

## U.S. Surgeon General Dr. Jerome Adams Visits NEOHOC Meeting

U.S. Surgeon General Vice Admiral Jerome M. Adams, MD, was in Cleveland at the end of May, and he attended the Northeast Ohio Hospital Opioid Consortium (NEOHOC) meeting.

AMCNO member David Stroom, MD, on staff in the Department of Psychiatry and Psychology at the Cleveland Clinic, introduced Dr. Adams. He provided a brief bio on the Vice Admiral, saying he is the nation's 20th Surgeon General, and he oversees 6,500 uniformed health professionals. Before assuming his current role, he served as the Indiana State Health Commissioner. Dr. Adams' motto is: "Better health through better partnerships."

Dr. Adams, who is an anesthesiologist, said he has been involved in organized medicine for

20 years. He recognizes opioids are a local problem in Ohio, but they're also national/regional. There are different challenges associated with the problem, and that's why it's so important that the consortium is coming together to work on the problem, he said.

As an anesthesiologist, he is trained in acute and chronic pain. He has been prescribing opioids throughout his career, and the lesson has been learned not to be overly generous with them. The root of the opioid problem, he said, is untreated pain (e.g., physical,



U.S. Surgeon General Dr. Jerome Adams (center) stands for a moment with AMCNO President Dr. Mehrun Elyaderani (left) and Dr. Tom Collins (right), who is the AMCNO representative on the Northeast Ohio Hospital Opioid Consortium and AMCNO president-elect.

emotional). For many people, their pain is legitimate, and opioids help, such as those who are battling cancer. He said there can

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## AMCNO President Dr. Mehrun Elyaderani Presents at CWRU School of Medicine Commencement Award Ceremony

AMCNO President Dr. Mehrun Elyaderani spoke at this year's Case Western Reserve University (CWRU) School of Medicine commencement awards ceremony on behalf of the AMCNO.

The ceremony was held on Saturday, May 18, and included remarks by Dr. Elyaderani to the students about the importance of becoming involved in the community and as a part of organized medicine. During the ceremony, Dr. Elyaderani was also honored to present the Academy of Medicine Education Foundation (AMEF) award to a graduating student who has shown outstanding commitment to the Cleveland and Northern Ohio communities, is a strong advocate for all patients, and promotes the practice of the

highest quality of medicine. This year's AMEF award recipient was Marsalis Brown.

Marsalis also received the CWRU Medical Alumni Association Award for being a noteworthy graduating student whose kindness, empathy, respectfulness, and appreciation of the human condition that impacts all patients and whose enthusiasm for clinical medicine, learned critical thinking, and sense of motivation inspires classmates and faculty. ■



AMCNO President Dr. Mehrun Elyaderani (right) presents the AMEF award to Marsalis Brown (center). (CWRU Dean Dr. Pamela Davis stands on the left.)

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## An AMCNO Partner and Academy Past President Shine Light on Physician Burnout

The Ohio Physician Wellness Coalition (OPWC), which represents Ohio physicians and hospitals and focuses on addressing physician burnout, recently launched six videos in its continuing medical education (CME) series on its website. A news release was disseminated to local news media outlets to announce their availability. The AMCNO is a partner of the OPWC.

The current offering of CME videos and topics follows:

- **Balancing it all: A physician's guide to understanding and managing stress, burnout, and resiliency.**
- **Mental health issues in medical students and residents.**
- **Isolation and socialization in medical professionals.**
- **The science and art of gratitude.**
- **Meditation and mindfulness for emotional well-being.**
- **Mental wellness for the attending physician.**

These six videos are available for free on the OPWC website, [www.ohiophysicianwellness.org](http://www.ohiophysicianwellness.org), under the CME tab.

Funding for these courses has been made possible through the generous support of the AMCNO's charitable component—the Academy of Medicine Education (AMEF)—and the Ohio Hospital Association.

In addition, AMCNO Past President Dr. Fred Jorgensen was recently interviewed for a segment about physician burnout on WEWS/News Channel 5.

Dr. Jorgensen, a family medicine physician, listed several factors that are contributing to physicians feeling the pressures of the profession, including electronic health records, regulations associated with prior authorizations, and spending more time on administrative duties after office hours.



*AMCNO Past President Dr. Fred Jorgensen is interviewed about physician burnout by WEWS/News Channel 5 reporter Mike Brookbank.*

Dr. Jorgensen also serves on the Physician Advisory Council of the OPWC, and the information about the coalition's resources, including general videos on the topic, was mentioned during the segment. His interview with Channel 5 can be found on our Twitter feed (@AMCNOTABLES). ■

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then be a shift to other drugs, however. He talked about a recent HIV outbreak that resulted from needle-injected drug use. He said that problem crystallized his belief that we have to partner with others in our communities, such as those in the faith-based communities, businesses, law enforcement, etc., to make changes. He said by working together, we can go further, faster.

He talked about his younger brother, who struggles with substance use disorders and is serving time in jail. By sharing this personal story, he hopes to lift others up and enable them to talk about their personal stories, to move forward and reduce the stigma associated with addiction. He stressed that addiction is a disease. Dr. Adams also emphasized the importance of carrying naloxone, to assist in emergency situations. One person dies every 11 minutes from an overdose in a home environment, he said. The communities that have made naloxone widely available have been successful in reducing overdose deaths.

He told attendees to consider carrying naloxone and talk about it with others—to be an advocate

and an educator, he said. There is also a postcard on [www.addiction.surgeongeneral.gov](http://www.addiction.surgeongeneral.gov) that can be shared by printing it and distributing it or sharing through social media. The postcard talks about what you can do to prevent opioid misuse. Dr. Adams said 80% of heroin users started with opioids. There are alternatives to opioids, he said, and being addicted is not a moral failing.

Although opioid misuse is a current topic, more people are still dying from alcohol and tobacco use than opioids. He said a focus should be made on building resilience in children, so they don't turn to these destructive outlets. The use of e-cigarettes is up, and the statistics are shocking, Dr. Adams said. We need to shine a light on factors that lead to addiction, he stressed.

Marijuana is now becoming another problem. He is concerned about the attitude in young people and adults about the drug—they don't see anything wrong with it. There is no other medication where you can grab it out of the ground, roll it up and smoke it, he said, adding that you have no clue how much you are

getting, and we still don't fully know which groups of patients benefit from it. When we use one drug (marijuana) to replace another drug (opioids) for how we treat untreated pain, we're back to where we started, he said.

Dr. Adams closed his remarks by saying, "together we can be successful in turning around the opioid overdose rates and share best practices in order to overcome this epidemic."

The Consortium Roundtable followed, and a representative from each facility/organization provided an update on how their organization is working to address the opioid crisis. Providing updates were: Camille Zalar from the Center for Health Affairs; Dr. Jeanne Lackamp, Director, UH Pain Management Institute; Susan Fuehrer, CEO, U.S. Department of Veterans Affairs; Dr. Stroom, Medical Director, Alcohol & Drug Recovery, CCF; Dr. Joan Papp, Medical Director, Office of Opioid Safety, MetroHealth; Dr. Ted Parran, Co-Medical Director, Rosary Hall, St. Vincent Charity Medical Center; and Dr. Tom Collins, President-Elect, AMCNO.

