

AMCNO Addresses Legal Issues of Importance to Physicians

By Susan M. Audey, Esq., Tucker Ellis LLP

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has been very active furthering its members' and all physicians' interests in the legal arena in the last several months.

Comment letters submitted

The AMCNO Medical Legal Liaison Committee prepared two comment letters directed to the Supreme Court of Ohio on changes proposed to certain rules governing courts in Ohio. The first letter made the Academy's thoughts known about a change proposed to a rule of evidence that would

have allowed a published medical textbook or periodical—known as a “learned treatise” under Ohio Rule of Evidence 803(18)—to be admitted into evidence as an exhibit, and, therefore, available to the jury during its deliberations. In its unamended form, the rule allows statements from a learned treatise discussed with or relied upon by an expert

witness to be read into evidence but not admitted as an exhibit, and, therefore, not available to the jury during its deliberations. Dr. Bruce Cameron, as AMCNO Immediate Past President, drafted a very enlightening letter to the Supreme Court that explained how physicians are taught to critically review medical research, whether contained in a textbook or a periodical, and yet, even within the medical community, there often is “controversy in the interpretation of conclusions within the literature.” He continued, that to ask “a jury to interpret medical literature” only “increases the potential for confusion, misinterpretation, and misapplication” and is the equivalent of

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The AMCNO Pollen Line Continues to Provide a Valuable Community Service

The AMCNO Pollen Line service has been in existence for more than 50 years. Our physician members at Allergy/Immunology Associates have been providing the daily pollen counts for this service for many years, and we appreciate the work they continue to do.

This community resource is available each weekday, April 1 through October 1, by calling (216) 520-1050, and by visiting the AMCNO website at www.amcno.org. The daily pollen counts are also posted to the AMCNO's Twitter feed @AMCNOTABLES.

We would like to share more information about the Pollen Line, in case you are not familiar with it, including some exciting news about it as well as an explanation of how the counts are calculated.

Creating Public Awareness

We are pleased to announce that the Pollen Line was recently featured in an article in *The Plain Dealer*.

The article focuses on ragweed season, which may be moderate to severe and last longer than normal this year, because of rain showers that allowed ragweed plants in the area to thrive and blossom.

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

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AMCNO Addresses Legal Issues

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"[a]sking the juror to become both an expert witness and a juror," placing the juror "in a confounded position."

The AMCNO's opposition was not the only opposition to this proposed rule change. But its voice joined with others opposing the rule change and the rule never passed the comment stage. As of this writing, no further change to the rule is proposed or recommended.

AMCNO's sentiments about a proposed rule change to another court rule had the same impact. The Supreme Court had proposed a rule change shortening the time for parties to seek an extension to file a brief in the Supreme Court by stipulation. The AMCNO often files "friend of the court" briefs—known as "amicus curiae" briefs—that support a party before the court facing an issue important to physicians. Shortening the time for it to do so would negatively impact its ability to participate at the amicus level. As with the proposed change to the learned-treatise rule, the Court received many comment letters opposing the rule change and ultimately decided not to amend the rule.

Your voice counts. Making the AMCNO's interests known to rules-governing bodies not only furthers interests important to physicians, but promotes justice for all parties.

Amicus briefs in the works

Recently, the Supreme Court of Ohio accepted two cases for review that have the potential to impact physicians.

Madora Jones v. Cleveland Clinic

In this case, the Eighth District Court of Appeals, which covers Cuyahoga County, reversed a defense verdict in favor of the Clinic in a case where a patient died of a heart attack a few weeks after visiting a Clinic-affiliated emergency room. A lawsuit followed and the case proceeded to a jury trial. When it came time for the jury to deliberate, it could not reach a verdict despite deliberating for hours. The court told the jury a few times to keep deliberating but it continued to be deadlocked. Because of the late hour, the jury was told to go home and come back the next court day. Instead, the jury deliberated again and shortly thereafter reached a 6-2 defense verdict.

The plaintiff moved for a mistrial. Just after briefing closed on the mistrial motion, a juror wrote a letter to the court saying that the juror felt pressured to change his/her vote, that jury members were tired, and that the jury thought it would have to stay beyond the next court day if they returned. The juror said that had he/she known they would have had to return only for one more day, the juror could have "kept my integrity and [plaintiff] vote intact."

After holding a hearing on the motion for mistrial, the trial court denied it. The Eighth District reversed, finding that the trial court abused its discretion denying the motion "given the totality of the circumstance surrounding the jury deliberations." The court said the jury's multiple communications that it was deadlocked supported granting, not denying, the motion. There were some evidentiary issues the appellate court resolved as well, but the crux of the opinion is the jury-deliberations/mistrial issue.

The Supreme Court accepted two issues for review that deal with the integrity of a jury's verdict and whether a certain rule of evidence applies to juror's communications.

