

Macomb

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Medicus



Outgoing MCMS President, Gary Shapira, MD (left) accepting a plaque of appreciation from incoming MCMS President, Lawrence Handler, MD at the Annual Meeting on November 17, 2015



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BEST WISHES TO EVERYONE IN THE MACOMB COUNTY MEDICAL SOCIETY FAMILY FOR A HEALTHY AND HAPPY NEW YEAR.



*By: Lawrence Handler, MD
MCMS President*

I want to extend my thanks to the membership and Board for the privilege and opportunity to serve as your President in 2016. During the upcoming year, I look forward to meeting many

of you and hopefully seeing and getting reacquainted with “old friends”.

My introduction to this society and organized medicine has had its starts, stops and now starts again. This ebb and flow of activity has mirrored my career of post Residency private practice then Fellowship and now, many years after establishing my current subspecialty private practice. My first Hospital affiliation was Henry Ford-Macomb Hospital (formerly St. Joseph’s Mercy) where I was introduced to MCMS and the longtime and admired Executive Director Shirley Montagne. For me the Society’s strength and attraction, at that time, was the monthly meetings and ability to interact with my colleagues. Getting to know the other doctors in the community was a very attractive aspect of membership. During my early years in practice, advocacy, a key and vital aspect of membership on a local and State level was somewhat beyond my appreciation.

However, after representing Macomb County and the State Ophthalmology Society (MiSEPS) at many MSMS annual meetings, I began to realize the impact and benefits organized medicine has for physicians. Also clear was that the great majority of our organized advocacy benefited both physicians and our patients. I became aware that the our families and friends, patients and the public depend on you and I and our professional organizations to guide us, as to what is best for their health and welfare. This same constituency is eager and wants our opinion and advice as to what health and safety issues are important. Today’s society still values our opinions and looks to us with respect and the expectation of those responsibilities. I understand in the heat of the battle on a particular issue these lofty goals may seem naive. However, I am reminded everyday when seeing patients how the great majority view us professionally, which is still in a very favorable light.

So, now I come full circle to invite those with little or no prior Society contact, as well as, those with prior involvement to feel welcome and join me and the officers at the various Macomb County Medical Society functions. Feel free to pick and choose your preferred level of involvement, but also thank you for your membership and commitment to the Macomb County Medical Society.

As I step forward to represent the Society, I will work with the Board and our Executive Director Heidi Leach to set the agenda for 2016. I thank you again and hope to honor the legacy of those members and officers that preceded me in my medical career and my Macomb County Medical Society membership. During the year, I eagerly hope to see everyone at various Society sponsored events.



MICHIGAN LICENSURE RENEWAL REQUIREMENTS

In Michigan, every three years, all licensed medical doctors must renew their licenses and certify compliance with state continuing medical education laws by submission of the renewal application for licensure renewal. The deadline to renew medical licenses is January 31 every year. The Michigan Department of Licensing and Regulatory Affairs sends medical license renewal applications by mail to current licensed physicians approximately 45 days prior to the deadline; typically, in early December. If you are unsure if you need to renew, check the expiration date on your current medical license.

If you do not receive your renewal forms in the mail, you may contact LARA at 517-241-7849 or www.michigan.gov/healthlicense.

*By: Adrian J. Christie, MD;
Betty S. Chu, MD;
Donald R. Peven, MD;
David P. Wood, Jr., MD*

MICHIGAN STATE LOAN REPAYMENT PROGRAM APPLICATION PERIOD STARTS JAN. 1, 2016

The Michigan State Loan Repayment Program assists employers in the recruitment and retention of medical, dental, and mental health care providers who continue to demonstrate their commitment to building long-term primary care practices in underserved communities designated as Health Professional Shortage Areas. MSLRP will assist those selected by providing up to \$200,000 in tax-free funds to repay their educational debt over a period of up to eight years. Participants compete for consecutive two-year MSLRP agreements requiring them to remain employed for a minimum of 40 hours per week for no less than 45 weeks per year at eligible nonprofit practice sites providing primary health care services to ambulatory populations.

MICHIGAN DELEGATION BATS 1000; SUPPORTS AMA BAN ON DIRECT-TO-CONSUMER DRUG ADS

The AMA House of Delegates took strong action on a number of important issues affecting physicians and patients including direct-to-consumer advertising, drug costs, EHRs, meaningful use, maintenance of certification, and graduate medical education funding, among others.

Three resolutions from the MSMS House of Delegates also were adopted including a policy supporting a ban on microbeads in personal care products, supporting the efficient transition of

Veteran medics to civilian paramedics, and protecting consumers' information on all health insurance marketplaces. Members of the Michigan Delegation, chaired by James D. Grant, MD, of Bloomfield Hills, testified in favor of these resolutions.

In a historic action, the AMA House adopted a policy to support the elimination of marketing pharmaceuticals by drug companies directly to patients through television, magazines, and other media.

The argument was that the ads unnecessarily increase the overall cost of health care by convincing patients that they need a high-cost, brand name drug that is not necessarily appropriate for them. It was pointed out that the only countries in the world to allow it are the U.S. and New Zealand and that the companies could put more of the \$4.5 billion spent on ads back into research and development.

During the sometimes contentious debate, Michigan Delegate Michael Chafty, MD, of Kalamazoo, stood up and passionately urged the AMA House to have the courage to support the ban. The House soon after voted in favor of doing so.

The AMA House also committed the AMA to help educate patients about the ever-increasing cost of pharmaceuticals by pushing for greater transparency in drug pricing, drug company mergers, and costs of R&D and marketing.

Action on other "hot button" issues included:

- Concern about the lack of health information technology interoperability and the need for the acceleration and development of universal interoperability standards applicable to all electronic health record vendors.
- Opposition to meaningful use penalties.
- Continued action to address the cost and questionable efficacy of Maintenance of Certification.
- Seeking fair and equitable reimbursement for out-of-network physicians.
- Pushing for increases in GME funding at least in proportion to what other health professions are receiving.
- Fighting the trend of hospitals to use employed hospitalists to limit the rights of private physicians to admit and treat patients while in the hospital.

