

CELEBRATING 150 YEARS!

# Stark County Medical Society *News*

June, July, August 2016

## President's Message

Dr. Barbara Volk



Dr. Barbara Volk

As November 8 approaches, the importance of the Buckeye State cannot be overstated: Ohio has not voted for the loser in the presidential election since 1960. In other words, as goes Ohio, so goes the nation.

Some events, races and issues affecting the medical community right now, are:

**Marijuana:** Last year Responsible Ohio's initiative to legalize medical and recreational marijuana in Ohio failed by a large margin. This year, Ohio voters will be asked to vote on an amendment to the Ohio Constitution legalizing medical marijuana.

Last month, the Ohio House passed legislation that would legalize medical marijuana in Ohio. This legislation prohibits smokeable marijuana and homegrown marijuana.

The OSMA does not support any legislation to legalize medication outside of the FDA approval process. Additional concerns are the following:

- If the ballot measure passes and future changes are proposed, voters will have to go back to the ballot and amend Ohio's constitution again.
- The proposed ballot initiative is much more lenient in what it allows than the bill going through the legislature.

**Ohio Senate Race:** Ohio's Senate race is also heavily affected by the controversial presidential race. Incumbent Senator Rob Portman (R) and Former Governor Ted Strickland (D) are in a neck and neck race although many have expressed concerns in regards to Republican voter turn-out with Donald Trump as the Republican nominee.

**Ohio Supreme Court:** The OSMA and OSMAPAC endorse Judges Pat Fischer and Pat DeWine and Chief Justice Maureen O'Connor for 2016's Ohio Supreme Court Race. They believe these Judges understand judicial restraint, will interpret Ohio law, not rewrite it, and will maintain stability and balance on the Court.

We have access to the politicians and the state medical association. Together, we have a voice that will be heard!

Contact us at starkmedical@ameritech.net or call 330-492-3333. We look forward to hearing from you!



Opinions expressed by the authors are their own, and not necessarily those of the Stark County Medical Society, Trustees or individual members. SCMS News reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

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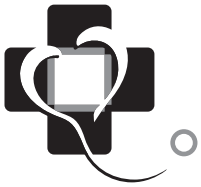
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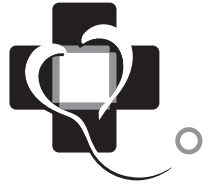
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Name: \_\_\_\_\_

**2016 STARK COUNTY MEDICAL SOCIETY MEMBERSHIP SURVEY**

SCMS constantly strives to ensure that our members receive the benefits they deserve. As a voluntary association, we believe that each member should have an opportunity to participate in the direction and administration of the Society. Please take a few minutes to answer some questions. We want to hear from you!

**What do you feel gives you the best value for your Medical Society Membership? Check all the apply**

- Dinner Meetings/Social Events
- Physician Directory
- Website
- Educational – CME Meetings
- Practice Assistance
- Annual Doctor’s Day Insert
- Annual Resource Guide

**Have you ever recommended joining the Society to another physician?**

- Yes
- No

If not, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would cause you to increase your activity level in the SCMS?**

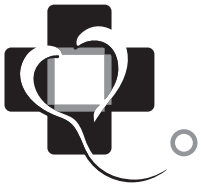
- A project /program addressing a specific issue that affects my practice or my community
- A leadership opportunity
- A short-term, well-defined project
- A personal invitation
- I am not looking to increase my involvement in SCMS

Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you believe should be the top 3 to 5 areas of focus for the SCMS in the next 2 to 3 years?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Return to: SCMS • 4942 Higbee Ave., NW, Canton, Ohio 44718 • or Fax to 330.492.3347  
PLEASE RETURN BY AUGUST 31, 2016**



### Celebrating 20 Years of Service!

**OHIO PHYSICIANS HEALTH PROGRAM (OPHP)** has been serving Ohio’s healthcare professionals for 20 years as an independent nonprofit organization. Over the years the organization has changed names, hired staff, moved office buildings, and expanded services—but our mission has remained steadfast:

*To facilitate the health and wellness of healthcare professionals in order to enhance patient care and safety.*

What exactly is OPHP? We are a compassionate, supportive, and safe environment for healthcare professionals who may be affected by mental, emotional and behavioral illness, substance-related and addictive disorders, or other issues. We offer confidential services to improve their health and well-being.

