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AMEF Sponsors Training Session on Opioid Prescribing Practices

The Academy of Medicine Education Foundation (AMEF) was pleased to partner with MetroHealth Medical Center to sponsor a training session, "Safe and Competent Opioid Prescribing Education (SCOPE) of Pain," for local healthcare professionals on June 2. The session was provided by Boston University School of Medicine (BUSM) and reviewed best practices and clinical pearls of managing chronic pain.

A panel of experts fields questions from the audience during the SCOPE of Pain event.

Daniel P. Alford, MD, MPH, course director of the program and Professor of Medicine at BUSM, provided background information on chronic pain, reporting that 100 million Americans are affected by it and describing how chronic pain itself can be a disease. He also discussed significant barriers to adequate pain care, including lack of decision support for chronic pain management and financial alignment favoring the use of medications. Dr. Alford stressed that care must be tailored to each patient's experience.

Since more than two-thirds of patients obtain prescription opioids from family or friends (either by asking for them or stealing them), Dr. Alford said that physicians need to do a better job of discussing safe storage and disposal of medications with their patients.

Because the efficacy and safety of chronic opioid therapy has been inadequately studied, opioid prescribing needs to be more selective and conservative, according to reports in several medical journals. In addition, researchers have found that opioids help some patients, harm some patients, are only one tool for managing severe chronic pain, and are indicated only when alternative safer treatment options are inadequate, Dr. Alford said.

Sybil Marsh, MD, MA, Associate Professor in the Department of Family Medicine and Community Health at University Hospitals Cleveland Medical Center, discussed how to

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AMCNO President Presents "Welcome to the Profession" Remarks to Graduating Medical Students

AMCNO President Dr. Fred Jorgensen spoke at this year's Case Western Reserve University School of Medicine commencement awards ceremony on behalf of the AMCNO.

The ceremony was held on Saturday, May 20, and included remarks by Dr. Jorgensen to the students about the importance of becoming involved in the community and as a part of organized medicine. As part of the ceremony, Dr. Jorgensen was honored to present the Academy of Medicine Education Foundation (AMEF) award to a graduating student who has shown outstanding commitment to the Cleveland and Northern Ohio communities, is a strong advocate for all patients and promotes the practice of the highest quality of medicine. This year's AMEF award recipient was Robin Iriele.

On Sunday, Dr. Jorgensen also participated in the procession onto the stage at the commencement ceremony at Severance Hall. ■

Dr. Fred Jorgensen, AMCNO President, delivers his remarks at the Case Commencement Award Ceremony.

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AMEF Sponsors Training Session on Opioid Prescribing Practices

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safely initiate (or continue) opioid therapy. She emphasized that chronic pain requires multidimensional care, which includes restoring function, reducing pain, improving quality of life, and cultivating well-being. Dr. Marsh stressed that opioid prescriptions should be considered a test or a trial, and said that if opioids are necessary, it's best to start with a low dose and increase it slowly. She talked about the use of a Patient Prescriber Agreement as well, which outlines a patient's plan of care and is signed by both the patients and the prescriber, is reviewed regularly (usually annually), and serves as a Patient Counseling Document.

And Dr. Marsh talked about ways to monitor for opioid misuse, including patient questionnaires, pill counts, urine drug tests, and Prescription Drug Monitoring Program data review.

Dr. Alford returned to the podium and discussed assessing and managing aberrant medication-taking behavior, and offered alternate options for when a patient experiences a lack or loss of benefit from a medication. He reminded attendees that not all chronic pain is opioid responsive, a higher dose of an opioid is not always better and may increase the risk of adverse effects, and some chronic pain improves after opioid taper.

A panel discussion followed Dr. Alford's talk, and featured **Vince Caraffi, MPH,** Cuyahoga County Opiate Task Force; **Hauns Charters,** Group Supervisor, Drug Enforcement Administration, Cleveland District Office; and **Cameron McNamee, BA,** Director of Policy and Communications, State of Ohio Board of Pharmacy. The panelists fielded questions from the audience.

One participant asked about the rules behind prescribing opioids in Ohio. McNamee discussed the acute pain guidelines that were just released, which the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has shared with members in previous publications and can be obtained on our website, www.amcno.org. McNamee also provided the audience with two-sided cards that outline when the Ohio Automated Rx Reporting System (OARRS) should be accessed—one side is specifically for prescribers and the other is for pharmacists. This reference card can be obtained online at www.pharmacy.ohio.gov.

The SCOPE of Pain event was well-attended by various healthcare professionals, including physicians.

The panelists also discussed possible reasons why Ohio has a high rate of opioid deaths, how the community is working toward making treatments more affordable, and what well-meaning physicians can do to avoid issues with their prescribing practices.

In his closing remarks, Dr. Alford said that pain is subjective, and it's a common problem. He believes everyone should have access to comprehensive pain management, adding that opioids need to be the last choice when treating pain to decrease the demand for them. Physicians, however, should not swing the pendulum completely the other way and stop prescribing opioids altogether, he said, because some patients do actually benefit from them.

Dr. Alford informed participants that they could find additional resources on chronic pain on the SCOPE of Pain website: www.scopeofpain.org. ■

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5 Ways for Healthcare Providers to Get Ready for New Medicare Cards

Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft, and protect essential program funding and the private healthcare and financial information of Medicare beneficiaries.

CMS will issue new Medicare cards with a new unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems. CMS will start mailing new cards to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019.

CMS is committed to helping providers by giving them the tools they need. Based on feedback from healthcare providers, practice managers and other stakeholders, CMS is developing capabilities where doctors and other healthcare providers will be able to look up the new MBI through a secure tool at the point of service. To make this change easier, there is a 21-month transition period where all healthcare providers will be able to use either the MBI or the HICN for billing purposes.

Therefore, even though **office systems will need to be able to accept the new MBI format by April 2018,** physicians can continue to bill and file healthcare claims using a patient's HICN during the transition period. CMS encourages physicians to work with their billing vendor to make sure that their system will be updated to reflect these changes as well.

Beginning in April 2018, Medicare patients will have been issued new Medicare cards.

Here are 5 steps you can take today to help your office or healthcare facility get ready:

1. Go to the CMS provider website and sign-up for the weekly MLN Connects® newsletter.
2. Attend CMS quarterly calls to get more information.
3. Verify all Medicare patients' addresses. If the addresses you have on file are different than the Medicare addresses you get on electronic eligibility transactions, ask your patients to contact Social Security and update their Medicare records.
4. Work with CMS to help your Medicare patients adjust to their new Medicare card. When available later this fall, physicians can display helpful information about the new Medicare cards. Hang posters about the change in your offices to help CMS spread the word.
5. Test your system changes and work with your billing office staff to be sure your office is ready to use the new MBI format.

To learn more, visit: cms.gov/Medicare/SSNRI/Providers/Providers.html ■

AMCNO Legislative Update

Biennial Budget Bill

It has been a busy last few months at the legislature with much of the debate and discussion centered around HB 49—the biennial budget bill. At press time the bill was in its final stages of discussion but not yet finalized. The budget bill must be sent to Governor John Kasich by June 30.

Medicaid changes were at the center of the House and Senate budget differences. At press time the bill included language that:

- Freezes enrollment in Group VIII, commonly known as the expansion population, as of July 1, 2018.
- Requires the Department of Medicaid to re-submit the Healthy Ohio waiver.
- Requires individuals covered by Medicaid via expansion to be working or in school, unless they fall into specific exemption categories.
- Requires the Department of Medicaid to seek approval from the Controlling Board for funds to pay for expansion through the FY18-19 Biennium, with some caveats included.
- Retains the Ohio Department of Medicaid's patient-centered medical home program (also known as the Comprehensive Primary Care [CPC] Program).

Throughout the budget process the AMCNO worked with the statewide Medicaid Coalition in an attempt to find ways to improve the Medicaid program, including solutions recognizing the General Assembly's wish for additional guardrails on Medicaid. Unfortunately, the current version of the bill does not take into account these solutions.

Another healthcare provision added by the House would require health plans to cover telemedicine services if they cover the same service in person. The AMCNO had strongly supported the telemedicine amendment.

