Macomb Medicus

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HAVING ATTENDED MANY CME PROGRAMS, THERE ARE THEMES AND A COMMONALITY TO THE PRESENTATIONS THAT HAVE NOT CHANGED.

In fact, I am confident in my assumption that you will find similarities no matter the subject or specialty. My classic example is a speaker at some point during their presentation showing a picture touting the best from their hometown. We have all seen the doctor from Colorado showing a scene from the Rockies. Those from New York City showing the skyline and our San Francisco colleagues presenting the Golden Gate bridge and cable cars. What is it that we show? Typically contained in our “promotional” feel good slide, is WATER. We have many different ways to show our water as the Great Lakes contains 20% of the world’s fresh water. Yes, we are proud of the massive fresh water surrounding our State along with the many inland lakes. The State of Michigan’s nicknames include The Great Lake State and Water Wonderland. I have often told friends living elsewhere in the U.S. how we have companies bottling water right here in Detroit and Michigan. So why would I need bottled water?

We have been conditioned and have taken for granted the endless availability of our fresh water.

Politicians from far-reaching areas outside of the Great Lakes region have proposed pipelines to carry OUR fresh water to their communities. Here, in southeast Michigan we may not have the grandeur of the ocean vistas or the mountains, but we have been conditioned and have taken for granted the endless availability of our fresh water.

Sadly, this laissez faire mindset regarding our water resources came to an end with the emergence of details surrounding the Flint water contamination. There are so many facets to this story that continue to develop and will take months to sort out. In the interim, the politics and national spotlight will take over. However, my emphasis in this article is to highlight the heroic efforts by many people to recognize that despite our State pride, that our water quality is amongst the best in the United States, it was still the source of a massive poisoning and Legionnaires’ outbreak. True, the water in the Great Lakes remain fresh and of good drinking quality. It appears the problems in Flint stems from inadequate water treatment. This makes the efforts of those many heroes all the more praiseworthy, as they were able to pin down the source of the rashes and hair loss to the water.

Mona Attisha, MD, LeeAnne Walters and the environmental research team from Virginia Tech need to be thanked and recognized. If not for their efforts (and I am certain others) this already horrible environmental disaster would have been worse. Despite pushback from authorities with expertise in water quality these individuals and research team acted on their observations, clinical examination and their ability to piece data points together in order persevere and prove that the water was contaminated and action needed to be taken.

We need to celebrate these heroes and use their actions to motivate others including ourselves to do the right thing and take the appropriate actions when necessary. Physicians are in a unique position to see health effects at various stages from all sorts of environmental, occupational and communicable diseases. We need to learn from our Flint heroes including Dr. Attisha and trust that each of us will act when necessary to assist for the greater good of our community.
MSMS BOARD ADDRESSES FLINT, MOC, PRESCRIPTION DRUG ABUSE AT MEETING

On January 27, the Michigan State Medical Society (MSMS) Board of Directors met to address the Flint water crisis, upcoming meetings and conferences, the upcoming House of Delegates, and more. Below are some of the highlights:

• 2016 House of Delegates: The 151st meeting of the MSMS House of Delegates will continue a two-day format, beginning on Saturday, April 30. Resolutions are due on March 1, 2016. Resolutions debated during the annual MSMS House of Delegates are the vehicles by which MSMS policies, priorities, and direction are determined. The Annual House of Delegates will convene at The Henry in Dearborn.

• Flint water crisis: The Partnership for Michigan’s Health regarding the Flint water crisis issued the following statement: The first priority of Michigan’s health systems, hospitals and physicians is the health of our communities. As the citizens of Flint find themselves in the midst of a crisis to ensure they have access to safe, clean water, the healthcare community stands ready to assist. The MHA, the MSMS, the MOA and their member healthcare providers across Michigan are reviewing the action steps put forth by the Snyder administration to determine how to best engage hospitals and physicians in a coordinated effort to guarantee Flint residents have access to the health-related services and education they need.

• Maintenance of Certification: MSMS has sought legislation to limit the ability of insurers and health systems to use Maintenance of Certification (MOC) as a criterion for participation. MOC has grown onerous for many physician specialties with no evidence that such requirements benefit the patient. The time and costs associated with MOC have become increasingly burdensome largely because certifying boards know physicians need board certification to participate in a health plan. MOC should be voluntary based on the quality of the program and not because physicians are captive to their specialty board.

