



## AMEF Sponsors Opioids Conference for Update on Community Action Plan

The Academy of Medicine Education Foundation (AMEF) was pleased to sponsor the “Opioids: A Crisis Still Facing Our Entire Community” conference held September 6 at the Intercontinental Hotel in Cleveland. It was hosted by the U.S. Attorney’s Office and Cleveland Clinic. Academy of Medicine of Cleveland & Northern Ohio (AMCNO) members **Drs. Tom Collins, Ted Parran, and Joan Papp** participated in a panel discussion on the Northeast Ohio Hospital Consortium, which the Academy is a part of (see photo on right). AMCNO President **Dr. R. Bruce Cameron** and staff also attended the event.

The purpose of the meeting was to revisit the community action plan that was created 5 years ago to initiate changes to help combat the opioid epidemic in Ohio, and provide an update to community partners about what has been done to date and to begin to develop new strategies to address this public health crisis.

**Justin Herdman**, U.S. Attorney for the Northern District of Ohio, addressed the audience, talking about how the opioid overdose issue is a priority at the attorney’s office, following national security. Cuyahoga County Executive **Armond Budish** also addressed how the county has been tackling the issue. “By working together, we can have a bigger impact,” he said, and suggested simple examples on how that can be achieved, such as increasing treatment beds and making naloxone widely available. Mr. Budish also talked about the public awareness campaign, “Know the Rx,” that Cuyahoga County launched in 2017 and the AMCNO helped promote, that educates residents about the potential dangers of opioid prescriptions.

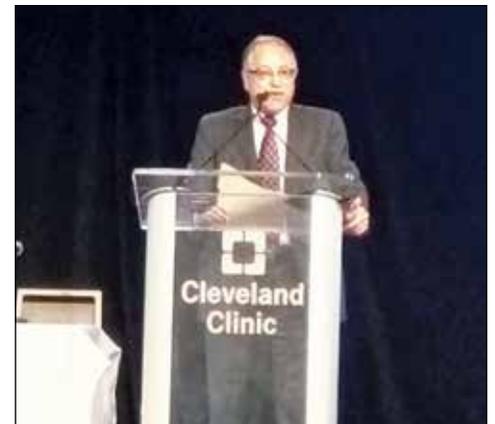


AMCNO members participate in the Northeast Ohio Hospital Consortium panel.

**Bridget Brennan**, from the U.S. Attorney’s Office, served as the moderator for a panel on community accomplishments that included **Timothy Plancon**, from the Drug Enforcement Administration; Dr. Papp, who serves as the Medical Director for the Office of Opioid Safety at MetroHealth Medical Center; **Scott Osiecki**, from the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County; **Dr. Randy Jernejcic**, from University Hospitals; **Dr. Robert Bales**, from Cleveland Clinic; and **Judge Joan Synenberg**, from the Cuyahoga County Common Pleas Court.

Mr. Plancon said in the last 5 years, law enforcement has created enforcement/investigation teams to go after the supplier, not the addict. Cleveland is serving as a national template for these types of investigations, he said. The teams collect information at the scene of an overdose and enter it into a shared database, then work toward the supply chain—starting at the street level and going all the way up to Mexican cartels. He said dangerous drugs

are being sent from China, too, and extensively through the dark web. Through the Organized Crime Drug Enforcement Task Force, multiple agencies (ie, state, local and federal) will be working together to focus on drug dealers. He warned that cartels know opioid use is down, so they are pushing methamphetamine instead, which is highly addictive and is quickly becoming the next problem. Seizures of the drug have recently doubled, Mr. Plancon said, and cocaine production has significantly increased as well.



Cuyahoga County Executive Armond Budish talks about how the county has been tackling the opioid issue.

Judge Synenberg said they created a dual docket 5 years ago to assist with the opioid crisis. Drugs are not a new problem, but the drugs are changing, she said, adding that most users are masking emotional pain from trauma, so trauma and addiction need to be treated. Many in this

*(Continued on page 4)*

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## Scholarships

AMEF awards scholarships each year to third- and fourth-year medical students (MD / DO) who are or were residents of Cuyahoga, Summit, Lake, Geauga, Ashtabula, Lorain or Portage counties, and who 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, and Ohio University College of Medicine.

Applications are due no later than January 31 of the year in which the student is applying for the scholarship during their third or fourth year of study. Scholarship recipients will receive their award following the official announcement in the AMCNO's *Northern Ohio Physician* magazine.

A copy of the scholarship application is available on the AMCNO website, [www.amcno.org](http://www.amcno.org), under the AMEF tab.

## Donations/Contributions

Did you know that contributions made by December 31 could reduce taxes on returns filed by April 15 of the following year and that missing that date delays tax savings for a full year? That is why charitable gifts should be made well before Christmas. Timing is everything where year-end tax donations are involved, so don't delay. Plan as if the year ends on December 15.

The AMEF is a 501(c)(3) tax-exempt organization dedicated to the improvement of health care. The AMEF touches the lives of physicians, medical school students and citizens across the region, through scholarships, community health projects and education. Please review the numerous opportunities to be involved in the foundation's efforts and consider making a donation. All donations are fully tax-deductible. If you have any questions, please email Secretary-Treasurer Elayne Biddlestone at [ebiddlestone@amcnoma.org](mailto:ebiddlestone@amcnoma.org) or call her at (216) 520-1000, ext. 100.

### Cash Donations

To donate by check, simply send your gift by mail to AMEF, 6100 Oak Tree Blvd., Ste. 440, Independence, OH 44131. AMEF accepts donations made with payments through Visa or MasterCard. Please call (216) 520-1000, ext. 100, to make a credit card gift to the foundation. Cash donations can also be made online at [www.amcno.org](http://www.amcno.org), under the AMEF tab.

### Stock Gifts

Gifts of appreciated stock are a convenient way to contribute to the AMEF. There are often many tax benefits for donors through tax deductions for the full fair market value of the contributed stock, and avoidance of taxes on capital gains. For more information about this type of giving, please call AMEF at (216) 520-1000, ext. 100.

### Tribute Gifts

Remembering or honoring a family member, friend, loved one or colleague by making a gift to AMEF is a meaningful gesture. Any gift to the AMEF may be made "in memory of" or "in honor of" someone or some occasion. For information on this type of giving, contact AMEF at (216) 520-1000, ext. 100.

### Planned Gifts

AMEF can help you learn more about planned giving. Planned gifts offer many benefits through tax deductions and/or reducing estate taxes. **For information on this type of charitable giving, contact AMEF at (216) 520-1000, or go to the AMCNO website at [www.amcno.org](http://www.amcno.org) and click on the AMEF tab.**

# AMEF Provides Support to the Cuyahoga Health Access Partnership (CHAP)

The Cuyahoga Health Access Partnership (CHAP) provides a coordinated system of healthcare access for the county's low-income, uninsured adults. CHAP was founded on the principle of shared responsibility and is represented by its founding members, including hospital systems, community health centers, free clinics, local governments, foundations, and other key organizations in the Cuyahoga County health arena.

CHAP's Access Plan makes it easier for uninsured adults to get the health care they need. Through its coordinated network, CHAP connects patients without insurance to providers who offer discounted primary care and specialty care.

CHAP grew out of the Access to a Medical Home Initiative that was supported by the Saint Luke's Foundation and Cuyahoga County in 2008. In 2009, CHAP's founding partners, which included the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), committed to establishing CHAP as a new 501c3 organization. In 2018, CHAP transitioned to become a program of Medworks. The AMEF was pleased to provide funds to help support the sustainability of the CHAP program operations within the Medworks organization.

CHAP works with provider partners and community stakeholders by connecting consumers to available health coverage products. As part of CHAP's role as a

partnership-based organization, CHAP serves as a community convener for the Northeast Ohio Outreach & Enrollment Council. The NEO O&E Council includes navigators, certified application counselors, in-person assisters, and other community stakeholders interested in a collaborative approach to outreach and enrollment efforts in Northeast Ohio.

CHAP is advised by a diverse group of community stakeholders representing healthcare providers, payers, local government, and foundations—including the AMCNO. These organizations and individuals are instrumental partners in providing a system of health access to Cuyahoga County's adult uninsured population.

# AMCNO Resident Members Learn about the Business Side of Practicing Medicine at Annual Seminar

The AMCNO held its annual “Understanding the Legal and Financial Aspects of Practicing Medicine” seminar for residents and guests in September at the Cleveland Museum of Natural History. This event is sponsored by the William E. Lower Fund and Academy of Medicine Education Foundation (AMEF).

AMCNO President **Dr. R. Bruce Cameron** provided opening remarks and brief introductions for each presenter.

**Mark O’Sickey**, with North Coast Executive Consulting, discussed financial planning, such as insurance needs for newly married couples; estate strategies, including your digital life (ie, appointing someone to handle your online accounts in the event of your death); and saving strategies. O’Sickey also offered advice on the best personal budgeting tools to use to help determine what’s being spent each month and where cutbacks can be made.

