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NORTHERN OHIO PHYSICIAN

THE VOICE OF PHYSICIANS IN NORTHERN OHIO

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190
years
ANNIVERSARY ISSUE

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President's Corner

As indicated throughout this special edition of the *Northern Ohio Physician* magazine, after serving physicians and their patients for nearly two centuries, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is celebrating its 190th anniversary this year.

Our organization represents over 5000 physicians in the Greater Cleveland and Northern Ohio region. The Academy has a strong heritage in advancing the interests and needs of our profession and our patients; and it is my distinct honor to serve as the AMCNO president. I look forward to a successful year as we continue to meet new challenges, some anticipated and others not, in an ever-changing and complex healthcare landscape.

Areas of focus for the AMCNO will continue to include Professional Development, Legislative Action, Community Outreach, Patient Care/Physician-Patient Relationship, and Organizational Networking.

Professional Development

As we all know, ours is a profession that requires lifelong learning to provide appropriate, advanced patient care. Given the complex environment within which we practice, each physician also needs a broader awareness of professional matters beyond patient care. AMCNO continues to provide numerous opportunities for its members to remain up-to-date on various topics. Educational seminars as well as our publication, *Northern Ohio Physician*, offer timely updates and reviews for our members. Other events such as the annual AMCNO/CMBA Medical Legal Summit have brought together physicians and attorneys as we all strive to work more collaboratively to improve our mutual care for patients and clients.

Legislative Action

The Academy continues to have a strong track record in regional, state and national legislative matters, often taking a lead role in identifying and addressing key issues affecting our physician members and their patients. Our collaborative work with other organizations, agencies and interest groups has been influential in shaping legislation to best serve our patients and profession. In the coming

year, we will look to build on recent successes. Our focus will include current legislation addressing the opiate abuse epidemic as well as monitoring other legislative areas that involve potential tort reform challenges, scope-of-practice and regulatory matters.

Community Outreach

The Academy remains actively involved with community and patient outreach programs as part of our mission to promote greater access to quality care for every citizen in our region and state. We are actively engaged with organizations including the Cuyahoga Health Access Partnership (CHAP), MedWorks, and the Northeast Ohio Patient Navigator Collaborative (NEOPNC). We look forward to continuing our involvement with these and other regional patient assistance organizations.

Patient Care/Physician-Patient Relationship

Our profession continues to experience a changing landscape in the healthcare environment. We are in the midst of an unprecedented evolution of patient care management. Technological advances are changing not only how we directly interact with patients through electronic medical records (EMR) but also remotely through patients' personal health records, telemedicine and ambulatory clinical monitoring. We will need to ensure that these new advances maintain the highest standard of patient care, while also improving physician efficiency in providing that care. We continue to recognize that the patient-physician relationship is the essence of our profession and will strive to preserve its sanctity.

Organizational Networking

AMCNO has worked closely with other organizations in the past year, including the State Medical Board of Ohio and the Ohio State Medical Association. We have played active roles in other groups such as the Center



James M. Coviello, M.D.,
AMCNO President 2014-2015

for Health Affairs and Better Health Greater Cleveland. Through our membership and collaborative work, the Academy has established strong relationships with our region's major health systems. We hope to further develop these relationships in areas that promote the goals of the Academy, particularly those that uphold the core values of our profession and the best interest of our patients.

This coming year, we will continue the strong work of the Academy for the betterment of our profession and our patients. There will be new issues that arise and challenges to face. But, I know that the Academy, with its leadership and active involvement of its membership, will continue to succeed and rise to every challenge. Our organization will continue to strive to preserve the integrity of our profession as well as the appropriate care for our patients as we help shape the future of healthcare in our region, our state and our nation. The work starts with each and every one of us. I welcome all of your support and efforts in the coming year as we work together to achieve these goals.

And congratulations to the AMCNO on reaching this incredible milestone!

James M. Coviello, M.D.
AMCNO President, 2014-15 ■

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**RELENTLESS
DEFENSE**

Excerpt from the Executive

By *Elayne R. Biddlestone, EVP/CEO*

Over the course of my long career at the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) it has been absolutely wonderful to work with all of the physicians who are part of this stellar organization. I have had the distinct privilege of working with physicians who give freely of their time, on a volunteer basis, to affect change in the practice of medicine and the Northern Ohio community.

The strength of the AMCNO is the result of an exceptional cooperation between physician volunteers and AMCNO staff. However, the credit for all of the achievements of the AMCNO belongs not to me but to the many fine physicians who have been involved in positions of AMCNO leadership. As I think back over the many physician members with whom I have worked, I am again impressed with their ability, interest and involvement. These physicians have earned the respect of their colleagues for their exceptional work both professionally and organizationally. They have been the true leaders of the AMCNO.

There are a multitude of complex issues facing physicians in today's rapidly changing healthcare environment—issues in which the

AMCNO must strategically maneuver to play a strong role and serve as a major force in the decision-making processes as they occur. The AMCNO continues to expand its reach and provide members with the data and information necessary to address the many changes going on in medicine today. The AMCNO membership is greater than some state medical societies and we are one of the largest regional medical associations in the country. Your leadership, therefore, has had a tremendous impact upon medicine, not only in the region but in the state of Ohio and on a national level as well.

It is truly an honor and a privilege to serve as the Executive Vice President/CEO of the AMCNO and I thank all of the physician



Elayne R. Biddlestone, EVP/CEO

members for giving me the opportunity to work with all of you over these many years.

And finally, congratulations to the AMCNO—celebrating 190 years of organized medicine in Northern Ohio! ■



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AMCNO Celebrates 190 Years of Organized Medicine

After serving physicians and their patients for nearly two centuries, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is celebrating its 190th anniversary this year.

Institutions, like people, have “family trees.” The AMCNO genealogy started in 1824, with the founding of the 19th Medical District of Ohio. At that time, the laws regulating “the practice of the physic and surgery” had divided Ohio into 20 districts for the purpose of organizing district medical societies. Each district was to appoint censors “whose duties were to examine and license all persons desirous of practicing medicine or surgery... and to exercise general supervision of medical affairs within” each district. This plan had been initiated in 1811 as a method of

licensing physicians, but the number of districts had been changed several times until February 26, 1824, when 20 districts were designated. Cuyahoga and Medina counties constituted the 19th Medical District.

On May 24, 1824, all of the qualified physicians in the district gathered at the hotel of Gaius Boughton on the corner of Water Street (now West 9th Street) and St. Clair Avenue. Dr. David Long, who had arrived in Cleveland Village right from medical training in New York City in 1810, was elected the first president of the society.

The new medical society set about formalizing both medical licensure and education. Two regular meetings were scheduled for the year—the last Tuesday in May and the last Tuesday in October. It was at the May meeting in 1826 at Salmon Oviatt’s Hotel in Richfield that the society decided to organize a medical library to be located in Cleveland. At first, meetings were held in neighboring villages, such as Strongsville, Brunswick and Richfield, but there soon developed the tendency to meet in Cleveland where better accommodations could be obtained. Little is known about the medical society during the next few years. Occasional notices of meetings appeared in the *Cleveland Herald* up until 1832, but the cholera epidemics of that year and in 1834 probably interfered with regular meetings.

For the next 20 years, Cleveland’s medical community apparently maintained some sort of organization, possibly under several different names, although the 19th District Medical Society must have continued examining and

licensing would-be physicians. On April 7, 1859, the 19th District Medical Society reorganized as the Cuyahoga County Medical Society. Quarterly meetings were set and one member was assigned each time to read a scholarly paper. *The Cleveland Medical Gazette* (1859-61) reported such meetings until January 6, 1860, when the membership stood at 25 and the treasury contained \$27.77.

On June 3, 1867, the first medical society bearing the name “Cleveland Academy of Medicine” was organized with M.L. Brooks, president; J.A. Sayles, vice president; J.C. Schenk, recording secretary; Colin MacKenzie, corresponding secretary; T.G. Cleveland, treasurer; and H.K. Cushing, W.J. Scott, and H.J. Herrick as censors. The fact that so many of the same names kept repeating as officers suggests that the medical society, by whatever name, did maintain a continuous existence. Meanwhile, a group of younger physicians, interested in the modern pathology of Rudolf Virchow (1812-1902), formed the Pathological Society in 1868. In 1872 or 1873, the Pathological Society and the Cleveland Academy of Medicine merged to form the Cleveland Medical Association, which then became the Cuyahoga County Medical Society in 1874.

The Cleveland Medical Society and the Cuyahoga County Medical Society continued to exist side-by-side from 1896 until May 23, 1902, when they united to form the present Academy of Medicine of Cleveland. The Academy was not incorporated, however, until August 1924. ■

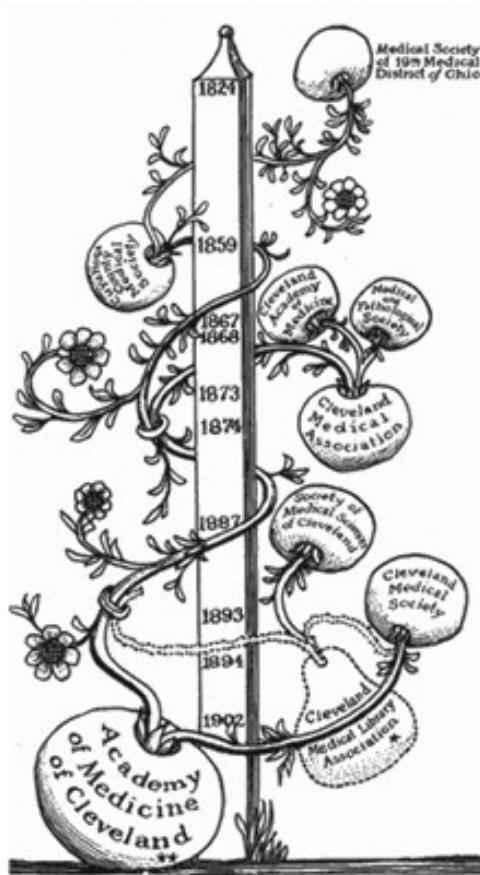
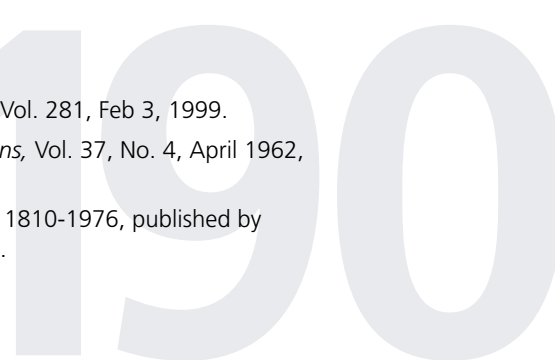


Photo credit: *Medicine in Cleveland & Cuyahoga County: 1810-1976*.

