.

The goal of the 2015 Statewide Immunization Conference was to provide a global perspective utilizing science-based strategies to effectively meet emerging challenges. Best practices were presented to facilitate timely, age-appropriate immunizations. The conference, "Global Exposure – Local Effect," drew participants from around the state and focused on new adult vaccination standards, global infectious

Cindy Modie delivers the opening remarks at the Immunize Ohio session.

disease threats and the status of possible vaccines; the true cost to Ohio for not vaccinating; adolescent vaccines, environmental survey results on HPV vaccination with hopeful strategies; and a keynote address outlining when religious beliefs can undermine modern medicine.

Opening remarks were provided by the Ohio Chapter of the American Academy of Pediatrics, and presentations were provided by representatives from PFIZER Vaccine, Case Western Reserve University (CWRU), the Ohio Department of Health (ODH), the Centers for Disease Control and Prevention (CDC), the Ohio State University (OSU) and Children's Hospital of Philadelphia.

The first presenter was John McLaughlin, PhD, MSPH, from PFIZER Vaccine. Dr. McLaughlin discussed the cost of not vaccinating, pointing to the results of a recent report which estimated the

Dr. Heidi Gullett discusses how to increase HPV vaccinations.

economic impact to Ohio of the four major adult vaccine-preventable diseases (influenza, pneumococcal, herpes zoster and pertussis) was considerable and that broadening adult immunizations efforts beyond influenza may help reduce the economic burden of disease. He also noted that there is a need to address the barriers of adult vaccination at the patient and provider level and discussed the need to establish a public health rationale for improving awareness of adult vaccine-preventable disease in Ohio.

James Kazura, MD, from CWRU, discussed the evolution and emergence of human infectious disease, citing global infectious disease threats and discussing the potential vaccine solutions to emerging diseases. Following Dr. Kazura was Carolyn Bridges, MD, from the CDC, who described for the audience the barriers to increase adult vaccinations as well as the barriers for patients and providers to fully immunize adults. She further outlined the burden of vaccine-preventable disease and illness, a list of recommended adult vaccines and current adult vaccination rates. Her presentation also covered an update on Tdap and influenza vaccination of pregnant women, a review of "Practice Standards for Adult Immunization" and resources for both physicians and patients to assist in implementing these standards. Just before the afternoon break, Alexandra Thornton, MPH, representing the ODH, provided an overview of the Assessment, Feedback, Incentive, eXchange (AFIX) Awards and congratulated this year's recipients.

Heidi Gullett, MD, MPH, from CWRU, and Toyin Sokari, MPH, from OSU, began the afternoon session discussing how to increase HPV vaccinations. They provided information on a national environmental scan to understand the issues impacting rates of HPV vaccine uptake and reviewed findings from HPV environmental scans conducted across Ohio and within Cuyahoga County. Both presenters also discussed multi-level strategies for increasing HPV vaccine uptake across Ohio in various settings, noting that every year we delay increasing vaccination rates, more women are at risk of developing cervical cancer.

The final presenter was Paul Offit, MD, from Children's Hospital of Philadelphia. Dr. Offit provided attendees with a copy of his new book, Bad Faith – When Religious Belief Undermines Modern Medicine, and discussed the challenges resulting from the anti-vaccine movement while describing strategies to increase vaccination rates.

The AMEF and the AMCNO were pleased to be sponsors of this important program.

A capacity crowd was on hand to learn more about immunization issues.

AMEF Sponsors Educational Forum on Medical Marijuana

On June 4, The Free Medical Clinic of Greater Cleveland hosted "Medical Marijuana: Truth and Consequences," a forum that the Academy of Medicine Education Foundation and the Academy of Medicine of Cleveland & Northern Ohio co-sponsored.

In his opening remarks, Danny Williams, JD, Executive Director of The Free Clinic, stated that although medical marijuana can be helpful in the treatment of certain conditions, we still don't know the full benefits and risks behind it.

Kari Franson, PharmD, PhD, Associate Dean for Professional Education in the Department of Clinical Pharmacy at the University of Colorado, delivered the keynote address, "Marijuana as Medicine: The State of the Science." Dr. Franson received her Doctor of Pharmacy from the University of California, San Francisco, and PhD from Leiden University Medical Center. Her background is in clinical research and drug development, with a focus on psychopharmacology. She serves on the Colorado Governor's Recreational Marijuana Advisory Committee for Safety and Consumer Affairs.

During her address, Dr. Franson discussed the pharmacology of marijuana—its uses, effect on the reward pathway, acute toxicity and long-term effects. She said that the marijuana plant contains more than 400 compounds; 60 of them are cannabinoids, and some of the other non-cannabis compounds are similar to those found in the tobacco plant. She described several common cannabinoids, such as THC and CBD, and said most of them interact with G-protein-coupled cannabinoid receptors CB1 and CB2. The effects of the drug include antinausea, impaired coordination, increased appetite and euphoria.

