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AMCNO Urges Support for Medicaid Expansion in Ohio

Throughout the past few months, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has monitored the considerable discussion about whether Ohio should expand Medicaid to 138% of the federal poverty level, as provided for in the Affordable Care Act (ACA). In a recent study just released by the Health Policy Institute of Ohio (HPIO), the Ohio State University, the Urban Institute, and the Regional Economics Models, Inc., (REMI), preliminary estimates were provided outlining the effects the Medicaid expansion will have on Ohio. Along with showing a pronounced benefit for nearly 500,000 uninsured Ohioans in the form of increased coverage, the study also shows that Ohio can anticipate substantial benefits from the proposed Medicaid expansion in the form of over $1 billion in budget savings in the first eight years of the expansion, and the addition of over 30,000 new jobs in the same time frame.

The study found that in 2014 alone, the increase in federal funding purchasing Ohio health care will result in over 9,000 new jobs with $487 million in increased earnings. The study also showed that by 2022 the job number rises to over 31,000 jobs with more than $17 billion in increased earnings.

The study also found that the State of Ohio would net $1.4 billion over the next decade if Ohio were to expand Medicaid as allowed under the ACA. The savings to the State of Ohio would come from various sources such as taking some groups out of the current Medicaid eligibility categories and putting them into the new 100% federally funded financed Medicaid expansion, covering inpatient prison health care through Medicaid rather than through state expenditures, as well as shifting mental health costs into the Medicaid program. There would also be additional tax revenue generated by Ohio's

(Continued on page 4)

Ohio Governor Decides to Expand Medicaid

The Impact of the ACA is Taking Shape in Ohio

By: David Valent, Esq.

On February 4, 2013, Ohio Governor John Kasich announced his support for Ohio's expansion of its Medicaid program under the Affordable Care Act ("ACA"). This article will discuss the details of Governor Kasich's plan for expanding Medicaid, as well as the implications and impact of same.

By way of background, in June 2012, the United States Supreme Court made it optional for each state to decide whether it would expand its Medicaid program, pursuant to the terms outlined in the ACA. During the months since the Supreme Court determined that the expansion was optional, Governor Kasich had expressed his concern over expanding Ohio's Medicaid program. For this reason, many forecasters suspected Ohio would opt-out of the expansion.

However, Governor Kasich recently presented the Ohio General Assembly with his Executive Budget for Fiscal years 2014-2015, which outlined his plan to expand Medicaid. In a letter to Ohioans and Members of the General Assembly, Governor Kasich stated:

> While a complex decision, this reform not only helps improve the health of vulnerable Ohioans and frees up local funds for better mental health and addiction services, but also helps prevent increases to health care

(Continued on page 3)

INSIDE THIS ISSUE

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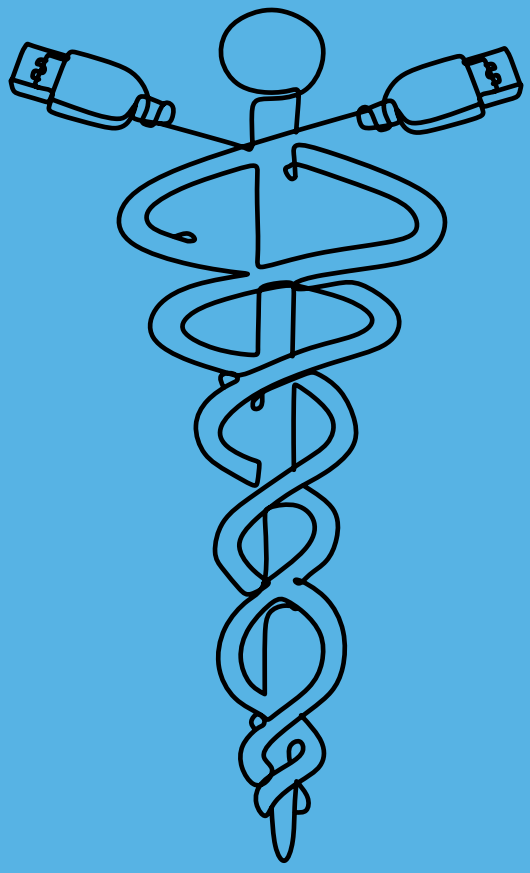

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Ohio Governor Decides to Expand Medicaid *(Continued from page 1)*

premiums and potentially devastating impacts to local hospitals. Additionally, it avoids leaving Ohioans' federal tax dollars on the table and keeps the federal government from simply giving them away to other states.

Of note, Governor Kasich goes on to state that "Ohio will roll back this extension if the federal government changes the rules." In other words, if the federal government fails to help fund the expansion, as promised, then Ohio will choose to later opt-out and/or reverse its decision to expand Medicaid. Further, although Governor Kasich is on board with the expansion, the Ohio General Assembly still has to approve Governor Kasich's budget for it to go into effect.

What does this mean for Ohio? If the Medicaid expansion is approved, as Governor Kasich suggests it should be, it will mean health insurance coverage for an estimated 275,000 additional Ohioans, who do not currently enjoy any coverage. The expansion will provide coverage to adults living at up to 138% of the federal poverty level — about $32,000 per year for a family of four and $15,415 per year for an individual. Currently, Ohio covers adults with dependents at up to 90% of the federal poverty level, and doesn't cover childless adults. A family of four earning $20,745 or less qualifies for current coverage.

The Ohio Health Policy Institute recently reported that expanding Medicaid in Ohio could result in more than $5 billion in federal spending in Ohio by 2022, while only costing the state of Ohio $609 million. The program is designed so that the federal government will cover 100 percent of the expansion costs for the first three years, decreasing to 95 percent, and then 90 percent, after 2020.

In deciding to support the expansion of Medicaid, Governor Kasich has further set forth a plan to implement some additional measures to aid with the expansion. One of his goals is to implement a plan to improve program integrity and to fight fraud. Governor Kasich notes that nationally, fraud accounts for approximately ten percent of all health care waste, so fighting fraud and maximizing integrity and accountability in Medicaid is a key to improving efficiency. According to Governor Kasich, Ohio will plan to expand its efforts to improve program integrity through a series of reforms, including: increasing Medicaid audit capacity; speeding nursing homes claims processing and terminations; requiring personal responsibility; creating a consolidated Medicaid budget; and capturing reimbursements from consumers.

Governor Kasich also intends to create a Cabinet-level Medicaid Department, effective July 1, 2013. The aim is to make Ohio's Medicaid program more efficient, effective and responsive to the needs of beneficiaries, stakeholders and Ohio taxpayers. The Governor's purposed budget also promises to implement innovative strategies for paying Medicaid providers — with an emphasis on delivering quality care, not just volume.

In light of the anticipated changes, there are mixed opinions as to whether the expansion will be a positive step for Ohioans and/or the Ohio health care industry. Indeed, even Governor Kasich, who now supports the expansion, did initially have significant reservations about the expansion. The remainder of this article will highlight the potential positives and negatives of the Medicaid expansion program.

On the positive side, many anticipate that with an increase in the number of insured Ohioans, the expansion program will help result in a cut-down on expensive, uninsured emergency room care. The program is intended to lesson the burden on hospital emergency rooms, where the uninsured typically seek last resort care, which is also the most expensive kind of care. Under the expansion, more preventive care will be provided and/or will be accessible to lower income individuals, which will hopefully reduce the need for certain preventable emergency room visits.

Further, for those health care issues that will still need to be addressed in the emergency room, hospitals can anticipate that such services will now more likely be covered by insurance — as more patients coming into emergency rooms will have Medicaid insurance.

It is also projected that the expansion will save the state money because Medicaid will cover some of the cost currently paid by the state, such as health care for prisoners and mental health services for uninsured and/or underinsured people.

Also, with approximately 275,000 more Ohioans obtaining health insurance coverage, there is a quality of life improvement that is expected for many. The demand for primary care physicians / clinics will also likely increase, as there will be more insureds seeking routine medical treatment.

Critics of the Medicaid reform however, look at these same above mentioned issues in a very different light. Some say that Medicaid in Ohio is already big enough and already costs the state too much. In Ohio, Medicaid currently covers 2.2 million — or one in five Ohioans — and is already the single largest program in the state's current two-year budget. It accounts for roughly $18.7 billion, or 32%, of the $55 million budget.

Many also fear that expanding Medicaid will increase negative health outcomes, because Medicaid pays Ohio doctors roughly half of what private insurers pay. Since the cost paid for care is less, the risk is that there is an emphasis on the quantity of patients seen, and not the quality of care rendered. Moreover, some fear that there will be a shortage of physicians available to meet the needs of the growing patient population.

Others project that the Medicaid expansion will drive up private pay insurance premiums for other Ohioans not participating in Medicaid. The theory behind this belief is that providers will have to make up for the cost of Medicaid's underpayments for services, by charging more to people with private insurance, a phenomenon known as "cost shifting." It has been estimated that for every dollar that Ohio hospitals spend on caring for Medicaid patients today, Medicaid pays $.83. In other words, hospitals lose $.17 for every dollar they spend on Medicaid patients — and some fear these losses will be shifted to private pay insureds in higher volumes.

