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AMCNO Spearheads Introduction of Civil Immunity Legislation

After several months of working with the AMCNO physician leadership and government relations staff, Representative Lynn Slaby (R-Summit) has introduced HB 421.This legislation would broaden sections of current law that provide limited immunity from liability for alleged violation of a patient's medical privacy rights. This proposal would apply when public safety is at risk. This broadening will include situations in which physicians are required to report a patient's potential inability or incapacity to operate a motor vehicle, in order to protect the patient and the public.

Under current law, a physician generally cannot call an employer or authorities without violating medical privacy laws in Ohio if they believe that a patient is unable to safely operate certain vehicles. HB 421 will expand the circumstances in which a physician can make a contact and alert appropriate parties in the event that a patient poses an immediate threat to their own life or to others.

At the present time, if a patient leaves a hospital or other medical facility and a physician believes that the patient should not be driving, but the patient insists, the physician faces a dilemma. One example of this is when a patient is told not to drive home after sedation or perhaps has other medical issues and should not be driving, but the

(Continued on page 4)

Rep. Lynn Slaby (left) gives sponsor testimony on HB 421. Also pictured is Rep. Sean O'Brien the joint sponsor of HB 421.

AMCNO Joins As Amicus in Sixth Circuit Court of Appeals Case

On February 9, 2012 the Academy of Medicine of Cleveland and Northern Ohio (AMCNO), along with the Ohio State Medical Association and the Ohio Osteopathic Association, filed an amicus brief in an important case involving the First Amendment rights of Medicaid providers to contribute to certain political campaigns in the State of Ohio.*

The case, *Lavin v. Husted,* involves a challenge to the constitutionality of Ohio Revised Code § 3955.45, which makes it a crime for candidates for Ohio Attorney General or county prosecutor to accept campaign contributions from Medicaid providers or those with an ownership interest in a Medicaid provider. The plaintiffs in that case, individual Ohio physicians, argued that the statute interferes with their First Amendment right to donate to candidates who have views on health care policy that mirror their own. The AMCNO's Board of Directors made the decision to participate in the amicus brief after the trial court upheld the Ohio statute, fearing that, if left to stand, the trial court's decision would have a chilling effect on physician speech — particularly at a time when candidates for office at all levels of state and

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AMCNO BOARD OF DIRECTORS ELECTION TO BE DONE ELECTRONICALLY – *SEE IMPORTANT INSERT*

INSIDE THIS ISSUE

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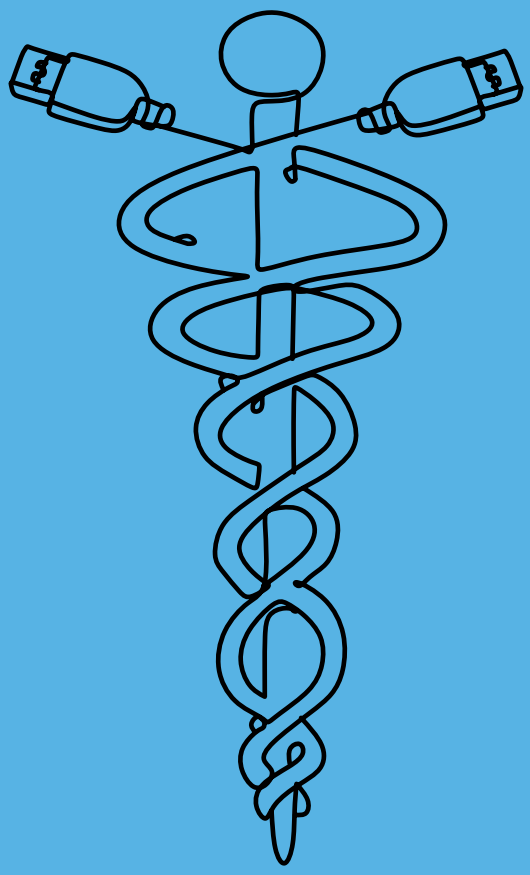

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AMCNO Joins As Amicus In Sixth Circuit Court of Appeals Case

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local government are increasingly weighing in on issues related to health care policy — and would stigmatize physicians that serve a Medicaid population.

For its part, the State of Ohio, represented in this case by the Ohio Secretary of State, John Husted, argues that § 3599.45 is necessary to protect against the corruption — or appearance of corruption — that *could* result when a Medicaid provider donates money to the very public officials that are charged with enforcing laws related to Medicaid fraud. Though the Secretary offered no evidence that corruption or the appearance of corruption between Medicaid providers and county prosecutors or the Ohio Attorney General was a particular problem at any time before, during, or after passage of R.C. § 3599.45, the trial court nevertheless accepted the State's rationale.

In urging the Sixth Circuit to reverse the trial court's decision, the AMCNO premises its brief on the well-established principle that "political speech is speech that is central to the meaning and purpose of the First Amendment." Courts across the country, including the United States Supreme Court, have recognized that the right of citizens to express themselves politically by contributing to political campaigns is one of "the most fundamental First Amendment activities," and that the government cannot impose restrictions on speech based on the identity of the speaker. Accordingly, the AMCNO argues in its brief that the Ohio legislature's attempt to silence the political speech of physicians who treat Medicaid patients should be subject to the most demanding constitutional analysis; that the law should be upheld only if the state can establish a compelling interest that is served by the statute at issue, and that the statute is no broader than necessary to serve that interest. In this case, the AMCNO argues, there is no evidence to support the State's alleged corruption-prevention interest, and the statute unjustifiably singles out — and stigmatizes — an entire group of medical professionals based on the fact that they serve a low-income and/or vulnerable population of patients. As such, § 3599.45 is unconstitutional and the trial court's decision should be reversed. ■

*The Academy of Medicine of Cleveland and Northern Ohio, the Ohio State Medical Association, and the Ohio Osteopathic Association were represented by Maureen Tracey and Diane Citrino of the law firm of Thacker Martinsek, LPA in Cleveland, Ohio. Thacker Martinsek is a litigation firm whose attorneys practice in the areas of Civil Rights, First Amendment & Media Law, and Insurance Recovery, among others. More information about the law firm can be found at www.tmlpa.com.

AMCNO Spearheads Introduction of Civil Immunity Legislation *(Continued from page 1)*

physician discovers that the patient signed out and did in fact drive on their own. In this instance, under current law, a physician cannot contact the authorities and give the patient's name without potentially violating medical privacy laws. In addition, under the current statute for physician reporting, a doctor who encounters a patient who operates a bus or train that has refused treatment cannot call the employer and warn them without potentially violating Ohio medical privacy laws.

HB 421 would also broaden the circumstances in which a physician can call and warn people if a patient is abusing prescriptions or non-prescription drugs. This bill would include bus drivers, over the road truckers and others. Current law does provide limited immunity against some liability if a driver is conveying passengers in a commercial carrier such as a bus, but not if they are conveying a product, operating heavy machinery, or driving an automobile, and potentially not if the claim alleges the new tort of "unauthorized disclosure of medical information."

HB 421 addresses a public and patient safety issue and is a modest attempt to close a loophole by modernizing existing law. When the current law, R.C. 2305.33, was originally passed, medical privacy litigation was not the prevalent liability risk that it is now. In fact, an independent tort for "unauthorized disclosure of medical information" did not exist in Ohio when R.C. 2305.33 was written (not until the *Biddle v. Warren General Hospital* case was decided by the Ohio Supreme Court in 1999). The law needs to be altered so as to broaden its scope, allowing physicians to do the right thing to protect patients and the public, without fear of liability.