More specifically, OPHP provides three major program services:

**Confidential Resource:** OPHP serves as a confidential resource that assists with identification, intervention, and referral for assessment or treatment of physicians and other healthcare professionals who may be affected by mental, emotional and behavioral illness, substance-related and addictive disorders, or other issues. OPHP also provides referrals to community resources for: stress, burnout, psychosocial therapy, family and marriage counseling, ethics training, boundary violations, prescribing guidelines, legal counsel, skills assessment, and others. OPHP accepts referrals from any source and protects the confidentiality of program participants and anonymity of referral sources to the fullest extent allowed by law.

**Monitoring and Advocacy Services:** OPHP specializes in providing confidential monitoring and advocacy for qualifying physicians and other healthcare professionals. OPHP also provides monitoring and advocacy to healthcare professionals who have formal action with licensing agencies. OPHP is staffed with clinical professionals that include a physician specializing in addiction medicine as well as counselors licensed in mental health and chemical dependency. They provide: compliance reviews, assessment of recovery programs, assistance with the continuation in or return to medical practice, support of personal and professional goals, and other advocacy services. OPHP also utilizes a large volunteer network of peer monitors to support program participants.

Monitoring services include: documented attendance of recovery meetings; oversight of aftercare programs according to statutory requirements; toxicology testing; feedback from volunteer peer monitors; self-assessments; mental health therapy as recommended; and recurrent face-to-face meetings with OPHP.

Advocacy services include: providing supportive documentation for reinstatement of provider status with insurance companies including state and federal programs; addressing employment concerns or new employment opportunities; recommendation for reinstatement of a medical license or participating in a hearing process; and communicating with appropriate individuals in the legal system as requested.

**Educational Outreach Programs:** OPHP provides educational presentations to individuals or groups throughout Ohio. Presentations are delivered on the prevention of mental, emotional and behavioral illness and substance-related and addictive disorders. Programs also cover the topics of stress, burnout, and suicide; statutory guidelines for medical professionals; and the role of OPHP in the healthcare community. Presentations meet the criteria for continuing medical education credit.

Our expertise, resources, and focus on confidentiality are the keys to inspiring healthcare professionals to come forward with their illnesses. In addition, we specialize in navigating the rules and policies of licensing agencies and employers. Healthcare professionals enrolled with OPHP for monitoring and advocacy services experience recovery and success rates significantly higher than those of the general population—on average 93 percent.

**Did you know?**

*OPHP has been working with Ohio’s Medical Associations to improve the process for healthcare professionals who need treatment for illnesses impacting their health and well-being.*

Over the last decade, the healthcare industry in the United States has grown exponentially through the expansion of federal programs, the Affordable Care Act, and the aging of the nation’s baby boomers. Physicians and other licensed medical professionals have never been more important and at the same time, more susceptible to burnout. OPHP’s goal is to inspire physicians and other healthcare professionals to get help before stress turns to burnout, before unhealthy coping mechanisms turn into addictions. We hope to minimize any barrier that prevents healthcare professionals

from seeking help and aim to increase knowledge about mental, emotional, and behavioral health, as well as substance-related and addictive disorders. To learn more about OPHP please visit: [www.ophp.org](http://www.ophp.org). Follow us on Twitter: @OhioPHP.

**If you or a colleague are experiencing stress, burnout, depression, or other issues - or if you have concerns about drugs or alcohol abuse, OPHP can help. Call (614) 841-9690 or Email [info@ophp.org](mailto:info@ophp.org).**

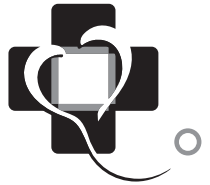
*“I would like to thank everyone at OPHP for their care, hard work and what I feel was love. I am simply grateful for my experience.”*  
*-Anonymous M.D.*

**Can OPHP help me?**

*OPHP’s services are available to:*

*Physicians (MD, DO, DPM), Residents, Physician Assistants, Anesthesiology Assistants, Dentists, Dental Assistants, EFDAs, Optometrists, Chiropractors, Veterinarians, Students, Others.*