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- Journal of the International College of Surgeons*, Vol. 37, No. 4, April 1962, by Victor Laughlin BS, M.D.
- Medicine in Cleveland and Cuyahoga County: 1810-1976*, published by The Academy of Medicine of Cleveland, 1977.



The AMCNO Today

Over the past few years, other changes have been made to alter our genealogical tree (see page 6). In 1999, the society became independent from the state medical association and added the Northern Ohio Medical Association name to become the AMC/NOMA, broadening our focus as a regional organization. The AMC/NOMA was formed so the organization could evolve into an independent regional association representing physicians in Northern Ohio.

In 2006, to coincide with moving to our new location in Independence, Ohio, the physician leadership agreed to consolidate our name. There was a lot of discussion about whether we should retain the “Cleveland” in our name, and, after reviewing the long history of the organization, it was determined that the name would reflect our roots with the city as well as our extended focus of regional representation.

Therefore, as of October 2006, our new name became and remains The Academy of Medicine of Cleveland & Northern Ohio (AMCNO). In addition, after some research, it

was determined that in order to return to our true roots, the organization should use a logo depicting the practice of medicine. The original medical society logo included the Staff of Aesculapius, long known to represent medicine. Our logo using this image represents a more contemporary design and was in keeping with our goal of directing the future of medicine in Northern Ohio. (For more information about the origin of the AMCNO logo, see page 10).

Who We Are

The AMCNO is the region’s professional medical association. We are a non-profit,

501(c)6 professional organization representing northeastern Ohio’s medical community.

The AMCNO is an independent regional organization representing physicians across Northern Ohio. Historically, we are the oldest professional organization in Ohio. Our bylaws allow the AMCNO to accept physician members, associate members, group members, resident members, medical student members, and other categories from all of the contiguous counties in Northern Ohio.

With a membership of more than 5000 physicians, the AMCNO is one of the largest regional medical associations in the country, and our membership volume strengthens our ability to advocate on behalf of the physicians in Northern Ohio. We are the VOICE of physicians in Northern Ohio—an organization with a rich history of working on behalf of physicians and the patients they serve for more than 190 years—a legacy equaled by no other physician organization in Ohio.

The AMCNO recognizes the arrival of new issues on the medical horizon and plans to deal with them in an appropriate manner. An effective medical society is the society with the ability to adapt to changes in its environment without losing sight of its mission. The AMCNO is proud to carry on the rich legacy of organized medicine in Northern Ohio. The AMCNO is a resilient organization and it will survive as it has for more than 190 years, because it is a strong organization that can act effectively on behalf of medicine. We will continue to represent you—the practicing physician in this region—and continue to fulfill our mission, which is to support physicians in being strong advocates for all patients and to promote the practice of the highest quality of medicine. For more information about the AMCNO, please contact our offices at (216) 520-1000, or visit our website at www.amcno.org. ■

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The AMEF Continues to Enhance Healthcare Through Education and Scholarships

AMEF History

In 1958, the Cuyahoga County Medical Foundation (CCMF) was formed by the physician leadership of the medical society then known as the Academy of Medicine of Cleveland and Cuyahoga County Medical Association. The original funding for the CCMF was from voluntary contributions as a result of a successful polio vaccination program sponsored by the Academy of Medicine of Cleveland in 1958 and 1962. The largest continuing commitment of CCMF is to offer scholarship grants to worthy students in the medical field. In 2001, the CCMF became known as the Academy of Medicine Education Foundation (AMEF), and, to date, the AMEF has awarded more than \$1.7 million in scholarships to qualified students.

AMEF Mission

The mission of AMEF is to enhance healthcare through education of the medical profession and the community at large. The purpose of AMEF is to add a charitable component to the AMCNO and to partner with the AMCNO in implementing new initiatives for both physicians and the patient population through charitable, educational and scientific efforts. AMEF enhances the philosophy of the AMCNO in its focus on health-oriented education for physicians, their staff and patients by providing support for meaningful education and highlighting the value and quality of healthcare. A providence for a philanthropic spirit is provided through the Foundation for physicians who desire to give

back to the community and the profession they serve.

AMEF Purpose Statements

1. To promote education and research in the field of medicine by the establishment or financing of fellowships, scholarships, lectures, research projects, and awards, on such terms as this Corporation may deem best;
2. Provide and promote educational programs on the science of medicine, including presentations on clinical care and new procedures;
3. Provide and promote health education for the welfare of the community, identifying public health issues and unmet community healthcare needs and making proposals for dealing with such issues, filling such needs for the benefit of the public;
4. Maintain and provide educational materials and publications concerning healthcare to the members, related public service organizations and citizens of the community;
5. Support medical education at local medical schools by providing lectures and counseling services;
6. Support local public health programs and initiatives;
7. Sponsor seminars on topics of medical education and public health issues;
8. Assist in the production of educational radio and television programs, telephone recordings, and computer and electronic programs and materials, designed in each

case to educate members of the general public on matters of healthcare and public health issues;

9. Make grants, donations, or contributions of funds or other property of the Corporation to other charitable, scientific, and educational trusts, organizations or institutions.

AMEF Scholarships

The AMEF awards scholarships each year to third- and fourth-year medical students (M.D./D.O.) who are, or were, residents of Cuyahoga, Ashtabula, Geauga, Lake, Lorain, Portage, or Summit counties, and who have demonstrated an interest in being involved in organized medicine and community activities. Applicants must also possess leadership skills and demonstrate academic achievement. AMEF scholarships will be awarded to third- and fourth-year medical students attending the following: Case Western Reserve University School of Medicine, Cleveland Clinic Lerner College of Medicine of CWRU, Northeast Ohio Medical University, or Ohio University College of Medicine.

Applications are due no later than **January 31st** of the year in which the student is to begin their third or fourth year of study. Scholarship recipients will receive their award at the AMCNO annual meeting in April of that same year. ■



Make your AMEF donation today!

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The History Behind the AMCNO and AMEF Logos

The Staff of Aesculapius

Serpents and serpent-staffs have long been associated with the healing arts. One modern emblem of medicine, for example, is the single-serpent staff of Aesculapius, the Greek god of healing. According to legend, Apollo was the father of Aesculapius. Physicians today still take the Oath of Hippocrates, which begins with the familiar words, "I swear by Apollo, the physician"

Aesculapius had human form and carried a staff with a single serpent wreathed around it, but after his death (caused by a lightning bolt thrown by Zeus), he was depicted by the staff and serpent—thus the term, Aesculapian staff. The staff is a rough-hewn cypress branch entwined by a single snake, two elements common to the Greek isles. The cypress represents strength and solidity and is perhaps in reference to the unwavering ethic of the physician.

The earliest representations of Aesculapius with his serpent staff vary greatly in design. Usually they depict the healer seated, feeding a snake that is rearing before him. The snake



is a symbol of many things but probably embodied Aesculapius' religious connection to the depths of the earth and symbolized his wisdom. Aesculapius was mentioned in the writings of Homer as a mortal physician-hero who performed miraculous acts of healing. Because of his clinical acumen and skill in combating both disease and death, the ancient writers described him as being "with a serpent," an animal then widely considered to have medicinal powers. So frequently were the staff and snake depicted with Aesculapius that the symbol came to stand for him.


The Staff of Hermes and Mercury – The Caduceus

The Caduceus is also often used as a symbol of medicine, and it is used by the AMEF as its logo. The Caduceus consists of a staff around which are entwined two serpents; at the head

of the staff are two outstretched wings, the wings of Mercury. The origin of the Caduceus can be traced back to Greek and Roman mythology. The symbol began as the magical rod of the Greek messenger-god Hermes (or the Roman god, Mercury). Hermes was a diplomat and an ambassador and was believed to be a bringer of peace. The Romans used the Caduceus as a symbol of peace and described a myth in which Mercury threw his rod between two fighting snakes and stopped their battle, at which point they wrapped themselves around the rod. The symbol of the wings came about because of the image of Hermes as a swift messenger. Mercury was worshiped as the god of commerce and of fate, and, in Rome, the Caduceus was viewed as the symbol of trade and commerce. In fact, the Caduceus is still used as a symbol of communications and commerce today.