To view photos from the meeting, visit our Twitter feed (@AMCNOTABLES) and Facebook page. ■

# AMCNO PUBLIC HEALTH ACTIVITIES

## RALI CARES Launches Opioid Educational Tour, AMCNO and AMEF Co-Sponsor Appreciation Week for First Responders

AMCNO staff recently attended the Rx Abuse Leadership Initiative of Ohio (RALI Ohio) launch of its statewide tour of the RALI CARES "Code 3" educational trailer in Columbus at the Statehouse. The AMCNO is a partner in RALI Ohio.

RALI Ohio created a partnership with Code 3, a program that includes an interactive trailer display, which features a mock teenage bedroom set up to illustrate to parents and the community how to spot the possible warning signs of drug use and/or abuse. RALI Ohio made numerous stops throughout the state, and experts were on-site to guide people through the trailer. The Ohio Senate Communications Staff also created a video of the trailer's first stop at the Statehouse that AMCNO staff attended.

In addition to its efforts regarding public education, RALI Ohio has provided grants to not-for-profit organizations throughout the state that offer substance abuse prevention and educational programming, or provide community support in fighting the opioid epidemic. Grant funding has assisted children's groups, veterans' organizations, and statewide and local community initiatives.

The AMCNO and our foundation, the Academy of Medicine Education Foundation (AMEF), also worked with RALI Ohio on providing assistance for the "Bringing Help, Bringing Hope" First Responder Appreciation Week, which was held April 29 through May 5.



The RALI CARES "Code 3" educational trailer makes a stop at the Statehouse in Columbus.

That outreach spread to us coordinating efforts with the Cuyahoga County Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board. As a co-sponsor of this week-long event, the AMEF contributed funds to the cause, and the AMCNO promoted the event through our publications, website and social media platforms.



AMCNO staff assists in delivering a "thank you" care package to first responders in Seven Hills.

As Ohio continues to face an opioid epidemic, the Ohio Governor's Office, Office of Ohio's Attorney General, and the Ohio Association of County Behavioral Health Authorities (OACBHA) collaborated to host this appreciation week to highlight the good work being done by individuals on the front lines, such as police officers, firefighters, and EMTs. Coordinated through each county's ADAMHS Board, events were held across the state to specifically give thanks to the brave men and women who are saving lives and leading others into recovery.

AMCNO President-Elect Dr. Tom Collins said: "It's important for the AMCNO to recognize and support our first responders as they battle the ongoing opioid crisis. They are a crucial bridge in keeping patients alive so they can hopefully enter drug treatment programs. We equally recognize the burden these true professionals bear when they see so many opioid-related deaths and families ripped apart. Our entire medical community is grateful for their dedication and service." Dr. Collins is the Medical Director for the City of Cleveland, Divisions of EMS, Fire and Police, and the Medical Director at The MetroHealth System, Office of Professional Affairs.

To learn more about RALI Ohio, visit their website: [www.ralioh.org](http://www.ralioh.org). ■

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## Congratulations to the 2019-20 AMEF Scholarship Recipients!

The Academy of Medicine Education Foundation (AMEF) has awarded six local medical students with \$5,000 scholarships each for the 2019-20 school year to help ease the burden of student loans.

The AMEF Board of Directors reviews new applications each year and chooses students based on a number of criteria. Applicants are third- or fourth-year medical students who are, or were, residents of Cuyahoga, Ashtabula, Geauga, Lake, Lorain, Portage or Summit counties, and who have demonstrated an interest in being involved in organized medicine and community activities. They must also possess leadership skills and demonstrate academic achievement.

Each year, the AMEF and the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) highlight the scholarship recipients in our publications. The awardees were asked to provide their photo and short bio so that our members can learn more about them—such as their interests and future plans. Their information follows.

The AMEF and the AMCNO would like to congratulate these exemplary recipients, and we wish them all the best in their medical careers!



**Matthew Abola**  
**Scholarship Recipient**  
**from Case Western**  
**Reserve University**  
**School of Medicine**

Teaching and mentoring others is an enjoyable part of Matthew Abola's

experience in medical school. In his fourth year, he is teaching first- and second-year students on physical exam and communication skills as well as leading discussions on sensitive topics within medicine (e.g., alternative medicine, human trafficking, and addiction among physicians). Before dedicating time to teaching, Matthew enjoyed volunteering at the Free Clinic of Greater Cleveland, tutoring local middle schoolers in their most difficult subjects, and working on outreach and fundraising for the organization that represents underrepresented minority students at Case.

Similar to his roles in teaching, he has sought opportunities to communicate his own experiences in medicine to others. As a board member of the Holden Surgical Society, and the lab leader of a clinical outcomes research group, Matthew has helped organize and facilitate opportunities for other students. Within the Holden Surgical Society, he organized shadowing experiences for first- and second-year medical students so that they could become immersed in surgery early within their career. Similarly, as the manager of a clinical outcomes research group at MetroHealth, he aided students in generating research projects and learning the fundamentals of research, such as study design, statistical analysis, and writing a concise, organized manuscript. When he's not at the hospital or school, he enjoys spending time with his wife, who is currently a PGY-2 in Ophthalmology at New York University. Matthew is an avid outdoorsman and enjoys hiking, biking, trail running, and fishing. For residency, he will train at the Department of Orthopedics at New York University, Hospital for Joint Disease. As he begins residency, he hopes to pass along the same dedication to education and future physicians that has been shown to him.



**Kate Kelley**  
**Scholarship Recipient**  
**from Northeast Ohio**  
**Medical University**

Kate Kelley is a third-year medical student at Northeast Ohio Medical University. Prior to

attending medical school, Kate worked in health communications and public health at the American Psychological Association and the Institute of Medicine in Washington, DC. She earned a bachelor's degree in History and International Affairs from the University of Mary Washington, and a Master of Public Health from The George Washington University, where she focused on global health, and specifically how cultural beliefs

influenced the health and healthcare of the Roma people. Born and raised in Cuyahoga County, she is a graduate of Solon High School, and plans to pursue a family medicine residency and a career as a family physician in Northeast Ohio. In addition to medical school, she is also currently engaged in the *Making Health Care Fair* universal healthcare initiative of the National Physicians Alliance. Kate holds a specific interest in primary care in underserved communities both domestically and internationally, health policy and healthcare reform, and the overlap between physical and behavioral health. She enjoys reading fiction (almost exclusively); cooking meals that sometimes aren't worth the subsequent dishes; talking politics with friends, family, and occasionally foes; travelling, but rarely to the same place twice; and trail running in Cleveland's Metroparks with her husband Matt, a high school science teacher. She is deeply grateful for the support of her family, university, and the Academy of Medicine Education Foundation for their generous scholarship.