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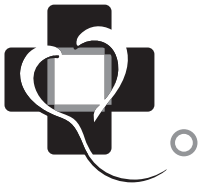
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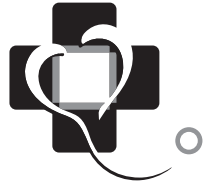
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## STARK COUNTY'S OPIATE EPIDEMIC: It can happen to anyone

A highly addictive opioid drug, heroin use has been steadily rising nationally, statewide and in Stark County. In 2014, the number of people seeking opiate treatment since 2006 has increased more than 200% in Stark County. Southern Stark has shown as much as a 583% increase in people seeking help. Stark County Mental Health & Addiction Recovery is tracking this upswing and working with local behavioral health providers, safety forces, medical professionals, schools and volunteers to educate the community about the destructive effects and costly medical consequences of heroin use.

To help you educate and assist your patients, StarkMHAR has created countywide resources and programs for opiate prevention, intervention, treatment and recovery. Please refer you patients to:

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**Drug Drop Off Locations:** Free and anonymous, there are 17 safe, permanent drug drop off locations throughout Stark County. Your patients are encouraged to get rid of unwanted, expired prescriptions out of the illicit supply line and disposed of without harm to the environment. [StarkMHAR.org/DrugCollection](http://StarkMHAR.org/DrugCollection)

**Opiate Prevention Toolkit:** An online resource designed for students, educators and for parents, this tool provides parents information about how to talk with their children about the dangers of prescription drug abuse. [StarkMHAR.org/OpiateToolkit](http://StarkMHAR.org/OpiateToolkit)

**Naloxone Overdose Kits:** Free and available to Stark County residents, Naloxone Overdose kits are funded by the Ohio Department of Health through the Project DAWN program. Kits are distributed at no charge at the Crisis Intervention and Recovery Center and Quest Recovery and Prevention Services. For more information visit [StarkMHAR.org/ProjectDAWN](http://StarkMHAR.org/ProjectDAWN)

**StarkMHAR Care Network:** Stark County residents can access behavioral health services regardless of their ability to pay through the Stark County Mental Health & Addiction Recovery provider network. StarkMHAR funded service providers accept various insurance programs, Medicare and Medicaid. Stark residents that are not covered by one of those options can receive services. Their ability to pay for those services will be determined by their income and could be fully subsidized by StarkMHAR. For more about the StarkMHAR Care Network visit [StarkMHAR.org/CareNetwork](http://StarkMHAR.org/CareNetwork)

Did you know stigma is a major reason people do not seek help? Stigma impacts not only the person with the substance use disorder, but the family and community, too. Social stigma can affect the quality and outcome of addiction treatment. You can do something about it. Start a conversation today.

Addiction can happen to anyone. No matter what gender, race or socio-economic background, prescription drug abuse knows no bounds.

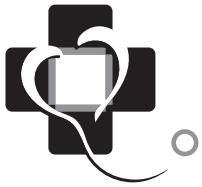
For more about Stark County's opiate epidemic and how to help, visit [StarkMHAR.org/OpiateEpidemic](http://StarkMHAR.org/OpiateEpidemic) or contact Clinical Director Jackie Pollard at Jackie.Pollard@StarkMHAR.org or 330-455-6644.

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**Diane Evans,**  
Publisher

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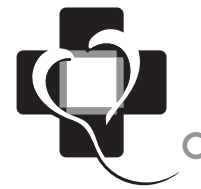


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## IT'S THAT TIME OF YEAR, *the hustle and bustle of getting kids ready for a new school year.*

Book bags are bought and stocked, new clothes and shoes are purchased with the hopes that they will all last the duration. Although these rituals are played out year after year, one very important aspect of being “back to school ready” can easily be overlooked during the chaos. Vaccinations.

The Ohio Department of Health sets the vaccination requirements for school entry in Ohio based on ACIP recommendations. The table below shows the required vaccines for school attendance in Ohio, for the 2016/2017 school year. It is important to note the addition of Meningococcal vaccine to the requirements for both 7th and 12th grade students.

