

AMCNO Leadership Provides Input on Regulatory Prescription Drug Bills

The Ohio House has continued to hold hearings and interested party meetings on a number of regulatory prescription drug abuse bills. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has provided our input to the legislature and statewide administrative groups on how to best deal with the issues outlined in these bills without disrupting the patient/physician relationship. We have assured legislators that physicians in Northern Ohio take their role in helping fight the prescription drug abuse problem very seriously and we understand that physicians need to be engaged on this issue.

In our discussions with legislators the AMCNO has noted chronic intractable pain is a complex medical issue faced by many physicians and patients and that it is a common presenting complaint in the outpatient setting and treatment of this condition can be a challenge. For some patients, opioid therapy may be considered after an evaluation of the patient

has been completed, and in some instances, after other treatments have been utilized. The AMCNO agrees that there are substantial risks associated with the treatment of chronic pain with opioids as well as a risk of diversion, and we have been working diligently as part of the Governor's Cabinet Opiate Action Team (GCOAT) to establish clinical guidelines to



Several members of the physician panel spend a moment prior to testifying on the prescription drug bills (l to r): Dr. George Topalsky, Dr. Mark Malinowski, and Dr. Michael Bourn.

educate our colleagues about this issue and stress the importance of checking the Ohio Automated Rx. Reporting System (OARRS) database when prescribing controlled substances.

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AMCNO Physician Leadership Meets with State Medical Board of Ohio

In November, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) physician leadership attended an executive committee meeting of the State Medical Board of Ohio (SMBO) to discuss issues of importance to the AMCNO and our members. AMCNO members Drs. George Topalsky, Matthew Levy, James Coviello and Fred Jorgensen made the trip to Columbus to attend the meeting.

Items discussed with the SMBO included telemedicine, the clinical guidelines for opioid prescribing, SMBO obesity regulations, an update on LeanOhio and transparency of the SMBO processes and operational finances, the SMBO Partners in Professionalism Program and the AMCNO mini-internship program.

Telemedicine

The SMBO has specific guidelines as well as licensure rules regarding the practice of telemedicine and the SMBO staff recently convened a meeting with the AMCNO and other medical association staff to discuss this issue. The meeting resulted in a decision to

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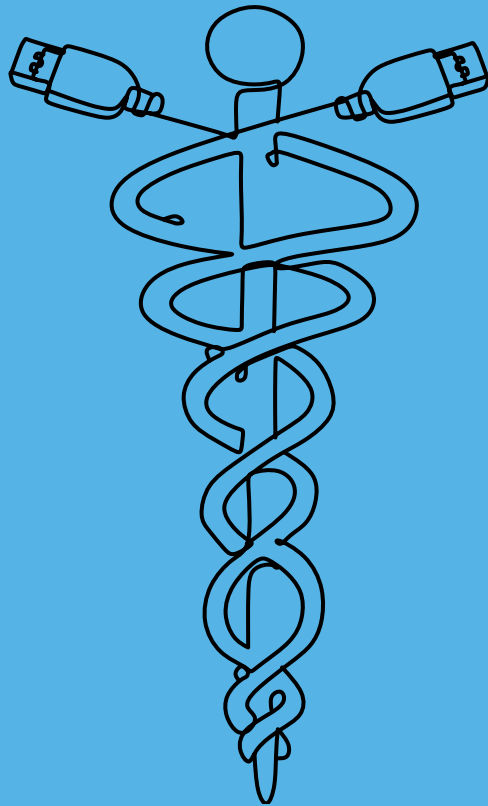
Physician leadership from the AMCNO discuss issues of importance to physicians with the SMBO executive committee

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AMCNO Physician Leadership Meets with State Medical Board of Ohio *(Continued from page 1)*

work collaboratively to prepare a position paper on telemedicine for dissemination to insurers, patients and others in the state — including the legislature and administration. The SMBO staff is working on this position paper and are in the process of reviewing this issue with the SMBO board members. The SMBO is not against the use of telemedicine and they realize that the use of telemedicine is moving forward, however, they want to be sure that when telemedicine is utilized that it is done within the SMBO guidelines.

The discussion turned to the use of physician extenders when utilizing telemedicine and it was agreed that while there is a definite need for the use of telemedicine it is important to focus on physician care first and then determine how it will interrelate with physician extenders. The AMCNO will continue to discuss this issue with the SMBO in the future.

Opioid Guidelines

The AMCNO and the SMBO were both involved in the development of the new clinical opioid guidelines and both groups have been working to educate physicians about the importance of following these guidelines. In addition, the AMCNO recently collaborated on a lecture program with Case and the Cleveland Clinic which included a presentation on the guidelines (see page 17 for more information about this session). The AMCNO has received positive feedback from our members about the guidelines which shows that physicians have found them to be very useful when talking to patients about pain medications.

The AMCNO has heard some complaints about using the Ohio Automated Rx Reporting System noting that at times signing up for OARRS can be tedious but changes have been made to OARRS that should make the use of the system easier for physicians — including the ability to assign three other staff members to access the OARRS data for the practice. The SMBO noted that there still seems to be some confusion state wide — the SMBO gets questions all the time about OARRS and physicians need to be aware that the SMBO does not maintain OARRS, however, they are working to gain greater access to the OARRS database. It is important to get this information out to the public and to the medical community since there is some confusion about the infrastructure. It was noted that there is discussion in the legislature at this time to further regulate physicians with regard to prescribing and it

will be important to work toward keeping these guidelines versus establishing prescribing changes through legislation.

Obesity regulations

The SMBO has received numerous inquiries on their obesity regulations and the AMCNO representatives have also heard concerns from our members as well. The SMBO staff noted that these rules are due for review and the SMBO plans to ramp up quickly to review these regulations. The SMBO is getting a lot of email and comments from around the state and they realize that the rules are outdated and they will be under review shortly.

LeanOhio – SMBO Processes

The SMBO has completed a review of their complaint intake and resolution process with LeanOhio and have made many improvements. They looked at the complaint process and tried to make it more efficient — and now every couple of weeks the SMBO staff is meeting with everyone involved in complaint processing and continuing to review how they can be more efficient. The SMBO has also redesigned the consumer guide and complaint form to make it more user friendly. With the new approach, complaints against people outside of the Medical Board's jurisdiction, such as nurses and dentists, are more quickly directed to the proper agency. In addition, an upfront administrative triage process was established to identify whether the allegations filed with the Board fall within the Board's jurisdiction or provide the basis for a valid complaint. The change has reduced duplication and channeled new complaints to the appropriate sections of the board more quickly. Backlog reduction plans for complaints were developed and implemented as well resulting in an increased number of complaints getting resolved more quickly.

The AMCNO president asked what key points the AMCNO can take back to our members based upon this discussion. SMBO staff noted that the takeaway is that the SMBO is doing their work much more efficiently which saves money and if they save money they do not need to ask for licensure fee increases. They are also looking at the licensure side to streamline this process and get licenses done as fast as possible.

Partners in Professionalism

This educational program aims to promote professionalism and emphasize the ethical responsibilities of medical licensure to medical students. The goal is to educate students

in how to avoid problematic behavior or practices, increase awareness of the Medical Board functions, increase knowledge of state law and regulations related to medical practice; and enhance the relationship between the Medical Board and licensees. The students spend a day at the medical board and as the disciplinary actions are held in public session, the students observe the meeting to learn about situations involving licensees that result in disciplinary action by the Board, as well as policy matters discussed and established by the Board. The students then reflect on their experience and submit comments and student feedback has shown that the experience has been educational and many have suggested that all medical students should have this experience. At this point the project is limited to the Ohio University Heritage College of Osteopathic Medicine. The AMCNO representatives expressed a strong interest in working with the SMBO in order to expand this program to the medical schools located in Northern Ohio.

AMCNO mini-internship experience

AMCNO staff provided a brief overview of the history of the AMCNO mini-internship program and how the program started. Mr. Aaron Haslam noted that he just participated in this program stating that since a good deal of his contact with physicians can be from a disciplinary standpoint he found this experience to be very interesting and it was an opportunity to see the practice of medicine from the physician perspective. He noted that he now can understand the challenges that physicians face every day and he would like to be able to have a member of the SMBO staff participate in this program each year if possible.

The AMCNO staff and physician leadership plan to continue to engage with the SMBO staff and leadership on a regular basis in an effort to keep lines of communication open going forward. If AMCNO members have specific issues or questions related to the operations of the SMBO please send these to Ms. E. Biddlestone at the AMCNO offices at ebiddlestone@amcnoma.org. ■

AMCNO Leadership Provides Input on Regulatory Prescription Drug Bills *(Continued from page 1)*



The AMCNO president and executive staff joined other physicians and representatives from various medical associations in an interested party meeting with legislators to discuss the proposed prescription drug abuse bills.

