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AMCNO and AMA President Tour New Health Education Campus

The AMCNO was pleased to work with the Cleveland Clinic Foundation staff and physician leadership to arrange a tour of the Case Western Reserve University (CWRU) and Cleveland Clinic's Health Education Campus, prior to the grand opening of the facility in April, for American Medical Association (AMA) President Dr. Barbara McAneny during her visit to Cleveland. Dr. McAneny was in town as a guest of the AMCNO to deliver the keynote speech at the 2019 Medical Legal Summit, which is an annual event hosted by the AMCNO, the Academy of Medicine Education Foundation, and the Cleveland Metropolitan Bar Association.

Dr. McAneny and AMCNO President Dr. R. Bruce Cameron were guided through the new facility by Dr. James Stoller, Chairman of the Education Institute; Dr. J. Harry Isaacson, Executive Dean of the Cleveland Clinic Lerner

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AMCNO President Dr. R. Bruce Cameron (left) stands with (from l-r) Dr. James Stoller, Dr. Barbara McAneny, and Dr. J. Harry Isaacson during the facility tour.

2019 Marks the 195th Anniversary of the AMCNO!

The AMCNO Turns 195 on May 24!

On May 24, 1824, qualified physicians in the 19th Medical District (those in Cuyahoga and Medina counties) gathered at the hotel of Gaius Boughton on the corner of what is now West 9th Street and St. Clair Avenue, and elected the first president of their society—Dr. David Long, who had arrived in Cleveland right from medical training in New York City in 1810.

This new medical society began working on formalizing both medical licensure and education. In 1826, the society decided to organize a medical library in Cleveland—now the Allen Memorial Medical Library. In 1859, the 19th District Medical Society reorganized as the Cuyahoga County Medical Society, and in 1867, the first medical society bearing the name "Cleveland Academy of Medicine" was organized.

Throughout the years and decades, the society evolved, but it remained steadfast as an organization that can act effectively on behalf of those who practice medicine. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), as it officially came to be known in 2006, will continue to represent practicing physicians in this region and continue to fulfill our mission, which is to support physicians in being strong advocates for all patients and to promote the practice of the highest quality of medicine.

We thank our more than 5,000 physician, resident and medical student members for being part of this resilient organization. Without you, and those before you, we would not be celebrating this special milestone—a legacy equaled by no other physician organization in Ohio.

We look forward to continuing to work with you and advocate for you throughout the many years to come! ■

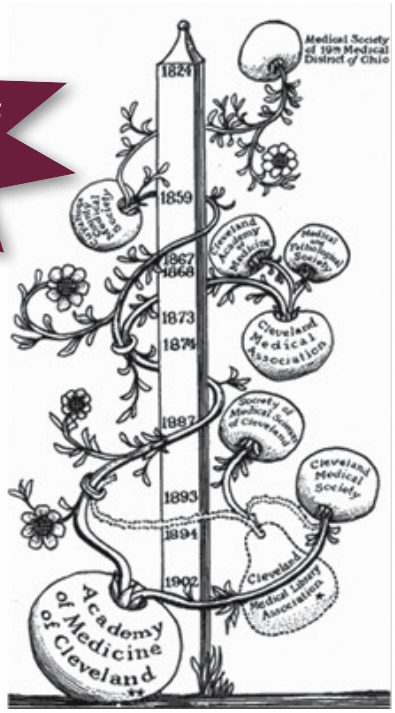

Photo credit: *Medicine in Cleveland & Cuyahoga County: 1810-1976.*

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AMCNO and AMA President Tour New Health Education Campus

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College of Medicine; and Mr. Russ Saghy, from Operations and Construction Management.

The Health Education Campus consists of two buildings—the Sheila and Eric Samson Pavilion, and the Dental Clinic. This 477,000-square-foot building is where medical, nursing, dental and physician assistant students will learn and study together. The lecture hall holds 230 students, and the intent is to focus on the team-based approach to care, in a team-based classroom setting where they can collaborate with each other. The idea behind the building layout is to place all of these students under one roof to encourage communication and collaboration, and to promote hands-on learning for all medical, nursing, dental and physician assistant students, while incorporating high-tech technology options for training purposes. This building and this concept is the first of its kind in the country.

Academic programs from the CWRU School of Medicine, School of Dental Medicine and the Frances Payne Bolton School of Nursing as well as the Cleveland Clinic Lerner College of Medicine will start moving in to the new facility in the near future, and the first classes are set to start in July.

This massive building will allow medical students to learn and study together.

AMCNO and AMA physician leadership had an opportunity to meet with Cleveland Clinic Foundation (CCF) leadership during the tour. (Pictured left to right: David Rowan, Esq., CCF Chief Legal Officer and Secretary; Edmund Sabanegh, MD, CCF President of Main Campus and Regional Hospitals; Herbert Wiedemann, MD, CCF Chief of Staff; Adam Myers, MD, CCF Chief of Population Health and Director of Cleveland Clinic Community Care; Brian Bolwell, MD, CCF Chairman of Taussig Cancer Institute; Tomislav Mihaljevic, MD, CCF President and CEO; Barbara McAneny, MD, AMA President; R. Bruce Cameron, MD, AMCNO President; and David Valent, Esq., CCF Counsel.

Following this impressive tour, Drs. McAneny and Cameron were escorted to a meeting with Cleveland Clinic leadership, where Dr. McAneny outlined the key priorities for the AMA, and she learned about some of the key issues and priorities of importance to the Clinic. Following this meeting, Drs. McAneny and Cameron were afforded a unique opportunity to experience the virtual reality and HoloLens technology that will be used at the new Health Education Campus. ■

Dr. Cameron tests the HoloLens technology the school will be using for training purposes.