The next presenter, **Kate Wensink**, from McDonald Hopkins LLC, discussed estate planning in further detail. She first focused on living estate plans, and talked specifically about establishing a financial durable power of attorney (and having an alternate) who can make financial decisions for you, having a healthcare power of attorney who can make healthcare decisions for you if you become incapacitated, and creating a living will that spells out your wishes regarding end-of-life decisions (which is not the same as a Do Not Resuscitate order). Wensink also discussed wills and the different types of

trusts. In addition, she provided attendees with planning reminders, such as building in flexibility for general estate planning and revisiting it at least every 5 years, and the importance of designating a beneficiary.

**Isabelle Bibet-Kalinyak**, also from McDonald Hopkins, presented “Reviewing and Negotiating Physician Employment Agreements.” She advised attendees to establish an effective contracting process that includes asking for relevant materials early on, establishing a timetable to negotiate and finalize the contract, and taking time to consider and discuss the contract terms. Bibet-Kalinyak said it’s important to invest time in negotiating your employment agreement for several reasons—a contract is a two-way street and it sets the tone of the relationship, and it will serve as a basis for future contract negotiations. She also discussed key contract provisions, including coverage obligations and support, term and termination, and compensation and benefits.

The final presenters for the evening were **Cynthia Kula** and **Dan Bialek**, who are CPAs with Waltham Rea. They discussed “Business and Tax Aspects of a Medical Practice,” highlighting the various types of business structures that can be used to establish a practice, such as sole proprietorship, partnership, corporation, and limited liability company, as well as the related tax considerations for each structure. Their presentation also covered the recent Tax Cuts and Jobs Act. The



AMCNO President Dr. Bruce Cameron addresses the attendees during his opening remarks at the seminar.

impact is minimal for most people, Kula said, and she explained what was included in the legislation.

Following the event, attendees provided feedback; many were pleased with the topics and rated the speakers with high marks. The presenters stated that they enjoyed participating in this program, and the AMCNO thanks them for taking part in it. We would also like to thank the museum for being an accommodating host.

The information provided during the seminar is for educational purposes only; it is not a solicitation.

## AMEF Supports the Center for Transformative Nanomedicine

The AMEF was pleased to pay tribute to outstanding leaders and longstanding AMCNO members Dr. Beno Michel and Dr. Toby Cosgrove, who were honored at an event to help raise funds for the Center for Transformative Nanomedicine—a cutting-edge research initiative that is leveraging the combined expertise of scientists at the Cleveland Clinic and the Hebrew University of Jerusalem.

Please consider AMEF in your charitable giving plans. Inside this newsletter is an envelope that you can use for your AMEF donation. It includes information on the different types of gifts we offer as well as the various payment methods. Thank you!

## AMEF Sponsors Opioids Conference for Update on Community Action Plan *(continued from cover)*

population are parents and they're losing custody of their kids. Eighty-six percent of pregnancies in this population are unplanned, and the babies are born addicted to drugs. On the positive side, the drug court program is seeing a graduation rate of 70%. She said she and Judge David Matia get involved in their clients' lives and celebrate their recoveries. Most participate in mental health counseling—trauma-informed care is used to dig deep and help move people forward. Judge Synenberg stressed that addiction is a family disease and should be approached as such. This point was a common theme throughout the conference.

Dr. Papp said that Project DAWN has come a long way in the last 5 years. In 2013, the project had one employee and one community site for naloxone kit distribution. Now, five community sites have distributed 10,000 kits, and 1,500 people have been saved through the program. They are expanding their efforts to help prevent overdoses, starting with how opioids are prescribed by physicians. The Office of Opioid Safety will look at hospitals and practices to determine best practices, and they will focus on education, advocacy and treatment. As for education, 13 employees on staff have created a curriculum to educate providers at the hospital, using new state and federal guidelines. They also plan on holding town hall meetings and simulation programs to role play how physicians should talk with patients about opioids. Dr. Papp also discussed other programs, such as the one for first responders. Dr. Collins is the director of the program and works with Cleveland EMS, who now administer naloxone instead of taking the overdosing patient to the hospital.



Ms. Bridget Brennan moderates a panel on community accomplishments.

In the last 5 years, Mr. Osiecki said that the ADAMHS Board has partnered with many organizations. The Board has looked at what people need to be successful in recovery, such as a sober bed program, where people can live in sober housing after treatment for 30 to 90 days before they return to their permanent homes. He said that the perception of medication-assisted treatment (MAT) needs to change, as many sober houses don't accept these patients. Currently, there are 12 MAT homes in the county, and the ADAMHS Board is looking to increase that number. Mr. Osiecki also said the Board is providing funding for a fentanyl strip program utilized at Circle Health Services, where people who may be using drugs can test the substance first to see if it contains the lethal drug.

Dr. Bales said science has been mounting that MAT is a helpful part of recovery. The Cleveland Clinic is working on training and licensing physicians for this type of treatment, but the number of providers needs to increase, he said. Dr. Bales also said addiction is a chronic lifespan disease, and should be no different than how diabetes patients are treated. Medical schools are beginning to train residents, particularly in family medicine, on addiction as well.

Dr. Jernejcic said physicians have a moral obligation to step up to the plate, and he said through the consortium, the medical community is coming together and doing more to find best practices to share among other institutions. At UH, they are using a pain management institute process, which addresses MAT, acute/chronic pain and addiction. A psychiatrist is currently running it, as the root of addiction is pain (psychological and physical), he said.

**Dr. Thomas Gilson**, Cuyahoga County Medical Examiner, next discussed, "The Evolving Nature of the Problem." He covered how the epidemic has evolved and how it has strained our county. At one point, there were more prescriptions than people in Ohio, he said, adding that the magnitude of the opioid problem is enormous compared to any previous drug epidemic we've experienced. Eighty percent of heroin users started with prescription opioids. There is an increase in mortality from heroin—it is an illegal drug, so it is not known how much or what is in it, whereas opioids are manufactured in a specific dose/amount with known chemical properties.

Dr. Gilson said 2014 was the start of the fentanyl phase of the current crisis. It is a lab product, so there is no need for a growing season as there is with opioids. There has been a dramatic increase in mortality from this drug.

The number of opioid deaths in 2015 versus now has risen dramatically. Deaths really spiked in 2016 for all drugs—this is when carfentanil was introduced and it has done tremendous damage, he said. This drug was never meant for human use—it's a tranquilizer for elephants.

Dr. Gilson said there are still many challenges to address, including funding. Cuyahoga County cannot continue to devote \$3 million as it has in the last 3 years going forward—it's not sustainable, he said.

Cleveland Clinic President and CEO **Dr. Tom Mihaljevic** discussed the efforts his facility has put in place to respond to the drug overdose epidemic, such as improvements to the electronic medical record system that led to a 30% reduction in prescription opioids; an alternative treatment for lower back pain, with a program known as Back on TREK (Transform, Restore, Empower, Knowledge); an advanced communication course on de-escalation techniques between patients and caregivers; a universal screening tool to identify addiction in pregnant women; and various forums to reach out to the community and educate them about drugs.



Cleveland Clinic President and CEO Dr. Tom Mihaljevic discusses efforts at his facility to combat the opioid problem.

The next panel discussion focused on "The Need for Common and Shareable Data." Mr. Herdman served as moderator. Panelists from the medical examiner's office, Ohio HIDTA (High Intensity Drug

Trafficking Area), ADAMHS Board, Case Western Reserve University, and Cleveland State University talked about how they have taken data from various sources to see if they can better determine touch points in a person's life—what would have been helpful at the physician's office, court, jail—and what can be done differently so he or she doesn't up in the morgue. This data community has also been able to build tools for data sharing between law enforcement and the community, such as a live online map that shows in real time where overdoses are occurring. The panelists said that as researchers, they share some of the responsibility in responding to this epidemic as well, and they are willing to work with others to share and analyze data.



AMCNO President Dr. Bruce Cameron (right) stands with AMCNO member Dr. Tom Collins at the conference.

The Northeast Ohio Hospital Consortium panel followed and was moderated by Dr. Jernejcic, who is the consortium's physician chairman. Dr. Collins, an AMCNO board member and our representative on the consortium, began the discussion by saying that the unifying force of Clevelanders has always been how we come together in a time of crisis. He noted that the AMCNO has helped tremendously in advocating for physicians and hospitals over the years. The AMCNO has also been actively working with the State Medical Board of Ohio, the Board of Pharmacy, the legislature and state administrators to tackle the opioid crisis. He further commented that it is impressive to have the AMCNO as part of this consortium and to see how physicians and all the systems have aligned to address this epidemic.