The AMCNO was also part of a coalition of various physician groups who testified in front of the House Health and Aging Opiate Addiction Treatment and Reform Subcommittee regarding several of these bills. Dr. George Topalsky AMCNO President, informed legislators that the AMCNO is committed to ensuring that our patients and the physicians we work with are utilizing the best information available when making decisions about pain management for chronic pain. Dr. Topalsky also provided legislators with several suggestions to enhance the OARRS system in order to provide physicians with additional tools they could use to enhance safe prescribing practices, improve medical care, and permit timely interventions, with an eye toward reducing prescription abuse, misuse and diversion.

Dr. Topalsky also encouraged the legislators to continue the work that has begun and identify barriers and areas for cooperation among providers, legislators, regulators and other representatives and suggested that all stakeholders come together to consider avenues to improve prescribing practices, and recommend potential solutions to combat the prescription drug issue in Ohio. The AMCNO is committed to working collaboratively on any prescription pain bill but we also need to be sure that physicians are able to practice quality medicine without impacting the patient/physician relationship.

Prescription Drugs Abuse Bills Under Review

As noted above, House lawmakers who served on the summer Prescription Drug Addiction and Healthcare Reform Study Committee have recently dropped several bills intended to address abuse prevention, promote treatment and increase access to services, but some of the bills have the potential to adversely impact the practice of medicine.

The bills are part of the nearly dozen or so proposals House lawmakers plan to introduce on this topic. The measures focus specifically on addiction education, medication-assisted treatment, hospice accountability and oversight and treatment from a broader perspective.

They include measures to:

- Require parental consent before minors are prescribed potentially addictive prescription medicines (HB 314).
- Mandate that hospitals report incidences of Neonatal Abstinence Syndrome (HB 315).
- Revise Medicaid coverage of community behavioral health services (HB 316).
- Address several issues including: false claims, drug dealer penalties for selling to women with young children, GED flexibility and identification verification for controlled substance prescription pick-up (HB 317).
- Establish standards and procedures for opioid treatment of chronic pain (HB 332).
- Require health care providers to give Department of Health-approved fact sheets on opiates to patients for whom they prescribe these medications (HB 359).
- Create immunity for individuals who seek or obtain medical assistance for themselves or another person who is experiencing a medical emergency due to alcohol or drug use (HB 363).
- Review hospice care, with an aim to create better medication accountability and end pill diversion for end-of-life care (HB 366).
- Require school districts to include opiate addiction education in their curricula in an effort to create awareness about the potential dangers of misusing these medications (HB 367).
- Evaluate treatment programs with medication-assisted legislation which focuses on when certain types of medications are prescribed for addiction and requirements for integrated treatment. The larger treatment bill, meanwhile, seeks to better integrate services to provide a full spectrum of addiction care (HB 369 and 378).

There is also a bill that would require a patient to provide a photo ID to a pharmacist when filling a prescription for a controlled substance and another bill is being considered that would limit how much medication could be prescribed at one time. The House Health & Aging Committee has created the Opiate Addiction Treatment & Reform Subcommittee to review addiction-related measures – and this was the committee where the AMCNO president provided his testimony in December.

The AMCNO has a position of oppose with technical assistance on some of these bills and there are some that we can support if there are a few changes made to the legislation. As the discussion on this important issue continues into 2014 the AMCNO will be sure to make our voice heard and keep our members informed.

Ohio Department of Medicaid Launches Benefits Website

More Ohioans are now able to apply for Medicaid benefits online at www.Benefits.Ohio.gov. Children and pregnant women up to 200 percent of poverty and adults with income up to 138 percent of poverty may now apply for Medicaid coverage through the website. The new online enrollment options are part of a new eligibility system that Ohio launched on Oct. 1, 2013. Ohio Benefits is a simple, self-service website that makes it easier for Ohioans to learn what type of health care coverage may be available to them. Ohio's system is designed to interact with the federal eligibility system, www.Healthcare.gov once all issues have been resolved at the federal level.

Ohioans who applied for health care benefits on the federal website (www.Healthcare.gov) but were denied because that system determined they might be eligible for Ohio Medicaid instead were notified by the federal government that an application was forwarded on their behalf to Ohio to determine Medicaid eligibility. However, because of glitches in Healthcare.gov, the federal government did not transfer those applications to the State.

The Ohio Department of Medicaid has received inquiries from Ohioans who, based on the federal notice, believed their application was pending at the State. Ohio Medicaid is responding to these inquiries to clarify that the federal government did not forward these applications and to encourage individuals who tried to apply on the federal site to now apply directly for Medicaid coverage online at [Ohio Benefits \(www.Benefits.Ohio.gov\)](http://OhioBenefits.Ohio.gov).

Potential Ohio Medicaid cases have been accumulating in the federal system since October. On December 10, the Ohio Department of Medicaid was notified by the federal government that Ohio can expect to receive Medicaid applications for more than 20,000 Ohioans from the federal system. Ohio is one of only seven states the federal government identified as ready to receive the federal cases. Ohio is prepared to receive these cases, but will take steps to minimize the impact on county Job and Family Services caseworkers related to the sudden influx of cases.

AMCNO LEGISLATIVE ACTIVITIES

Medicaid coverage will begin on January 1 as planned for people who are eligible for the expansion group even if some of the applications are processed after January 1. This is because federal law requires Medicaid to cover allowable expenses in any of the three months prior to the date a person applies, so anyone found newly eligible with allowable expenses who applies before April 1, 2014 will be eligible for Medicaid coverage dating back to January 1, 2014.

Ohio General Assembly Sends Medicaid Oversight Legislation to the Governor for his Signature

The General Assembly has sent legislation to Governor Kasich for his signature that would create a legislative panel to oversee and recommend changes to the Medicaid program. The House voted 52-35 to approve SB 206 that would establish a Joint Medicaid Oversight Committee (JMOC). The Senate voted 28-5 without debate to concur in the House's amendment. The bill was the result of many months of discussions after the issue of Medicaid expansion was first proposed in the Governor's biennial budget in February 2013. A bipartisan pair of senators earlier this fall introduced the bill with an eye toward reforming and changing the benefit program.

The bill creates a 10-member panel that will review cost containment, measure health outcomes, and provide legislative oversight. The panel will develop an action plan and make legislative and policy changes and it would have the authority to engage in investigative work if entities are not performing as expected. JMOC also requires the Office of Health Transformation and Department of Medicaid to develop strategies and prioritize employment as a goal for individuals participating in government programs. Specifically the JMOC will oversee the Medicaid program on a continuing basis. The bill does all of the following:

- Requires JMOC to (1) review how the Medicaid program relates to the public and private provision of health care coverage, (2) review the reforms the Medicaid Director is to implement, and (3) recommend policies and strategies that encourage self-sufficiency and less use of the program and improvements in statutes and rules concerning the program.
- Permits JMOC to hold meetings to increase knowledge and understanding of, and to develop and propose improvements in, the Medicaid program.
- Permits JMOC to investigate the Department of Medicaid, Office of Health Transformation, and each other government agency of the state or a political subdivision that administers part of the Medicaid program and, as necessary for the conduct of an investigation, to inspect the offices of

the Department, Office, or agency if the JMOC chairperson gives prior approval for the inspection.

- Requires JMOC to (1) contract with an actuary, before the beginning of each fiscal biennium, to determine the projected medical inflation rate for the upcoming fiscal biennium and (2) determine whether JMOC agrees with the actuary's projected medical inflation rate and, if JMOC disagrees, determine a different projected medical inflation rate.
- Permits JMOC to review bills and resolutions regarding the Medicaid program and to submit a report of its review that includes JMOC's determination regarding the bill's or resolution's desirability as a matter of public policy.
- Requires JMOC to prepare a report with recommendations for legislation regarding Medicaid payment rates for Medicaid services.

Ohio Supreme Court Rules on Medicaid Expansion Issue

On October 23, Ohio's Controlling Board – a 7-member body made up of six legislators and a representative of the Office of Budget and Management with the authority to make adjustments to the state's budget voted to authorize spending federal funds to pay for expanding Medicaid eligibility in Ohio. Providing this coverage would give health insurance coverage to over 275,000 Ohioans who would not otherwise qualify for the state-run insurance plan.

Several House Republican lawmakers and others detailed their opposition to the Controlling Board's approval of Medicaid expansion and filed a merit brief with the Ohio Supreme Court protesting the move. In response the Kasich administration filed a merit brief detailing the administration's argument that the appropriation request was approved in accordance with state law and Attorney General Mike DeWine and officials from the AG office who represent the Department of Medicaid and the Controlling Board urged the Ohio Supreme Court to deny the request relief and dismiss the suit.

Several lawmakers and stakeholder groups also filed amicus briefs voicing similar arguments as put forth by the Ohio Department of Medicaid and the Controlling Board, stating that the seven-member panel had the authority to approve such funding and that the action represented the will of the legislature.