Malieka Evans v. Akron General Hospital

In this case, the plaintiff claims she was sexually assaulted by a physician employed by the medical group General Emergency Medical Specialists, which provided emergency medical services at Akron General. She sued Akron General for negligent hiring and, in an amended complaint, later added General Emergency in place of a previously named John Doe. General Emergency gets out on summary judgment because the plaintiff did not comply with the John Doe rules, making the claims against that party untimely. Akron General argued that because plaintiff's negligent hiring claim is dependent on a finding of liability on the doctor's part, and since the statute of limitations for assault and battery against the doctor had expired and he was not sued, her claim for negligent hiring failed as a matter of law. Although the trial court agreed, the appellate court did not. The Ninth District Court of Appeals, which covers Lorain, Medina, Summit, and Wayne counties, said that because a claim for negligent hiring is an independent claim, plaintiff need only allege a wrong recognized as a tort or a crime within the statute of limitations for negligent hiring to be actionable. In other words, the liability for the underlying conduct giving rise to the negligent-hiring claim is not considered.

Because the court's conclusion directly conflicts with an opinion from another appellate district, the Supreme Court agreed to hear the case. The Court will determine whether a claim for negligent hiring is actionable if there is no actionable claim for the underlying conduct giving rise to the negligent-hiring claim.

While this case presents a physician as an employee, there may be other cases where the physician or physician's medical group is the employer. General Emergency got out of this case because plaintiff did not comply with the civil rules, but it could have been in the case if there had been compliance. The rule of law set forth by the Ninth District goes against Ohio law and needs review by the Supreme Court.

The AMCNO Medical Liaison Committee voted to approve participating as amicus in both cases, and the AMCNO physician leadership agreed with this decision. The cases will likely be heard late this year or early next year. As always, we will keep you updated on the progress of these cases. ■

Editor's Note: Ms. Susan Audey is a longstanding member of the AMCNO Medical Legal Liaison Committee.

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AMEF ACTIVITIES

The AMCNO Pollen Line Continues to Provide a Valuable Community Service

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AMCNO member Dr. Robert Hostoffer, an allergist at Allergy/Immunology Associates, was interviewed for the article. "Ragweed season is also likely to last longer than normal, potentially due to climate change," Dr. Hostoffer said, adding that climate change creates a greenhouse effect, and plants grow better in a greenhouse.

Dr. Lily Pien, an AMCNO member as well and an allergist at the Cleveland Clinic, said she expects to start seeing patients coming into her office complaining of ragweed allergens around Labor Day.

Our members suggested several ways patients can limit their exposure to the allergens, including keeping windows closed and relying on air conditioning as well as using over-the-counter nasal sprays.

To read the full article on Cleveland.com, go to www.cleveland.com/metro/2019/08/ragweed-allergy-season-looking-to-be-longer-worse-than-average.html.

Training the Team

Each year, a one-day pollen course is conducted at Allergy/Immunology Associates to train fellows and interns how to collect pollen samples and then report them to the public. The Academy of Medicine Education Foundation (AMEF) is pleased to fund this training.

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

The pollen count is calculated Monday through Friday at the clinic and the levels are reported via the AMCNO Pollen Line.

NAB SCALE							
* MOLD		GRASS		TREE		WEED	
0	Absent	0	Absent	0	Absent	0	Absent
1 - 6499	Low	1 - 4	Low	1 - 14	Low	1 - 9	Low
6500 - 12999	Moderate	5 - 19	Moderate	15 - 89	Moderate	10 - 49	Moderate
13000 - 49999	High	20 - 199	High	90 - 1499	High	50 - 499	High
>50000	Very High	>200	Very High	>1500	Very High	>500	Very High

Collecting and Reporting the Counts

The following detailed explanation of how the counts are collected and reported was prepared by: Jason Schend, DO; Shan Shan Wu, DO; and Neha Sanan, DO; Allergy/Immunology Fellows, University Hospitals, Cleveland Medical Center.

A pollen count or a mold count is based on the measurement of the number of grains or mold spores in a cubic meter of the air. The higher the pollen and/or mold count, the greater the chance that people suffering from allergic rhinoconjunctivitis (allergies/hay fever/rose fever) will experience symptoms when they are outdoors or exposed to outdoor air that is not filtered.

The Allergy/Immunology Associates team uses a device that traps pollen on small plastic rods that samples the air once an hour. Each morning they take the sample into the lab, stain it, and then examine and count pollen under a microscope. Their office counts tree, grass, weed, and ragweed pollen and also mold spores. They then record the findings to the AMCNO Pollen Line. Allergy/Immunology Associates archives the results to compare to the past year's results and prepares an annual report summarizing the season after the season ends.

In the early spring, trees are the main contributor to pollen in the air. Major culprits are birch, alder, oak, juniper, and elm. The ranges for trees are: Absent (0), Low count is considered 1 - 14, Moderate is 15 - 89, High is 90 - 1499, and Very High is 1500 or greater.

Starting in late May/early June, the grasses start to pollinate. The ranges for grasses are: Absent (0), Low 1 - 4, Moderate 5 - 19, High 20 - 199, and Very High 200 or greater. Tree pollen can also still be seen, but in lesser and lesser amounts, as summer progresses.

