



NORTHERN OHIO PHYSICIAN

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Left to right: Kristin Englund, MD, Mary LaPlante, MD, Richard Watkins, MD, Val Yanoska, Jonathan Scharfstein, MD, Marie Schaefer, MD, John Hanicak, MD, Jen Johns, Adrian Lindsey, MD, Sam Zern, Fred Jorgensen, MD, Michael Shaughnessy, MD, Gerard Isenberg, MD, Eric Shapiro, Mary Frances Haerr, MD

200 Years of Medicine in Cleveland

What a night was had! On May 4, 2024, the AMCNO celebrated its bicentennial year in style with a gala at the Cleveland History Center of the Western Reserve Historical Society (WRHS). Over 300 guests joined the celebration, which was emceed by Monica Robins of WKYC. In her remarks, Ms. Robins noted that while “Cleveland is a community rich in history, there are still very few organizations in town who have made it to their bicentennial year.” She also ran through other highlights of the year 1824, including Ludwig van Beethoven’s 9th Symphony premiering in Vienna, the washing machine being patented by Noah Cushing of Quebec, Mexico becoming a republic, and the US House of Representatives deciding the outcome of election deadlock between John Quincy Adams and Andrew Jackson.

(Continued on next page)

200 Years of Medicine in Cleveland

(Continued from page 1)

As part of the official program, two videos premiered, one on the [AMCNO's history](#), and one on [its future](#).

The program also included a call to action from Dr. Peter Angood, President and CEO, of the American Association for Physician Leadership (AAPL), and the awarding of AMCNO Legacy Lifetime Achievement Awards to Drs. Richard Fratianne and Nancy Kurfess-Johnson. In his acceptance speech, Dr. Fratianne focused his remarks on the continued need to hold government officials accountable, and for physicians to realize that we are “the heroes we are looking for.” In her remarks, Dr. Kurfess-Johnson focused on the significant progress that has been made by women in medicine (she herself was the only woman in her medical school graduating class), and the need for more research and focus on the brain and mental health as we enter the next century of medicine in Cleveland.

The program ended with us awarding our largest gift ever from the Academy of Medicine Education Foundation (AMEF) -- \$200,000 in honor of our 200 years. The awards were given to 20 medical students graduating from Case Western Reserve University School of Medicine, Cleveland Clinic Lerner College of Medicine of CWRU, Northeast Ohio Medical University, and Ohio University Heritage College of Osteopathic Medicine.

Kristin Englund, MD, president of AMEF, said that this class of scholarship winners were chosen for their dedication to improving the health of their communities and their desire to push the field of medicine even further.

“For more than 60 years, AMEF has awarded scholarships to medical students to help them on their paths to becoming the best healthcare providers they can be,” Dr. Englund said. “This group of scholarship winners is continuing that legacy, and we are proud to honor the efforts they’ve already made and aid in the work they will go on to do.”

As part of the celebration, attendees were also able to visit the exhibit on 200 Years of Medicine in Cleveland, which debuted that evening. As past president Dr. Paul Janicki shared at the evening’s conclusion, “this was the best event ever hosted by the Academy.”

We thank all our members who attended the event for joining us on this historic night, and we look forward to continuing to celebrate this milestone year for the Academy with you.





Drs. Kurfess-Johnson and Fratianne were awarded lifetime achievement awards followed by the presentation of AMEF scholarship awards.





Thank you to all of our members, and leaders from our past, present and future, for joining us for our historical bicentennial gala, celebrating 200 years of Medicine in Cleveland.



AMCNO Hosts Bicentennial Service Event

On April 11th, the AMCNO officially kicked off its Bicentennial Year celebrations with a service event at MedWish International in recognition of service as an important part of the AMCNO's legacy. Founded in 1993, MedWish International is a nonprofit organization that saves lives and the environment by repurposing surplus medical supplies and equipment to provide humanitarian aid to people in need.



Revived Bicentennial Lower Lecture Emphasizes Physician Leadership

When Dr. William E. Lower endowed the Lower Lecture program in 1938, his aim was to support an annual lecture, led by an outstanding physician or scientist, that would be of scientific merit to the medical community of Cleveland and Northern Ohio. Thanks to his gift, lectures on topics such as vitamin K, surgical shock, early cancer treatment, and more were delivered in the late 1930s through the 1940s.

This year, in honor of the AMCNO's Bicentennial and Lower's lasting legacy, the Academy once again hosted a Lower Lecture on May 3 at the Case Western Reserve University and Cleveland Clinic Health Education Campus. The lecture featured Dr. Peter Angood, president and CEO of the American Association for Physician Leadership, who gave his insights on what it means to be a physician leader in the current healthcare system.

In the spirit of the Lower Lecture's history, Angood began his talk with the history of physician leadership and how the founders of the AMCNO, the founders of the Cleveland Clinic, and all the leaders that have contributed to Cleveland's health community have made the city the world-class healthcare destination that it is today.

"It's because these guys started with a vision and created something new and different," Dr. Angood told the audience during his lecture. "For all of us, at some level, we're leaders. We can create, influence, and change, and it's really up to us to help continue to drive the industry forward in a whole variety of ways."