Michigan Alternate Delegate Betty Chu, MD, MBA, of West Bloomfield, served on Reference Committee F, which deals with AMA finances, and Alternate Delegate David Walsworth, MD, of East Lansing, served on a special reference committee to review efforts of the AMA Council on Ethical and Judicial Affairs to modernize the AMA Code of Medical Ethics.

For more information about the Michigan Delegation to the AMA or more details about AMA Interim meeting actions and issues,

continued on page 6

Great at Any Age

Falls Prevention and Diabetes Programs



Diabetes PATH

Personal Action Toward Health

Stanford University's Chronic Disease Self Management Program

Diabetes PATH is a six-week workshop designed especially for people with Type 2 diabetes.

Participants will learn:

- Techniques to deal with symptoms
- Meal planning and healthy eating
- Appropriate use of medication
- How to work with health care providers

People who take the workshop say they have more energy and less pain, get more exercise, feel more comfortable talking to their doctors, and are more confident that they can manage their health.

A Matter of Balance

Managing Concerns About Falls

Based on a program created by Boston University

This award-winning program is designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls.

97% of participants who have used the program would recommend A Matter of Balance to others.

Participants will learn how to:

- View falls as controllable
- Set realistic goals for increasing activity
- Reduce fall risks in their environment
- Increase balance with exercise

Powered by Michigan's
Area Agencies on Aging



MANAGING CONCERNS ABOUT FALLS

Great at Any Age is made possible by
the Michigan Health Endowment Fund

GreatAtAnyAgeMi.com



please contact David Fox, Senior Director, Federation Relations at 517-336-5731 or Stacey Hettiger, Director, Medical and Regulatory Policy, at 517-336-5766 or shettiger@msms.org.

MRIDHA INTERNATIONAL PHYSICIAN VOLUNTEER AWARD

To celebrate and inspire volunteerism, a prestigious annual award has been established through the MSMS Foundation. The "Mridha International Physician Volunteer Award," established by Debasish Mridha, MD, a Saginaw County neurologist, and his family, will recognize and support one outstanding physician member of MSMS each year who provides volunteer medical care and/or counsel outside of the US. The deadline for nominations is March 15, 2016.

For more information, contact Carrie Wheeler at MSMS at 517-336-5723 or email cwheeler@msms.org.

PHYSICIANS AND HEALTH CARE PROFESSIONALS INVEST IN NEW MEDICAL TECHNOLOGIES

Quantum Medical Concepts is supporting the health care technology of the future through investments of up to \$150,000 each in four medical technology companies. QMC's Michigan-based portfolio consists of Advanced Amputee Solutions, Brio Device, SteriDev and TheraB Medical Products, all of which are in the critical early stages of product development. Through the joint efforts of the Michigan State Medical Society and Common Wealth Enterprises, Quantum Medical Concepts provides both intellectual and business management support. Through this partnership, QMC provides early-stage investment funding to Michigan companies in the medical sector.

MSMS PRACTICE SOLUTIONS NOW OFFERS AUTOMATED PQRS COMPLIANCE THROUGH HEALTH E-FILINGS

Health eFilings, a national leader in automated PQRS compliance, recently announced a partnership with Michigan State Medical Society, a professional association of more than 15,000 Michigan physicians, as an MSMS Practice Solutions member. Health eFilings innovative and proprietary software-as-a-service, PQRS Accelerator, integrates with any MU2-compliant EHR to extract, format and then submit PQRS data to Medicare. The end-to-end solution requires no workflow changes of physicians and other Medicare eligible professionals, no IT resources or administrative support from the organization.

For more information about how to make complying with PQRS, VBM and Meaningful Use eCQMs a very simple process, and receive your 10% MSMS member discount, please call Jim Reuter at 608-416-9529 or email him at jreuter@healthefilings.com

CLASSIFIEDS

Anesthesiologist to give conscious sedation 2-3 days a week for a Pain Center in Warren. Generous compensation. Only Conscious Sedation (no general anesthesia). A good fit for semi-retired or retired Anesthesiologist.
Call Amy at 586-757-4000

Orthopedic Surgeon and/or Spine Surgeon to lease office space in a very busy Interventional Pain Center with two locations, Warren & Eastpointe. Can be an excellent referral base.
Call Amy at 586-575-4000

Medical Supplies / DME Supplier to lease 1,100 sq. ft. office space at a very busy Pain Center in Warren & Eastpointe.
Call Amy at 586-575-4000

Get Involved with Your Medical Society!

We need Members to Participate on MCMS Committees

WE WANT VOLUNTEERS WILLING TO ATTEND AND ACTIVELY PARTICIPATE ON COMMITTEES. If you are interested in being on one of the following committees please email Heidi Leach at the MCMS office at mcms@msms.org or call 810-387-0364.

MACOMB COUNTY MEDICAL SOCIETY STANDING COMMITTEES:

BYLAWS – meets as needed to consider amendments to the MCMS Bylaws.

ETHICS & MEDIATION – meets as needed concerning the maintenance of standards of conduct and discipline of members as well as to review patient complaints.

LEGISLATIVE & SOCIAL ECONOMICS – meets quarterly with local and state legislators on Fridays at 7:30 am at the Loon River Café in Sterling Heights.

MEMBERSHIP – meets as needed to promote recruitment of non-members and to ensure retention of current members.

PROGRAM – meets as needed to plan and organize the regular meetings, special events, and fund raisers for the Society and the Foundation.

PUBLIC RELATIONS – meets as needed with community organizers and businesses to accurately convey medicine’s message to the public sector.



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Henry Ford Macomb Hospital

HENRY FORD MACOMB NAMED TOP 50 CARDIOVASCULAR HOSPITAL

Henry Ford Macomb has been named a Top 50 Cardiovascular Hospital, selected from more than 1,000 hospitals evaluated across the United States. The award is part of the 100 Top Hospitals program by Truven Health Analytics.

“We’ve been working for years to ensure every team member, including our community partners, connects with the vision of delivering the best care to those we’re privileged to serve,” said President and CEO Barbara Rossmann. “This recognition is a testament to that commitment. We have a truly remarkable team here.”