In addition Governor Kasich's version of the budget originally proposed repealing the price transparency law which would require a medical services provider to provide in writing, before any nonemergency product, service, or procedure is provided, a reasonable, good-faith estimate of the amount the provider would charge, the amount the health insurer would pay, and the difference the consumer would be required to pay. The House and Senate stripped this provision from the budget language, putting this legislation back into play—legislation opposed by the AMCNO because it is unworkable in its present form.

The Governor's version of the budget bill also proposed increasing the tax on cigarettes and would have equalized the tax on other tobacco products and e-cigarettes with the state cigarette tax. Unfortunately, the House and Senate version of the bill removed this provision. The AMCNO has long supported an increase in the tax on tobacco products.

The AMCNO sent testimony to both the House and the Senate during the budget debate asking for support of the telemedicine amendment, outlining our concerns with the changes to Medicaid eligibility, the importance of retaining the CPC program (which was removed then reinstated during deliberations), our support of the tobacco tax, and we provided comments and suggestions about the price transparency issue. We were disappointed that some of the items we supported were not in the version of the budget bill under review at press time. Some of these items may be changed in the final draft of the budget bill—if that is the case, information will be sent out to our membership at that time.

Legislation Under Review

HB 191 – Nurse Anesthetists – This bill would permit a CRNA to practice without a supervising dentist, physician, or podiatrist, including when administering anesthesia; grant a CRNA authority to select and order the anesthesia to be administered; allow a CRNA to select, order, and administer other drugs during certain periods and for the treatment of conditions related to the administration of anesthesia; and authorizes a CRNA to direct nurses, respiratory therapists, and other persons to administer such drugs and perform clinical support functions. The AMCNO has concerns about patient safety and CRNA training limitations, and we oppose this bill at this time.

HB 131 – Physical Therapists – This bill would allow a physical therapist to evaluate, diagnose and determine a plan of therapeutic treatment for a patient. The bill would also allow a physical therapist to order tests, including diagnostic imaging and studies that are performed and interpreted by other healthcare professionals. The AMCNO is concerned with this bill because it would grant physical therapists the ability to diagnose a medical condition—which in effect gives them the ability to independently practice medicine. Medical decision-making and diagnoses are the result of the interpretation of many variables including history, examination, and diagnostics. While we agree that physical therapists are an important part of the healthcare team, they are not adequately trained to diagnose a medical condition. We believe that the diagnosis of medical conditions should be done by trained physicians or mid-level providers who are working collaboratively with a physician. We are also concerned that the bill would allow physical therapists to order tests—the AMCNO believes that diagnostic laboratory and imaging studies should be ordered by those with the appropriate training and those that have the ability to follow-up on the results. The AMCNO opposes this legislation.

HB 226 – Fireworks – The AMCNO has joined other medical associations in providing written opponent testimony on House Bill 226 – Fireworks, which would legalize fireworks in Ohio. HB 226, introduced on May 16, is sponsored by state Reps. Bill Seitz (R-Cincinnati) and Martin Sweeney (D-Cleveland). If passed, the bill would allow several actions related to the purchase and sale of fireworks, including:

- Allowing Ohioans to buy, possess and discharge 1.4g fireworks (consumer-grade products that includes bottle rockets, novelty missiles, and other explosive projectile devices) on their own property or others' property with permission beginning July 2020;

- Requiring sellers to give safety pamphlets to buyers;
- Imposing a 4% fee on top of sales taxes to fund firefighter training and fireworks regulation;
- Setting up a 13-member study committee (to have its first meeting no later than Sept. 30, 2017) to consider alternative regulations to recommend to the legislature, which would need to act upon any recommendations before July 1, 2020, for them to be in effect;
- Extending the long-standing moratorium on licenses to manufacture and sell fireworks to 2020; and
- Allowing counties, cities and some townships to either ban fireworks or restrict the times and dates they may be used.

Last year, an estimated 11,900 people nationwide were treated in an emergency room for a fireworks-related injury. This injury data used by the fireworks industry and public health advocates, however, only accounts for ER admissions and doesn't capture injuries treated in other settings—such as trauma centers, urgent care facilities and primary care offices—or injuries where a child or adult does not seek immediate treatment, so the number of injuries is likely more than that.

As stated in the letter, the current prohibition on firework discharge is one of the last safeguards we have in place to protect Ohioans from injury and damage that can result from fireworks usage. Although it's appreciated that retailers would be required to provide a pamphlet and safety glasses at the point of sale, half of fireworks injuries are to innocent bystanders, so it is unlikely that these safety measures will provide adequate protection.

The AMCNO has been a long-time member of the Ohio Fireworks Safety Advocates Coalition, which was established to educate the public about the dangers of consumer use of fireworks, and we also opposed similar legislation to HB 226 in the last General Assembly. We will continue to monitor this issue and provide a report to our members.

HB 145 – Confidential Treatment – HB 145 creates a confidential reporting program for treating impaired physicians and other healthcare practitioners in Ohio. The bill establishes a new "one-bite" program which gives the State Medical Board of Ohio (SMBO) and a qualified monitoring program the ability to oversee the rehabilitation of impaired practitioners. The "one-bite" concept provides a one-time exception through which an impaired physician may avoid SMBO intervention to seek treatment for substance abuse or physical or mental impairments. HB 145 will require confidential reporting by all peers and treatment centers to a monitoring organization conducting the confidential program. The AMCNO provided written testimony in support of this legislation which will allow physicians to enter into a system where they can get the care they need and return to their practice healthy and able to provide care to their patients. HB 145 has already passed out of the Ohio House and now moves onto the Senate for further debate in the fall.

Ohio's Use of a Prescription Drug Monitoring Program is Best in the Nation

The American Medical Association (AMA) has released a fact sheet showing that Ohio leads the nation in prescription drug monitoring.

The fact sheet contains data of each state's registration for and use of prescription drug monitoring programs since 2014. As of 2016, Ohio has processed more than 24 million queries from physicians and other health professionals through the Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS)—far more than any other state.

The Ohio Office of Health Transformation attributes this success rate to Governor John Kasich's decision in 2015 to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across the state, allowing instant access for prescribers and pharmacists. These improvements make it easier to track the number of opioids dispensed to Ohio patients, which the AMA reports have decreased 20% in Ohio since 2013.

Ohio Attorney General Files Lawsuit Against Several Prescription Opioid Manufacturers

In an unprecedented move, Ohio Attorney General Mike DeWine has filed a lawsuit against five leading prescription opioid manufacturers and their related companies in Ross County Court of Common Pleas. Ross County was chosen for the filing because Southern Ohio is one of the hardest hit areas by the opioid epidemic in the nation. The lawsuit alleges that the drug companies engaged in fraudulent marketing regarding the risks and benefits of prescription opioids, which fueled Ohio's opioid epidemic.

The five manufacturers listed as defendants are:

- Allergan, which sold Kadian, Norco, and several generic opioids
- Endo Health Solutions, which sold Percocet, Percodan, Opana, and Zydone
- Johnson & Johnson and its subsidiary Janssen Pharmaceuticals, which sold Duragesic and Nucynta
- Purdue Pharma, which sold OxyContin, MS Contin, Dilaudid, Butrans, Hyslingla, and Targiniq
- Teva Pharmaceutical Industries and its subsidiary Cephalon, which sold Actiq and Fentora

In the lawsuit, the Attorney General is seeking several actions, including a declaration that the companies' actions were illegal, an injunction to stop their continued deceptions and misrepresentations and to abate the harm they have caused, damages for the money that the state spent on the opioids that these companies sold and marketed in Ohio, and repayment to consumers who also paid for unnecessary opioid prescriptions for chronic pain.