**Chan Mi Lee**  
**Scholarship Recipient**  
**from Cleveland Clinic**  
**Lerner College of**  
**Medicine of CWRU**

Chan Mi ("Chanmi") Lee is currently a third-year medical student at

Cleveland Clinic Lerner College of Medicine (CCLCM). She earned her bachelor's degree in New Zealand, and MSc and PhD in Canada, before coming to the United States for medical school. It's been quite a journey for her—the U.S. is the fifth country she's studied in; Korea, New Zealand, Australia, and Canada are the others. Specialty-wise, she is still keeping an open mind until the end of her third-year rotation, but wishes to become a physician-scientist who performs basic science research in inflammation and vascular diseases. At CCLCM, she has been involved in and led several groups, including the Curriculum Steering Council, Committee Board of Student Representatives, Epsilon Epsilon chapter of Phi Delta Epsilon (PhiDE), and Vascular Surgery and Transplantation Interest Groups. She has also worked in the Allen Memorial Medical Library as well as the Dittrick Museum of Medical History for the past 3 years, where she has recently been chosen as a Board Member for the Cleveland

# AMEF ACTIVITIES

Medical Library Association (CMLA). She particularly enjoys teaching undergraduate students through the CMLA Journal Club. In her spare time, Chan Mi likes to write and walk in nature, and loves to sing and play the flute in her church choir. For the past 6 months, she has been entranced in learning Taekwondo as well, which had been one of her childhood dreams. Chan Mi is extremely grateful for all the opportunities and support that have enabled her to come this far, and she is working toward building a life of giving in various ways, both big and small. Examples include volunteering in a nursing home for 8 years, donating to help a community for the past 6 years, and helping those in need on her routine RTA bus rides.



**Sara Maskal**  
**Scholarship Recipient**  
**from Case Western**  
**Reserve University**  
**School of Medicine**

Sara Maskal is a third-year medical student at Case Western Reserve University School of Medicine. While in medical school, she has been involved in clinical and basic science research at Cleveland Clinic and University Hospitals and has presented her work at several conferences. She is also engaged in serving the Cuyahoga County community. She volunteered with the Student-Run Health Clinic and the John Hay Writing Workshop during her preclinical years. As a second-year student, she also co-lead Anatomy Camp, a program designed to expose intercity middle and high school students to the fields of medicine and bioengineering. In her free time, Sara loves to dance; she has performed in Doc Opera for the past 3 years and choreographed for the past 2 years. She is also passionate about traveling and playing tennis. She will be applying to general surgery residencies this fall. In addition to being a practicing surgeon, she plans to pursue a career in medical education and research.



**Bryan Naelitz**  
**Scholarship Recipient**  
**from Cleveland Clinic**  
**Lerner College of**  
**Medicine of CWRU**

Bryan Naelitz is a Cleveland-area native who

grew up in the western suburb of Amherst. After graduating from Washington University in St. Louis with a degree in biology and anthropology, he enrolled in the Cleveland Clinic Lerner College of Medicine, where he is currently a third-year medical student training to become a physician investigator. Bryan is enamored with urology and will pursue residency in this field, following a year of supervised research in the Sharifi Laboratory. His project will investigate how adrenal precursors are converted to androgens in the setting of castration-resistant prostate cancer and potentially illuminate how this hormonal pathway contributes to cancer progression. Bryan is excited to enter a specialty that will enable him to further explore his research interests in oncology, male infertility, and health disparities. Improving community health remains one of his chief professional goals. In medical school, Bryan served as volunteer coordinator for the Community Health Initiative and organized weekly health screening sessions at the Men's Shelter at 2100 Lakeside. He has also served as a perennial volunteer at the Minority Men's Health Fair, where he assisted with HIV screening and facilitated clinical research efforts. This year, Bryan will screen for kidney disease with members of the Urology Interest Group and counsel attendees on lifestyle changes to protect renal health. He will continue outreach efforts as a physician to increase awareness of urologic health issues and augment community trust in the healthcare system. He enjoys teaching and hopes to serve as a mentor to medical students and residents. Outside of medicine, Bryan is an avid long-distance runner who will complete nine half-marathons this racing season. He also enjoys attending Cleveland Orchestra concerts, seeing the latest films at the Cedar Lee Theatre, and trying the newest flavors of Mitchell's Homemade Ice Cream.



**Aishwarya Sharma**  
**Scholarship Recipient**  
**from Ohio University**  
**Heritage College of**  
**Osteopathic Medicine**

Aishwarya Sharma is a third-year medical student at Ohio University (OU)

Heritage College of Osteopathic Medicine. At the age of 19, she completed her Bachelor of Arts degree in Political Science and Bachelor

of Science in Biology, with a pre-law and pre-med concentration, along with a Chemistry minor at Lake Erie College, graduating summa cum laude. Having lived in Northeast Ohio for the majority of her life, she moved from Parma to Perry, before planting her roots in Timberlake. Besides actively volunteering in her community and working as the secretary for the Timberlake council, Aishwarya is a dynamic member of Omega Beta Iota Honor Society, Gold Humanism Honor Society, and Student Osteopathic Medical Association. Moreover, she serves as an OU Medical Mentor with both high school and college students. A lifelong vegetarian, she continues to work with the American College of Lifestyle Medicine to promote a plant-based diet to enhance health and wellness. When she is not involved with community service and fundraising endeavors, Aishwarya enjoys exploring new cuisines and cooking for her loved ones, while spoiling her 3-year-old cat. She has visited more than 30 countries, speaks three languages fluently, and intends on volunteering with global health initiatives to increase access to medicine after residency. She is also an academic tutor and has taught more than a hundred students in the past decade. She is an avid reader and writer, and she has a novel in progress as well as several short story/poetry publications. Working as an emergency room scribe at Lake Health, Aishwarya witnessed first-hand the detrimental effects of the primary-care physician shortage in Ohio. Her passion for enhancing health care drives her future ambitions. After graduation, she hopes to become a family practitioner, so she can become a part of the solution to this epidemic, while providing compassionate and inclusive care to her diverse Northeast Ohio community.

The AMEF is now accepting scholarship applications for the 2020-21 school year. To learn more, visit the AMCNO website at [www.amcno.org](http://www.amcno.org).