**Dr. David Stroom** from Cleveland Clinic said they are trying to take a proactive stance at his facility by including all members of the care team, such as physicians, nurses and addiction counselors. And they are starting training in medical school to help future physicians understand the disease

concept of addiction. He also stressed that the stigma surrounding addiction needs to be reduced—another common theme at the conference.

Dr. Papp said some programs translate well to other systems, such as the naloxone program (which can provide naloxone kits to patients) and the ED suboxone program (which identifies those in the ED at immediate risk for overdose and connects them with MAT and peer supporters).

Dr. Parran discussed several innovations at St. Vincent Charity that they are eager to share, such as research and teaching initiatives that have worked. Rosary Hall increased the number of beds in their detox unit from 12 to 27. They also provide support for those struggling with addiction in the hospital. In addition, they've added a MAT clinic into their residency clinic, and integrated the detox unit into mandatory medical training.

UH's **Dr. Jeanne Lackamp** said they have decreased prescription opioids by 130,000 units. They are also working hard to reduce the stigma of addiction by working with medical students, teaching them how to care for and care about this population, she said. Recognizing opioid use typically begins with a reasonable pain problem, UH has established a pain management institute that uses a multidisciplinary approach to manage opioid use and pain. They also focus on where they can start patients besides opioids.

**Dr. Kevin Smith** from the Northeast Ohio VA Healthcare System said his facility appreciates the opportunity to be on the consortium. In 2014, the VA addiction program was being overrun by veterans. They brought in psychiatry experts to meet the demands. At that time, six providers could prescribe suboxone—today there are 40. In 2015, less than 50 people were treated with suboxone—that number now stands at 300.

The panelists discussed additional positive points about joining forces in the consortium, such as bringing leaders together and then working with their perspective leadership teams; sharing a unified message on how they educate physicians, nurses and staff as well as those in Columbus and Washington, DC; and simply the ability to collaborate, to share ideas, programs and data.



Mr. Aaron Marks served as the keynote speaker during lunch.

The lunch keynote speaker was **Aaron D. Marks**, who is a local recovery advocate. He shared his personal experience with opioid and heroin addiction and his recovery. He was first prescribed opioids following surgery for wisdom teeth removal, and he eventually moved on to heroin in college. "Addiction is not rational," he said. "It is not a choice—no one wants to live like that." Mr. Marks stressed that it will take a comprehensive solution to combat this drug problem.

The next panel discussion involved initiatives that are working in Cleveland. It was moderated by **Elizabeth Newman**, President and CEO of the Centers for Families and Children and Circle Health Services. Panelists were **Lisa Fair**, from Circle Health, who talked about their needle exchange program; **Erin Helms**, Executive Director of the Woodrow Project, who discussed Project SOAR (Supporting Opioid Addiction Recovery); **Judge David Matia**, who talked further about the work of the drug courts; **Brian Bailys**, co-founder of Ascent, who talked about peer recovery coaches; **Thom Olmstead**, from St. Vincent Charity, who explained their transportation program for those trying to get to treatment; and **Pam Gill**, President and CEO of Recovery Resources, who discussed the 60-year-old organization's program offerings.

The conference concluded with reports from the group's four subcommittees following breakout sessions for each: Education and Prevention, Law Enforcement, Healthcare Policy/Treatment, and Data and Analytics.

This conference was a starting point in a discussion about how the community will work together to address this challenge. The AMCNO, along with all the community partners, will continue to work toward the goal to find solutions to address this epidemic.

# AMEF Sponsors Crain's 2018 "Wellness in the Workplace" Health Care Forum

This year, Crain's Health Care Forum, held at the NEW Center at Northeast Ohio Medical University (NEOMED), focused on "Wellness in the Workplace." The Academy of Medicine Education Foundation (AMEF) was pleased to once again sponsor this event.

Elizabeth McIntyre, *Crain's Cleveland Business* editor and publisher, and Dr. Elizabeth Young, vice dean of NEOMED's College of Medicine, provided opening remarks before Ms. McIntyre introduced the keynote healthcare executive panel, which she moderated.



A panel of healthcare executives discusses healthcare-related obstacles at the Forum.

The panel consisted of: **Dr. Bernard Boulanger**, executive vice president and chief clinical officer, MetroHealth; **William Considine**, CEO, Akron Children's Hospital; **Tom Strauss**, president and CEO, Sisters of Charity Health System; **Dr. Theodoros N. Teknos**, president and scientific officer, University Hospitals Seidman Cancer Center; and **Dr. James B. Young**, chief academic officer, Cleveland Clinic; professor of medicine, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University.

Ms. McIntyre asked the panelists to discuss how the opioid crisis is affecting their organizations. Dr. Boulanger said the crisis has disrupted communities, and healthcare systems bear the burden. Opioid prescriptions have significantly declined, however, as other modalities of treatment have been provided. He briefly discussed the MetroHealth Office of Opioid Safety, of which AMCNO member Dr. Joan Papp serves as medical director, that helps patients manage their pain and educates physicians on prescribing practices.

Mr. Strauss said Rosary Hall at St. Vincent Charity Medical Center sees 16% of all



Panelists discuss a new healthcare model.

opioid patients in the state. He acknowledged that the crisis has an impact on caregivers as well, so they train caregivers, including physicians and nurses. Dr. Teknos said patients shouldn't be vilified for taking prescription opioids, because they still are an important part of treatment, particularly for cancer patients. Mr. Considine said that one-third of babies born at Akron Children's Hospital are addicted to opioids—these children will have challenges throughout their lives, and everyone will pay into their future healthcare costs. All panelists agreed that more needs to be done to combat the opioid problem.

Ms. McIntyre asked the group to discuss other healthcare-related obstacles. Dr. Teknos discussed healthcare disparities throughout the region, including cancer (32% are active smokers), HPV vaccination (compliance levels are low), and access to health care (it's not where it should be). Citing 80% of health is outside of a hospital, he said zip code largely determines health, not genetic code. But, he also said the area institutions are reaching out in significant ways to get people the care they need.

Dr. Boulanger said this region has excellent physicians and hospitals, but we aren't seeing



AMCNO Past President Dr. John Bastulli poses a question to the health system panel.

great outcomes to reflect that. Not one hospital can handle all disparities—community partners need to be engaged. Dr. Young said physicians need to move toward an interdisciplinary team approach, and even ride-sharing services should be included in the equation as well, to physically get patients to a healthcare provider.

Ms. McIntyre asked the panelists to discuss how we can plan for the future in the healthcare field despite all of the disruptions that are occurring now. Dr. Teknos talked about the constant pressure on physicians to decrease costs, and he said two things have to change: how physicians care for patients, and how money spent needs to be monitored. He also said there is a need to embrace value-based care, and prevention should be emphasized. Accountable care organizations are crucially important, he added, and so is consumerism, because consumers will ultimately make the decisions. Mr. Considine said connections need to be made with communities, with a focus on being flexible and gaining credibility by being more than "just a hospital," he said.

When the panelists were asked about what can be done to mitigate the challenges of recruitment and retention, Dr. Young said more primary care physicians are needed, and NEOMED and Cleveland Clinic are working on it. Mr. Considine briefly discussed physician burnout, saying physicians aren't trained on the psychology of patients. They also need to feel safe in their environment—literally and figuratively. Mr. Strauss added that the opioid epidemic has put additional stress on physicians, and emphasized that more addiction specialists are needed.

The panelists also shared their thoughts on why health care is so expensive and what can be done to decrease costs, touching on how current health care is based on "sick" care, instead of prevention; how home visits for Medicare patients can significantly decrease ED visits; and suggesting that children should be covered under a separate reimbursement system that's contracted with local governments, instead of being grouped into funding that can be cut by elected officials.

The panelists then fielded questions from the audience, which covered universal health care, social determinants of health, and Medicare solvency.

**Dr. Brent Pawlecki**, chief health officer at The Goodyear Tire & Rubber Co., discussed “Building a Culture of Health.” He said about 25% of employers’ direct costs are related to health care in the workplace, so he encouraged employers to start making better health a priority to prevent presenteeism (ie, employees are present but not engaged, because they are dealing with a health issue). Dr. Pawlecki said many people struggle with a chronic condition and are experiencing it at earlier ages. Goodyear includes wellness and health care as part of their overall strategy—they want to keep people healthy. To do so, the company focuses on four components: health benefits, wellness programs, environment (health and safety), and emergency preparedness. They empower employees to make the right decisions for themselves.

Goodyear’s CEO is also engaged in making health a priority for employees. He wanted a large fitness center for the company’s new headquarters, so one was built and employees can use it free-of-charge. They are encouraged to take breaks and get healthy overall. The company also changed workplace behaviors by charging more for unhealthier drink and food choices, instead of excluding them altogether. Employees have responded favorably, because they have options.

Goodyear measures “wellness” by looking at how healthy people are (using claims data), how healthy worksites are (using a specific scorecard), and how healthy the culture of health is (using an outside tool, based on 1,000 patients). Dr. Pawlecki said more people are getting healthier because of these initiatives.