The Ohio Supreme Court in a 4-3 decision ruled that the Ohio Controlling Board did not overstep its authority when it voted to allow

Governor Kasich to accept the federal funds to expand the Medicaid program in Ohio as allowed under the Affordable Care Act. Chief Justice O'Connor said opponents failed to make their argument that the actions of the Controlling Board violated Ohio law. She commented that "the relators fail to establish a clear legal right to the requested relief and a clear legal duty on the part of the Controlling Board to undo the authorization of the expenditure of additional federal funds to provide medical insurance." Also supporting the Controlling Board's action were Justices Paul Pfeiffer, William O'Neill and Judith Ann Lanzinger.

The 3 dissenting justices – Judith French, Sharon Kennedy and Terrence O'Donnell were of the opinion that the Supreme Court never should have accepted the case to start with since it involved a dispute that should have been addressed by the legislative branch of government, not the judicial branch. The AMCNO has strongly supported the expansion of Medicaid and we applaud this decision by the Ohio Supreme Court which has cleared the way for expansion of Medicaid to an estimated 275,000 uninsured Ohioans.

The AMCNO tracks all healthcare related legislation under review at the Ohio Statehouse – to view the AMCNO legislative tracker go to our website at www.amcno.org and look under the advocacy tab for more information. ■

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THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO

6100 Oak Tree Blvd., Suite 440,
Cleveland, OH 44131-2352
Phone: (216) 520-1000 • Fax: (216) 520-0999

STAFF Executive Editor, Elayne R. Biddlestone

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Ohio Supreme Court Levels the Playing Field in the Admission of Evidence of Medical Bills

By Douglas G. Leak, Roetzel & Andress, LPA

It has been common knowledge that plaintiffs in personal injury and medical malpractice actions can recover the amount of reasonable expenses incurred for medical care made necessary by the alleged negligence. To make a plaintiff whole for the wrong done, the amount of damages should reflect “the actual loss” to the plaintiff. The “make whole” doctrine seeks to make a plaintiff “whole” by reimbursing the plaintiff for all expenses incurred. The “make whole” doctrine does not sanction windfalls for a plaintiff.

For years, plaintiffs were permitted to recover the entire amount of medical bills proven to be causally related to the alleged negligence. All the plaintiff had to do was timely produce the medical bills and then there was a presumption that the medical bills were reasonable and necessary. On the other hand, defendants were prohibited from offering evidence of reduction, or “write-offs,” of medical bills in order to demonstrate that a plaintiff cannot conceivably suffer an “actual loss” for those medical bills that were never actually paid. The prohibition of evidence of “write-offs” turned the “make whole” doctrine upside down because a plaintiff was permitted to recover for all of the medical bills incurred but never actually paid. Consequently, plaintiffs enjoyed a windfall because jurors were not permitted to adjust an award for medical bills with evidence of “write-offs” of medical bills.

Eventually, the Ohio Supreme Court in 2006 recognized that jurors should be permitted to submit evidence of “write-offs” of medical bills in personal injury actions when determining the reasonable value of medical services. The reasoning for allowing the admission of evidence of “write-offs” was that “write-offs” did not reflect the actual loss suffered by a plaintiff and, thus, they did not constitute an expenditure. Simply put, “write-offs” of medical bills are amounts that are not paid and will never be paid and, therefore, the amount of the “write-offs” should not be recoverable by plaintiffs.

Since 2006, the legal battle raged on between plaintiffs and defendants regarding the proper manner in which evidence of “write-offs” of medical bills should be admitted into evidence, if admitted at all. On October 24, 2013, the Ohio Supreme Court issued its decision in *Moretz vs. Muakkassa*, Slip Opinion No.

2013-Ohio-4656 that has apparently settled this battle and has confirmed that plaintiffs are entitled to admit evidence of all of the medical bills while defendants can simultaneously present evidence of “write-offs” of medical bills.

Prior to the Ohio Supreme Court issuing its decision in *Moretz*, both the Trial Court and the Court of Appeals in *Moretz* held that even though a defendant is entitled to present evidence of “write-offs” of medical bills, the defendant had the additional burden of proving those medical “write-offs” with expert testimony. While a plaintiff was not required to produce expert testimony in support of the medical bills because they benefitted from a presumption of the reasonableness of the medical bills, the Trial Court and the Court of Appeals in *Moretz* treated the defendant disparately by requiring the defendant to retain an expert witness in order to establish the reasonableness of the “write-offs” of the medical bills. In other words, the defendant had the extra burden of proof to lay a foundation for the “write-offs” with expert testimony.

Before The Ohio Supreme Court released the decision in *Moretz* reversing both the Trial Court and the Court of Appeals’ holdings, the lower courts’ rulings were good law and plaintiffs’ counsel were relying on such rulings to challenge the admission of evidence of “write-offs.” Defendants faced an insurmountable burden of proof as to the admission of evidence of “write-offs” of medical bills as a result of the law set for by the lower courts in the *Moretz* case. Courts were requiring defendants to retain expert witnesses in order to testify about the reasonableness of the amount of “write-offs” of medicals. Inevitably, this increased litigation costs and expenses for defendants because

defendants were now required to pay expert fees and other expenses associated with presenting expert testimony in support of the “write offs.” While defendants were forced to incur these additional expenses, plaintiffs did not have to incur these same expenses.

The Ohio Supreme Court reversed the lower courts in *Moretz* and held that expert testimony is not required for the admission of evidence of “write-offs” of medical bills. In its decision, the Ohio Supreme Court has effectively leveled the playing field for plaintiffs and defendants with respect to the admission of both the medical bills and the amount of “write-offs” so reflected in those medical bills. Consequently, the law in Ohio is now well established without any limitations. Defendants can present evidence of “write-offs” of medical bills in the same manner in which plaintiffs present evidence of the medical bills.

It is worth noting that in addition to finally resolving the ongoing battle over the admission of evidence of “write-offs” of medical bills, the Ohio Supreme Court in *Moretz* also reversed the adverse verdict against a physician who was denied a fair trial as a result of several other errors committed by the lower courts. In reversing the plaintiff’s verdict against the physician and, also, the Court of Appeals’ erroneous decision that upheld the plaintiff’s verdict, the Ohio Supreme Court remanded the case for a completely new trial. So, not only is the decision of the Ohio Supreme Court in *Moretz* especially important because it resolved the longstanding debate over the admission of evidence of “write-offs” of medical bills, the physician will now be able to defend himself at trial free of any prejudicial errors. As a result of the *Moretz* decision, The Ohio Supreme Court has set forth several holdings that will be invaluable to the defense of medical malpractice cases, as well as other civil lawsuits.

Doug Leak is a Partner with Roetzel & Andress, LPA in Cleveland, Ohio. Mr. Leak’s practice focuses on medical malpractice issues, personal injury, catastrophic injury and declaratory judgment actions involving insurance carriers. He also has a comprehensive appellate law practice and is Board Certified in Appellate Law by the Ohio State Bar Association. ■

Statewide Immunization Conference Offers Key Information for Healthcare Professionals

Ohio's 10th Statewide Immunization Conference drew more than 200 healthcare professionals to Cleveland on Friday, October 18, 2013. The day-long conference, hosted by [ImmunizeOhio.org](http://immunizeohio.org), provided current education about the revised Centers for Disease Control and Prevention (CDC) vaccine storage and handling guidelines, CPT coding, reimbursement and vaccine policy in the Affordable Care Act, expanded Tdap and influenza vaccination in pregnant women, and increasing vaccination rates in adolescents and adults. Additionally, the Ohio Department of Health presented their 2013 AFIX Award winners for Immunization Coverage Excellence and Immunization Coverage Improvement. The conference provided category one CME credits through Wright State University, Boonshoft School of Medicine and ONA approved CNE credits.

Cindy Modie, Director of ImmunizeOhio, welcomed attendees from across Ohio and Pennsylvania followed by Dr. Judith Romano, MD, FAAP, President of the Ohio Chapter of the American Academy of Pediatrics (AAP). Dr. Romano noted that Ohio is the only state in the nation that does not have immunization requirements for attendance in child care or preschool. Legislation is expected in the near future to correct this oversight and to provide the strength daycare and preschool operators need to mandate up to date immunizations of enrollees.

CDC Update:

Donna Weaver, RN, MSN, Centers for Disease Control and Prevention, is a favorite presenter at immunization conferences with her real-life stories of the calls that she receives from providers concerning errors made in the storage of vaccines. The administration of vaccines that have not been handled and stored in a manner that maintains the correct cold chain results in unintentional, yet unethical administration of possibly useless vaccine. She also reviewed the steps for emergency vaccine retrieval and back-up storage. A CDC training tool: <http://www.cdc.gov/vaccines/ed/>

youcalltheshots.htm — includes a module on the correct storage and handling of vaccines that was revised spring 2013.