The 2019 Medical Legal Summit Welcomed the AMA and ABA Presidents as Keynote Speakers

This Two-Day Event also Brought Important Issues for Physicians and Attorneys to the Forefront

The annual Medical Legal Summit—co-sponsored by the AMCNO, Academy of Medicine Education Foundation (AMEF), and Cleveland Metropolitan Bar Association (CMBA)—was held March 22-23, at the CMBA Conference Center.

This year's program featured a unique keynote discussion between **American Medical Association (AMA) President Dr. Barbara McAneny** and **American Bar Association (ABA) President Bob Carlson** on Friday night. **CMBA President Marlon Primes** provided welcome remarks and introduced Mr. Carlson. **AMCNO President Dr. R. Bruce Cameron**, who served as the moderator of their discussion, introduced Dr. McAneny.

From left to right: CMBA President Marlon Primes, ABA President Bob Carlson, AMA President Dr. Barbara McAneny, and AMCNO President Dr. R. Bruce Cameron.

Mr. Carlson talked about how the AMA and ABA have worked together in the past, specifically in the 1990s, on the issue of domestic violence, and how they can continue to work together now, as they have a shared interest on difficult issues. He said the ABA has 400,000 members and it speaks for 1 million attorneys in the U.S., who are making a difference every day in the lives of others.

Dr. McAneny discussed the issues defining health care today, such as physician burnout, access to care, regulatory burdens, increased consolidation, the opioid epidemic, a technology revolution and the high cost of care. On physician burnout, she said 1 in 5 physicians wants to reduce his or her patient hours and 1 in 50 wants to leave the profession, which she called "alarming." For access to care, she said the more people who have insurance, the better we are. She reported that 91% of physicians have seen patients harmed by delayed care, in respect to the regulatory burden associated with prior authorizations. And the cost of care continues to skyrocket, which she said is not sustainable. Delivering health care to people should be the goal, Dr. McAneny stressed.

She then shared the AMA's strategic approach to combat these issues, which consists of attacking the dysfunction in health care by removing the obstacles and burdens that interfere with patient care; improving the health of the nation by confronting the increasing chronic disease burden; and reimagining medical education, training and lifelong learning for the digital age to help physicians adapt and grow at every stage of their careers.

She also covered the AMA litigation center and recent cases that have affected physicians.

At the conclusion of their presentations, Dr. Cameron engaged these leaders in a discussion on topics such as the Affordable Care Act, opioid crisis, burnout in both professions, and telemedicine.

The Saturday portion of the program consisted of four plenary sessions.

The first panel, "Preventive Medicine to Secure Your CyberWorld," was moderated by Dr. Cameron and featured three industry experts—**Edward Marx**, Chief Information Officer at the Cleveland Clinic; **Damon Hacker**, President and CEO of Vestige Digital Investigations; and **Keith Fricke**, Partner and Principal Consultant at tw-Security. These panelists each covered their top three technology concerns, which included EMR value, IoT (the internet of things) and medical devices, incident readiness, lack of ransomware preparedness, and lack of user awareness. They also shared their input on how artificial intelligence can be used to detect security threats, and what caregivers should know and do during a security threat to maintain continuity of care.

The next panel, "#MeToo and You: Considerations for Healthcare Providers and their Attorneys," included **AMCNO member Dr. Cheryl Wills** as a guest speaker. She and the other panelists—**Claire Wade-Kilts** with Sobel, Wade and Mapley LLC, and **William Edwards** with Ulmer & Berne LLP—provided their expertise on sexual harassment as defined by the court system, hostile work environments, current events related to sexual misconduct, and what physicians can do when their patient experiences sexual assault. In the latter instance, Dr. Wills stressed the importance of supporting a patient if he or she reports an assault—the trauma is real to him or her, so the physician needs to listen to the report, see if the patient has any medical needs, and then make the appropriate referral based on the situation. In addition, she said reporting is mandatory for minors, individuals with disabilities under the age of 21, and the elderly.

(Continued on page 4)

Dr. Cameron (right) introduces the cybersecurity panel. (From l-r: Edward Marx, Damon Hacker, and Keith Fricke)

The 2019 Medical Legal Summit Welcomed the AMA and ABA Presidents as Keynote Speakers *(Continued from page 3)*

AMCNO member Dr. Cheryl Wills (left) is a guest speaker on the "#MeToo and You" panel, along with (from l-r) William Edwards, Claire Wade-Kilts, and moderator Kathryn Hickner.

The panel that followed highlighted "The Merits, Pitfalls, and Strategies of Alternative Dispute Resolution," and covered topics such as what physicians can experience in litigation, the role of a mediator, and settlements. The co-chairs for this panel were **AMCNO Past President Dr. Matthew Levy**, who served as the moderator, and **Raymond Krncevic, Esq**, who introduced the panelists: **Dr. M. Stacia Dearmin**, from Akron Children's Hospital; **Frank Gallucci III**, from Plevin & Gallucci Co, LPA; **James McMonagle**, from Vorys, Sater, Seymour & Pease LLP; and **Jane Warner** from Tucker Ellis LLP. Dr. Dearmin shared her personal experience of having to stand trial after she cleared a patient for release from the hospital who then later died of cardiac arrest. She now speaks publically about the incident and legal process, and she provides support for other physicians who are experiencing similar situations. The legal representatives on the panel further discussed mediation—how it is a significant undertaking, but it is now a sophisticated procedure and an important risk management process; it is also one way to resolve cases and to reduce the stress and costs of a trial.