Further, as it relates to the issue of emergency room care, critics highlight that there was already a mechanism in place to provide money to hospitals that treated uninsured patients. For many years, the Medicaid program has made payments to hospitals called Disproportionate Share Hospital payments (DSH), in order to compensate hospitals for taking care of the uninsured pursuant to EMTALA requirements. The federal government made up $11.3 billion in such payments to hospitals in 2011 alone. However, with the expansion of Medicaid and with the passing of the ACA, beginning in the 2014 fiscal year — the ACA calls for a decrease in DSH payments made to hospitals.

Another anticipated impact of the expansion, which was discussed briefly above, is the potential for increased scrutiny upon health care providers who offer services to Medicaid patients. Indeed, over the past several years, federal and state governments have drastically increased measures to scrutinize the government dollars paid to health care providers. Governor Kasich has already indicated that he plans to increase scrutiny on payments made to providers under the Medicaid expansion. While the increased scrutiny can be a positive for tax payers, it can also be a headache for providers who are already doing their best to comply with the ever changing state and federal laws.

In closing, it is now more apparent than ever that the Ohio's health care system as we know it will be changing. Most significantly, we can expect to see an increase in approximately 275,000 Medicaid insured individuals. The ACA and Governor Kasich have laid the ground work for the expansion, and it is just a matter of having the issue approved by the General Assembly.

For further information regarding the ACA and/or Medicaid expansion in Ohio, and for specific information on how your practice can best prepare for same, please do not hesitate to contact David Valent, at Reminger Co., L.P.A., dvalent@reminger.com. ■

AMCNO Urges Support for Medicaid Expansion in Ohio

(Continued from page 1)

current taxes on Medicaid managed care plans, and tax revenue generated by increased economic activity from the increased Medicaid dollars that will be spent in Ohio.

The AMCNO physician leadership is aware that our physician members see patients every day that have delayed or sacrificed necessary care due to their lack of insurance coverage. It is inevitable that when people are uninsured their health will suffer which leads to increased costs to the health care system. In addition, our physician members know firsthand that the health care facilities in our region are burdened by the number of patients who are uninsured and that these facilities require adequate compensation for the care they provide.

Prior to the release of the Ohio budget by Governor Kasich, the AMCNO physician leadership of the AMCNO sent a letter to the Governor and the entire Ohio legislature urging them to support the Medicaid expansion. Dr. James Sechler, AMCNO president, commented in his letter that "The AMCNO is confident that the health and well-being of uninsured members of the Northern Ohio community will be greatly improved by access to the medical coverage provided by an expanded Medicaid program."

On February 4, 2013, Governor Kasich revealed his administration's intent to support the Medicaid expansion when he released his budget proposal. For more information on the budget proposal see page 1.

Since Governor Kasich's budget included a full Medicaid expansion, the AMCNO will continue to advocate for the inclusion of the Medicaid expansion provision in the final Ohio budget.

Immediately following the AMCNO decision to support the Medicaid expansion in Ohio, the AMCNO physician leadership became a partner in the Northeast Ohio Medicaid Expansion Coalition (NEO-MEC). NEO-MEC is a rapidly-expanding partnership of religious congregations, health care providers, community organizations, businesses, insurers, hospitals, medical professionals, consumer groups, and advocates working together to help Ohio expand Medicaid to all Ohioans now eligible under the ACA. This group as well as the AMCNO legislative committee will be working over the next few months to meet with and talk with Ohio legislators about the Medicaid expansion. The AMCNO will continue to keep our members apprised on this issue as this matter is debated at the Statehouse.

In addition, the AMCNO was pleased to attend a recent Medicaid Action Event coordinated by the Greater Cleveland Congregations where the AMCNO and the members of NEO-MEC were on hand to lend their support for the Medicaid expansion. The event brought together faith, civic and health care representatives to show their united support for Medicaid expansion in Ohio and was attended by over 1,000 community representatives, including the AMCNO. Health care speakers included Dr. Michael Anderson, representing University Hospitals, Sister Judith Ann Karam, representing the Sisters of Charity Health System, Kristen England, MD, representing the Cleveland Clinic Foundation and many others from around the Northern Ohio community. The presenters provided their thoughts on how the Medicaid expansion would impact their health care system, noting that the expansion will save billions of health care costs as well as help patients in need of medical care.

Other presenters noted how the Medicaid expansion would impact Ohioans and, in particular, how the expansion would impact the Ohio budget. Attendees were encouraged to contact their state legislators to voice their support for the Medicaid expansion. As noted above, the AMCNO has written a letter to Governor Kasich and to the entire Ohio legislature urging their support of the Medicaid expansion.

Some of the key points outlined at the event showing the impact of the Medicaid expansion were as follows:

Impact on Ohioans

- There are currently 600,000 uninsured Ohioans at the bottom of the income spectrum who would get health insurance if Ohio moved forward with the Medicaid Expansion — Including 80,000 in Cuyahoga County.
- These 600,000 include unmarried childless adults making less than $15,000/year, and parents making between roughly $20,000-30,000 (under 138% of the federal poverty level). It includes working families, homeless people, empty nesters, ex-offenders, and the recently unemployed.
- These Ohioans are not currently eligible for any health insurance coverage programs, and cannot afford insurance on their own.

Impact on Economy

- Medicaid Expansion will directly create over **30,000 new Ohio jobs** by 2017.
- Medicaid Expansion will inject **$17.5 billion in increased earning**s into the Ohio economy over eight years.

Impact on State Budget

- Medicaid Expansion will save Ohio $1.03 billion in health care costs over eight years.
- Medicaid Expansion will bring in $2.9 billion in new revenues to Ohio eight years.
- Medicaid Expansion will cost $2.5 billion in increased expenditures over eight years.
- Medicaid Expansion will result in a **net fiscal gain of $1.43 billion** over eight years.
- Not implementing Medicaid Expansion will cost Ohio $38 million over eight years.

Impact on Health Care Costs for Employers and Individuals

- Medicaid Expansion will save **Ohio employers $1.66 billion** in health care costs of over eight years.
- Medicaid Expansion will save **Ohio consumers $7.4 billion** in health care costs of over eight years.

Impact on County Budgets

- Medicaid Expansion will bring Ohio counties $387 million in new revenue over eight years.
- Medicaid Expansion will free up $583 million in County mental health spending over eight years for new investment.

Source: "Expanding Medicaid in Ohio" an independent study by the Health Policy Institute of Ohio, The Ohio State University, The urban Institute, and REMI.

HITECH Final Rule Revises Privacy, Security and Breach Notification Rules

By Rick L. Hindmand and Dominic A. Paluzzi, McDonald Hopkins LLC

The Office for Civil Rights of the Department of Health and Human Services (OCR) issued an omnibus final rule (Final Rule) on January 17, 2013, implementing various provisions of the Health Information Technology for Economic and Clinical Health Act (HITECH Act or HITECH). The Final Rule revises the Privacy, Security and Enforcement Rules that were previously issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the interim final Breach Notification Rule that was previously issued in accordance with the HITECH Act. The Final Rule was published in the *Federal Register* on January 25, 2013. This article provides an overview of some Final Rule provisions that are of particular relevance to physicians.

Action items for physicians prior to September 23, 2013 compliance date:

- Update policies and procedures, Notices of Privacy Practices and information security programs
- Workforce training
- Review business associate agreements, determine whether the agreements qualify for grandfathered status, and enter into new business associate agreements

Business Associates

The HIPAA Privacy and Security Rules allow covered entities to disclose protected health information (PHI) to business associates, and allow business associates to create and receive PHI on behalf of the covered entity, subject to the terms of a business associate agreement between the parties. For purposes of HIPAA and the HITECH Act, a "covered entity" is a health care provider (such as a hospital or physician practice) that transmits health information in electronic form, a health plan, or a health care clearinghouse (such as a medical billing company). In general, the HIPAA regulations define a "business associate" as a person (other than a member of the covered entity's workforce) or entity who, on behalf of a covered entity, performs a function or activity involving the use or disclosure of PHI, such as the performance of financial, legal, actuarial, accounting, consulting, data aggregation, management, administrative, or accreditation services to or for a covered entity.

The Final Rule implements the HITECH Act's expansion of business associates' HIPAA obligations by applying the Privacy and Security Rules directly to business associates and by subjecting business associates to civil and criminal penalties for HIPAA violations. Furthermore, the Final Rule extends business associate status to direct or indirect subcontractors to whom a business associate delegates a function, activity or service involving the creation, receipt, maintenance or transmission of PHI. Each business associate that delegates any function involving the use or disclosure of PHI to a subcontractor will be required to enter into a business associate agreement with the subcontractor.

The Final Rule expands the potential liability of covered entities to include exposure for the acts and omissions of a business associate if the business associate is deemed to be an agent of the covered entity and the acts or omissions are within the scope of the agency. It will therefore be important for covered entities to structure their agreements and relationships with business associates to minimize the risk that a business associate could be viewed as an agent of the covered entity.