The AMCNO Legislative and Medical Legal Liaison Committees crafted this legislation to be certain that physicians have the ability to report information to the proper authorities or employers when necessary without fear of reprisal or disciplinary action. Changing this law would allow physicians to do the right thing when a patient poses a threat to their own life or others.

The bill has bipartisan support with Rep. Slaby, a Republican (R-Summit), and Rep. O'Brien, a Democrat (D-Trumbull), jointly sponsoring the legislation. In addition, the legislation has several co-sponsors: Rep. Johnson (R-Scioto), Rep. McGregor, (R-Clark), Rep. Anielski (R-Cuyahoga), Rep. Maag (R- Warren), Rep. Stebelton (R-Fairfield) and Rep. Combs (R-Hamilton).

In February, sponsor testimony was provided on HB 421 by both Reps. Slaby and O'Brien and the bill is slated to be heard again on Wednesday, March 14th when the AMCNO will be providing proponent testimony. The AMCNO VP of Legislative Affairs, Dr. John Bastulli plans to testify from for physician perspective and Mr. Ed Taber, Chairman of the AMCNO Medical Legal Liaison committee plans to testify from the attorney perspective.

AMCNO Meets with Ohio State Medical Association (OSMA) Legislative Chairman

Recently, Dr. Bastulli and the AMCNO EVP/CEO met with Mr. Jeff Smith, lobbyist for the OSMA and the OSMA Legislative Chairman Dr. Lisa Egbert. The two groups plan to work together on the passage of HB 421 and other bills of importance to physicians. In addition, the AMCNO and the OSMA are discussing the possibility of conducting joint candidate interviews in order to garner background information and opinions from current legislators and the candidates running against them prior to the 2012 November election. The AMCNO and the OSMA also discussed the upcoming Ohio Supreme Court elections. The two groups plan to continue to meet to discuss legislative and advocacy initiatives.

Around the Statehouse

Patient Centered Medical Home (PCMH) Pilot Project Receives $1 million

Ohio officials recently announced that a pilot project meant to enhance the operation of 50 medical practices had received funding in the amount of $1 million. The funds were originally directed to support the transition of physician practices around the state into the Patient Centered Medical Home model of care.

The National Committee for Quality Assurance already recognizes more than 100 medical practices in Ohio as medical homes, however, legislation enacted in the last General Assembly provided funds for the training and transition of existing practices as well as scholarships to train nurses and doctors in the PCMH approach while in medical school.

Dr. Lisa Egbert, the Chairperson of the OSMA Legislative Committee spends a moment with AMCNO VP of Legislative Affairs, Dr. John Bastulli.

According to the Department of Health Director Dr. Ted Wymyslo the ODH would like to expand this model in the state of Ohio so that "all the citizens are able to benefit by having a continuous relationship with a personal provider over time." The existing PCMHs are centered around urban centers in the state, and the legislation requires 44 pilots be established evenly in the four regions of the state, with six in rural areas and four nurse practitioner-led practices. The administration has now expanded that to 50. In addition, part of the funding for the training is coming from Medicaid, so it will be necessary for participating providers to have at least 15% of their patients as part of the Medicaid population. The legislation also created the Ohio Patient Centered Primary Care Collaborative that will coordinate communication among existing PCMH practices.

Ohio's Medicaid Program to Focus on Quality

The Kasich Administration plans to match health care payments to outcomes in the Medicaid program by including provisions in future Medicaid managed care plan contracts that would prioritize quality over quantity. The Office of Ohio Health Plans is the first state Medicaid program to partner with Catalyst for

Payment Reform, an independent, non-profit organization that seeks to leverage the health care spending of large private and public-sector purchasers to base payments on quality, rather than volume.

The state has started the process of bidding out new contracts for managed care organizations that administer Medicaid benefits for Ohio's public health care program and has begun seeking applications from qualified managed care organizations to provide services to 1.6 million Ohioans under this new state structure.

At present each plan can measure provider performance differently, but the state is trying to move in a direction of standard measures on which to base quality incentive payments. The new contracts will use language created by the national, nonprofit Catalyst for Payment Reform to increase expectations for MCO performance as well as for health care providers. Currently Ohio is comprised of eight regions, each of which has two to three MCOs operating in the area. The new structure will reduce the regions to three and will provide a guarantee of four plans per region, and an MCO may operate in more than one region. By increasing the number of plans to four, it allows the state to remove plans that are not producing quality outcomes while still providing other options. The new structure also combines the Covered Family and Children program with the contract for the Aged, Blind and Disabled population which will allow family members that might now be on different plans to choose to be covered by the same one.

Through the application process, Ohio Medicaid will select a limited number of MCOs to contract with the state. Care quality will be measured going forward in six areas: behavioral health, high-risk pregnancy and premature birth, asthma, upper respiratory infections, diabetes and cardiovascular disease. The application also specifies that an MCO's staff must be located in Ohio and applications are due March 19. The agency will make tentative selections April 9, which will be followed by readiness reviews. Those MCOs that pass the review will be signed to final provider agreements Aug. 31. Medicaid recipients will begin to enroll in the new program Jan. 1, 2013.

Health Care Exchange Debate Continues

Due to what has been perceived by Democratic lawmakers as inaction on the part of Lt. Governor and Insurance Director Mary Taylor, Democrats have taken a legislative route to a health care exchange. Senator Michael Skindell has introduced legislation that would establish the Ohio Health Benefit Exchange Agency required under the federal health care overhaul. The exchange, which provides health care coverage to individuals unable to afford or access it otherwise, is something Director Taylor can establish through the Department of Insurance but the Governor has yet to decide what approach the state should take with the exchange. Ohio has until Jan. 1, 2013 to set up a state-specific program and have it approved by the U.S. Department of Health and Human Services. If the state fails to do so, the federal government will set up an exchange for it.

The bill would establish the exchange in a quasi-public set up similar to the Bureau of Workers' Compensation and the governor would appoint to the agency individuals who represent consumers, the insurance and health care industries, and other experts. At press time the bill had not had any hearings in committee.

Scope of Practice Legislation Continues to Move Forward

SB 83 would expand prescriptive authority for advanced practice nurses. The bill has been modified several times and at press time had just passed in the House. The bill has already passed out of the Senate and will head to the Governor for signature shortly. The AMCNO will provide a detailed overview of the final legislation once it is enacted.

HB 284 – the physician assistant legislation has also been debated at recent House Health Committee meetings. In February, the legislation was amended in committee to include a ban on physician assistants inserting or removing intrauterine devices — currently PAs are allowed to do so. This amendment was put in to the legislation just before the final vote by Chairman Wachtmann and was not part of the previous committee deliberations. The legislation now moves to the full House.

HB 438 – Clinical Research Faculty Certificate — at press time this legislation had already passed out of the House and now heads to the Senate for additional discussion. The legislation would allow for the renewal of a Clinical Research Faculty Certificate and implement certain requirements that must be met in order for a physician to obtain a certificate or renew their certificate. The legislation allows Ohio to attract top-tier physicians to the state and then retain these physicians once they begin their work, keeping Ohio competitive in research and training. Many of the states surrounding Ohio already allow for physicians to renew these certificates but Ohio has yet to adopt these changes. The legislation has the support of academic medical centers around Ohio, including the Cleveland Clinic and University Hospitals, as well as the strong support of the Governor's office. The AMCNO legislative committee has taken a position of strong support on this legislation and we have sent letters of support to Ohio legislators and to the Governor's office.