Coding and Reimbursement

Christopher Rizzo, MD, Past President, Ohio Chapter, American Academy of Pediatrics presented on CPT coding and reimbursement. Dr. Rizzo spoke on the importance of proper immunization coding to allow for maximum reimbursement. A review of CPT immunization codes included vaccine — based administration CPT codes vs. component based administration codes and was presented along with scenarios. The definition of "other qualified health care professional" prompted a discussion on who can bill for counseling among conference attendees.

Legislative Update:

Danny Hurley, Lobbyist Ohio Chapter, American Academy of Pediatrics, presented on vaccine policy and the Affordable Care Act. Mr. Hurley spoke on key themes in the ACA, grandfathered plans and essential health benefits. Recommendations of the USPSTF and ACIP were discussed. Discussion surrounding primary care rate increases was countered by

local health departments in the audience as they are viewed as out of network with some insurance carriers. Local health departments stated that they are viewed as a safety net for clients and should not be penalized by insurance companies that have not contracted with health departments in the past. This remains a challenge in the present immunization policy.

Immunization Update:

Sherman Alter, MD, Director, Division of Infectious Disease, The Children's Medical Center of Dayton, spoke on the current epidemiology of pertussis in children, adolescents and adults and the rationale of vaccinating pregnant women with tetanus, diphtheria and pertussis and the influenza vaccine during pregnancy. Dr. Alter's presentation included classification of *B. Pertussis* first cases and source cases by relationship of infant, annual incidence and hospitalization rates of infants. A discussion followed on the current pertussis vaccine composition and the number of cases in relation to vaccination with whole cell pertussis vaccine. The effectiveness of the influenza vaccine and Tdap vaccine on the pregnant woman, newborn and infant was also presented.

Dennis Cunningham, MD, Infectious Diseases and Epidemiology, Nationwide Children's Hospital, presented on strategies to encourage vaccination in teens and adults and quadrivalent influenza vaccine and healthcare worker indications. Dr. Cunningham advocated for practicing what we preach. How many healthcare workers in the audience have received their flu shot? How many hospitals allow unvaccinated health care workers to work? Strategies to increase vaccination of adolescents included sport physicals, urgent care visits, emergency room visits, schools and the use of standing orders. The use of technology such as "best practice alerts" for electronic charts, social media for outreach and education and the use and participation in vaccine registries were all discussed as ways to increase vaccination rates.

Conference organizers offered a special thank you to the Academy of Medicine of Cleveland & Northern Ohio and the Academy of Medicine Education Foundation for their continued generous support of immunizeohio.org to bring immunization education to vaccine providers throughout Ohio. ■



A member of the audience asks a question during the immunization conference

Cuyahoga Health Access Partnership (CHAP) Annual Meeting Update – Connecting – Simplifying – Transforming

November 6, 2013 marked the Cuyahoga Health Access Partnership's (CHAP) third Annual Meeting, an exciting moment in the young organization's development. Nearly 100 community leaders and supporters from the health and human services industry joined CHAP to hear the results of CHAP's first member evaluation of its signature program, the Access Plan, and learn about future transitions as the Affordable Care Act is implemented. Trey Daly, Enroll America's Ohio Director, provided educational remarks about outreach best practices and strategies from their work educating consumers about the Affordable Care Act and helping them prepare for enrollment on the Health Insurance Marketplace.

Connecting.

2,700 Cuyahoga County residents received coordinated primary and specialty care as a result of the Access Plan. With the introduction of MetroHealth's CarePlus program, more than 500 CHAP members were able to connect to health care coverage via the 1115 Medicaid Waiver. Even with that resource available in Cuyahoga County, 2,200 needed the assistance provided by the Access Plan.

Through CHAP's partnership between primary and specialty care providers, CHAP partner locations provided 3,053 specialty care referrals to members since its inception in a variety of specialties. The population requiring the support of the Access Plan continues to encounter a number of additional barriers to access that impact their overall health and wellbeing. 62% have incomes under \$10,000 per year, while only 10% of members make over \$20,000 a year. 71% of CHAP members have incomes that are at or below 100% of the Federal Poverty Level.

CHAP also shared the results of their first member evaluation, conducted using a survey based on the NCQA CAHPS Health Plan Survey. The project explored CHAP members' experience using the health care system before and after becoming a CHAP member. The results are impressive.



Brenda Delgado, U.S. Department of Health and Human Services, discusses the importance of focusing on young mothers and families.



Trey Daly, Ohio Director, Enroll America (Get Covered America) was the featured speaker and answered a variety of questions from the group.

Consistent access to primary and specialty care has a significant impact on the decreased emergency room usage among CHAP members. 56%, reported using the emergency room less since becoming a member. Three quarters reported they had not used the emergency room at all since joining. 75% of CHAP members said it was now easier to make an appointment to see a doctor, and nearly 80% said CHAP made it simpler to find a doctor close to home.

Simplifying.

The survey also revealed stark contrasts in the before and after picture of a CHAP member's usage of the health care system. 28% of members said they regularly saw a primary care doctor before joining the Access Plan. After becoming CHAP members, 94% report seeing the same primary doctor on a regular basis.

CHAP also simplified the process of accessing specialty care for members. 68% of members reported seeing a specialist using their CHAP membership. Over half, 57%, reported it was "Easy" or "Very Easy" to access specialty care as a member.

88% said that CHAP made it easier to access the health care they need. These results overwhelmingly showed that the CHAP's

interconnected system of organizations working together is working. By streamlining eligibility, facilitating access, and encouraging consistency in how to use the health care system, the CHAP Access Plan is doing what it was designed to do.

Transforming.

CHAP also shared great strides made at the local and state level, illustrating its capacity to serve the uninsured. In August 2013, CHAP received a pivotal opportunity to expand its services and scope in the region as a sub-grantee of the Ohio Association of Foodbanks (OAF). As part of this federal grant, CHAP will serve as an ACA enrollment navigator in Cuyahoga, Summit, and Lorain counties with the support of 5 full-time and 2 part-time navigators.

Approximately 130,000 Cuyahoga County residents living at 100– 400 percent of Federal Poverty will be eligible to enroll in the Health Insurance Marketplace and receive a tax subsidy to offset the cost of their premium payment. Nearly 66,000 Cuyahoga County residents living at 138 percent of Federal Poverty will be eligible for newly expanded Medicaid coverage. This vast need underscores the careful coordination that all community agencies conducting assistance work will need to achieve in order to connect as many people as possible to coverage.

To facilitate cooperation, CHAP is leveraging its place as an existing community partnership. By convening conversations as a coordinating entity with our Federally Qualified Health Center partners, Northeast Ohio sub-grantee partners, Certified Application Counselor entities, and other stakeholder organizations, CHAP is working through a solid, interconnected infrastructure to ensure all residents connect to a coverage option that fits their needs.

Throughout this transition, CHAP's Access Plan will remain a part of the community's safety net. CHAP's current staff and newly trained navigators will continue to work with our provider partners to ensure that individuals who fall through the coverage gaps of the Affordable Care Act or qualify for an exemption to the individual mandate are still able to receive primary and specialty care as part of our coordinated system of access.

The AMCNO is a member of the CHAP board of directors and we are a partner in CHAP. For more information about CHAP, please contact Sarah Hackenbracht at (216) 200-8041 or Hackenbracht@chapohio.org. ■

AMCNO Collaborates with HIMSS on Regional Meaningful Use Event

In December, an event was held at the Global Center for Health Innovation where the Healthcare Information and Management Systems Society (HIMSS) hosted a session entitled "Beyond Stage 1 Meaningful Use." The AMCNO collaborated with HIMSS and other organizations to present the event which also included a networking reception which was held in the new HIMSS Innovation Center at the Global Center where participants were given a tour of the facility including the many exhibits.

Presenters included Dr. David Kaelber, a practicing internist and pediatrician and the Chief Medical Informatics Officer of the MetroHealth System in Cleveland, Ohio, and the Director of the Center for Clinical Informatics Research and Education (CCIRE); Cathy Costello, JD, who currently heads the Regional Extension Center program provided by the Ohio Health Information Partnership and its seven Regional Partners; Dan Paoletti, CEO of CliniSync and the Ohio Health Information Partnership; and Dr. Diane Butler, a board certified pediatrician and a member of the Academy of Medicine of Cleveland & Northern Ohio.

Topics of discussion included some of the major Meaningful Use changes beyond Stage 1 criteria. Participants were provided with resources, tools, guidance, and the practical know-how to continue on a successful path towards achieving Meaningful Use initiatives throughout 2014 and beyond.

Presentations during the evening included an overview of Meaningful Use Stage 2 criteria, an in-depth discussion on Clinical Quality Measures (CQMs), as well as information on Clinisync's

statewide and local health information exchange initiatives.