Then in the latter part of July to mid-August, the weeds and ragweeds hit their zenith. They

will continue to produce pollen until the first or second hard frost in the fall. Ranges for weed/ragweed are: Absent (0), Low 1 - 9, Moderate 10 - 49, High 50 - 499, and Very High 500 or greater.

Molds are present all year, but they are typically seen in higher numbers with warm temperatures and higher humidity. Ranges for mold are: Absent (0); Low 1 - 6,499; Moderate 6,500 - 12,999; High 13,000 - 49,999; and Very High 50,000 or greater.

The National Allergy Bureau (NAB) pollen and mold spore levels were developed using the chart above. The concentrations in the chart (pollen or spores per cubic meter) were statistics from all certified counting sites. The levels correspond to different ranges for each of the pollen categories and for fungal spores. The concentrations were translated into levels based on the following:

- Low levels are concentrations that are less than the median or 50th percentile (i.e., half the counts were below the median). Allergic individuals may or may not be symptomatic.
- Moderate levels are concentrations that fall between the 50th and 75th percentile. Allergic individuals will likely be symptomatic.
- High levels fall between the 75th and 99th percentile. Allergic individuals will be most likely quite symptomatic and may experience symptom breakthrough if on allergy medications.
- Very high levels are above the 99th percentile (99% of the counts are below this level). Allergic individuals will be very symptomatic and likely experience symptom breakthrough if on allergy medications.

The AMCNO is pleased to continue to offer the Pollen Line service to the public, along with our partners at Allergy/Immunology Associates. We encourage you to share this information with your patients who may be suffering from allergies. ■

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AMCNO LEGISLATIVE UPDATE

AMCNO Budget Update

Normally, the Ohio Legislature begins the budget process in March, with the governor introducing the executive budget, which is then sent to the Ohio House for deliberation and debate, and then to the Ohio Senate and conference committee before it reaches the governor's desk on June 30. However, that was not the case this year. Instead, 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 became July 17.

The budget contained a number of health-related issues that would have an impact on physicians and their practice.

Two specific issues of concern to the AMCNO included language regarding surprise billing and price transparency.

Fortunately, Governor Mike DeWine removed the language regarding reimbursement for out-of-network providers at an in-network facility. He has requested for the relevant state agencies to collaborate with stakeholders to continue to work on this important effort so patients are not burdened with surprise medical bills.

Gov. DeWine also vetoed the price transparency item to avoid placing duplicative or burdensome regulations on healthcare providers. He stated in his veto message that he supported the concept of providing consumers the information necessary to make informed decisions about their health care and supported President Donald Trump's recent executive order promoting healthcare transparency rules. His veto message also noted that "as the federal government develops these efforts and others, it is important that the state not place duplicative or burdensome regulations on healthcare providers, as these compliance costs will inevitably be passed on to the citizens of this State as consumers of health care." The AMCNO had opposed these two provisions, and we were very pleased to learn that Gov. DeWine chose to veto both of these items from the budget before signing it into law.

Telemedicine Victory

Throughout the past few years, the AMCNO has strongly supported coverage for

telemedicine services. Telemedicine is a key innovation in healthcare delivery, and it is being used in initiatives to improve access to care, to facilitate coordination and quality, and to reduce the rate of growth in healthcare spending. We believe that telemedicine will save money, greatly improve access to quality of care, strengthen the patient-physician relationship and improve access for patients with chronic conditions who may have limited access to care. The AMCNO is pleased to inform our membership that the budget contains provisions that require insurance coverage of telemedicine services to be on par with services performed in-office. Ohio now joins 35 other states in the country that have already enacted laws to allow for coverage of telemedicine services.

Summarized below are additional key points that were contained in the final budget:

Financial Assistance for Professionals Providing Substance Abuse Disorder Treatment and Services

— authorizes Ohio Department of Health (ODH) to establish a loan repayment program for professionals who provide treatment to individuals with substance abuse disorders, and establishes a program under which physicians providing medication-assisted treatment (MAT) in health resource shortage areas may receive financial assistance.

Legal Age for a Person to Receive or Purchase Cigarettes

— increases from 18 to 21 the legal age for a person to receive or purchase cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes. Also defines and includes vapor products within the definition of "alternative nicotine product" and requires clear and visible posting of signage indicating the legal age at locations where cigarettes, tobacco and alternative nicotine products are sold. Also includes a provision for taxing vapor products.

Continuing Education — reduces the number of hours of continuing education (CE) required to be completed every two years to be eligible for license renewal from 100 to 50. This additionally applies to the 3-year renewal period of clinical research faculty physicians. It also limits the number of hours of CE a physician or podiatrist may earn through provision of healthcare services as a volunteer to 3 hours.

Hospital Care Assurance Program (HCAP)

— the budget continues the Hospital Care Assurance Program (HCAP) for an additional two years, rescheduling the program completion from October 16, 2019, to October 16, 2021. Under HCAP, hospitals are annually assessed an amount based on total facility costs, and government hospitals make annual intergovernmental transfers. **Hospital Franchise Permit Fees** — extends another assessment for an additional two years. The hospital franchise permit fee, like HCAP, raises money to help pay for the Medicaid program. It will now be scheduled to end on October 16, 2021, rather than October 16, 2019.