The final plenary session, "Addiction and Recovery 2018: Beyond Issue 1," featured **AMCNO Board Member Dr. Kristin Englund** as the moderator and co-chair, along with fellow co-chair **Isabelle Bibet-Kalinyak**. Three panelists discussed topics related to mental health and addiction issues: **Joan Englund**, Executive Director, Mental Health & Addiction Advocacy Coalition (MHAC); **AMCNO member Dr. David Streem**, from Lutheran Hospital; and **Hon. Thomas M. Parker,** United States District Court, Northern District of Ohio. Judge Parker discussed the success of drug courts, and emphasized that treatment for those with addiction is a better option than incarceration. He said one of the problems with Issue 1, which was on the November ballot, was that it was going to be a constitutional amendment, so it would have been very difficult to change or revise. Ms. Englund stated that in 1978, 18,000 Ohioans were in jail; in 2017, there were 69,000, and most of them have an addiction or mental health condition. She stressed the importance of keeping Medicaid expansion in Ohio, so that almost one-third of

Raymond Krncevic (right) introduces the panelists for the session on alternative dispute resolution. (l-r: Dr. M. Stacia Dearmin, Frank Gallucci III, Jane Warner, and James McMonagle)

recipients can continue to receive the mental health services they need and are receiving. Dr. Streem, who specializes in psychiatry, discussed how the 21st Century Cures Act has increased the availability of trained providers, especially for medication-assisted treatment, which shows a positive impact on those with addiction; but he also discussed how physicians are dissuaded from training because of insurance and policy issues. He was pleased, however, to report that Senators Rob Portman and Sherrod Brown recently released $29 million in funding to address the opioid crisis in Ohio.

The Summit concluded with remarks from Dr. Cameron, who thanked everyone for their participation and attendance.

AMCNO Board member Dr. Kristin Englund (right) moderates the addiction and recovery panel. (l-r: AMCNO member Dr. David Streem, Joan Englund, and Hon. Thomas Parker)

Early feedback indicates that attendees enjoyed the Summit, and the AMCNO was pleased with the turnout and how well the panelists covered all of these important topics.

AMCNO members are encouraged to participate on the planning committee for the Summit and submit ideas for topics and presenters. We will soon begin planning for the 2020 program. If you would like to take part, please contact Elayne Biddlestone at the AMCNO offices at ebiddlestone@amcnoma.org, or (216) 520-1000, ext. 100. ■

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Ohio Budget Bill under Review through June

Throughout the next couple of months, the legislature will be laser-focused on the 2019 budget bill. It will be debated through June of this year, it has to be passed by the legislature, and then sent to the governor for his signature by June 30. Several items of interest to physicians are contained in the current budget, and the AMCNO (along with other statewide medical organizations) will be tracking these issues as the budget process moves forward.

- Telemedicine: Health benefit plans shall provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for the provision of in-person healthcare services, and the plan shall not exclude coverage for a service solely because it was provided through telemedicine. If this language remains in the budget, these coverage benefits would apply beginning January 2020. The AMCNO, the Ohio State Medical Association and many other medical organizations strongly support this language, and we will all be working to keep this language in the budget.
- Minimum Age to Purchase Tobacco/Vape Products: The bill includes provisions that would prohibit anyone under the age of 21 from purchasing tobacco or other tobacco products, including vape pens.
- Project DAWN & Naloxone Access: The budget bill provides funding for Project DAWN sites across all 88 counties in Ohio, which will increase naloxone access in the state.
- CME Requirements: The budget language includes a proposal submitted by the State Medical Board of Ohio to change physician CME requirements to remove the 60-hour category II requirement, and to increase by 10 hours the requirement for category I.
- Ohio Physician Loan Repayment Program: The bill includes funding increases to the current Ohio Physician Loan Repayment Program for participants who commit to practice in underserved areas and who are providing medication-assisted treatment (MAT).
- Substance Use Disorder Professional Loan Repayment: Language in the budget creates a substance use disorder professional loan repayment program, which would expand the drug treatment workforce through a student loan repayment program specifically for providers of these services.
- CPC Program: The bill includes an expansion of the current Ohio Comprehensive Primary Care (CPC) program to include pediatric care.
- Medicaid Coverage Following Childbirth: Language in the budget requests that a waiver be submitted to the Centers for Medicare & Medicaid Services (CMS) to allow pregnant women on Medicaid to have 12 months of continuous coverage following the birth of a child. At this time, Ohio law only requires coverage for 6 weeks post-delivery.
- Chancellor's Task Force on Physician, Nursing, and Allied Health Care Work Force: The budget bill proposes the creation of a task force that will look to enhance training and retraining of healthcare workers in key shortage areas. The task force will include representatives from medical schools, the state medical board, hospital administrators, physician and nursing organizations, and other allied health professionals.

Other Items of Interest in the Budget Bill:

- Includes language to allow boards of county commissioners to create a drug overdose fatality review committee to review drug overdose deaths and opioid-involved deaths occurring in the county. This committee would include the county coroner, the chief of police, a public health official, the ED of the ADAMHS board, and a physician. The committee will maintain a database of overdose deaths to understand causes and incidence of these deaths, and to look for ways to prevent overdose deaths, and provide the Ohio Department of Health with aggregate data on overdose deaths.
- Provides for the ability of the governor to declare an emergency that affects the public health (this could include the opioid epidemic).
- Allows boards of health to establish and operate a fetal-infant mortality review board to review each fetal death and the death of an infant, with the intent to reduce the incidence of preventable infant and fetal deaths.
- By January 2020, the director of the governor's children's health initiative shall convene a workgroup to develop a standard, electronic pregnancy risk assessment form to identify pregnancy risks, to ensure care coordination, and to facilitate referrals of pregnant women to additional services intended to achieve healthy pregnancies and identify the necessary processes for obstetric care providers to comply with completing the form.
- Continued funding for graduate medical education (GME), medical education, clinical teaching, primary care residencies, and long-term care research.
- Substantial increase to the hospital franchise fee.
- Medicaid Preferred Drug List (PDL) – (i.e., Medicaid formulary): A proposed change to create a single PDL for all the Medicaid plans in Ohio. A PDL is a list of medications that are covered without the need to request prior authorization (PA).