The AMCNO monitors all health care related legislation under review at the state legislature. For more information on legislative matters members may contact the AMCNO offices at (216) 520-1000. ■

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Medical Malpractice Issues for Attorneys & Physicians

Tuesday, April 17, 2012
5 PM Cocktails/Dinner, 6 – 8 PM Program
Cleveland Metropolitan Bar Association
1301 E. Ninth St., 2nd level, Cleveland 44114

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Program Format:

Welcome: **Lawrence Kent, M.D.,** AMCNO President
Barbara Roman, Esq., CMBA President

Moderators: **George Moscarino, Esq**., Moscarino & Treu, LLP
Edward Taber, Esq., Tucker, Ellis & West, LLP

5:00 p.m. – 6:00 pm -- Dinner

6:00 p.m. – 7:00 p.m.

Medical Specialty Court Initiatives – Alternative Dispute Resolution

This panel will discuss special court-type innovations, as an alternative dispute mechanism for medical cases; and their experiences with special courts and ADR in relation to medical malpractice cases.

Panelists:

Judge Judy Kluger, Chief of Policy & Planning for New York State's Unified Court System. *Judge Kluger's innovative New York medical specialty courts program has been featured in the Wall Street Journal and CBS News.*

Ohio Supreme Court Chief Justice Maureen O'Connor. *Chief Justice O'Connor has been a justice on Ohio's highest court since 2003. She became Chief Justice in 2010 – Ohio's first female Chief Justice.*

Judge John P. O'Donnell, of the Cuyahoga Commercial Docket. *Judge O'Donnell has been a judge on the Cuyahoga County Court of Common Pleas since 2002. He was selected as one of only two Cuyahoga County judges to serve on the innovative Commercial Docket specialty court program beginning in 2009.*

7:00 p.m. – 8:00 p.m.

Medical Malpractice – the Physicians' Perspective

This panel will discuss their actual experiences as a Defendant in medical malpractice litigation, including but not limited to the emotional impact of being named and actively participating as a party in a lawsuit. The physician panel will review the transition from medical practice to the medical-legal arena, including preparing for and providing deposition and Trial testimony.

Panelists:

Muzaffar Ahmad, M.D.,
Cleveland Clinic Foundation

Leonard Brzozowski, M.D.,
Southwest General Health Center

Howard Nearman, M.D.,
University Hospitals.

***University Hospitals designates this educational activity for a **maximum of 2 hours** of Clinical Risk Management Education credit for those physicians participating in the UH Sponsored Physician Program.*

This activity was planned and implemented in accordance with the Essential Areas and Policies of the Ohio State Medical Association (OSMA) through the joint sponsorship of St. Vincent Charity Medical Center and The Academy of Medicine of Cleveland & Northern Ohio (AMCNO). St. Vincent Charity Medical Center is accredited by the Ohio State Medical Association (OSMA) to provide continuing medical education for physicians. St. Vincent Charity Medical Center designates this live activity for a maximum of 2.0 *AMA PRA Category 1 Credits*□. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Educational Need:
Physicians in Ohio and in NE Ohio need to understand the rapidly changing medical-legal environment as it relates to medical malpractice and liability insurance. Familiarity with recent changes in Ohio Law involving tort reform and future proposals regarding ongoing evolution of the legal environment as it relates to the practice of medicine are necessary for all practicing clinicians. Knowledge and competence are the primary areas needed to address this practice gap.
Learning objectives: Participants will:

1) Compare and contrast the current medical liability situation with that prior to tort reform.
2) Describe the strengths and the weaknesses of recent tort reform efforts.
3) List possible future reforms or efforts at collaboration between the medical and legal systems to address medical malpractice issues.

Desired result:
Physicians will have better understanding of the current medical legal situation and be better prepared to work towards further improvements in this critical area of medical practice.

REGISTRATION FORM

Proudly co-sponsored by:
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The Cleveland Metropolitan Bar Association (CMBA)
The Academy of Medicine Education Foundation (AMEF)

FEES:
$15.00 - law and medical students/residents
$35.00 - AMCNO or CMBA members
$50.00 - Non-member

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The CMBA has requested 2.0 hours of CLE credit from the Supreme Court of Ohio Commission on CLE.

Cancellations must be received in writing three business days prior to the program. Refunds are charged a $15 administrative fee. Transfers or substitutions to other programs are permitted with 24 hours written notice. (Transfer is to a single program and funds may be transferred only once!) Persons with disabilities needing special arrangements to attend this program, please contact the CMBA at (216) 696-2404 one week prior to the program.

Medical Records Fact Sheet Update Effective January 2012

Retention of Medical Records

Medical considerations are the key basis for deciding how long to retain medical records. Rules relating to the maintenance of patient records are to be found in the American Medical Association, Council on Ethical and Judicial Affairs, Code of Medical Ethics. Current Opinion **7.05.** Under Ohio Law (R.C. §**4731.22 (B)(18)**), violations of the AMA ethical rules can result in disciplinary action by the Ohio State Medical Board. Most states, including Ohio, do not have a general state law that requires records be kept for a minimum length of time. Ohio Revised Code §**2913.40 (D)** mandates the retention of records associated with Medicaid for a period of at least six (6) years after reimbursement for the claim is received by the physician. It is recommended that records relating to a Medicare patient be kept for at least six (6) years after the physician received payment for the service. Medicare's Conditions of Participation requires five (5) year retention. Managed care contracts should be consulted to see if they provide any specified period of retention of medical records. In all cases, medical records should be kept for the length of time of the statute of limitations for medical malpractice claims. Under Ohio Law an action for medical malpractice must be brought within one year after the cause of action "accrues" (R.C. §**2305.113**). However, there are various exceptions or special rules. For example, the statute of limitations in wrongful death cases is two years after the date of death. In the case of a minor, the statute of limitations does not begin to run until the minor has reached his or her 18th birthday. The statute can be "tolled" or otherwise extended in other situations, and the date on which a cause of action "accrues" can vary. As a practical matter, all of this makes it difficult to define the Ohio statute of limitations with absolute certainty. If you are discarding or destroying old records, patients should be given the opportunity to claim the records or have them sent to another physician. The AMCNO recommends that physicians keep medical records indefinitely, if feasible.

Update on Charging for Copies of Medical Records

A physician who treated a patient should not refuse for any reason to make records of that patient promptly available on request to another physician presently treating the patient, or, except in limited circumstances, refuse to make them available to the patient or a patient's representative (not an insurer). A written request signed by the patient or by what the law refers to, as a "personal representative or authorized person" is required. Ohio Revised Code §**3701.742** obligates a physician to permit a patient or a patient's representative to examine a copy of all of the medical record. An exception arises when a physician who has treated the patient determines for clearly stated treatment reasons that disclosure of the requested record is likely to have an adverse effect on the patient, in which case the physician is to provide the record to a physician chosen by the patient. Medical records should not be withheld because of an unpaid bill for medical services. Ohio law establishes the maximum fees that may be charged by health care provider or medical records company that receives a request for a copy of a patient's medical record. Ohio law provides for certain limited situations in which copies of records must be provided without charge, for example, where the records are necessary to support a claim by the patient for Social Security disability benefits. EFFECTIVE JANUARY 2012, the maximum fees that may be charged, are as set forth below.