The Caduceus and the Aesculapian staff are similar enough in design that the Caduceus has on occasion been viewed as an elaboration of the Aesculapian staff. In actuality, both symbols, as noted above, are very old and throughout history have maintained separate identities. The fact remains that the medical community has two well-established symbols, and each brings to mind medicine and the practice of the healing art. The AMCNO and AMEF are pleased to have our organizations proudly utilizing both of these symbols as our logos. ■



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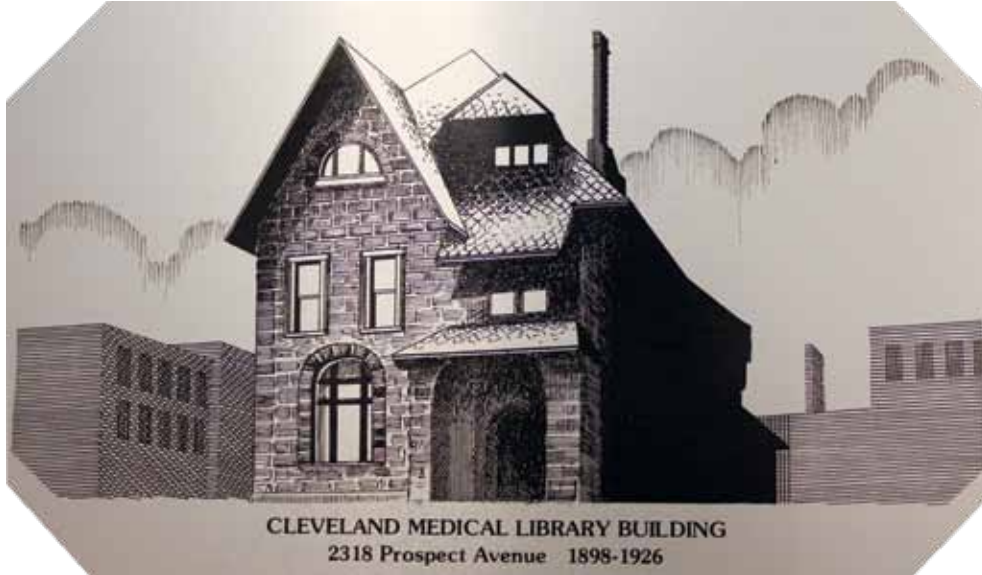
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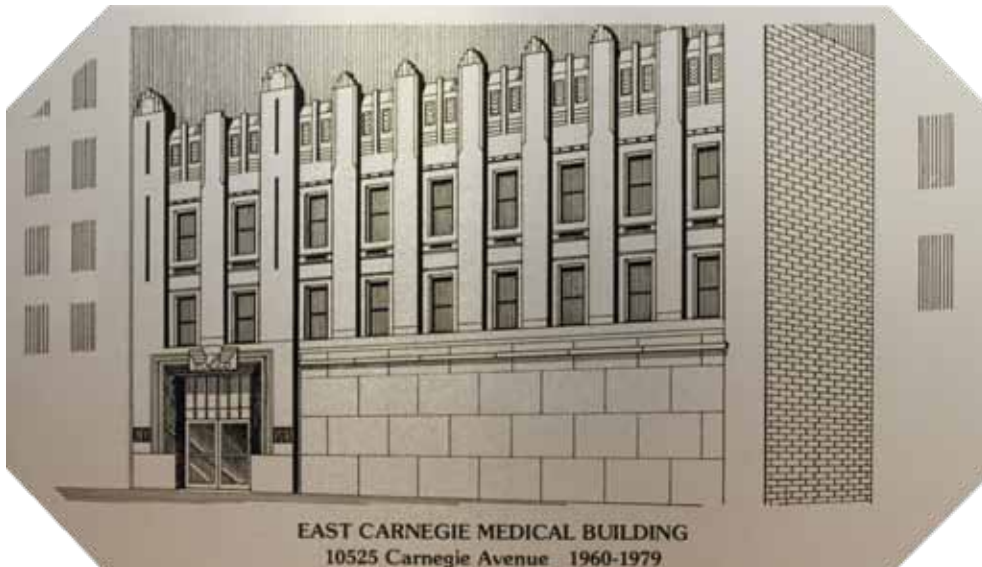
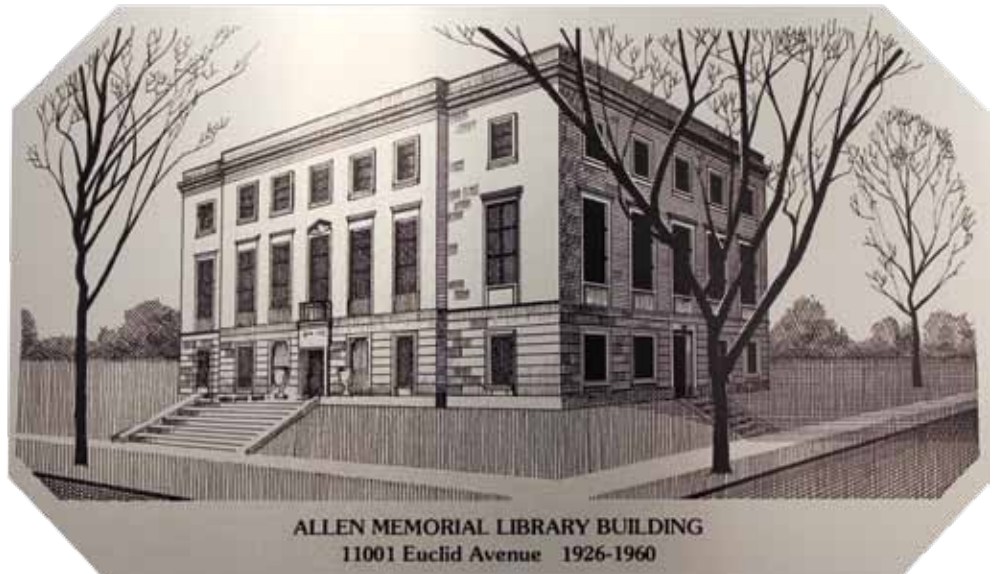
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A Home of Our Own



Through the early years, the medical society members in Cleveland had frequently expressed an interest in securing a permanent home for the association. This finally was accomplished in 1897 with the purchase of the Childs property, a substantial stone residence at 2318 Prospect Avenue, by the recently organized Cleveland Medical Library Association. The society began to use the building in 1898, contributing voluntarily to the library association one-quarter of the amount of their membership dues.

In the fall of 1926, the two organizations moved to their new home—the Allen Memorial Library located at 11001 Euclid Avenue—and remained there until 1960.



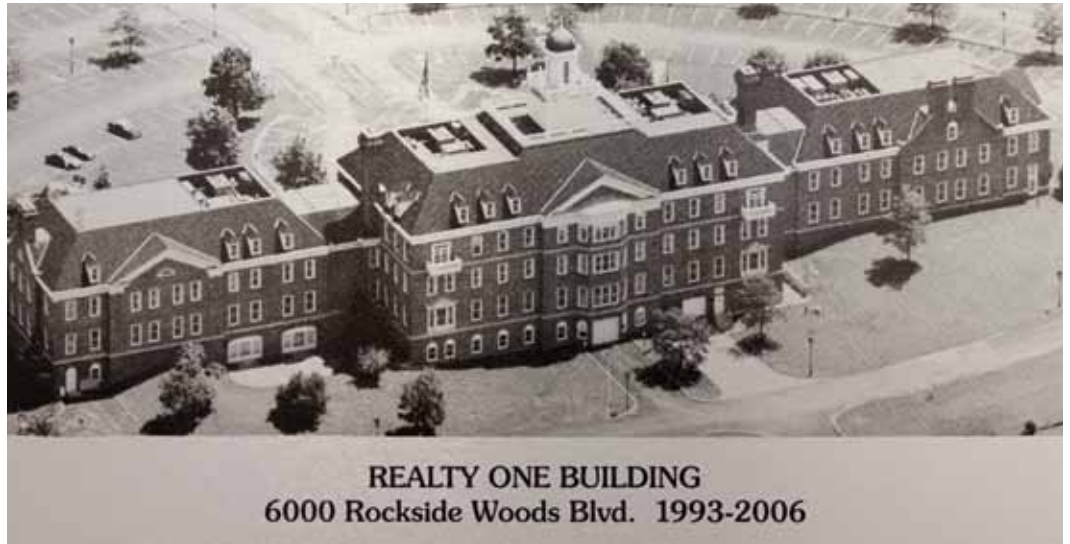
From 1960-1979, the Academy was located in the East Carnegie Medical Building at 10525 Carnegie Avenue.



The Academy vacated the East Carnegie Medical Building and we moved up the street to the University Circle Research Center at 11001 Cedar Avenue. The Academy remained at this location from 1979-1993.

190

Beginning in 1992, the Academy's physician leadership conducted a survey of our members to ascertain where they would like the Academy to be located. The overwhelming response from our members indicated that they would prefer a location in the heart of Cuyahoga County that would be easily accessible from the freeway and have ample free parking. Based on the survey results, the Academy Board of Directors determined that the organization would move out of University Circle to the center of the county in Independence, Ohio. In 1993, the Academy moved to the Realty One Building, located at 6000 Rockside Woods Blvd., and remained there until 2006.



Currently, the Academy is located in the Park Center Plaza 1 Building at 6100 Oak Tree Blvd., in Independence. The building offers ample parking and meeting space for Academy use and is an ideal location for our organization. ■

This timeline reflects a partial list of the activities and milestones of the AMCNO. For more information on our accomplishments in 2013, please see the July/August issue of the Northern Ohio Physician on page 18, or go to our website and view the issue online at www.amcno.org under Publications.

Past Presidents Reflect on AMCNO History, their Presidency and the Profession

As part of the 190th anniversary commemoration, AMCNO past presidents who are active or retired members were asked to share their comments about their term. Twenty-one responded with recollections about the medical environment at the time, accomplishments of which they are most proud, and other reflections about their term. Many of them cited colleagues who assisted them during their term. A special thank you goes out to all of our past presidents for their dedication and support of the AMCNO.

1824 – The Medical Society of the 19th Medical District of Ohio is formed. Dr. David Long is appointed the first president of the society.

1859 – The 19th District Medical Society is reorganized as the Cuyahoga County Medical Society.

1868 – The first medical society bearing the name “Cleveland Academy of Medicine” is organized.

1893 – The Cleveland Medical Society is organized with the purpose to advance the science of medicine; to promote the interests of the medical profession in Cleveland; and to develop and foster a fraternal feeling among the members of the profession.

1898 – The Academy moves into its first office building with the Cleveland Medical Library Association.

1902 – The Cleveland Medical Society and the Cuyahoga County Medical Society unite and form the Academy of Medicine of Cleveland.

1919 – The Academy hires its first full-time executive secretary and raises dues from \$10 to \$40 per year.

1924 – The Academy of Medicine of Cleveland is incorporated in the state of Ohio.

1925 – The Academy begins to sponsor public health education radio programs.

1935 – The Academy opposes charging sales tax on physician services.

1800

Ted Castele, M.D. (1974-1975)

During my presidency, we had two major issues that occupied almost all of the board's time.

1850

One issue that hit us a few days before I took office was the sudden withdrawal of all professional liability companies from issuing insurance as of July 1. No doctors in Ohio were being offered new or renewal policies as of that date. Emergency room doctors, in particular, were in a terrible fix. Most neurosurgeons could not respond to serious situations. Within a few weeks, the State of Ohio developed an exchange program to cover us, but it was on a high-cost, low-protection basis. The Academy was very active in obtaining this emergency support.