The Truven evaluation is based on publicly available data that compares patient outcomes, operational efficiencies and financial metrics. The Truven data showed 2016 winners had:

- Significantly higher inpatient survival than non-winning cardiovascular hospitals (20 to 33 percent higher)
- Fewer patients with complications (8 to 11 percent fewer)
- Lower readmissions rates for acute myocardial infarction and heart failure patients (1.05 percentage points lower)
- Hospital stays that are one-half to one day lower than average

“Working closely with the hospital team, our physicians invest a tremendous amount of time to ensure that every aspect of cardiovascular care is delivered using best practices, evidence-based rules of treatment and a unified TEAM approach,” noted Steven Harrington, MD, medical director of cardiothoracic surgery. “This results in safer, higher quality care. There’s a strong commitment to cardiovascular care here at Henry Ford Macomb and we’re demonstrating that with investments like a planned hybrid operating room for more advanced care in the future.”

TRUVEN HEALTH ANALYTICS

**50 TOP
CARDIOVASCULAR**

2016

Henry Ford Macomb cardiologist Joseph Naoum, MD attributes the award to fast, efficient and highly effective treatment for everything from the time it takes to treat a patient experiencing chest pain to the costs associated with cardiovascular care.

Door-to-balloon times are lower than average with very good outcomes, said Dr. Naoum, medical director of the cardiac cath laboratory. The rate of patients who need blood transfusions during surgery is low, as are the number of vascular complications. The number of patients who receive aspirin prior to angioplasty to open blocked or narrowed heart arteries, which is recommended for all patients to prevent stroke, is 100 percent at Henry Ford Macomb, he said.

“The utmost compliment is that other health systems are now looking at us as a model for cardiovascular treatment,” said Dr. Naoum, adding that the system is sharing best practices with other medical professionals to improve treatment for all patients.



A new art therapy program gives Josephine Ford Cancer Institute patients at Henry Ford Macomb a chance to express themselves through art. An art therapist visits the infusion center twice a week to demonstrate a variety of art techniques and provide materials for patients to complete their own projects. This free program allows patients an opportunity to relax during treatment and discover how an art experience can assist in the healing process.

The new program is made possible by a grant from the Zoe Foundation for Infusion Art Therapy. The foundation helps patients cope with cancer treatments by funding art programs during their chemotherapy infusions.

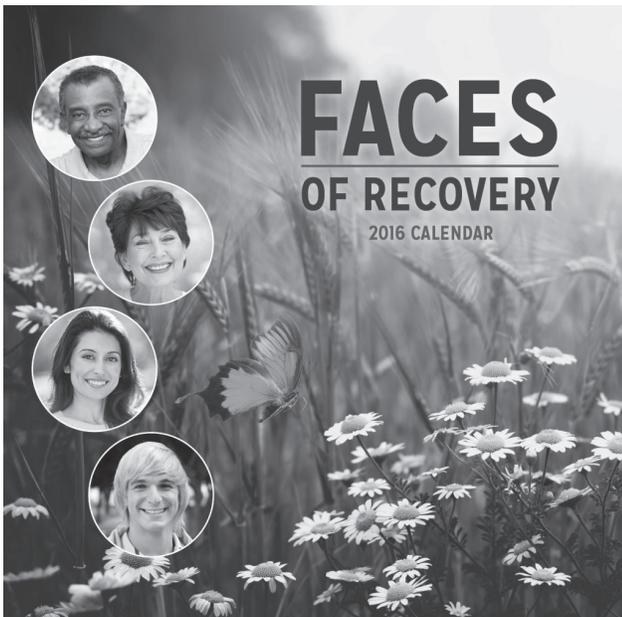
The staff from the JFCI at Henry Ford Macomb recently completed their own masterpieces at the infusion center to gain some insight on the patient perspective.



CALENDAR CELEBRATES TRIUMPH OVER ADDICTION

Henry Ford Macomb Hospitals has partnered with CARE of Southeastern Michigan and Project Vox, a recovery advocacy group, to produce the 2016 Faces of Recovery calendar, which highlights the success of people in long term recovery from drug and alcohol addiction.

The annual calendar, which debuted in 2007, spotlights residents from around the region, each offering personal messages of hope and encouragement, drawing on their own experiences.



Cameron Rucks of Mt. Clemens, featured in June, said that if you don't change your environment, who you hang out with and what you're doing, nothing changes.

"I now have a completely different outlook on life and see so many possibilities," he said.

Maria Leach of Roseville, featured in July, shared a favorite quote from Maya Angelou that gives her inspiration, "I did then what I knew how to do. Now that I know better, I do better."

And Mitchell Allen of Washington Township, featured in August, explained how recovery has changed his life forever. "I've learned to love myself unconditionally after many years of hatred. I'm confident and completely comfortable in my own

skin. Recovery gave me a life of love, happiness and spirituality that I protect as much as my sobriety," said Mitchell.

Approximately 7,500 copies of the 2016 calendar will be distributed throughout the metro Detroit area by CARE and various advocacy groups. Henry Ford Health System also makes the calendars available to Behavioral Health patients.

"There are more than 23 million people in the United States who are in recovery. Our goal for this calendar is to show individuals battling addiction that recovery is possible and to help remove the stigma that surrounds it," said Monique Stanton, president and CEO of CARE.

To request a free copy of the calendar, phone CARE at (586) 541-2273.

HENRY FORD HEALTH SYSTEM MARKS 100TH ANNIVERSARY WITH SPECIAL BABY ONESIES

Henry Ford Health System recognized its 100th anniversary by providing a special onesie to babies born in October throughout the system. The onesie reads, "Henry Ford Health System, EST. 1915. BABY, EST. 2015." Pictured here modeling the onesie is Rosalie Marie Smith, daughter of Justin and Stephanie Smith of Sterling Heights, who was born at Henry Ford Macomb Hospital on Oct. 9.

The first baby was delivered at Henry Ford Hospital in 1922 by Drs. Roger Siddall and William Thompson. A maternity ward and nursery opened in early 1923 with 24 bassinets. Today, Henry Ford Health System's board-certified obstetricians and certified nurse midwives deliver more than 8,900 babies every year, with about 1,700 of those deliveries taking place at Henry Ford Macomb Hospital in Clinton Township.