• End-of-Life Care: MSMS is offering a conference titled “Supporting End-of-Life Care” on Wednesday, March 16, at MSMS Headquarters. This conference will help practitioners overcome barriers and equip physicians with a core base of knowledge on discussing end-of-life care with their patients; palliative care; Michigan Orders for Scope of Treatment (MI-POST); advance care planning models; and ethical and legal challenges.

• Pain Management and Prescription Drugs: MSMS received an additional grant to hold two “ER/LA Opioid REMS: Opioid Prescribing: Safe Practice, Changing Lives” sessions. The first session planned in collaboration with the Saginaw County Medical Society and the Michigan Dental Association attracted nearly 100 attendees in Saginaw. A November session will be held in Novi in collaboration with the Beaumont Hospital-Farmington Hills, Botsford Campus.

• MSMS Membership: Active paid memberships and most other membership categories have increased over this time last year.

• Auto No-fault: Efforts to find a legislative package to reform the auto no-fault laws in Michigan continues to be a priority for the House and Senate. Thus far, the key issues appear to be creation of a fraud authority, reconfiguration of the Michigan Catastrophic Claims Association, and reforming how family provided attendant care costs are calculated. It is unclear at this time if fee schedule language will be added to the package. To date, legislation containing fee schedules has been unable to gain traction in the House.

• Health Care Delivery: The Health Care Delivery Committee met with staff from the Department of Insurance and Financial Services (DIFS) to discuss its role and received an update on the Michigan Marketplace. Highlights from the presentation include:
  - DIFS regulates private health insurance including both group and individual coverage and insurance agencies.
  - They have many consumer resources that are free to physician offices. Content includes how to shop for coverage, how benefits can coordinate, how to use your health coverage, and glossary of health insurance terms.
  - DIFS staff is available to present on health literacy type topics to physician and consumer groups.
  - They do field consumer complaints and facilitate
arbitration with payers. The most common submissions are cancelled coverage, misrepresentation of coverage, and rating issues.

- DIFS oversees the Michigan clean claims process. Physicians may file a complaint against a payer for violating the clean claim law.

- The number of products offered on the Marketplace has exploded in the last two years. In 2014, there were 75 individual and 69 group products available. This year, there are 192 individual and 52 group products.

- As of January 23, there were 327,674 enrolled. 85% of enrollees received tax subsidies. 68% selected silver plans, and 24% chose bronze plans.

- The average rate increase was 6.5% in the individual market and 1% for the small group market.

- Drivers of the rate changes include growth in expenditures like prescription drugs, unexpected composition of risk pool, change in provider networks.

- Future issues may emerge based on the political landscape, evolving definition of preventative services, legislative changes, push for more benefits without rate increases and consumers lack of understanding of cost sharing and narrow networks.

- New this year, the Marketplace now allows consumers to search for their physician and prescription drugs as they shop by product.

**Prescription Drug Abuse:** The Governor’s Prescription Drug Task Force has concluded meeting and has published several recommendations. This task force was convened in response to the growing number of prescription drug overdoses as well as an increased prevalence of heroin use. MSMS is supportive of efforts to improve the electronic prescription drug monitoring program in Michigan (MAPS) as well as increased access to the Naloxone to help patients at risk of overdose. MSMS will be engaging the governor to assure that policies are balanced in order to assure that appropriate access to pain treatments remain, while also recognizing that prescription drug overdoses are reaching epidemic levels.

**MSMS BACKS BILLS PROTECTING PATIENTS’, PHYSICIANS’ RIGHT TO CARE**

Physicians Praise Lawmakers, Launch www.Right2Care.org to Prioritize Patient Care, Reform Out-of-State Maintenance of Certification Rules

Physicians with the Michigan State Medical Society praised lawmakers in the state House and Senate for a critical new effort to protect Michigan patients’ right to high quality health care from the physician of their choice, and physicians’ right and responsibility to deliver high quality care to their patients.

MSMS also formally launched a new website, www.Right2Care.org, in support of the important legislation.

Patients’ and physicians’ right to care is at risk because of a duplicative bureaucratic process known as “Maintenance of Certification” (MOC). MOC requires physicians to spend hundreds of hours away from the exam and operating room, while imposing tens of thousands of dollars in additional costs on physicians, driving up the cost of health care for patients. The requirements also may force many patients to leave the physicians they’ve come to know and trust.