Breach Notification Rule

The Final Rule broadens the breach notification obligations of covered entities and business associates by modifying the definition of "breach" and the risk assessment process for determining whether notification will be required. The Final Rule replaces the "risk of harm" standard of the interim Breach Notification Rule with a standard based on the risk that PHI is compromised. The prior standard allowed covered entities and business associates to conduct a "risk of harm" analysis and a "breach" would only result if the impermissible use or disclosure posed significant risk of financial, reputational or other harm. Under this new standard, however, an acquisition, access, use or disclosure of unsecured PHI that is not permitted under the Privacy Rule is presumed to be a breach (and therefore requires notification to the individual, OCR and possibly the media) unless either the incident satisfies one of three relatively narrow exceptions, or the covered entity or business associate demonstrates a low probability that PHI has been compromised. This determination is now based on a risk assessment of at least the following four factors: (1) the nature and extent of the PHI, including the types of identifiers and the likelihood of re-identification; (2) the unauthorized person who used or accessed the PHI; (3) whether the PHI was actually acquired or viewed; and (4) the extent to which the risk is mitigated (for example, by obtaining reliable assurances by recipients of PHI that the information will be destroyed or will not be used or disclosed).

In its commentary, OCR expressed concern that the prior "harm to the individual" standard, has been misinterpreted to permit too many breaches to go unreported. OCR characterized the new standard as more objective than the "harm" standard.

It is also important to note that the Final Rule did not make any changes to the circumstances permitting preemption of state laws. HITECH notification is only the floor of notification obligations. Covered entities and business associates must still comply with the notification obligations set forth in the various state breach notification laws, which can often be more stringent than HITECH.

Additional provisions of the Final Rule

The Final Rule addresses a laundry list of issues, including provisions or commentary that:

- Require covered entities to modify their Notices of Privacy Practices
- Require covered entities to agree to an individual's request to restrict disclosure of PHI about the individual to a health plan when the individual (or someone other than the health plan) pays for the item or service in full
- Permit compound authorizations for clinical research studies
- Revise the definition of PHI to exclude information regarding a person who has been deceased for more than 50 years
- Prohibit the sale of PHI without authorization from the individual, and add a requirement of authorization in order for a covered entity to receive remuneration for disclosing PHI
- Restrict marketing
- Allow individuals to obtain a copy of PHI in an electronic format if the covered entity uses an electronic health record
- Clarify OCR's view that covered entities are allowed to send electronic PHI to

(Continued on page 6)

HITECH Final Rule Revises Privacy, Security and Breach Notification Rules *(Continued from page 5)*

individuals in unencrypted emails only after notifying the individual of the risk

- Prohibit health plans from using or disclosing genetic information for underwriting, as required by the Genetic Information Nondiscrimination Act of 2008 (GINA)
- Allow covered entities to disclose relevant PHI of a deceased individual to a family member, close friend or other person designated by the deceased, unless the disclosure is inconsistent with the deceased individual's known prior expressed preference
- Allow disclosure of proof of immunization to schools if agreed by the parent, guardian or individual
- Revise the Enforcement Rule (which was previously revised in 2009 as an interim final rule) to expand mandatory investigations and compliance reviews, permit the sharing of PHI with other agencies for enforcement purposes, and revise standards for determining the levels of civil monetary penalties.

The Final Rule does not address the HITECH Act requirement that a covered entity provide an accounting for disclosures. Commentary from OCR notes that this requirement will be addressed in future regulations.

Effective and compliance dates

The Final Rule takes effect on March 26, 2013, with a compliance date of September 23, 2013. Covered entities and business associates, including subcontractors, therefore must comply with the Final Rule by September 23, 2013. The 180-day compliance period, however, does not apply to modifications of the Enforcement Rule, which will apply beginning on the March 26, 2013 effective date. Moreover, breach notification continues to be governed by the interim Breach Notification Rule until the September 23, 2013 compliance date.

If certain conditions are met, the Final Rule allows additional time (in addition to the 180-day compliance period) to revise business associate agreements to bring them into compliance with the HITECH requirements. In particular, transition provisions will allow covered entities and business associates to continue to operate under existing business associate agreements for up to one year beyond the compliance date (until September 22, 2014) if the business associate agreement: (1) is in writing, (2) is in place prior to January 25, 2013 (the publication date of the Final Rule), (3) complies with the Privacy and Security Rules as in effect immediately prior to January 25, 2013, and (4) is not modified or renewed.

This additional time for grandfathered business associate agreements applies only to the written documentation requirement. Covered entities, business associates and subcontractors will be required to comply with all other HIPAA requirements beginning on the compliance date, even if the business associate agreement qualifies for grandfathered status.

* * *

In light of the issuance of the Final Rule it will be crucial for all covered entities and business associates to review and update their HIPAA-related policies and arrangements prior to the September 23, 2013 compliance date. ■

New Report Shows Academic Medicine has Major Impact on Northern Ohio and the State Economies

A report released in late 2012 by the Association of American Medical Colleges (AAMC) indicates that its member teaching hospitals and medical schools had a combined economic impact of $587 billion on the national economy, supporting nearly 3.5 million jobs directly or indirectly in 2011. The report, conducted by consulting firm Tripp Umbach, states that one in every 40 wage earners in the United States worked either directly or indirectly for a U.S.-based medical school or teaching hospital, an increase of four percent from a 2008 study. Further, the report illustrates growth in the healthcare industry, despite tough economic times, with an anticipated 340,000 additional jobs being added to the economy over the next year.

The AAMC report measures the direct economic impact on individual states' and the nation's economy as a result of the education, research, and clinical services of member schools and teaching hospitals. Ohio consistently ranked in the top eight states experiencing the most significant economic impact from academic medicine. More specifically, the state was ranked sixth in state business volume impact with a total of $32,314,079,590 generated; and $14,049,599,822 of that is considered a direct impact on the economy. Ohio's direct spending for capital improvements, goods, supplies and services equaled $8,577,873,046 with the national expenditure coming in at $156,641,725,585. Ohio also ranked sixth in Direct Spending by Residents and Students, including off-campus expenses such as housing, food and entertainment, with expenditures reaching $249,035,276. The national expenditure was $1,388,774,251. Ohio's contribution is even more significant in that it ranks behind New York, California, Pennsylvania, Illinois, and Massachusetts, which traditionally have higher standards of living.

Ohio also generated $96,115,252 in revenue in patient spending *outside* of teaching hospitals and medical schools, ranking it fifth in the nation behind Pennsylvania, Texas, California, and New York. Likewise, out-of-state visitors generated $103,842,493 for the state of Ohio, which was ranked fourth in this category behind California, Pennsylvania, and New York. National revenue equaled $1,795,954,871. Out-of-towners also contribute significant revenue to the state's economy when they attend hospital-sponsored meetings, seminars, and symposiums as well as visits with hospital staff, employed physicians, residents and medical students. Ohio saw $860,671,969 in revenue pour into the state, giving it a fifth-place ranking behind Texas, California, Pennsylvania, and New York. Nationally, attendee spending was $14,477,178,148.

While most teaching hospitals are considered non-profit institutions, their interactions either directly or indirectly with local businesses generates revenue for the states in the form of sales tax, corporate net income tax, and capital stock/ franchise taxes. Ohio ranked fifth in this category behind Massachusetts, Pennsylvania, California, and New York having generated $1,884,550,734 in revenue for the state government. State income tax, where applicable, was paid by medical school and hospital staff, employed physicians, independent contractor physicians, and medical residents. Ohio ranked fifth once again having earned $654,937,054 for the state government.

The contribution of Northern Ohio medical institutions to the state of Ohio's coffers also includes research startups that are often funded by the hospitals and medical schools, creating additional jobs and funneling more money into the local economy.

Authors of the study note that "AAMC member organizations have substantial economic and social impacts on their multi-county regions and within the counties and cities where they have operations. Communities in all regions of the country typically rely on these institutions for job creation, high-quality medical care, advanced research, new business development, and education of medical professionals."

Founded in 1876 and based in Washington, D.C., the Association of American Medical Colleges (AAMC) is a not-for-profit association representing all 141 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians.

The data included in this report clearly shows how important academic medicine is to the Northern Ohio region and the State of Ohio. The AMCNO may utilize this data in future discussions with legislators and key policy makers. ■

MetroHealth Medical Center Launches Care Plus Medicaid Waiver Program

On February 5, 2013, MetroHealth Medical Center was given the green light to launch its MetroHealth Care Plus Medicaid waiver program which is designed to provide health care, home care, and prescription coverage for up to 30,000 uninsured residents of Cuyahoga County. The first of its kind in Ohio, Care Plus is authorized under Section 1115 of the Social Security Act and is approved by the Centers for Medicare and Medicaid Services, the State of Ohio's Office of Medical Assistance, and Cuyahoga County Government.