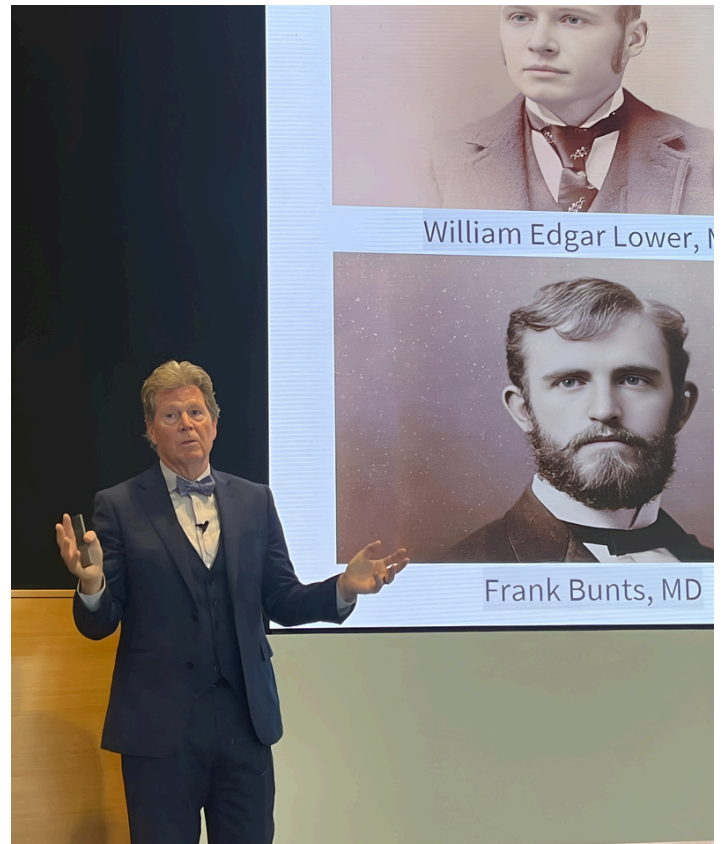
Dr. Angood's lecture chiefly focused on what it means to lead as a physician. He said that the attitudes and talents that get people into medicine and make them great doctors don't always translate naturally into leadership. But leadership is a skill that can be taught, and it is one worth investing in if progress is to be made toward better patient health outcomes.

According to a report from Physician-Led Healthcare for America, there are more than 250 physician-led hospitals that staff nearly 14,700 beds in the United States, mostly operating as community hospitals with general services or as specialized hospitals, with nearly all classified as acute care facilities. That same report found that physician-led hospitals generated \$217.1 million in Medicare cost savings and provided \$240.1 million in charity care.

"Those who have been on the front line in their industry and then progress through and get more education, more experience, they are the ones that will help run that industry or company best," Dr. Angood said.

The lecture concluded with a Q & A session with Dr. Angood, AMCNO President Dr. Marie Schaefer, and the audience. Dr. Angood reiterated the importance of honing leadership skills among medical students and residents, recognizing that the majority of physicians currently in healthcare leadership are over the age of 55. To get there, he said that it is up to the current leaders to mentor students, residents, and fellows and help teach the skills of leadership so that the next generation can step up to the challenge.

"It doesn't matter if you're in a formal title role or not. When you see patients or you run your practice [sic], they're all looking to you as a leader. We need to continue to own that leadership at all levels."



"When you look at physician led enterprises in healthcare, it's 25 to 33 percent better overall in your standard quality metrics," Dr. Angood said. "Physicians do it better."

AMCNO Exhibit on 200 Years of Medicine in Cleveland Now Open!

The AMCNO's bicentennial gala, which was held at the Cleveland History Center of the Western Reserve Historical Society (WRHS), also marked the opening of an exhibit at the museum charting 200 years of medicine in Cleveland.

The exhibit features historical artifacts, photographs, film, and the story of Juno the Transparent Woman, a later version of the "Camp Transparent Woman," debuted by the Academy at the 1936 Great Lakes Exposition.

The exhibit also features the story of Sabin Oral Sundays (SOS), the Academy's hallmark achievement, and the most successful polio vaccine campaign in the United States at the time. A film on the program, narrated by AMCNO Past President Dr. Anthony Bacevice, plays on loop at the entrance of exhibit.

Finally, the exhibit features a wall dedicated to 9 of our key leaders, including the four founders of Cleveland Clinic, who were all past presidents of the AMCNO. The exhibit will remain open to the public through September 30.



SABIN ORAL SUNDAYS

"This was one of the finest hours of American medicine. It was the flowering of the finest in community responsibility."



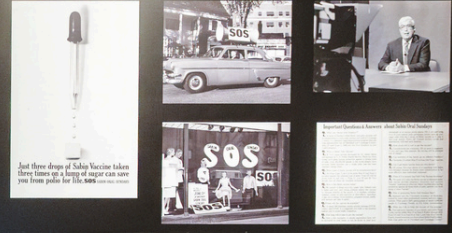
Juno

Juno the Transparent Woman is a later version of the "Camp Transparent Women," featured by the Academy in the 1938 Great Lakes Exposition.

Designed in Germany by the German Hygiene Museum in Dresden, the transparent woman was brought over by hygiene broadcaster Eleanor Halsey Camp, who wished to bring the article to the United States as an educational instrument.

The "Camp Transparent Women," as she and her books, was the first assembly many members of the public had seen of the inside of a human body. The huge public interest in the exhibit at the Exposition led the Academy to work on establishing the Cleveland Health Museum, the first of its kind in the country to educate the public on health and medicine.