Medication-Assisted Treatment and Prior Authorization: At press time, this item was not yet included in the budget bill. The AMCNO has been working with the Northeast Ohio Hospital Opioid Consortium and the Ohio State Medical Association to add language to the budget that would remove PA by insurers for MAT drugs.

Ohio Medicaid Director Maureen Corcoran Provides Update at Forum

The AMCNO was on hand for a luncheon sponsored by the Center for Community Solutions, where the new Ohio Medicaid Director Maureen Corcoran provided an update on the Medicaid program.

She began by stating that Ohio Medicaid provides healthcare coverage for nearly 3 million Ohioans, who are served by a network of more than 135,000 providers. Ohio Medicaid ensures healthcare access to low income adults, children, pregnant women, seniors and individuals with disabilities. In addition, more than half of the births in Ohio are paid for by Medicaid. 1.2 million Medicaid recipients are children, and 36,000 are in the foster care system. More than 840,000 served by Medicaid receive behavioral health services. Overall, the federal government is paying nearly 70% of Ohio's Medicaid expenses—meaning, for every $100 spent, $68 is going to come from the federal government.

Medicaid enrollment, which had reached a level of 3 million two years ago, is expected to flatten out to lower levels in the next few years. Caseload is down from 3.1 million in March 2017 to 2.8 million in February 2019.

Also, the Group 8 expansion population was 725,000 in 2017—as of March 2019, that population is now 613,000, with the greatest area of decrease in caseload in the Group 8 expansion population. The Director indicated that Medicaid enrollment is largely driven by the economy—noting that when jobs are available, enrollment drops. When the economy slows down and people become unemployed, more people qualify for Medicaid expansion (which is for adults with incomes of up to 138% of the poverty level—$12,140 for individuals, and $25,100 for a family of four).

The Director also discussed Ohio's managed care platform, saying the state has more than 90% who are served by managed care plans, and managed care represents 80% of total expenditures. The DeWine administration is planning to reboot the managed care programs and procure new managed care contracts, with the intent of sending a request for information to get stakeholder feedback on what is working and what is not working, so they can get an idea of what can be done better by the managed care plans. They will be seeking input from organizations that are interested in providing this feedback to Medicaid, launching a dedicated website in 2019 and conducting regional forums.

Director Corcoran also mentioned that Ohio has received approval of their 1115 waiver for work requirements. Based on February data, 253,638 Group 8 individuals are currently working more than 20 hours a week; 250,193 individuals are exempt from work requirements; and 109,258 will require assessment—i.e., should they be working more hours, begin working, are other allowable activities being done, and is there a possible exemption involved.

The Director stated that they are also looking at program performance, accountability and sustainability. They will be increasing the managed care withhold, updating Medicaid forecasts, eliminating rate increases for nursing facilities, conducting an updated member month reconciliation process and enhancing program integrity.

She also noted that the state funds for Medicaid come from a number of sources, not just the General Revenue Fund (GRF), including drug rebates and hospital franchise fees. In addition, there are no provider rate increases in the Ohio Department of Medicaid proposed budget.

She also stated that they are considering a telehealth rule change to push the envelope to have more access to care through telehealth.

Director Corcoran noted that the 1115 substance use disorder (SUD) services waiver has been put on pause for now, which is a big lift, and they want to be sure what they want is consistent with what the governor is looking for. She noted that Ohio was approached by CMS and they strongly suggested that Ohio needs to apply for one of these waivers to protect the federal financing for our SUD services. This process has begun and they are taking another look at it. They want to review what is necessary for continued federal financial participation for SUD services, and they know this will require significant enhancements to Medicaid's care coordination services. This is also an opportunity to improve clinical consistency while measuring service outcomes and performance, with the potential to improve care for pregnant women with opioid use disorder and their infants. They are also working with RecoveryOhio on these discussions.

Legislation Under Review by the AMCNO

The AMCNO is currently tracking several healthcare-related bills that have been introduced in the Ohio legislature. A brief overview of some of these bills is as follows.

HB 63 and SB 14 – Drug Information – Regarding pharmacy benefit managers, pharmacists, and the disclosure to patients of drug price information.

This measure is identical to legislation that passed the House unanimously last session (HB 479, 132nd General Assembly [GA]). The legislation was supported by the AMCNO in the last GA. It would codify rules from the Departments of Insurance and Medicaid to change drug pricing models and abolish insurers from prohibiting pharmacists from advising patients if a drug would cost less if they didn't use insurance. The AMCNO is supporting this legislation again.

HB 132 – School Immunizations Requirements – This bill would require school, board of education, or governing authority of a school, upon notifying a pupil or the pupil's parent or guardian of immunization requirements, to also notify the pupil or the pupil's parent or guardian of the exemptions from immunization.