As a public hospital, MetroHealth experienced first-hand the need for better, more cost-efficient healthcare for uninsured patients. The hospital saw a 42 percent growth rate between 2008-2011 in uninsured patient visits to its emergency room, not surprising as 18 percent of Cuyahoga County residents live at or below the poverty level. In order to serve this demographic, MetroHealth, with help from representatives of the Ohio Department of Jobs & Family Services and the Ohio Office of Health Transformation, submitted a proposal for Care Plus to the U.S. Centers for Medicare and Medicaid to take advantage of provisions in the Affordable Care Act's State Innovation waiver, which encourages states to pursue their own strategies to ensure residents receive adequate health insurance without increasing the federal deficit. MetroHealth will finance Care Plus using a $36 million subsidy it receives from the Cuyahoga County tax base to leverage an additional $64 million in annual federal Medicaid matching funds. The state will not contribute any funds to this initial launch.

Care Plus encourages residents to enroll in a patient-centered medical home where their healthcare will be managed by a primary care provider who will coordinate all medically related services. Primary care will be provided by MetroHealth's 17 locations as well as the Neighborhood Family Practice on the city's near west side, and Care Alliance. All providers are designated Level Three Patient-Centered Medical Homes by the National Committee for Quality Assurance. In addition, MetroHealth will also partner with community agencies such as Recovery Resources and Catholic Charity Services to provide additional care for issues such as substance abuse and behavior health.

As of February 8, approximately 10,000 people were enrolled in the program, which is administered by Medical Mutual of Ohio, Inc.

In order to be covered under the Care Plus plan, residents must be:

- 19 to 64 years old
- Uninsured
- Resident of Cuyahoga County
- Ineligible for Medicare and/or Medicaid
- At or below 133 percent of the Federal Poverty Level ($14,856 for a single person)
- U.S. citizen or legal resident of the United States for at least seven years

Residents meeting the above criteria are entitled to such health care services as:

- Preventive exams
- Doctor visits
- Prescription medications
- Hospital care
- Emergency services
- Dental care
- Physical and speech therapies
- Home health care
- Mental health services
- Nutrition counseling
- Podiatry
- Alcohol and drug abuse services
- Durable medical equipment
- Transportation to MetroHealth medical appointments ■

Cleveland Clinic and University Hospitals Join the Statewide Health Information Exchange

The Cleveland Clinic and University Hospitals have joined the Statewide Health Information Exchange, Clinisync. As a result, the Cleveland Clinic and University Hospitals will be able to exchange medical information with physicians so that when a doctor treats a patient at one facility, those medical records can be shared electronically with other physicians who join CliniSync.

To date 84 hospitals and more than 1,000 physicians have contracted with CliniSync, with 21 hospitals now "live" and approximately 500 physicians receiving test results and reports directly from their local hospitals. A federal grant of $14.8 million from the Office of the National Coordinator enabled the creation of the CliniSync technological structure and initial implementation. In addition, more than 6,500 Ohio primary care physicians signed up to use electronic health records through similar grant funding last year. Clinisync offers an electronic gateway to connect hospitals, laboratories and physician offices. Patient authorization is required for record sharing.

It will take until the summer of 2013 to connect CCF and UH which at this time have their own electronic medical records systems linking their member hospitals. Other hospitals in Northern Ohio that have committed to becoming part of the statewide exchange include St. Vincent Charity Medical Center, Parma Community General Hospital, and Elyria Regional Medical Center. Southwest General Health Center is already connected to Clinisync. University Hospitals Medical Group, Inc., and University Primary Care Practices, Inc., will also become active on the exchange, encompassing 100 practices. Once the hospitals go "live," independent physicians outside of the system also will be able to receive and exchange data when they join CliniSync.

Editor's note: The AMCNO is pleased to be involved with Clinisync as a part of their Physician Association Advisory Council, the Clinical Advisory Group and the Regional Extension Center Committee. We will continue to provide our members with information about Clinisync and the HIE as it continues to add hospitals and physicians as participants. ■

NORTHERN OHIO PHYSICIAN

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News from the Ohio Statehouse

Governor Kasich Unveils Executive Budget

Governor John Kasich released his Executive Budget in February, outlining his plan for $63.3 billion in General Revenue Fund (GRF) spending during fiscal years 2014 and 2015. Among the many policy initiatives included in the budget are Medicaid expansion, changes in hospital payment, and changes to Ohio's tax code.

Medicaid and other Healthcare Related Changes
As predicted, the Governor's budget proposal calls for expanding Medicaid coverage to low-income Ohioans. Under the plan, coverage will be extended to Ohioans earning up to 138 percent of the federal poverty level — $15,415 for single adults, $31,809 for a family of four. The federal government will cover 100 percent of this cost for three years, reducing that amount to 90 percent in 2020 and thereafter. According to documents released by the Governor's office, Medicaid coverage would return to current levels should the federal government reduce the 90 percent share in the future.

The Governor's decision to expand Medicaid will provide health care coverage to low-income Ohioans, but it also keeps tax dollars in Ohio. By opting for expansion, about $13 billion in federal tax dollars over seven years will come back to Ohio. If approved by the legislature, the Medicaid expansion would extend coverage eligibility for 366,000 adult Ohioans in January 2014, but also shift 91,000 individuals who are currently eligible off of the program. They would be directed to seek coverage through the federal Health Insurance Exchange that will be created as part of the Affordable Care Act. These enrollment changes are expected to lead to a $500 million increase in Medicaid spending in fiscal year 2014 and $1.9 billion in FY 2015. Overall, the governor's budget proposals would lead to an estimated 545,000 more Ohioans receiving Medicaid coverage.

In an effort to curb fraud, the state plans to increase Medicaid audit capacity and require personal responsibility. The budget would require Medicaid beneficiaries to share in the cost of emergency room visits for non-emergency care by charging patients an $8 co-pay if they use the emergency room for non-emergency conditions. Through a series of reforms, the proposal estimates the state will realize $74 million in savings over the biennium.

The budget will formalize the creation of the Department of Medicaid as a cabinet-level agency, effective July 1, 2013. The department will be the single state agency responsible for the administration of the state's Medicaid program. Additionally, the proposal consolidates the Department of Alcohol and Drug Addiction Services and the Department of Mental Health into the Department of Mental Health and Addiction Services.

The budget also proposes changes to payments to hospitals and health plans to make up for the $520 million cost to cover the estimated 230,000 individuals who are expected to come onto the Medicaid rolls through the "woodwork" effect. The administration officials determined that they did not want to borrow funds from education or other portions of the budget so they decided to identify provider-related cuts that would cover as much of the cost as possible – noting that the cuts will focus on provider groups that benefit from the enrollment gains such as hospitals and health plans.

Under the proposal, Ohio Medicaid would double the amount of managed care payments tied to meeting quality measures and will put in place a performance-based payment structure for plans in the new integrated care delivery system for those Ohioans dually eligible for Medicare and Medicaid. The budget proposal also would reduce the administrative component and prescription drug portion of the rate to managed care and cap the overall growth in capitation rates.

For hospitals, the administration proposes to reduce overall hospital spending by 3.8 percent in FY 14 and by 7.4 percent in FY 15. There is also a proposal to reauthorize the hospital franchise permit fee program, which collects $524 million in annual fees used to draw federal funds and make payments back to hospitals totaling $840 million.

Hospital payment strategies would be changed to:

- Reduce hospital re-admissions by limiting Medicaid payments to hospitals for re-admissions within 30 days by establishing percentage-based benchmarks for readmission reductions.
- Eliminate the 5 percent rate add-on for inpatient and outpatient services by allowing the temporary 5 percent rate increase for hospitals authorized in the last budget to expire Dec. 31.
- Improve direct medical education by not changing the current level of Medicaid direct graduate medical education funding — about $200 million over the biennium.
- Reduce the rate taxpayers pay for hospital capital projects from 100 percent of cost to 85 percent of cost for both fee-for-service and Medicaid managed care plans.
- Adjust DRG-exempt hospital rates to align Medicaid reimbursement for DRG-exempt hospitals with other inpatient hospital services that are subject to the DRG system.
- Control cost of outpatient services by setting fixed prices for all outpatient services currently reimbursed at cost.
- Create a children's hospital quality improvement program.

Ohio Tax Code Changes
The tax reform package in the governor's budget proposal would cut income tax rates by 20 percent and these cuts would be phased in over three tax years, from 2013 to 2015. These cuts would result in tax relief of $1.04 billion in FY 2014, $2.08 billion in FY 2015, and $2.15 billion in FY 2016. All tax brackets will see a decrease in their tax rates, with the top income bracket (those making more than $206,250) realizing a rate decrease to 4.74 percent from 5.925 percent.

Businesses that are known as pass-through entities — such as small businesses — would see a reduction in income taxes. Under the proposals these entities would get a 50 percent tax cut on up to $750,000 in net income with the deduction capped at $375,000. This portion of the proposal would result in tax relief of between $600 million to $650 million annually.