(1) The following maximum fee applies when the request comes from a patient or the patient's representative.

a) No records search fee is allowed;
b) ***For data recorded on paper****:* $2.92 per page for the first ten pages; $0.61 per page for pages 11 through 50; $0.25 per page for pages 51 and higher
For data recorded other than on paper: $2.00 per page
c) Actual cost of postage may also be charged

(2) The following maximum applies when the request comes from a person or entity other than a patient or patient's representative.

a) A $17.97 records search fee is allowed;
b) ***For data recorded on paper*****:** $1.18 per page for the first ten pages; $0.61 per page for pages 11 through 50: $0.25 per page for pages 51 and higher
For data recorded other than on paper**:** $2.00 per page
c) The actual cost of postage may also be charged

Ohio Law requires the Director of Health to adjust the fee schedule annually, with the adjustment to be not later than January 31st of each calendar year, to reflect an increase or decrease in the Consumer Price Index over the previous 12-month period. If you have any questions regarding this fact sheet or other practice management issues, please contact the AMCNO at (216) 520-1000 ext 102.

Medical Board Update

By Richard A. Whitehouse
Executive Director – State Medical Board of Ohio

As I approach my seventh anniversary as Executive Director of the Medical Board, I am often reminded of the warnings my former colleagues gave me when I took this position. I remember them assuring me that I would quickly become bored with medical regulation. They wagered that I would soon be looking for something more interesting or exciting to do. They were wrong. And, having had the opportunity recently to share with The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) board members my reflections on Medical Board activities in the past year and what challenges lie ahead, I will share with you two issues I highlighted that have been anything but dull in their development, application, and importance to the medical profession.

Maintenance of Licensure (MOL)

I have long held that, even as regulators, we can do more to protect the public through programs that identify practice deficiencies and proactively move to restore physicians to safe practice rather than wait for them to fail and potentially harm patients. The regulatory process must do more than simply assign blame only after the occurrence of an adverse event. Ohio can be proud that our Medical Board is focused on programs that rehabilitate and remediate physicians whenever possible and appropriate. But, more must be done in the area of continued competence to ensure that physicians are keeping up with an ever evolving body of knowledge.

Ohio thoroughly addresses the question of competence on the polar extremes of initial licensure and disciplinary action. Applicants for initial licensure are required to meet standards as demonstrated by education, credentials, and training. Once licensed, only a minority of individuals make up the 4,000+ complaints received by the Board in one year. But, between these poles lies only a presumption of continued competence.

The 1999 landmark report by the Institute of Medicine, *"To Err is Human,"* challenges health professional regulatory boards to improve patient safety by periodically re-examining and re-licensing providers "based on both competence and knowledge of safety practices."

In 2004, the Federation of State Medical Boards House of Delegates issued a policy statement suggesting "[s]tate medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking re-licensure." MOL is a concept in which physicians periodically demonstrate ongoing clinical competence as a condition of licensure renewal. It involves three components. Each component would contain an array of items to choose from in meeting the requirements for licensure renewal.

The first component addresses "reflective self assessment." This component causes the physician to ask what improvements they can make to their practice. Physicians would participate in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent completion of tailored educational or improvement activities. Items meeting these criteria include the review of literature, home study, web-based study, CME, and MOC/OCC certification. For most, this is nothing new. And, in fact, the Federation of State Medical Board's MOL Implementation Group suggests that physicians who are board certified may already meet all three components of MOL.

The next component addresses "assessment of knowledge and skills." This component causes the physician to determine "what they need to know" to improve their practice. Physicians must demonstrate the knowledge, skills, and abilities necessary to provide safe, effective patient care within the framework of the six general competencies as they apply to their individual practice. This can be accomplished through patient and peer surveys, computer-based simulations, and practice relevant MOC/OCC examination.

The final component addresses "performance in practice." This component challenges physicians to assess exactly "how they are doing." Physicians would demonstrate accountability for performance in their practice using a variety of methods that incorporate reference data to assess their performance in practice and guide improvement. Examples include 360 degree evaluations and analysis of practice data and patient review.

The guiding principles underlying the integration of MOL into the process of licensure renewal include:

- supporting a commitment to lifelong learning and facilitating improvement in physician practice
- establishing requirements that are administratively feasible and developed in collaboration with other stakeholders
- ensuring patient care is not compromised or barriers to physician practice created
- creating a flexible infrastructure with a variety of options for meeting requirements
- balancing transparency with privacy protections

Mr. Richard Whitehouse, Executive Director of the State Medical Board of Ohio (l) provides an update to the AMCNO board. Also pictured are Dr. Chris McHenry (center) and Dr. George Topalsky.

The Medical Board is working closely with other states to develop a plan to implement MOL across the country in a manner that adheres to these principles.

Many questions are yet to be resolved in the development of the MOL concept. Some of these can only be resolved in collaboration with professional associations and other stakeholders. These include how MOL will apply to older, non-board certified physicians; whether non-clinically active physicians with active licenses must comply; and what physicians with inactive licensees must do to meet MOL requirements upon reentering active practice. But, one thing is certain. The system must be created in a manner that is neither onerous to physicians nor deleterious to the health care workforce.

Next steps include the creation of small pilots by medical boards across the country willing to explore different facets of implementing this plan. Among those areas in which I believe Ohio should take the lead are questions involving how we might seamlessly integrate MOL into our current licensure renewal process. Additionally, I believe we must develop a plan to engage CME providers to ensure adequate programs exist to demonstrate continued competency. This is especially important as we determine how the physician who is not board certified will demonstrate continued competence.

This will not happen overnight. And, as I suggested, it will not occur without more dialog between the Medical Board and the profession. Even then, it is anticipated that a complete rollout of a final MOL plan may take ten years to fully implement. But, ultimately, MOL will better enable medical boards to preserve the integrity of the medical profession while protecting the public.

Pain Management, Pill Mills, & Inappropriate Prescribing

On the issue of pain management, I begin with the answer to the question asked most often

(Continued on page 10)

Medical Board Update *(Continued from page 9)*

of me over the last seven years. Yes, the State Medical Board supports the appropriate treatment of legitimate pain. Physicians should recognize that pain exists and it should be treated appropriately.

However, physicians need to increase their awareness of responsible opioid prescribing, including the potential for addiction and alternatives to opioid prescribing. Much of the blame for prescription drug abuse has been laid at the feet of the medical profession. But, we know that the true fault lies with relatively few unscrupulous or misinformed physicians. They have perpetuated an environment where prescription drugs are seen as the only means to address the issue of pain. And, this problem was only exacerbated in recent years by criminal enterprises spawned by the underground economy of illegal sales of highly addictive substances as well as those drugs that make it to the streets through theft and diversion.

House Bill 93

Early last year, the medical board adopted a resolution setting inappropriate prescribing cases as a top enforcement priority for the agency. In the past, the Medical Board was limited in tools that it could use to address the complex problem of prescription drug abuse. However, the passage of HB 93 of the 129th General Assembly last summer requiring physician ownership and licensure of pain management facilities through the State Board of Pharmacy further addresses the increased incidence of misuse, abuse, and diversion of prescription drugs.

Pain management clinics were defined as facilities where the majority of the prescribers' patients are treated with controlled substances or tramadol for pain or chronic pain. The legislation specifically exempts hospitals; facilities operated by hospitals; physician practices owned by hospitals; educational institutions; hospices; ambulatory surgical facilities; and accredited pain rehabilitation programs.

Since the passage of HB93, the Medical Board has worked to establish rules and policies on this issue. The Medical Board strengthened the requirement of physician ownership by further requiring such owners to have additional credentials deemed appropriate by the Medical Board in terms of certification or sub-certification through the American Board of Medical Specialties, the American Osteopathic Association, the American Board of Pain Medicine, or the American Board of Interventional Pain Physicians.