The Committee discussed this bill, noting that it runs the risk of increasing the number of children who do not get immunized in Ohio at a time when we are seeing outbreaks all over the country due to anti-vaccination supporters. This will give people the idea that they can move away from vaccines. There is a need to educate legislators about the consequences of their actions. The AMCNO opposes this legislation.

HB 177 – APRN Independent Practice – Regarding standard care arrangements entered into by advanced practice registered nurses (APRNs) and collaborating physicians or podiatrists, physician prescribing of Schedule II controlled substances from convenience care clinics, and clearances by licensed healthcare professionals of concussed athletes.

This is a reintroduced piece of legislation, known last GA as HB 726. This legislation would modify current Ohio law regarding the scope of practice of advanced practice registered nurses, physician prescribing of Schedule II controlled substances from convenience care clinics, and clearances by licensed healthcare professionals of concussed student athletes. The AMCNO opposes this legislation. (Note: At press time, there was also discussion about reintroducing legislation in the near future that would allow for certified registered nurse anesthetists to expand their scope of practice as well–the AMCNO has already voiced our opposition to such legislation.)

SB 72 – Fireworks – to Review Fireworks Law – This legislation is of similar subject matter to HB 226, a bill opposed by the AMCNO in the last GA. The bill would permit Ohioans to buy, possess, and discharge 1.4G fireworks on their own property or on others' property with the property owner's permission. The AMCNO opposes this legislation due to the relationship between legalization of fireworks and increases in fireworks-related injuries.

To view these bills and other AMCNO legislative positions, visit our website at www.amcno.org and click on the Advocacy tab. ■

Growing our Impact

By Diane Solov, Director of Communications and Foundation Relations, Better Health Partnership

Better Health Partnership continues to light new paths to collaboration, which drives our growing impact on health in Northeast Ohio. With our collective knowledge and trusted leadership, we have mobilized diverse stakeholders to achieve a common vision that crosses boundaries to influence both healthcare quality, healthy communities and health equity.

Better Health, now in its 12th year, leverages its model, its core programs and its partners to connect health care with community organizations that provide services outside of primary care, which continue to be the core focus for Better Health. Advancing health requires providers to help their patients connect to agencies that provide services to meet needs for mental health, social services, economic stability, and education. Because health is influenced beyond the doctor's office, we target determinants of health to help advance our mission.

In recent years, Better Health extended its reach beyond Cuyahoga County to include new partners in Summit County, capturing Northeast Ohio's most populous regions. Our broader Northeast Ohio focus now includes improved population health from "twinkle-to-wrinkle."

Better Health is at the table of several marquis initiatives in Northeast Ohio. They include Cleveland's Say Yes to Education program; United Way's CMS Accountable Health Communities initiative; HIP-Cuyahoga's Centers for Disease Control's REACH initiative; Case Western Reserve University's Cardi-OH program, a statewide cardiovascular disease collaboration; and Community Health Needs Assessment and Improvement Planning.

A key priority over the past year is our work with First Year Cleveland (FYC), which focuses on reducing rates of infant mortality in Cuyahoga County. Infant deaths in the first year of life have been over five times higher in black babies than in white babies, and 11 teams with more than 460 community members are working to learn why. As the region's health systems and others work to address infant mortality, Bernadette Kerrigan, FYC's Executive Director, recently noted that "for the first time, our health care leaders in our community are coming together with an expert on collaboration to save our babies."

Data-Informed Collaboration and Improvement Across Sectors & Northeast Ohio

In both adults and children, timely data from our partners inform progress in health care quality and outcomes. Better Health's growing reach includes more than 475,000 children ages 2-18 and adults who receive care from about 1,000 primary care providers in nearly 2,000 practices of 11 health systems.

Data provided by Better Health Partnership members provide a yardstick for progress in meeting evidence-based care and outcomes standards, accompanied by expert analyses that probe the data to identify potential best practices in primary care that can be validated and shared to improve health across the region. Twice yearly Learning Collaboratives and annual Report to the Community events feature timely and topical keynote speakers that assemble diverse stakeholders to inform, educate, and collaborate across systems and community members.

Analyses of the robust data provide context and highlight trends and characteristics of populations and subpopulations. Our new mapping capabilities visualize the greatest needs, barriers and opportunities to address health disparities in children, highlighting opportunities for a healthier Northeast Ohio.

BHP's Key Initiatives

Building New Measures

New metrics are needed to drive health improvements within and across domains that influence the health of our communities and the persistent health disparities we see in Northeast Ohio. Our recent formation of the new Health Metrics Advisory Committee (HMAC) launches a more expansive approach to data-informed improvement. Goals include identification of priority metrics that align with state and other programs to improve and reduce disparities of care and outcomes in children and adults – and to identify and align metrics with key initiatives in our community, fill gaps in effective services, and help inform decisions for future investments in erasing social determinant barriers.

Clinic-to-Community Connections

Efforts continue to ensure that patients and families seen in primary care have seamless connections to resources in the community to help them address health, social and economic needs. In partnership with United Way of Greater Cleveland 211, we advance a unique and replicable clinic-to-community electronic referral system to connect residents and patients to resources curated by United Way 211. MetroHealth launched 211 referrals at its J Glen Smith Health Center. Next up are MetroHealth's Buckeye Health Center, University Hospitals Rainbow Center for Women & Children, and Care Alliance's Central Clinic. Better Health's evaluation of the system will bring new insights to help inform strategic community investments upstream.

Pathways Community HUB

Better Health Partnership is in early planning stages for establishing a Pathways Community Hub in Cuyahoga County. The HUB is a national care model that targets at-risk populations and uses evidence-based standardized processes that align funders and service providers to deploy holistic approaches to care coordination. Its evidence-based protocols and checklists standardize the work, ensure accountability, and facilitate payer reimbursement for outcomes achieved.