St. John Macomb Oakland Hospital

ST. JOHN PROVIDENCE WEIGHT LOSS IS FIRST IN MICHIGAN TO OFFER NEW MINIMALLY INVASIVE SOLUTION FOR WEIGHT LOSS

Gary Katz, DO, medical director of the St. John Providence Weight Loss Center of Excellence performed the first ORBERA™ Intra-gastric balloon insertion procedure in Michigan at St. John Macomb-Oakland Hospital.

The silicone balloon device, approved by the FDA earlier this year, is designed to assist obese adults in losing and maintaining weight without major invasive surgery. “This is an exciting advancement for people who want to lose weight without surgery,” Katz says. “The weight loss these patients experience with ORBERA™ will help them stay healthy and potentially avoid obesity related health issues like diabetes and high blood pressure.”

The balloon fills space in a patient’s stomach to reinforce proper portion control. The balloon is placed there for six months, and is used in conjunction with a long term supervised diet and behavior modification program. ORBERA™ is designed for patients with a BMI of 30 to 40 who have tried other weight loss programs but were unable to lose weight and keep it off. In a non-surgical procedure typically done under a mild sedative, the thin and deflated balloon is placed into the stomach via the esophagus. It is then filled with saline until it’s about the size of a grapefruit. The procedure normally takes about 20-30 minutes and people can generally go home the same day.

For more information about the balloon procedure, go to:

www.stjohnprovidenceweightloss.com/WeightLoss/Treatment/orbera-intra-gastric-balloon



Dr. Katz, second from right, performed the procedure at St. John Macomb-Oakland Hospital.

SJMOH RECEIVES EXCELLENCE AWARD FROM MICHIGAN SURGICAL QUALITY COLLABORATIVE

St. John Macomb-Oakland Hospital, Warren (SJMOH) received an EXCELLENCE award from Michigan Surgical Quality Collaborative (MSQC) for its 2014 Quality Improvement Project. MSQC was founded under the sponsorship of BCBS of Michigan and Blue Care Network and held its annual conference in September. St. John Macomb-Oakland is one of 73 hospitals that participate in the MSQC registry, sharing data and comparing patient outcomes across the state of Michigan. Best practices are identified and widely disseminated. SJMOH’s Surgical Clinical Quality Improvement Project team was led by Chief of Surgery, Dr. R. Bigelow, Chief of Anesthesia, Dr. S. Rotter, Department of Surgery and the Perioperative staff. The project introduced new practices into perioperative care and successfully reduced the incidence of surgical site infection in colectomy patients.

SCHOOL-BASED HEALTH CENTER OPENS AT WARREN MOTT HIGH SCHOOL

St John Providence School-Based Health Center program opened the doors to a new 1,300 square foot Health Center at Warren Mott High School in early November. This new center will emphasize on improving immunization rates, detecting



Pictured (l-r): Kenneth Coleman, Jean Meyer, Bob Hoban, Dr. Beena Nagappala, Sheiraz Tekko, Lavita Williams, Christopher Cox, Dr. Cynthia Taueg, Daphne Marbury

health problems, reducing absenteeism, and promoting health knowledge among adolescents ages 5-21 in the Warren Community School district. The nurse practitioner, medical assistant, or therapist will provide services that include: immunizations; physical examinations; diagnosis and treatment of common illnesses and minor injuries; health promotion and risk reduction programs on substance abuse prevention,



abstinence, violence prevention, nutrition/physical fitness/ HIV/AIDS, STD prevention, and asthma and diabetes management; referrals for services not provided at the center to collaborating agencies; parenting skills development services; psychosocial counseling by the health center's therapist; dental and vision screenings with education and referrals for follow-up care. The Warren Mott center includes two exam rooms, reception area, a waiting room, bathroom, laboratory area, conference room, storage room, and two offices.

TWO ST. JOHN MACOMB-OAKLAND PHYSICIANS COMPLETE MEDICAL MISSION TO PERU

This past August, two St. John Macomb-Oakland Family Medicine residents had the opportunity to join Michigan State University and Dr. Gary Willyerd in a medical mission to Peru. Joseph Kimbell, PGY-3 and Lorenzo Lim, PGY-1 travelled to South America, along with 31 medical students and 29 physicians ranging in specialties of general medicine, to dermatology, podiatry, ENT and dentistry. The group started their trip in Peru's capital city of Lima, working with the medical and nursing schools, teaching the theories and practice of osteopathy. From there, they traveled to Iquitos, a city of 1 million located on the Amazon River, to provide medical care to the underserved. They held clinic for 4 days in Iquitos, treating over 1500 patients with conditions ranging from headache and joint pain, to Dengue fever and severe dermatologic diseases. They then travelled by boat down the Amazon, spending 3

more days treating patients in the small poor rural villages, running clinic out of the boat. Overall, they were able to provide medical care and spread the principles of osteopathy to over 2000 patients and countless medical students in the underserved country of Peru.

ST. JOHN HOSPITAL PERFORMS FIRST PEDIATRIC HIPEC SURGERY

In early December, St. John Hospital & Medical Center (SJHMC) was the first hospital within St. John Providence and Ascension Michigan, and among the first in the U.S., to perform pediatric Hyperthermic Intraperitoneal Chemotherapy or HIPEC surgery on a 13-year-old boy with rare cancer. HIPEC is a procedure used for advanced cancers that have spread to the lining of the abdominal cavity including colorectal, gastric, ovarian, appendiceal and mesothelioma. The treatment involves surgically removing cancerous tumors from the abdominal cavity, then bathing the cavity with heated chemotherapy. Richard N. Berri, MD, FACS, SJHMC director of Surgical Oncology and Peritoneal Malignancies Program, is a regional leader in the HIPEC procedure. He was assisted in the HIPEC pediatric case by Marc Cullen, MD, SJHMC chief of Pediatric Surgery, and Andrea Hayes-Jordan, MD, a world-renowned Pediatric Surgical Oncologist from MD Anderson in Texas. The surgery took 12 hours and Doctors Berri, Cullen and Hayes-Jordan removed 750 tumors. The patient continues to recover and is doing well. The case highlights the success of St. John Hospital's Peritoneal Malignancies Program



Pictured is Lorenzo Lim reviewing patient details, while others stand in line to receive care on the boat, named The Amazon Queen, which was converted to a clinic to aid the small villages along the Amazon River.



and the capability of St. John Providence Children's Hospital (located within SJHMC) to perform advanced, rare surgery, while collaborating with MD Anderson.