Ohio Board of Pharmacy Extends Deadline for Office-Based Opioid Treatment Licensure

The Ohio Board of Pharmacy's (BOP) requirement for prescribers to obtain a license as a terminal distributor with an office-based opioid treatment classification has been extended and will take effect Oct. 31, 2017. The extension will allow the BOP to have additional time to review and process license applications. ■

A Cybersecurity Update and Resource Guide for Healthcare Organizations

By Isabelle Bibet-Kalinyak, Richard C. Cooper, James J. Giszczak, and Rick L. Hindmand, McDonald Hopkins LLC

In the wake of the recent WannaCry Ransomware cyber attack[1] that is believed to have started at Britain's National Health Services[2] (NHS) before quickly spreading to more than 200 countries, the U.S. government is urging the healthcare industry to take further precautions regarding cybersecurity and is deploying tools to assist organizations in responding to immediate threats and implement stronger security measures.

WannaCry Ransomware

On May 12, 2017, the WannaCry Ransomware worm infected the information systems of 47 NHS organizations and caused widespread disruption of patient care and operations at NHS hospitals and facilities, including the interruption of telephone communications and the instantaneous loss of access to patient records, etc. As WannaCry continued to spread rapidly across the globe, NHS, the U.S. government and experts from the private sector collaborated to warn the public at large and attempt to develop a patch[3].

The WannaCry attack and the rise of sophisticated ransomware attacks paralyzing operations and patient-critical devices underscore the vulnerability of the healthcare system in the U.S. and abroad. Today, digital connectivity in the healthcare industry is ubiquitous[4] and paramount to the safe and efficient delivery of patient care. But the risks are real and multi-faceted—fraud, identity theft, data privacy breaches, ransomware, supply chain disruptions, research and development theft, stock manipulations, etc. Such risks add exponentially to the already complex (and at times conflicting) state, federal, and payor-driven framework of rules and regulations inherent to the U.S. healthcare industry.

At a time when all healthcare organizations should take enhanced measures to secure their systems and information technology (IT) infrastructure, significant differences exist among the various industry stakeholders in terms of resources and awareness. The U.S. healthcare system is a matrix of diverse providers and suppliers with very disparate IT resources serving a mosaic of patient populations. Yet, all constituents, whether a large health system, a small/rural hospital, a private or public payor, a medical device or software manufacturer, must recognize that healthcare cybersecurity is a key public health concern that requires focus and attention at the leadership level. The U.S. government is trying to bridge some of these disparities and heighten awareness at the macro and industry specific level.

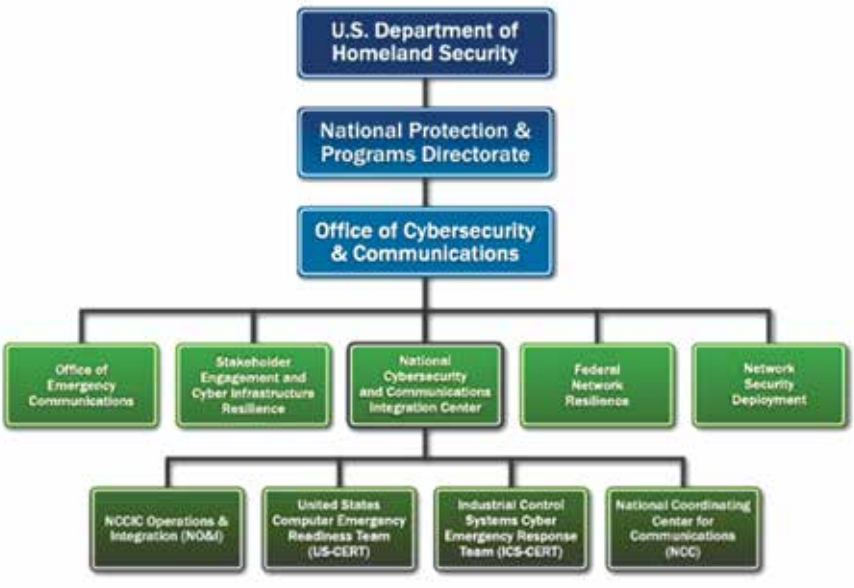
The National Cybersecurity and Communications Integration Center

Within the Department of Homeland Security (DHS), the National Cybersecurity and Communications Integration Center (NCCIC) is tasked with analyzing cybersecurity and communications information, sharing timely and actionable information, and coordinating response, mitigation, and recovery efforts in the event of a cyber threat or attack. It serves as a central location where government agencies, the private sector, and international entities involved in cybersecurity and communications protection coordinate and synchronize their efforts. The NCCIC's mission is *"to operate at the intersection of the private sector, civilian, law enforcement, intelligence, and defense communities, applying unique analytic perspectives, ensuring shared situational awareness, and orchestrating synchronized response efforts while protecting the constitutional and privacy rights of Americans in both the cybersecurity and communications domains.[5]"* In the healthcare industry, the four branches of the NCCIC (see Figure 1 below), which are (1) the NCCIC Operations & Integration (NO&I), (2) the United States Computer Emergency Readiness Team (US-CERT), (3) ICS-CERT, and (4) the National Coordinating Center for Communications (NCC), work closely with the Department of Health and Human Services (HHS), the Office of Civil Rights (OCR)—which has jurisdiction over HIPAA breaches, and the Health Care Industry Cybersecurity (HCIC) Task Force.

Healthcare Cybersecurity

Although the vast majority of healthcare providers know that they have certain obligations under the HIPAA laws to protect the privacy and security of patient data, research shows that many underestimate the meaning, planning, and training required to fulfill such obligations. In addition, most constituents underestimate the imminence and scope of cyber threats such as ransomware. The OCR and the U.S. Government Accountability Office's (GAO) data clearly shows a sharp increase in, and acceleration of, the number of data breaches affecting more than 500 healthcare records since 2010[6]. In 2010, only 10 major breaches were reported. This number had grown to 56 in 2015 and, as of the date of publication of this article, the OCR has already recorded at least 132 major breaches for the first five-and-a-half months of 2017[7]. U.S. government agencies work assiduously to track cyber incidents and warn the public. In February 2017, just a few months prior to the WannaCry attack, the OCR highlighted this alarming trend in its guidance publication, Reporting and Monitoring Cyber Threats[8], and urged healthcare actors to take proactive steps such as reporting all suspicious activities and indicators to the US-CERT portal[9]. Although non-binding, healthcare entities and

Figure 1, Office of Cybersecurity & Communications Organizational Structure



business associates should review the OCR's recommendations and sign up for email alerts about rising threats.

U.S. government agencies also protect the public by deploying and sharing their expert knowledge during and after cyber emergencies. For example, in response to the WannaCry attack, the HHS issued warnings to healthcare organizations and suggested some basic first steps to protect against ransomware attacks[10]:

- Only open up emails from people you know and that you are expecting. The attacker can impersonate the sender, or the computer belonging to someone you know may be infected without his or her knowledge.
- Do not click on links in emails if you were not expecting them. For example, the attacker could camouflage a malicious link to make it look as if it is from your bank.
- Keep your computer and antivirus software up to date—this adds another layer of defense that could stop the malware[11].

In addition, HHS recommends the following steps to victims of ransomware: (1) contact the FBI Field Office Cyber Task Force[12] immediately to report the ransomware event and request assistance. The FBI works with state and local law enforcement and other federal and international partners to pursue cyber criminals globally; (2) report cyber incidents to US-CERT[13] and the FBI's Internet Crime Complaint Center[14]; and (3) share healthcare-specific indicators with HHS' Healthcare Cybersecurity and Communications Integration Center (HCCIC), aka the Fusion Center (HHS' own version of the NCCIC), a central location for information-sharing across HHS and federal government partners to provide data and tools to aid in fusion efforts to support threat analysis efforts for the healthcare sector[15]. **Prior to taking the above steps, providers should consult with counsel to assess the legal implications of reporting the ransomware events and fulfill other statutory or regulatory reporting requirements such as the HIPAA reporting requirements.**

On June 8, 2017, the OCR published a quick response checklist[16] and corresponding infographic[17] that explains the steps HIPAA-covered entities and business associates must take in response to a cyber-related security incident. The four-point checklist provides that covered entities and business associates:

- Must execute their response and mitigation procedures and contingency plans.
- Should report the crime to other law enforcement agencies, including, but not limited to, state or local law enforcement, the FBI, and/or the Secret Service.
- Should report all cyber threat indicators to federal and information-sharing and analysis organizations (ISAOs), including the DHS, the HHS Assistant Secretary for Preparedness and Response, and private-sector cyber-threat ISAOs, without any protected health information (PHI)[18].
- Must report the breach to OCR as soon as possible, but no later than 60 days after the discovery of a breach affecting 500 or more individuals, and notify affected individuals and the media unless a law enforcement official has requested a delay in the reporting.