Participants were provided with a wealth of information on what CMS Meaningful Use Stage 2 criteria need to be implemented in order to achieve Stage 2 MU criteria and attest for Stage 2 EHR Incentives, and which Clinical Quality Measures (CQMs) were required for Meaningful Use Stage 2, as well as new CMS reporting capabilities. During the discussion on CQMs participants were cautioned that before they start planning for 2014 to make sure to talk to their vendors — this is a critical area of CQM — physicians need to know what their vendors can track clinically and whether or not they have the technology to track it. Participants were also offered a website to go to where they can search by vendor and product to obtain their certification information and what items each vendor is certified to do and which CQMs they can track. There is a slow uptake on certification of vendors for Stage 2 with just over 200 vendors certified at this time so it is imperative that physicians check out their vendor certification and capabilities. A panel discussion followed the



A panel discussion wrapped up the meaningful use session – (l to r – Cathy Costello, Dr. Butler, Dan Paoletti, and Dr. Kaelber.)

presentations where presenters discussed best practices that can be utilized when working to achieve EHR meaningful use.

The AMCNO was pleased to be a participant and collaborator for this important event and we plan to work with HIMSS in the future on other regional initiatives.

Helpful websites mentioned during the presentations:

For information on vendors:
<http://oncchpl.force.com/ehrcert?q=chpl>

For information on Stage 2 meaningful use and other resources:
<http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2>
www.clinisync.org
<http://www.himss.org/meaningfuluse> ■

How Will The New Medicare Taxes Affect You?

The new tax law may impact your earned income and your investment income. High-income taxpayers may be hit with two tax hikes under the recently enacted health care overhaul legislation.

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AMCNO 2013 Vote & Vaccinate Program

The Academy of Medicine of Cleveland and Northern Ohio (AMCNO) hosted its fourteenth annual "Vote and Vaccinate" program on Election Day, November 5, 2013.

The intent of this annual program is to provide individuals with an opportunity to receive seasonal flu and pneumonia immunizations at various polling sites throughout Cuyahoga County, making it easier for people to get vaccinated before the flu season kicks into high gear. The AMCNO's Vote and Vaccinate Program runs parallel to the voting process and is not connected in any way with the Board of Elections.



Staff from St. Vincent Medical Center vaccinates a participant in the AMCNO's Vote and Vaccinate program held at the Marion Sterling School in Cleveland.

This year, the AMCNO was pleased to have participation from the St. Vincent Medical Center in this valuable program. The AMCNO would like to express its sincere gratitude to site staff who participated in this worthwhile program at Marion Sterling School in Cleveland. Many members of the local community participated in the Vote and Vaccinate program this year and were able to get vaccinated against seasonal flu and pneumonia at the site.

The AMCNO plans to host this community event again in 2014. If your group or hospital is interested in participating with the AMCNO as a co-sponsor or would like to host a site, please contact the AMCNO office at (216) 520-1000.

AMCNO COMMUNITY ACTIVITIES

SAVE THE DATE

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

invites you to attend our

2014 Annual Meeting

Friday, April 25, 2014

Wyndham Cleveland at Playhouse Square
1260 Euclid Ave.

6 p.m. Reception • 7 p.m. Dinner
Black Tie Optional

Presentation of 50 Year Awardees and
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Scholarships to medical students from
Case School of Medicine,
Cleveland Clinic Lerner College of Medicine,
Northeast Ohio Medical University
and Ohio University

*Please join us in congratulating our
medical scholarship recipients and
awardees on April 25, 2014.*

Save the Date

The Academy of Medicine of Cleveland & Northern Ohio Membership Committee cordially invites physician members, residents, medical students and spouses to attend our 2014 wine tasting experience. This is the perfect opportunity for you to mingle with your colleagues.

- Hors d'oeuvres
- A fine selection of wines
- Discussion with La Cave's wine expert

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Cost:

\$30 per member/spouse

\$15 residents & medical students

RSVP by 2/15/2014 amcno@amcno.org

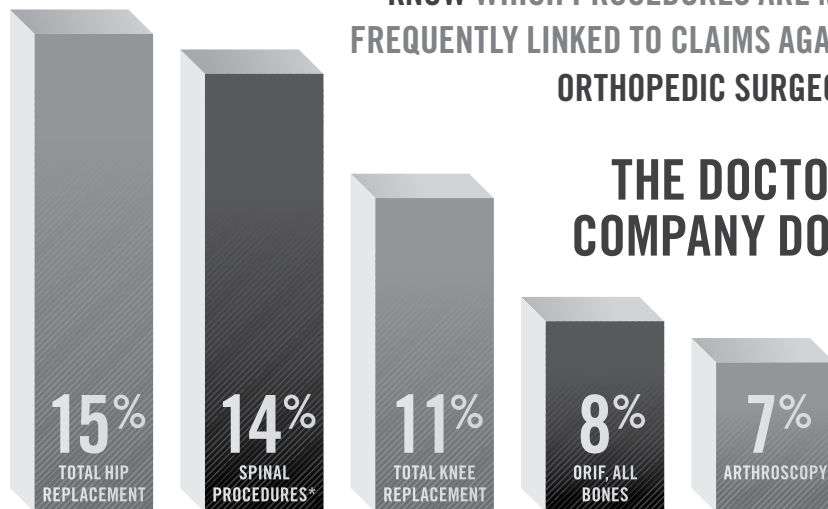
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AMCNO Hosts Another Successful Solving the Third Party Payer Puzzle Seminar

The Academy of Medicine of Cleveland and Northern Ohio (AMCNO) hosted its 29th annual *Solving the Third Party Payer Puzzle* seminar in November. Insurance company presenters included Medical Mutual of Ohio, Anthem Blue Cross and Blue Shield, Medicare (CGS LLC), Ohio Department of Job and Family Services, United Healthcare, and Cigna Healthcare of Ohio. Packets of information and handouts from each of the providers provided a day packed full of information and education for office administrators and their staff.

Presenters from Medical Mutual of Ohio outlined information on how to access online claims information by visiting the Claims and Claims Remit History sections of the secure Provider e-Portal at Provider.MedMutual.com allowing access 24/7 assisting with claim status.

Anthem Blue Cross and Blue Shield presenters discussed their online portal functionality and their new Interactive Care Reviewer, ICR. ICR is utilizing IBM Watson Technology, and is their new provider self-service web tool. With the new tool, medical practices can now initiate pre-certification requests on-line via [Availity at www.availity.com](http://www.availity.com) more efficiently.

CGS, LLC, provided updates on new and updated Medicare initiatives, including 2013 Medicare Physician Fee Schedule (available at www.cgsmedicare.com). CGS has new resources and self-service technology options, including prescribing procedures (eRx) and the Electronic Health Record (EHR) for patients. CGS is also now on Facebook at: www.facebook.com/cgs.j15.

CGS presenters also explained in detail on CERT error categories. There are five CERT error categories:

1. No Documentation
2. Insufficient Documentation
3. Medical Necessity
4. Incorrect Coding
5. Other

The CERT system looks for improper payments including any claim that was paid when it should have been denied and any claim paid at the incorrect amount. Outcomes will be used to identify educational needs. More information may be obtained from CMS FAQs available at http://www.cms.gov/Medicare/Medicare-Contracting/FFSProv_CustSvcGen/Downloads/Incarcerated-Beneficiary-FAQs-8-23-13.pdf.

Also, CMS now offers free web-based training opportunities from the CMS Medicare Learning Network and these courses are available at: <http://www.cms.gov/Outreach-and-Educaiton/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining.html>.

During the Medicaid presentation, participants were informed that the Ohio Department of Medicaid (ODM) is now officially their own department and reforms are already underway to improve overall health system performance. Participants learned that there are changes coming to the non-anatomical modifiers in the NCCI in June 2014 and also that physician assistants can now be billed as a provider and the physician, group practice, clinic, or other health care facility that employs or contracts with the PA may submit the claim. Medicaid is also gearing up to be ready for the roll out of ICD-10 on October 1, 2014. Also discussed was the Family Planning Services available to families with a net income below 200% of the federal poverty line, who have no other medical coverage. This program has limited services and covers various treatments.

UnitedHealthcare introduced information regarding protocols and administrative processes related to UnitedHealthcare Connected. The program is a new,



A representative from Anthem Blue Cross/Blue Shield takes questions from the audience.

UnitedHealthcare product offered as part of MyCare Ohio which will combine the benefits of Medicare and Medicaid into one plan.

Presenters from Cigna Healthcare concluded the seminar by discussing the new utilities for workflow on their website, *Cigna for Health Care Professionals*. They demonstrated the updated dashboard with easily accessible tools, and how to view and submit pre-certification requests online. Their quarterly newsletter, *Network News*, is available online and can be accessed at www.cigna.com.

The AMCNO would like to express our sincere thanks to all the presenters and we plan to offer the seminar again in 2014. ■



Participants at the event listen to presenters discuss insurance issues and key updates

Ohio Health Care Reform Update

At a health care reform event sponsored by the Center for Community Solutions and held at the Cleveland Clinic, Greg Moody, Director of the Office of Health Transformation, discussed several initiatives that the state is working on in order to reform health care in Ohio.