### Immunization Summary for School Attendance Ohio

VACCINES	<i>FALL 2016</i> IMMUNIZATIONS FOR SCHOOL ATTENDANCE
<b>DTaP/DT</b> <b>Tdap/Td</b> Diphtheria, Tetanus, Pertussis	<b>K</b> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4 <sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4 <sup>th</sup> birthday, a fifth (5) dose is not required.* <b>1-12</b> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up. <b>Grades 7-12</b> One (1) dose of Tdap vaccine must be administered prior to entry.**
<b>POLIO</b>	<b>K-6</b> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 <sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.*** <b>Grades 7-12</b> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
<b>MMR</b> Measles, Mumps, Rubella	<b>K-12</b> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
<b>HEP B</b> Hepatitis B	<b>K-12</b> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
<b>Varicella</b> (Chickenpox)	<b>K-6</b> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose. <b>Grades 7-10</b> One (1) dose of varicella vaccine must be administered on or after the first birthday.
<b>MCV4</b> Meningococcal	<b>Grade 7</b> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry <b>Grade 12</b> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry****

Compliance with this schedule is important to the health of your patients and the public, as every year, Ohio experiences outbreaks among school-aged children due to vaccine preventable diseases.

*Additional information for the above vaccines and a full page printout of the chart above can be found at the following links:*

<https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/bid/immunizations/Directors%20Journal%202016.pdf>

<https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/bid/immunizations/schoolsummary.pdf>

The RED Network

#### NOTES:

- Vaccine should be administered according to the most recent version of the Recommended Immunization Schedules for Persons Aged 0 Through 18 Years or the Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered  $\leq$  4 days before the minimum interval or age are valid (grace period). Doses administered  $\geq$  5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at [www.odh.ohio.gov](http://www.odh.ohio.gov), Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

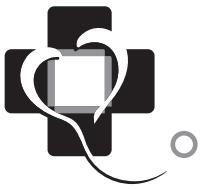
\*Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. For students in 12th grade, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

\*\*\* The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

ODH Immunization 10/13/15  
Imm Sch Sum 2016-17.docx



### CONFRONTING A CRISIS: AN OPEN LETTER TO AMERICA'S PHYSICIANS ON THE OPIOID EPIDEMIC

*By Steven J. Stack, MD, Emergency physician and the 170th president of the American Medical Association*

The medical profession must play a lead role in reversing the opioid epidemic that, far too often, has started from a prescription pad.

For the past 20 years, public policies—well-intended but now known to be flawed—compelled doctors to treat pain more aggressively for the comfort of our patients. But today's crisis plainly tells us we must be much more cautious with how we prescribe opioids.

At present, nearly 2 million Americans—people across the economic spectrum, in small towns and big cities—suffer from an opioid use disorder. As a result, tens of thousands of Americans are dying every year and more still will die because of a tragic resurgence in the use of heroin.



Working Together with the Stark County Medical Society to better serve Canton and the Stark County region.

Convenient Health Centers In...

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As a profession that places patient well-being as our highest priority, we must accept responsibility to re-examine prescribing practices. We must begin by preventing our patients from becoming addicted to opioids in the first place. We must work with federal and private health insurers to enable access to multi-disciplinary treatment programs for patients with pain and expand access for medication-assisted treatment for those with opioid use disorders. We must do these things with compassion and attention to the needs of our patients despite conflicting public policies that continue to assert unreasonable expectations for pain control.

As a practicing emergency physician and AMA president, I call on all physicians to take the following steps—immediately—to reverse the nation's opioid overdose and death epidemic:

- **Avoid** initiating opioids for new patients with chronic non-cancer pain unless the expected benefits are anticipated to outweigh the risks. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred.
- **Limit** the amount of opioids prescribed for post-operative care and acutely-injured patients. Physicians should prescribe the lowest effective dose for the shortest possible duration for pain severe enough to require opioids, being careful not to prescribe merely for the possible convenience of prescriber or patient. Physician professional judgment and discretion is important in this determination.
- **Register for and use** your state prescription drug monitoring program (PDMP) to assist in the care of patients when considering the use of any controlled substances.
- **Reduce** stigma to enable effective and compassionate care.
- **Work** compassionately to reduce opioid exposure in patients who are already on chronic opioid therapy when risks exceed benefits.
- **Identify and assist** patients with opioid use disorder in obtaining evidence-based treatment.
- **Co-prescribe** naloxone to patients who are at risk for overdose.