Cybersecurity Frameworks

Healthcare providers seeking systems' interoperability, the implementation of connected medical devices, or the enhanced utilization of EHRs should consider cybersecurity frameworks (CSFs) in the mix of the resources they deploy and utilize. Two of the most common CSFs are the National Institute of Standards and Technology (NIST) CSF and Health Information Trust Alliance (HITRUST) CSF. The NIST CSF, Framework for Improving Critical Infrastructure Cybersecurity[19], was first published in February 2014 and has recently been updated[20]. Unlike the HITRUST CSF, it is not specific to the healthcare industry. The HITRUST CSF includes federal and state regulations as well as globally recognized industry standards, regulations, and business requirements in an effort to normalize security requirements and provide clarity and consistency to healthcare organizations seeking to strengthen the privacy of patients' records.

Medical Devices Cybersecurity

Medical device manufacturers and healthcare facilities utilizing medical devices should refer to the U.S. Food and Drug Administration's (FDA) own recommendations to assure that appropriate safeguards are in place for such devices. Medical devices' failure due to cyberattack can be triggered by the introduction of malware into the medical equipment or by unauthorized access to configuration settings in devices and hospital networks.

Healthcare Industry Cybersecurity Task Force

Established by Congress in 2015[21], the Healthcare Industry Cybersecurity (HCIC) Task Force brings together healthcare and IT industry representatives to analyze the wide range of cyber threats that affect the healthcare industry and provide pragmatic imperatives and recommendations to strengthen the security of the system. The Task Force recently published its 2017 landmark "Report on Improving Cybersecurity in the Health Care Industry," in which it describes and addresses a non-exhaustive list of 151 potential risks to the confidentiality, availability, and integrity of patient data, as well as to patient safety. Across providers, pharmacies, health plans and payors, health information and medical technology providers, laboratories, patient service centers, medical devices and equipment manufacturers, and pharmaceutical companies, over half of the risks identified (55%) pertain to the loss of PHI. Some of the key risks highlighted in the report include the following:

- Failure to provide timely security software updates and patches to medical devices and networks and to address-related vulnerabilities in older medical device models (legacy devices).
- Malware, which alters data on a diagnostic device.
- Device reprogramming, which alters device function (by unauthorized users, malware, etc.).
- Denial of service attacks, which make a device unavailable.
- Exfiltration of patient data or PHI from the network.
- Unauthorized access to the healthcare network, which allows access to other devices.
- Uncontrolled distribution of passwords, disabled passwords, hard-coded passwords for software intended for privileged device access (e.g., to administrative, technical, and maintenance personnel).
- Security vulnerabilities in off-the-shelf software due to poorly designed software security features.
- Improper disposal of patient data or information, including test results or health records.
- Misconfigured networks or poor network security practices.
- Open, unused communication ports on a device which allow for unauthorized, remote firmware downloads.

In light of these risks, the Task Force developed six overarching imperatives and cascading recommendations: (1) define and streamline leadership, governance, and expectations for healthcare industry cybersecurity; (2) increase the security and resilience of medical devices and health IT; (3) develop the healthcare workforce capacity necessary to prioritize and ensure cybersecurity awareness and technical capabilities; (4) increase healthcare industry readiness through improved cybersecurity awareness and education; (5) identify mechanisms to protect research and development efforts and intellectual property from attacks or exposure; and (6) improve information-sharing of industry threats, weaknesses, and mitigations. The Task Force recommendations are not yet implemented, nor adopted and funded. Healthcare organizations should, however, leverage the report's findings in formulating their own priorities and in mitigating risks and HIPAA breaches.

As seen with the recent WannaCry cyber attack, there is still tremendous room for improvement in the realm of healthcare cybersecurity, but government and private

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A Cybersecurity Update and Resource Guide for Healthcare Organizations *(Continued from page 7)*

sector constituents alike are beginning to pay close attention. Leveraging the resources and data made available by the various U.S. government agencies may assist healthcare organizations in reinforcing their own cybersecurity and addressing emerging cyber threats. However, such efforts should not be at the cost of intrinsic HIPAA compliance. Covered entities and business associates should still conduct a thorough review of their HIPAA policies and procedures, confirm that those policies and procedures have actually been implemented, and assess their effectiveness on a continuing basis[22]. Following and documenting these steps, and in particular conducting an independent HIPAA audit followed by corrective actions, can help organizations demonstrate their good faith and due diligence to the OCR if a breach occurs. ■

Isabelle Bibet-Kalinyak, Richard C. Cooper, James J. Giszczak, and Rick L. Hindmand are business attorneys with the law firm of McDonald Hopkins LLC (www.McDonaldHopkins.com). James is the Chair of the Litigation Department and Co-Chair of the Data Privacy and Cybersecurity Practice Group; Richard is the manager of the firm's National Healthcare Practice Group and the Co-Chair of its Healthcare Restructuring Practice Group; Rick's practice focuses on healthcare regulatory, data privacy, cybersecurity, corporate, and transactional matters; and Isabelle's practice focuses on healthcare regulatory and transactional matters, as well as business immigration, primarily in healthcare settings.