Under the proposal, state sales tax would decrease to 5 percent from the current 5.5 percent. The state sales tax would also be broadened under the proposal. If the proposal is executed as written, additional services would be taxable unless specifically exempted — and at this time under the proposal medical services and education would be exempt. In addition, Ohioans would be subject to a one-time 4 percent state income-tax in 2014.

Concerns Raised Over the Medicaid Expansion

Both Republican and Democratic state legislators have voiced concerns over Medicaid changes proposed in Governor Kasich's new biennium budget proposal. Chief among issues raised by legislators is the governor's decision to move forward in expanding Medicaid eligibility to individuals earning up to 138% of the federal poverty level. Ohio Republicans have questioned the administration about the need for an expansion since Ohio has made other efforts to reduce health care costs and improve outcomes. The Republicans are also concerned whether or not the savings realized from extending Medicaid coverage will be sustainable once the federal government reduces its cost share.

Several Ohio Democrats have also asked about the impact the change would have on the estimated 90,000 individuals who would be shifted off the program, as well as how the state will assess anticipated health outcomes under this proposal.

With regard to hospitals, some legislators have questioned why hospitals — which make up about 25% of the Medicaid budget are going to be subject to reductions in the budget proposal. The administration has stated that the rate changes in a number of areas, such as for managed care plans, and hospitals in the last budget were able to avoid reductions by agreeing to pay an assessment. In addition, hospitals would benefit from the Affordable Care Act's requirement that all individuals be insured and they would also be able to turn away uninsured people who come to emergency rooms for nonemergency care. Based upon guidance from the federal government, hospitals could deny services in definite instances where an emergency room is being used for nonemergency care. Some possibilities where this might be applicable would be for patients coming to the emergency room for physicals or school vaccines.

Ohio House Speaker Bill Batchelder has stated that the Republican caucus has concerns about any expansion of the Medicaid program due to the additional expenses. In addition to fiscal concerns, some Republican members may have issues about expanding the program due to their philosophical opposition to the ACA in Ohio citing the fact that voters amended the Ohio Constitution a few years ago to prohibit health care mandates.

In addition, Treasurer Josh Mandel has called on the legislature to reject the Governor's proposal to expand Medicaid. Mr. Mandel voiced concern that expanding Medicaid in Ohio to cover all people up to 138% of the federal poverty legal "will overwhelm an already broken system and place an unbearable burden on generations of Ohioans." He further stated that although the opt-out trigger is meant to be a safeguard to retract Medicaid's expansion, if the federal government reduces its funding share, he is concerned whether this safeguard will be honored in the future — since once a government benefit has been given it is not often taken away.

Governor Kasich has stated that the expansion would positively impact Ohio's job market and has pointed out that the proposal's expectation to recapture $13 billion in federal tax dollars over seven years could be invested in health care initiatives. In addition, although 230,000 Ohioans who are already eligible for Medicaid are expected to join with no additional federal financing, the state's share of Medicaid expenses is expected to decrease by $23 million and $68 million during FY 2014 and FY 2015,

respectively, because of savings from those who leave the program and the federal government's coverage of newly eligible individuals.

Other Legislative Issues

At the end of 2012, Governor John R. Kasich announced that autism services will be defined as part of the "essential health benefit" package that federal law requires in every state beginning in 2014. Ohio will make autism services available to state employees and their 39,900 covered children after approval by the five state employee unions. Ohio already provides access to autism-related services to approximately 40 percent of Ohio's children through its Medicaid program.

Thirty-two other states currently guarantee the provision of autism services in health insurance and the Ohio General Assembly has been debating similar legislation, but the federal law required Ohio to decide by December 26, 2012 if it will cover autism as an essential health benefit. After close consultation with legislative leaders, Governor Kasich set Ohio's coverage levels to balance the call for a meaningful benefit package with the reality of job-creators' economic and financial pressures and their need to keep premium costs low.

Also at the end of 2012 the Ohio Legislature sent several bills to the Governor for his signature.

Some of the new laws include the following:

Concussions: This new law (HB 143) mandates that youth sports coaches remove athletes from play if a concussion or other head injury is suspected, and prohibit players from returning to games or practices until they receive medical approval from a licensed physician or other health care provider. The measure also seeks to increase training and education requirements to help referees, coaches and parents to recognize concussion symptoms. In addition, it requires that the State Board of Education must require individuals applying for pupil-activity program permits to pass brain trauma and brain injury management training, as well as complete online training programs on how to recognize head injury symptoms. Also, the Department of Health is required to create a concussion and head injury information sheet for youth sports organizations and participants.

Physician Assistants: Under this law (HB 284) physician assistants will be able make death pronouncements under certain circumstances, issue "do-not-resuscitate" orders, insert and remove both chest tubes and birth control devices and prescribe physical and occupational therapy. The law also expands the prescriptive authority of physician assistants to Schedule II controlled substances, under certain circumstances, and allows them to more easily qualify for a certificate to prescribe in Ohio. The law also allows military service members, who have a degree and practiced as physician assistants while on active duty for at least three years, to qualify for the certification without additional education. The State Medical Board will be working on rules in response to this new law.

Hospital Assault: This new law (HB 62) establishes a $5,000 fine for assaulting a hospital health care professional, worker or security officer, under certain circumstances, increasing the charge to a fifth degree felony if the offender was previously convicted of a homicide or assault charge against hospital personnel. The law also authorizes hospitals to post signage indicating that assaults on hospital staff will not be tolerated and could lead to felony convictions.

Visiting Teams: This legislation (SB 141) relieves out-of-state athletic team physicians, chiropractors and physical therapists from Ohio's laws governing these areas of practice, under certain conditions. Exemptions would apply if the health care professional holds a license to practice in the state where the team is from; the team must be traveling to, from, or be participating in a sporting event in Ohio; and the professional provide services only to the team's members, staff, cheerleaders, mascot or marching band. Other conditions require that the three classes of health care professionals act in respect to the written agreement with the out-of-state team and that they not provide services at a health care facility.

The AMCNO will continue to monitor new legislation as it is introduced in the Ohio legislature as well as tracking how the budget proposal progresses through the legislature and report back to our membership. ■

AMCNO Participates in Event with Congressional Leaders

The AMCNO was pleased to participate in an event held at St. Elizabeth Health Center where Congressman Michael Burgess, M.D., from Texas and Congressman Bill Johnson from the 6th District of Ohio provided a special presentation on the Affordable Care Act (ACA). Congressman Johnson began the presentation by stating that he decided to arrange this event after he had been contacted by physicians in his district who have voiced concern about Medicare payment and delivery models, the Sustainable Growth Rate (SGR) formula; impending physician shortages, and medical liability issues.

Dr. John Bastulli, AMCNO Vice President of Legislative Affairs (center) poses with Congressman Johnson (left) and Congressman Burgess.

Congressman Burgess addressed the physicians in the audience stating that as a physician he understands that it is difficult for his colleagues to try to take care of their patients and then try to follow all of the changes that are about to happen due to the implementation of the ACA. The law is complicated and has many different facets to it that will be implemented over a relatively short period of time. He also mentioned the budget sequester and the Budget Control Act signed into law in 2011 which requires across-the-board government spending cuts to take effect over nine years, unless Congress enacts other policy changes to achieve the same level of budget savings. If the cuts were to take effect and Congress does not act, Medicare provider payments will be cut by 2 percent.

He informed the audience that there was some good news with regard to the SGR now that the Congressional Budget Office has scored the cost of repealing the SGR at about one-half of what it has been in the past. He stated that Congress should take advantage of the new, significantly reduced CBO cost estimates and take this opportunity to make changes and do something now to prevent SGR cuts and act to repeal the SGR formula.

Congressman Burgess also noted that he would like to see federal medical liability reforms and he has been in discussions with the new physician representatives in Congress from California in the hope that perhaps there could be some bipartisan cooperation on this issue. With regard to the Independent Payment Advisory Board (IPAB) that was created by the ACA, Congressman Burgess stated that he is concerned about the IPAB and the fact that it will be made up of fifteen people that will have broad authority to make decisions with regard to Medicare. He noted that the members of the IPAB will be a group of unelected officials that in essence are accountable to no one. In addition, members of the IPAB are not allowed to be employed by other entities so be definition there cannot be a practicing physician on the board.

In closing, Congressman Burgess mentioned his website healthcaucus.org which includes detailed background on the ACA as well as information on reforms that reduce costs, increase patient control, expand choice, and promote cures.

AMCNO Responds to the State Medical Board of Ohio Proposed License Fee Increase

The State Medical Board of Ohio (SMBO) has met with the AMCNO physician leadership on several occasions to discuss their budget proposal and other board activities. During these meetings, the SMBO has asked the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) to support the SMBO's proposal for a fee increase for new and renewed physician licenses. Based upon these discussions with the AMCNO the SMBO reevaluated their budget proposal and made some modifications to their budget request. This budget proposal is predicated on promoting Board fiscal accountability and establishing a new way of operating for the next biennium. Through the FY 14/15 operating budget, the SMBO seeks to streamline its operations in a manner that provides for more expeditious delivery of services to applicants/license holders, reduces steps in the public complaint process; and refocus resources on the core functions of the agency. The AMCNO was informed that in addition to a licensure fee increase, the SMBO plans to enhance their accountability and focus on core functions, streamline processes and increase productivity through audit processes and identify any non-essential functions and positions.