WIPE OUT POLIO!



Just three drops of Sabin Vaccine takes three times as long to administer as the three drops of the Salk vaccine. It has never been produced on any large scale.

The Sabin Oral Sundays program, as it would come to be known, became the highlight of the summer of 1962. Over six million Clevelanders were vaccinated against polio, making the campaign the most successful in the country.

The Academy's decision to launch the SOS program came from a visit Dr. Jewel Stein made to Cleveland on April 5, 1962. Two Academy members — Dr. Howard H. Hayward and Dr. Charles L. Leachman — were named the co-chairmen of the program.

Incredibly, 750 Academy physicians were lined up for service to cover 60 clinics for six Sabin Sundays. They worked to the point of exhaustion. But one within Academy member when it was all done. "I have never been prouder of my profession." Physicians were key sides at each site. They did not have three drops of vaccine on hand for thousands of eager rubes. Other personnel for each site were registered nurses, PTAs members, Red Cross, Boy and Girl Scouts, service groups, business and labor. The traffic problem on Sabin days, incidentally, was immense. Police departments of each municipality performed beyond the call of duty to keep traffic in away flow.

No words are too strong in expressing the value of daily newspapers, radio, TV, neighborhood meetings, and language development for the better support they gave. Without them the magnitude of success would have been significantly reduced.

The clinics for Sabin Oral Sundays were opened between the hours of 12:30 p.m. and 2:30 p.m., during which time approximately 40% of the population served by each clinic site was processed. The program undoubtedly was influenced by the clergy, which helped emphasize that the vaccination program was important.



Key Leaders

<p>David Long, MD</p>	<p>George Crile, MD</p>	<p>William Lower, MD</p>
<p>Frank Burns, MD</p>	<p>John Phillips, MD</p>	<p>John H. Budd, Jr., MD</p>
<p>Madison Lambright Jr., MD</p>	<p>Ted Castle, MD</p>	<p>Wilma Bergfeld, MD</p>

Top: This wall of the exhibit showcases the Academy's lead role in Sabin Oral Sundays as well as a life size photo of Juno, the transparent woman. Bottom left: This wall showcases milestone events of the Academy as shown through photos. Bottom right: This photos highlights the Academy's key leaders throughout its 200 year history.

Meet the New AMCNO Board Members



Negin Khosravi Ceraolo, MD, MS, is an emergency medicine resident physician at Cleveland Clinic Akron General. Born and raised in Iran, she moved to the United States at age 15 and went on to earn a Bachelor of Science from the University of San Francisco. She later completed a Master of Science at Johns Hopkins University before coming to Ohio to attend medical school at Northeast Ohio Medical University. While at NEOMED, she led the Student Run Free Clinic and was a strong advocate as part of the AMCNO's Future Leaders Council. As an advocate, she has testified to improve healthcare access at the Ohio Statehouse and has travelled to Washington, D.C. to speak with Congressional offices. Dr. Khosravi's research background includes work regarding various cancers, Alzheimer's, and sleep medicine. She says her passion for emergency medicine comes from a desire to treat diverse patient populations and be a voice for patients dealing with traumatic or health-interrupting circumstances.



Adrian S. Lindsey, MD is a staff hepatologist at MetroHealth Medical Center/Case Western Reserve University. He is the clinical lead of the Gastroenterology and Hepatology Multicultural Health Equity Center of Excellence and the Associate Division Director for bioinformatics and quality of care advancement in the division of gastroenterology. He is board certified in Internal Medicine and Gastroenterology and studying for his Transplant Hepatology boards this year. His area of interests is related to chronic liver disorders such as alcohol associated liver disease, metabolic fatty liver disease, liver cirrhosis and GI bleeding. He has published literature regarding gastrointestinal bleeding as well as immune checkpoint inhibitor colitis. Dr. Lindsey received his medical degree from the University of Cincinnati College of Medicine and then completed his internal medicine residency at the University Hospitals Cleveland Medical Center. He also completed both gastroenterology and transplant hepatology fellowships at University Hospitals Cleveland Medical Center.



Jessica Tomazic, MD is a physician with Cleveland Clinic's Sports and Exercise Medicine. She is a native of Northeast Ohio, born in Oberlin and raised in Lorain, OH. She studied Art, Philosophy, and Literature at the United States Military Academy-West Point, where she also discovered her love of cycling. After graduation, she commissioned into the United States Army as a Medical Service Corps officer and served at bases in Texas, Germany and California in various healthcare administration and logistics roles. In 2013, she enrolled in the NEOMED-Cleveland State University partnership program and completed two years working for AmeriCorps in Veteran outreach. She matriculated to NEOMED in 2015. She graduated in 2019 and went on to complete her family medicine residency at the Cleveland Clinic. In addition to her current role as a physician in Lorain County, she has returned to the military as a reserve Army physician pursuing a flight surgeon career track.

AMCNO Forms Gun Safety Coalition

As we continue to honor our organization's 200 year history, one of our priorities is to use the platform of AMCNO's bicentennial to bring action and attention to a public health issue. Public health work has been an important part of AMCNO's history. AMCNO leadership decided the public health issue most pressing to our community was gun safety.