While striking an effective blow against pill mills, HB93 also gave the Medical Board new tools in dealing with inappropriate prescribing. These include the ability to ratify a surrender of a license or a consent agreement that revokes or suspends an individual's license by telephone conference; to inspect and copy any books, accounts, papers, records or documents in the course of an investigation; and to take disciplinary action based upon the administrative actions taken by other state agencies related to an individual's practice in a health care occupation.

In addition, physician owners and physicians employed in pain management clinics must now earn 20 hours of Category 1 CME in pain medicine. At least one of the courses must address the potential for addiction involving opioid prescribing. The courses completed in compliance with this requirement count toward the physician's Category I CME requirement for biennial licensure renewal.

The legislation also established limits on the amount of controlled substances that a prescriber may *personally furnish.* This is to be distinguished from controlled substances that may be prescribed or administered. In any 30-day period, a prescriber may not personally furnish controlled substances in an amount that exceeds 2500 dosage units. In addition, in any 72-hour period, the prescriber may not personally furnish to or for a patient an amount of a controlled substance that exceeds the amount necessary for the patient's use in a 72-hour period.

So, with a renewed focus and new tools to deal with this problem of prescription drug abuse, the Medical Board has delivered results. In 2011, 38 of the 217 disciplinary sanctions taken were based on inappropriate prescribing/pill mill issues. Many of these actions resulted in permanent revocation, permanent surrender, or suspension of the physician's license to practice in Ohio. As importantly, we are working to provide information regarding appropriate and safe prescribing practices to physicians.

Ohio Automated Rx Reporting System (OARRS)

HB93 gave the Medical Board new authority to adopt rules for the standards and procedures for accessing OARRS reports.

The OARRS system is not intended to be "just another thing that takes you away" from your patient. Nor is it intended to "turn doctors into cops." But, the reality is that many of the prescription drugs that have flooded our communities and much of the addiction that has resulted is directly tied into drug-seeking behavior intended to feed an addiction or divert drugs for trafficking.

An OARRS Prescription History Report can assist in assuring that a patient is getting the appropriate drug therapy, is taking their medication as prescribed, and may alert prescribers to signs of possible misuse or diversion of controlled substances. The system serves a secondary purpose to enhance the monitoring of the misuse and diversion of controlled substances.

Essentially, our rule only requires physicians to access the system in three instances. First, if a patient is exhibiting signs of drug abuse or diversion. Second, when you have a reason to believe the treatment of a patient with the reported drugs will continue for twelve weeks or more. Finally, at least once a year thereafter, for patients receiving treatment with reported drugs for twelve weeks or more. Reported drugs are controlled substances in schedules II, III, IV, and V, as well as drug products containing tramadol.

Prescribing to Family Members and Self

Finally, another question often posed involves the issue of prescribing to family members. The minimal standards of care require physicians to exercise detached professional judgment in treating their patients. The Medical Board believes it is not possible for physicians to exercise detached professional judgment when dealing with their own care or the care of close family members.

A physician may only use controlled substances to treat family members in an emergency situation. This includes spouses, parents, children, siblings. This also includes any individual whose personal or emotional involvement with the physician may render that physician unable to exercise detached professional judgment.

As with any patient, treatment must be documented in a patient record. Failure to do so or to prescribe controlled substances under any other situation is a violation of the Medical Board's rule.

A physician is further prohibited from self-prescribing or self-administering controlled substances. However, a physician may obtain an over-the-counter schedule V controlled substance for personal use so long as it is obtained in compliance with state and federal laws and in the same manner that a non-physician would obtain a schedule V controlled substance.

Looking Forward

So it is that I have found this year to be both interesting and exciting, contrary to the warning of my former colleagues. I truly believe

(Continued on page 11)

Cuyahoga Community College Continues to Train HIT Professionals through 2013

By Ronna J. McNair

To date the Health Information Technology (HIT) training program at Cuyahoga Community College (Tri-C) has graduated over 275 students prepared to assist primary care physicians, hospitals and community health organizations deploy and meaningfully use Electronic Health Records for patient benefit.

As part of the Community College Consortia, a national collaborative workforce development program sponsored through the Department of Health and Human Services (HHS) Office of the National Coordinator (ONC) and funded with ARRA HITECH dollars, Tri-C is part of the Midwest Consortium made up of 17 large and innovative community colleges across 10 states. Working with a broad and rigorous curriculum developed by four-year institutions (Oregon Health and Science University, Duke, Columbia, Johns Hopkins and University of Alabama at Birmingham), we are training students to support provider implementation and to close the gap on the existing shortfall of 50,000 plus Health IT workers across the nation.

In order to fill the growing health information technology employment demand and support timely transition to electronic health records, the ONC has identified six workforce roles intended to support primary care physicians on the road to meaningful use:

- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation support specialists
- Implementation managers
- Technical/software support specialists
- Trainers

Students enter our programs with significant experience and education in health care or information technology that enable them to complete our training programs within a five-month timeframe. Of the individuals participating in the Tri-C Health IT program, 54% have a background in healthcare, while 46% have an information technology background. 78% of the individuals are degreed with either an associate, bachelor's or master's degree. 44% are working adults who are looking to make a career change or who are interested in strengthening their knowledge of health IT. The remaining 56% are dislocated workers who are hoping to find employment in this arena. Almost all trainees are mid-level professionals averaging 40 years of age. Overall, the individuals that complete this robust certificate program are provided competencies which complement their current background, with the goal to assist healthcare providers reach meaningful use of EHRs.

Most of our students are able to access scholarship funding to cover some or all of the program costs.

Once the training has ended for an individual, the question becomes, "how can I use my new skills to augment healthcare delivery?" A student who completes the role of Implementation Support Specialist (ISS) is trained to provide on-site user support during EHR implementation. This is above and beyond that which is provided by the vendor to make sure the technology is functioning properly and is configured to meet the needs of the redesigned workflow. They are trained to execute implementation project plans, test the software against performance specifications, and interact with vendors to rectify technical problems that might occur during the deployment process and afterwards. The ISS becomes an integral part of the team before, during and after the software is deployed.

Individuals who receive training in the role of Technical/Software Support (TSS) will provide ongoing support to end users of the EHR that has been installed in the office practice, hospital system or health center. This role works to maintain the system and provide support in a traditional "help desk" model to address questions or problems from health care personnel. This role also supports privacy and security functions of the system and interacts with vendors as needed to rectify technical issues that may occur during and after the deployment process.

Ms. Ronna McNair spends a moment with AMCNO President Dr. Lawrence Kent following the Tri-C Advisory Committee meeting.

The HIT training program at Tri-C has produced many capable graduates that have gone on to work in physician practices, hospital systems, and consulting companies.

At Cuyahoga Community College we are excited about being a part of shaping the workforce and providing training to future health IT professionals through grant's end in March 2013. Our graduates are ready and willing to assist your physician practice as either interns or employees. As the Secretary of Health and Human Services, Kathleen Sebelius said on a recent trip to Cleveland, "delivering the right care to the right patient at the right time" is the best use of health information technology.

We look forward to partnering with you or your practice on assisting with training support for your staff or job placement opportunities for our graduates within your organization. For more information about HIT program at Tri-C, go to www.tri-c.edu/hit or call (216) 987-2723.

Ronna J. McNair is the program manager of the Health Information Technology program at Cuyahoga Community College (Tri-C). ■

(Editor's note: the AMCNO is a participant on the Tri-C Advisory Committee which is working with the program to assist in bringing the program and its' graduates to the attention of the physician community.)

Medical Board Update *(Continued from page 10)*

that the work of the Medical Board will continue to present new challenges that will raise the bar of the profession and further our mission of public protection. But, this will only occur with the continued involvement of members of the profession through continued dialog, participation, and service.