Audience members asked questions following the presentation, inquiring about how the company handles emotional and substance abuse issues in the workplace, and what Goodyear is doing to work toward value-based care.

**Amy Ann Stoessel**, managing editor for *Crain’s*, introduced the panelists for a “Case Study: A New Model of Health Care.” **Tim Magaw**, *Crain’s* sections editor, served as moderator. Panelists were **Dr. Eric Miller** from Paladina Health; **Ryan Pendleton** from Akron Public Schools; and **Monica Trusley** with Oswald Companies.

Paladina Health is a Denver-based primary care outfit that has brought its care concept to Ohio. This model focuses on physicians having a smaller caseload so that they can take better care of patients, which, in turn, can ultimately lower an employer’s healthcare spend by focusing on prevention rather than utilization. The Akron Public Schools is one of the local companies that uses this healthcare plan and has had success with it.

Dr. Miller stated that this model makes sense because it addresses the challenges and costs of traditional health care. It particularly addresses prevention before an illness or disease reaches a crisis stage. Patients are not charged for visits or incur additional fees or costs. Patients are also able to spend 30 minutes with their physician instead of 10.

Paladina expected four hundred people to enroll initially in the program for the Akron schools—1,200 actually signed up. Primary care is the most cost-effective sector—it can produce the best overall economic value, Dr. Miller said. The company pays physicians a competitive salary, and the physicians like having more time in front of patients (and vice versa). He admits some physicians are skeptical of this model at first, but once they understand it, they love it and said they can’t go back to the old system. It’s a rare instance where it’s a win for all parties.

Mr. Magaw asked the panel how we got to the point where basic health care is an innovation, and Dr. Miller said that because medical care has become more like a business. It’s not health care, it’s “disease care,” he said, where we have valued taking care of people at the end of life instead of throughout their lives. That needs to change. We have to align incentives to get what we want, and work toward the same goal.

Ms. Stoessel moderated the next panel: “Advancing Wellness: How and Why Employers should Take the Lead,” which featured **Dr. Francoise Adan**, medical director of UH Connor Integrative Health Network, and assistant professor at CWRU University Hospitals; **Jim Ellis**, executive VP and managing director of Integrated Wellness Partners; and **Dr. Donald Ford**, chief medical officer of Better Health Partnership, and family physician with Cleveland Clinic.

Ms. Stoessel asked the panelists to discuss the importance of a culture of wellness. Dr. Adan

said it’s crucial that it starts with engagement from the C-suite (eg, CEO, CMO, etc.). They need to serve as a model that it’s ok to take a break and have a healthy work/life balance. Mr. Ellis said wellness and well-being should become company policy, and should be what employees want and what they will engage in.

Dr. Adan discussed the best practices of wellness, saying it’s important for people to take a holistic approach—they need to care for their bodies (ie, don’t smoke, maintain a healthy weight, keep blood pressure in a healthy range), as well as their minds (ie, manage stress).

Ms. Stoessel asked how wellness can be measured; how an employer would know if a stress management program is working, for example. Dr. Adan said 80% of office visits are caused or exacerbated by stress. By using practical tools, patients can deal with stress. It can be difficult to monitor wellness, but it’s still important to address it.

Mr. Ellis suggested that employers offer flexible work schedules to alleviate stress, encourage activities that elevate social connectivity (such as work groups or clubs) and grow social networks. Some companies offer a wellness program to check a box; they don’t see well-being as a successful business practice, he said.

Dr. Ford mentioned that within his workplace, employees receive certain benefits if they achieve specific goals, so there is an incentive to accomplish health goals. As for patients, it can be difficult to discuss wellness information in such a short amount of time during an office visit, but the cost is the wellness of the patient.

Dr. Adan said it’s important to create incentives, but you likely are not going to reach everyone. Most successful programs are run by employees, or at least have input from employees about what interests them. Dr. Ford said it’s important to offer safe environments for employees to exercise, and to simply enable them to take care of their health.

Several AMCNO members and staff attended this event, and provided positive feedback about it afterward. The AMEF looks forward to supporting this forum again next year, to provide the medical community with pertinent health information.

# AMCNO/CMBA Medical Legal Summit Provides Updates on Key Issues of Importance to the Practice of Medicine and the Law

**Christopher Kennedy Lawford** delivered the keynote address, “Overcoming the Stigma of Addiction” at the 2018 Medical Legal Summit—an annual event co-sponsored by the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), the Academy of Medicine Education Foundation, and the Cleveland Metropolitan Bar Association (CMBA). It was held April 13-14 at the CMBA Conference Center.

Prior to Mr. Lawford’s keynote presentation, opening remarks were provided by **Dr. Fred Jorgensen**, AMCNO President and Summit Co-Chair. The Health Care Law Update took place earlier in the afternoon, prior to the keynote presentation. Among the topics covered during that session were: “Behavioral Health Re-Design/Ohio Medicaid and Confidentiality,” the “State of Medical Marijuana in Ohio,” an “Immigration Update,” and a session on the “Change and Challenges of Medical Records.”

Keynote speaker Mr. Lawford stressed that as a community we need to make an effort to meet the needs of those who are looking to find their way out of active addiction into recovery. He noted that the topic of addiction is covered regularly by the media, but society continues to treat this disorder as if there is something wrong with a person’s character. Addiction is a brain illness and needs to be handled as exactly that. We do not treat other diseases as moral failings and we should not treat addiction that way either, he said. Recovery is possible—it is about restoring and enhancing the lives of those affected and the lives of those around them.

He noted that attitudes will change when people are confronted with the science of the disease of addiction. He believes that it is treated differently because when the symptoms of addiction are in the active phase, people behave in ways that are all too visible and perhaps illegal. We need to demonstrate what recovery means and what it really is, and how it can be achieved.



AMCNO President Dr. Fred Jorgensen (center right) stands with keynote speaker Christopher Kennedy Lawford (center left), Summit Co-Chair Justin Cernansky (far left), and CMBA President-Elect Marlon Primes (far right).

Mr. Lawford quoted his uncle President John Kennedy, saying that “anybody who achieves something great in this world also overcomes something equally great.” People in recovery are capable of achieving great things, but they are ostracized by society.

He provided insight into his own struggles with addiction, noting that for 17 years the only thing that mattered to him was getting a drug or a drink. He stated that he was born into a family where addiction is an issue. He spent time in jail and in hospitals but continued to abuse because his privilege allowed him to dodge accountability. He said that if had been held accountable and received treatment earlier, it might have changed his trajectory in life. For more than 10 years, he attempted to get clean and sober, but nothing worked until he had a moment of clarity 32 years ago, when he became willing to accept that it was time for a change. He sought treatment and has been in recovery since then.

Mr. Lawford noted that there are several things that must be confronted in order to effect real change on this issue in the United States. We have to address the structural and moral blocks—this is a primary brain disease, and not a moral failing of the person. Also, we know addiction treatment works and it can make a difference—addiction treatment services should be available and affordable. Changes also need to be made so that insurers treat this disease as a physical illness and cover these services. Continuum of care greatly improves outcomes. Addiction is a chronic condition and must be managed as such, with long-term continuum of care that includes monitoring to prevent relapse.

We need to look at this illness devoid of stigma, Mr. Lawford said, and we also have to realize that punishment and prison rarely work for someone with a dependence problem. He stated that of the 2.2 million people behind bars in the United States, half of them suffer from one form of mental illness and have concurrent addiction disorder. It is critical that the courts have the ability to combat this crisis. He noted that the Department of Justice estimates that 1.2 million people in the justice system may be eligible for treatment court but are unable to gain access.

The opioid epidemic is destroying the fabric of our society—present and future—and we cannot incarcerate our way out of this problem. We need to look at proven solutions that promote accountability and treatment. It is possible to recover, and providing individualized treatment plans and dignified support is the most effective way to lead people into recovery and deal with recidivism, he said.

Getting a person into recovery is one percent initiation of abstinence, one percent acute detoxification and 98 percent relapse prevention, Mr. Lawford said. Once a person decides to stop using, the detox is not hard. The hard part is

keeping them clean and sober. The best overall signal of success is staying in treatment. If a patient breaks a leg, he or she is put in a cast and then sent off for physical therapy. If someone has an addiction, he or she is sent to detox—what is the next step to keep people on the road to recovery? If we are going to solve this problem, the answer is community and caring about one another, he said.

Mr. Lawford noted that he spent 10 years trying to solve his addiction and the best he could do was lock himself in the house or in jail. He said he believes that we all have intermittent windows of opportunity for profound change. He got to recovery because he climbed through that window, and the world must do this for others—treat addiction as a health issue and provide access to treatment for people who are suffering from it.