1875

In addition, the Academy thought we should have a TV spot to give general health information to the public and to show people that doctors really care about their patients. A partnership with TV Channel 5 (ABC) was established. We had time on all the various shows on the station, especially the news, and the Academy name was labeled at the bottom of each screen. The relationship lasted almost 25 years and was widely accepted and copied around the country. I was extremely thrilled to have been chosen by the Academy and Channel 5 to be the spokesperson for this project, which continued until July 1999.

1900

The second major issue the Academy faced in 1975 was the beginning of government intrusion into the practice of medicine. We spent endless hours trying to slow down this trend but to little avail. We were, however, able to have a major impact on creating quality guidelines for the treatment of many conditions. We called these reports our “Red Books.” They were used by a government agency called Metropolitan Health Planning Corp. and others.

1925

The board worked tirelessly during this period and should be congratulated for any accomplishments we made, because, unfortunately, it was just the beginning of government medicine as we know it today.

Frederick Suppes, M.D. (1975-1976)

The biggest crisis during my term as AMCNO president was medical malpractice insurance. The insurance industry was pulling out of writing malpractice coverage in Ohio because of explosive, expensive claims that were threatening physicians to go “bare.” Some great physicians from the Cleveland Clinic and I went to Columbus to speak with some senators at the State Capital to request help in assuring malpractice insurance would be available for our members. We had a positive result—Ohio physicians formed their own insurance company.

We were very desirous to have the physicians' role in the community better known and understood, so frequent “Letters to the Editor” and articles were published in the newspaper to explain areas of healthcare concerns. We also set a policy that stated medical decisions by third-party carriers were subject to review by the Academy, and we created a medical advisory committee to the City of Cleveland Emergency Medical Systems Program. The Academy board also discussed plans for organization and functions of an Academy Disaster System in cooperation with the hospital association, and we established guidelines for publicity and advertising by physicians. In addition, a large number of our members were on numerous committees that met regularly and provided many new ideas and services to our community.

Richard B. Fratianne, M.D. (1983-1984)

During my presidency, the Academy completed Project 83—an Academy program consisting of more than 1200 Academy physicians providing volunteer medical care to people who were unemployed and without needed healthcare services. Several hospitals participated in the program and reduced their charges to these

patients and pharmacies agreed to charge wholesale prices. In addition, a number of major surgical procedures were performed by physicians in the community and provided at no charge to the patient. As a result, I was honored to be invited to the White House to meet President Ronald Reagan and be recognized for this Academy initiative—Wow!

Also in 1983, the diagnostic-related group health plan (DRGs) became federal law. The Academy invited Secretary Margaret Heckler of the Department of Health and Human Services, to speak at an Academy meeting (more than 1000 physicians attended). I recall that one of her most memorable statements was: ***“the federal government will never tell doctors what they should or shouldn’t do—we only tell you what we will pay for, the rest is up to you.”***

1984 signaled the start of ambulatory surgery—and the Academy asked all of the surgical specialty societies in our region to provide us with a list of 10 cases they thought would be safe to treat as an ambulatory or overnight stay surgery patient. We received responses from all of them and provided that data to Medical Mutual at their request.

In addition, more than 3300 physicians signed up for the Academy Medicare referral service program and agreed to accept only what the government paid for Medicare services with no co-pay charges. The Academy was the first medical group to do this on a voluntary basis.

Physician-assisted suicide also became a popular subject of discussion in 1984. I published an editorial in *The Plain Dealer* entitled: “I Will Give No Deadly Drug,” citing the Hippocratic Oath and stating that ***“physicians must always be agents of healing and should never become agents of death.”***

My annual meeting speech, *“Covenant vs. Contract Medical Practice Medicine at the Crossroads,”* predicted the end of the solo practice of medicine as we knew it at that time and subsequent events have borne out this prediction.

Wilma Bergfeld, M.D. (1987-1988)

I was the first woman president of the Academy, which, at the time, was an astounding accomplishment.

During my presidency, I reorganized the administrative structure and added a communications person. At that time, I made a push to make us a more visible society in

Cleveland and the surrounding suburbs, and it increased our presence—on the radio and in the local newspapers.

The Academy public awareness efforts included announcements about our leadership positions and public interest activities such as vaccinations, *Healthlines* subjects, and participation in local medical and legal forums. We also held a large forum at the Renaissance hotel with a major emphasis on health policy, insurance and liability; and we invited physicians, city leaders and lawyers to the event. It proved to be a very successful program and results and comments were communicated to our members and the public.

I was particularly proud of the Academy’s efforts to introduce an AIDS educational program to infectious disease physicians in our community during the AIDS epidemic. I asked Dr. Len Calabrese, a Cleveland Clinic Foundation (CCF) rheumatologist, to lead the effort. The Academy had a year of weekly sessions to train physicians on how to take care of individuals who were coming back to Cleveland with the disease from other parts of the country. Some physicians believed that this was a deviant sexual practice issue and they would not care for these patients. In addition, many of the infected patients did not have health insurance. We were able to change an attitude from sexual deviant to an individual with an infectious disease who desired medical care. The result of this effort was a success—more physicians began to participate in the care of these patients. In addition, I was able to convince local Cleveland hospitals to donate care to these patients, and many patients were hospitalized and received free care. As an example, the CCF gave \$250,000 to support patient hospital care.

The AIDS educational program was so successful that we developed and sent a training video and script to the American Medical Association (AMA). The materials were then distributed throughout the United States as a model program. We also received an AMA recognition award for our efforts.

I felt that I had an exceptional year of leadership and that I was able to make a difference.

1950

1936 – The Academy works with public groups and the media to build enthusiasm for a health museum. The Cleveland Health Museum, the first in the nation, is incorporated.

1938 – The Board of Directors approves a gift from Dr. William Lower and agrees to utilize the funds for physician education.

1953 – The Academy forms the “Academy of Medicine Medical Care Plan,” a voluntary health insurance plan to enable patients to receive medical care at an assured rate.

1957 – The Academy leads an immunization program using the Salk polio vaccine.

1957 – The Poison Information Center is formed and housed at the Academy.

1957 – The Academy president begins attending and presenting at the Case Western Reserve University School of Medicine commencement ceremony.

1958 – The Cuyahoga County Medical Foundation (CCMF) is officially formed by the physician leadership of the medical society. The original funding for the CCMF was from voluntary contributions as a result of successful polio vaccination program sponsored by the Academy.

1958 – The Academy partners with the Cleveland Bar Association to offer joint meetings for both professions—a tradition that continues today.

1959 – The Academy develops the first all-physician debate team to present arguments for and against Medicare and, later, National Health Insurance proposals.

1959 – The original Academy Pollen Line begins.

1962 – With the development of the Sabin oral polio vaccine, the Academy leads a campaign to immunize 90%+ of the residents in Cuyahoga County—the best record in the entire United States.

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1964 – The Academy adopts a policy to monitor the advertising of prescription drugs to the lay public and supports any action, including legislation, deemed necessary to regulate such practices.

1965 – The Academy participates in national discussions with other medical associations regarding Medicare.

1966 – The Academy opposes the fixing of professional medical fees by third parties without consent of physicians rendering the service.

1966 – Dr. Charles Hudson, a past-president of the Academy, becomes president of the American Medical Association.

1967 – The Academy begins the *Healthlines* program, which still exists.

1968 – The Academy establishes a system to control standards and techniques of collecting and processing blood in Cuyahoga County.

1969 – The Academy approves a resolution to open membership to Doctors of Osteopathy.

1970 – The Academy promotes and sponsors a rubella vaccination program in Cuyahoga County.

1970 – The Academy offers physicians' speaker training sessions on drug abuse in an effort to provide community-wide drug abuse seminars.

1971 – The Academy initiates a polio immunity study in Cuyahoga County.

1972 – The Academy makes key recommendations to the City of Cleveland regarding immunization services, infectious disease prevention and health services for sick children.

1973 – The Academy begins working with other partners in the community to broadcast the daily pollen count—a service that continues today.

Beno Michel, M.D. (1994-1995)

I had the extraordinary honor and privilege of serving as president of the Academy for the 1994-1995 term. It is an experience I will always treasure because it provided me with an opportunity to interact with colleagues and staff dedicated to the medical profession and better care for our patients.

It was a time of strife and accomplishments. Internal administrative frictions were happily resolved over time. Conflict between the Academy and the state medical association continued throughout my presidential year as the Academy discussed the need to alter our membership structure to accommodate the rapid changes in medical practice in Northern Ohio.

Long-standing mistrust between the Academy and Blue Cross & Blue Shield of Ohio gradually disappeared following my long lunch with the company's CEO Jack Burry, whom I believe came to appreciate our organization. The Academy continued to meet with the media and legislators in an effort to help them understand the contributions of physicians to our patients and the community. Vigorous debate between the Academy and the School of Nursing over the scope of unsupervised prescription rights for nurse practitioners was also productive.

My presidency coincided with the hard-fought debate over the Clinton Health Plan and the American Medical Association proposal for "Health Access America." In multiple testimonies I tried to articulate the medical profession's view that what we needed was "Health System Reform" rather than "Health Care Reform." As a result the Academy and the medical community called for:

- 1) universal access to affordable health care;
- 2) insurance reform, including community rating of health insurance policies;
- 3) employer mandates for companies with more than 100 employees;
- 4) portability of health insurance; and the very important
- 5) no exclusion for pre-existent conditions.

My tenure was enhanced by the support I received from George Reitz and Elayne Biddlestone and an outstanding and active board. I can only mention a few of the members. Dr. Howard Levine, who preceded me and Dr. Mine Kurtay, as president-elect, were always there when needed. Dr. John Clough understood the importance of having the Cleveland Clinic physicians involved in the Academy activities while Dr.

Carmen Paradis and Dr. Victor Bello always brought their big smiles to our intense discussion. Dr. Dale Cowan, who for years complained to me that the Academy did not represent him, accepted my challenge of becoming involved and became an outstanding leader. I am indebted to all of them as well as all the other members of the board.