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For more information on Maintenance of Licensure, see the Federation of State Medical Boards website at http://www.fsmb.org/mol.html.

Our e-newsletter, *Grand Rounds,* is delivered to your e-mail on file with the Medical Board along with occasional other notices. We are also available at www.med.ohio.gov and now have a presence on Facebook.

I welcome your comments at richard.whitehouse@med.state.oh.us. ■

Patient Navigation

In the eyes of a patient, especially one with a chronic or complex illness, the health care system can feel overwhelming. Compound the inherent complexities of the system with a variety of barriers patients can face — transportation, language, and many others — and patients can have difficulty following the care plan developed by their team of providers.

Alleviating these difficulties is at the core of a recently formed initiative aimed at helping patients successively navigate the health care system. The Northeast Ohio Patient Navigation Collaborative (NEOPNC) was borne out of a cooperative effort between the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), the regional physician organizations representing 5,000 physicians and The Center for Health Affairs, (The Center) the regional association representing hospitals. The Collaborative comprises health care systems, hospitals and community organizations seeking to reduce barriers to timely, quality care, and connecting patients and their families to important community resources to help them navigate the health care system.

The Northeast Ohio navigation initiative is based on the model developed by Harold Freeman, MD, of the Patient Navigation Institute. Dr. Freeman pioneered this concept in 1990 for the purpose of eliminating barriers to timely cancer screening, diagnosis, treatment and supportive care. The model has been expanded to include the timely movement of an individual across the entire health care continuum, including prevention, detection, diagnosis, treatment, and supportive end-of-life care.

The model uses specially trained navigators who work closely with both patients and caregivers in order to efficiently and effectively overcome barriers, find solutions to challenges, and assist patients with the logistics of their care. In doing so, navigators not only improve patients' experiences, and even, potentially, their outcomes, but they can also help the health care system function more efficiently and cost effectively. It is also hoped that this program will serve as a useful support for physicians who sometimes need additional resources for their patients.

Multiple positive outcomes are expected as this initiative is designed and implemented. Metrics are being developed around the following: reducing no-show rates, appropriately re-routing emergency department patients, reducing preventable hospital admissions, increasing patient compliance rates and outcomes, improving patient and employee satisfaction, decreasing provider workload, and increasing patient access to community support.

One of the first steps taken has been the development of a pilot program. Through the pilot, The Center teamed up with the national consulting firm Accenture, which was engaging in pro bono work related to patient navigation in several cities around the country, the first of which was to be in Cleveland. Accenture has made available scholarships to train potential navigators through Dr. Freeman's Patient Navigation Institute and is covering the cost of half of the salary for three navigators (two full-time equivalents) for the first six months of the year-long pilot, which began in late 2011. The pilot is taking place at MetroHealth Medical Center and is focused on assisting patients with sickle cell anemia, breast cancer, and head and neck cancers. The Center is covering the remaining cost of the navigators' salaries to complete the 12-month pilot.

At the conclusion of the pilot, the Center and Accenture expect to demonstrate the effectiveness of the program based on the metrics described above. While navigation services are commonly recognized as beneficial for patients, the added cost of these services, which is not typically reimbursed by payers, has often been prohibitive. Ultimately, the Center plans to illustrate that the cost savings hospitals can achieve through their use of navigators can exceed the costs of administering a navigator program. The Collaborative will take the work that's beginning through the pilot and expand it out into the community.

The AMCNO is pleased to join as a stakeholder in this effort and we are confident that this program will be of benefit to physicians and their patients. The AMCNO will provide education outreach and other resources necessary to assist in identifying and encouraging physicians to participate in the patient navigation project in order to achieve its' outcome goals such as eliminating disparity of care, increasing patient compliance, and reducing preventable hospital admissions. Through our physician leadership the AMCNO can help the project partners coordinate with other stakeholders; build cooperation and acceptance of this project, and educate and support physicians in the use of patient navigators within their practice. In addition, the AMCNO would work with the project partners to assist in communicating to patients and the community about the positive impact of the patient navigator role.

In January, the Collaborative applied for a grant through the Centers for Medicare and Medicaid Services Health Care Innovation Challenge. Under this grant program, up to $1 billion in funding will be made available through as many as two funding cycles to support a diverse portfolio of new and innovative models for achieving better health, better health care, and lower costs through improved quality. Individual grants will range from $1 million to $30 million over a three-year period. The first funding cycle begins March 30.

The Collaborative applied for $7.7 million, which will be used to: (1) hire, train, and deploy at least 20 patient navigators in 10 Northeast Ohio hospitals and four patient navigators in the Northeast Ohio community; (2) train existing hospital-based staff on patient navigation; (3) conduct community education and outreach; (4) conduct physician education and outreach; and (5) reduce barriers patients face such as transportation, language and child care.

Regardless of the outcome of the grant application, the Collaborative is committed to moving ahead with the development of a network of patient navigation services in the community. This initiative is an ideal opportunity for hospitals and physicians to work together. A true partnership between physicians and hospitals will help reach the goal of assisting patients with navigating the health care experience most successfully. ■

(Editor's note: The content of this article was provided by Ms. Michele Fancher from The Center for Health Affairs and the AMCNO staff).

AMCNO Pollen Counts Kick Off Allergy Season

The AMCNO welcomes back
Allergists Robert W. Hostoffer, D.O.
Theodore H. Sher, M.D.
Haig Tcheurekdjian, M.D.
Allergy/Immunology Associates Inc.

Providing Daily Pollen Counts
And Preventative Methods
April 1, 2012 – October 1, 2012

(216) 520-1050 or www.amcno.org/pollen

SAVE THE DATE

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO)

invites you to attend our

2012 Annual Meeting

Friday, April 27, 2012
RITZ-CARLTON CLEVELAND
1515 West Third Street
6 p.m. Reception
7 p.m. Dinner
Black Tie Optional

Presentation of 50 Year Awardees and Academy of Medicine Education Foundation (AMEF) Scholarships to medical students from Case School of Medicine, Cleveland Clinic Lerner College of Medicine, Northeast Ohio Medical University and Ohio University

AMCNO 2012 HONOREES

Anthony J. Furlan, M.D.
John. H. Budd
Distinguished Membership Award

Anthony E. Bacevice, Jr., M.D.
Charles L. Hudson, MD
Distinguished Service Award

Louis Keppler, M.D.
Clinician of the Year Award

Avroy A. Fanaroff, M.D.
Special Honors Award

Dick Goddard
Honorary Membership Award

Michael W. Wise, Esq.
AMCNO Presidential Citation Award

Please join us in congratulating our medical scholarship recipients and awardees on April 27, 2012.

Volunteerism and Community Resiliency

Dr. Nicole Lurie, in an intimate discussion with a group at Rainbow Babies and Children's Hospital followed by the presentation, "Building National Preparedness: Lessons Learned from Recent Events" at the Cleveland City Club extolled the fact that volunteerism, especially from the medical community will in effect lead to increased resiliency for a community in the face of an extraordinary event. Dr. Michael Anderson, the Vice President & Chief Medical Officer of University Hospitals Case Medical Center facilitated the meeting at Rainbow and he also introduced Dr. Lurie at the City Club event.

As the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS) principal advisor on matters related to bioterrorism and other public health emergencies, Dr. Lurie was invited to Cleveland to hear how Ohio and the region are preparing for mass casualty disasters which would affect pediatric populations. Panelists from the State Offices of Ohio Hospital Association (OHA), Ohio Department of Health (ODH), Ohio Emergency Medical Services (OEMS) along with the American Association of Pediatrics and Physicians from Rainbow Babies and Children's Hospital discussed their agency's role and what was in the works as far as Crisis Standards of Care, allocation of scarce resources and a new pediatric triage system that is being developed with those issues in mind.