Under the latest SMBO budget proposal there would be no change in the initial physician application fee, however, other physician licensure fees would be increased as follows:

- A $50 increase is recommended for the two year renewal ($25 per year).
- An increase of $95 is recommended for reinstatements (late renewals).
- An increase of $195 is recommended for restoration applications (renewal after two years).
- No change is recommended for the other physician licensing fees: training certificates, training certificate renewal, duplicate certificates and wallet cards and licensure verification for other states.

At a recent meeting of the AMCNO executive committee the AMCNO learned more about the results of the review conducted on the SMBO complaint process by the Lean Ohio Division of the Department of Administrative Services. This project focused on the public complaint process, and the Lean Ohio review showed that the board could reduce annual expenditures and realize significant savings in their budget through process and staff changes. After further discussions with the SMBO, the AMCNO physician leadership has determined that in order for the AMCNO to support the SMBO budget proposal the SMBO would be expected to meet several conditions.

The AMCNO believes that the SMBO should follow through on initiatives to:

- Reduce their annual expenditures and make internal changes, inclusive of staff reductions, to reduce their operating costs,
- Develop and provide detailed reports showing SMBO performance measures for their investigative and licensure processes and continue to publish an annual report for dissemination to all licensees,
- Distribute any fee increases across all SMBO licensees rather than imposing additional licensure fees or monetary penalties upon physicians in order for the SMBO to obtain additional funds.

The AMCNO will continue to monitor this issue and provide updates to our members as the state budget debate continues over the next few months. ■

AMCNO Urges Congress to Prevent Exemptions for Cigar Regulation

During the last Congressional session, legislation was introduced that would remove the Food and Drug Administration (FDA) authority over many of the brands of cigars currently on the market. The bill had a large volume of co-sponsors in the House. The AMCNO is partnering with the American Heart Association and the American Cancer Society to prevent a similar bill from moving through Congress this year.

The letter to Congress was signed by numerous healthcare organizations and urged our Congressional representatives not to cosponsor any legislation that would exempt certain cigars from oversight by the FDA since all tobacco products, including cigars, are harmful and should not be exempt from federal oversight.

With enactment of the Tobacco Control Act, the FDA now has the authority to regulate tobacco products in a manner appropriate for the protection of the public health. However, this type of legislation would give special treatment to the manufacturers and retailers of many cigars. It would prevent the FDA from implementing even basic public health protections such as requiring warning labels, requiring manufacturers to report what ingredients are contained in their products, and taking steps to ensure youth are not able to purchase these products — instead of allowing FDA to use a science-based process to determine the appropriate level of oversight of different tobacco products. Moreover, the bill could exempt more than premium cigars from oversight. Manufacturers of cheap, fruit- and candy-flavored cigarillos and blunts that are attractive to young people could assert that they are covered under the bill's exemption or would be incentivized to make small changes to their products to become exempt.

The AMCNO and the other organizations noted that while the health risks of smoking cigars are not the same as cigarette smoking, the National Cancer Institute found that cigar smoking causes cancer of the oral cavity, larynx, esophagus and lung. Daily cigar smokers, particularly those who inhale, have an increased risk of heart disease and chronic obstructive pulmonary disease (COPD). According to the 2011 Youth Risk Behavior Survey, nearly 18 percent of high school boys currently smoke some type of cigar.

The AMCNO and the tobacco coalitions around the state will monitor this issue and, if the cigar exemption bill is reintroduced in 2013, will continue to push our Congressional representatives not to support the bill and stress to them the negative public health consequences of exempting any tobacco product from FDA oversight. ■

The Academy of Medicine of Cleveland & Northern Ohio *Healthlines* Program

For more than 40 years, the Academy's *Healthlines* radio program has provided valuable medical information and the insight of our member physicians to listeners. *Healthlines* host, **Anthony Bacevice, M.D.,** has been conducting interviews for many years on various topics. The *Healthlines* program is brought to the community by the Academy of Medicine Education Foundation (AMEF). Listed below are the participating physicians, along with their respective topics that aired in 2012. To listen to an MP3 recording of a subject that interests you, click on the *Healthlines* link at www.amcno.org.

Thank you to the following interviewees that appeared on *Healthlines* in 2012:

Dr. Donna Plecha – *3D Mammography*

Dr. Michael Roizen – *CCF's wellness initiatives*

Dr. Marc Gillinov – *Heart 411-proven strategies to achieve and maintain heart health*

Dr. Walid Saliba – *Atrial Fibrillation: Dispelling Myths*

Dr. John Fung – *Transplant recipients have increased risk of cancer*

Dr. Jyoti Krishna – *Sleep problems to watch for in kids*

Dr. Luke Weber – *Celiac Disease*

Dr. Julie Belkin – *Seeing clearly, thinking clearly*

Drs. Leah Chernin/David Swender – *2012 Pollen Line kick-off*

Dr. Kristina Thomas – *CWRU studying cornea viability to keep up with potential transplant need*

Dr. Ann Bacevice – *Child safety in the summer*

Dr. James Sechler – *Preventative cardiology, cardiac rehabilitation & public health initiatives*

Dr. James Zins – *Plastic Surgery-Retrospective Study finds Carefully Selected Elderly Patients are not at a Higher Risk When Compared to Younger Patients*

Dr. Ronald Savrin – *Issues of moving technology into medicine*

Dr. Frank Esper – *Bacterial necrotizing ('flesh eating') disease*

Dr. Matthew Kroh – *Single-port robotic gallbladder removal*

Dr. Steven Waggoner – *What women can do to lower their risk of developing gynecological cancers*

Dr. Margaret Larkins-Pettigrew – *WONDOR Global Health Program at UH*

Dr. Jeffrey Ponsky – *POEM for Achalasia*

Dr. Kathryn Teng – *Innovations in Personalized Healthcare*

Dr. Tuzcu – *TAVR*

Dr. William Carey – *Growing challenge of Hepatitis C*

Dr. Marsha Kay – *Magnet Ingestion – A new health hazard*

Dr. Robert DeBernardo – *targeted treatment for ovarian cancer*

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) award-winning *Healthlines* program is now housed on the Academy of Medicine Foundation (AMEF) website and available for public and the medical community on demand via an audio stream. The *Healthlines* program continues to be produced and edited by the WCLV studios and professional staff, along with the assistance of the *Healthlines* host, Dr. Anthony Bacevice, Jr. Promotional advertising spots run on both WCLV FM 104.9 as well as WCPN FM 90.3 highlighting the *Healthlines* program and directing listeners to the AMEF website www.amefonline.org. ■

SAVE THE DATE!

The 10th Annual Marissa Rose Biddlestone Memorial Golf Outing

Monday, August 5, 2013
CANTERBURY GOLF 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.

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Watch your mail for more information.

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

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, 2013 – October 1, 2013

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

CGS Offers Tips to Physician Practices at AMCNO Sponsored Event

Recently, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) co-sponsored a 2013 Medicare Program Winter Update at our offices. Ms. Vanessa Williams from CGS LLC was the primary presenter at this program. Ms. Williams and other CGS staff provided updates on new and ongoing Medicare initiatives, discussed CGS operational updates, and introduced resources, tools and self-service technology options.

Ms. Williams noted that the 2013 Medicare Physician Fee Schedule (MPFS) has been issued and the rule outlines provisions for services rendered January 1, 2013 and after. Current 2013 physician fees for Ohio are available on the CGS website at http://cgsmedicare.com/ohb/coverage/fees/fees.html. The 2013 Medicare Part B deductible is $147 and there are no changes to beneficiary coinsurance for FY 2013.

With regard to electronic submission of medical documentation (esMD) Ms. Williams noted that the Centers for Medicare and Medicaid Services (CMS) has established a new mechanism for submitting medical documentation to Review Contractors. In the past, the Review Contractors requested medical documentation by sending letters and providers mailed or faxed the documentation. Going forward medical documentation will be done through electronic submissions and most providers will use Health Information Handlers (HIHs) to provide an esMD gateway.

Ms. Williams also provided an update on place of service (POS) codes noting that there will be changes for POS codes effective on or after April 1, 2013. Information on these changes are available on the CMS website at www.cms.gov – Medicare Learning Network article MM7631.

With regard to ordering/referring provider edits, Phase 1 has been in effect since October 2009 and remains in effect until further notice — so if an ordering/referring provider is not on a claim the claim is rejected. If the provider is on the claim Medicare will verify that the provider is in PECOS and is eligible to order/refer and if the ordering/referring provider is not in PECOS or is in PECOS but is not of the type/specialty allowed to order or refer, the claim will continue to process. In Phase 2 (date to be announced) if the ordering/referring provider is not on the claim the claim will not be paid and if the provider is not in PECOS or is in PECOS but is not of the specialty to order or refer, the claim will be rejected. She also noted that if you order or refer services be sure to provide individual NPI for referrals (not a group NPI) and keep watching for a 60-day notification from CMS.