Scholarship funds are primarily raised through the AMEF's annual golf outing. **This year's event will be held at the Chagrin Valley Country Club on Monday, August 12.** We, and future students, welcome your support! ■

## 2019-2020 Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Board of Directors and Officers

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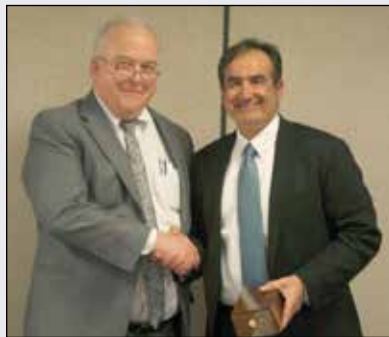
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*Left photo:  
Outgoing AMCNO  
President Dr. R Bruce  
Cameron (left) passes  
the gavel to incoming  
president Dr. Mehrun  
Elyaderani (right).*

*Right photo:  
Dr. Cameron receives a  
commemorative clock  
to mark his term and  
thank him for all of his  
hard work.*

## The AMCNO Celebrates its Members Who have been Practicing Medicine for 50 Years

The AMCNO would like to congratulate a very unique group of physicians—those who have been practicing medicine for 50 years.

These physician members have continued to be active participants in the healing process, contributing to humanity through each of their medical specialties, and reaching out tens of thousands of times to their patients, families and colleagues.

To recognize this extraordinary milestone in their careers, the AMCNO presented each physician with an award certificate, thanking them for

their dedication and for all of the lives that they have helped throughout the years.

The AMCNO honors the following physician members who have achieved 50 years in the medical profession. We are thankful that they have chosen to be included in our organization, and we sincerely appreciate the care they have provided to Northern Ohio residents for the last five decades.

### Congratulations!

Victoria R. Alonso, MD  
Charles M. Bailin, MD  
George H. Belhobek, Jr., MD  
Victor M. Bello, MD  
Lester S. Borden, MD  
Harold Jon Bowersox, DO  
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## In Memoriam

The AMCNO would like to recognize the following physician members who have recently departed (from April 2018 through May 2019)—they are greatly missed. We are grateful for the contributions they made to the medical profession during their careers, and we continue to offer our condolences to their families and friends for their loss.

Donald W. Bunde, MD  
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Josef Edelstein, MD  
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Mauro Serrano Tuason, MD  
Robert James Wallace, MD  
William Thornton Wilder, MD

## Meet Mehrun Elyaderani, MD 2019-2020 AMCNO President



Mehrun Elyaderani, MD

### Tell us about yourself and your practice

I am an orthopedic surgeon with a specialty interest in hand surgery. I grew up in Morgantown, West Virginia, and went on to graduate from Creighton University, majoring in Biology and Philosophy. I earned my medical degree at

Creighton as well, and completed my Orthopaedic residency at University Hospitals (UH) of Cleveland. Additionally, I spent two years working on mesenchymal stem cell research under the direction of Arnold Caplan, PhD, and the late Dr. Victor Goldberg. Upon completion of my residency, I then went on to the Cleveland Combined Hand Fellowship, which incorporated training at UH, the Cleveland Clinic and MetroHealth Medical Center.

In 2000, I joined Orthopaedic Associates, Inc., which is based in Westlake, Ohio. My partners and I have been able to sustain an independent single-specialty practice serving the west side communities. I have been able to develop a general orthopedic practice with a focus in hand surgery in the community in which I live and love.

Being a partner in an independent practice in Cleveland is not easy. I have had to learn practice management on the go, as that is not something taught in medicine. Being a physician and helping our patients succeed through adversity is what we were taught to do, but running a business successfully allows us to bring excellent orthopaedic care to our community in an efficient manner.

I have felt that in order to make changes in medicine, which ultimately bring quality of care to our patients, one has to engage in medicine at many different levels. I have, therefore, served in any capacity that I feel allows me to facilitate improvements to my department and respective UH St. John Medical Center and Cleveland Clinic (Fairview) hospital affiliations. Now, as AMCNO president, that focus and energy will not only reach my department or hospital, but the constituents that make up our colleagues in Northeast Ohio as well.

### How did you become interested in medicine?

My father was a Professor of Radiology at West Virginia University. He was on the forefront of interventional radiology, and shared his expertise through both teaching and writing several books and hundreds of articles during his career. He was an early role model for me, and my interest only grew as I participated in a medical explorers post in high school. It is there that we followed various medical professionals doing what they did best. I, therefore, knew as an undergraduate what my goals were with the required core curriculum. I did, however, offset the sometimes mundane memorization of facts in science with a major in philosophy, which was a different type of learning without singular correct answers. I feel this was integral in forming me as a person and physician. My educational background in philosophy allows me to see that there is no one definitive treatment plan universal to every patient. This is what makes us all human and special in our own way.

### What accomplishments are you most proud of?

As a physician, I am most proud of the meticulous care and treatment I give to my patients. The best accolades are those that come from your patients and their families. Nothing makes me feel more proud than when a patient is seen post surgically or post nonoperative treatment, and they give you a hug and their most sincere thanks for making a positive impact in their care, getting through an injury or pathology successfully, while restoring their quality of life.

As a person, of course I am most proud of my family. My three boys continue to amaze me, each in their own special way. Most of all, my wife has been steadfast as the pillar of our family, through all the adversity and time that my profession demands.

### What are your hobbies and interests?

I love sports. But, I have now resorted to just golfing, as my body has repeatedly said not to continue to play basketball. Now I watch sports more than I play, and watching my boys play basketball, baseball and fencing fulfills my competitive spirit.

### What are your goals and priorities for the AMCNO this year?

I have been fortunate to follow great AMCNO leaders throughout the past several years. I look forward to working with a very knowledgeable

Board of Directors and our EVP/CEO Elayne Biddlestone. The AMCNO has represented the interests of physicians, hospitals, and patients for nearly two centuries, and has played an integral role in supporting policies and reforms that leave a lasting impression on medicine and its delivery. In my career, I have lived through the malpractice insurance crisis that nearly drove my practice out of business. It was with the efforts of organizations such as the AMCNO that reform became a reality and preserved independent medicine practice as we know it.

Presently, many topics demand our attention, not the least of which include physician burn out, the opioid epidemic, access to health care, independent practicing certified nurse practitioner (CNP) and certified registered nurse anesthetists (CRNA) proposals, and electing political officials whom support policies in line with our constituents' best interests.

Physician "burn out" is real. The days of spending all of our time caring for patients is no longer a reality. In the office one has to find time to complete the electronic medical record (EMR) by checking off all the boxes necessary to meet coding requirements. One is also faced with the task of dealing with prior authorizations on increasing interventions and medications, and template or dragon versus dictation. All of these tasks take time and increase overhead cost, yet reimbursements continue to decline. Those who are employed by large health systems are asked to see more patients, yet maintain their quality and satisfaction scores. This leaves them working longer hours after all the patients are gone, having to get through the documentation late in the office or at home, putting a strain on family life.