Firearms are the number one cause of death for children in the United States, yet due to politics it is not treated like the public health crisis it is. ([Kaiser Family Foundation](#)). Additionally, the United States has the highest rate of gun-related deaths among industrialized countries, with more than 30,000 fatalities annually. [Research published in JAMA](#) in 2017 found gun violence "was the least-researched," among leading causes of death. If funded at the same research rate as other causes of death, gun violence would receive \$1.4 billion in research funds. Instead, it has received \$22 million from across all U.S. government agencies.

To address this public health crisis, AMCNO, under the clinical leadership of past president Kristin Englund, MD and board member and pediatrician Roopa Thakur, MD, has put together a coalition of key public health leaders and organizations in Cleveland to identify and collaborate on public health initiatives to combat gun deaths and injury.

The coalition is currently in its early stages of planning an event later this year to highlight potential policy solutions to decrease mortality and morbidity from firearms, especially for children, in our community.

AMCNO will continue to update its members on the work of this coalition. To join the coalition's efforts, email Health Policy Fellow Sam Zern at szern@amcno.org.

Suicide Facts



50% of survivors made an attempt within 20 minutes of their decision to attempt suicide



Unsupervised youth firearm access **triples** the risk of death by suicide



82% of youth who died by suicide used a firearm from their home

Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Image provided by the Ohio Chapter of the American Academy of Pediatrics, a member of the coalition.

Welcome to the AMCNO Team!



Sam Zern

Sam Zern (she/her) is the 2024-2025 Dr. William E. Lower Health Policy Fellow. She is currently pursuing her Master of Public Health at Kent State University. Prior to joining AMCNO, Sam worked as an organizer on the campaign for Ohio's constitutional amendment protecting reproductive rights. She has previously worked as a health and government reporter and earned her bachelor's in education policy and sociology from Vanderbilt University.

Welcome to the New Class of the Future Leaders Council

On May 16, AMCNO welcomed the third cohort of twenty new members into the Future Leaders Council.

The AMCNO Future Leaders Council (FLC) is a group of twenty medical student and resident members seeking educational, leadership, volunteering, and networking opportunities with the Academy. These students and physicians are the future of medicine, and participation in this council allows them to learn about topics that are not covered in depth through their formal training like how to advocate for their patients to politicians and different social determinants of health that are affecting individuals in their communities. The council's objectives are to influence policy at the local, state, and national levels, be actively involved in their local communities, and organize impactful and timely public health initiatives. They coordinate and lead social and educational events to broaden their scopes of practice as they determine their medical specialties.

In addition to representing the future of medicine in Northern Ohio and around the United States, these members represent the future of our leadership at the AMCNO. Two leaders from the program's first cohort have already joined the AMCNO and AMEF boards as they completed their residency and fellowship programs. FLC members can become a part of the change that they hope to see in medicine and develop a rewarding career as they create their own identities as professional leaders in medicine. To read members full biographies, [visit our website](#).



Ghazal Adibi

Second-year medical student
at Ohio University Heritage
College of Osteopathic Medicine



Shivani Agarwal

Second-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Alexander Azar

Third-year medical student
at Case Western
Reserve University
School of Medicine



Alyssa Battaglia

Third-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Parmida Behmardi

Second-year medical student
at Ohio University Heritage
College of Osteopathic Medicine



Umida Burkhanova

Second-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Nanak Dhillon

Second-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Shamone Gore Panter, Ph.D.

Third-year medical student
at Ohio University Heritage
College of Osteopathic Medicine



Emily Guo

Third-year medical student
at Case Western
Reserve University
School of Medicine



Taeris Guzman

Second-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Matt Jajowka

Fourth-year medical student
at Ohio University Heritage
College of Osteopathic Medicine



Pete Jordanides

Second-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Oroshay Kaiwan, MD

First-year internal medicine
resident at The MetroHealth
System



Sara Kalout

Second-year medical student
at Ohio University Heritage
College of Osteopathic Medicine



Ruhul Kumar

Second-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Ngum Ngwa, MD

Third-year neonatology fellow
at The MetroHealth System



Brandon Petrovich

Third-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Caleigh Rudolf

Third-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Michaela Stamper

Fourth-year medical student
at Northeast Ohio
Medical University
(NEOMED)



Asif Uddin

Fourth-year medical student
at Northeast Ohio
Medical University
(NEOMED)



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CMS Releases Prior Authorization Final Rule

The Centers for Medicare and Medicaid Services (CMS) published the CMS Interoperability and Prior Authorization final rule (CMS-0057-F) earlier this year as part of an effort to improve prior authorization processes for providers and patients.

The final rule chiefly concerns provisions around application programming interface (API) development for certain impacted payers. The majority of the implementation of the rule will begin in 2027, with some components beginning 2026.

Beginning January 1, 2026, certain impacted payers will be required to send standard prior authorization decisions within 7 calendar days and expedited ones within 72 hours. They will also be required to provide specific information about prior authorization denials, and to report certain metrics about their prior authorization process on their public websites, including the percent of requests approved, denied, approved after appeal, and average time between submission and decision.

Last year, the AMCNO [submitted comments](#) to CMS on the at-the-time proposed rule. The AMCNO letter detailed the ways in which administrative burden around prior authorization cause increased costs to the health system and can be dangerous. The final rule's prior authorization timelines are not as rapid as our recommendation of 72 hours for standard requests and 24 for urgent ones.