Panelists discuss the opioid epidemic in Ohio. (Left to right: Justin Herdman, W. Bradford Longbrake, Allisyn Leppla, and moderator Isabelle Bibet-Kalinyak)

The Saturday sessions began with a plenary session on Opioid Issues. The speakers were **Allisyn Leppla**, former Executive Director for the Northeast Ohio Hospital Opioid Consortium; **W. Bradford Longbrake, Esq.**, from Hanna, Campbell & Powell, LLP; and **Justin E. Herdman, Esq.**, U.S. Attorney, Northern District of Ohio. The session was moderated by **Isabelle Bibet-Kalinyak, Esq.**, from McDonald Hopkins, LLC, and AMCNO board member **Dr. Kristin Englund**.

Ms. Leppla provided an overview of the newly formed Northeast Ohio Hospital Opioid Consortium. She explained that the consortium is a partnership between The Center for Health Affairs, Cleveland Clinic, MetroHealth, Northeast Ohio VA Healthcare System, St. Vincent's Charity

Medical Center and University Hospitals, and includes the AMCNO as a partner. The consortium is the result of years of work by community leaders and hospitals to reduce the widespread effect of the heroin and opioid crisis in Northeast Ohio.

The mission of the consortium is to serve as a model hospital system-based and physician-led consortium that significantly reduces the impact of the opioid epidemic in Northeast Ohio by sharing and implementing evidence-based practices, promoting policy changes, and increasing prevention efforts. The ultimate goal of the consortium and its members is to reduce the number of overdoses and deaths as a result of heroin and opioid use and misuse.

Mr. Herdman began by describing the breadth of his jurisdiction, which includes 40 northern Ohio counties, with four large city offices located in Akron, Toledo, Youngstown and Cleveland. This district is unique in that it includes urban and rural—small farm communities and big cities—so their perspective on the opioid crisis is diverse. He described how the U.S. Attorney's office convened a group of 700 people in 2013, which included treatment providers, hospitals, law enforcement and members of the community, to develop a plan to deal with the opioid crisis in our community. The strategy behind that plan was to address prevention and outreach, treatment and recovery, and enforcement.

He outlined how his office deals with enforcement issues and diversion of prescription drugs, noting that a lot of their enforcement activities surround the shipment of illicit drugs from outside of the country. He described in detail two recent cases where his office, along with law enforcement and others, had successfully stopped the flow of mass quantities of illicit drugs into our community.

He also stressed the importance of obtaining reliable data. Right now, we do not have a clear picture of what is going on in the community, he said, because we lack a common data set. The best data we have comes from the medical examiner's office after someone has died of an overdose. We need to work with first responders, hospitals, treatment facilities, law enforcement and others to figure out a

way that we can all look at this problem in real time, based on a common data set.

Mr. Longbrake rounded out the session with a presentation on civil litigation involving opioids. He said "anyone who prescribes an opioid could be drawn into this issue." He outlined where these claims are emanating from and some of the scenarios he has seen. He acknowledged that opioid care is a challenge for physicians because pain is a real symptom and physicians want to help the patient. The relationship between the physician and patient has changed—physicians are no longer just asking how they can help patients, they are also charged with asking patients if they really need pain medication. Physicians are now concerned about diversion—and this adds an administrative and documentation burden. He encouraged institutions to give physicians guidance about prescribing opioids and he stressed the importance for physicians to learn the regulations regarding opioid prescribing practices in Ohio.

The next session, "Interaction between Hospitals, Law Enforcement and Mental Health Facilities," was moderated by **Shannon Jerse, Esq.** Speakers on this panel included **John A. Tafuri, MD**, Center Director for Regional Emergency Medicine, CCHS; **David Easthon**, Chief of Police, Cleveland Clinic; and the **Honorable Donna Congeni Fitzsimmons**, Rocky River Municipal Court.



AMCNO board member Dr. Kristin Englund addresses the audience.

This session was designed as a panel discussion and began with a video showing the arrest of a nurse at a Salt Lake City Hospital—a situation that arose when

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Panelists talk about Ohio law concerning patient privacy issues in the hospital setting. (Left to right: Honorable Donna Congeni Fitzsimmons, David Easthon, Dr. John Tafuri, Shannon Jerse, and Dr. Jorgensen)

the police requested a patient blood draw on an unconscious victim.

The panel then spent time addressing the issues related to the Ohio statutes regarding blood draws on patients in the hospital setting. Hospital policies allow for the following: for a conscious patient, consent would be required; if the police had a search warrant, consent would still be required; for an unconscious patient, a hospital may agree to draw blood; and for a dead patient, the hospital may draw blood. Panelists described several scenarios in which they have had to address these issues from the physician and law enforcement setting as well.

The panel also addressed Ohio law vs. the HIPAA regulations, outlining what protected health information may be disclosed without patient consent to law enforcement as well as what physicians were authorized to do under the Emergency Medical Treatment and Active Labor Act (EMTALA).

The panel also briefly discussed violence against healthcare workers and how these issues are addressed in the medical community. They also discussed what should occur if a healthcare worker is assaulted. Hospitals are not safe havens for crimes and there should be zero tolerance for violence.

The next plenary session addressed “Cyber Security and Liability.” Panelists were

**Special Agent Bryan K. Smith**, Cleveland Office of the FBI; **Christine N. Czuprynski**, McDonald Hopkins, LLC; and **Iliana L. Peters**, Shareholder, Polsinelli, and former Acting Deputy Director HHS Office of Civil Rights. The panel was moderated by Ms. Bibet-Kalinyak.

Mr. Smith began the discussion by stating that over the past few years the FBI workforce has changed. In the past the FBI was focused on cyber-enabled crime, but now they mainly focus on intrusions and unauthorized access into computer networks. Two years ago, former FBI Director James Comey said that there are “two types of companies in the United States—those that have been hacked by the Chinese, and those that know they have been hacked by the Chinese.” It is a very real problem, and no business is too small to be hacked.

He described how computers are hacked from the outside through spear phishing and purchases made off of the dark web. Hackers will go after a low-level employee and start sending phishing emails to them to gain access into the company’s system. He also stated that once they get in successfully they will do it again. Mr. Smith cautioned that even if a system has been cleaned, do not let your guard down. He stated that, on average, once a hacker is in a system, he or she is in for about seven months and is looking at your notes, emails and prospective business acquisitions.

The healthcare sector has reported the most breaches over any other sector. It is a major target because they are after Social Security numbers, personal information, billing codes, intellectual property and research. He also outlined the many ransomware schemes that are being addressed by the FBI, and what you should do if you are a victim of ransomware—stressing that if you are a victim, you should notify the FBI. Reporting the breach to them allows them to trace it back to its source.

Ms. Czuprynski discussed policies and procedures to follow to minimize data exposure, such as having a written information security program in place and an incident response plan. She also provided the audience with tips on what to do if they discover an incident, such as gathering and preserving evidence of the

potential breach, engaging a forensic specialist to determine the scope of the incident, containing the breach, and quantifying the records compromised. She also advised contacting law enforcement agencies about the incident.

She stressed the importance of phishing training for employees. It used to be fairly easy to spot a phishing email, but now they are not that different from a regular email, so employees need to know what to look for. If there is a breach through a phishing email, it is important to view how that employee responded and how to keep it from happening in the future.

Ms. Peters wrapped up the session with lessons learned from the government on this issue. She cautioned about “credentials stuffing” and how to be prepared to protect against it. This happens when someone steals your password and goes through websites you frequent and “stuffs” your password into those websites to see what he or she can obtain.

She also provided various resources that physicians could use, including how to sign up for HHS alerts on how to protect your office or healthcare entity from security breaches. Ms. Peters also provided information from the Federal Trade Commission that could help address this issue.



Cyber security and liability are discussed during a plenary session. (Left to right: Iliana Peters, Christine Czuprynski, Bryan Smith, and moderator Bibet-Kalinyak)

The final panel was moderated by **R. Bruce Cameron, MD**, AMCNO president-elect, and featured three presenters: **Lori K. Posk, MD**, Cleveland Clinic; **Joan M. Zoltanski, MD**, Patient Experience Officer, University Hospitals; and **Edward E. Taber, Esq.**, Tucker Ellis LLP.

Dr. Zoltanski provided information on what is being done at University Hospitals to improve patient and provider communications.

She noted that UH is now using Open Notes, which is an international movement that is making health care more transparent by having doctors, nurses, therapists, and others invite patients to read the notes they write to describe a visit. UH is one of seven organizations in Ohio participating in the program. To date, more than 295,000 notes have been sent to UH patient personal health record accounts. The idea is to get patients more engaged in their care.



The final plenary session of the Summit covers patient-provider communications. (Left to right: Edward Taber, Dr. Lori Posk, Joan Zoltanski and moderator AMCNO President-Elect Dr. R. Bruce Cameron)

Dr. Posk provided an overview of MyChart, noting that they have more than one million active MyChart patients at the Cleveland Clinic, and there are approximately 275,000 unique logins a month. She stated that one of the benefits of the patient portal is improved provider-patient communication. Patients who are engaged also have better outcomes and recover faster. They also tend to adhere better to treatment recommendations and are more likely to carry out health-related behavioral changes.