Ms. Williams also discussed the Physician Quality Reporting System (PQRS) and the Value Based Modifier (VBM). She noted that the VBM will affect physicians in groups of 100 or more eligible professionals who submit claims under a single tax identification number beginning in 2015 based upon their performance in 2013. The VBM program provides comparative performance information to physicians. All physicians who participate in fee-for-service Medicare will be impacted by 2017. Information on the physician feedback program is available at http://www.cms.gov/physicianfeedbackprogram.

She also reminded the group that in 2013, eligible professionals who did not successfully report the electronic prescribing (eRx) measure code and who did not have a hardship exemption will receive a -1.5% payment adjustment to services paid based on the MPFS. There is a quality net helpdesk available for PQRS and eRx assistance that can provide physicians with information on how to begin participating, access feedback reports and get an explanation of feedback reports. The help desk can be reached M-F Central Time at 1-866-288-8912. Ms. Williams also briefly touched on the electronic health record timelines and noted that to obtain more information on the electronic health record incentive programs physicians go to http://www.cms.gov/EHRIncentivePrograms or contact the EHR Incentive program information center at 1-888-734-6433.

Also mentioned was a provision from the Affordable Care Act (ACA) which requires provider enrollment revalidation to occur for all providers that were enrolled in Medicare prior to March 25, 2011. This initiative will last until March 2015. CGS has been sending out revalidation notices to Ohio physicians and will continue to do so – physicians do not need to contact CGS — they will contact you for revalidation purposes. Physicians should respond immediately when they receive their revalidation request to avoid any issues with Medicare payments.

Vanessa Williams from CGS responds to a question from the audience.

She also reminded the group that the switch to ICD-10 code sets is set to occur in October 2014. CGS has prepared a detailed tip sheet on how to prepare for the change to ICD-10 code sets. Ms. Williams also provided the audience with a list of websites and links to various Medicare and CGS resources. (For more information on these links and websites see Winter 2013 edition of the AMCNO Practice Management Matters on our website at www.amcno.org under the Publications tab.)

Also provided was information about *myCGS* — a free Internet-based, provider self-service portal. The *myCGS* application allows physicians to access information securely over the Web. The following services are available through *myCGS*:

- Patient eligibility
- Medicare claims status
- View and print Medicare remittance advices (RAs)
- Provider financial information such as claims in an approved-to-pay status and the last three checks paid

Physicians can participate in *myCGS* if they have a signed electronic data interchange (EDI) Enrollment Agreement on file with CGS. For additional information including the *myCGS* User Manual, tips and Frequently Asked Questions (FAQs), visit the *myCGS* web page at http://www.cgsmedicare.com/ohb/myCGS/index.html. ■

The AMCNO is Pleased to Offer Our Workers' Compensation Group Rating Plan to Members

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is pleased to offer a Workers' Compensation group rating plan to our members that can help you save money on the premiums you pay to the Ohio Bureau of Workers' Compensation. This plan is made possible through our longstanding partnership with CompManagement, Inc., (CMI) a Sedgwick CMS Company. CMI has begun the review process for 2013 group participation, which means you can find out how much you can save! AMCNO practices already enrolled in the AMCNO Group Rating Program will receive a letter regarding review for renewal with the program as well as contact information for CompManagement.

CompManagement will review the application and determine your potential savings and then contact you with a cost analysis. If you decide you want to participate, all you need to do is sign and send in the enrollment paperwork included in your cost analysis. This is a no-cost, no obligation review. If you are currently a member of another medical association in the state and participating in a group rating plan other than through the AMCNO you are probably paying higher member dues to remain in that plan. Upon review, you may find that the AMCNO dues are substantially less per member and we provide group discounts which cost effectively enables our physician members to take advantage of the worker's comp group rating program at reduced cost. If you have questions regarding the program contact the AMCNO offices at (216) 520-1000.

To receive a free, no obligation savings quote, contact CompManagement's Customer Support Unit at (800) 825-6755, option 3, or go to the AMCNO website and click on the Membership/Member Services/Insurance Services/AMCNO Workers' Compensation program and complete the form online. ■

2013 Cuyahoga Community College Center for Health Industry Solutions

Take advantage of discounted classes for AMCNO Members and their staff.

Contact AMCNO at (216) 520-1000 for exclusive AMCNO member course numbers to register and obtain a discounted price.

DATE	TIME	TITLE	MEMBER-FEE	LOCATION
3/11/13	6 – 9 pm	Medical Front Office Fundamentals – Mon & Weds	$475	CCE
3/19/12	6 – 9 pm	Medical Terminology – Tues & Thurs	$333	CCE
4/1/13	6 – 9 pm	Essentials of Electronic Health Records – Mon & Weds	$309	CCE
4/23/13	6 – 8 pm	Hospital/Facility Billing Reimbursement – Tues & Thurs	$237	UTC
4/29/13	6 – 9 pm	Patient Access Specialist Fundamentals – Mon & Weds	$475	UTC
4/30/13	6 – 9 pm	Medical Front Office Fundamentals – Tues & Thurs	$475	UTC
5/7/13	6 – 9 pm	Fundamentals of Billing Reimbursement – Tues & Thurs	$354	CCE
6/13/13	6 – 9 pm	Medical Terminology – Mon & Weds	$333	UTC
6/10/13	6 – 9 pm	Patient Access Specialist Fundamentals – Mon & Weds	$475	CCE
6/25/13	6 – 9 pm	Essentials of Electronic Health Records – Tues & Thurs	$309	UTC
	6 – 9 pm	Medical Front Office Fundamentals – Tues & Thurs	$475	CCE

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

SAVE THE DATE

The Academy of Medicine of Cleveland & Northern Ohio

invites you to attend our

2013 Annual Meeting

Friday, April 26, 2013
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, and Northeast Ohio Medical University

AMCNO 2013 HONOREES

Gary S. Hoffman, M.D.
John. H. Budd
Distinguished Membership Award

William L. Annable, M.D.
Charles L. Hudson MD
Distinguished Service Award

Leonard H. Bernstein, M.D.
Clinician of the Year Award

William W. Steiner, II, M.D.
Special Honors Award

The Honorable Tom Patton
Special Recognition Award

Jeffrey S. Smith, J.D.
AMCNO Presidential Citation Award

Please join us in congratulating our medical scholarship recipients and awardees on April 26, 2013.

Save The Date

2013

Medical/Legal Summit

April 12 & 13, 2013

Cleveland's first Medical/Legal Summit will be co-sponsored by the Cleveland Metropolitan Bar Association, Academy of Medicine Education Foundation, and The Academy of Medicine of Cleveland & Northern Ohio (AMCNO).

Chair: Kim F. Bixenstine, Vice President & Deputy General Counsel, University Hospitals

Vice Chair: Matt Donnelly, Deputy Chief Legal Officer, Cleveland Clinic

It is intended to bring together doctors, lawyers, health care professionals and others who work in allied professions in Northeast Ohio for education, lively discussion and opportunities to socialize.

For more information, call the CMBA at (216) 696-2404 or AMCNO at (216) 520-1000.

SUMMIT DETAILS

April 12 – 1.5 CME credits
Plenary address and Q&A session: 4–5:30 p.m.
followed by networking reception

April 13 – 4.00 CME credits

Continental Breakfast: 7–8 a.m.
Program: 8 a.m.–12:30 p.m.

Location
Cleveland Marshall College of Law
1801 Euclid Avenue

Keynote Speaker
Dr. Ezekiel "Zeke" Emanuel

Early Registration rate before March 15
$75 CMBA members, AMCNO members and employees of health systems

$125 Non-Members

After March 15, add $50 to listed price

Risk Management Credit
The AMCNO has obtained approval from University Hospitals (UH) for four hours of Clinical Risk Management Education (CRME) credit for those physicians participating in the UH Sponsored Physician Program and from The Doctors Company (TDC) to satisfy the Risk Management education credit for those physicians insured through the Community Physician Partnership (CPP) program.

Sessions
- Apologies and Disclosures of Adverse Events: What to Say When Something Bad Happens to a Patient?
- Debate on End of Life and Other Medical, Legal and Ethical Issues

Break out Session Options:
- A Frank Conversation with Government Regulators or
- Physician Practice Acquisitions
- Pain Management in the Face of the Prescription Drug Abuse Epidemic or
- Protecting Patient from Technological Threats

Thank You, Sponsors!