1. NCCIC fact sheet about WannaCry available at https://ics-cert.us-cert.gov/sites/default/files/FactSheets/ICS-CERT_FactSheet_WannaCry_Ransomware_S508C.pdf
2. NHS website available at http://www.nhs.uk/aboutNHSChoices/Pages/NHSChoicesintroduction.aspx
3. Available at https://www.us-cert.gov/ncas/alerts/TA17-132A
4. The sizeable investments in electronic health records (EHRs) systems spurred by the Health Information for Economic and Clinical Health Act and the Meaningful Use incentives have transformed the industry's connectivity and bolstered data use in devices and research.
5. Available at https://www.us-cert.gov/nccic
6. U.S. Government Accountability Office, *HHS Needs to Strengthen Security and Privacy Guidance and Oversight* (GAO-16-771, Aug. 26, 2016), available at http://www.gao.gov/products/GAO-16-771
7. See the OCR webpage, *Breaches Affecting Over 500 Individuals*, available at https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf;jsessionid=BCE9C1CD6C18FB44AC8CB6BF4C7657EC
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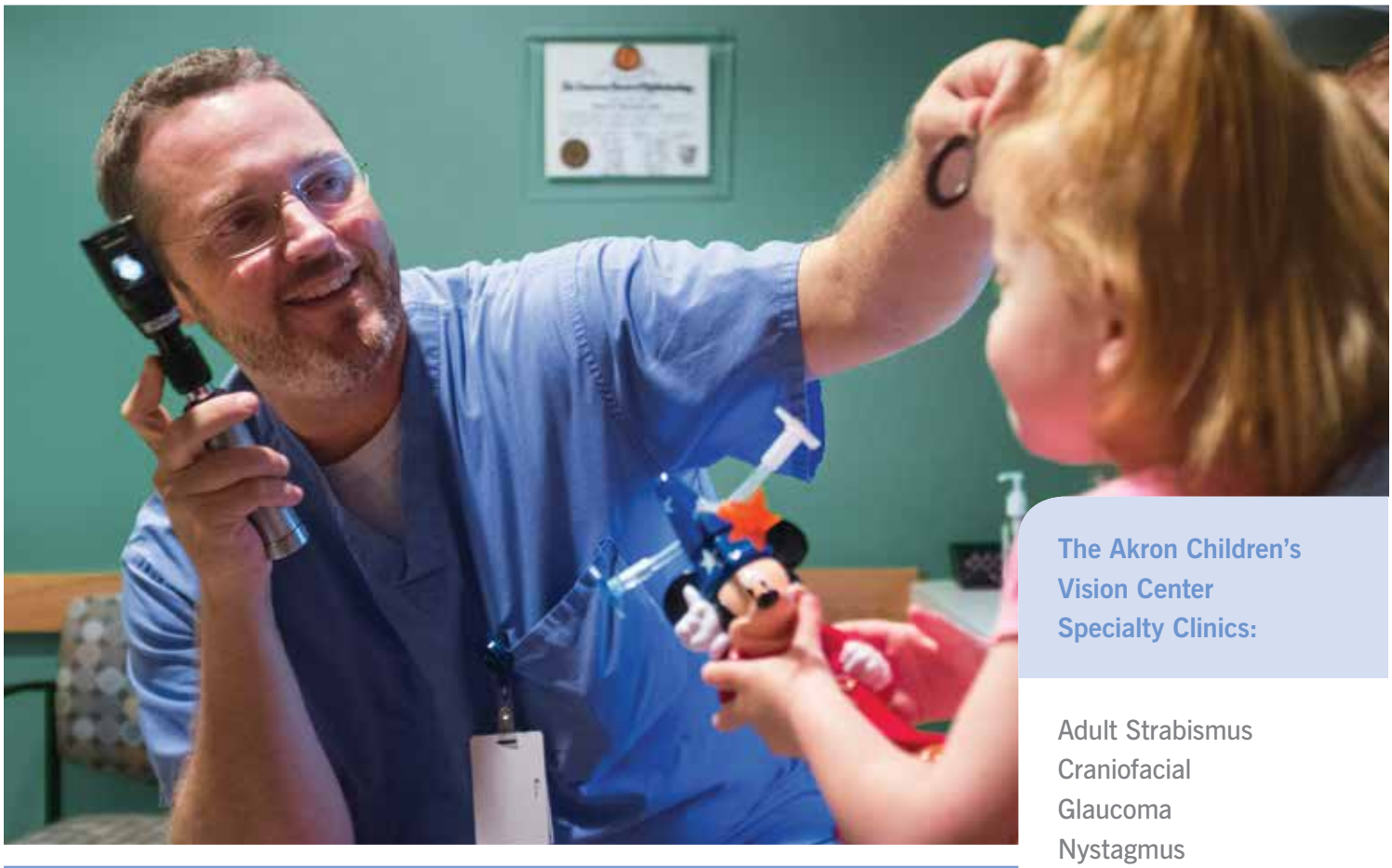
12. Available at www.fbi.gov/contact-us/field/field-offices
13. Available at www.us-cert.gov/ncas
14. Available at www.ic3.gov
15. Email HCCIC at HCCIC_RM@hhs.gov
16. Available at https://www.hhs.gov/sites/default/files/cyber-attack-checklist-06-2017.pdf
17. Available at https://www.hhs.gov/sites/default/files/cyber-attack-quick-response-infographic.gif
18. As defined in the HIPAA law, 45 C.F.R. Section 160.103.
19. Available at https://www.nist.gov/sites/default/files/documents/cyberframework/cybersecurity-framework-021214.pdf
20. See draft version available at https://www.nist.gov/cyberframework/draft-version-11
21. Cybersecurity Act of 2015
22. For additional information about HIPAA audits, see Rick L. Hindmand et al., *Phase 2 HIPAA Audits Are Coming* (March, 28, 2016), available at https://mcdonaldhopkins.com/Insights/Alerts/2016/03/28/Phase-2-HIPAA-audits-are-coming

Each child has a unique view of the world. We're here to help preserve it.



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AMEF
Academy of Medicine Education Foundation

PLEASE JOIN US on August 7, 2017, at Chagrin Valley Country Club in support of the **14TH ANNUAL MARISSA ROSE BIDDLESTONE MEMORIAL GOLF OUTING.**

The Northern Ohio community benefits greatly from this yearly summertime event. Proceeds help fund local educational programs (including medical school scholarships) and help physicians and the patients they serve achieve better health outcomes through the implementation of new initiatives, plus so much more.

So do your part! Tee up and help continue the tradition of excellent health care in our region!

The Academy of Medicine Education Foundation (AMEF) was established for charitable, educational and scientific purposes.

The purpose of the AMEF is to add a charitable component to the AMCNO and position the Academy as a viable resource dedicated to the improvement of health care through education. The AMEF enhances the philosophy of the AMCNO in its focus on healthcare-oriented education for physicians, their staff and patients by providing support for meaningful education and highlighting the value and quality of health care.

Please select your level of support:

- ❑ **Diamond Sponsor** — **$10,000** Includes fees for 2 foursomes, plus your company name featured prominently in the brochure, in a full page in the day's program, on signage at dinner and on a list of event sponsors displayed at several areas around the course.
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A portion of the sponsorship and golf fees are tax deductible.

Golfers: please indicate foursome names & handicaps

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2. _____ 4. _____

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For more information or to register by phone call Abby Bell or Tara Camera at: 216-520-1000
Fax registration to: 216-520-0999 OR Pay by credit card: ❑AMEX ❑MasterCard ❑Visa
Account # _____ Exp. Date _____

Meet the AMCNO President: Fred M. Jorgensen, MD

Tell us about yourself and your practice

I am a family medicine physician, and have spent my entire career at the Family Medicine Residency Program at Fairview Hospital. In addition to the usual faculty duties of inpatient care, outpatient care, supervision and teaching of residents, and administration of the residency program, I serve as medical director of Fairview Hospital Center for Family Medicine and for the past few years Chairman of the Department of Family Medicine at Fairview Hospital. I've been involved in the "business side" of medicine through most of my career, teaching practice management to our residents and serving on many PHO boards and health plan advisory committees during the last round of healthcare reform in the 1990s. Having practiced at the same site for 30 years, I've had the privilege and joy of taking care of a stable panel of patients and families for many years. I now care for women who I delivered and cared for as children, having their own babies. I take care of their aging parents and grandparents. This type of continuity is rare in academic medicine, and I've been very lucky to experience it. It's one of the reasons I'm passionate about the central role of the doctor-patient relationship in primary care.

What got you interested in medicine?

That's hard to say. No one in my family had anything to do with medicine. Family lore has it that when I was little, my brother had an emergency room visit after spraining his neck body surfing. I was worried about him, and in the emergency room something about the doctor's persona made me think I could do better. In high school, I took an anatomy and physiology class which somehow came natural to me. I had done some volunteer work in nursing homes and enjoyed interacting with and helping sick people out, and that was that. The strange thing is, having no medical background through my family, when I entered medical school I had no idea there were "specialties." Some of my classmates were talking about things like "neuroradiology" etc., and I had no idea! The only doctors I had experienced were family doctors and pediatricians, and I thought that's what doctors were. Primary care. I stuck with it.

What accomplishments are you most proud of?

Personally, having a long and happy marriage, providing a stable home and solid upbringing to my children, and supporting my aging parents have been what's most important to me.

Professionally, developing trusting relationships with and caring for my panel of patients for so many years is certainly something I'm proud of. In terms of impact, I've been part of the leadership of Fairview Hospital's Family Medicine Residency Program for 30 years, almost from the beginning. The program was started by Dr. Germaine Hahnel and Dr. Victor Straubs in 1977. We have graduated 209 family physicians; 130 of them still practice in Ohio, 101 of them in Northeast Ohio. Given that the average patient "panel size" for family doctor is 2,500 patients, that means more than a quarter of a million people in Northeast Ohio are currently cared for by graduates of our program! Now I see our graduates serving in leadership roles in our local health systems and around the state of Ohio. A week doesn't go by where I don't hear, read, or see something nice about one of our graduates that makes me extremely proud to be part of it.

What about your family?

I am married to Sandy, a geriatric nurse practitioner, for 27 years. We have interesting discussions over the dinner table! She's also been involved in organized nursing and advocacy quite a bit over the years. She is a past president of both the Northeast Ohio Nurse Practitioners Group and the Ohio Chapter of the Gerontological Advance Practice Nurses Association. We've raised two boys, Sean and Andrew, who are both gainfully employed, happily married and raising families of their own. Sean is a business consultant based in Columbus, Andrew is an electrical engineer. We are very proud of the men they have become, and glad they're both still in Ohio so we can keep an eye on them. I am lucky to have had stable parents myself, both World War II vets and married 71 years. My dad passed away in October; my mom is doing fine at age 94 and remains a big part of our family. I have an older brother living in Cincinnati, who I see as often as possible and enjoy immensely.