Health Care Workforce Preparation

— establishes the Ohio Physician and Allied Health Care Workforce Preparation Task Force to study, evaluate, and make recommendations with respect to healthcare workforce needs in Ohio. The Chancellor will appoint task force members with representation from the State Medical Board, medical school deans, hospital administrators, federally qualified health centers, physician and nursing organizations, and other allied health personnel. The task force will convene and issue a report by March 1, 2020.

Pharmacy Benefit Managers (PBMs)

— when filling a prescription, if a pharmacist has information indicating that the cost-sharing amount required by the patient's health benefit plan exceeds the amount that may otherwise be charged for the same drug, the pharmacist must inform the patient and the patient must not be charged the higher amount.

Fetal Infant Mortality Boards — authorizes local boards of health to establish fetal-infant mortality review boards to review fetal and infant deaths with the board's jurisdiction.

Pregnancy-Associated Mortality Review Board

— includes a provision that establishes a pregnancy-associated mortality review board to identify and review all pregnancy-associated deaths in Ohio for the purpose of reducing the incidence of those deaths.

Infant Vitality — includes a requirement to fund a multi-pronged population health approach to address infant mortality—measurable interventions may include activities related to safe sleep, community

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AMCNO LEGISLATIVE UPDATE

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engagement, Centering Pregnancy, newborn screening, safe birth spacing, gestational diabetes, smoking cessation, breastfeeding, care coordination, and progesterone.

Tobacco Use Prevention, Cessation and Enforcement – requires funding for distribution to the boards of health for the Baby and Me Tobacco Free Program, and funds to administer tobacco use prevention and cessation activities, administer compliance checks, retailer education, and programs related to legal age restrictions.

Harm Reduction – requires funding appropriation to be used up to \$15,000 per year to local health departments that operate harm reduction programs, including syringe services.

Moms Quit for Two Grant Program – creates the Moms Quit for Two Grant Program, which is to provide grants that demonstrate the ability to deliver evidence-based tobacco cessation interventions to pregnant women and women living with children who reside in communities with high infant mortality—to be determined by ODH.

Infant Mortality Health Grants – earmarks funds to be distributed for up to 10 community-based agencies to support the continuation or establishment of a pathways community HUB model that has the primary purpose of reducing infant mortality in urban and rural communities with a targeted focus on disparities.

The AMCNO will continue to provide updates with any other additional information related to the final budget as some of the aforementioned provisions are implemented.

CMS is Working on Addressing, Improving the PA Process

The American Medical Association (AMA) recently met with Centers for Medicare & Medicaid Services (CMS) staff to discuss prior authorization (PA). CMS Administrator Seema Verma has tasked her Patients Over Paperwork team with exploring what CMS can do to improve PA burdens. CMS is conducting listening sessions with various stakeholders, including a wide range of

providers and health plans, to gather information on the administrative burdens concerning this issue and what CMS can do to help address the issue. They are also visiting practices to observe the PA process in action.

The AMA has urged CMS to take a leadership role on this issue and develop a **comprehensive strategy** to address PA concerns to include:

- Selective application of PA (CMS should continue the successful Targeted Probe and Educate program; the AMA supports identification of outliers and education as needed);
- Review/adjustment of services/drugs that require PA to eliminate low-value PA – applying PA to services with high approval rates is costly for plans and providers;
- Improved communication of PA requirements to patients and healthcare professionals (including CMS encouraging plans to disclose the clinical basis for their PA requirements);
- Protections of patient continuity of care, particularly when patients enroll in new plans or plans change PA requirements; and
- Automation to improve PA transparency and process efficiency while maintaining physician oversight of payer access to EHR data.

The AMCNO will continue to follow this important issue and report any updates to our members.

SMBO Decides Against Adding Anxiety, Autism as Qualifying Conditions for Medical Marijuana

The State Medical Board of Ohio (SMBO) Medical Marijuana Expert Review Committee has unanimously voted against adding anxiety and autism spectrum disorder to the list of qualifying conditions for treatment with medical marijuana.

Recently, the committee heard from medical professionals on both sides of the issue and became concerned about the lack of medical consensus, given that Ohio law does not allow for removal of a condition from the list of qualifying conditions once the condition is added.

It was also noted that marijuana is difficult to legally obtain to research because the federal government classifies it as a Schedule I controlled substance (the same category as heroin), and it hasn't been thoroughly vetted in the United States through scientific methods as pharmaceutical drugs have been. There are also concerns about marijuana's effects on children's developing brains and potential liver damage for children and adults.

The Board of Pharmacy also announced July numbers for the state medical marijuana program. Currently in Ohio, 53,082 patients are registered for the program, 50,623 recommendations have been issued, and 30,284 unique patient purchases have been made. It is expected that all three numbers will continue to grow.

In 10 states, patients suffering from anxiety have access to medical marijuana, and it is explicitly a qualifying condition in New Jersey, Nevada and Pennsylvania.

The petition process for consideration of new qualifying conditions will begin in November. ■

Have You Paid Your AMCNO Dues for 2020?