As physicians, we are on the front lines of an opioid epidemic that is crippling communities across the country. We must accept and embrace our professional responsibility to treat our patients' pain without worsening the current crisis. These are actions we must take as physicians individually and collectively to do our part to end this epidemic.

*Together we can make a difference.*



## NEW MEMBER BENEFIT

On behalf of the SCMS, please welcome Jeffrey Eisenberg, President and CEO of SecuraWealth™ Investment Strategies – a local, independent personal wealth advisor – as a new Preferred Vendor. Below is an introduction to his firm and services, including special member benefits that will be valuable to you.

**Who We Are and What We Do:** Jeffrey Eisenberg has 15 years of experience in financial services for busy professionals, high net worth individuals and small-business owners. SecuraWealth™ Investment Strategies offers investment solutions and financial plans tailored to your specific needs. We also analyze 401(k) plans and insurance requirements. Most importantly, we are completely independent. The investment choices we recommend are aimed to meet your needs; we receive no fees or commissions for the financial products that you require. Our fiduciary standard demands it.

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- Complimentary personal investment consultations.

- Complimentary business retirement plan design analysis, including fee and fund benchmarking.
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**How To Reach Us:** Contact Jeffrey Eisenberg at 330-605-2564 or at [jeisenberg@securawealth.com](mailto:jeisenberg@securawealth.com). Visit our website at [www.securawealth.com](http://www.securawealth.com).

*We look forward to helping you reach your goals!*

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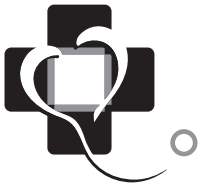
- ◆ **Our Commitment** - to provide the highest rate of return along with excellent customer service.
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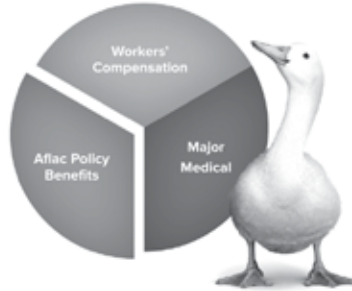
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For more information about joining Aflac, contact **Robert Wright**, at 330-352-6230



Source: Prince Market Research, 2013 Benefits Landscape: Buyer & Non-Buyer, September 2013; PwC Health Research Institute, 2011 Minimum participation requirements and standard payroll deduction apply. There may be indirect administrative or other costs. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. © 2012 Aflac Incorporated, Worldwide Headquarters | 1932 Wynton Road | Columbus, Georgia 31990 M2198 4/14

# Save THE Date

## ANNUAL MEETING OCTOBER 20, 2016



Stark County  
Medical Society

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Physicians & Patients in  
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# COMMUNITY HARVEST, INC

## FUNDRAISING MEMBERSHIP DINNER

*I don't golf but still want to help raise money for Community Harvest*

**SEPTEMBER 21, 2016 • SKYLAND PINES**  
5:00 pm Cash Bar, Putting Contest in the bar, Raffles

**6:00 PM DINNER**

Mail RSVP and checks payable to SCMS to:  
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Name: \_\_\_\_\_

**SCMS Members no charge**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Steak | <input type="checkbox"/> Chicken    |
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Guest: \_\_\_\_\_

**\$25.00 • SCMS Members no charge**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Steak | <input type="checkbox"/> Chicken    |
| <input type="checkbox"/> Scrod | <input type="checkbox"/> Vegetarian |

**RSVP DEADLINE IS SEPTEMBER 10, 2016**





## IT IS TIME TO UPDATE YOUR COMPLIANCE PLANS

Scott P. Sandrock • Brennan, Manna & Diamond, LLC

In 1997, the Office of the Inspector General (“OIG”) began to actively promote that health care providers adopt written compliance plans to assist providers to follow government rules and regulations regarding health care. This initiative included the issuance of specific guidance to help develop written compliance plans for particular types of health care providers. These plans cover the requirements of Stark, Anti-Kickback, False Claims and other financial protection statutes.