The Academy has much to be proud about, but it must continue to stand up for the needs of our patients and the medical profession. In September 1991, I wrote in the Academy publication as part of my President's Page that "without physicians the most excellent hospitals, clinics and institutes are nothing more than brick and mortar." I believe that statement is more valid than ever.

Congratulations and happy anniversary, AMCNO!

Mine A. Kurtay, M.D. (1995-1996)

I appreciate the invite to share my thoughts and experiences as past president. At the time, I remember asking the CEO of one of our major clinics in Ohio about how I should proceed. He advised me to focus on just one thing. To my dismay and great enthusiasm of doing so many things that year, I decided to take his advice. He was correct when he noted that as incoming president you have to carry over a lot of unfinished business from the past and try to complete new tasks. I recall working to get the American Medical Association involved with the Academy and also trying to cut down the duplication of services between the state and the Academy. We created a positive liaison between the bar association and developed a better relationship with it.

During my presidential year, my focus was on adolescent health issues. And, as always, we kept our political ties alive and tried to make politicians understand healthcare and the important role that physicians play outside of their role in active practice. But above all, I thought that the most difficult task was encouraging physicians to get involved in their own organization. Other than that, developing administrative issues at the Academy also made the year a very active one, and I can only say that my car memorized the trail between my office and the Academy! My best to the AMCNO staff and to all of the past presidents who took the time to care.

Dale H. Cowan, M.D., J.D. (1997-1998)

My term as Academy president was characterized by challenges, crises and controversies. A major challenge arose from the declining Academy membership. The steady decrease was attributed to numerous reasons, including the lack of group membership options and the requirement that in order to join the Academy, physicians were also required to join the Ohio State Medical Association

(OSMA). This requirement was stipulated by the OSMA in their bylaws and was binding on all county medical societies in the state. The combined dues for the two organizations exceeded \$800, an amount many physicians found excessive. Additionally, the OSMA had recently taken a number of positions that were inimical to the interests of and significantly disadvantaged physicians in Cuyahoga County. These actions led to a movement by the Academy's Board of Trustees to deunify from the OSMA in an effort to provide membership choices to Academy members. This movement was one of several that rebuilt the strength of the Academy's membership and its effectiveness throughout the subsequent years.

A second challenge was that of the AMCNO staff leadership. The executive vice president stepped down. A search committee was created that named an individual to serve in that position. That choice turned out to be a poor one, as the individual abruptly left within months of assuming the position. It was then that I offered the position to Elayne Biddlestone (who should have been selected in the first place). It goes without saying that Elayne has served the Academy with distinction ever since.

A third challenge was the conflict that was developing between hospitals and physicians about their medical staffs. Hospitals were seeking to exert greater control over their physicians' activities, in large part to secure their competitive position in the community and their financial security. Efforts by the Academy to provide educational programs for physicians to inform them of their rights were at times viewed with hostility by several of the area hospitals, to the point that physicians on their medical staffs chose not to attend the Academy educational sessions. Undaunted, the Academy continued to offer educational sessions in an effort to support physicians in maintaining the integrity of their practices.

It is clear in retrospect that my term was a time of transition for the Academy. I like to think that it was a year in which we put in place a number of changes that led to the reinvigoration of the AMCNO and its great initiatives and successes under future presidents.

John A. Bastulli, M.D. (1998-1999)

When my presidency began in 1998, the Academy was poised to move forward with our dues choice model. As part of the strategic planning process, the board of directors began to develop an innovative dues structure initiative in an effort to respond to the changing role of organized medicine in Cuyahoga County. The board agreed that the Academy had a responsibility to respond to the research data

which was obtained from physicians in our area that demonstrated a strong desire for dues choice and a group dues plan. It was clear that if we did not change our business model, we ran the risk of many Cuyahoga County physicians not participating in organized medicine at any level and the likely demise of the Academy as a result of a significant decrease in our membership.

A research project commissioned jointly by the Academy and the Ohio State Medical Association revealed that the majority of physicians across the state preferred a dues-choice model, with a reduced rate for group members. In an attempt to work collaboratively with the state association on a dues-choice pilot initiative, I attended numerous state association council meetings to discuss the research and the possible implementation of a collaborative plan. I also presented at the state medical association annual meeting and had the opportunity to meet with other county medical societies throughout the state to discuss the research findings. Throughout these discussions, it became clear that the state association was not in favor of dues choice.

Finally, in an attempt to preserve our relationship, we entered into a day-long mediation with state medical association physician representatives. The mediator was a retired federal judge and the Academy was represented by three physicians as well. At the end of a long day, we thought we had reached a tentative agreement; however, for several reasons the agreement fell through leaving the Academy with no other option but to sever our ties with the state medical association and become independent—so that we could offer our physician members what they had asked for—dues choice and group membership.

The Academy reinvented itself, became politically active and began to implement a strategic plan that did not include mandatory dues payment to the state association.

As I look back, it was a stressful year, to say the least. Furthermore, I am convinced had we not proceeded with changing our business model, the Academy as we know it would have ceased to exist. Our growth, prosperity and political influence prove that we were right. Interestingly enough, many other medical associations are just now

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1974 – The Academy agrees to join as *amicus curiae* in professional liability cases when appropriate.

1975 – The Academy adopts a policy stating that medical decisions by third-party carriers are subject to review by the Academy members.

1976 – The Academy adopts a policy stating that hospital administrators who issue statements on medical policy do so in consultation with the medical staff.

1976 – The Academy becomes engaged in statewide discussions dealing with an impending professional liability insurance crisis.

1977 – Dr. John Budd, a past-president of the Academy, becomes president of the American Medical Association.

1978 – The Academy begins the Tel-Med program, which offers taped information on specific medical topics.

1979 – The Academy supports the appropriate use of medical services and supports measures to reduce the cost of healthcare without reducing the quality of care.

1980 – The Academy reaffirms its commitment to take action against members accused of unethical behavior.

1981 – The Academy reviews major trauma procedures in area hospitals to determine whether hospital emergency rooms should be reviewed for appropriateness or categorization of trauma patients.

1982 – The Academy establishes the Patient-Physician Ombudsman Committee to collect data regarding delays in payment from third-party payers.

1983 – The Academy launches Project '83, a program consisting of 1200+ Academy physicians who provide volunteer medical care to people who are unemployed and without needed healthcare services.

1984 – The Academy approves a second surgical opinion referral policy.

1985 – The Academy begins its Third-Party Payer seminar program, which is still held every November.

1986 – The Academy approves the concept of medical education programs for physicians on the subject of AIDS.

1987 – The Academy authorizes the disciplinary committee, when appropriate, to make direct referrals of possible violations of the Ohio Medical Practice Act to the State Medical Board of Ohio.

1988 – The Academy starts an Academy Medical News Update.

1989 – The Academy begins its Mini-Internship program to help business and political leaders and others understand the practice of medicine—an informative program that still exists. It's the longest continuous program of its kind in the country.

1989 – The Academy encourages the enactment of local ordinances to regulate tanning parlors and recommends the enactment of state laws to protect Ohio citizens from the risk associated with the parlors.

1990 – The Academy opposes the early discharge of infants from the hospital.

1991 – The Academy agrees to participate in the Cleveland Health Quality Choice Project.

1992 – The Academy establishes a membership incentive program for large groups.

1993 – The Academy approves participation in the local domestic violence coalition.

1994 – The Academy develops guidelines for the care of patients with chest pain.

1995 – The Academy supports the physician satisfaction report card project.

moving toward a dues-choice model and offering participating group rates, proving that during my presidency the Academy was leading with change and responding to the needs of our members. I would not have made it through that year without the hard work and expert leadership of Elayne Biddlestone. She is largely responsible for what the organization has become today.

Victor Bello, M.D. (1999-2000)

I had the incredible honor of serving as president of the Academy in 1999-2000. It was a special year, because together with the uncertainty of the millennium change, there was a fear that in the world of electronics and chipsets, the computers and other gadgets of the world would malfunction. Happily none of that happened, yet the world of medicine landscape in our beloved Northern Ohio was changing at an incomparable pace.

In 1999 the Academy made the decision to become independent from the state medical association, occurring just after the completion of my presidency. Many believed that the Academy could not survive without the state association. However, through a solid and congruent effort, guided and inspired by the passion of many, including Dr. John Bastulli, our EVP/CEO Elayne Biddlestone, Dr. Kevin Geraci and others, this outcome did not occur.

During my presidency I went to work and personally visited both physician members and non-members in their offices, asking, begging and, at times, demanding support for our Academy. Slowly, powerfully, this organization prevailed in its representation of the physicians in northern Ohio.

Today, the Academy is the voice of physicians on the shores of Lake Erie and in the valleys of the Western Reserve. The Academy emerged as the bastion of a unified voice in the ever-changing healthcare landscape. So, here is my prescription, doctor: "Heal thyself, join your Academy."

Ronald A. Savrin, M.D., M.B.A. (2001-2002)

The science, the art and the practice of medicine has changed dramatically over the last 190 years—as has the Academy of Medicine of Cleveland. The Greek philosopher Heraclitus taught that "the only thing that is constant is change"—a

doctrine as true during my term as president of the AMC as it was 2500 years ago.

When I began my term as the 101st President of the AMC in April 2001 my comments to the membership outlined the issues that I thought our organization would face in the next twelve months. Emergency Rooms were "going on diversion" because of inadequate resources, hospitals were closing because of inadequate reimbursements, patients were forced to seek new health care providers when employers switched medical plans, physicians were being subject to economic credentialing, and payers were setting all the rules. Our agenda during the coming year, I proposed, would be to address these important issues. Things change.

A year later, addressing the membership, I reflected on what the AMCNO had done in the past year. Our agenda had changed. The events of September 11, 2001 transformed our world and just as the AMC rose to combat smallpox in 1902 and polio in 1957 and 1962, we joined with local, regional, state and federal agencies to address the threat of bioterrorism, formulating the Metropolitan Medical Response System and developing plans for mass immunization, prophylaxis or treatment. Recognizing that the issues we faced were common throughout the Greater Northern Ohio region, we expanded into a regional organization, renamed as the Academy of Medicine of Cleveland / Northern Ohio Medical Association, aligned with the Summit County Medical Society, and increased our membership by more than 30% in one year. Looking forward I suggested that we should advocate for meaningful and sustainable tort reform; for benevolent economic policies that foster advances in technology and pharmacology; for a systems approach to medical errors that seeks to improve rather than blame; and for a healthcare delivery system redesigned for the future, not mired in the models of the past. More than a decade later those goals remain valid. Things will change.