Senate Bills 608 and 609, sponsored by state Sen. Peter MacGregor, and House Bills 5090 and 5091, sponsored by state Rep. Ed Canfield, were introduced late last year.

Under the legislation, health plans would not be permitted to force patients to find a new physician simply because their current physician does not participate in costly, third-party-run Maintenance of Certification procedures.

“Maintenance of Certification red tape and insurance company policies far too often stand in between physicians and their patients,” said MSMS President Rose M. Ramirez, MD, “That’s not just a hassle — that’s dangerous.”

The American Board of Internal Medicine has for decades made huge profits, funneling Michigan health care dollars out-of-state, through regular, additional, duplicative and unnecessary Maintenance of Certification.

Now, some health plans and insurance companies in Michigan are threatening to cut off patients’ access to their highly trained, highly qualified physicians unless those physicians jump through bureaucratic hoops.
“Michigan physicians’ number one focus is our patients,” said Megan M. Edison, MD, a Grand Rapids-area pediatrician. “Continuing education is critical, and it’s happening without costly maintenance of certification bureaucracies that limit physicians’ time with their patients and drive up the costs of health care.”

Said Doctor Ramirez: “It isn’t always easy to find a new physician, and when patients find one they trust, they should have every right to stick with that physician. Onerous and expensive MOC policies shouldn’t stand in the way of patients and their physicians. These bills will ensure they don’t.”

More information about MOC can be found on MSMS’s new website, www.Right2Care.org, launched January 28 to educate patients, physicians, and lawmakers about the dangers of Maintenance of Certification and the importance of reform in Lansing. The website feature information for patients and physicians, testimonials, and opportunities for voters to contact their lawmakers.

MSMS LAUNCHES DYNAMIC NEW ONLINE TOOL TO MATCH PHYSICIANS WITH MICHIGAN JOB OPPORTUNITIES

The Michigan State Medical Society (MSMS) has proudly unveiled MSMS Medical Opportunities, a dynamic new resource to connect healthcare providers with professionals in search of new jobs. Also known as MSMS MedOpps, this program acts as a one-stop shop for both physicians looking for a job and healthcare providers searching for strong candidates for their open positions. Free for job seekers, potential candidates can enter their credentials and are matched with jobs they qualify for. Employers can also post job opportunities on the site as well. MSMS MedOpps can be accessed at https://msms.medopps.org/.

“This all-inclusive job search tool will allow healthcare professionals to find jobs more quickly, and that means connecting physicians and patients better and faster than ever before.” said Michigan State Medical Society President Rose M. Ramirez, MD. It’s a great advantage Michigan physicians and
providers now have in the healthcare world.”

Medical Opportunities was originally founded and is currently operated by the Michigan Health Council, an organization founded in 1943 by the Michigan State Medical Society. The program delivers a customized matching algorithm connecting their database of thousands of candidates with the available opportunities for which they are best qualified. “We are excited about this new partnership and the opportunity to deliver cost-effective recruiting and position matching solutions to MSMS members,” said Melanie Brim, President and CEO, the Michigan Health Council.

“Our goal is that this program will create connections between skilled candidates in search of a position and providers looking for quality professionals,” said Michigan State Medical Society CEO Julie Novak. “We are excited for this opportunity to improve Michigan’s healthcare landscape for providers and patients for years to come.”

For additional information on the MSMS MedOpps program, visit https://msms.medopps.org.

RESIDENTS AND YOUNG PHYSICIANS: MSMS CREATE’S ‘NEW PHYSICIANS GUIDE TO THE FUTURE’ FOR YOU

Residents and young physicians who are about to enter medical practice will benefit from the New Physician’s Guide to the Future, a 44-page resource released today by the Michigan State Medical Society and the Michigan Osteopathic Association.

The joint publication provides detailed guidance and information about concerns and challenges new physicians will encounter when moving into any type of practice arrangement including licensure, contracting, and insurance, among many others.

“The goal of MSMS and MOA is to make the transition as a new professional in medical practice a smooth one,” said Rubin Raju, MD, chair of MSMS Resident and Fellow Section. “This booklet is a really great tool.”