The 2020 dues invoices were recently mailed, which you can use to renew your AMCNO membership.

You can also join online at www.amcno.org, or contact our offices at (216) 520-1000, and speak with either Tara Camera (ext. 101) or Valerie Yanoska (ext. 102), or email either of these staff members at tcamera@amcno.org or vyanoska@amcno.org.

Make sure your voice is heard—now is the time to renew your commitment to organized medicine and make a real difference in our region.

CliniSync Update 2019

By Anthony E. Bacevice, Jr., MD, AMCNO Past President

AMCNO continues its affiliation with CliniSync, the health information exchange (HIE) that provides interconnectivity among hospitals, laboratories, imaging centers, pharmacies, post-acute care facilities and physician practices. We are represented on the CliniSync Advisory Council (CAC), a group of CliniSync stakeholders that provides advice to its management and the executive board.

By way of review, patient care data from hospitals, providers, laboratories and other sources is “exchanged” through an electronic backbone, the health information exchange. CliniSync does not store information. Information is moved in response to a query from a user to a data source. Appropriate validation takes place in the background. The information is then securely transmitted to ensure that the correct data regarding the correct patient gets to the correct provider.

So far this year, there were three meetings of the CAC, in January, April and July. At the July meeting, it was reported that approximately six million results were delivered through CliniSync as of the end of June 2019. Results and information were delivered to 900 organizations and 7,000 providers in the month of June alone. As of early July, 155 hospitals within the CliniSync network were active, meaning that they were both contributing and receiving patient information through the HIE. Reference laboratories are also important contributors to the HIE. As of early July, five reference labs were submitting their results to CliniSync for dissemination to requesting providers.

CliniSync provides interconnectivity to most of Ohio. A region in the southwestern part of the state is serviced by Healthbridge, an HIE similar to CliniSync. Recently, the two exchanges have been able to exchange information. Limitations exist because of differences in the database platforms. However, interfacing has allowed for information exchange. So, essentially the entire state now benefits from health information accessibility.

As health information exchanges continue to expand within the United States,

interconnectivity among the individual HIEs brings more opportunity for availability of health information throughout the country. E-health exchanges exist that allow individual HIEs to send information in response to queries on a regional basis. This architecture is not unlike cell phone providers who have developed protocols that allow communication between a subscriber who has one service network communicating with a subscriber in another service network. The mobility of the citizens of this country is such that healthcare delivery is no longer thought of as a local event. The patient who seeks care in Ohio during the summer months may seek care in Florida during the winter. The need for emergency services throughout the country is accomplished more often through HIEs similar to the one that services our area.

CliniSync has evolved to provide more than just information exchange. Additional services that make use of the data that passes through the exchange are available to its contributors. We previously mentioned a service called “Notify” that has significant potential in the management of patient’s health across the entire continuum of care. When a patient presents at a healthcare facility, such as an emergency department or hospital, registration information is transmitted across CliniSync to the consolidated community record. The Notify service alerts a provider that a patient has received care at a hospital or emergency department. A provider who subscribes to this add-on service provides a list of patients for notification to CliniSync. The provider also chooses the means of delivering the notification. This would include a direct message, text message, email or an online work list through the web portal interface.

The information received by the provider allows him or her to initiate timely case management in order to optimize intervention. This can improve length of stay, facilitate transition of care and increase patient satisfaction. Notify can also facilitate post-acute care follow-up in the office environment. Furthermore, providers are able to work with the institution to facilitate post-acute care outside the home, such as a rehabilitation center or a skilled nursing facility, as appropriate. In the modern era of accountable care and managed care, notifying a provider can help in resource management and quality improvement.

Health plans have seen the benefits of health information exchanges. Managing populations of covered lives is facilitated by having information about those patients who present for acute care in emergency departments and hospitals. CliniSync is developing hospital notification protocols, allowing real time notification of a patient’s presentation to the emergency department as well as hospital admission, either as an inpatient or a patient in observation status. Hospitals benefit from more rapid exchange of information with payers, since more timely decisions can be made about a patient’s approved status (observation, inpatient). Having information easily accessible by the payer also facilitates transition of care from the hospital to a post-acute care environment. Having the payer as a contributor and user of health information ultimately improves care by removing delays in obtaining authorization for proposed services.

The AMCNO has been involved with CliniSync since its inception. As the stakeholder base has grown to include laboratories, post-acute care facilities, behavioral health facilities, pharmacies and payers, provider interests continue to be represented by the Academy. We continue to be actively involved in advising CliniSync’s Board of Directors as it makes decisions about the direction and evolution of health data interchange.

Further information about CliniSync and the services which are offered are available on their website: www.clinisync.org. ■

Members Needed for AMCNO's Annual Mini-Internship Program

The AMCNO will host its annual Mini-Internship program October 21-23, 2019. The program, which was established in 1989, is designed to improve understanding and communication between the medical profession and those in the community who influence, establish and report on healthcare policy in Northeast Ohio. During the two-day program, interns have the opportunity to spend time with four physicians, accompanying them through their daily work schedule, which can include office visits and surgery.