Medical marijuana is being studied primarily with products grown at the University of Mississippi in a controlled environment to aid in various ailments, including chemo-induced nausea and vomiting, multiple sclerosis and chronic pain.

The drug can be beneficial in pediatric epilepsy cases, she noted. One small study looked at 13 patients with Dravet and other seizure syndromes. The medical

Dr. Kari Franson delivers the keynote address.

marijuana they used contained medium to high levels of CBD and low levels of THC. Patients reported an 84% reduction in seizure frequency. Most of the patients were then weaned from other medications.

Dr. Franson acknowledged that marijuana has acute CNS symptoms; however, there's not a lot of danger in "overdosing" on marijuana, she said. The lifetime dependency risk for marijuana is relatively low at 9%, whereas nicotine is at 32%. Heroin, cocaine and alcohol fall in between those two points. The Substance Abuse and Mental Health Services Administration reported 360,000 people were admitted for addiction treatment in 2010, and marijuana was listed as the primary drug. Teens have a 1 in 6 chance for addiction, Dr. Franson said. Colorado currently prohibits the sale or use of cannabis to those who are under 21 years of age, unless two physicians sign off on the usage.

Long-term exposure to cannabis can effect memory and learning, disrupt short- and long-term memory and lead to cognitive decline. Dr. Franson also said that exposure during development can cause alterations to the brain's structure and function; therefore, even prenatal exposure can leave lasting effects.

She also discussed the pharmacokinetics associated with marijuana use. When inhaled, the bioavailability is 10-25%. When ingested, the bioavailability is 5-20%, and the onset can take 1-3 hours, because of slow absorption from the gut. Edibles increase toxicity risk, because a person will continue to ingest it if they don't feel the effects right away. And, a tolerance is developed with chronic use.

The first panel discussion, "Lessons Learned: Intended and Unintended Consequences" was moderated by Michael Shafarenko of ideastream. The panel participants were Derek Siegle, Executive Director for the Ohio High Intensity Drug Trafficking Area; Jessie Hill, Associate Dean for Faculty Development and Research and Judge Ben C. Green Professor of Law at Case Western Reserve University School of Law; Jason M. Jerry, MD, Alcohol and Drug Recovery Center, Lutheran Hospital; and Dr. Franson.

Dr. Jerry clarified that marijuana itself is not a medicine but some of its components may be. And when asked how marijuana entered the medical arena, Dr. Franson said that it is known that the drug does have pharmacologic effects.

In response to the question of what the challenges are in classifying marijuana as a medication, Dr. Jerry said, "Some of the substances in marijuana, such as CBD, are going through the Food and Drug Administration approval process, which begs the question, 'Why do we need to go through the individual states?'"

There's a notion of medical marijuana being a gateway drug, Shafarenko said, and he asked whether that was truth or myth. Dr. Jerry responded, "Epidemiological studies show that those who smoke marijuana can move onto other drugs, but the same can be said for cigarettes or alcohol (as gateway drugs)." Hill added, "There will have to be very careful regulation if it's legalized in Ohio. This is the concern—that it will lead to something else."

"Is there evidence that people are moving to states that have legalized medical marijuana?" Shafarenko asked. "Yes," Dr. Franson said. "Some are moving for medical purposes; others for economic reasons, to work in the industry." She added that part of the regulation in Colorado is knowing where each plant came from, so everything is done through seed to sale. There's not a generalized agreement on how to standardize the product, however, so more research is needed, she said, adding that $9 million was set aside for the Department of Health to distribute to medical marijuana research, so they are studying it but not what's on the street.

(Continued on page 12)

AMEF Sponsors Educational Forum on Medical Marijuana

(Continued from page 11)

The other panelists agreed that what's happening in Colorado should be analyzed before medical marijuana is legalized in other states.

The next panel discussion, "Medical Marijuana: The Economic Impact," was moderated by Brian Tucker of Dollar Bank. The panelists were Ari Seaman, founder of iGROW Induction Lighting, a Cleveland-based manufacturer of agricultural lighting technology; Garett Fortune, CEO of FunkSac, a packaging solutions for the cannabis industry; Candi Clouse, Program Manager for the Center for Economic Development at the Levin College of Urban Affairs, Cleveland State University; and Patrick McManamon, CEO of Cannassure, which insures cannibis-related businesses.

Economic Impact panelists – (l to r) Patrick McManamon, Candi Clouse, Arett Fortune, Ari Seaman and Brian Tucker.

Clouse reported that data analysis of the economic impact shows benefits from legalization, but it will not "save" the economy. The tax dollars raised would potentially increase revenue—an estimated $51 million—which could be used for public services, such as roadways and response teams, she said. Legalization would also create new jobs in various avenues, especially because the product will have to be grown and sold in Ohio.