The Guide is broken down into chapters, including:
• Starting Your Search
• Accepting a Position
• Licensing, Credentialing, VISAs
• Medical Liability Insurance
• Billing and Reimbursement
• Continuing Medical Education
• Laws & Regulations
• Insurance Considerations
• Financial Planning and Loans

The New Physician’s Guide to the Future is available by visiting www.msms.org/GuideToFuture. MSMS members will need to login to the site to view its contents.

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JFCI AT HENRY FORD MACOMB HAS NEW TRUEBEAM LINEAR ACCELERATOR

In December 2015, the Josephine Ford Cancer Institute at Henry Ford Macomb introduced a $3.5 million linear accelerator called the TrueBeam. The TrueBeam platform is a fully-integrated system for image-guided radiotherapy and radiosurgery. TrueBeam treats cancer anywhere in the body where radiation treatment is indicated.

Benefits of the TrueBeam technology include:

- Enhanced precision, delivering more concentrated dosing to the affected area and less to normal tissues.
- Expanded ability to treat traditionally complex areas such as brain tumors and spinal metastases.
- More conformity, less side effects and shorter treatment time. Treatment delivery can be 75 percent faster than other radiation therapy technology.

The JFCI at Henry Ford Macomb is proud to offer state-of-the-art treatment that’s close to home.

HENRY FORD MACOMB HOSPITAL AMONG TOP 5% OF HOSPITALS IN CLINICAL OUTCOMES IN NATION ACCORDING TO HEALTHGRADES

Henry Ford Macomb Hospital has received the Healthgrades 2016 Distinguished Hospital Award for Clinical Excellence™. The distinction makes Henry Ford Macomb Hospital one of the top five percent of more than 4,500 hospitals nationwide for its clinical performance as measured by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

Nationally, 260 hospitals out of 1,485 eligible hospitals were recognized as recipients of the Distinguished Hospital for Clinical Excellence Award. Henry Ford Macomb Hospital is among the top five percent of hospitals in the nation with high quality care across at least 21 of 32 common inpatient conditions and procedures, as evaluated by Healthgrades. For example, in the Detroit-Warren-Livonia, MI area, there were 5 hospitals out of 23 eligible hospitals recognized as recipients of the Distinguished Hospital for Clinical Excellence Award. Henry Ford Macomb Hospital is among the hospitals in the Detroit-Warren-Livonia, MI area with some of the best quality care across a broad spectrum of common inpatient conditions and procedures evaluated by Healthgrades.

PROGRAM CREATED BY HMR AND OFFERED AT HENRY FORD MACOMB’S CENTER FOR WEIGHT MANAGEMENT NAMED A NO. 1 “BEST FAST WEIGHT-LOSS DIET” BY U.S. NEWS AND WORLD REPORT

A program offered by Henry Ford Macomb Center for Weight Management and created by HMR Weight Management Services (HMR) has been named a No. 1 Best Fast Weight-Loss Diet in U.S. News & World Report’s Best Diets of 2016 rankings. This is the first year the magazine has published the Best Fast Weight-Loss Diet category. HMR also held its position as the No. 2 Best Weight-Loss Diet in the annual rankings list for the second year in a row. HMR Programs focus on helping people lose weight quickly while teaching the healthy lifestyle skills needed for long-term weight management.

Henry Ford Macomb Center for Weight Management has offered the HMR Program for 27 years at both its Shelby...
Township and Chesterfield Township locations to those who are interested in losing weight.

“HMR programs excel at providing the jump start many people need when beginning a healthier lifestyle program,” said Pat Jurek, manager of the Center for Weight Management’s Shelby Township office. “Through the HMR Program at Henry Ford Macomb Center for Weight Management, people can lose weight without feeling hungry. The program achieves fast weight loss in a livable way, by encouraging people to eat more and stay satisfied. This makes it easier to stick to the program in both the short- and long-term.”

Jurek adds, “A common misconception is that losing weight quickly is not healthy, not sustainable, and will just lead to future weight re-gain. To the contrary, numerous clinical studies demonstrate that following a lifestyle change program which promotes fast initial weight loss can result in better long-term success.”

THE MEDALLION: MACOMB’S GALA EVENT TO BENEFIT HENRY FORD MACOMB’S TRAUMA SERVICES

Henry Ford Macomb Hospitals and the local community come together annually to raise funds for critical health care needs while honoring those who have worked to significantly enhance Henry Ford Macomb during the past year.