What are your hobbies and interests?

In my younger and more adventurous days, I was a big traveler; between jobs I would take long trips backpacking and hitchhiking around the U.S., Europe and North Africa. I did a lot of skiing and scuba diving. As my career and family commitments took precedence, things settled down. Both my wife and I are avid golfers who compete vigorously on the course. We also spend a lot of time buying and rehabbing houses and running a small rental business. I grew up in New York and always loved the ocean, so we spend a lot of time on the beach and golfing in South Carolina as well as in the Adirondack Mountains in New York. We eventually plan on traveling more in retirement.

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

A big priority is continuing the important work of advocacy and monitoring/influencing healthcare-related legislation; this work is truly central to the organization. The Academy is lucky to have Elayne Biddlestone as our long-standing executive director. She really is the heart and soul of the organization. Also critical to our organization is Dr. John Bastulli, who has ongoing passion for and deep knowledge of healthcare legislation in our state. In addition to this work, I think it's important that our organization pay close attention to the changing needs of physicians. For the growing number of employed physicians, the stressful workplace environment and loss of autonomy have led to growing concern about physician well-being and burnout. Independent physicians are facing existential challenges in dealing with the complex healthcare environment (such as demands for population management, evolving payment reform and physician rating schemes, etc.). I would like to see our organization focusing on these issues and participating in solutions for the good of our members, their patients, and the healthcare system we all must work in. We also need to advocate for our patients, bringing our strong voice to the table in favor of affordable healthcare coverage, affordable drug prices, access to basic primary care and behavioral health, and resources for opioid addicted patients.

What are your concerns about the future of healthcare?

The healthcare system is in a very precarious state at the moment. We had a wonderful discussion of this at our recent Medical Legal Summit, where Dr. Gail Wilensky talked about the direction of Medicare and the future of the Affordable Care Act. Most developed countries have relied on government to provide basic health care for its citizens. We have all heard the stories about the single-payer systems; some are true and many are propaganda. We have a hybrid "system" of government payers and increasingly large and quite profitable healthcare corporations, as well as a very profitable pharmaceutical industry. This system has many benefits, and also some drawbacks. The major drawback is lack of affordability: we certainly can provide technically great care, and regularly work miracles for patients with complex conditions. We do not do so well with basic primary care, preventive care, and public health. The care we provide is very expensive, and this expense has quietly contributed to the astounding lack of wage growth for most workers over the past 30 years and the ensuing struggles of the U.S. middle class. My concern is that our country is facing a deep division between the "haves" and "have-nots," and healthcare is one of the most visible arenas where this is playing out. As physicians, I hope we can advocate for our patients and help develop a sustainable healthcare system that can provide basic coverage for all, at a cost our country can bear.

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Meet the AMCNO President: Fred M. Jorgensen, MD

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How would you ask physicians to support the Academy?

Physicians are under a tremendous amount of pressure, working long hours, so I can certainly understand any hesitance to get involved in organized medicine. It is time-consuming to accrue the knowledge necessary to understand the issues, to attend the meetings, write the letters, and take the leadership positions. Younger physicians, early in their careers and raising young families, can't be expected to do the bulk of this work. However, we do need them to at least stay informed and pay attention to the issues, advocate for their patients, and consistently remind their employers of the truly important things in medicine (e.g. the doctor-patient relationship). We need them to help us stay in touch with changing technology and evolving delivery systems such as Direct Primary Care, telemedicine, etc. For midcareer and older physicians, we need them to use their knowledge, experience and power to help us advocate on issues important to their fellow physicians and our patients. We need adequate time to do our work and develop/maintain relationships with patients, adequate reimbursement, laws that make sense and support rather than impede the practice of medicine, affordable coverage and health care for our communities, common sense payment and tort reform, etc. The Academy has been active on all of these fronts, and we need to continue to evolve with the times.

Anything else?

We are living through "interesting times" in health care, certainly the most overall upheaval I have seen in my 30-year career. By virtue of our training, experience, ethics, and bonds with our patients, we physicians are best suited to inform those restructuring our healthcare system. We need to take a significant role, one way or another, in advocating for a U.S. healthcare system that works for us and our patients. The alternative is to leave this important work to big for-profit healthcare corporations, lobbyists, politicians, accountants, etc. These people may be well-intentioned, but they cannot fully understand the "art of medicine" and the complexity of what we do with our patients behind the exam room door and in the operating room. We know what our patients need, and what it takes to provide it. We need to maintain a seat at the table. ■

Dr. Fred Jorgensen (l) is sworn in by Dr. Robert Hobbs, Immediate Past President, during the AMCNO Board of Directors Annual Meeting in April.

Dr. Hobbs strikes a pose with the gift he received from the AMCNO for his year of service as President.

Dr. Brian Myers (second from left), resident member of the AMCNO Board of Directors, attended the State Medical Board of Ohio's monthly meeting along with several other residents from Cleveland Clinic Fairview Hospital. The SMBO invites residents and medical students to attend their monthly meetings to give them the opportunity to learn more about the SMBO. Also pictured with Dr. Myers from left to right: Drs. Daniel Urcuyo, Austin Tutt, Darwin McKnight, and Mark Mekhail.

2017-2018 Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Board of Directors and Officers

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MEDICAL STUDENT AWARDS

Congratulations to the 2017-18 AMEF Scholarship Recipients!

The Academy of Medicine Education Foundation (AMEF) was pleased to award seven (7) medical students with $5,000 scholarships each for the 2017-18 school year. Since the inception of AMEF, this foundation arm of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has awarded more than $1.5 million in scholarship funds.

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

Beginning this year, and going forward, the AMEF and the AMCNO will highlight the scholarship recipients in our publications. This year's awardees were asked to provide their photo and short bio, so that our members can learn more about them—such as their interests and future plans.

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

Carl Allamby
Scholarship Recipient from Northeast Ohio Medical University

In addition to completing the required coursework for his medical education, Carl Allamby serves on the Northeast Ohio Medical University (NEOMED) Admissions Committee, Community Advisory Board, in partnership with Cleveland State University, and participates in the Emergency Medicine, Family Medicine, and Internal Medicine interest groups. He is also vice president of NEOMED's local Student National Medical Association chapter. His hobbies and special interests are weight lifting, running, downhill skiing and spending time with his wife and children. He hasn't decided his specialty choice yet, but he intends to enter either emergency medicine or internal medicine. As a future physician, he intends to practice in the Cleveland area. He plans to remain involved in the community by being an advocate for urban city health by promoting and participating in community and educational events within Northeast Ohio. He also would like to be involved in outreach programs associated with whichever medical facility he is employed. Additionally, he enjoys being a positive influence on children who desire to pursue a career in the medical field. Remaining involved in children's educational experience by visiting and speaking at school events is an important aspect of influencing and cultivating the youth, to which he intends to engage in as his career advances.

Stephen McNulty
Scholarship Recipient from Ohio University Heritage College of Osteopathic Medicine

Stephen McNulty spent a decade as a travel photographer before transitioning to medicine, and although the change in direction may seem unusual, it came to Stephen quite organically. At the age of 25 he was asked to lead the Joseph Saxton Gallery of Photography in the Canton Arts District, a position that eventually earned for him the title of one of Canton's 50 Most Influential People. At the same time, he was enrolled at Canterbury University in Christchurch, New Zealand, where he was one of a select few students accepted into the biosecurity special endorsement program, a specialized biology degree. For years he bounced between Ohio and New Zealand until the catastrophic earthquake of 2011 in Christchurch. He was downtown when the tremor centered less than 10 miles away claimed hundreds of lives. A month later, when the Tohoku tsunami ravaged northern Japan, he felt a kinship with the survivors and bought a one-way ticket to Tokyo. Eventually he was evacuated when the Fukushima reactors began their uncontrollable meltdown and began an expedition that would last four months through Southeast Asia. Shortly after returning home a close friend was lost to a random act of violence. All of this together precipitated the change to medicine so that he could more directly care for those most in need of aegis. Global health and humanitarian response are chief among his medical interests, and he hopes to work with relief efforts lending aid to disaster, conflict, famine, and outbreak survivors. To do this, he anticipates training in internal medicine with a focus on infectious disease, trauma, or neurology. The AMEF scholarship will help him focus on primary care. Stephen is a medical student at Ohio University Heritage College of Osteopathic Medicine.