FOUR BROTHERS WITH RARE GENETIC DISEASE RECEIVE BREAKTHROUGH TREATMENT AT ST. JOHN HOSPITAL

Cholesterol ester storage disease is a rare inherited condition caused by the absence of an enzyme, lysosomal acid lipase, involved in the breakdown and use of fats and cholesterol in the body. Only 130 cases have ever been reported. Four brothers from Port Huron are the first patients diagnosed with this disease in Michigan, and the first case in the world that affects all four of four siblings. The disease can lead to organ enlargement and dysfunction, blood abnormalities, and potentially early death. Hernando Lyons, MD, St. John Hospital and Medical Center (SJHMC) pediatric gastroenterologist, performed liver biopsies in all four children and determined three of the boys have stage II fibrosis and one has stage III fibrosis. Dr. Lyons referred them to the Pediatric Lipid Clinic where James Maciejko, PhD, SJHMC lipidologist, made the diagnosis of cholesterol ester storage disease.

Currently, there are no FDA approved treatments for this disease, but Alexion Laboratories developed a replacement enzyme that is currently in Phase 3 clinical trials. The enzyme may not reverse the damage already done in the liver, but could stop any further damage. SJHMC was approved as an infusion site for this enzyme and the brothers were quickly enrolled in this national trial. They received their first treatment in early October, and they will receive infusion treatments every two weeks for their entire lives.



Hernando Lyons, MD (far left) is shown here with the Trendy brothers and parents.

ANNOUNCEMENTS



JANUARY 20 Free MSMS Webinar, "The Power of Patient Engagement in Increasing Immunization Rates", 12:15 - 1 pm. No cost, but registration is required, to register visit www.msms.org/Education.

MARCH 16 Supporting End of Life Care, MSMS Headquarters in East Lansing, 9 am - 4 pm. To register visit www.msms.org/Education or call 517-336-7581.

APRIL 30 MSMS House of Delegates, The Henry in Dearborn.

ON-DEMAND WEBINARS

MSMS has a catalog of on-demand webinars available, allowing you to watch and learn at your convenience. Check out the available series on HIT Legalities and Practicalities, Physician Executive Development and Choosing Wisely. Visit www.msms.org/eo

Watch for emails and fliers with the details of upcoming events.

Does the MCMS have your email address? If not, send it to us at mcms@msms.org or call 810-387-0364 so that we can keep you informed!

Change of Address? Let us know! Call 810-387-0364 or Email us mcms@msms.org any changes.

CALL FOR MCMS OFFICER NOMINATIONS

The MCMS Board of Directors is looking for members interested in participating as an officer or delegate.

The MCMS Board meets four to six times per year, usually for a dinner meeting or via conference call. Delegates are also expected to attend the annual Michigan State Medical Society House of Delegates held in the Spring.

Anyone interested in running for a position on the MCMS Board please contact Heidi Leach at mcms@msms.org or call 810-387-0364.

SHARE YOUR NEWSWORTHY ITEMS

Have you or a MCMS colleague been elected to a position (specialty society, hospital, community based program, etc.) or honored for your volunteer service within the community or abroad? Let us know. We would like to recognize MCMS members in the 'Member News' section of the Medicus.

Contact Heidi Leach at mcms@msms.org or macombcms@gmail.com with newsworthy information.

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Top 3 Patient Safety Tips of 2015: Reducing Technology Risks

By: Carol Murray, RHIA, CPHRM, CPPS, Patient Safety Risk Manager, The Doctors Company

THE ADOPTION OF ELECTRONIC TOOLS IN THE PATIENT CARE SETTING HAS GROWN EXPONENTIALLY IN RECENT YEARS. Although new technologies bring many benefits, they also bring new liability risks - and 2015 could be considered a high-water mark for both new risks and increased prevalence of previously identified risks. The top three patient safety tips of 2015 addressed these risks.

1) Telemedicine: Comply with HIPAA, HITECH, and state-specific laws when transmitting patient health information and follow state licensing requirements.

While the benefits of telemedicine are vast, its use and adoption must be tempered with caution. Physicians must be aware of the risks associated with access, such as patient and staff privacy, inaccuracies in self-reporting, and symptoms that may only be caught in person. Additional legal considerations for online interactions, such as licensure compliance and professional liability coverage for out-of-state interactions, must be addressed for the protection of the physician and the patient. According to the Federation of State Medical Boards, only 12 states have provided special-purpose licenses to allow for cross-border telemedicine, while most states require complete licensing if the patient is in their jurisdiction.

To reduce these liability risks and enhance patient safety:

- Comply with all laws when transmitting all personal health information. Train staff on how to protect and secure your data.
- Clearly define proper protocols for webcams and web-based portals.
- Use mechanisms to protect the privacy of individuals who do not want to be seen on camera (including staff members, other patients, or patients' families).
- Ensure robust and reliable high-speed broadband connectivity to support clinical functions.
- Check practice requirements and legal limitations in states where you anticipate providing care to patients.
- Understand reimbursement practices for telemedicine services.
- Make certain that your professional liability policy extends coverage to all jurisdictions where you provide services.

2) Medical equipment alarms: Enact policies to ensure alarms are never silenced.

Concerns about the adequacy and effectiveness of medical

equipment alarms have been a focus for The Joint Commission's National Patient Safety Goals. Issues with alarms have also appeared frequently in analyses of unanticipated outcomes.

A main patient safety risk is alarm fatigue, where too-frequent alarms cause providers to override or disable them.

When alarms are silenced or eliminated, a significant change in a patient's condition may go undetected. If there is a resultant harm to a patient, it is extremely difficult to mount an effective defense.