Dr. Posk provided information on the benefits and risks of patient/person-generated data, and she addressed the benefits and risks of patient messaging. She noted that it is important to educate patients and providers on the appropriate use of messaging and patient-generated data as well as stressed the importance of having a policy to turn messaging off if needed.

Mr. Taber rounded out the panel, discussing how technology and new laws have changed how physicians communicate, and the legal pitfalls that can accompany these communications.

He cautioned the physicians in the audience about engaging with a patient on social media, saying that this is a “minefield” and should not be done. If you are engaging with a patient on a personal level, that may be fine, but it should not be used on a professional level, and all institutions should have a policy on the usage of social media, he said.

He also cautioned about patients who want to record a medical visit or procedure. Most institutions have a set policy on the usage of cell phones on the premises and they should be followed. These policies state that the usage of cell phones is not permitted because it is a threat to patient privacy.

In addition, patient portals have started to come up in litigation—one of the first questions asked now in a deposition is whether or not the patient opened up one of these portals. Remember that whatever you are writing in those portals when you are responding to a patient’s text or any links included in the portals can and will be evidence used in a lawsuit if that occurs, he said, so remember to exercise the same caution you would in normal charting/documentation.

Mr. Taber also cited an example of a malpractice case where the family of a patient who had died secretly recorded the physician during a conversation. He noted that it is important to remember that Ohio is a one-party consent state, which means that a patient can record you secretly without consent and it is legal in Ohio. Members of the public can do it and it can be used in evidence in a lawsuit. His advice is to be careful—assume you are being recorded, and be careful what you say and always stick to the facts, he said.

Mr. Taber discussed police body cameras, stating that physicians should remember that these cameras are a live feed and police recordings are considered public record, so if you are talking to a police officer in an emergency room or other medical setting, be cognizant of that fact.

He also briefly discussed sending texts to patients, that physicians should avoid doing it because it is not a secure message. It is better to refer patients to the patient portals where it can be incorporated into the medical record— and the same rules apply for emails. He also noted that cell

phone records last forever and can be subpoenaed, and pager records are discoverable as well.

Mr. Taber wrapped up his session talking about the recent Ohio Supreme Court ruling which resulted in Ohio now having one of the strongest apology statutes in the country. He thanked the AMCNO for filing an amicus brief in support of this case as well.

More than 175 Northern Ohio physicians and attorneys registered for this annual event, and both organizations appreciate their attendance. The AMCNO and CMBA especially thank the event sponsors for their generous support, as well as the planning committee and presenters for their hard work and sharing their expertise.

The planning committee will be meeting in the near future to discuss next year’s agenda. AMCNO members are encouraged to participate, submit topics and suggest presenters for the Summit. Contact Elayne Biddlestone at [ebiddlestone@amcnoma.org](mailto:ebiddlestone@amcnoma.org), or (216) 520-1000, ext. 100, for more information.

## Annual AMEF Fundraiser

Every year in August, AMEF sponsors an event designed specifically to raise funds for the foundation—a charitable golf outing held in memory of Marissa Rose Biddlestone, daughter of the AMCNO executive vice president and CEO, who succumbed to leukemia in 2003. Now in its 15th year, this annual outing has raised more than \$500,000 for the foundation—funds that are utilized for local medical student scholarships and the aforementioned AMEF projects. (For an overview and pictures from this year’s outstanding outing see page 19).

# Congratulations to the 2018-19 AMEF Scholarship Recipients!

The Academy of Medicine Education Foundation (AMEF) has awarded eight local medical students with \$5,000 scholarships each for the 2018-19 school year to help ease the burden of student loans.

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

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

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

## **Jonathan Barko** *Scholarship Recipient from Case Western Reserve University School of Medicine*



Jonathan Barko, a northeastern Ohio native (Mentor), is currently a third-year medical student at CWRU School of Medicine. He is involved in various academic and service activities, including:

volunteering and acting as a clinical coordinator for the Student-Run Health Clinic (SRHC), the Humanities Pathway (four-year co-curricular elective), participating in the Peru Health Outreach Program, music director of Doc Opera (annual fundraiser for SRHC and Circle Health Services), member of CaseMed Minute, and most recently was elected to sit on the CWRU School of Medicine admissions committee as a student representative. Jonathan is conducting research in a basic science lab at CWRU, focusing on the pathogenesis/pathophysiology of pediatric eosinophilic esophagitis. He is the recipient of the NIH T35 grant and the Culpeper Fellowship for his research efforts. Outside of medicine, he enjoys playing clarinet in the Case Symphonic Winds, practicing piano, learning languages (ie, Mandarin, Japanese, Spanish), traveling, running, and cooking. Although he has not decided yet, Jonathan is planning on specializing in pediatric emergency medicine. Upon completing residency, he hopes to work as a full-time physician in an academic center, where he can pursue opportunities to teach in medical education and become involved in medical school admissions.

## **Abhijit Das** *Scholarship Recipient from Northeast Ohio Medical University*



Abhijit Das is a second-year medical student at Northeast Ohio Medical University. He earned his Bachelor of Science in Biology at Youngstown State University, graduating *summa cum laude* as a member of the accelerated, six-year BS/MD program. As an M1, Abhijit was awarded a 2017 Medical Student Anesthesia Research Fellowship at the

University of Michigan by the Foundation for Anesthesia Education and Research. As an M2, he devotes his time to assisting his fellow underclassmen as a peer tutor for the first-year gross anatomy, biochemistry and physiology courses. As a student organization leader, Abhijit has organized seminars on health care in the correctional system as well as the use of social media as a tool for physician advocacy. He also enjoys leading educational outreach projects, like teaching anatomy to visiting high schoolers in the cadaver lab and speaking to Akron- and Cleveland-area students about different career pathways in health care. Although Abhijit is still exploring his interests in the various medical specialties, he looks forward to having an impact on the patients and communities that he will serve as a physician and advocate. As a music fanatic, Abhijit enjoys performing with his fellow classmates, both at school and in the community, as well as occasionally playing his saxophone. In his spare time, he also writes movie reviews and travel pieces for a neighborhood magazine back home in Okemos, Michigan.

## **Cosette Kathawa** *Scholarship Recipient from Case Western Reserve University School of Medicine*



Cosette Kathawa recently completed her second year at CWRU School of Medicine. She earned a Bachelor of Science in Neuroscience and Women's Studies, with a minor in Spanish, from the University of Michigan in 2015. She wrote her undergraduate honors thesis about doulas of color and their role in reducing birth disparities for women of color in the United States, which reinforced her desire

to continue conducting research that impacts the way physicians care for vulnerable populations. Following graduation, Cosette managed and volunteered with the Dial-a-Doula program at the University of Michigan's Women's Hospital, which makes free on-call doula support available to patients in labor to help improve birth experiences and outcomes for patients lacking social support. During medical school, Cosette has served as the Medical Director of the Student-Run Health Clinic. She also participated in the Patient Navigator Program, in which she and a classmate were partnered with a Syrian refugee family with complex medical needs. Cosette enjoyed being able to connect the many moving parts of their care, and found it incredibly fulfilling to experience health care as a conduit to building a genuine and trusting relationship with the family during their hardship. Cosette hopes to become a physician who advocates for and collaborates with marginalized and underserved communities, and who provides compassionate, culturally-sensitive care to her patients. She plans to pursue a career in OB/GYN and to continue working for reproductive justice.

**Molly Kelly**  
*Scholarship Recipient from Case Western Reserve University School of Medicine*



Molly Kelly is a member of the CWRU School of Medicine Class of 2019. Originally from Boston, she received her undergraduate degree in Molecular and

Cellular Biology from Harvard College in 2013. Prior to medical school, she spent two years conducting metabolism research at Dana-Farber Cancer Institute in Boston. At CWRU, she co-led the pathology interest group and helped create a shadowing program for students interested in pathology. She also organized a series of student-led panels and developed written guides about USMLE strategies and clinical research tips for first- and second-year

medical students. Molly has long been interested in oncology, and to this end she has pursued both clinical and basic science research opportunities in the field, studying tumor immune microenvironments in breast cancer as well as outcomes related to surgical intervention in patients with metastatic colorectal cancer. In addition, she has worked on projects related to patient satisfaction and quality improvement, and she has competitively earned grant funding for these efforts. Outside of the clinical setting, she volunteers as a hotline advocate for the Cleveland Rape Crisis Center, and in her free time she enjoys hiking, kayaking, and traveling. Molly is applying to internal medicine residencies this fall, and in the future she plans to pursue a fellowship in hematology and oncology.