This rule change marks a step in the right direction towards what the AMCNO believes to be good for patients and providers.

Beginning in 2027, several more provisions of the final rule will be implemented. These requirements fall into three main categories, namely provider access API, payer-to-payer API, and prior authorization API changes.

On March 26, 2024, [CMS hosted a webinar](#) on the final rule changes to further explain what this will mean for the impacted payers, patients and providers. The webinar allowed CMS officials to expand on parts of the rule and answer audience questions.



“The current prior authorization system in the United States is extremely laborious, and a huge administrative burden for physicians, one that delays necessary care for patients. We applaud the administration for looking to reform this onerous system. We are particularly worried about the burden the prior authorization system places on our physicians, amid workforce shortages and an epidemic of health care worker burnout. Indeed, the prior authorization system has become so intensive that 40% of physicians report having staff who work exclusively on prior authorizations.” - AMCNO Comment Letter to CMS

One such question concerned the economic impact of the rule. Scott Weinberg, an advisor at CMS, said the rule will save \$15 billion over ten years, largely due to the time that providers will get back as a result of the more streamlined prior authorization processes.

In a 2022 survey on prior authorization experiences, the American Medical Association found that physicians and their staffs spend an average of almost 14 hours completing prior authorizations each week, and that 94% of physicians report care delays related to prior authorizations.

Meanwhile, the AMCNO is continuing to work at the state level to improve prior authorization policies. The Academy has testified in support of Ohio House Bill 130, which would establish certain exemptions to prior authorization requirements, and has fought against dangerous rhetoric from insurance companies (see next page).

AMCNO Comments on Dangerous Testimony by Insurance Industry

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) [expressed its concern](#) with testimony given before the Ohio House Insurance Committee on HB 130, Gold Card legislation on the prior authorization process. Specifically, a witness from America's Health Insurance Plans (AHIP), suggested that health plans are more equipped to make decisions about a patient's health than the patient's personal physician.

The AMCNO strongly condemns this rhetoric. No one is more equipped to make health decisions, in partnership with a patient, than a trained board-certified physician.

Beyond being an extreme administrative burden on providers, prior authorization is simply no more than a time-delay tactic by the insurance companies to delay payments to keep their stakeholders happy. Most prior authorizations are approved on appeal, meaning the significant time spent by providers in the appeal process is unnecessary and time that could be better spent on direct patient care.

Patients also suffer the consequences of prior authorizations by having delays in receiving necessary tests, treatment, and/or medication. Indeed, 94% of physicians reported care delays associated with prior authorization.

When patients are suffering from life-threatening illnesses or debilitating health conditions, physicians need to be able to deliver care that is both evidenced-based and appropriate — which they are uniquely trained and educated to do — without being stalled by the insurance company whose premier motive is profit.

The clerical employees and non-medical/non-specialist administrators who make these negative clinical decisions to delay, or refuse appropriate care are acting in the best interest of their insurance companies' stockholders but are doing so at the expense and detriment of our patients' health and well-being, and the result is ultimately extremely costly to our community's bottom line, as we address the impact of delayed care and resultant illness and disability," said Dr. Bill Seitz, AMCNO Past President.

We believe that patient care and physicians' provision of such should not be impeded by the red tape of prior authorizations. HB 130 is an important first step in protecting our physicians from unnecessary strain by rewarding physicians who are good actors, keeping our exceptional workforce of healthcare workers in Ohio, and recruiting more physicians to our great state. Without this bill's passage, physicians may be incentivized to move to states that have already passed similar legislation including Texas, West Virginia, Louisiana, and Michigan.

AMCNO will continue to keep members apprised of movement of HB 130 and encourage those interested to reach out to their Ohio State Representative to express their support.



AMA Calls for Action to Improve Physician Shortages

In a May webinar, leaders from the American Medical Association (AMA) painted a grim picture; over the next decade, the United States is facing a potential shortage of 13,500 - 86,000 physicians, which may even be compounded by rising retirements and physician burnout.

Already, 83 million Americans live in areas without sufficient access to primary care.

“The physician shortage that we have long feared and warned was on the horizon is here,” Jesse Ehrenfeld, president of the AMA said. The problem is complex, Ehrenfeld said during the webinar, and goes beyond just numbers. Presently, there is a need to match the physician workforce to the needs of the population. Rural primary care shortages and maternal care deserts point to the need to train physicians to meet those demands on a geographical and specialty basis, in addition to increasing the number of physicians overall.

However, structural barriers like graduate medical education financing, the often urban locations of academic medical centers where residents train and immigration challenges make meeting these needs difficult.

As such, the AMA is advocating for a number of policy actions that could make a difference at the federal level. One such bill is HR 2389, which would remove the cap on Medicare funded residencies, and would provide 14,000 new slots over 7 years, with 10% of those spots dedicated to hospitals with diverse needs. Another piece of legislation, the Substance Use Disorder Workforce Act, would fund 1,000 GME slots at hospitals that are in the process of establishing addiction medicine and related programs. To help residents already in their programs, the AMA is advocating for the Resident Education Deferred Interest Act, which would allow physicians and dentists to defer student loan payments while in training.