The Joint Commission emphasizes policies that can help reduce the risks:

- Policies should be in place and communicated to staff to never silence an alarm and should discourage the use of patient-owned medical equipment without alarms in clinical settings.
- Any medical device equipped with an alarm should be evaluated annually for preventive maintenance.

3) Electronic health records (EHRs): Ensure that implementation includes thorough staff and provider training.

More than 80 percent of doctors have adopted an EHR.[1] There is a lag time between adopting a new technology and identifying risks, but in 2015, EHR issues were increasingly apparent.

Weaknesses include inaccurate entries that are repeated throughout the record; faulty interfaces between companion systems; greater potential for breaches, resulting in loss of patient privacy; over-reliance on the system by staff, leaving less time to spend with patients; changes in medical record information due to system updates; and difficulty in standardizing the legal medical record for consistency in response to requests for records.

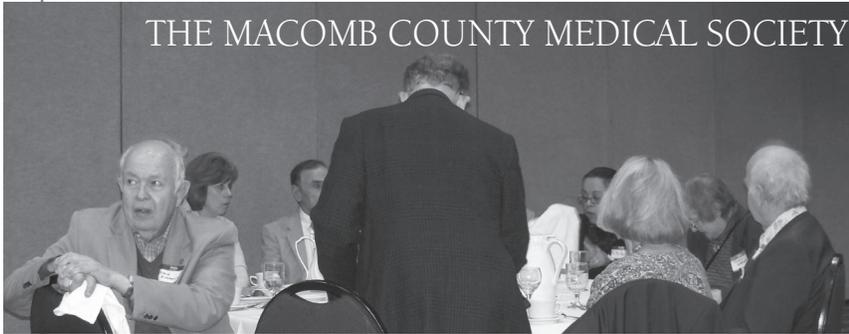
Audit trails requested during litigation may not accurately reflect the activity or may be undecipherable. Some systems allow changes in record entries long after a patient is seen - if that is discovered, this could be interpreted as spoliation of evidence.

To reduce exposure to EHR risks:

- Ensure implementation includes thorough staff and provider training.
- Establish guiding policies and procedures, especially a policy defining the legal medical record, and designate an ongoing

continued on next page

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each health care provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.



THE MACOMB COUNTY MEDICAL SOCIETY HELD ITS ANNUAL MEETING ON TUESDAY, NOVEMBER 17 AT THE WYNDHAM GARDEN STERLING HEIGHTS.

Our guest speaker was outgoing MCMS President Gary Shapira, MD who held a discussion on Home Theater and Health Care Reform.

During the meeting, MCMS President-Elect, Lawrence Handler, MD presented Dr. Shapira with a plaque of appreciation, on behalf of the MCMS Executive Board, for his service to the society.



RISK MANAGEMENT TIP *continued*

workgroup or individual to address problems in either support systems or the software itself.

- Maintain an ongoing relationship with the vendor to communicate software issues and to thoroughly understand the impact of each software update.
- Conduct a periodic review of metadata reports that identify name, date, and time of access - a useful way to monitor inappropriate access to the record by staff.
- Train staff to be observant and report any inconsistencies, including a near-miss or incident.
- Conduct medical record audits at least quarterly to look for any possible problems.

Increasing attention is also directed at the integrity (accuracy) of data entries in the EHR. Weaknesses in data integrity can and have resulted in erroneous treatment or delays in the discovery of new and vital information. More and more related systems have an interface with the EHR, such as laboratory or imaging information, other healthcare encounters, medication history, and even basic demographic information. It is not uncommon for data in the EHR to be inaccurate or missing. Problems such as errors in entering treatment regimens can have far-reaching outcomes. While there is a strong emphasis on interoperability of systems, there are also many problems in perfecting the interface.

As the assimilation of medical technology increases at a faster rate, all providers and organizations must closely scrutinize these systems to discover issues and problems before they reach the patient. Training staff and physicians and ensuring solid communication models are the most valuable ways to reduce patient safety risks.

Reference

[1] More than 80 percent of docs use EHRs. Healthcare IT News. September 18, 2015. <http://www.healthcareitnews.com/news/more-80-percent-docs-use-ehrs>. Accessed November 23, 2015.

*Thanks to Your
Generosity the
2015 Holiday
Sharing Card
Project Raised
\$6,128*

We would like to thank the MCMS members who participated in the 2015 MCMS Foundation Holiday Sharing Card Project. Due to your generous donations we were able to raise \$2,768 for the Macomb County Food Program and \$3,360 for Turning Point Shelter for women.



HEALTH INSURANCE MERGERS

The following is a list of the actions the AMA has taken related to the proposed mergers of Anthem-Cigna and Aetna-Humana.

- On September 8, 2015, the AMA released the 2015 edition of *Competition in Health Insurance: A Comprehensive Study of U.S. Markets*, which offers the largest and most complete picture of competition in health insurance markets for 388 metropolitan areas (MSAs), as well as all 50 states and the District of Columbia. The study is based on 2013 data captured from commercial enrollment in HMOs, PPOs and POS plans. Based on the report:
 - 70 percent of MSAs had combined commercial markets (HMO+PPO+POS) that are highly concentrated.
 - A single insurer had a 50 percent or greater share of the combined commercial market in 14 states and 38 percent of MSAs.
 - 46 states had two insurers with at least a 50 percent market share of the combined commercial market.
- A special analysis undertaken using the data from the 2015 edition of the *Competition Study* - released on September 8 as well - revealed the following impact of the proposed Anthem-Cigna and Aetna-Humana mergers in commercial health insurance markets:
 - The Anthem-Cigna merger would diminish competition in up to 111 metropolitan areas within all 14 states that Anthem currently operates.
 - The Aetna-Humana merger would diminish competition in up to 58 metropolitan areas within 14 states.
- Both the Study and special analysis were received by all state medical association executives on September 8.
- The prospect of reducing five national health insurance carriers to just three should be viewed in the context of the unprecedented lack of competition that already exists in most health insurance markets. The AMA continues to urge federal and state regulators to carefully review the proposed mergers and use enforcement tools to preserve competition.
- The AMA testified twice in September before the House Judiciary Committee to express the AMA's concerns regarding the proposed Anthem-Cigna and Aetna-Humana mergers and met with key staff from both the US Senate and the House of Representatives to discuss the anticompetitive effects that the proposed mergers would likely have on the nation's physicians.
- AMA is also engaging the National Association of Attorneys General and will be presenting to a majority of state Attorneys General in late November on the AMA Competition Study and our position as it relates to the proposed mergers.
- AMA submitted comments to the US Department of Justice (DOJ) stating its opposition to the mergers. AMA urged DOJ to block the mergers, concluding that the mergers will likely result in higher premiums for patients, a reduction in the quality of health

insurance (e.g., less availability of providers, lower consumer service), and lower payment rates for physicians that lead to lower quality or quantity of the services that physicians are able to offer patients (e.g., less investment in newer technology).