The model benefits health care providers, payers and communities. It relies on Community Health Workers (CHWs), who serve as partners, advocates, and coaches for their clients and identify health needs and risks. Each risk is translated into a pathway that includes unmet needs for transportation, housing, and more, and is tracked through completion in an electronic database. CHWs, who often visit their clients at home, are employed by medical clinics, social service agencies, and other organizations. They play a large role, partnering, advocating and coaching their clients while being alert to health needs and risks.

The model so far has delivered impressive results in infant health. In Mansfield, where the HUB has been operating the longest, participating women delivered low-birthweight babies at less than half the rate of non-participants at the same risk level. Researchers estimate that each dollar invested in the HUB returns more than $3 in short-term health care costs and $5 in long-term costs in neonates due to less intensive care unit utilization and fewer emergency room visits.

Children's Health Initiative

Our fourth report on children's health includes information on 260,448 children ages 2-18 who received care between July 2017 and July 2018 from one of 950 providers in 168 primary care practices in six health systems: Akron Children's Hospital; Care Alliance Health Center; The MetroHealth System; Neighborhood Family Practice; Senders Pediatrics; and University Hospitals Rainbow Babies & Children's Hospital.

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Growing our Impact *(Continued from page 9)*

Asthma. Health disparities in children light up maps of asthma prevalence in urban communities in Cuyahoga and Summit counties, with common patterns of disparities in rates of asthma diagnoses and exacerbations. In Cuyahoga County, 16% of children included in our report for the year ending June 2018 have an asthma diagnoses; Summit County weighed in at 22%. Rates of asthma across 14 Northeast Ohio counties top 17%, with the urban and rural communities most affected.

The numbers sound a call for cross-sector action to improve environmental conditions associated with costly asthma episodes and school absences. Better Health is working with member practices, Environmental Health Watch, public health agencies, community development organizations, and United Way 211 to align, inform and invest in solutions that work.

Overweight and Obesity. Alarming numbers of children who are overweight or obese portend decades of poor health in Northeast Ohio. Among nearly 200,000 children in Northeast Ohio, 38% of children in the City of Cleveland and 30% of suburban kids in Cuyahoga County are overweight or obese. Summit County rates align at 31%. Elevated blood pressure often accompanies these children. Additional metrics under consideration in children's health include lead screening, HPV vaccinations and behavioral health.

Common Chronic Disease in Adults

Tracking chronic disease care and outcomes in adults has been a mainstay of Better Health's measurement work since 2007. Our most recent report – the 22nd – includes nearly 217,000 patients seen by 628 primary care providers in 66 practices. Eight health systems share data on adults: Asian Services in Action; Care Alliance Health Center; Lake Health System; The MetroHealth System; Neighborhood Family Practice; Northeast Ohio Neighborhood Health Services (NEON); Sisters of Charity Health System, and VA Northeast Ohio Healthcare System.

Measurement has focused on diabetes, blood pressure control, and screening for colorectal cancer. Over the years, we've seen significant improvement in rates of well-managed blood pressure for patients with hypertension, owed in large part to a best-practice toolkit developed by Better Health. In diabetes care, we've nearly closed the gaps in racial and ethnic disparities.

We continue to recognize performance improvement and achievement in our "Gold Star" program, which recognizes practices whose improvement or achievement lies in the top 10% of the region on Better Health's measures. All eight reporting health systems have at least one practice winning a Gold Star in the most recent report.

Better Health increasingly looks beyond the boundaries of health care delivery to collaborate for healthy neighborhoods, where social connections, culture, and history play a role. While our data can help point the way to opportunities to improve health and health equity, it's collaboration across sectors and in communities that will enable the results we seek. ■

Editor's Note: *The AMCNO has been a partner organization of Better Health Partnership since its inception in 2007.*

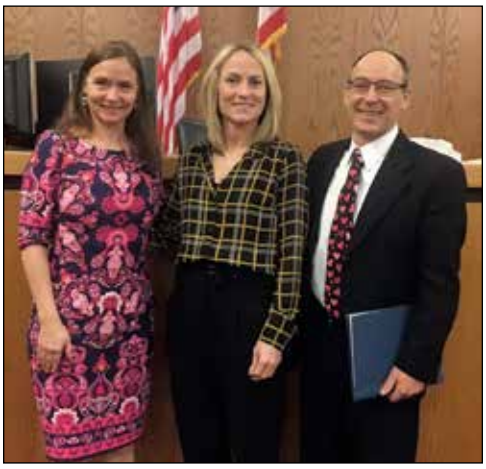
AMCNO Intern Returns the Favor

By Kristin Englund, MD, Member of the AMCNO Board of Directors

In October 2018, Judge Hollie Gallagher from the Cuyahoga County Court of Common Pleas took part in the AMCNO Mini-Internship program, spending two days with four different physicians. Dr. Jeff Brown and I were privileged to have her spend time in our clinics.

At the wrap up meeting, several of us expressed an interest in learning about her work. Part of Judge Gallagher's responsibilities is for Mental Health Court, offering alternative intensive treatment plans instead of prison time to criminals with minor non-felony offenses. She offered to have us come and shadow her for a day. On March 21, Dr. Brown and I entered the justice center, feeling a bit out of our element. After introductions to the staff, the morning began with a team meeting of case managers and representatives from mental health organizations working with the clients on the docket that morning. It was fascinating to listen to the case discussions detailing the criminal complaint, progress the client was making with counseling and medications, and next steps. Following the case conference, we entered the actual courtroom. We observed from the jury box while Judge Gallagher called each client to the front. She started with an older gentleman who had clearly worked hard to meet the rules set before him, and to genuinely reform. She congratulated him on his graduation from the program and presented him with a graduation certificate. The courtroom applauded and the look of pride on his face was priceless. A few clients later, a young defiant woman who broke her agreement by using fentanyl was taken away in handcuffs.