One major area the AMA is hoping could make a difference in the physician workforce is targeted immigration reform. Physicians trained outside of the United States are more likely to practice in underserved communities, where the greatest shortages lie, but fluctuating and restrictive visa policies mean these physicians face barriers to being able to practice. Expanding J-1 visa waivers – which make it so that physicians do not have to return to their home country for two years following their initial stay in the United States – is one policy being pushed by the AMA.

“This is a multifaceted issue that requires a lot of different types of solutions,” Christopher Sherin, assistant director for the Division of Congressional Affairs at the AMA, said. “We can't just look at it from training more physicians. We can't just look at it from targeted immigration reforms. We also have to incorporate payment reform. If we can achieve all three of those things, I think we're in a great spot.”

As Physician Pay Cuts Continue, AMA Urges Leaders to Fix Medicare Now

The American Medical Association said during a mid-year update that recent Medicare physician payment decisions continue to be woefully insufficient in reducing the impact that ongoing financial cuts have on patients and practices.

Last year, Congress eliminated half of 2024's scheduled 3.37% Medicare payment cut: however, that means half of the cuts continued, which the AMA said could make it more difficult for seniors to access care.

“The need to stop the annual cycle of pay cuts and patches and enact permanent Medicare payment reform could not be more urgent,” Jesse Ehrenfeld, president of the AMA, said during the webinar. “Because of Congress's failure to reverse this year's cuts, millions of seniors like my own parents, are finding it more difficult to access high quality care, and physicians are finding it more difficult to accept new Medicare beneficiaries.”

Further, the AMA says that physician payments have failed to keep pace with inflation rates, lagging some 30% behind the rate of inflation growth.



The AMA says they are lobbying at the federal level to improve Medicare and push for physician payment reform that will enable small and large, urban and rural practices to thrive.

As part of their ongoing concern about physician pay, the AMA launched the Fix Medicare Now campaign to encourage more physicians to get involved. Learn more at [fixmedicarenow.org](https://www.fixmedicarenow.org)

Ohio Health Value Continues to Rank Low on 2024 HPIO Dashboard

Ohio ranks 44th out of all 50 states and D.C. for health value, a measure that combines the population health and healthcare spending, according to the 2024 edition of the Health Policy Institute of Ohio's Health Value Dashboard.

"After compiling six editions of the dashboard, it is clear that Ohioans continue to live less healthy lives and spend more on health care than people in most other states," Becky Carroll, director of policy research and analysis at HPIO, said during a webinar on the dashboard in April.

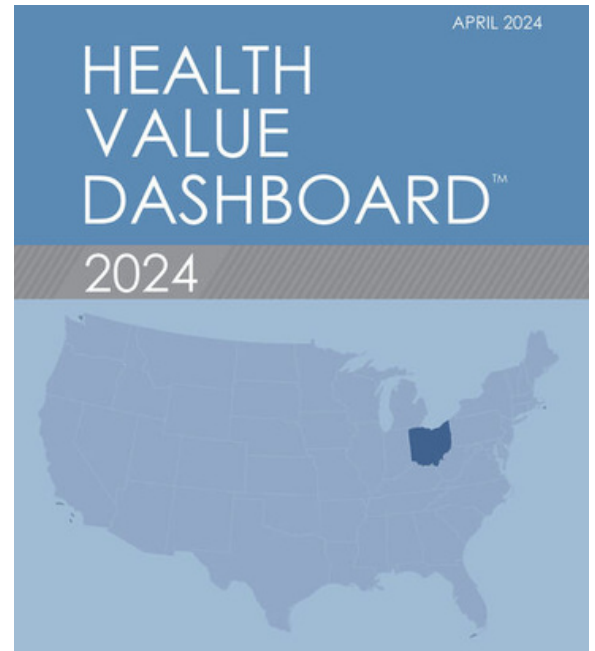
The Health Value Dashboard is a biennial publication from HPIO, which is now set to be published in even numbered years. This year's health value rank is an improvement since 2021, when Ohio was 47th, but remains stable from 2023's 44th position.

"Some good news is that in this edition of the Dashboard, Ohio saw more improvement than worsening metrics," Carroll said. "We improved on almost a quarter of the metrics and only worsened on 19%."

Driving Ohio's low rank were population health challenges and healthcare system issues. According to the dashboard, Ohioans struggle with depression, substance use and overdose, heart disease, diabetes, and limited activity rates due to health issues. Smoking and drinking rates are also high, and outdoor air quality is low in many parts of the state.

Additionally, Ohio was in the bottom quartile of states for employer sponsored outpatient spending, hospital adjusted expenses per inpatient day and total Medicare spending per beneficiary. Plus, Ohio was 50th out of 51 for preventative dental care, a rank that greatly worsened since the previous dashboard.

Healthcare workforce challenges continue to plague the state. Ohio's primary care to specialty provider ratio is in the bottom quartile of states, as is the state public health workforce. The state's emergency preparedness funding continues to lag, and environmental and occupational health remain critical areas of concern.



"The policy change to seek here really isn't that we need more money, because as a country or state, as a whole we're spending enough on healthcare and just getting lagging results," Julie DiRossi-King, president and CEO of the Ohio Association of Community Health Centers, said during the webinar. "It's rather a reshuffling of the deck chairs, if you will, and directing more of our healthcare dollar to be focused on prevention and integrated primary care."

Altogether, the state is facing significant challenges to population health, with many of these health issues disproportionately impacting Black Ohioans, people with low incomes, individuals with disabilities, and LGBTQIA+ Ohioans.