In 2000, the OIG issued the “Compliance Program Guidance for Individual and Small Group Physician Practices,” which was released in the Federal Register on October 5, 2000. This Guidance recommended medical practices adopt a written compliance plan, which included several important components, including (1) designation of a responsible party for compliance, (2) developing an auditing and monitoring process, (3) developing practice standards and procedures for compliance, (4) developing a program for record retention and security of information, (5) establishing training and education programs for staff and independent contractors, (6) improving communications and compliance reporting initiatives, (7) adopting specific employee discipline models for compliance violations, and (8) programs to collaborate with government and third parties in the event of an audit or review of the practice’s programs.

These plans were important for practices to consolidate the large amount of federal regulations into a concise working manual that would provide a roadmap for the practice. This roadmap will help keep the practice in compliance with ever changing rules and regulations. This plan will also give guidance to the practice of what to do if the practice discovers that it has potentially made a mistake in billing or compliance, and assist the practice to be proactive in such event to report and cure the violations.

**Why was adopting a compliance plan important?** Clearly, everyone wants to follow the law. A well-informed trained practice would substantially eliminate or reduce the possibility of errors and legal entanglements in dealing with government programs. In addition to the appropriate goal to operate in accordance with rules and regulations, there was a second compelling reason for practices to adopt a plan. The OIG had publicly announced that the adoption of a plan by a practice which was later discovered to have violated the rules, would be taken into consideration by the government when considering the level or extent of sanctions or consequences from the violation. Frequently referred to as the “Stay Out of Jail Plan,” the government commented that if a practice at least was trying to comply with the rules as documented by a compliance plan, the government would consider such efforts at compliance to determine a violation to be more akin to a civil type offense resulting in financial penalties only. If the practice failed to have a plan or if they had a plan but they failed to even reasonably attempt to comply with the plan, the government would consider the violation more in lines with a deliberate disregard, or deliberate intention to violate the rules, for which they would be more inclined to consider exclusion or criminal sanctions.

We need to fast forward to 2016. The OIG has concluded that it is shifting its focus from encouraging practices to create the compliance program

to an evaluation of whether practices are operating effective compliance programs.

In April 2016, the OIG announced its new criteria for considering whether to exclude a provider under government programs. Exclusion, of course, is one of the more extreme sanctions permitted by federal law, and a party excluded is not permitted to be employed by or work for any organization in health care which bills any government program for health care services. In short, it would serve as a professional death sentence for most licensed professionals.

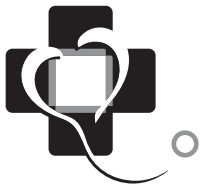
Under the new guidance, the OIG has announced that it will make a risk assessment when considering the level and extent of sanctions for a violation, which might include consideration of financial sanctions, exclusion, or criminal sanctions. The OIG announced four broad categories that they will consider in making their determination. Those factors are: (1) the nature and circumstance of the conduct in violation, (2) the provider’s conduct during the investigation, such as level of cooperation, availability of records, and the like, (3) were there significant ameliorative efforts, such as whether the practice had voluntarily adopted process changes or other steps to hopefully prevent the events from reoccurring in advance of government compelled direction to do so, and (4) whether the practice has had a history of compliance in the past. They further announced that simply having a plan is no longer good enough to protect a provider from the more severe levels of sanctions.

**What does all this mean to your practice?** Most importantly, your practice should review your current compliance plan. Unfortunately, some practices adopted the plan back in 2000 and have not updated, reviewed, or paid any attention to the plan since that time. If this might apply to your practice, it is time to dust off that compliance manual and have a renewed focus on compliance. For those practices who may not have adopted a written compliance plan before, it would be an excellent idea to consider doing so as soon as possible.

**Is this plan the same as our HIPAA compliance plan?** No, they are two different plans. The HIPAA plan will cover the requirements found in the Health Insurance Portability and Accountability Act and the subsequent HITECH amendments, both as to the privacy regulations and security regulations for electronic medical records. The OIG compliance plan focuses on compliance with the Stark, Anti-Kickback, False Claims Act and other government regulations primarily with issues of billing, referrals, and the exemptions from some of those requirements. Each of the two plans are required to have a compliance officer, and the practice could identify a person to serve as a compliance officer under both programs.