### What are your concerns about the future of health care?

When I started my clinical rotations in 1990, I recall almost all of my clinical time going to the actual treatment of patients, with very little time spent outside of direct patient care. That is what our training focused on, and that is where our priorities were. We spent our time analyzing the data, doing a thorough patient exam and interview, making a differential diagnosis, and subsequently following through with a treatment plan. I do not recall spending a lot of time deciding whether the patient is to be admitted or put in observation status, and then making the documentation support the decision. I do not recall spending time answering numerous inquiries for documentation to support billing codes or procedures. I do not recall updates in the EMR software, requiring lengthy tutorial after

*(Continued on page 9)*

# AMCNO LEGISLATIVE ACTIVITIES

## AMCNO Legislative Update

### Biennial Budget Bill

It has been a busy last few months at the legislature, with much of the debate and discussion centered around HB 166 – the biennial budget bill. At press time, the bill was in its final stages of discussion but not yet finalized. Historically, the budget bill is on the governor's desk for his signature by June 30, but that did not occur this year.

For just the third time in 28 years, the House, Senate, and governor failed to agree on a state budget by the July 1 deadline. Because they could not agree on budget measures, the House and the Senate agreed to pass a 17-day budget continuation, so the new deadline is July 17, when both the House and Senate have "as needed" sessions scheduled. The Speaker, Senate President, and governor have all indicated that they wish to finish before that deadline.

Disagreements still remain on tax, education, and healthcare issues, and no compromises in any of these areas have been announced. All state agencies will continue to function and operate normally during the interim, and funding will continue at 100% of FY 19 levels. Services should not be interrupted; the only result of this delay is that it further pushes back any implementation of policy changes.

At press time, neither chamber had announced their schedule for the next 2-3 weeks, but it appears that there may be no public announcements about the legislative schedule until after the July 4 holiday. The AMCNO will continue to monitor the budget discussions, and we will provide a complete update on the final budget in the next issue of the *Northern Ohio Physician* and in our email communications to members.

## Legislation under Review

**HB 177 – Medical Care** – This bill would eliminate the requirement for advanced practice registered nurses (APRNs) to obtain collaboration agreements with supervising physicians in order to practice. The AMCNO Board of Directors has a position statement on this issue that clearly states the AMCNO opposes any legislation that would expand the scope of practice for APRNs to include independent practice without physician collaboration. The AMCNO supports the use of patient-centered, team-based care. A team-based approach includes physicians and other healthcare professionals working

together, sharing information and making decisions for the good of the patient. The key to better health outcomes, as well as cost containment in the healthcare system, is coordinated care provided by a team of healthcare professionals who work in collaboration. The AMCNO believes that every member of the healthcare team plays a critical role. Nurses, therapists, pharmacists, certified registered nurse anesthetists (CRNAs) and others each do their part in a team led by a physician. Physicians bring to the team the highest level of training and abilities and are the best qualified to guide the other members of the team. Although we value the abilities and contributions of APRNs and all nurses, we do not believe they can take the place of a fully trained physician. The AMCNO is opposed to this legislation, and we have asked the legislature to continue to utilize the physician-led, team-based approach to care as the safest and most efficient way to provide care in Ohio.

**HB 224 – Nurse Anesthetists** – Dr. John Bastulli, VP of Legislative Affairs for the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), provided opponent testimony at the Ohio Statehouse on behalf of the Academy and the Ohio State Medical Association concerning HB 224. This legislation would expand the scope of practice of CRNAs. Dr. Bastulli was one of several medical professionals who spoke out against the measure, which maintains supervision of CNRAs' work by a physician but does not fully define that level of oversight.

In its current form, Dr. Bastulli said the measure will "result in confusion, duplicative and unnecessary orders, increased healthcare costs, and, most importantly, it will compromise patient care." He also said he understands that the proponents of the bill believe it will allow for patients in rural areas to receive medication in a more timely manner prior to and after operations; however, he said the current wording does not address those surgical periods and even extends well beyond those periods, as the bill does not require the CRNA to be on-site with the patient when giving orders for drugs, tests, treatments and fluids.

Dr. Bastulli concluded his testimony by saying: "While my colleagues and I value the role of CRNAs and respect their important contributions to the surgical team, this legislation adds an unnecessary layer of

complexity to the surgical process and tries to address a problem that is not proven to exist."

This bill would change the scope of practice for CRNAs in a manner that would not be acceptable to the AMCNO or other medical associations. As noted, the AMCNO believes in the team-based model of care, and we have concerns about patient safety and CRNA training limitations, so we oppose this bill.



*Dr. John Bastulli, VP of Legislative Affairs for the AMCNO, provides opponent testimony at the Ohio Statehouse concerning HB 224.*

**SB 72 – Revise Fireworks Law** – The AMCNO has joined other medical associations in providing written opponent testimony on Senate Bill 72, a bill that would legalize fireworks in Ohio. SB 72 is sponsored by Senator David Burke. As an organization whose primary focus is advocacy on behalf of Ohio children, veterans, healthcare providers, and animals, the AMCNO believes these efforts pose a serious risk to the health and safety of all Ohioans.

Currently, consumer-grade fireworks can be sold in Ohio but cannot be discharged. Until recently, consumers who purchased fireworks were required to sign a form attesting that they would transport them out of state within 48 hours. Although the form is no longer required, discharge of consumer fireworks in Ohio remains illegal. The AMCNO strongly supports the current prohibition on discharge and believes that it should be maintained. The AMCNO has been a long-time member of the Ohio Fireworks Safety Advocates Coalition, which was established to educate the public about the dangers of consumer use of fireworks, and we also opposed similar legislation in the last General Assembly. We will continue to monitor this issue and provide a report to our members.



**HB 11 – Prenatal Care** – This will cover important efforts to improve health outcomes tied to infant mortality rates in Ohio, including prenatal health, specifically in the areas of smoking cessation, dental hygiene, lead education, and group prenatal care.

In our written testimony to the House Health Committee, the AMCNO noted that studies have shown that smoking is one of the most important modifiable causes of poor pregnancy outcomes in the United States, and is associated with maternal, fetal, and infant morbidity and mortality. Smoking during pregnancy is a public health problem because of the many adverse effects associated with it. These include intrauterine growth restriction, placenta previa, abruptio placentae, preterm premature rupture of membranes, low birth weight, perinatal mortality and ectopic pregnancy. An estimated 5–8% of preterm deliveries, 13–19% of term deliveries of infants with low birth weight, 23–34% cases of sudden infant death syndrome (SIDS), and 5–7% of preterm-related infant deaths can be attributed to prenatal maternal smoking. The risks of smoking during pregnancy extend beyond pregnancy-related complications. Children born to mothers who smoke during pregnancy are at an increased risk of asthma, infantile colic, and childhood obesity.

Prenatal lead exposure also has known adverse effects on maternal health and infant outcomes across a wide range of maternal blood lead levels. Adverse effects of lead exposure are being identified at lower levels of exposure than previously recognized in both children and adults. In 2010, the Centers for Disease Control and Prevention issued the first guidelines regarding the screening and management of pregnant and lactating women who have been exposed to lead.

Group prenatal care is a model that takes place in a group setting, allowing patients to spend more time with their healthcare providers. In this group setting, pregnant patients share their concerns in a supportive environment, and it allows for increased time with their healthcare team, patient participation and engagement in their own care, interactive education, social support and community building within the group, as well as improved pregnancy outcomes, including decreased preterm births.