Pooja Rambhia
Scholarship Recipient from Case Western Reserve University School of Medicine

Pooja Rambhia is a member of Case Western Reserve University (CWRU) School of Medicine Class of 2019. There, she is co-student leader of the Dermatology Free Clinic at the Free Medical Clinic of Greater Cleveland. She is also the associate editor for the Free Clinic Research Collective, a peer-reviewed journal run by medical students. Pooja is currently pursuing a year of basic science research in the Department of Dermatology at University Hospitals Cleveland Medical Center, exploring the role of early genetic changes in the initiation of high-risk melanoma families, and plans to pursue a medical career in dermatology. Outside of medicine, Pooja enjoys cake decorating and practicing yoga. She is originally from Long Island, New York.

Jessica Robertson
Scholarship Recipient from Northeast Ohio Medical University

Jessica Robertson is currently a third-year medical student at Northeast Ohio Medical University. She just completed her psychiatry clerkship and is moving into family medicine. Perhaps her most rewarding academic endeavor has been participating in peer tutoring in both formal and non-formal environments. She thoroughly enjoys assisting others to understand concepts which they find difficult. Her love of teaching and endless quest for information has led her to

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MEDICAL STUDENT AWARDS

Congratulations to the 2017-18 AMEF Scholarship Recipients!

(Continued from page 13)

pursue a career in pathology. Pathology is particularly intriguing to her due to the inherent necessity to know a large amount of information about every organ system. This is also a field with ample opportunities for research and education. Her goal is to eventually teach at the medical school level. Despite the time constraints associated with medical school, she has managed to maintain a social life. Her family and friends are important to her and have been an absolute necessity throughout medical school. Her dogs are also a significant diversion; she greatly enjoys spending time with them. They often go to the park, for car rides, and for walks, which helps her decompress and remember the importance of life outside of medical school. Her hobbies include swimming, reading fantasy novels, and watching movies. She loves to travel, and intends to see a good part of the world someday. So far she has been to Jamaica, Mexico, and multiple cities within the United States. The places she intends to see in the near future include Australia, New Zealand, Hawaii, and Japan.

Akshay Sharma

Scholarship Recipient from Case Western Reserve University School of Medicine

Akshay Sharma is finishing his third year at CWRU School of Medicine, and he will be applying for a residency in Neurosurgery this coming fall. Originally from Orange County, California, he finished his undergraduate degree in Molecular and Cellular Biology with a minor in Government at Harvard University in 2014. He has had the opportunity to engage in a wide array of research within the fields of Neurosurgery and Public Health. He is most proud of his time spent with the Student-Run Free Clinic, an organization devoted to both fostering interprofessional collaboration and bringing much-needed healthcare services to more than 400 underserved patients per year within Cleveland. For Akshay, the field of medicine provides an intersectional insight into the human condition that he believes is rare in many other fields. The *possibility* inherent to a career in medicine excites him the most about his future; he hopes to be an ardent advocate for all patients, both within and out of the hospital, invested in the promotion of medical knowledge, and leader in the community. He is incredibly grateful for this gift from the AMEF, a reminder of the rich legacy of mentorship and service fundamental to the field.

Alexander Ulintz

Scholarship Recipient from Cleveland Clinic Lerner College of Medicine of CWRU

Alexander Ulintz is a native of Broadview Heights, and he is currently a third-year medical student at the Cleveland Clinic Lerner College of Medicine of CWRU. Prior to starting medical school, he spent much of his time as an emergency department (ED) volunteer and EMT. He has always been inspired by the role of the physician in promoting social justice and respected the role of the ED as society's "safety net." However, through his work, he began to understand many emergency visits are the result of larger systemic issues, including the primary care system. As a medical student, he assembled an interdisciplinary "hotspotting" team of medical, dental, nursing, social work and law students that identified frequent utilizers of the healthcare system, understood social factors affecting access to care through a relationship-based model, and developed tailored, patient-centered approaches to improve patient health. For six months, the team worked with six patients at the Stephanie Tubbs Jones Health Center in East Cleveland. One particular success story involved a patient who was hospitalized nine times in 18 months for chronic medical conditions and was struggling to find resources to sustain her health when she was not hospitalized. The patient identified barriers to health care and the team helped coordinate social services and transportation to primary care and allied health appointments. During their collaboration, the patient did not require any ED visits/hospitalization and was able to make lifestyle modifications. Moving forward, he will pursue a career that capitalizes on the ED's unique role in American society to identify systematic ways to assist high-utilizers by connecting them with community resources and into a primary care system. He will be conducting a year-long research project exploring some of these interventions before finishing medical school and applying to a combined Emergency Medicine/Internal Medicine residency.

Vanessa Van Doren

Scholarship Recipient from Case Western Reserve University School of Medicine

Vanessa Van Doren is a medical student at CWRU School of Medicine. She is a student board representative of Physicians for a National Health Program (PNHP), a group of 20,000 physicians advocating for a universal, single payer healthcare system in the United States. She founded a PNHP student chapter at Case Western during her first year of medical school. She was the Health Policy Committee Leader for Case's chapter of the American Medical Student Association and has held leadership positions in Case's student chapters of Doctors for America, Universities Allied for Essential Medicines, and White Coats for Black Lives. Vanessa received her BA in anthropology in 2007 from Brown University and worked as a genetics researcher for seven years before deciding to shift her focus to clinical medicine. She is interested in increasing the medical community's involvement in social justice activism. She is applying to internal medicine residencies this year and plans to pursue an infectious disease fellowship.

The AMEF is now accepting scholarship applications for the 2018-19 school year. To learn more, visit the AMCNO website at www.amcno.org.

Scholarship funds are primarily raised through the AMEF's annual golf outing. This year's event will be held at the Chagrin Valley Country Club on Monday, August 7. See page 10 for the brochure, and please consider joining us. We welcome your support! ■

AMCNO's Annual Mini-Internship Program

The AMCNO will hold its annual Mini-Internship program October 23-25, 2017. The program, which was established in 1989, is designed to improve understanding and communication between the medical profession and those in the community who influence, establish and report on healthcare policy in Northeast Ohio. During the two-day program, interns have the opportunity to spend time with four physicians, accompanying them through their daily work schedule, which can include office visits and surgery.

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

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

The AMCNO is asking its members to participate in the program and act as faculty for the interns. If you are interested in participating in this year's event, contact Abby Bell at (216) 520-1000, ext. 101, or email her at abell@amcno.org. ■

Physician Participants Needed for the PALS Event

The AMCNO is looking for physician participants for our third annual Physicians Are Linked with Students (PALS) networking event. It will be held at the Case Western Reserve University School of Medicine in November.

During the program, second-year medical students will have the opportunity to speak with physicians to learn about the details of practicing medicine and what they can expect if they enter a specific specialty. We would like physicians from various fields to participate, so that the students get a better overview of different specialties and subspecialties.

This event has been a huge success, based on the positive feedback we have received from both the students and the physicians who participated in the program. It is a great opportunity to meet with these young students and aspiring physicians to help give them guidance in their studies. ■

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

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) recently honored a very unique group of physicians—those who have been practicing medicine for 50 years.

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

To recognize this extraordinary milestone in their careers, the AMCNO presented each physician with an award certificate, thanking them for their dedication and for all of the lives that they have helped throughout the years.

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

Congratulations!