**Elements of a compliance plan.** In drafting your compliance plan, the 2000 Guidance for Physician Practice Plans is still valid and will give you the key elements to consider including. Working with experienced health care attorneys will help expedite that process for your practice. The key elements of the plan include:

*continued on page 17*



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Since the implementation of the Affordable Care Act, we have seen a dramatic increase in deductibles, copays, and coinsurance rates. As a result, employers are being stretched with larger premiums while employees pay higher out of pocket costs.

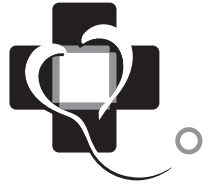
AUI has been tirelessly working to find solutions to this rising epidemic and we are proud to announce the AUI Pharmacy Program. This is a national pharmacy program with a formulary of over 1,500 FDA-approved prescription medications, including the top 100 prescribed medications in the United States, your medications are likely to be covered.

Individuals who meet requirements can receive their qualifying medications at a set price of \$30 per month per medication. The average income to qualify for the pharmacy program is up to \$30,000 per year for an individual, up to \$50,000 per year for a couple, and guidelines increase with each additional member in households earning up to \$100,000 per year.

If you would like to learn more about the participating medications, the participation requirements, or to enroll in the program please go to <http://auiinfo.com/individual-aui-pharmacy-program/>.

This program is not a discount card or an insurance plan. This is a value-added program that works to obtain prescription medications at an affordable price, whether or not you have health insurance.


Again, we are excited to announce the AUI Pharmacy Program and the benefits it can provide to you our valued customers.”



# Stark County Medical Society 15th Annual Golf Outing to Benefit Community Harvest

**Wednesday, September 21, 2016**

**Skyland Pines Golf Course  
3550 Columbus Road NE, Canton, OH 44705**

**10:30 AM** Range Balls, Registration, and Shrimp & Bloody Mary  
Hospitality Station provided by 

**11:30 AM** Lunch

**12:30 PM** Shotgun Start

**6:30 PM** Dinner



Scramble Format 18 Holes with Cart • Lunch cookout before Shot Gun Start • Margaritas and chips at the turn • Unlimited beer and water on the course • Complimentary gift for each attendee • Prizes • Free Contests • Dinner at the Clubhouse  
\$60/SCMS Golfer Member • \$75/Golfer Non-Member  
\$240/SCMS Foursome Member • \$300/Foursome Non-Member

Single Registration: \$60/SCMS Golfer Member • \$75/Golfer Non-Member

<b>Name:</b>	<b>Meal Selection:</b>
--------------	------------------------

Individual golfers and smaller groups will be paired for the event

Team Registration: \$240/SCMS Foursome Member • \$300/Foursome Non-Member

<b>Team Name:</b>	
<b>Name 1:</b>	<b>Meal Selection:</b>
<b>Name 2:</b>	<b>Meal Selection:</b>
<b>Name 3:</b>	<b>Meal Selection:</b>
<b>Name 4:</b>	<b>Meal Selection:</b>

Registration required - Please register by September 10th

Please indicate dinner selection after each name – Golfers have a choice of Steak, Scrod, Lemon Chicken or Vegetarian

**Tee Sponsorship • \$100**

<b>Business or Family Name:</b>
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Become an outing sponsor for just \$100 and show your support to Community Harvest. Your family or business name will be proudly displayed at the tee box of one of the 18 holes.



Contact Faith Barbato at 330-493-0800 or [faithbarbato@sbcglobal.net](mailto:faithbarbato@sbcglobal.net) for more information  
Mail this form with check payable to Stark County Medical Society to:  
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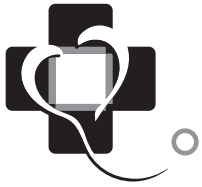
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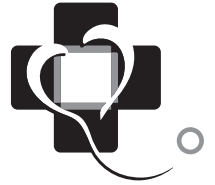
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## IT IS TIME TO UPDATE YOUR COMPLIANCE PLANS *continued*

- Identify a compliance officer who has the responsibility and authority to act for compliance oversight in the practice. This may be the office manager, physician or other key person within the practice.
- If the plan has not been reviewed or updated since adopted in 2000, the plan should be carefully reviewed with revisions and updates made to reflect changes in health care regulations in the past 16 years.
- You should adopt a formalized training program that should include all staff members, both professionals and lay persons, on at least an every other year basis to cover key compliance and regulatory issues, and such training should be documented.