The AMCNO has been working with First Year Cleveland and other organizations to reduce infant mortality rates in the Cleveland area, and we believe HB 11 has the potential to improve health outcomes in our community and across Ohio. The AMCNO supports this important legislation. ■

## AMEF GOLF OUTING

Please join us on August 12, 2019, at the Chagrin Valley Country Club in support of the 16th Annual Marissa Rose Biddlestone Memorial Golf Outing.

Proceeds help fund local educational programs (including medical school scholarships) and help physicians and the patients they serve achieve better health outcomes through the implementation of new initiatives, plus so much more.

*For more information about this important event see the insert inside this issue.*

## Meet Mehrun Elyaderani, MD – 2019-2020 AMCNO President

*(Continued from page 7)*

tutorial. I do not recall spending hours a week going through authorizations for denied treatments or testing. I personally work in three different hospital systems—meaning three sets of different EMRs, three different username and passwords, three different sets of updates and annual criteria set forth to complete to be in good standing. Technology has brought about significant changes and some remarkable advantages; however, the point is, we do not have the time we have traditionally had to do what we do best and what we are trying to accomplish with our patients. My biggest concern, then, is maintaining that doctor-patient relationship, in light of all the changes around us. This is a challenge that we all are dealing with, and we must do whatever it takes to maintain our principles of good medicine and patient care.

### How would you ask physicians to support the Academy?

I believe that the future of medicine is in our hands, and only with a unified voice can we succeed in making changes that maintain the

principles of medicine that we adhere to and cherish. I feel that the power is in local advocacy that spreads in a domino effect from our local region to the state and then on to a federal level.

I believe that individual physicians, whether independent or hospital employed, have an obligation to have their voices heard regarding topics that allow them to practice their particular specialty. Also, the rights of patients to obtain high quality of care in an affordable and efficient manner must be preserved.

That collective voice comprised from our constituents continues to be the AMCNO. No other organization does it better and more economically than the AMCNO. The effectiveness of the AMCNO depends on the support of those we represent, and collectively with strong voices we can demand more of our hospitals and leaders in government, and bring about changes and reforms that benefit the greater good. ■

## NORTHERN OHIO PHYSICIAN

THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO

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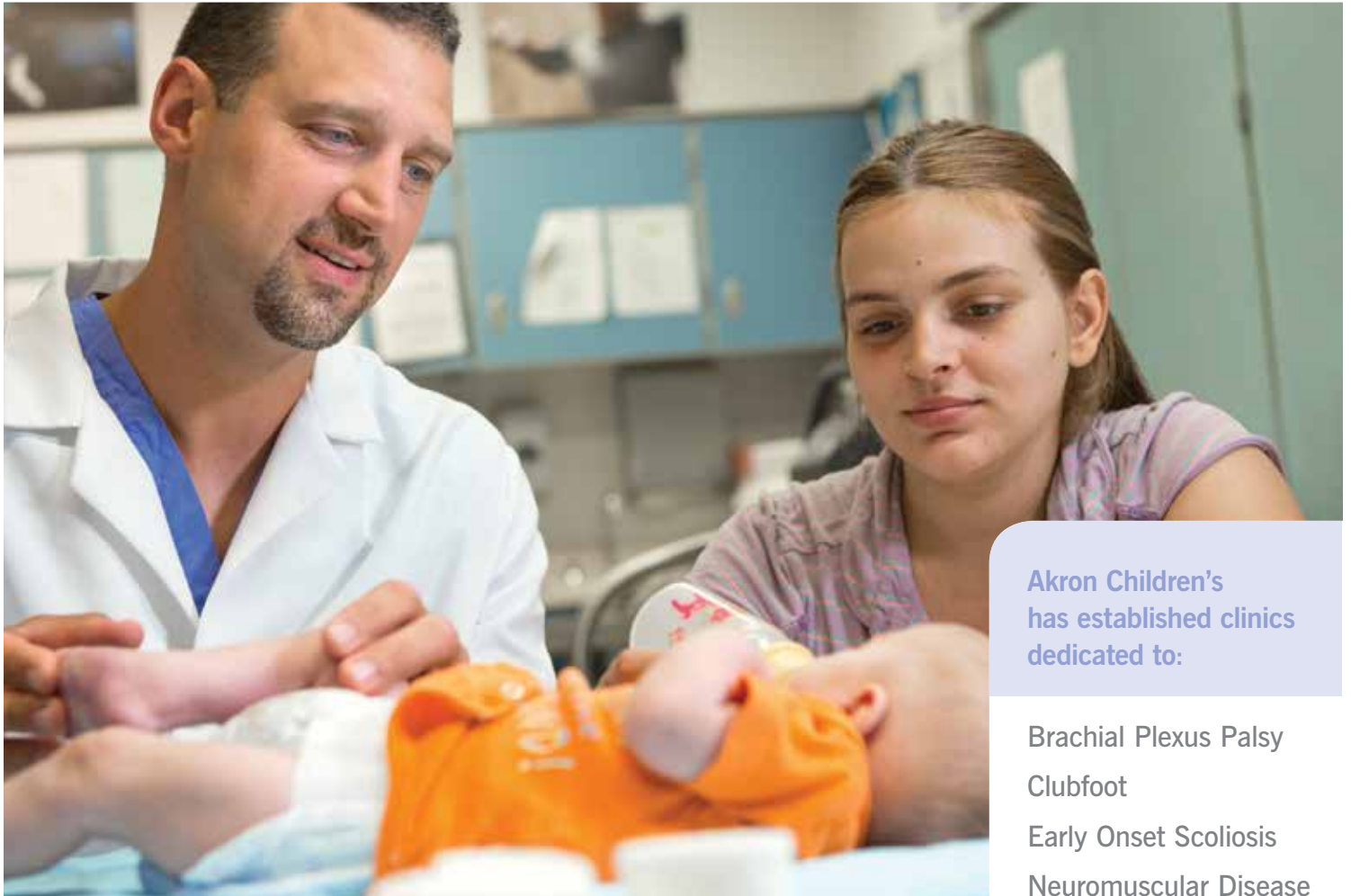
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## Akron Children's Hospital

## AMCNO Participates in Region V State Medical Society Meeting

In May, Academy of Medicine of Cleveland & Northern Ohio (AMCNO) staff participated in the Centers for Medicare & Medicaid Services (CMS) Region V State Medical Societies and Hospital Associations meeting in Chicago. Also attending this meeting were representatives from statewide medical associations representing Ohio, Michigan, Indiana, Wisconsin and Missouri. While a myriad of topics were discussed, this article gives a brief overview of several key topics that were covered by the chief medical officers (CMOs) and the regional external affairs staff.