**Michael LaBarbera**  
*Scholarship Recipient from Cleveland Clinic Lerner College of Medicine of CWRU*



Michael LaBarbera is entering his final year at the Cleveland Clinic Lerner College of Medicine of CWRU. He previously studied electrical engineering at

the University of Cincinnati, and earned his master's degree at CWRU. In graduate school, he studied microfabrication on fellowship with the NASA Glenn Research Center, where he developed a platform for microscale mechanical devices for a proposed mission to Venus. Additionally, he worked with the Louis Stokes Cleveland VA Medical Center to develop a microfluidic "artificial kidney" device for ambulatory dialysis. Michael is currently on a dedicated research year with Cleveland Clinic cardiologists in collaboration with biomedical engineers at Case. Their work applies machine-learning algorithms to imaging in patients with atrial fibrillation, to predict who is likely to fail ablation therapy. He is planning to apply into residency in either internal medicine or neurology, and in the future

plans to combine his engineering and medical interests in translational research with machine learning. In his free time, he participates in weekly Bible study and renovates homes in Cleveland with Habitat for Humanity. He also enjoys spending time with friends, weight lifting, canoeing in the summer, and learning fingerstyle guitar.

**Danielle Marshall**  
*Scholarship Recipient from Case Western Reserve University School of Medicine*



Danielle Marshall is completing her third year at CWRU School of Medicine and will be applying for residency in orthopedic surgery in the fall. Originally

from New Jersey, Danielle traveled across the country to University of California, Berkeley, to obtain a degree in Molecular and Cellular Biology and a minor in Global Poverty in 2012. Upon graduation, she joined the leukemia clinical trials team at Weill Cornell Medical College in New York City for three years, where she pioneered research evaluating how patients' immune cells could be programmed to fight against cancer. The summer after her first year of medical school, Danielle was awarded the Summer Research Fellowship in orthopedic surgery at the Hospital for Special Surgery in NYC, where she managed two clinical trials in new therapeutic technologies and rotated in the operating room. From this experience, Danielle developed a keen interest in extremity reconstructive surgery, which combines surgical precision and artistic creativity to solve many traumatic defects. In her three years of medical school, her research efforts have resulted in four peer-reviewed publications, four oral presentations, and five poster presentations at medical conferences in diverse topics ranging from the use of a new plate design in distal radius fractures to novel surgical treatment of cherubism. Moving forward, Danielle plans to pursue a career involving clinical research and

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## Congratulations to the 2018-19 AMEF Scholarship Recipients!

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international volunteerism. She desires to merge her two passions of reconstructive orthopedic surgery and global poverty to work for Doctors Without Borders, while holding an academic position at a tertiary surgical center. She is extremely grateful for this gift from the AMEF and will be using it toward her future medical endeavors.

### Tricia Stepanek Scholarship Recipient from Case Western Reserve University School of Medicine



Tricia Stepanek is finishing her third year at CWRU School of Medicine and will be applying to residencies in OB/GYN this fall. She completed her Bachelor of

Science in Chemistry at the University of Notre Dame in 2012. Prior to entering medical school, Tricia worked as an assistant project manager for a large medical scribe company, where she implemented documentation programs in emergency departments (ED) and hospitals across the Midwest. Her time in the ED instilled in her a passion for wellness and preventive medicine. While at CWRU, Tricia was accepted into the Jack, Joseph, and Morton Mandel Wellness and Preventive Care Pathway, completed a Master of Science in Nutrition, and served as the chair of the Wellness and Student Life Committee of Case's chapter of the American Medical Student Association. She spent time volunteering with the Student-Run Health Clinic, an organization that provides high-quality, cost-free medical care to underserved populations within the Cleveland community. Tricia is currently conducting clinical research in the Department of Radiology at University Hospitals Cleveland Medical Center, where she is exploring the role of digital breast tomosynthesis in screening mammography. Originally from Bay Village, Tricia hopes to practice in the Greater Cleveland area.

### Roy Xiao Scholarship Recipient from Cleveland Clinic Lerner College of Medicine of CWRU



Roy Xiao came to Ohio after receiving his undergraduate education in Chemistry and Computer Science at Princeton University in 2014. He is currently

completing his fourth year of medical school at the Cleveland Clinic Lerner College of Medicine of CWRU and plans to apply for a residency in Otolaryngology this fall. He will also be receiving a Master of Science in Biomedical Investigation from CWRU. Roy recently completed a year of basic science research investigating novel medications to treat head and neck cancers through the Medical Research Scholars Program at the National Institutes of Health. Beyond working directly with patients in the hospital, Roy is most excited by the possibilities for advancement and innovation throughout medicine through research. He has a wide array of interests within health care, including novel cancer

therapies, surgical techniques, and public health initiatives. He has explored these interests through several research initiatives with hopes of continuing to improve the quality of medical care and patient outcomes. One example of his work was focused on demonstrating the role and value of home healthcare services in improving the transition back to the home for patients after hospital admission. Roy hopes to integrate research into a future career as an academic physician to continue contributing to the field of medicine. Roy also looks forward to a future in medical education to continue the tradition of never-ending learning within medicine. Outside the hospital, Roy's interests include cooking, following professional sports, playing with new gadgets, photography, and listening to podcasts. Roy greatly appreciates the generosity of the AMEF, and he is incredibly grateful for the continued support of his mentors.

The AMEF is now accepting scholarship applications for the 2019-20 school year. To learn more, visit the AMCNO website at [www.amcno.org](http://www.amcno.org).

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

## THE 16th ANNUAL MARISSA ROSE BIDDLESTONE MEMORIAL GOLF OUTING

*Proceeds to Benefit The Academy of Medicine Education Foundation (AMEF)*

**Monday  
August 12, 2019**

**Chagrin Valley  
Country Club**

**4700 SOM Center Rd  
Chagrin Falls, OH 44022**



**AMEF**  
Academy of Medicine  
Education Foundation



# AMEF Supports and Sponsors the Ohio Physician Wellness Coalition (OPWC)

The AMEF was pleased to provide funds to assist in the launch of a statewide program geared toward assisting physicians with burnout. This innovative program is being developed by the Ohio Physician Wellness Coalition (OPWC) under the auspices of the Ohio Physicians Health Program (OPHP.)

Physician burnout, even among our physicians-in-training, is an area of high concern, as we already anticipate a significant physician shortfall within the next 10 to 15 years. Burned-out physicians practice less effectively, struggle to maintain good patient relationships, have less satisfying personal lives, and hope to retire early. We cannot afford this. We need to address this issue.

The OPWC is a coalition dedicated to addressing physician burnout and providing physician wellness initiatives. Members of the OPWC include: the Academy of Medicine of Cleveland & Northern Ohio; Ohio State Medical Association; Ohio Osteopathic Association; Ohio Psychiatric Physicians Association; Ohio Academy of Family Physicians; Ohio Hospital Association; Columbus Medical Association; Ohio Physicians Health Program; Ohio Chapter, American Academy of Pediatrics; and Ohio Chapter, American College of Emergency Physicians.

Our state and national physician organizations, as well as our large healthcare institutions, have recognized this important issue as well and are beginning to address it. As we all work together to find meaningful solutions, the OPWC is facing this issue head-on. The coalition is currently putting together videos that will cover important topics for physicians, such as Mindfulness and Meditation, Addiction, Stress, Burnout and Resiliency, and Benefits of Counseling and Therapeutic Support. Each video will be recorded by a physician expert within the corresponding field of medicine. The videos will be housed on the coalition's website, [www.ohiophysicianwellness.org](http://www.ohiophysicianwellness.org), and continuing medical education (CME)

will be offered for each. Other strategies, such as town hall meetings on wellness and focus groups, are also in the planning stages, with the goal of opening up even more lines of communication on the topic of burnout, from the physicians themselves.

A recent study concluded that physicians are spending 49% of their time on administrative tasks and only 27% with their patients. Burnout affects physicians at

all levels of training and at various stages of their careers, according to the Mayo Clinic: 28-45% of medical students, 27-75% of residents, and about 37% of attending physicians. Clearly, there is a need for change—to change physicians' workload and the environment in which they practice. And the OPWC with sponsorship funds from the AMEF is leading the efforts to help facilitate these changes—for the benefit of our physicians and their patients.

## A Giving Tradition

For almost 60 years, the Academy of Medicine Education Foundation (AMEF) has been guided by its mission to enhance health care in Northern Ohio through education of the medical profession and the community at large.

By providing public health forums, offering educational programs for physicians, and awarding scholarships to local medical students, we are making an investment in the community's future.

Our commitment to Northern Ohio will continue. Help us carry on this tradition of giving back to the community in 2019—and beyond.



AMEF is the charitable component of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO)—an organization that has been serving Northern Ohio physicians for almost 200 years.

To learn more about AMEF, or if you would like to consider making a donation to help further our mission, visit the AMCNO website at [www.amcno.org](http://www.amcno.org), and click on the AMEF tab to review several giving options.