While the process and the cases were fascinating, the most impressive part was the compassionate strength that Judge Gallagher showed to each client. She sincerely asked how she could help each client continue to move in the right direction. With her years of experience, she understood the challenges of those with mental illness. Still, she could put her foot down when she needed to.
Dr. Brown was able to spend the afternoon with Judge David Matia, another previous AMCNO Mini-Internship participant, in his drug court. Judge Matia offers intensive programs to non-felony drug offenders, with the goal of rehabilitation, not imprisonment.



AMCNO Board member Dr. Kristin Englund (left) stands with Judge Hollie Gallagher (center) and AMCNO member Dr. Jeff Brown (right) at the justice center.

The Mini-Internship program through the AMCNO offers leaders in our community the opportunity to see inside the medical world. The relationships we build in just a short amount of time with our interns is priceless and can lead to many wonderful and enriching experiences. I hope you consider taking part in the AMCNO's program next year. ■

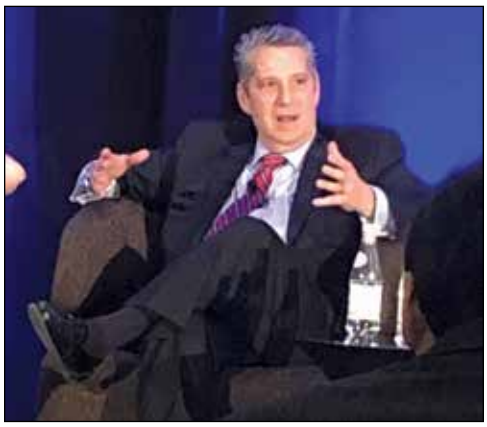
The 2019 Health IT Summit Focused on Interoperability and Data Analytics

The AMCNO once again partnered with Healthcare Innovation (previously, Healthcare Informatics) for their annual Health IT (Information Technology) Summit.

The Cleveland Health IT Summit, which was held March 19-20 at the Westin Downtown, featured presentations by speakers from several national organizations and healthcare IT systems, such as the Ohio Health Information Partnership (OHIP), Indiana Health Information Exchange, Missouri Health Connections, Cleveland Clinic, and MetroHealth Medical Center. These industry leaders discussed the successes and challenges they are experiencing in their realm of health care during the two-day event.

The first day of the program began with a featured presentation by **Keith Kelley**, who is the Chief Operating Officer of Indiana Health Information Exchange. He discussed the issue of national interoperability and how it is more complex than industry leaders think—one single approach is not the answer, he said, since different types of organizations have different interoperability needs. He also stated that physicians must want to use this technology and that it must be something that easily fits into their workflow. Mr. Kelley also discussed the future of fast healthcare interoperability resources (FHIR) and application programming interfaces (API) for exchanging electronic health records, which will help decrease the number of times a physician has to click through an EHR search—from 4 minutes and 30 seconds to less than 12 seconds, for example.

A panel discussion followed, highlighting the "Future of Healthcare Data Exchange," with a focus on legislation and policy. **Dan Paoletti**, CEO of the OHIP, served as a panelist, along with other speakers from surrounding states. They discussed the challenges of data exchange, such as no clear understanding of the goal (outside of controlling the cost of health care), how quickly the technology changes, and legislative issues. The opportunity of health information exchange, however, is to turn the data into something that can affect population health.



Dan Paoletti, CEO of the Ohio Health Information Partnership, discusses data exchange during a panel session.

Later in the morning, another panel discussed medical devices, focusing on patient safety. **Kevin Tambascio**, Manager of Cybersecurity Medical Devices at the Cleveland Clinic, stressed the importance of reviewing inventory of all devices to be sure they are classified correctly as medical devices, and that none of these devices should connect to the internet.

In the afternoon, healthcare leaders in Ohio and Pennsylvania talked about how they are using technology to combat the opioid crisis in their facilities. **Dr. Samer Narouze**, Professor and Chairman of the Center for Pain Medicine at Western Reserve Hospital, discussed how they are working on identifying those with risk factors to prevent substance use and abuse before it starts. **Dr. Jonathan Siff**, Associate Chief Medical Informatics Officer at MetroHealth, shared his experiences with the opioid epidemic as an emergency medicine physician—concentrating on patient and provider education and outreach, the tools available to clinicians at Metro, and data governance.

The second day of the program began with keynote speaker **Edward Marx**, Chief Information Officer at the Cleveland Clinic. He discussed innovation and "fulfilling the promise of information technology in health care." He cited several reasons why innovation lags, including a lack of consumer demand, but that there are also eight pathways to increase innovation: by blending cultures, communicating and eliminating barriers, stressing simplicity, recognizing and rewarding ideas, co-creating solutions, collaborating and listening to one another, creating roadmaps, and using people with it. The goal of innovation, he said, is to save more lives and increase the quality of life for more people.

Edward Marx, Chief Information Officer at the Cleveland Clinic, talks about innovation at the Health IT Summit.

The event also covered Metro's IT approach as one of the 30 most successful national Medicare Shared Savings Programs, how Chicago healthcare leaders are taking charge of connecting medical care and social service needs, and how to find opportunities in the value-based care policy.