Dr. Lurie also outlined the changes in the grant programs for the Hospital Preparedness and Public Health Programs. She discussed the formation of Healthcare Coalitions as the answer to increasing the community's ability to respond to incidents in a planned and practiced approach and the importance of having a database of trained and credentialed volunteers to call upon to be mobilized in a disaster. To have a plan for a systematic response in place collaborated on by partners with a stake in the result, whether financial or not, is the best bet for a community to be able to get back to normal after an incident. She noted that how you and your staff are able to cope with changes on a day to day basis will mirror your response in a disaster. Dr. Lurie emphasized that even if you are only 80% prepared, through training and practice you can be flexible enough and have the ability to respond to the other 20% when you are faced with the unknown.

In an effort to streamline grant funding and assure that medical preparedness remains forefront in each community, the Hospital Preparedness and the Public Health Programs will be aligned in a new 4-5 year grant with interwoven capabilities-one being volunteer management. The Ohio Emergency Management Agency (OEMA) in conjunction with the other State Partner Organizations, OHA and ODH is structuring an initiative to build on and continue local disaster healthcare planning efforts which will energize the focus of community partners to work together to ensure that local jurisdictions are prepared to meet their disaster-related healthcare needs.

Dr. Lurie answered questions regarding physician volunteerism with features of the Haiti incident and reflected on the issues of pre-trained and briefed physicians reporting for deployment versus those that "went just because they wanted to help." The expectations of those that wanted to help regarding medical supplies, operating facilities, housing, meals etc. were unreasonable in a third world country. They were not prepared for the stark reality of doing medicine in that austere environment. Those that were trained and briefed and belonged to organizations in which they volunteered and exercised together were much better prepared mentally and emotionally to accomplish the tasks and make those decisions that needed to be done. One of those tasks was to make those scarce resource decisions which ultimately led to some children being sent home to die-how do you choose?

Photo courtesy of University Hospitals

Dr. Nicole Lurie responds to a question during the event held at Rainbow Babies and Children's Hospital.

The Cuyahoga County Board of Health (CCBH) is the coordinator for the Medical Reserve Corps in Cuyahoga County – a volunteer organization for medical professionals. This organization offers training and pre-credentialing for individuals who would like to be on a database for call up to volunteer either locally, statewide, nationally or internationally in an incident.

The AMCNO is pleased to assist the CCBH with physician sign-ups for the MRC. For more information on the CCBH Medical Reserve Corps see the article on the next page.

This article was prepared by AMCNO member Michael R. Anderson, MD, the Vice President & Chief Medical Officer, University Hospitals Case Medical Center and Beth Gatlin, RN, MA-HSM, the ASPR Project Director at the Center for Health Affairs. ■

Beth Gatlin, RN., talks with AMCNO resident member Dr. Ian Rossman during the VRC event.

AMCNO Assists Cuyahoga County Medical Reserve Corp in Volunteer Registration Event

The AMCNO was pleased to provide assistance and register physician volunteers at the recent Cuyahoga County Board of Health Volunteer Reception Center (VRC) event. VRC participants received a briefing outlining MRC policies and procedures and were interviewed and registered for Ohio Responds after their credentials were verified. The Medical Reserve Corps (MRC) is a national program with a local, community-based emphasis. Its objective is to strengthen communities by establishing a system for practicing and retired physicians, nurses and other health professionals, as well as other citizens interested in health issues, to offer their expertise in addressing ongoing public health needs and to help their community during large-scale emergency situations. It is sponsored by the Department of Health and Human Services, Office of the U.S. Surgeon General, and Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC).

The Cuyahoga County Medical Reserve Corps (CCMRC) was established in 2006 to support the local public health departments in their emergency preparedness initiatives. The MRC serves the City of Cleveland and surrounding 58 municipalities/villages/townships in the County. The CCMRC is administered by the Cuyahoga County Board of Health and is affiliated with the Department of Health and Human Services, Office of the Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, Ohio Department of Health, Ohio Medical Reserve Corps and Cuyahoga County Citizen Corps.

The AMCNO continues to participate in and support the MRC effort and we will provide information to our members when future VRC events are coordinated by the CCBH. For more information and to register for the Cuyahoga County Medical Reserve Corps please visit www.ohioresponds.odh.ohio.gov. ■

AMCNO Participates in State of Tobacco Control Summit

Tobacco prevention and cessation has experienced myriad challenges in Ohio with recent reports showing that since the Ohio Tobacco Prevention and Control Foundation closed its doors Ohio has seen its smoking rates increase while most states have had smoking rates hold steady or decline. Recently the Investing in Tobacco Free Youth Coalition convened a summit to bring together participants from around the state, including representatives from the AMCNO, to begin to formulate a strategy to respond to this important public health issue.

The summit began with a summary of the Centers for Disease Control and Prevention (CDC) report which recommends that Ohio spend $145.0 million a year in order to have an effective, comprehensive tobacco prevention program. However, Ohio currently allocates $0.0 per year for this purpose causing Ohio to rank 50th among the states in funding of tobacco prevention programs. In addition, Ohio's smoking rate has climbed since the funds spent on cessation, education and advertising has declined.

During the summit, participants convened for a news conference held in the Statehouse to address how Ohio fared in the recent State of Tobacco Prevention report. Ms. Shelly Kiser, representing the Ohio Chapter of the American Lung Association, outlined how Ohio had received an "F" grade in tobacco prevention and control spending, as well as in cessation coverage. The media event highlighted how advocates for additional tobacco cessation and prevention programs, like the AMCNO, would like Ohio lawmakers to increase cigarette taxes by an additional $1.25 a pack as well as increase the tax on other tobacco products such as little cigars and smokeless tobacco, in order to generate additional funds for new tobacco prevention and cessation programs. Another possible way to obtain these funds would be to have the state allocate 5% of the annual tobacco related revenue (over $1 billion in Ohio) to tobacco cessation and prevention.

Ms. Shelly Kiser, representing the Ohio Chapter of the American Lung Association, outlines the changes made to tobacco cessation programs in Ohio.

Participants at the summit discussed developing a detailed strategy in order to find a way to increase the funding for tobacco cessation and prevention programs in Ohio and a master plan to address this issue is being developed. In addition, a media campaign has been started to place ads in newspapers around the state of Ohio to increase awareness about this public health issue.

The AMCNO is a longstanding participant in the Investing in Tobacco Free Youth Coalition and our organization supports taxing all tobacco products at the same rate as cigarettes and restoring funding for tobacco prevention and cessation programs, in order to save lives and money in Ohio. The AMCNO will be participating in an Advocacy Day at the legislature in March that will bring this issue to legislators at the Statehouse. The AMCNO will continue to provide information on this issue to our members. AMCNO members that would like more information on this issue may contact the AMCNO offices at (216) 520-1000. ■

AMCNO Wine Tasting

AMCNO members, residents, and spouses/guests attended this year's wine tasting event Sunday, February 12th at La Cave du Vin. This year's theme was "beautiful blends". The Durnberg Sparkling Rose welcome wine was followed by *Prince Rubis Bordeaux-Blanc* from the left bank of France, and the *Lone Birch White Blend* from the Yakima Valley. From Norman vineyards "The Vocation" and from Spain the *Bodega Glorioso, Rioja Gran Riserva.* The group learned that by definition, a Riserva is 3 years old — spending 1 year in a cask, the gran Riserva is at least 5 years — old spending 2 years in cask. La Cave's Erich Lasher reviewed flavors, blends and regional stories about each selection. Did you know for example, that mineral content of the soil affects the grapes? Or, that the glass selection has no effect on flavor or aeration? Those in attendance enjoyed sampling and hearing about each wine.