There is another expression: "*plus ça change, plus c'est la même chose*" often translated as "the more things change, the more they remain the same." When I addressed the Graduating Class at CWRU School of Medicine I touched upon some of the constants in our profession. I predicted that "These graduates, these doctors, like those before them, will indeed 'serve others at whatever the cost'. They place the well-being of their patients above all else." I closed with the words of Sir William Osler: "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be

exercised equally with your head.” That is as true today as it was well over a century ago. Plus ça change, plus c’est la même chose.

It was an honor to serve as President of the AMC, and a privilege second only to that accorded by patients and their families who entrust their hopes, their dreams, and their lives to their physician and surgeon. I am deeply grateful for both. Thank you.

Kevin Geraci, M.D. (2002-2003)

During my presidency, the Academy concentrated on two political goals: to pass medical liability tort reform and to support the elections of Justices Evelyn Stafford and Maureen O’Connor. The tort reform bill passed, making it the most meaningful reform change in decades. Its passage stopped a pattern of spiraling malpractice insurance premiums. The Academy participated in several rallies, including a signature rally at Public Square and a march from Public Square to city hall, in which more than 500 physicians participated. The AMCNO launched a massive public relations campaign in an effort to educate the public about this important issue. The campaign included both television and radio advertisements and billboards in prominent parts of the community. AMCNO members traveled to Columbus to testify on several hearings—finally, we were able to muster both medical and public support for the tort reform bill. Regarding the election of Stafford and O’Connor, the AMCNO was very active in campaigning for the two justices, including hosting fundraising events and being present at polling stations to support the candidates.

William Seitz, Jr., M.D. (2004-2005)

In the time leading up to my year of service as AMCNO president, the medical community in Northern Ohio was facing great challenges. Our malpractice rates were soaring, and physicians, especially those in high-risk specialties, such as obstetrics, neurosurgery, and orthopaedic surgery were leaving the area, creating physician shortages. The Academy remained focused, however, on keeping meaningful tort reform in place recognizing passage of such legislation had been derailed by a very liberal Supreme Court.

The Academy, through our Political Action Committee (NOMPAC) identified and supported Ohio Supreme Court justices who we believed would support the legality and constitutionality of meaningful tort reform should it be passed.

During my presidency, I had the honor and privilege of addressing the graduating class of Case Western Reserve University School of

Medicine at their commencement. As I addressed the students, I saw the dedication, excitement, industry and commitment to excellence in their eyes, which only reinforced in my own mind the importance of our responsibility to continue the growth of medical excellence in our community. That summer we co-sponsored an Ohio State Supreme Court candidate forum at the Center for Health Affairs to allow our members and the community at large to hear directly from the Supreme Court candidates. One of my first acts was to write an open letter to all of our medical colleagues in Northern Ohio, encouraging and challenging them to participate in this debate and specifically address head-on the malpractice crisis we were facing.

During my presidency, the Academy of Medicine Education Foundation (AMEF) was officially formed (evolving from the long-standing Cuyahoga County Medical Foundation), and that summer, AMEF sponsored the first Marissa Rose Biddlestone Memorial Golf Outing at Canterbury Country Club. More than \$30,000 was raised at the event, all of which was directly applied to medical student scholarships. This event has continued to flourish yearly since and is now in its 11th year.

In November of 2004 the state of Ohio elected Justices Thomas Moyer, Maureen O’Connor, and Judith Lanzinger, and meaningful tort reforms laws remained intact. In time, the malpractice crisis was brought under control. We embraced group membership and continued to develop the process of medical staff group membership with hospitals around the city.

So much activity occurred during my year as president that it seemed to fly by in an instant. Yet, in looking back, I feel nothing but pride and contentment at the incredibly dedicated board with which I worked that accomplished so much in those 12 months. Serving as president of the regional medical association of my colleagues, in my home region, was an experience I shall never forget and will always cherish. It is one that has energized me to continue to work to enhance the practice and delivery of medicine here in Northeast Ohio.

My mantra when I was president, and my mantra today is still the same: “Get involved, participate and make a difference.”

2000

1996 – The Academy launches its first website.

1997 – The Academy works with *Cleveland Magazine* to develop a history of Medical Hall of Fame issue.

1998 – The Academy launches our group Workers’ Compensation program with CompManagement.

1999 – The Academy becomes independent from the state medical association and starts a regional organization that includes group memberships.

2000 – The Academy develops the Vote and Vaccinate program, which still exists.

2001 – The Academy becomes active in the tort reform debate, being one of the first organizations in the state to recognize the importance of this issue.

2002 – The Academy works tirelessly on tort reform campaigns, Ohio Supreme Court races and key legislation to achieve change that benefits the medical profession.

2003 – The Academy is successful in gaining passage of key tort reform legislation to help ease the growing medical liability crisis.

2004 – The Academy establishes new districts for the Board and increases group membership.

2005 – The Academy attempts to gain passage of legislation calling for mandatory arbitration in medical liability cases.

2006 – The Academy works on achieving changes to the prompt-pay laws in Ohio.

2007 – The Academy begins filing *amicus curiae* briefs with the Ohio Supreme Court on cases that could impact the tort reform laws in Ohio.

2008 – The Academy becomes active in statewide initiatives dealing with tobacco cessation and prevention.

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2009 – The Academy adopts joint principles for the Patient-Centered Medical Home.

2010 – The Academy re-establishes our relationship with the bar association and continues our push for specially trained judges to adjudicate tort reform cases.

2011 – The Academy works collaboratively with various organizations to provide information to physicians regarding electronic health records and meaningful use.

2012 – The Academy becomes part of the Governor's Opiate Cabinet Action Team to assist with the prescription opioid epidemic.

2013 – The Academy works with regional and state partners to provide information to physicians and patients regarding the implementation of the Affordable Care Act.

2013 and beyond – There is not enough room in this issue to outline all of the different activities, accomplishments and services offered by the Academy over the many years of our existence. The AMCNO is proud of our long-standing commitment to the Northern Ohio physician community, and we look forward to working with physicians, hospitals, associations and many others in our region as we move toward our 200th anniversary in 2024.

This reflects a partial list of the activities and milestones of the AMCNO. For more information on our accomplishments in 2013, please see the July/August issue of the Northern Ohio Physician on page 18, or go to our website and view the issue online at www.amcno.org under Publications.

George E. Kikano, M.D. (2005-2006)

With unprecedented changes in the U.S. healthcare system, physicians need to take a proactive role to advocate for the well-being of patients and population they serve. Individual physicians feel more disempowered and disfranchised by growing administrative burden, frivolous suits and audits, and increasing practice expenses and lower reimbursement. Having a common voice through organized medicine and peers who share the same values to better take care of patients is important during challenging times. As a past president of the Academy, I am most proud that we successfully worked with state legislators to advance tort reform in Ohio and that we partnered with large local healthcare institutions to support group membership fees for their employed physicians. The AMCNO supported, and continues to support, investment in the next generation of physicians. The Academy of Medicine Education Foundation has generous grants and scholarships for medical students, and the AMCNO offers multiple educational seminars at no expense to medical students and residents. The Academy is a major voice for physicians to assist them in advocating for issues important to the care of their patients and communities.

Paul C. Janicki, M.D. (2006-2007)

I remember my year as president of the Academy as one of change within the Northeast Ohio medical community. Physicians were told that the electronic medical record (EMR) would ensure better patient care, but little was said about the cost or the commitment required for its implementation. The EMR is now part of our medical network, thanks primarily to the efforts of our physicians and their medical personnel, who have worked hard to overcome many, if not all, of its shortcomings.

During my presidential year, I remember there was a malpractice crisis in Ohio, in which only two or three insurance companies would write new policies. We were all concerned about our renewals and their costs and about the prospect of becoming "self-insured." In many cases, renewal premiums had increased by 100%, even 200%. Elayne Biddlestone and I went around to seemingly all of the local medical staffs to convince them of the necessity of becoming AMCNO members—to influence the practice of medicine and surgery in

Northern Ohio, by introduction of legislation that would influence and change things for the better. Our membership grew to include more than 5000 members, and, as a result, we were able to ensure that tort reform and limits on non-economic damages, together with the Affidavit of Merit, would be upheld. Since then, the number of "nuisance" lawsuits has decreased dramatically, but our success could be fleeting. It is important for physicians to realize that our 5000 physician members, together and in consort with their voting family and friends, generate a tremendous amount of interest and attention from those seeking political office. The Academy has campaigned successfully in every election since 2002 for candidates for the Ohio Supreme Court who refuse to legislate from the bench but rather interpret legislation instead.

Finally, the Academy moved into a new facility just after my presidency, from the old Realty One building, to our present offices. The mission, however, remains the same: to "keep a finger on the pulse," so to speak, to represent our members and keep them aware of current practices in the area as well as show them how their participation can make a difference.

James S. Taylor, M.D. (2007-2008)

In 2007-2008, the medical climate included constant reminders of rising healthcare costs (more than 17% of GDP), increased numbers of uninsured patients, employer efforts to rein in healthcare expenditures, and demand for new data on the appropriateness, effectiveness and satisfaction with care. Concurrently our members faced rising practice and malpractice insurance costs, as well as multiple challenges from payers regarding billed services, economic credentialing and reduced reimbursement. More physician members were joining groups, evaluating electronic health records and patient management systems; and the Ohio Attorney General was challenging the tax status of charitable organizations including hospitals. The AMCNO was actively involved in serving our patients, our community and our members through legislative, regulatory, practice management and public activities and initiatives.

Medical liability and tort reform were uppermost in the minds of our members and the healthcare community. We pursued legislation (SB 59) for alternative dispute resolution and arbitration of medical malpractice claims. Dr. John Bastulli, our vice president of legislative affairs, served as the keynote speaker at the nationally recognized City Club of Cleveland forum. He articulately challenged the views of trial attorneys during a debate highlighting the viewpoint of organized medicine on tort reform and ADR.