The event concluded with a panel discussion on "Transitioning to Value-Based Care—Lessons Learned from Physician Groups and Health Systems." ■

AMEF GOLF OUTING

Please join us on August 12, 2019, at the Chagrin Valley Country Club in support of the 16th Annual Marissa Rose Biddlestone Memorial Golf Outing.

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.

See the AMCNO website, www.amcno.org, for more information.

THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO

Medical Records Fact Sheet – New Fees Effective January 2019

Retention of Medical Records

Medical considerations remain the key basis for deciding how long to retain medical records, whether in paper or electronic format, but providers must also comply with certain requirements. The Code of Medical Ethics of The American Medical Association establishes rules relating to the maintenance of patient records.[1] Under Ohio law,[2] violating the ethical rules of the American Medical Association, the American Osteopathic Association, or the American Podiatric Medical Association can result in disciplinary action by the Ohio State Medical Board. Most states, including Ohio, do not have specific laws mandating the minimum record retention period for patient medical records. However, HIPAA and the Ohio Medicaid rules mandates the retention of records for a period of at least six (6) years after payment of the claim to the provider.[3] For consistency purposes, it is also recommended that records relating to Medicare beneficiaries be kept for at least six (6) years as well although Medicare Conditions of Participation only requires a five (5) year retention period.[4] Managed care contracts should also be reviewed to ensure compliance with any contractual retention period. In all cases, medical records should be kept for the length of time of the statute of limitations for medical malpractice claims. Under Ohio law, an action for medical malpractice must be brought within one (1) year after the cause of action "accrues."[5] However, there are various exceptions or special rules. For example, the statute of limitations in wrongful death cases is two (2) years after the date of death. In the case of a minor, the statute of limitations does not begin to run until the minor has reached his or her 18th birthday. The statute can also be "tolled" or otherwise extended under various circumstances. As a practical matter, relying merely on the statute of limitation is difficult. If you are discarding or destroying medical records, patients should be given the opportunity to claim the records or have them sent to another physician. The AMCNO recommends that physicians keep medical records indefinitely, if feasible.

Update on Providing Charging for Copies of Medical Records

There are very limited circumstances under which a provider may refuse to make patient records promptly available to the patient, the patient's "personal representative"[6] or "authorized person"[7] (not an insurer), or another provider treating the patient upon written request signed by the patient or by the patient's personal representative or authorized person. For example, medical records cannot be withheld because of unpaid medical bills. However, if a physician who has treated the patient determines for clearly stated treatment reasons that disclosure of the requested record is likely to have an adverse effect on the patient, then the physician can provide the record to a physician chosen by the patient instead of the patient directly. The HIPAA Privacy Rule[8] requires covered entities to take action within thirty (30) days (sixty (60) days if an extension is applicable) when a patient or a personal representative requests access to or transfer of protected health information (PHI) to a third party. Ohio law establishes maximum fees that may be charged by health care providers or medical records companies that receive a valid request for a copy of patient's medical records.[9] These fees are adjusted annually. Ohio law provides for certain limited situations in which copies of records must be provided without charge, notably where the records are necessary to support a claim for Social Security disability benefits. Ohio law[10] also recently adopted a HIPAA-compliant standardized authorization form to release medical records that is not mandatory but that must be accepted if properly executed.

Effective January 2019, the following maximum fees apply when the request comes from a patient or patient's personal representative:

- No records search fee is allowed but the actual cost of postage may be charged
- For data recorded on paper or electronically: $3.25 per page for the first ten pages; $0.68 per page for pages 11 through 50; $0.27 per page for pages 51 and higher
- For data resulting from an X-ray, MRI, or CAT scan recorded on paper or film: $2.23 per page

The following maximum fees apply when the request comes from a person or entity other than a patient or a personal representative:

- A $20.06 records search fee and the actual cost of postage may be charged
- For data recorded on paper or electronically: $1.32 per page for the first ten (10) pages; $0.68 per page for pages 11 through 50; $0.27 per page for pages 51 and higher
- For data resulting from an x-ray, MRI, or CAT scan: $2.23 per page

For additional information, please contact the AMCNO staff at (216) 520-1000, or Isabelle Bibet-Kalinyak, Esq., at (330) 554-4133.

1 Code of Medical Ethics Opinion 3.3.1, available at https://www.ama-assn.org/delivering-care/management-medical-records
2 Ohio Revised Code § 4731.22 (B)(18), available at http://codes.ohio.gov/orc/4731.22
3 Ohio Revised Code § 2913.40(D), available at http://codes.ohio.gov/orc/2913.40
4 Medicare Conditions of Participation, Medical Record Service, available at https://www.gpo.gov/fdsys/pkg/CFR-2004-title42-vol3/xml/CFR-2004-title42-vol3-sec482-24.xml
5 Ohio Revised Code § 2305.113, available at http://codes.ohio.gov/orc/2305.113v2
6 Ohio Revised Code § 3701.74(11), available at http://codes.ohio.gov/orc/3701.74
7 Ohio Revised Code § 3701.74(14), available at http://codes.ohio.gov/orc/3701.74
8 HIPAA Privacy Rule 45 CFR § 164.524, available at https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=c3ff1b3dfc7fa4e6ae460a5d3651c881&mc=true&n=pt45.1.164&r=PART&ty=HTML#se45.1.164_1524
9 Fees defined by Ohio law differ from fees permitted by HIPAA 45 CFR 524(c)(4) but most providers follow state law even if federal law typically prevails over state law
10 Ohio Administrative Code § 5160-1-32.1, available at http://codes.ohio.gov/oac/5160-1-32.1

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