Still, there are many things to be proud of in the state. Ohio ranked second in the country for accreditation of local health departments, and was in the top ten for routine checkups, fourth-grade reading levels, and low rates of youth marijuana use. Ohio also is in the top quartile for children receiving mental health treatment, insurance market competition, voter registration, and percentage of facilities that use medication for opioid use disorder treatment.

"The bright lining in all of this is that we have the opportunity to improve those underlying factors through evidence informed policy," Carrie Almasi, HPIO Director of Assessment and Planning, said.

As part of the dashboard, HPIO identified 12 policies to drive improvement, including improving funding for mental health programs and the 988 system, implementing restrictions on flavored tobacco, strengthening health provider networks, and improving access to green spaces and nutritious food, among many other recommendations.

The HPIO 2024 Health Value Dashboard can be found online at healthpolicyohio.org

Maternal Health on the Mind

From film screenings to community meetings, Northeast Ohio is working together to improve maternal health outcomes.

At a community meeting in Canton, Ohio, U.S. Representative Emilia Sykes, alongside Stark County public health officials, laid out the challenges faced by the Northern Ohio region regarding maternal health outcomes.

In Ohio, pregnancy related mortality ratios have risen since 2008, with 23.7 pregnancy related deaths per 100,000 live births in 2018, the most recent year for which the Ohio Department of Health has published data. Those rates are worse for women of color, with Black women in Ohio more than twice as likely to die from pregnancy complications than white women according to a 2020 ODH report.

According to ODH, the leading causes for pregnancy related deaths were mental health conditions, including substance use disorders and psychiatric illness, cardiovascular conditions, infection, hemorrhage, and hypertensive disorders, among other causes.



At the May 30 community meeting, Sykes told the gathered audience that more and more, policy makers need to be looking at the impact that structural challenges, like access to mental and physical health care, safe housing, nutritious food, and adequate transportation, have on maternal health.

“Northeast Ohio has some of the best, absolute best healthcare systems in the world, and if we could figure out maternal health inside those buildings, we would not have maternal deaths,” Sykes said. “But since we have not, there has been this increasing and growing body of research around the social determinants of health, which in fact cause upwards of 70% of health issues, disparities, and negative outcomes.”

Sykes spoke about her work in Congress on the Black Maternal Health Momnibus Act, a package of 13 individual bills that would make investments into the social determinants of health, provide funding for community organizations working on maternal health, expand WIC, improve data collection on maternal outcomes, grow the perinatal workforce, and much more.

So far, none of the bills have been signed into law, and only a few have received bipartisan support.

At the Canton meeting, THRIVE Project Manager Dawn Miller said that, for individual providers already working in these spaces, one way to really impact maternal outcomes is to deeply listen and hear patients.

“It’s really important as healthcare providers just to hear from you, the patients,” Miller said. “And I think sometimes we don’t, we’re just trying to get through our day, trying to get through a certain amount of clients, and that’s where it starts.”

While the policies are being decided at the federal and state level, many health systems are working on their own practices to improve maternal health. At the 2024 Cleveland International Film Festival, the film American Delivery showcased the work being done to push back on maternal death trends across the country, with a special focus in Cleveland.

The film featured MetroHealth, an AMCNO group-member, and the work that President and CEO Airica Steed, Ed.D., RN, MBA, FACHE is embarking on to reduce racial disparities in Cleveland. It emphasized the importance of programs like MetroHealth’s Nurse-Family Partnership program, which pairs nurses with pregnant patients through until their child’s second birthday. One MetroHealth nurse who is part of the program was followed by the filmmakers on her home visits with a patient, giving audiences a glimpse into the importance of long-term, relational care on mental and physical health for new mothers.



AMCNO joins American Cancer Society for Ohio Day of Action

On May 7 the AMCNO joined the American Cancer Society Cancer Action Network Ohio at the Statehouse to push for legislation that would ease the burdens associated with cancer.

More than 90 advocates from across the state met with lawmakers to urge them to support three specific actions that would improve access to healthcare for patients with cancer.

House Bill 24, sponsored by Rep. Andrea White, would require health plans and Medicaid to cover biomarker testing. Following a cancer diagnosis, biomarker testing can help physicians understand some of the specifics of the patient's cancer, which in turn helps the medical team make a targeted plan for treatment. ACS CAN Ohio advocates who were also cancer survivors shared that had they had access to biomarker testing covered by their insurance, they might have been able to skip over steps in the standard treatment plan that ultimately did not work for them, and get to the treatment that was right for them faster.

The AMCNO previously testified on HB 24, with new board member Dr. Negin Khosravi travelling to Columbus to speak on the bill in March 2023. In her testimony, Dr. Khosravi noted that 74,140 Ohioans are diagnosed with cancer every year, but that lack of insurance coverage for biomarker testing means they face significant burdens if they want to access targeted therapies that biomarker testing can point them to.

At the ACS CAN Ohio action day, volunteers also spoke to lawmakers about House Bill 177, referred to as the copay accumulator bill. Copay assistance programs are often funded by pharmaceutical companies to help patients afford their medications. However, payers often use "copay accumulator" programs, that allow the payers to collect both the full amount of the copay assistance and the entire deductible from the patients. HB 177 would make it so the copay assistance that patients are offered counts toward their deductible to help reduce at least some of the massive financial cost associated with treating cancer.