The venue provided the perfect atmosphere to mingle with fellow AMCNO members and their guests…we will be doing it again next year, watch for information! ■

(l to r) – Dr. Irv Hirsch, Mrs. Ann Rogoff, Mrs. Lorene Bastulli, Dr. Robert Rogoff, and Dr. John Bastulli.

Dr. Kevin Geraci (left) spends a moment with Mrs. Tamara Morrissy and Dr. Steven Morrissy.

Dr. Robert Hobbs (left) and other guests mingle at the event.

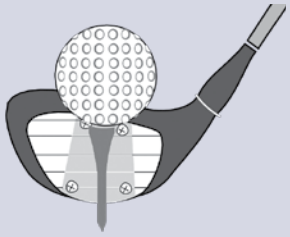
Resident members Dr. Lulu Zhao and Dr. Maria Shaker (center) with their guests.

Wine expert Erich Lascher provides information about one of the wines tasted at the event.

A group of AMCNO members and their guests enjoy the evening.

SAVE THE DATE!

The 9th Annual
Marissa Rose Biddlestone
Memorial Golf Outing



Monday, August 6, 2012

CHAGRIN VALLEY COUNTRY CLUB

Mark your calendar, plan to attend for a shotgun start, 1-2-3 Best Ball format with hole-in-one contests for car and cash plus multiple skill prizes.

SPONSORSHIP OPPORTUNITIES: Call 216-520-1000

EVENT SPONSORSHIP—includes a 4-some, your name featured prominently in the day's program, signage at dinner and at the prize drawing ceremony as well as the event brochure.

HOLE SPONSOR—your name will be prominently displayed at the sponsored hole with signage and a flag, as well as in the day's program and event brochure.

Watch your mail for more information.

All proceeds from the event benefit the **Academy of Medicine Education Foundation**

AMCNO MEMBERSHIP ACTIVITIES

AMCNO Physician Leaders Counsel Medical Students on Career Options

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has been working with Case Western Reserve University School of Medicine (CWRU) to strengthen the AMCNO relationship with the school and its' medical students. As part of this initiative, AMCNO physician leaders were pleased to participate in the CWRU Internal Medicine Career Option Night. The Internal Medicine Interest Group sponsors this event annually to provide an opportunity for students to gain a "real world" perspective on different career options in internal medicine including how research and other facets of one's work might interface with different professional careers.

AMCNO presenters were asked to participate in a panel discussion about their daily work, career choice, and the training or path they followed to reach their current position. Students in attendance asked questions about residency, applying for fellowships, research requirements and opportunities, picking a city for training, balancing family responsibilities, loan repayment recommendations and optimal timing for life cycle events. AMCNO board member Dr. George Topalsky also encouraged the medical students to become involved in organized medicine and specifically in the AMCNO. The AMCNO staff was on hand to answer membership questions and provide the students with AMCNO application forms. The AMCNO thanks CWRU for including our organization in this event. ■

Physicians from CWRU and the AMCNO provide their comments to the medical students during the career night discussion.

AMCNO physician leadership in attendance at the career night pose for a photo with other panel participants – (l to r) Drs. Debra Leizman, Lawrence Kent, Elliott Dasenbrook, Usha Stiefel, George Topalsky, Rebecca Boxer, Ashley Faulx, Gerard Isenberg, and James Sechler.

AMCNO MEMBERSHIP ACTIVITIES

The Ohio Health Information Partnership Offers Full Day Educational Program for Physicians

Plan Now to Attend the Partnership Program Entitled *Patient Care: Connecting the Dots in Ohio*

CliniSync and the Ohio Health Information Partnership are bringing together doctors, practice managers, nurses, behavioral and public health specialists, hospital CIOs and CEOs to connect the dots in patient care across Ohio. If you're even considering an electronic health system or want to learn the benefits of exchanging health information across the state, this event is for you. Take just eight hours out of your week to find out how health information technology will save you time and money. **Talk to People Who've Been There and Done That in HIT…and Survived!**

- Tired of faxing, phoning, losing charts and wasting time? Join physicians for a morning panel where you can ask questions and get practical advice on EHR adoption and its benefits.

  Talk with a CIO and Project Manager already participating in the Clinisync HIE about how it went and how expansion continues throughout the medical community.
- Want to treat the "whole person," including those with behavioral health issues? Listen to people who leverage technology and use care teams to create health homes.
- Trying to navigate through meaningful use requirements? Talk to practice managers and experts on how to make MU easier.

PATIENT CARE:
Connecting the Dots in Ohio
THURSDAY, APRIL 26, 2012
8:00 AM - 4:30 PM
The Ohio Union
The Ohio State University
Columbus, Ohio

To register for the event or to download the brochure go to: www.clinisync.org. ■

AMCNO BOARD ACTIVITIES

CONTINUING EDUCATION FROM TRI-C

Take advantage of discounted classes for AMCNO Members and their staff. *Contact Linda Hale at (216) 520-1000 for exclusive AMCNO member course numbers* to register and obtain a discounted price.

amcno
THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO

Date/Time	Course Title	Discount Fee	CEU	Location
04/11/12 8:30 am – 11:30 am	Compliance 101 for Coders $155	$135	CEU 3.5	CCE
05/22/12 – 7/03/12 6 pm – 9 pm (T-TH)	Medical Terminology $350	$315	CEU 3.9	CCW
6/11/12 – 7/25/12 9 am – 12 pm (M-W)	Medical Terminology $350	$315	CEU 3.9	UTC
7/9/12 – 8/8/12 9 am – 12 pm (M-W)	Fundamentals of Billing Reimbursement	$338	CEU 3	UTC
7/10/12 – 8/21/12 6 pm – 9 pm (T-TH)	Medical Terminology $350	$350	CEU 3.9	CCE
8/7/12 – 9/6/12 6 pm – 9 pm (T-TH)	Fundamentals of Billing Reimbursement	$338	CEU 3	CCC
9/15/12 – 11/10/12 9 am – 1 pm (Sat)	AAPC Accelerated Professional Medical Coding Curriculum	$902	CEU 3.6	CCE

Course Locations: **CCE: Corporate College East** 4400 Richmond Rd., Warrensville Hts., OH 44128 • **CCW: Corporate College West** 25425 Center Ridge Rd., Westlake OH 44145 • **UTC: Unified Technologies Center** 2415 Woodland Ave., Cleveland, OH 44115

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A patient-focused approach to complex therapy needs.

With Giant Eagle Pharmacy's new Specialty Care Services, patients are involved as active partners in the care process. We believe this approach helps to optimize adherence to your prescribed treatment plans.

We're committed to helping your patients navigate the complexities of their specialty therapy through comprehensive patient outreach that includes assistance with:

- Prior Authorization
- Insurance Verification
- Patient Copay
- Refill Reminders
- Side Effect Management
- Manufacturer Copayment Support

Plus, what sets us apart from other specialty pharmacies is our network of over 200 in-store pharmacy locations and face-to-face support from the pharmacist and staff that your patients know and trust.

Specialty Care Services are currently available to patients you are treating for:

- Cancer
- Psoriasis
- Crohn's Disease
- Rheumatoid Arthritis
- Anemia and Other Blood Disorders

For more information, contact specialtycare@gianteagle.com