The goal of the program is to create an information exchange to help broaden the perspectives of all participants. Through the experience, interns can witness first-hand the demands and rewards of the medical profession during a typical physician workday.

To learn more about the program, you can view a video interview between Past President Dr. Anthony Bacevice, Jr., and the program's lead physician, Dr. William Seitz, Jr., on our website www.amcno.org.

The AMCNO is asking its members to participate in the program and act as faculty for the interns. If you are interested in participating in this year's event, contact Valerie Yanoska at (216) 520-1000, ext. 102, or email her at vyanoska@amcno.org. ■

The AMCNO Welcomes Residents and Fellows as New Members

During June and July, the AMCNO participated in resident orientation events at the Cleveland Clinic, MetroHealth Medical Center and University Hospitals (UH). Thanks to recruitment efforts, we have welcomed hundreds of new resident members.

Staff was able to interact with residents and provide detailed information about the AMCNO and the Academy of Medicine Education Foundation.



AMCNO staff talks with residents about the benefits of membership during one of the Cleveland Clinic orientation sessions.



At the UH orientation, AMCNO staff provides detailed information about our organization and emphasizes the importance of membership.

All of these new members now have access to numerous benefits, including opportunities to serve on an AMCNO committee to hone their leadership skills, invitations to networking events, and notifications of the latest information on the AMCNO's work and activities through the *Northern Ohio Physician* magazine and email blasts.

If you know of a physician-in-training (resident or fellow) who would be interested in free AMCNO membership, you can direct him or her to apply online, using this link: <http://amcno.org/index.php?id=267>. ■

CWRU School of Medicine Students Sign Up for AMCNO Membership

The AMCNO and Academy of Medicine Education Foundation (AMEF) were pleased to once again co-host the Society Dean Mixer with Case Western Reserve University School of Medicine for first-year medical students. The event was held at the Cleveland Botanical Garden in July.

AMCNO President Dr. Mehrun Elyaderani was a guest speaker and talked to the students about the work of the AMCNO and AMEF, as well as the many benefits of being an AMCNO member, even as a medical student. After he encouraged them to become involved in the organization as a member, Dr. Elyaderani welcomed all of the students to the profession.



Medical students learn more about the AMCNO and sign up for free membership.

AMCNO staff was on-hand to provide membership information, and we are happy to report that more than 100 first year medical students signed up for free membership. We are pleased to have them join the organization!

In addition to these efforts, staff also worked once again this year with Northeast Ohio Medical University (NEOMED) to offer membership to their students. NEOMED promoted the benefit in their newsletter, *The Pulse*. As a result, a number of new members have signed up.

A warm welcome to all of our new medical student members! ■



Current AMCNO President Dr. Mehrun Elyaderani (left) and Immediate Past President Dr. R. Bruce Cameron (right) stand together for a moment before the mixer begins.

AMCNO Responds to Ohio Department of Medicaid Request for Information on Managed Care Plans

Ohio Medicaid Director Maureen Corcoran recently announced the process of rebidding the Medicaid managed care contracts in Ohio. The Ohio Department of Medicaid (ODM) is seeking input from individuals and organizations about what is working and what isn't with the current offering of managed care companies, and how the Medicaid managed care system might be revised moving forward.

Ohio currently contracts with five companies to manage the approximately 3 million lives covered by the Medicaid program in Ohio: Buckeye Health Plan, CareSource, Molina Healthcare of Ohio Inc., Paramount Advantage, and UnitedHealthcare Community Health Plan of Ohio Inc. Prior to soliciting bids from these companies and others, the ODM asked for feedback from physicians, particularly in the following three areas: provider interaction with health plans, program standardization and measuring plan performance.

Members of the AMCNO Board of Directors and other physician members assisted the AMCNO in preparing our response to the Ohio Medicaid request for information (RFI). The AMCNO response to the RFI included some of the following comments and suggestions.

Physicians suggested that managed care plans could improve their appeals process for providers by providing more knowledgeable provider services/appeals representatives and by providing better communication between the departments (i.e., claims and provider services). Physicians also suggested having a standardized procedure for modifiers between carriers.

Physicians also commented that claims could be reprocessed faster and that many times managed care plans were denying claims in error and then not accounting for their errors. There were also complaints of companies sending incorrect denial information to physicians.

Overall, physicians believed that creating standardization across the managed care plans would be very helpful and could alleviate communication issues. It was also suggested that the managed care plans provide monthly newsletters and updates to physicians to keep everyone apprised of changes.

Physicians would also like to see an easier way for practices to communicate with the

managed care plans on provider payer issues, suggesting that perhaps there should be a dedicated representative or team for a specific practice and that the managed care plans should develop user-friendly portals for physicians to submit information on corrected claims or appeals. In addition, physicians agreed that policies should be readily available online. Physicians also felt that the managed care plans should be evaluated—with a review of the plan completed every six months or more.