Advocates also requested that lawmakers support a \$170,000 capital budget investment in the ACS Hope House, which provides lodging to individuals and support persons who need to travel into Cleveland to receive cancer treatment.

The AMCNO, alongside other advocates from Northeast Ohio, met with members of the Northern Ohio delegation, including Sen. Vernon Sykes, Rep. Bill Roemer, and Rep. Melanie Miller.

Following the advocacy day, the House Insurance Committee held its fifth hearing on HB 24. The bill was still not called for a vote. To date, the committee has received 32 pieces of proponent testimony and just two from opposition. A letter from ACS CAN Ohio following the most recent hearing was signed by more than 65 organizations in the state. The AMCNO will continue to work on this important piece of legislation.



Legislative Committee Makes Positioning on New Legislation

During our bicentennial year, our advocacy work continues. The AMCNO Legislative Committee met recently to develop positioning on the following pieces of legislation.

STATE LEGISLATION

Bill Number	Subject	Position
HB 291: Prescription Drugs and Medication Switching	Disallows a health insurance plan from doing any of the below mid-plan year: <ul style="list-style-type: none"> · Increasing a covered person's burden of cost-sharing with respect to a drug; · Moving a drug to a more restrictive tier of a health benefit plan's formulary; Removing a drug from a health benefit plan's formulary 	Actively support. These changes could interfere with patient care, and cause access issues for patients.
HB 319: Enact Conscientious Right to Refuse	To prohibit discrimination against and provide civil protections for an individual refusing of certain medical interventions for reasons of conscience, including religious convictions.	Actively oppose. This legislation could interfere with patient care and prohibit physicians in the hospital setting from protecting patients.
HB 356: Healthy Cardiac Monitoring Act	States that a student shall not be allowed to participate in an athletic activity unless the student has a physical examination performed by an advanced practice registered nurse, physician, or physician assistant, and the provider of the examination fills out the preparticipation physical evaluation form created by the department of health (previously had to be signed by a physician).	Actively oppose. The information that needs to be written and distributed to the Ohio Department of Health are too prescriptive, and there are liability concerns with APRNs and PAs signing off on these forms.
HB 362: CRNA Scope of Practice Expansion	Makes changes to CRNA scope of practice including changing physician supervision agreements to "consultations," requiring the CRNA consult verbally or in writing with a physician instead of working under the supervision and removes requirements for physician supervision to provide general anesthesia.	Actively oppose. This is not appropriate given their training and education, and could put patients at risk.

Bill Number	Subject	Position
HB 399: Organ Donation Tax Credit	Creates a tax deduction in the amount of ten thousand dollars for any taxpayer who, while living, donated all or part of such person's liver, pancreas, kidney, intestine, lung, or bone marrow during the taxable year in accordance with the "National Organ Transplant Act."	Neutral with technical assistance. The committee is supportive of organ donation and awareness, but worried about creating a precedence of financial reward for donating organs.
SB 196: APRN Scope of Practice Expansion	Expands APRN scope of practice.	Actively oppose. The committee had concerns about expanded scope for these providers as well as the replacement of the physician on P+T committee, as lower-level providers lack adequate education on pharmaceuticals.

Judge Rules Ohio Law that Keeps Cities from Banning Tobacco Unconstitutional

Franklin County Common Pleas Court Judge Mark Serrott has ruled that an Ohio law prohibiting cities from banning the sale of flavored tobacco products is unconstitutional.

AMCNO is opposed to the law, which was included in the state budget by the legislature after overriding a veto by Governor Mike DeWine. Anti-tobacco advocates, the American Cancer Society Cancer Action Network and Gov. DeWine said after the override that it was a win for the tobacco industry, saying it enables addiction in children as tobacco and vaping products made with fruit or candy flavors becomes more popular and accessible to kids.

AMCNO supports a proposed ban in Cleveland banning flavored tobacco products and e-cigarettes.

The state is expected to appeal the ruling as the legislature maintains its belief that regulating tobacco and alternative nicotine products should be up to the state, not municipalities, in violation, the judge ruled, of Ohio's "home rule," statute protecting municipalities.



AMCNO, Past President, Kristin Englund, MD testified before city council on the proposed ban in 2023.

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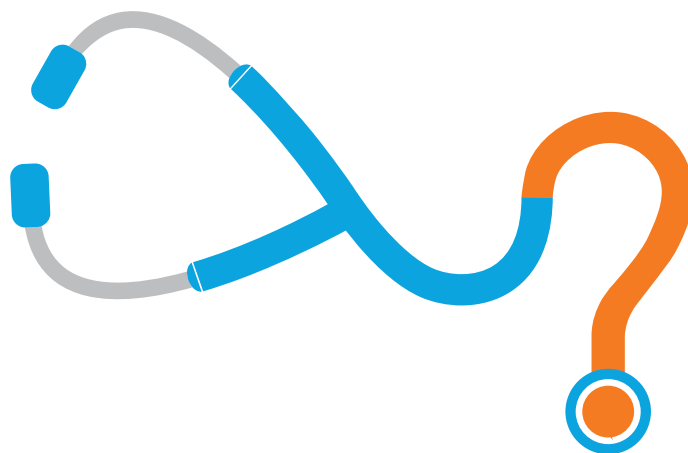
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