# AMEF Sponsors Two Medical Student Events

## Medical Student Mix and Mingle a Huge Success

The AMCNO and AMEF were pleased to co-host the Case Western Reserve University Society Dean Mixer for first-year medical students. The event was once again held at the Cleveland Botanical Gardens. AMCNO President Dr. R. Bruce Cameron attended this year's event along with AMCNO staff. Staff and Dr. Cameron mingled with the students and society deans, providing information and answering questions about the organizations' activities. Dr. Cameron then provided brief comments to the group and encouraged the first-year medical students to become involved in the organization. He explained that the AMCNO is a group of dedicated physicians who are working to improve quality of care, while providing education and community outreach in our community.



AMCNO President Dr. Bruce Cameron addresses first-year medical students at the Society Dean Mixer.

During the event, the students asked about the activities of the organization and the foundation; many were not aware that such organizations existed and were pleased to learn that they could participate as medical students. Many expressed interest in the work of the AMCNO and several had



The students sign up for AMCNO memberships at the event.

questions about their career and specialty choices, while others expressed an interest in volunteering and outreach activities. AMCNO staff was on-hand to provide membership information, and we are pleased to welcome more than 130 new medical student members.

## AMEF and AMCNO Sponsor the Medical School Doc Opera Event



Students perform a musical number during the 2017 Doc Opera event.

Doc Opera is a collaborative fundraiser and musical production organized by the students and faculty. This annual variety show is written, directed, and performed entirely by medical students at the Case Western Reserve University School of

Medicine and Cleveland Clinic Lerner College of Medicine.

In keeping with Case's commitment to give back to the community, the show's primary mission is to raise funds to provide

quality healthcare and related services to individuals and families in our community regardless of their ability to pay through our beneficiaries: Circle Health Services and the CWRU Student-Run Free Clinic. It also provides a venue for creative expression and inter-professionalism among the medical and health professional students of Cleveland. For the event's 34th year in 2017, the theme was "Indiana Bones" and included music from the Indiana Jones movies, with skits and props to fit the occasion. The theme for the upcoming 2018 event in December is "Back to the Suture"—look for more information on that event in the next AMEF newsletter.

Doc Opera is a non-profit organization that relies on area businesses to help defray the costs of production and to contribute to the donations made to the program's beneficiaries. The AMEF and the AMCNO were pleased to once again sponsor the Doc Opera event.

Gifts of appreciated stock are a convenient way to contribute to the AMEF. There are often many tax benefits for donors through tax deductions for the full fair market value of the contributed stock, and avoidance of taxes on capital gains. For more information about this type of giving, please call AMEF at (216) 520-1000, ext. 100.

# AMEF Contributors

A special thanks to our contributors from 2004 to present

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# AMEF

## Academy of Medicine Education Foundation

As the cost of medical education continually increases, financial assistance for medical students is more important than ever. And as you may know, a physician shortage is predicted in the next decade, with studies showing there may not be enough qualified physicians to meet the medical needs of an aging population in coming years. AMEF needs funds to provide scholarships to medical students to assure that our medical schools continue training physicians to meet the needs of patients in the future. Your contribution to AMEF will help us with this laudable goal. In addition, your funds will be used to assist with other worthwhile foundation activities. Contributors will be acknowledged on the AMCNO website, in future newsletters and when the medical scholarships are awarded at our annual meeting. Included with this newsletter is a give envelope for AMEF. A separate mailing has also been sent out to all past scholarship recipients and all AMCNO members requesting donations/contributions to the AMEF. Please include AMEF in your charitable giving plans.

The Academy of Medicine Education Foundation was formed by the physician leadership of the Academy of Medicine of Cleveland & Northern Ohio. Original funding came 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 the foundation is student scholarship grants to worthy students in the medical field. Since its inception, the foundation has granted more than \$1.6 million to such qualified students. The foundation has historically initiated many programs of benefit to the community and has co-sponsored and funded various healthcare related seminars and programs across Northeast Ohio for decades.

## The Purpose of AMEF

### AMEF MAY APPLY FUNDS TO THE FOLLOWING CHARITABLE AND EDUCATIONAL PURPOSES:

- Promoting education and research in the field of medicine by the establishment or financing of fellowships, scholarships, lectures, projects and awards on such terms as the Trustees deem best;
- Providing and promoting educational programs on the science of medicine, including presentations on clinical care and new procedures;
- Providing and promoting 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 and filling such needs for the benefit of the public;
- Maintaining and providing educational materials and publications concerning health care to the members, related public service organizations and citizens of the community;
- Supporting medical education at local medical schools by providing lectures and counseling services;
- Supporting local public health programs and initiatives;
- Sponsoring seminars on topics of medical education and public health issues;
- Assisting 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 health care and public health issues;
- Making grants, donations, or contributions of funds or other property in the trust estate to other charitable, scientific, and educational trusts, organizations or institutions, organized and operated for any of the purposes set forth in subparagraphs above, or for uses that are in furtherance of any of the other purposes of this Trust, including for medical research and education, public health programs, and public and community education relating to health care and wellness programs, provided that no part of the net income of such trusts, organizations, or institutions inures to the benefit of any private shareholder or individual and that no substantial part of the activity of such trust, organization, or institution is the carrying on of propaganda, or otherwise attempting to influence legislation, or participating or intervening in any political campaign.

# 2018 Golf Outing Highlights

**The 2018 Annual AMEF Golf Outing Celebrates its 15th Anniversary on a Gorgeous Day!**

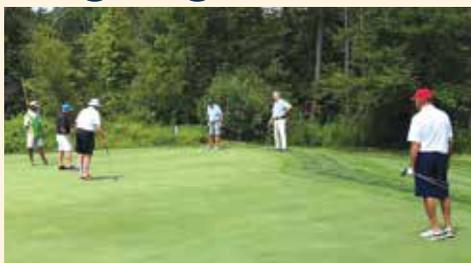
*Event Proceeds Benefit Medical Students and Local Communities*

On August 13, golfers teed off for the Academy of Medicine Education Foundation's (AMEF) 15th Annual *Marissa Rose Biddlestone Memorial Golf Outing*.

This year's event was held at the Sand Ridge Golf Club. Foursomes tested their expertise in a shotgun-style tournament to raise money for AMEF, the foundation component of the AMCNO that was established for charitable, education and scientific purposes. These monies will be utilized for medical student scholarships, annual CME seminars and grants for health-related programs.

Golfers were welcomed by AMCNO staff at registration and then enjoyed a delicious lunch on the patio. Participants also had the opportunity to practice their shots before the shotgun start at precisely 1 pm. The Sand Ridge course is located on more than 350 acres of woods, pastures and wetlands. It is the first private course in Ohio, and one of a select few in the world, to be designated as a Certified Audubon International Signature Wildlife Sanctuary.

Everyone enjoyed cocktails on the patio and relaxed after a full day on the challenging course. The golfers then sat down for an amazing dinner, and listened as Dr. John Bastulli provided a wrap-up of the day and thanked everyone for their participation and support. Following his speech, awards were announced and the golfers took part in a fun prize raffle.



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

**1st Place Team:** Dennis Forchione, Jim Moser, Sam Sidoti, and Dr. Jeff Stanley

**2nd Place Team:** Dr. John Bastulli, Rich Garcia, and Marc Mingione

**3rd Place Team:** Scott Balson, Scott Liff, Don Kelly, and John Kluchar

Skill prizes were also awarded to the following:

**Closest to the pin:** Don Kelly, Scott Balson, Thomas Gattozzi, and Rich Garcia

**Longest drive:** Jim Brown on #6 and Don Kelly on #18

**Longest putt holed:** Brian Stanton on #9

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

**Our thanks to the 2018 Event Sponsors:**

Victor Bello, MD  
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 Matthew E. Levy, MD  
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**Our thanks to the 2018 Hole Sponsors:**

R. Bruce Cameron, MD  
 Robert E. Hobbs, MD  
 Pauline Kwok, MD  
 Reminger Co., LPA  
 James L. Sechler, MD



**SAVE THE DATE for next year's AMEF Golf Outing: August 12, 2019, at Chagrin Valley Country Club. See you there!**



# AMEF

Academy of Medicine Education Foundation

## Meet the 2018 AMEF Board of Trustees

The AMEF Board of Trustees is comprised of dedicated individuals possessing the vision to recognize the value of a charitable component to the AMCNO. The Foundation Board of Trustees is responsible for making decisions, developing policy and providing specific direction to the foundation.

**James L. Sechler, MD, President**

**Laura J. David, MD, Vice President**

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**John A. Bastulli, MD**

**Paul C. Janicki, MD**

**Elayne R. Biddlestone, Staff**

### *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 showcase for a philanthropic spirit is provided through the foundation for physicians who desire to give back to the community and the profession they serve.