J. Sheldon Artz, MD
Viera Bernat, MD
Ronald M. Bukowski, MD
Edward L. Charnock, MD
Albert G. Checcone, DO
Edde Cinti, MD
MaryEllen S. Davis, MD
Shukri M.F. Elkhairi, MD
Amin M. El-Mallawany, MD
Shahpour Esfandiari, MD
Rosalie C. Faraci, MD
William E. Forsythe, III, MD
Donald J. Gordon, DO
Mohinder Gupta, MD
Ana L. Hirsch, MD
Jon A. Knight, DO
Mary L. Kumar, MD
Ian C. Lavery, MD
Haiyee Lin, MD
Ruthanne Marie Muniak, MD
Jacob F. Palomaki, MD
John E. Reed, MD
Robert A. Shapiro, MD
Soen Liang Tjoe, MD
Phillip H. Weiss, MD
Carl Michael Yood, MD

AMCNO HIGHLIGHTS AND RECENT ACTIVITIES

The Academy of Medicine of Cleveland & Northern Ohio
THE VOICE OF NORTHERN OHIO PHYSICIANS FOR 193 YEARS
AMCNO Working on Behalf of Our Members and their Patients
AMCNO Highlights and Recent Activities

LEGISLATIVE/ADVOCACY ACTIVITIES

- Reviewed and took positions on all healthcare-related bills under review at the state legislature, making our position known to the legislative sponsors and committee chairman;
- Provided testimony, letters and presentations on bills dealing with step therapy, infant mortality, prior authorization, CPR in schools, cultural competency, and medical marijuana;
- Worked extensively on an APRN law and were successful in ensuring that the physician-led, team-based approach to patient care remains intact in Ohio;
- Coordinated and participated in interested party meetings on healthcare legislation, and worked with local healthcare institutions and statewide associations on legislative initiatives;
- Worked with a statewide medical coalition on legislation to change the one-bite rules in Ohio and confidential treatment for physicians;
- Conducted legislator candidate interviews and provided information to our members;
- Hosted through our Political Action Committee—NOMPAC—a fundraising event for Ohio Supreme Court candidates;
- Worked on language for proposed legislation to address what should be considered part of a medical record;
- Supported a resolution asking the Centers for Medicare & Medicaid Services (CMS) to revise survey measures included in the Hospital Consumer Assessment of Healthcare Providers and Systems that relate to pain management.

PRACTICE MANAGEMENT

- Participated in a Region V State Medical Society meeting with CMS to discuss issues of importance to our members;
- Participated as an active member of the CGS Provider Outreach and Education Group;
- Disseminated timely and topical news to practice managers through our publication *Practice Management Matters;*
- Provided our members with detailed information on immigration policies, MACRA, HIPAA, two-midnight rule, OARRS, EHR adoption, ICD-10 implementation, point of service collections, and the statewide health information exchange.

Benefits of Membership in the AMCNO

Physician Referral Service

Representation at the Statehouse

Specialty Listing in the AMCNO online Member Directory

Informative Seminars

Speaker's Bureau Opportunities

Insurance/Financial Services

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

Community Resource Guide

Lawyer Referral Brochure

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

FOUNDATION SCHOLARSHIP AND SPONSORSHIP ACTIVITIES

- The Academy of Medicine Education Foundation (AMEF) awarded seven $5,000 scholarships to local third- and fourth-year medical school students;
- Sponsored the Ohio Collaborative to Prevent Infant Mortality Summit;
- Offered sponsorship opportunities for educational seminars and events and promoted this opportunity to hospitals, medical schools and community associations;
- Supported a session to educate the public and healthcare personnel about the implications of violence in our community;
- Bestowed $1,000 award to a graduating student who has shown outstanding commitment to the Northern Ohio community;
- Sponsored the AMEF annual golf event, which has now brought in more than $425,000 to the foundation—funds that are utilized for medical student scholarships;
- Sponsored the Case Western Reserve University (CWRU) School of Medicine "Doc Opera";
- Sponsored a statewide Immunize Ohio event to provide timely information regarding the importance of vaccinations.

AMCNO AND AMEF YOUNG PHYSICIAN ENGAGEMENT

- Presented a "Welcome to the Profession" address to the graduating class of CWRU School of Medicine and Cleveland Clinic Lerner College of Medicine;
- Participated in resident orientations across the region and met with new medical students to garner their support and AMCNO membership;
- Partnered with the William E. Lower Fund to present a seminar on "Preparing for the Business Aspects of Medicine"—a program launched in Northern Ohio by the AMCNO designed for resident members and their spouses;
- Presented information about the AMCNO and sent physician leadership to a Meet and Greet event for first-year medical students and recruited students for AMCNO membership;
- Sponsored a medical school student networking event with second-year students, known as PALS (Physicians Are Linked with Students).

COMMUNITY/PUBLIC HEALTH EFFORTS

- Provided representation and input to the Cleveland Museum of Natural History Health Advisory Committee;
- Provided representation to the Center for Health Affairs Board of Trustees;
- Hosted the 27th annual Mini-Internship program that allows community members to shadow AMCNO physicians in their practice setting—the longest continuous program of its kind in the country;
- Continued as an active participant in Better Health Partnership;
- Participated in advocacy efforts with the Investing in Tobacco Free Youth Coalition to engage legislators in increasing other tobacco product taxes to decrease their use and enhance anti-smoking efforts;
- Continued our work with the Cuyahoga County Board of Health as part of their Health Improvement Plan Partnership (HIP-C);
- Participated in the Greater Cleveland-Cuyahoga Community-Wide Heroin/Opiate Task Force;
- Participated in the First-Year Cleveland project—a project aimed at reducing infant mortality in Northeast Ohio;
- Continued our longstanding Vote and Vaccinate Program in the community;
- Participated as a member of the Prescription Drug Abuse Action Group (PDAAG);
- Continued as a member of the CliniSync Physician Advisory Group.

PHYSICIAN EDUCATION OPPORTUNITIES

- Partnered with the Cleveland Metropolitan Bar Association to present the fourth annual Medical Legal Summit, which addresses issues of importance to physicians and attorneys;
- Partnered with the Institute of Health Technology for its Cleveland Summit;
- Partnered with the Ohio Health Information Management Association and the Northern Ohio Healthcare Information and Management Systems Society (NOHIMSS) to provide a health information technology summit;
- Provided information to our members on accessing the Ohio Department of Health acute pain prescribing online modules.

BOARD INITIATIVES/ADVOCACY

- Opposed a Veterans Administration proposal to give full practice authority to APRNs;
- Agreed to file an amicus brief to clarify the apology statute in Ohio;
- Adopted an official policy regarding mandatory continuing medical education (CME);
- Sent comments to the State Medical Board of Ohio (SMBO) and the Common Sense Initiative regarding the acute pain prescribing rules;
- Provided the SMBO with input on OARRS compliance letters sent to physicians asking for changes in the process;
- Communicated with and asked for change to the Board of Pharmacy (BOP) compounding rules;
- Agreed to file a lawsuit with the Ohio Hospital Association and other medical associations against the State of Ohio, seeking an injunction to enjoin a flawed price transparency law from becoming effective;
- Issued a position statement on healthcare reform and Medicaid expansion, and provided our position to Congress and to state legislators;
- Signed onto a joint letter with other medical associations, expressing concerns with the BOP rule changes dealing with drugs furnished by a prescriber;
- Adopted a resolution regarding content-specific CME education opportunities for physicians.

PUBLIC RELATIONS

- Continued to meet with Ohio state agency administrators to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Entered the 55th year of operation for the AMCNO Pollen Line, garnering extensive media attention for the service; utilized social media to provide information on the pollen counts to the community;
- Sent out news releases and utilized social media to reach the community, our members and the media;
- Provided physician presenters to present on medically related topics to community organizations;
- Provided videos on our website for our members on legislative advocacy, foundation sponsorships and AMCNO activities.

Is YOUR Voice Being Heard?

Already an AMCNO member? Now is the time to renew your commitment to organized medicine that makes a real difference in your practice and our region. Please look for a 2018 dues billing in your mail soon!

Not yet a member? Now more than ever is the time to join the only regional medical association tirelessly working in the best interest of you — the NE Ohio physician. Call our membership department at (216) 520.1000, ext. 101, for details on all the benefits and services available exclusively to our members.