- Finally, the AMA continues to discuss options and offer assistance to state medical associations across the country - as they assess how to position themselves vis-a-vis the proposed mergers and the actions of their respective state regulatory agencies.

GUIDE TO PHYSICIAN-FOCUSED ALTERNATIVE PAYMENT MODELS

The legislation that repealed the SGR, the Medicare Access and CHIP Reauthorization Act (MACRA), created major new opportunities to advance alternative payment models (APMs). For services furnished from 2019 through 2024, MACRA provides a 5% annual bonus payment to physicians who participate in APMs and it exempts them from participating in the Merit-Based Incentive Payment System (MIPS).

In addition to accountable care organizations, medical homes, and bundled payments for hospital-based episodes, MACRA also provides for the development of "physician-focused" APMs. The AMA worked with Harold Miller at the Center for Healthcare Quality and Payment Reform to develop a "Guide to Physician-Focused Alternative Payment Models" describing seven different APMs that can help physicians in every specialty redesign



New Members

JULIE C. GLEESING, DO

Pediatrics

Medical School: MI State University School of Osteopathic Medicine, 2012. Residency & Internship: Children's Hospital & Henry Ford Macomb, completed in 2015. Hospital Affiliation: Troy Beaumont. Currently practicing at Shelby Pediatric Associates and Child Lung Center, 15125 22 Mile Rd., Shelby Township, MI 48315, ph. 586-532-0599, fx. 586-566-8967.

JENNIFER M. RIMMKE, MD

Pediatrics - Board Certified

Medical School: Wayne State University, 2009. Residency & Internship: University of MI Hospitals & Health Center, completed in 2012. Hospital Affiliation: Troy Beaumont. Currently practicing at Shelby Pediatric Associates and Child Lung Center, 15125 22 Mile Rd., Shelby Township, MI 48315, ph. 586-532-0599, fx. 586-566-8967.



CHERYL SOBOCINSKI, MD

Pediatrics - Board Certified

Medical School: Wayne State University, 1997. Residency & Internship: Children's Hospital, completed in 2000. Hospital Affiliation: Henry Ford Macomb, Beaumont Grosse Pointe, St.

John Hosp. & Medical Center. Currently practicing at Clinton Preferred Pediatrics, 15500 19 Mile Rd., Ste. 300, Clinton Township, MI 48038, ph. 586-263-6464.



Continued

the way they deliver care in order to improve patient care, manage health care spending, and qualify for APM annual bonus payments:

APM #1. Payment for a High-Value Service

APM #2. Condition-Based Payment for Physician Services

APM #3. Multi-Physician Bundled Payment

APM #4. Physician-Facility Procedure Bundle

APM #5. Warranted Payment for Physician Services

APM #6. Episode Payment for a Procedure

APM #7. Condition-Based Payment

The seven APMs described in the Guide have been designed to be able to meet the MACRA eligibility criteria for APMs; however, this will require validation in the future rulemaking process. Under each APM, physicians would take accountability for specific aspects of spending and quality they can control or influence. Unlike many APMs that have been implemented to date, however, the physician-focused APMs would not place physicians at financial risk for costs they cannot control. Importantly, each of the APMs in this report would give the participating physicians the resources and flexibility they need to redesign care so they can successfully improve care

and manage spending for the particular patients, conditions and episodes for which they would be accountable.

In addition to describing the APM designs, the Guide also provides examples of how the APMs are being used by different specialties and how they could be applied to diverse patient populations, including cancer care, cardiovascular care, chronic disease management, emergency medicine, gastroenterology, maternity care, and surgery.

To view the "Guide to Physician-Focused Alternative Payment Models" visit <http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-alternative-payment-models.page>



The MHPs are Changing Jan. 1, 2016: Here's What Physician's Practices Need to Do

From: MSMS Reimbursement Advocate

Last month, the Michigan Department of Health and Human Services announced the final recommendations for the Medicaid Health Plans (MHPs). The recommendations are a result of the Department of Technology, Management and Budget's independent review process.

Currently, the individual health plans are contacting enrollees making them aware of these significant changes. PHP and HAP Midwest were not granted Medicaid contracts this bid cycle. If you participate in those Medicaid Plans, you will have patients who will need to enroll in a different Medicaid Plan. Molina has purchased HAP Midwest's Medicaid and Blue Cross Complete has purchased PHP's Medicaid. If you have treated patients with PHP or HAP Midwest Medicaid in the past, you may now see your patients present with a Molina Medicaid or Blue Cross Complete Medicaid plan. This may affect the Medicaid Managed Care Plans you choose to enroll in for the coming year.

If your patients need to choose another Medicaid Plan to enroll in, they can call Michigan ENROLLS at 1-800-975-7630 or 1-888-367-6557 to sign up with a plan that you participate with by December 15, 2015.