Other highlights included increasing our membership to more than 5000 physicians by garnering the support of more hospital systems in the region. Our Medical Legal Liaison Committee continued the dialogue on tort reform and Ohio judiciary issues and also sponsored two successful medical legal seminars. We began discussions with UnitedHealthcare over quality performance (physician ranking) measures. The AMCNO was, and is, still concerned that these measures were designed to steer patients to the least expensive and not necessarily the best care.

The issue of Medicare payment reform was high on our agenda, and at the federal level the AMCNO was active in supporting a Senate bill sponsored by Senator Debbie Stabenow (D-MI) to prevent a 10.5% cut to physician payments.

As AMCNO president I had the privilege of addressing the 2007 Case Western Reserve University School of Medicine graduates at Severance Hall and sharing the speakers' platform with Dr. Pamela Davis, Dean of the medical school, and Elizabeth Nabel, Director of the National Heart, Lung and Blood Institute; participate on the board of the Center for Health Affairs, attend multiple committee meetings and preside over other important community efforts. We also unexpectedly had one of our AMCNO board meetings cancelled by a fire when the caterer's sterno ignited some paper napkins. My most important observation: the work of the AMCNO is a team effort, led by the executive committee and board of directors and guided by the steady hand, tireless efforts and absolute dedication of our EVP/CEO, Elayne Biddlestone.

Raymond Scheetz, Jr., M.D. (2008-2009)

During my AMCNO presidency, the malpractice crisis was in full swing in Northern Ohio, with the cost of professional liability insurance and the number of claims rising exponentially. Recruiting new physicians to Ohio had become difficult, and physicians in specialties such as neurosurgery and obstetrics were leaving the area. To counteract this trend, we supported Ohio Supreme Court judges who would rule on the merits of each case rather than legislate from the bench.

We met with Senator George Voinovich, who was co-sponsoring a bill to set up medical tribunals. We discussed our thoughts on establishing health courts to adjudicate medical disputes based on the early success of business courts. We agreed to support his efforts to pass the Universal Health Care Choice and Access Act, a plan eventually superseded by the Affordable Care Act. Other issues discussed with the senator

included a possible Ohio Constitutional Amendment to limit financial awards in tort cases, the disastrous ratcheting back of Medicare payments to physicians and addressing the flawed Sustainable Growth Rate formula.

We met with Ohio Supreme Court Chief Justice Thomas Moyer regarding alternate dispute resolution and discussed our concept of medical courts. He informed us of his work with ASTAR (the Advanced Science and Technology Adjudication Resource Center), a leadership consortium that trains judges to preside in complex medical and scientific disputes to help lessen the cost and shorten the duration of these disputes. Unfortunately, this program was ultimately shelved by a lagging economy.

My position on the United Healthcare (UHC) Physician Advisory Board allowed me to learn first-hand about UHC's plan to begin ranking physicians. We met with UHC representatives, Director Mary Jo Hudson of the Ohio Department of Insurance, the Ohio State Medical Board and Ohio Attorney General Richard Cordray during our attempts to codify how physicians are ranked. Eventually, legislation stated that designations must be based on cost efficiency, quality of care and clinical experience. The ranking information must be accurate and verifiable, and the process transparent. The insurance companies must use risk-adjusted data and nationally recognized quality-of-care measures. Physicians must have the right to appeal prior to the release of the rankings.

The Academy agreed to become involved in a community project where physicians volunteered their time to give free medical care to those in need. The AMCNO did its due diligence to ensure that physicians were aware of the malpractice insurance implications, that the effort would provide quality care and that follow-up would be available for these patients.

We met with Health and Human Services representatives regarding a Medical Home initiative to determine the scale of uninsured, underinsured and Medicare-covered individuals in Cuyahoga County who were using local emergency rooms for non-urgent care and treatment of chronic conditions. We also attended CHAT (Choosing Healthcare All Together), sponsored by the Ohio Department of Insurance, to try to determine which features of coverage should be included in various health insurance packages.

In retrospect, 2008-2009 was an action-packed year and an exciting time to be AMCNO president.

(Continued on page 22)



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Anthony Bacevice, M.D. (2009-2010)

My first reaction to reflecting on my year as AMCNO president can be summed up in two words: busy and fast. Obviously, that's not the whole story. A few items stand out, though.

A lot has changed in our professional lives in the 4-5 years since my presidency. And, the Academy was there, present at the creation (or mutation) of modern medical practice.

In 2009 the American Recovery and Reinvestment Act was signed into law. It included the Health Information Technology for Economic and Clinical Health Act (HITECH). The transition from paper documentation in the hospital and office medical record to an electronic (read "computer-based") health record (EHR) was underway. And we at the Academy were a part of it. By 2010 we were actively involved in the Ohio Health Information Partnership (OHIP) and its local arm, the Regional Extension Center (REC—aren't you loving all these acronyms!) at the CWRU (OK, you know that one!) School of Medicine. The RECs throughout Ohio facilitated physicians in their move to installing certified EHRs in their practices as well as helping them collect incentive payments from the government for adopting the EHR. The RECs have since completed their work, and OHIP has morphed into CliniSync, Ohio's Health Information Exchange (HIE), which interconnects providers, hospitals, laboratories and (soon) payers. Yes, the Academy is still involved, providing advice and counsel on behalf of its members.

There was more to my presidential year than information technology. Also in 2009, bills were introduced in the Ohio House and Senate, with the Academy's advice, regarding physician ranking—trying to ensure that it is based on quality rather than economic criteria. In the legal realm, the Academy filed briefs with the Ohio Supreme Court reflecting physician's perspectives on timely cases.

The first MedWorks Event occurred in 2009. Free medical care was provided by physicians, including several Academy members from across Northern Ohio. The Academy also appointed a representative to the MedWorks Board and was integral to its success. In December 2009, we were present at the Cuyahoga County Commissioners meeting (remember them?) that launched the Cuyahoga Health Access Partnership. The focus of this public-private initiative was to provide access to care for low-income, uninsured adults in the county.

One thing that becomes apparent during an Academy presidential term is that if something is going on that involves the medical profession,

the AMCNO is on the scene. The Academy staff chases events affecting medicine more tenaciously than the Weather Channel guys chase hurricanes and tornadoes. What we didn't learn in medical school or residency was how much our society affects how we practice. We are among the most regulated professions. Society measures our quality, controls our recompense, expects excellence and often forgives naught. Our Academy stands behind us through these challenges. In April 2009, I wasn't quite sure what to expect as president. In April 2010, I had the greatest respect for my predecessors and my successors.

Laura David, M.D. (2010-2011)

The AMCNO has always been an organization of great experiences, widespread networking, valuable community service and affirming collegial relationships. The year that I was privileged to serve as AMCNO president was certainly a once-in-a-lifetime opportunity to enjoy all of those aspects and more. During that year, our major challenges involved the constant oversight and troubleshooting of legislative efforts in Columbus, with a goal of pushing forward more comprehensive tort reform and prospects for alternative dispute resolution. While the scene in Columbus was always changing and never predictable, I personally gained huge insights (and some skills) just by watching our EVP and CEO Elayne Biddlestone and our legislative vice president Dr. John Bastulli masterfully maneuver the pathways to legislation, while being mindful of the "players" involved.

The Academy also increased collaboration with the state medical association, strengthened the Medical Legal Liaison Committee, supported the efforts by County Executive Ed FitzGerald to expand healthy living and work environments in various Cleveland suburbs, and continued on our constant mission to support and grow our membership, all while providing education on new business, professional and legal regulations and standards. I was also able to share in the great satisfaction of seeing the Academy of Medicine Educational Foundation (AMEF) work not only to serve our established membership but also to raise funds for medical student scholarships. The joy of seeing this living legacy of generosity and mentoring through scholarships was heartwarming and an achievement that the AMCNO and AMEF cannot be honored enough for providing.

The year sped by—with a constant flow of new meetings, new groups to interact with and new requests and invitations to become involved. Having been a "high-energy" person my whole life, I certainly was no stranger to busy schedules and agendas, but even I learned that there were

far more organizations, opportunities and requests than I had ever anticipated. Though I entered the year hoping to serve others, I ended up depending on the assistance of the AMCNO staff; the insight and experience that Elayne so easily modeled; and the great support that my spouse, family and own office staff so generously gave. As president that year, I had the privilege to follow in the shadow of many other great doctors in Cleveland. I can only thank you all for the great encouragement that each of you so freely showed. The collegiality of our profession is what I will remember and value the most. The year, and my life, would not have been the same without it!

Lawrence Kent, M.D. (2011-2012)

My tenure as president of the AMCNO occurred during an extraordinary time of increased government involvement in medicine, starting with the HITECH Act that mandated physician use of medical records and the infrastructure—health information exchanges—to share results across different electronic systems and geographies. The AMCNO played an important part in local efforts by promoting and then partnering with the Case Western Reserve University Regional Extension Center (REC). We also served on the state of Ohio Health Information Partnership (OHIP) Information Exchange committee. Both of these efforts resulted in successful programs to help physicians obtain electronic record technology, and set them on a path to achieve government prescribed standards for their use in patient care, called meaningful use.

In addition, my year also marked when the AMCNO joined the board of Northeast Ohio Quality Collaborative, during the time when the Centers for Medicare and Medicaid Services (CMS) was rolling out its value-based purchasing programs for hospitals. These programs were designed to codify and standardize quality measure initiatives while also reducing the cost of care. The collaborative provided many of the underpinnings to local hospitals to prepare them for this program, such as benchmarking tools to measure compliance, transition of care programs to prevent hospital readmission, and communication methods to improve patient satisfaction. The AMCNO provided input to this group on the physician perspective concerning these programs and participated in a number of the informational conferences, including leading a subgroup on physician resistance to patient satisfaction evaluations.