Medicaid Update

Director Moody discussed the rollout of the Medicaid program in Ohio outlining how the state plans to sign up individuals into the program. He noted that low income families will be able to apply for Medicaid benefits online. Individuals who will qualify for Medicaid under recent eligibility changes may also apply online. The new online enrollment options are part of a new eligibility system that Ohio launched on October 1, 2013. Ohio Benefits is a simple, self-service website that makes it easier for Ohioans to learn what type of health care coverage may be available to them. Originally children and parents were scheduled to be allowed to apply for Medicaid benefits on the new system beginning January 1, 2014, however, the online system did actually go live ahead of schedule on December 9th. Director Moody noted that the goal is for most Medicaid applications to be completed online, and there will be transfer of data between the State online system and the new federal system once it is functioning correctly. County case managers will be working to resolve cases as needed and county case workers will have the information they need to assist Ohioans who want to complete a Medicaid application in the new eligibility system. Prospective enrollees are encouraged to visit www.benefits.ohio.gov to see if they qualify.

State Health Innovation Plan

Director Moody also outlined Ohio's State Healthcare Innovation Plan which is intended to transform payment for health care in Ohio. He noted that Ohio has an expensive and fragmented health care system that does not demonstrate value with over 60 health plans across the state, many with small market share and a wide range of payment models and incentive plans. In addition, health care spending is growing — with Medicaid consuming 30% of total state spending and Ohio's commercial healthcare premiums growing over 8.65% per year over the past three years. However, higher spending does not correlate to better value — with Ohio spending more per person on health care than residents in all but 17 states, without leading

to better outcomes. Finally, Ohio's public health and healthcare systems are fragmented and assessing population risk and disease prevalence for population health management does not currently integrate well with clinical care. Director Moody outlined how the state plans to address these issues by creating a sustainable patient-centered delivery and payment system in the future. To achieve this, the State, along with its Medicaid managed care organizations, and a multi-payer coalition of private payers plan to launch two models statewide: a patient-centered medical home (PCMH) model and an episode-based payment model. The intent is to set a foundation for Ohio to transition to increased provider accountability, improved quality and cost efficiency. In five years these two models could cover 80% of the state's medical spend and close to 90% of Ohio's population. The models are intended to reduce fragmented care to patient-centered care with fee-for-service incentives being replaced by value-based payments that reward successful coordination and care outcomes.

Public health and primary care will focus on a team-based approach to prevention and risk reduction by connecting clinicians with community services, building community teams and empower patients to manage illness and improve clinical data to assess population health. PCMHs will be a critical part of the coordination of community based efforts and partnering with local public health will expand the reach of healthcare resources to more high-need patients, while utilizing evidence-based approaches to reduce risk and improve disease management.

Of particular interest to physicians is the strategy for implementation of episode-based payments. As noted, the goal is to achieve a multi-payer episode model, statewide, covering 50-60% of total healthcare spent in 5 years with the intent to launch 20 episodes in the first 3 years. Episodes selected will be relevant across payer populations and the model encompasses most books of business for public and most private payers. The State has convened clinical teams of practitioners



Greg Moody, Director of the Office of Health Transformation offers his comments about health care reform in Ohio.

to assist in designing these models. AMCNO board members are part of these teams and will provide reports to the AMCNO as this project proceeds into the future.

Ohio Patient-Centered Primary Care Collaborative Event

Director Moody was also on hand to present this information at the Ohio Patient-Centered Primary Care Collaborative (OPCPC) 2013 Fall Conference. Dr. Ted Wymyslo, Director of the Ohio Department of Health, was also part of a panel that presented information about the patient centered medical home model and the work that is being done around the state to develop the PCMH program.



Dr. Ted Wymyslo, Medical Director for the Ohio Department of Health discusses the patient-centered medical home model at the OPCPC event.

HEALTH CARE REFORM

During a breakout session at the OPCPCC conference, staff from Clinisync provided an overview of *Ohio's Health Information Exchange Survey for Patient-Centered Medical Homes*, a July 2013 study conducted by the Health Information Technology (HIT) Learning Center within the Ohio Patient-Centered Primary Care Collaborative (OPCPCC). The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) participates in the HIT Learning Center of the OPCPCC and we assisted in the dissemination of the survey to physicians in the Northern Ohio area. The survey found that 87 percent of the 81 practices that responded to the survey actively use electronic health records.

The study also showed that physicians in Ohio who are seeking recognition as a Patient-Centered Medical Home (PCMHs) would like to exchange more health information with other providers and would also like more hospitals and physicians to be part of that provider network.

Respondents indicated that tracking patient quality measures and sending care reminders to patients top the list of electronic health record features that PCMH practices find important to support patient-centered care. Most of the respondents want to provide a patient portal but 60 percent don't have these portals in place. The majority of respondents were family physicians in practices with less than 10 primary care providers on staff, serve populations of less than 25,000, and are seeking certification or recognition as a patient-centered medical home. Input for the survey came from 34 of Ohio's 88 counties, including counties in Northern Ohio.

To view the Office of Health Transformation information outlined in this article go to www.healthtransformation.ohio.gov

To view the Health Information Exchange Survey for Patient-Centered Medical Homes study go to: www.odh.ohio.gov ■



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AMCNO Offers Childhood Obesity Information to our Members through our AHRQ Partnership

The Academy of Medicine of Cleveland & Northern Ohio and the Agency for Healthcare Research and Quality (AHRQ) are pleased to work together to share AHRQ's "Patient-Centered Outcomes Research", also known as "Comparative Effectiveness Research", with you and your patients. AHRQ is a Federal agency of the U.S. Department of Health and Human Services charged with improving the quality, safety, efficiency and effectiveness of health care for all Americans. The Academy of Medicine of Cleveland & Northern Ohio is an ideal partner to help disseminate this research, which is designed to inform health care decisions by providing unbiased comparisons of drugs, medical devices, tests, surgeries, or delivery methods for various health conditions.

The AMCNO through our partnership with AHRQ is pleased to offer new resources to our members on the topic of childhood obesity prevention. This valuable information can be used to help parents explore treatment options on how to keep their child from becoming overweight or obese. In addition, there is information for use by clinicians which summarizes research findings on childhood obesity prevention. All the resource materials described are free.

The new items available to our members through the AHRQ EHC program are now available on our website at www.amcno.org under Education and Events. ■

Heroin Summit Provides Key Information to Northern Ohio Healthcare Community

In November, representatives from the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) joined over 600 participants who attended an informative event entitled "Heroin: A Crisis Facing Our Entire Community." This event was sponsored by myriad organizations and associations from across the region and was held at the Cleveland Clinic Foundation. Introductions were provided by Steven Dettelbach, United States Attorney, Northern District of Ohio, Ed FitzGerald, Cuyahoga County Executive, and Dr. Delos Cosgrove, CEO & President, CCF. Comments during the introduction highlighted the need to find solutions to the heroin problem noting that these solutions must come from not only the health care arena but from policymakers, educators, and treatment providers. The scale and scope of this issue is far reaching and heroin is one of the most addictive and deadly substances out on the streets right now. This is a community problem and it is going to take the entire community to solve it.

Panel discussions took place throughout the day with discussions ranging from the extent of the crisis throughout Northern Ohio, how to prevent overdose death through the use of Nalaxone, how to prevent the path from opiates to heroin and responsible prescribing practices. Presenters included physicians,



Dr. Delos Cosgrove, CEO and President of CCF provides opening remarks at the summit.

judges, and representatives from state licensing agencies. The panel discussions were followed by breakout sessions to outline an action plan to address this issue through health care policy, education and prevention, law enforcement and appropriate treatment. The action plans will be finalized and distributed to the attendees with the intent to have the entire community work together to address the heroin problem in the Northern Ohio community. The AMCNO plans to be involved in this initiative and will report back to our membership as this initiative moves forward. ■

Save The Date 2014 Medical/Legal Summit April 11 & 12, 2014

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

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

Vice-Chair: Michael Anderson, Chief Medical Officer, University Hospitals

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

For more information, call AMCNO at (216) 520-1000.

Affordable Care Act Update

By David Valent, Esq.

Provided herein is a summary of recent developments regarding the implementation of the Affordable Care Act ("ACA"), as part of an ongoing series of articles regarding the ACA. The purpose of this article is to provide you with information regarding issues directly impacting your patients — so you can better appreciate their concerns, and help them better meet their needs.

Website Woes

As this readership is well aware, one of the primary provisions of the Affordable Care Act is to make available healthcare exchanges and/or Marketplaces online, for consumers to purchase "affordable" insurance options.

The health insurance Marketplace exchanges were to become available for shopping and/or review beginning on October 1, 2013, with coverage provided by such policies purchased to begin January 1, 2014. Unfortunately, it seems apparent that the government underestimated the volume and/or traffic to its website: www.healthcare.gov, and the website did not function as anticipated.