The final updated recommended health plans for Region 10 (Macomb, Oakland, Wayne) are: Aetna Better Health of Michigan, Blue Cross Complete of Michigan, Harbor Health Plan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Total Health Care, United Healthcare Community Plan

Health Plan Contact Info for Macomb County

United Healthcare Community Plan
26957 Northwestern Highway,
Suite 400
Southfield, MI 48033
(248) 559-5656
(800) 903-5253
www.uhccommunityplan.com

Meridian Health Plan of Michigan, Inc.
777 Woodward Avenue, Suite 600
Detroit, MI 48226
(313) 324-3700
(888) 437-0606
www.mhplan.com

McLaren Health Plan
G 3245 Beecher Road, Suite 200
Flint, MI 48532
(888) 327-0671
www.mclarenhealthplan.org

HAP Midwest Health Plan, Inc.
4700 Schaefer Rd., Ste. 340
Dearborn, MI 48126
(313) 581-3700
(888) 654-2200
www.midwesthealthplan.com

Molina Healthcare of Michigan
100 W. Big Beaver Road, Suite 600
Troy, MI 48084
(248) 925-1700
(888) 898-7969
www.molinahealthcare.com/

Total Health Care
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202
(313) 871-2000
(800) 826-2862
www.totalhealthcareonline.com

Providers Must Report Practice Location And Office Hours Changes To Comply With CMS Requirement

Beginning 2016, the Centers for Medicare & Medicaid Services is requiring health plans to contact providers monthly, to ascertain their availability and, specifically, whether they are accepting new patients. This is part of an effort to improve the information found on the online directories. CMS is also requiring contracted providers to inform the plan of any changes to street address, phone number, office hours or other changes that affect availability.

While Blue Cross Blue Shield of Michigan and Blue Care Network are working on a solution to be compliant, all professional organizational providers (groups) are strongly advised to use self-service on bcbsm.com to identify any discrepancies in their addresses and affiliated providers' information.

To add or remove practice locations, mailing or remittance address use Provider Enrollment and Change Self-Service. This is an online application in the Provider Secured Services section of the BCBSM website that allows practice group administrators to electronically submit requests for updating group information with Blue Cross and Blue Care Network.

To use the Provider Enrollment and Change Self-Service, you must register for Provider Secured Services. Go to bcbsm.com/ providers. Select Help, then FAQs, then Provider Enrollment and Change Self-Service for professional groups and allied providers and follow the instructions.

Group practice administrators should continue to use the Self-Service option monthly to ensure all changes are submitted to their records on a timely basis.



	2015	2014	2013
AMEBIASIS.....	0	1	1
BLASTOMYCOSIS.....	0	1	0
BOTULISM (FOODBORNE).....	0	0	0
BOTULISM (INFECTIOUS).....	0	0	0
BRUCELLOSIS.....	0	0	0
CAMPYLOBACTER.....	70	87	68**
CHICKENPOX.....	25	88	40**
CHLAMYDIA.....	2,105	2,467	2,514
COCCIDIOIDOMYCOSIS.....	2	7	2
CREUTZFELDT JAKOB.....	0	2	1
CRYPTOCOCCOSIS.....	1	2	1
CRYPTOSPORIDIOSIS.....	1	9	7
DENGUE FEVER.....	1	0	0
DIPHTHERIA.....	0	0	0
EHRlichIOSIS.....	0	1	0
ENCEPHALITIS PRIMARY.....	1	3	0
ENC POST OTHER.....	1	2	2
FLU-LIKE DISEASE.....	21,767	28,824	42,842
GIARDIASIS.....	12	22	19
GONORRHEA.....	402	497	575
GRANULOMA INGUINALE.....	0	0	0
GUILLAIN-BARRE SYNDROME.....	3	6	8**
HEMOLYTIC UREMIC SYN.....	0	0	0
HEPATITIS A.....	4	4	7
HEPATITIS B (ACUTE).....	1	7	7
HEPATITIS B (CHRONIC).....	119	144	123**
HEPATITIS C (ACUTE).....	14	15	7
HEPATITIS C (CHRONIC).....	582	704	494**
HEPATITIS D.....	0	0	0
HEPATITIS E.....	0	0	0
H. FLU INVASIVE DISEASE.....	10	9	11
HISTOPLASMOSIS.....	5	2	3**
HIV ^.....	71	54	35
INFLUENZA.....	746	820	147
KAWASAKI SYNDROME.....	10	6	9
LEGIONNAIRE'S DISEASE.....	23	24	31
LISTERIOSIS.....	1	1	1

	2015	2014	2013
LYME DISEASE.....	6	1	0
MALARIA.....	1	1	0
MEASLES.....	0	0	0
MENINGITIS VIRAL.....	47	46	75**
MENINGITIS BACTERIAL/BACTEREMIA (EXCLUDING N. MENINGITIDIS).....	10	8	4
MENINGOCOCCAL DISEASE.....	1	1	0
MUMPS.....	0	2	0
PERTUSSIS.....	24	95	108**
POLIO.....	0	0	0
PSITTACOSIS.....	0	0	0
Q FEVER.....	0	0	1
RABIES ANIMAL.....	1	3	2
RABIES HUMAN.....	0	0	0
REYE SYNDROME.....	0	0	0
ROCKY MNTN SPOTTED FVR.....	0	0	0
RUBELLA.....	0	0	0
SALMONELLOSIS.....	72	75	76**
SHIGELLOSIS.....	16	9	4
STEC***.....	7	11	6
STREP DIS, INV, GRP A.....	25	26	18
STREP PNEUMO, INV + DR.....	40	45	58
SYPHILIS.....	45	78	78
SYPHILIS CONGENITAL.....	0	0	1
TETANUS.....	0	0	0
TOXIC SHOCK SYNDROME.....	2	1	2
TUBERCULOSIS.....	9	10	11
TULAREMIA.....	0	0	0
TYPHOID FEVER.....	0	1	0
VIBRIOSIS.....	0	0	0
VISA.....	0	1	2
WEST NILE VIRUS.....	3	0	3**
YELLOW FEVER.....	0	0	0

All 2014 numbers are final
 **REFLECTS BOTH PROBABLE & CONFIRMED CASE REPORTS
 ***Shiga-toxin producing Escherichia coli per MDCH; combo of E. coli & Shiga Toxin 1 or 2
 ^ Previously reported as "AIDS"

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Medical Records of Retired Physicians

Patients looking for their medical records from retired physicians frequently contact the MCMS. If you are retired or will be retiring shortly, please contact the MCMS at 810-387-0364 or email mcms@msms.org and let us know how patients can retrieve their records. If the records have been destroyed, please inform us of that also so we can note our database accordingly. Thank you!



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