Seaman, Fortune and McManamon have experienced increases in their workforces and sales throughout the last few years. However, the three men discussed the dangers of having to do business in cash because many banks will not back this type of business. It is a concern that the government will need to look at as more states pass marijuana legalization, they said.

The forum concluded with a debate between Marcie Seidel, Executive Director for the Drug-Free Action Alliance, and Ian James, Executive Director for ResponsibleOhio. David Abbott, Executive Director of the George Gund Foundation, served as the moderator. The focus of the discussion—"Would Medical Marijuana Improve Health Outcomes in Ohio?"

In Seidel's opening statement she said her answer to that question is, "Yes. No. Maybe."

"The real question is, 'How do we define medical marijuana?'" she said. "The answer would be 'yes' if it truly is a medicine. One that has gone through proper protocol of scientific research and trials, one that has followed the gold standard of modern medicine, to become medicine as all other medications do." She then cited several marijuana-based medications that have been approved and are legal in the United States.

"The answer is 'no,'" she said, "if it's defined as legalizing raw plant material through an initiative or legislative action." Legalizing a raw plant could create a serious risk for patients. "No medical groups believe this is a safe and good way of doing medicine," Seidel continued. "The doses aren't standard. The interactions with other medications are not known. The toxins and components that make up the plant could easily compromise already fragile systems. And potential side effects may not be known to the individuals taking it."

"Now, the 'maybe' part," she said. "Research and controlled studies are starting to show some really promising components within the complex medical marijuana plant, and these new compounds will start to unfold with proper scientific research. So at the Alliance, we support the increased research to reveal its potential, and we support putting this in the hands of scientists and not pot profiteers."

Lessons Learned: Intended and Unintended Consequences panelists – (l to r) Derek Siegle, Dr. Franson, Dr. Jason Jerry, Jessie Hill and Michael Shafarenko.

David Abbott moderates the debate between Marcie Seidel (left) and Ian James.

In his opening statement, James said that cannabis has been around for a very long time. And it was legal throughout most of our country's history, until alcohol prohibition and the war on drugs occurred. "Through the last 18 years, however, 23 states have legalized medical marijuana to provide the passionate care that it provides to the chronically ill," he said. "This year, HB 33 was introduced to help epileptic kids, but it only had 9 co-sponsors, and it hasn't gotten out of committee.

He shared several stories of patients who have been positively impacted by the use of medical marijuana. "You're going to hear a lot of folks say we need to wait," he said. "We need to wait because we don't have Congress rescheduling marijuana. We need to wait for the FDA to do more studies that they cannot do because it's not rescheduled. And we need to wait for the Statehouse to catch up and take action. We cannot continue to tell cancer patients, epileptic patients, Alzheimer's, Parkinson's patients to wait because we're not ready yet to help you."

In her rebuttal, Seidel agreed that marijuana has been around for a long time, but it has been genetically modified to contain higher THC levels. As a public health official, she said she feared that without proper research, patients would be in danger. "Let's get it in the hands of the people who really care, to make sure we do this right," she said.

Additional points were discussed during the debate, such as the reasoning behind calling for the legalization of both medical marijuana and recreational use and the need to create safe patient-physician relationships.

Editor's note: *The AMEF has not taken an official position on this issue—this forum was for educational purposes only.*

The Free Clinic plans to post a video of the entire forum on their website at www.thefreeclinic.org.

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

AMEF

Academy of Medicine Education Foundation

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

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

The Purpose of AMEF

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

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

2015 Golf Outing Highlights

A Big Round of Applause to the 2015 Golf Outing Participants and Sponsors!

On August 3, golfers once again teed off for the Academy of Medicine Education Foundation's (AMEF) 12th Annual Marissa Rose Biddlestone Memorial Golf Outing.

This year, at the Barrington Golf Club (a Jack Nicklaus Signature Course), foursomes tested their expertise in a tournament to raise money for AMEF, which was established for charitable, education and scientific purposes. These monies will be utilized for medical student scholarships, annual CME seminars and grants for health-related programs.

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

1st Place Team: Brian Gannon, Brook Hamilton, Joe Palcko, Steve Walters

2nd Place Team: Jacob Ehlers, Lindsey Ehlers, Al Santilli, William Seitz, Jr., MD

3rd Place Team: Kevin Ellison, Jordan Liff, Scott Liff, Bill Zollinger

Skill prizes were also awarded:

Closest to the pin: Davis Young, David Bastulli, Don Kelly, and James Coviello, MD

Longest drive: Scott Liff #9, Don Kelly #14

Longest putt holed: Al Page

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

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

Thank you to 2015 Event Sponsors:

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Prepare now and SAVE THE DATE for next year's AMEF Golf Outing! August 8, 2016, at Sand Ridge Golf Club. See you there!

AMEF

Academy of Medicine Education Foundation

Meet the AMEF Board of Trustees

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

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Mission

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