One area that has resulted in national attention and is of significant concern is the administration of pharmacy benefits. The RFI specifically asked what problems individuals enrolled in managed care plans had with accessing pharmacy benefits and what challenges providers encountered with prescribing and getting approval for certain kinds of medications. Physicians responded to this issue, noting that patients seem to have difficulty getting medications if they were on one managed care plan and not on the one that they have switched to for various reasons, and saying that some patients switch just for the medication, which

can be very frustrating to the patient and the provider to have to get a prior authorization. In addition, many times the medication is denied due to the different managed care plans rules (i.e., step therapy, drug manufacturer contracts).

Physician respondents also agreed that the ODM should continue with the initial standardized formulary for all Medicaid and managed care plans. This would have made prescribing medications much easier for the physicians who participate in multiple plans. Respondents also agreed that the ODM should have a standardized formulary across the board.

These are only some of the comments sent by the AMCNO in response to the ODM RFI. ODM will be taking these comments and all other comments received into consideration as they develop the procurement. The AMCNO will keep our members posted on this process. ■

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AMCNO MEMBER UPDATES

Ohio Board of Pharmacy, State Medical Board Issue An Alert to All Licensees about Extortion Scam

The Ohio Board of Pharmacy (BOP) and State Medical Board of Ohio (SMBO) are alerting all licensees about a scam targeting Ohio healthcare providers.

Scammers have been calling prescribers and pharmacists and telling them that they are being investigated by the Drug Enforcement Administration (DEA), and that their DEA registration will be revoked or they will be arrested if they do not agree to immediately pay a fine via phone or fax.

Also, individuals posing as BOP or SMBO agents are contacting healthcare providers in an attempt

to obtain payment to resolve a disciplinary matter.

Please note: If the SMBO or BOP is conducting an investigation and that individual faces action against his or her license, he or she will receive an official notice of opportunity for a hearing either via certified mail or by personal service.

If you are unsure whether the individual claiming to be a BOP agent or inspector is legitimate, you

may call the BOP office at (614) 466-4143 and ask to speak to the Compliance and Enforcement Department.

If you are contacted by a scammer, please report the incident to local law enforcement and the SMBO investigations division by calling (614) 466-3934.

For more information about the scam go to https://www.dea diversion.usdoj.gov/pubs/pressreleases/extortion_scam.htm ■

Ohio Physicians Health Program Offers Confidential One-Bite Program to Licensed Physicians

The Ohio Physicians Health Program (OPHP), of which the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is a partner, understands that fear of losing a license can serve as a significant barrier to treatment for many healthcare professionals struggling with drug or alcohol use. OPHP has been working for several years with the AMCNO, other organizations, treatment providers, and community leaders to implement changes to improve the system, to ensure confidentiality and encourage those who are struggling to get the help they need.

Thanks to this group effort, OPHP is pleased to announce the One-Bite Program is now available to all healthcare professionals who are licensed by

the State Medical Board of Ohio (SMBO). The program became effective January 31, 2019.

This confidential program allows an eligible practitioner who seeks treatment for a substance use disorder to avoid formal disciplinary action by the SMBO, as long as he or she participates in treatment and monitoring conditions.

Practitioners must meet all of the following criteria to be eligible to participate in the One-Bite Program:

- Be diagnosed with a substance use disorder
- Be a first-time participant in the program
- Have no prior disciplinary action for substance use disorder or impairment by any licensing board in Ohio

To maintain eligibility for this confidential program, practitioners must complete treatment at an approved One-Bite Program facility, complete continuing care, enter into a monitoring agreement, and comply with all conditions of treatment and monitoring.

OPHP has been selected by the state as the monitoring organization responsible for determining eligibility and for conducting the One-Bite Program. OPHP is not allowed by law to disclose the names and records of practitioners participating in the program, unless certain conditions exist.

As a licensed professional, you have a duty to report any suspected impairment related to drug or alcohol use. Due to changes in Ohio law, reports of suspected impairment are now required to be made to OPHP instead of the SMBO.

If you are struggling with alcohol or drug use, or know of a colleague in need of help, please contact the OPHP at (614) 841-9690 or info@ophp.org. ■



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Drug Enforcement Administration Launches DEA 360 in Cleveland

By Brian McNeal, Public Information Officer, DEA

The Drug Enforcement Administration (DEA) is both a law-enforcement and a regulatory agency, with more than 1.6 million registrants involved in the manufacture, wholesale, prescribing, and dispensing of Controlled Prescription Drugs (CPDs).

As part of its ongoing mission to actively engage the community, the DEA launched its DEA 360 Strategy in November 2015 in Pittsburgh together with the U.S. Attorney and state and local partners. Since that time, DEA 360 has brought additional resources to cities around the country, and in June of 2019, Cleveland was announced as the latest 360 city.

"Cleveland's DEA 360 program, like many of the programs around the country, is enhancing existing efforts already underway, such as the U.S. attorney's Heroin and Opioid Task Force and the Cuyahoga County Opioid Task Force," said Acting Special Agent in Charge Keith Martin of the DEA Detroit Field Division.

"We are continuing to find new and innovative ways to address this growing health problem and the violent drug trafficking it breeds. DEA's 360 Strategy makes use of every community resource available to reach young people and address the heroin and prescription drug epidemic at every level."