*HHS Region V Director Douglas O'Brien speaks with medical and hospital association executives at the Region V meeting in Chicago.*

Prior to the CMOs' presentations, Douglas O'Brien, Regional Director of the U.S. Department of Health & Human Services (HHS) for Region V, dropped into the meeting to provide some comments to the group. Mr. O'Brien noted that CMS is looking for better ways to interact with their stakeholders and

facilitate solutions. It is their obligation and mission to try to ensure that the people who are taking care of patients—and, in our case, a specific population—are getting their questions answered and problems solved. It is very important to assure that they are assisting the men and women on the frontlines providing patient care, which is the function of the regional office. He noted that this type of meeting enhances collaboration, and he noted how important it is to build relationships with medical associations and hospital groups. He acknowledged the Region V staff, stating that they are very helpful and can address issues as they arise and get questions answered. He asked the associations to use the region staff as a resource and keep them posted as issues arise in our state or if there are events in our community that would benefit from an HHS or CMS presence.

Dr. Patricia Meier, one of the CMS medical directors, outlined the new primary care models that were announced in April. She noted that the initial group will launch in the regions that already have CPC Plus, which includes Michigan and Ohio. This new set of models has been developed in collaboration with large organizations, including the American Academy of Family Practice (AAFP) and the American Medical Association (AMA).

The expectation is that 25% of Medicare beneficiaries will be covered under these models. Primary Care First includes two payment model options for practices ready to accept increased financial risk in exchange for flexibility and potential rewards based on performance, including support for practices serving high-needs populations. The goal is to reduce Medicare spending by preventing avoidable inpatient admissions and improve quality of care and access to care for all beneficiaries, particularly those with complex chronic conditions and serious illnesses. The goal is to provide access to care, integrating behavioral care, and providing care along the continuum. Direct contracting offers new forms of capitated population-based payments (PBPs) and enhanced payment options.

Dr. Meier also discussed Patients over Paperwork (PoP), noting that CMS has set up an agency-wide process to evaluate and streamline their regulations and operations, with the goal to reduce unnecessary burdens, increase efficiencies and improve customer experience. CMS has met with various stakeholders and conducted listening sessions with nursing homes, clinicians, hospitals, hospice, home health and other groups. The clinician group developed a journey map to show where the clinician interfaced with the agency and where there are areas causing difficulty for them. The top three "pain points" were the electronic health record (EHR), quality reporting, and prior authorization. CMS is reviewing these issues and looking at solutions to reduce regulatory burdens. Dr. Meier stated that anyone interested in this work can go to [Reducingproviderburden@cms.hhs.gov](mailto:Reducingproviderburden@cms.hhs.gov) to send improvement suggestions and ideas.

Dr. David Nilasena, another CMS CMO, provided insights on the document requirements lookup service (DRLS). He noted that DRLS will allow providers to discover prior authorization and documentation requirements at the time of service in their EHR or integrated practice management

system through electronic data exchange with a payer system. This will reduce provider burden, it will reduce improper payments and appeals, and overall improve provider-to-patient exchange. This concept is in an early pilot testing phase and governance has not yet been established, but it is a concept that is being reviewed. Dr. Nilasena also discussed price transparency—"You have the Right to Know the Price." CMS is focused on getting information to the patient related to their medical needs, and a big part of that is understanding how much medical care costs. There is now a price lookup tool on the CMS website for outpatient procedures. A patient can enter the name of an outpatient procedure and compare prices between ambulatory surgery centers and hospitals to become better informed on costs and out-of-pocket expenses; however, it does not take into account co-pay or insurer information.

Ms. Brenda Delgado, regional external affairs staff, informed the group that plans are in the works to help Medicare beneficiaries become more proficient in using online Medicare tools. A multi-year initiative has been underway to modernize Medicare information, and the eMedicare suite is going to transform how CMS shares information with beneficiaries. There will be interactive, online decision support between original Medicare and Medicare Advantage, along with an out-of-pocket estimator that displays how coverage choices between original Medicare or Medicare Advantage affect out-of-pocket costs. It will compare national average procedure costs between settings so beneficiaries can see what it means for their out-of-pocket costs, dependent upon the setting where they choose to have the procedure. There will be a web chat option in the Medicare Plan finder so beneficiaries can chat and have more information at their disposal, and get specific questions answered. There are also new easy-to-use surveys across Medicare.gov so consumers can tell Medicare what they want/need. Research shows that beneficiaries want simple and streamlined information, and they are looking for personalized information and clarity on their out-of-pocket costs. CMS is also planning to launch Medicare Coverage Tools (MCT), a suite of digital services that will help Medicare beneficiaries and those who help them easily find and enroll in coverage. MCT will be an ever-growing tool. CMS is planning to make all of this available and in full force by October, and they are asking medical and hospital associations to help promote this information once it is launched. ■

# AMCNO HIGHLIGHTS AND RECENT ACTIVITIES

The Academy of Medicine of Cleveland & Northern Ohio  
**THE VOICE OF NE OHIO PHYSICIANS FOR 195 YEARS**  
AMCNO Working on Behalf of Our Members and Their Patients  
AMCNO Highlights and Recent Activities

## LEGISLATIVE/ADVOCACY ACTIVITIES

- Reviewed and took positions on all healthcare-related bills under review at the state legislature, making our position known to the legislative sponsors and committee chairman; and worked with local healthcare institutions and statewide coalitions to address legislative matters;
- Met with Ohio Supreme Court and legislative candidates to assist in creation of the AMCNO Election Guide;
- Provided testimony, letters and presentations on bills—supporting changes in step therapy processes, opposing psychologist prescribing, opposing fireworks legalization, supporting telemedicine legislation, and expressing concern about certified nurse anesthetist and advanced practice nurse independent practice;
- Participated in advocacy events to address opioid issues, immunization concerns and Medicaid coverage;
- Met with State Board of Pharmacy leadership to address physician concerns with OARRS compliance letters;
- Became part of a statewide coalition to support pharmacy benefit manager/clawback legislation to prohibit health plans from over-inflating pharmacy charges;
- Worked with a statewide medical coalition on issues related to the State Medical Board of Ohio.

## PRACTICE MANAGEMENT

- Participated in a Region V State Medical Society meeting with Centers for Medicare & Medicaid Services (CMS) and worked with CMS staff to provide physician training on the Quality Payment Program, MIPS and opioid regulations;
- Participated as an active member of the CGS Provider Outreach and Education Group and provided updates to our members on practice management information available to their practice;
- Worked with local law firms to provide timely information to our members on topics such as medical marijuana, Merit-based Incentive Payment System (MIPS), federal opioid legislation, selling your practice, and cybersecurity issues;
- Provided our members with information on the retention and appropriate charges for medical records.