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Platinum Level: **The MetroHealth System** **Tucker Ellis LLP**

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CMBA Cleveland Metropolitan Bar Association
www.CleMetroBar.org

AMEF Academy of Medicine Education Foundation

amcno THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO
www.amcno.org

CM LAW Cleveland-Marshall College of Law

Schedule at a Glance

FRIDAY, APRIL 12, 2013

4:00 PM - 5:30 PM
Plenary Address and Q&A Session

Keynote Speaker
Dr. Ezekiel "Zeke" Emanuel - *Diane v.S. Levy and Robert M. Levy University Professor,Professor of Health Care Management, Professor of Medical Ethics and Health Policy in the Perelman School of Medicine. He is Vice Provost for Global Initiatives and Chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania. From January, 2009 to January, 2011, he served as special advisor for health policy to the Director of the White House Office of Management and Budget. Since 1997 he was Chair of the Department of Bioethics at The Clinical Center of the National Institutes of Health and a breast oncologist. He has since been a visiting professor at the University of Pittsburgh School of Medicine, UCLA, the Brin Professor at Johns Hopkins Medical School, the Kovitz Professor at Stanford Medical School, and visiting professor at New York University Law School.*

5:30 PM — Reception

SATURDAY, APRIL 13, 2013

7:00 AM - 8:00 AM — Continental Breakfast

8:00 AM - 8:15 AM — Welcome & Introductions

8:15 AM - 9:15 AM — **Apologies & Disclosures**
Scenario 1: *Cynthia Zelis, M.D., University Hospitals Medical Practices; Julia Skarbinski, Director of Patient Safety and Risk Management, University Hospitals; and David Hansen and Melissa T. Crum, Great Lakes Theatre*
Scenario 2: *William Morris, MD, Cleveland Clinic Foundation; and David Hansen and Melissa T. Crum, Great Lakes Theatre*
Moderators *- Kim Bixenstine, Esq., University Hospitals and Matt Donnelly, Esq., Cleveland Clinic Foundation*
Commentators *- Janice Guhl, Director of Communications, University Hospitals and Dennis R. Lansdowne, Esq., Spangenberg Shibley & Liber LLP*

9:15 AM - 10:15 AM — **Panel - Debate on End of Life and Other Medical, Legal and Ethical Issues**
Moderator *- Kim Bixenstine, Esq., University Hospitals*
Panelists *- Professor Browne Lewis and Professor Gwendolyn Majette, Cleveland Marshall School of Law; Russell J. Meraglio, Jr., Esq., Reminger Co., LPA; Martin L. Smith, S.T.D., Cleveland Clinic Foundation; Mark Aulisio Ph. D., Director, Center for Biomedical Ethics at MetroHealth, Department of Bioethics, Case Western Reserve University*

10:15 AM - 10:30 AM — Break

10:30 AM - 11:30 AM — **Breakout Options Session 1:**
- **A Frank Conversation with Government Regulators**
  Moderator *- Stephen J. Sozio, Partner, Jones Day*
  Panelists *- Cheryl Wahl, Chief Compliance Officer, University Hospitals; Ronald R. Savrin, MD, MBA, Medical Director, Ohio KePRO, AMCNO Past President; Constance Nearhood, Senior Assistant Attorney General for Ohio,; Steve Dettelbach, U.S. Attorney's Office (invited)*
- **Physician Practice Acquisitions**
  Moderator *- Craig T. Haran, Partner, Frantz Ward LLP*
  Panelists *- Nate Lutz, Assistant General Counsel, Cleveland Clinic Foundation; Robert Hauptman, CFA, Stout Risius Ross; Darrell Ranum, JD, CPHRM, Regional Vice President-Patient Safety, The Doctors Company; Raymond J. Marvar, Tucker Ellis LLP, General Counsel, Premier*

11:30 AM - 11:45 AM — Break

11:45 AM - 12:45 PM — **Breakout Options Session 2:**
- **Pain Management in the Face of the Prescription Drug Abuse Epidemic**
  Moderator *- Eric Yasinow, MD, University Hospitals, Chagrin Highlands Health Center*
  Panelists *- Orman Hall, M.S.Sc., Director, The Ohio Department of Alcohol and Drug Addiction Services; Judge David Matia, Cuyahoga County Drug Court; Bina Mehta, MD, Western Reserve Spine and Pain Institute; Theodore Parran, Jr. MD, Associate Professor of General Medical Sciences, Case Western Reserve University*
- **Protecting Patient Information from Technological Threats**
  Moderator *- J. Ryan Williams, Esq., Walter Haverfield LLC*
  Panelists *-David Morgan, Supervisory Special Agent for Cyber Intrusion Investigations, FBI, Cleveland Division; Michael Lipinski, U.S. Dept. of Health and Human Services; David S. Finn, CISA, CISM, CRISC, Health IT Officer, Symantec Corporation; Ethan Leonard, MD, Associate Chief Medical Officer, University Hospitals Rainbow Babies & Childrens Hospital.*

Register Early and Save!

Early Registration rate before March 15, 2013
- ☐ $75 AMCNO members and CMBA members
- ☐ $125 Non-Members
- ☐ $75 Employees of health systems

After March 15, add $50 to listed price
Registrations the day of seminar will include an additional $15 fee. Registration must be pre-paid by cash, check or credit card in order to qualify for early registration price. Please keep a copy of your registration information. No tickets or confirmations will be sent for these seminars. Programs subject to change without notice.

The registration fee includes the Keynote Presentation by Dr. Ezekiel "Zeke" Emanuel and the sessions on Saturday. To obtain the full CME and Risk Management (UH) and (TDC)credits, you must attend both days.

Please choose one breakout option from each session

Breakout Options Session 1:
- ☐ *A Frank Conversation with Government Regulators*
- ☐ *Physician Practice Acquisitions*

Breakout Options Session 2:
- ☐ *Pain Management in the Face of the Prescription Drug Abuse Epidemic*
- ☐ *Protecting Patient Information from Technological Threats*

Please Return your Registration Form to the AMCNO

Name _____

Address _____

City_____ State _____ Zip _____

Phone _____

E-mail _____

☐ Check Enclosed made payable to the AMCNO

Credit Card No. _____

Exp. Date _____ Security Code _____

Register Online at www.amcno.org

Make checks payable to the Academy of Medicine of Cleveland & Northern Ohio. Mail to 6100 Oak Tree Blvd., Suite 440, Independence, OH 44131, or fax Registration Form to 216-520-0999. Call the AMCNO at 216-520-1000 for further information. Cancellations must be received in writing three business days prior to the program. Refunds are charged a $15 administrative fee.

Event Location:
Cleveland Marshall College of Law
1801 Euclid Avenue
Cleveland, OH 44115

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 5.5 *AMA PRA Category 1 Credits™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity. The AMCNO has obtained approval from University Hospitals (UH) for four hours of Clinical Risk Management Education (CRME) credit for those physicians participating in the UH Sponsored Physician Program and from The Doctors Company (TDC) to satisfy the Risk Management education credit for those physicians insured through the Community Physician Partnership (CPP) program.

Professional Practice Gap:
On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). This legislation is considered one of the most significant pieces of legislation since the establishment of Medicare and Medicaid in 1965. The new law will significantly transform the U.S. healthcare delivery system and the practice of medicine. In addition to the Act, other issues are also reshaping the practice of medicine. They include a changing physician workforce, a shift from private practice to large group practice and significant regulatory changes affecting physicians. This program will give a medical-legal overview of the challenges and changes in health care delivery and their impact on the practice of medicine.

Global Desired Learning Outcomes: At the completion of the session, participants should be able to:
- Explain the physician's role in avoiding the inappropriate disclosure and use of protected health information.
- Identify criminal and civil actions and settlements involving physicians and the impact on hospital-physician relationships, employment arrangements, and recruitment arrangements.
- Identify the legal and business considerations involved in maintaining an independent physician practice in the current healthcare environment,
- Describe effective avenues for communication between government and the medical community in the wake of increased regulations and rules,
- Assess why practice-based electronic health records are essential to quality measurement, quality improvement, and related to programs such as pay-for-performance.
- Cite legislative and regulatory initiatives that affect the practice of medicine and understand how these initiatives impact the prescribing of opiates to patients,
- Describe steps physicians can take when offering an apology or disclosure to their patients.

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EQUAL HOUSING LENDER

AMCNO Wine Tasting

Old World met New World at the annual AMCNO Wine Tasting event held February 17th at La Cave du Vin in Cleveland Heights. AMCNO members and their spouses/guests were treated to nine wines, some with old world influences and others featuring modern blends. Guests started the evening with a sparkling rose from Durnberg, Austria. La Cave's wine expert, Eric Lasher, then took guests to the various wine regions of France, sampling the "old world" Chateau Riviere LaCoste Graves Blanc; Domaine Charmoy Chablis; Chateau Tayet Bordeaux Superierur; and the Grignan Les Adhemar Seduction from Domaine Montine. Then it was on to New Zealand where guests tasted the Harbor Town Sauvignon Blanc. The tour ended with a visit to California's Edna Valley, the oldest wine-growing region of the U.S. Guests sampled the Norman Vineyards Chardonnay Reserve and their Crescendo Meritage was one of the most popular wines of the evening. If you couldn't make it this year, don't fret – we had so much fun we'll be doing it again next year! ■

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