The DEA 360 Strategy utilizes a three-pronged approach to fight drug trafficking, by taking a comprehensive look at the cycle of violence and addiction generated by the link between drug cartels, violent gangs, and the rising problem of prescription opioid and heroin abuse in U.S. cities.

DEA 360 involves:

- Coordinated law enforcement operations targeting all levels of drug trafficking organizations and violent gangs supplying drugs to our neighborhoods.
- Engaging drug manufacturers, wholesalers, practitioners, and pharmacists through Diversion Control to increase awareness of the opioid epidemic and encourage responsible prescribing practices, and use of opioid painkillers throughout the medical community.
- Community outreach and partnership with local organizations following enforcement operations, equipping and empowering communities to fight the opioid epidemic.

The 360 Strategy brings together many experts in substance abuse and prevention to address key groups by engaging in dialogue and providing information and resources to educate young people about the health and legal consequences of drug abuse and trafficking.

"We launched our website wakeup-cleveland.com, and it is linked to several education resources and services aimed at parents and educators as well as young people," said Community Outreach Specialist Lorna McLain.

"In addition, we have a number of upcoming drug-awareness campaigns and community events scheduled for the greater Cleveland area like our 'Stick-It' campaign."

"Stick It" is a partnership between youth, pharmacies, community members, prevention professionals, and law enforcement where students coordinate with local pharmacies to distribute stickers and rack cards containing information about how to dispose, consume and store all medication safely.

Printed on each sticker is a link to the DEA Take Back website, which contains information on Take Back Day as well as locations available daily for unused medication disposal.

"Students will also distribute rack cards, which are great for posting in a medicine cabinet or a lock box, or wherever you secure medication,"

added McLain. "There are also plenty of links for additional awareness information.

"I think this campaign is a complete win-win," she said. "Not only do we get the right information into the hands of the consumers, but we are also educating and empowering young people in our communities at the same time."

DEA 360 is just one of many responses DEA has in the drug health crisis.

A plethora of resources are available for everyone, including medical practitioners. The DEA website contains significant guidance documents; information regarding registration; drug disposal; prescribing and ordering; regulations; Mid-Level Practitioner Manuals; drug fact sheets; tip reporting; office locations; and FAQs. For more information, visit www.deadiversion.usdoj.gov.

"As a DEA registrant, you play a critical role in helping to prevent the diversion of these substances. Your adherence to the law and compliance with its objectives are powerful resources to protect the public health," said Martin.

For information on DEA 360 and upcoming events, visit www.wakeup-cleveland.com. ■

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**For more information: Office: (440) 845-7272
Email: mjdurve@sbcglobal.net**

AMCNO COMMUNITY ACTIVITIES

AMEF Golf Event Proceeds Benefit Medical Students and Local Communities

On August 12, golfers teed off for the Academy of Medicine Education Foundation's (AMEF) 16th Annual Marissa Rose Biddlestone Memorial Golf Outing.

This year's event was held at the Chagrin Valley Country Club. In a friendly competition, foursomes tested their expertise in a shotgun-style tournament to raise money for AMEF, the foundation component of the AMCNO that was established for charitable, education and scientific purposes. These monies will be utilized primarily for medical student scholarships, but also for annual CME seminars and grants for health-related programs.

After golfers were welcomed by AMCNO staff at registration, they enjoyed a delicious lunch on the patio. Participants also had the opportunity to practice their shots before the shotgun start at 1 pm.

Following a full day on the course and dodging a few rain showers, the golfers enjoyed cocktails on the patio and in the bar. They were able to relax after navigating the challenging course, where they also had a chance to win \$10,000 in cash, courtesy of the AMCNO, as well as a new BMW convertible, courtesy of Classic Auto Group. The golfers then sat down for another delicious meal, as AMEF Golf Committee Chairman Dr. John Bastulli provided a wrap-up of the day and thanked everyone for their participation and support. Following his speech, awards were announced and the golfers took part in a fun prize raffle.



Our congratulations to the teams that took home the top prizes:

1st Place Team: Ryan Williams, Michael Sidoti, Joe Bucaro, and Nick Kopcho

2nd Place Team: Jonathan Krol, Brian Gannon, Danny Egger, and Joe Palcko

3rd Place Team: Kent Krafft, Dennis Forchione, Dr. Jeff Stanley, and Jason Forchione

Skill prizes were also awarded to the following:

Closest to the pin: Dr. Justis Ehlers, Joe Bucaro, and John Bastulli, Jr.

Longest drive: David Bastulli on #5 and Mark O'Sickey on #10

Longest putt holed: Dr. Justis Ehlers on #18

A special **thank you** to Jim Brown at Classic Auto Group and the AMCNO for sponsoring the hole-in-one contests. And thank you to all the event and hole sponsors who helped make the day such a huge success. We look forward to working with all of you next year!



Our thanks to the 2019 Event Sponsors:

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**SAVE THE DATE for next year's AMEF Golf Outing:
Monday, August 10, 2020, at Sand Ridge Golf Club. See you there!**