The Secretary of U.S. Department of Health and Human Services, Kathleen Sebelius, indeed conceded that there have been some implementation difficulties. "I'll be the first to tell you that the website launch was rockier than we would have liked," she told an audience recently in Cincinnati, Ohio, during her tour to promote the ACA. She further noted "there are constant improvements underway, so that we are getting people in much more quickly."

On December 11, 2013, Secretary Sebelius addressed the troubled rollout of the ACA before a House Committee. She testified that the insurance market system is back on track, and that her office is launching an investigation into the situation. With improvements having been made to the website over the past several weeks, Secretary Sebelius reports that the website is now operating with increased capacity and an error rate below 1%. For those healthcare providers discussing these issues with their patients, more information regarding the Marketplaces can be found at: healthcare.gov.

Continued Challenges to ACA – Contraceptive Mandate

Late this year, the U.S. Supreme Court decided to accept for review the case of *Hobby Lobby Stores v. Sebelius*, from the U.S. Court of Appeals for the 10th Circuit.

The primary issue is whether the ACA's mandate that large, for-profit, employers pay for their workers' birth control is a violation of religious freedoms. As it currently stands on this issue, there is a 3 to 2 circuit split among lower Courts, which will now be solved by the Supreme Court's anticipated ruling. Although the Supreme Court has not indicated exactly the questions it will answer, there will likely be issues decided concerning the First Amendment. Also, the Court will likely address whether the Religious Freedom Restoration Act allows for-profit companies to withhold benefits required by the ACA mandate.

ACA Online Enrollment for Small Businesses Delayed One Year

In November 2013, President Obama decided to delay online enrollment by one year for small businesses using the ACA's federal marketplace, as a means to provide insurance options to its employees. The delay was seemingly implemented as a result of the excessive traffic to the government's website and lack of reliability of same. Although the online purchases are being rolled back to November, 2014, small businesses are still able to comparison shop and enroll by phone, in the interim.

Study Finds Better Security and Fraud Control Needed For ACA Oversight

The U.S. Treasury Inspector General for Tax Administration recently released study findings that the IRS computerized tax credit calculation and qualification system has a lack of antifraud protection, which could result in the ACA tax payer refunds being misappropriated.

Indeed, the IRS is the government entity responsible for having developed a computer system that calculates automatic tax credits under the Affordable Care Act, and which also determines ACA eligibility and enrollment based on previous tax return filings. The study found that the system needs improvement with regard to security, fraud and detection and accuracy. It is anticipated that the IRS will address these issues in the future.

Short Extension to Find Pre-Existing Condition Coverage, and to Enroll in Other Plans Taking Effect January 2014

The Department of Health and Human Services decided this December 12, 2013, that individuals in the federally run "Pre-Existing Condition Insurance Plan" (PCIP) will have an extra month to find a plan through the online Marketplace, rather than be left without coverage.

The PCIP will offer transitional coverage to those currently enrolled in PCIP who have not yet secured other health insurance, from January 1, 2014 through January 31, 2014. This transitional coverage will allow PCIP enrollees more time to review Marketplace plan options and enroll in the coverage that best meets their needs. They will be notified by mail of this offer to extend their PCIP plan for an additional month. www.pcip.gov provides more information on this issue.

Also announced by the DHHS, is that all individuals had until December 23, 2013 to find coverage starting January 1, 2014, through the online Marketplace. This is an extension from the December 15, 2013 deadline previously set.

Medicaid Expansion in Ohio

After months of debate and political posturing, it seems as though the Medicaid expansion will move forward in Ohio, absent a Court order stopping the expansion. As you may recall, the plan to expand Medicaid in Ohio was approved through Governor Kasich's plan to take the issue to a legislative panel and/or "Controlling Board," rather than to involve the legislature. The Governor's efforts were successful in passing a measure to expand Medicaid in Ohio, pursuant to the ACA. That said, some State Republicans and activists are still trying to stop the Governor's implementation of the expansion.

On day one of the implementation of the expansion, the program allowed for more than 1,000 low income residents to sign up for tax funded health insurance. Also, the Governor's office reported that the rollout occurred without the technical failures and glitches that faced the October 1st rollout of the federally led website. See the state website at: www.medicaid.ohio.gov.

For further information regarding ACA and/or issues that may be specific to your practice, please do not hesitate to contact David A. Valent, Esq. at Reminger Co., LPA: dvalent@reminger.com, 101 Prospect Ave. W, Suite 1400, Cleveland, Ohio 44115. ■

AMCNO Mini-Internship Program Continues to Thrive

The Academy of Medicine of Cleveland & Northern Ohio was pleased to facilitate the 29th Annual Mini-Internship Program October 21 through 23, 2013. Participants interacted with physician specialties ranging from internal medicine, hematology/oncology and pediatric office visits to gastroenterology procedures, orthopedic hand surgery and geriatrics during the two-day internship program.

The response from both community leaders and member physicians who participated in the program was most impressive. Participants this year included: Scott Snyder, Contract Negotiator, Anthem; Aaron Haslam, Executive Director, State Medical Board of Ohio; Debra Adams Simmons, Editor, *The Cleveland Plain Dealer* and Robert Schmidt, Chairman, CEO, CleveMed, Orbital Research. This two-day shadowing experience offers community leaders and business professionals an opportunity to witness first-hand a “day in the life” of a physician.

Beginning with an Orientation Reception and continuing over a two-day period, “interns” were paired with AMCNO member physicians from surrounding area healthcare institutions, as well as private practitioners, in order to gain the broadest possible sense of the complexities involved with healthcare and the practice of medicine today. The program also included HIPAA training for the interns.

The AMCNO’s Mini-Internship Program offers an up-close and personal look at the practice of medicine in today’s healthcare arena that culminates with an open-forum discussion

between the program participants and physicians. The debriefing dinner was held at the AMCNO headquarters where participants shared their observations and experiences from the previous two days.

Scott Snyder, from Anthem stated that he was inspired by the personal rapport physicians had with their patients while Mr. Haslam noted that the trust patients have in physicians is phenomenal and that the program was a wonderful and unique experience for him. Ms. Simmons stated that she learned a great deal about how electronic health records have created dramatic changes in medicine and she noted that each physician did a wonderful job making each patient feel that they were important. Mr. Schmidt expressed how unexpected and different his experiences were and noted that it is much different from just reading about these procedures.

The AMCNO expresses its sincerest appreciation to both the doctors and community members who committed their time and effort to make this very special program a true success again this year.



Dr. William Seitz, Jr., (left) and Dr. James Sechler (right) present Dr. Aaron Haslam with his certificate of participation in the mini-internship program



Dr. James Sechler presents Debra Adams Simmons with her certificate.

Any AMCNO member can participate in the program — members interested in participating in a future Mini-Internship Program should contact The Academy of Medicine of Cleveland & Northern Ohio’s Communications Coordinator at (216)520-1000.

2013 Physician Participants

Tom Abelson, MD
Diane Butler, MD
Prabhleen Chahal, MD
Mehrun Elyaderani, MD
Christopher Furey, MD
Reuben Gobezie, MD
James Hekman, MD
Gerard Isenberg, MD
Fred Jorgensen, MD
Louis Keppler, MD
Matthew Levy, MD
Prateek Mendiratta, MD
James Sechler, MD
William Seitz, Jr., MD
George Topalsky, MD

2013 Program Interns

Aaron Haslam, Executive Director,
State Medical Board of Ohio
Robert Schmidt, Chairman,
CEO, CleveMed/Orbital Research
Debra Adams Simmons, Editor,
The Cleveland Plain Dealer
Scott Snyder, Contract Negotiator, Anthem ■



Physician participants in attendance at the mini-internship orientation pose for a photo with the 2013 interns (l to r – back row – Drs. William Seitz, Jr., Tom Abelson, Matthew Levy, Fred Jorgensen, Diane Butler, James Sechler, George Topalsky, Mehrun Elyaderani, James Hekman, and Prateek Mendiratta – front row – Mr. Scott Snyder, Ms. Debra Adams Simmons, Mr. Aaron Haslam and Mr. Robert Schmidt.)

ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care in Ohio

The AMCNO was pleased to collaborate with Case Western Reserve University and the Cleveland Clinic to offer a program entitled **ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care** at the Cleveland Marriott on Wednesday, November 6th.

Food and Drug Administration (FDA) statistics indicate that more than 33 million Americans misused extended-release and long-acting (ER/LA) opioids during 2007, up from 29 million in 2002. Yet these drugs have long been a major tool in the management of chronic pain or to help those who suffer from a painful injury or surgery. Highly effective yet with high potential for harm, ER/LA opioid therapy poses a number of challenges including initial and ongoing risk assessment, management of adverse effects, rotation and tapering, communication about safe use, and laws and regulations. **ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care** was developed by the Collaboration for REMS Education (CO*RE) organizations working with nationally known experts in the ER/LA field.



Dr. George Topalsky, AMCNO President provides opening remarks at the session.