During my year, the AMCNO continued its roles in advocacy, education and outreach. One of our advocacy programs was a partnership with the

Center for Health Affairs in a Patient Navigator program, a novel initiative to help sick patients get through complicated treatment plans. Important legal issues addressed by the Academy included strengthening the Affidavit of Merit rule to limit frivolous lawsuits and opposing a legislative initiative that would have allowed malpractice lawsuits to be tried as civil matters. The Academy also sponsored a bill to broaden sections of current law that provide immunity for violation of a patient's privacy rights. Also, the Academy, along with the Cleveland Metropolitan Bar Association organized and presented a combined lawyer and doctor conference on alternative dispute resolution for medical malpractice actions.

Each year the Academy finds issues, as encountered in my year, in which its activities and deliberative efforts make a difference for practicing physicians. I believe this will continue for a long time to come. It was my honor to serve as a president of the AMCNO.

James Sechler, M.D. (2012-2013)

It was my honor and privilege to be president of the AMCNO. The first major issue at the beginning of the year was the upholding of the Affordable Care Act (ACA) by the United States Supreme Court. I had the opportunity to comment to the press, and the major question asked was since the Medicaid expansion requirement had been vacated for the states, what was the fate of Medicaid in Ohio. After President Obama's re-election in 2012, assured that the ACA was apparently here to stay, I was happy to participate with the Academy, in conjunction with the Northeast Ohio Medicaid Expansion Coalition (NEO-MEC), strongly supporting Medicaid expansion in the state of Ohio, along with many other statewide and regional organizations.

At the state level, we become involved with the Governor's Cabinet Opiate Action Team (GCOAT), appointing two AMCNO board members to two new subcommittees as well as evaluating GCOAT's proposed guidelines. We had extensive meetings with the State Medical Board of Ohio (SMBO) staff, giving major input into the proposed physician licensure fee changes. We

also opposed the implementation of the Maintenance of Licensure pilot program, which was subsequently not implemented by the SMBO. Our Northern Ohio Political Action Committee (NOMPAC) endorsed the Ohio Supreme Court candidacies of Justices Robert Cupp and Terence O'Donnell and Judge Sharon Kennedy in our quest to preserve our hard-won achievements in liability reform.

At the county level, we participated in the launch of the Cuyahoga County Health Alliance, co-sponsoring the August 2012 tobacco-free workshop; in early 2013, we co-sponsored the stress management workshop, and in conjunction with the Center for Health Affairs, we worked together on the drug shortage issues as well as the Patient Navigation Collaborative (NEO-PNC) program. We also had ongoing involvement in co-sponsoring several CME programs, including "Medical Malpractice Claims, The Input of Being Sued" with the law firm Roetzel & Andress. Also of note, along the educational front, after more than 40 years as a radio program, the Academy of Medicine Education Foundation made a change to our *Healthlines* program by moving it to an online format.

It is hard to really select one memorable event of my busy year; however, I will say that marching with the 2012 graduating class of Case Western Reserve University School of Medicine as the AMCNO representative was an especially great honor and memory for me.

Overall, it was an extremely memorable year. I would like to thank the AMCNO for the opportunity to serve as president during this very eventful time.

George Topalsky, M.D. (2013-2014)

To serve as the AMCNO president was an experience that allowed for an up-close view of how healthcare policy is conceived and legislated. Every issue and debate reaffirmed the importance of physician involvement and confirmed the important role the AMCNO must continue to play for our medical community in Northern Ohio. As physicians, our time spent thinking about policy matters is limited. We are the AMCNO and

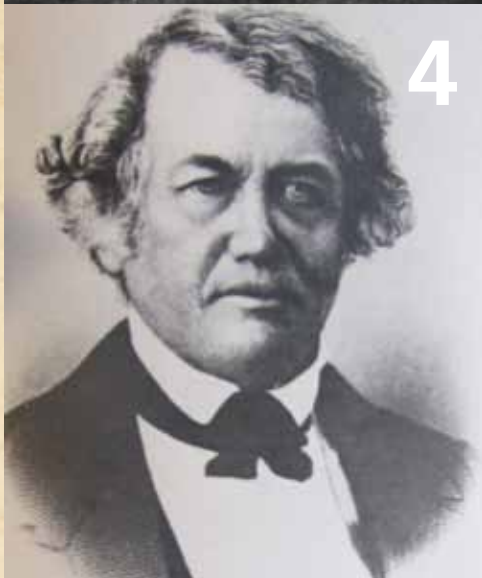
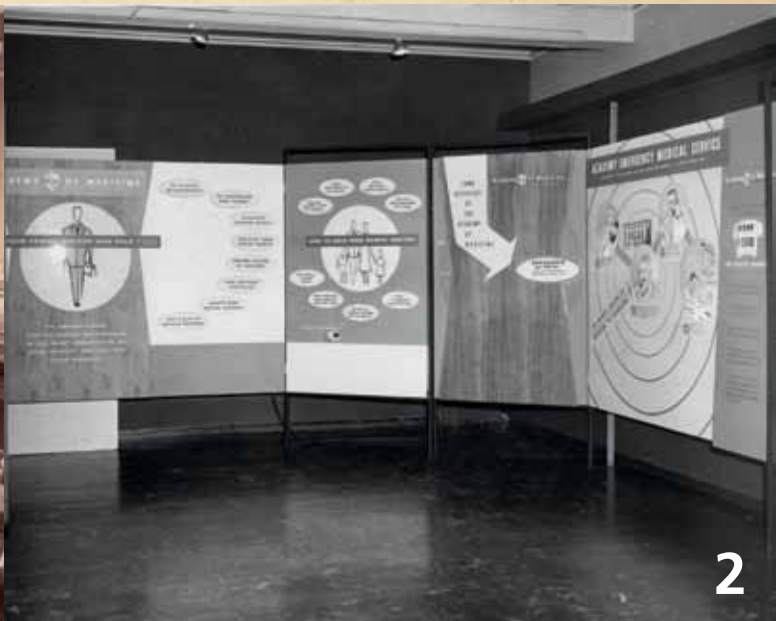
we should be proud of being the oldest professional organization in the state.

Our recent accomplishments and continued involvement in shaping healthcare policy in the region and the state have been significant. The impact on tort reform through the Ohio Supreme Court nominations several years ago was significant, but this year, it will be even more so.

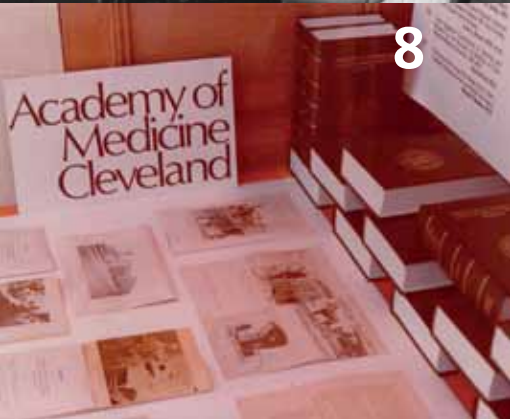
I enjoyed representing the Academy during the opioid abuse crisis discussion, and, although I found the political process frustrating at times, testifying from the physician's point of view helped our cause in many instances. Our testimony demonstrated to legislators how the wrong solution could actually hurt patient care and in some cases worsen the abuse problem.

One of the brightest experiences I had during my presidency was interacting and supporting local medical students and residents. I participated in the Case Western Reserve University School of Medicine's welcome party for first-year medical students as well as the graduation ceremony. Both of these events reminded me of the excitement we experience at the start of our medical lives and the different phases a physician traverses. This connection with our youngest colleagues was most inspiring. I informed them about the AMCNO and Academy of Medicine Education Foundation as well as our continued involvement with the community, legislators, hospital systems, state medical board and others, and about how it is our obligation—and theirs as they integrate into the healthcare system—to continue to improve it.

To the Academy members, I thank you for all the important work you do. We should all be proud to be a part of such an amazing organization. The challenges won't stop and the AMCNO will be there to address them. ■

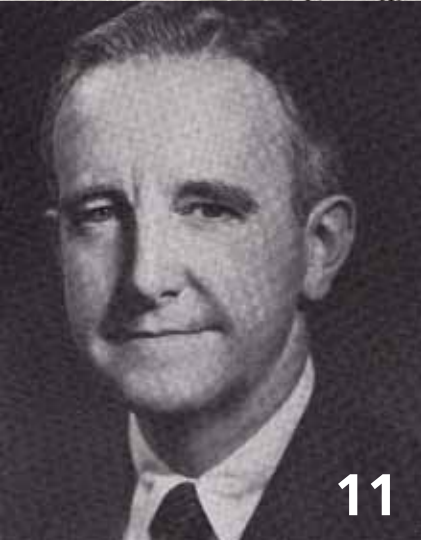


- 1 The Academy offices located on the second floor of the Cleveland Medical Library building (1926)
- 2 An Academy display board used to publicize the public services available through the association
- 3 A commemorative tablet placed at the original site of the Cleveland Medical Library Association and the Academy
- 4 David Long, M.D., the first president of the Academy (1824)
- 5 The Academy answering service
- 6 The first Academy call service board
- 7 Physician band (circa 1930)
- 8 Photo from the book signing event for *Medicine in Cleveland and Cuyahoga County: 1810-1976*



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ANNIVERSARY ISSUE



- 9 Headline page from *The Plain Dealer* outlining the Academy involvement in the administration of the Sabin vaccine (1962)
- 10 Academy Physician Hobby Show (circa 1963)
- 11 Dr. Charles Hudson, president of the Academy (1952-1953) and the American Medical Association (1966-1967)
- 12 Dr. John Budd, president of the Academy (1953-1954) and the American Medical Association (1977-1978)
- 13 Photo of the façade of the Academy headquarters on Carnegie Avenue



Congratulations to the AMCNO on its 190th Anniversary!



In 1824, The Academy of Medicine of Cleveland & Northern Ohio built its foundation. Since then, the organization has flourished. We expect nothing less than the same kind of excellence as we move toward celebrating our 200th anniversary in 2024!

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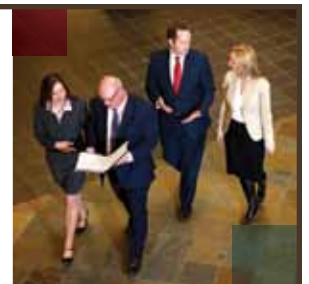
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