## COMMUNITY/PUBLIC HEALTH EFFORTS

- Provided representation to the Center for Health Affairs Board of Trustees;
- Hosted the 29th Annual Mini-Internship program that allows community members to shadow AMCNO physicians in their practice setting—the longest continuous program of its kind in the country;
- Continued as an active participant in Better Health Partnership;
- Continued our work with the Cuyahoga County Board of Health as part of their Health Improvement Plan Partnership (HIP-Cuyahoga);
- Participated in the Greater Cleveland/Cuyahoga Community-Wide Heroin/Opiate Task Force;
- Continued our longstanding Vote & Vaccinate Program in the community;
- Participated as a member of the Prescription Drug Abuse Action Group (PDAAG);
- Continued as a member of the CliniSync Physician Advisory Group and provided timely articles about the work of CliniSync in our magazine and on our website;
- Participated in regional meetings focusing on how to address the opioid crisis;
- Became a community partner in First Year Cleveland—an initiative addressing infant mortality in our region and provided timely articles on this issue in our magazine and on our website;
- Continued as a member of the U.S. Attorney Heroin and Opioid Task Force;
- Became a partner in the Northeast Ohio Hospital Opioid Consortium.

## PUBLIC RELATIONS

- Continued to meet with Ohio state agency administrators to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Entered the 57th year of operation for the AMCNO Pollen Line, garnering extensive media attention for the service; utilized social media to provide information on the pollen counts to the community;
- Sent news releases and utilized social media to reach the community, our members and the media;
- Provided videos on our website for our members on legislative advocacy, foundation sponsorships and AMCNO activities.

## FOUNDATION SCHOLARSHIP AND SPONSORSHIP ACTIVITIES

- The Academy of Medicine Education Foundation (AMEF) awarded six \$5,000 scholarships to local third- and fourth-year medical school students;
- Provided funding for the Pollen Line work and training;
- Sponsored the Crain's Health Care Forum on the topic of Wellness in the Workplace;
- Supported and sponsored the work of the Ohio Physician Wellness Coalition (OPWC), including the production of videos for physicians and the launch of their website;
- Provided funds to the Cuyahoga Health Access Partnership (CHAP) to support their transition to Medworks;
- Supported and sponsored a regional opioid conference, providing updates on a community action plan to address this critical issue;
- Offered sponsorship opportunities for educational seminars and events and promoted this opportunity to hospitals, medical schools and community associations;
- Bestowed the AMEF \$1,000 award to a graduating student who has shown outstanding commitment to the Northern Ohio community;
- Sponsored the AMEF annual golf event, which has now brought in more than \$450,000 to the foundation—funds that are utilized for medical student scholarships;
- Sponsored the Case Western Reserve University (CWRU) School of Medicine "Doc Opera."

## AMCNO AND AMEF YOUNG PHYSICIAN ENGAGEMENT

- Presented a "Welcome to the Profession" address to the graduating class of CWRU School of Medicine and Cleveland Clinic Lerner College of Medicine;
- Participated in resident orientations across the region and met with new medical students to garner their support and AMCNO membership;
- Partnered with the William E. Lower Fund to present a seminar on "Understanding the Legal and Financial Aspects of Practicing Medicine"—a program launched in Northern Ohio by the AMCNO and designed for resident members and their spouses;
- Presented information about the AMCNO and sent physician leadership to a Meet and Greet event for first-year medical students and recruited students for AMCNO membership.

## PHYSICIAN EDUCATION OPPORTUNITIES

- Collaborated with the AMEF and CWRU School of Medicine to provide opioid prescribing education courses for physicians;
- Partnered with the Cleveland Metropolitan Bar Association to present the 7th Annual Medical Legal Summit, which addresses issues of importance to physicians and attorneys;
- Partnered with Healthcare Informatics for their annual Health Information Technology Summit in Cleveland;
- Partnered with the American Medical Association to provide a cybersecurity workshop and Drug Enforcement Agency training in our region.

## BOARD INITIATIVES/ADVOCACY

- Continued to work with First Year Cleveland (FYC) to focus on accurate data collection to identify and resolve issues contributing to infant deaths;
- Agreed to submit comments on State Medical Board of Ohio rules related to office-based opioid treatment and chronic pain;
- Voted to oppose any legislation that would expand the scope of practice for APRNs to include independent practice without physician collaboration;
- Sent comments to the Ohio Supreme Court opposing their proposal to amend rules to reduce the amount of time parties can stipulate to an extension of time to file merits briefs on the grounds it could adversely affect the AMCNO ability to participate in a case before the OSC as an amicus party;
- Sent a letter urging the Department of Health and Human Services (HHS) to add patient protections to their Step Therapy Policy;
- Sent comments to the Ohio Supreme Court opposing a change in the Learned Treatise rule on the grounds that the change would increase the probability of juror confusion;
- Agreed to support an initiative to address the co-pay accumulator issues—regarding discriminatory health plan practices that drive up costs for patients;
- Agreed to continue to advocate for enhanced reimbursement for and increased access to medication-assisted treatment and for enhanced reimbursement for alternative treatments for chronic pain;
- Agreed to join the Rx Abuse Leadership Initiative (RALI) of Ohio, a group addressing the challenges and needs of the state's opioid and substance abuse epidemic;
- Supported the Comprehensive Opioid Program Extension (COPE) Act of 2019;
- Agreed to send a letter supporting the Ohio Physician Health Program as the state monitoring organization for the one-bite program;
- Sent comments to the Centers for Medicare & Medicaid Services (CMS) outlining concerns with the proposed Medicare Physician Fee Schedule;
- Opposed Issue 1—a ballot initiative that would have created a constitutional amendment to reduce penalties for crimes of obtaining, possessing and using illegal drugs;
- Agreed to a position statement for the AMCNO to utilize as part of the Northeast Ohio Hospital Opioid Consortium that includes our concern with any proposed changes to the HIPAA laws relative to substance abuse records;
- Opposed a ballot amendment that would have added onerous regulations to out-patient dialysis clinics;
- Supported changes to tort reform legislation to assure that the peer review statute in Ohio would remain intact;
- Drafted and sent comments to the SMBO regarding their proposed, confidential monitoring program, office-based opioid treatment and acute pain prescribing rules;
- Continued to work with the Ohio Physician Wellness Coalition (OPWC) and the Ohio Physicians Health Program (OPHP) to provide physician well-being education programs.

## Benefits of Membership in the AMCNO

Physician Referral Service  
Representation at the Statehouse

Specialty Listing in the AMCNO  
online Member Directory

Informative Seminars

Speaker's Bureau Opportunities

Insurance/Financial Services

Weekly, quarterly and bimonthly  
publications offering healthcare news  
and practice guidance

Community Resource Guide

Lawyer Referral Brochure

Member Discounts including Worker's  
Comp, Practice Management Classes  
and so much more!

## Is YOUR Voice Being Heard?

**Already an AMCNO member?** Now is the time to renew your commitment to organized medicine that makes a real difference in your practice and our region. Please look for a 2020 dues billing in your mail soon!

**Not yet a member?** Now more than ever is the time to join the only regional medical association tirelessly working in the best interest of you — the NE Ohio physician. Call our membership department at (216) 520-1000, ext. 101, for details on all the benefits and services available exclusively to our members.