Right here in Ohio, the number of lives lost to unintentional drug overdose has risen from 369 lives in 1999 to 1,765 in 2011, a 440% increase. Prescription drugs are involved in most of the unintentional drug overdoses and have largely driven the rise in deaths. Prescription pain medications (opioids) and multiple drug use are the largest contributors to the epidemic.

Two years ago Governor John R. Kasich formed the Governor's Cabinet Opiate Action

Team (GCOAT) to attack this statewide epidemic on multiple fronts. This team's Professional Education Workgroup has reached consensus on recommended clinical guidelines when prescribing opioids to treat chronic, non-terminal pain. The clinical guidelines are intended to supplement — not replace — the prescriber's clinical judgment. They have been endorsed by numerous organizations including the **Academy of Medicine of Cleveland & Northern Ohio (AMCNO)**. At the November 6th session, a full hour was devoted to these new clinical guidelines.

Dr. George Topalsky, AMCNO president, provided opening remarks to the audience highlighting the importance of the work of the GCOAT noting that starting in January 2014, the State will begin assessing the effectiveness of the prescriber guidelines based on established measures and processes. He noted that an additional hour had been added to the program to cover these new guidelines and urged the attendees to become familiar with them and adopt them within their practice.

Dr. Ted Parran, Isabel and Carter Wang Professor and Chair in Medical Education, and Medical Director, Program in Continuing Medical Education for the Case Western Reserve University School of Medicine and an AMCNO member, provided background on the FDA Risk Evaluation and Mitigation Strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications as well as the Collaborative for REMS Education (CO*RE). His presentation covered appropriate patient assessment for treatment with ER/LA opioid analgesics and how to evaluate risks and potential benefits of ER/LA therapy and its' possible misuse. He also discussed how to apply proper methods to initiate therapy, modify dose, strategies on how to discontinue the use of ER/LA opioid analgesics, and how to apply best practices including adequate dosing and conversion techniques. He also described how to manage ongoing therapy with ER/LA opioids and how to use evidence based tools to assess for adverse effects and how to counsel patients and caregivers about the safe



Dr. Ted Parran discusses the proper methods to initiate opioid therapy and other key topics.

use of ER/LA opioids including their proper storage and disposal.

Dr. Manu Matthews, Section Head, Neurological Center for Pain, Cleveland Clinic Foundation, and an AMCNO member, provided the presentation on "Achieving Safe Use While Improving Patient Care – Pain Management in Ohio." He described the specifics of statutes, regulations, and guidelines regarding opioid prescribing in Ohio, including review of the new Ohio 80 MED guidelines. These guidelines use 80 mg morphine equivalency dosing (MED) as a "trigger threshold," as the odds of an overdose are significantly higher above that dose. The clinical guidelines recommend that at the 80 MED range or above the clinician "press pause" and re-evaluate how to optimize therapy and ensure patient safety. This pause also is a good time to consider potential adverse effects of long-term opioid therapy. He also highlighted the major components of the Ohio Automated Rx Reporting System (OARRS) including when to access OARRS, what is included in an OARRS report and how to use the report. He then outlined the best course of action in a clinical setting by reviewing the specifics of clinical cases.

The AMCNO plans to continue to offer educational information to our members on this important topic in the coming months. Physicians may also view a new one-hour online Continuing Medical Education video module outlining the new clinical prescribing guidelines at www.opioidprescribing.ohio.gov. ■

AMCNO EDUCATIONAL ACTIVITIES



2014 Cuyahoga Community College Center for Health Industry Solutions



Date	Time	Title	Member-Fee**	Location
1/6/14	9:30-12:30 pm	Medical Terminology – Mon & Wed	\$332	UTC
1/6/14	9:00-12:00 pm	Comprehensive Patient Access Specialist Program – MTWRF	\$2280	UTC
1/6/14	9:00-12:00 pm	Comprehensive Patient Access Specialist Program – MTWRF	\$2280	UTC
1/6/14	9:00-12:00 pm	Comprehensive Patient Access Specialist Program – MTWRF	\$2280	UTC
1/7/14	6 – 9 pm	Medical Terminology – Tues & Thurs	\$332	CCE
1/13/14	9:00-12:00 pm	Health Care Navigator – M,T,W,TH	\$1995	UTC
1/14/14	6-9:00PM	Anatomy and Physiology Exploratory: Preparation – T, TH	\$451	CCE
1/21/14	9:00-12:00 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
1/21/14	9:00-12:00 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
1/21/14	9:00-12:00 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
1/27/14	6-9 pm	Health Care Navigator – Mon & Wed	\$1995	UTC
1/27/14	6 – 9 pm	AAPC Professional Medical Coding Curriculum – Mon & Wed	\$1662	UTC
2/3/14	6-9:00pm	Cancer Registry Principles, Practices and – MW	\$261	UTC
2/4/14	6-9:00PM	Overview of ICD-10-CM and ICD-10-PCS – T,TH	\$379	UTC
2/4/14	6 – 8 pm	Hospital/Facility Billing Reimbursement – Tues & Thurs	\$280	CCE
2/5/14	6 – 9 pm	Fundamentals of Billing Reimbursement – Mon & Wed	\$404	UTC
2/8/14	9-3:00PM	ICD-9-CM Fundamentals and More – S	\$189	UTC
2/25/14	9:30-12:30 pm	Essentials of Electronic Health Records – Tues & Thurs	\$309	CCE
	9:30-12:30 pm	Essentials of Electronic Health Records – Tues & Thurs	\$309	UTC
3/3/14	6 – 9 pm	Medical Terminology – Mon & Weds	\$332	UTC
3/4/14	9:30-12:30 pm	Medical Terminology – Tues & Thurs	\$332	CCE
3/8/14	9-3:00PM	CPT Coding Fundamentals and More – S	\$189	UTC
3/18/14	6 – 9 pm	AAPC Professional Medical Coding Curriculum – Tues & Thurs	\$1662	CCE
3/24/14	1:30-4:30 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
3/24/14	1:30-4:30 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
3/24/14	1:30-4:30 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
3/26/14	6 – 9 pm	Patient Access Specialist Fundamentals – Mon & Wed	\$474	UTC
4/7/14	6-9:00PM	Anatomy and Physiology Exploratory: Preparation – Mon & Wed	\$451	CCE
4/15/14	6 – 9 pm	Fundamentals of Billing Reimbursement – Tues & Thurs	\$404	CCE
4/21/14	6 – 9 pm	Essentials of Electronic Health Records – Mon & Weds	\$309	CCE
4/21/14	6-9:00PM	Overview of ICD-10-CM and ICD-10-PCS – T,TH	\$379	UTC
4/22/14	9:30-12:30 pm	Essentials of Electronic Health Records – Tues & Thurs	\$309	CCE
4/22/14	6-9 pm	Health Care Navigator – M,T,W	\$1995	UTC
5/6/14	6 – 8 pm	Hospital/Facility Billing Reimbursement – Tues & Thurs	\$280	CCE
	6 – 9 pm	Medical Terminology – Tues & Thurs	\$316	CCE
5/12/14	9:00-12:00 pm	Health Care Navigator – M,T,W,TH	\$1995	UTC
5/13/14	9:30-12:00 pm	Medical Front Office Fundamentals – Tues & Thurs	\$332	UTC
6/2/14	9:00-12:00 pm	Comprehensive Patient Access Specialist Program – MTWR	\$2280	UTC
6/3/14	6 – 9 pm	Patient Access Specialist Fundamentals – Tues & Thurs	\$474	CCE
6/7/14	9-3:00PM	Overview of ICD-10-CM and ICD-10-PCS – S	\$379	UTC
6/16/14	9:00-12:00 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
6/16/14	9:00-12:00 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
6/16/14	9:00-12:00 pm	Professional Coding Program – M,T,W,TH	\$3277	UTC
6/17/14	9:30-12:30 pm	Medical Front Office Fundamentals – Tues & Thurs	\$332	UTC
6/19/14	9:30-12:30 pm	Medical Terminology – Tues & Thurs	\$316	UTC
6/24/14	6 – 9 pm	Essentials of Electronic Health Records – Tues & Thurs	\$293	CCE
	6 – 9 pm	Fundamentals of Billing Reimbursement – Tues & Thurs	\$404	UTC
	6 – 9 pm	Medical Front Office Fundamentals – Tues & Thurs	\$332	CCE
6/30/14	6 – 9 pm	AAPC Professional Medical Coding Curriculum – Mon & Wed	\$1662	UTC

** The member fees are only available to AMCNO members and their staff. In order to take advantage of the discounted member fee listed above, AMCNO members must contact the AMCNO at 216-520-1000, ext. 101 to obtain the exclusive AMCNO member course number. After obtaining the course number AMCNO members or their staff may then register for one of the classes listed above at the reduced member rate.

**Course Locations: Corporate College East (CCE) 4400 Richmond Rd, Warrensville Hts, OH 44128
Unified Technologies Center (UTC) 2415 Woodland Ave, Cleveland, OH 44115**



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