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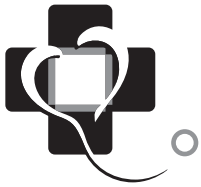
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- Identify procedures for the practice to have ongoing review of government bulletins, updates, and other materials to make sure that the plan is up to date on an ongoing basis. For example, government enforcement changes that mandated self-disclosure within 60 days of discovery of billing errors should be a part of your plan.

- EOB reviews. The practice should identify someone to review EOBs, particularly claims rejections to determine if the practice has appropriate systems in place to submit appropriate documentation to support various coding, that charts appropriately demonstrate medical necessity, and information that would support outcome measurements as the government and plans shift to outcome incentive compensation models.

Once a provider elects to participate in a government health care program, that election to participate also includes a contractual commitment to comply with the rules and regulations of the program. There is no question that those rules and regulations change on a regular basis, and the practices need to make sure that they remain current and are operating the practice consistent with those requirements. Even with the best intentions, mistakes can occur. The compliance plans will help practices to stay focused on areas of concern so that problems can be avoided, and if a problem does occur, by prompt self-disclosure or other action, the potential sanctions to the practice and physicians will be dramatically reduced.

If you would like a copy of the Guidance from the Office of Inspector General, the New Criteria announced by the OIG in April or assistance in reviewing and updating your compliance plans, please contact Scott Sandrock at 330-253-4367, [spandrock@bmdllc.com](mailto:spandrock@bmdllc.com).



## ADAM OLENICK RETURNS FROM EDWARD JONES' FINANCIAL ADVISOR LEADERS CONFERENCE

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measured on 7 factors: investment advisor; investment performance; account information; account offerings; commissions and fees; website; and problem resolution. Proprietary study results are based on experiences and perceptions of consumers surveyed in January–February 2015. Your experiences may vary. Rating may not be indicative of future performance and may not be representative of any one client’s experience because it reflects an average of experiences of responding clients. Visit [jdpower.com](http://jdpower.com).

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Olenick was among the only 821 financial advisors who qualified out of the firm’s 14,000 financial advisors in the U.S. and Canada.

The 2016 conference was held in May at the firm’s headquarters in St. Louis, Mo.

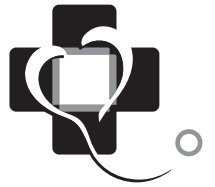
“Qualifying for this conference shows a tremendous amount of discipline, commitment and work ethic,” says Alan Kindsvater, an Edward Jones partner responsible for Advanced Branch Training, and host of the conference.

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**The Edward Jones website is located at [www.edwardjones.com](http://www.edwardjones.com), and its recruiting website is [www.careers.edwardjones.com](http://www.careers.edwardjones.com). Member SIPC.**

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**HIRAM J. BAZZOLI, M.D.**  
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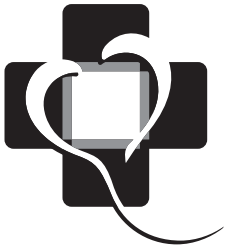
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# Stark County Medical Society

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### STANDARD FEATURES

- **Amenity Boards/Menus**
  - Available Products
  - Times & locations
- **Blood Shortage info**
  - Shortage Info
  - How to donate
- **Emergency Alerts**
  - Weather from NWS
  - Medical from Facility
  - Safety from Facility
- **Emergency Button**
  - Call Security
  - Call a Nurse
- **Health Alerts**
  - CDC Resources
- **Information Center**
  - Pamphlet PDF's of All Information
- **Live Help**
  - Video Chat
- **Patient Care Advocate**
  - Direct Messaging
- **Patient Satisfaction Survey**
  - Submit via Email
- **Prayer Requests**
  - Public Viewed
  - Sent directly to Pastoral Representative
- **Request Donation Info**
  - How-to's
- **Support Group**
  - Contact via Email
  - Unlimited Support Information
- **Volunteer Signup**
  - Potential volunteers can peruse potential volunteer assignments

Call for your FREE trial today!



The purpose of the MedBeat Experience Center is to elevate a hospital's patient and or visitor experience by placing needed information and services at their fingertip in several convenient locations.

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