The 26th annual Medallion: Macomb’s Gala Event, a black-tie fundraiser, is Saturday, March 5 at Penna’s of Sterling and will benefit Trauma Services at Henry Ford Macomb.

The 2016 Medallion honorees are:

**Physician** - Rene Peleman, MD of Grosse Pointe Farms

**Leader** - Jennifer Stallman, RN

**Nurse** - Steve Buckley, RN of Shelby Township

**Staff** - Joe Martin of Washington Township

**Volunteer** - Thomas Nowak of Macomb Township

In addition to recognizing the Medallion honorees, the evening features 1,000 attendees for a spectacular dinner, dancing, mock gaming and a package raffle. Raffle packages this year include:

- Seven nights in Italy for four at the Il Borro San Giustino Valdarno with wine and estate tour.
- One week stay at Orange Lake Resort and Country Club in Kissimmee, FL.
- An exciting electronics package and much more.

EXTRAORDINARY NURSE RECOGNIZED AT HENRY FORD MACOMB HOSPITAL

Henry Ford Macomb Hospital has implemented the DAISY Award, an international program that celebrates the clinical skill and compassionate care given by nurses. The DAISY Award will be presented quarterly at Henry Ford Macomb.

The hospital’s first award recipient is **Luke Saile, RN** of Armada, Mich., who was nominated by the family member of a patient for the “insightful, compassionate care” he provided.

Said Chief Nursing Officer Michael Markel, Jr., RN, “We are proud to participate in the DAISY Award program. It’s important that our nurses know their work is highly valued, and the DAISY Foundation provides a way for us to do that.”

The DAISY Foundation was established in memory of J. Patrick Barnes, who died from complications of an auto-immune disease. For more information on the DAISY Awards, visit www.DAISYFoundation.org
FREE DIABETES PREVENTION PROGRAMS OFFERED THROUGH HEALTH AROUND THE CORNER

Henry Ford Macomb Hospital’s Faith Community Nursing/Health Ministry Network has partnered with Health Around the Corner and HAP to host free Diabetes Prevention Programs in locations throughout the county in 2016. Funding and support for the program are provided by the Greater Detroit Area Health Council (via a partnership grant from the CDC), Henry Ford Macomb Hospital and HAP. Four DPP classes launched in January. Two more are scheduled to begin in February and another will start in March.

The cities of Warren, Centerline, Roseville, and Eastpointe are the geographical focus of Health Around the Corner. The support of HFMH, HAP, and the public health department allows us to expand our focus on preventing diabetes and promoting healthy lifestyles to the rest of Macomb County! Participants from our September 2015 classes are reporting great success!

The course is a structured one-year lifestyle change program currently offered at no cost to participants who commit to 16 core sessions in the first six months followed by six monthly sessions for maintenance. Participants learn to make lifestyle changes to reduce their risk for type 2 diabetes via a trained Lifestyle Coach.

Fifty-eight percent (58%) of people who complete the first 17 sessions lose weight, decrease their A1Cs and prevent type 2 diabetes.

In order to qualify for the program, clients must be at least 18 years, overweight (BMI >/= 24) and have risk factors for developing type 2 diabetes OR have been diagnosed with pre-diabetes within the past year or previously diagnosed with gestational diabetes while pregnant.

For more information on this program, contact dppregistration@hfhs.org or call Marian Giacona, R.N. at (586) 263-2115.

HENRY FORD MACOMB HONORED FOR CORPORATE CITIZENSHIP

Henry Ford Macomb received the Corporate Citizen award at the annual Macomb County Business Awards ceremony on Feb. 9. HF Macomb was honored as a top corporate citizen for its prevention programs, Faith Community Nursing and partnering with Macomb County schools to create a culture of wellness. The award also recognized HF Macomb’s efforts to help eliminate prescription drug abuse and for sponsoring health organizations including CARE House, the Macomb County Food Bank and local senior centers.

The event is organized by the Macomb County Department of Planning and Economic Development. The program recognizes local businesses in categories including efficiency, building a strong workforce, reaching new markets and creating a charitable workplace.
INITIAL ACCREDITATION ELEVATES RESIDENCY EDUCATION PROGRAM

St. John Macomb-Oakland’s Internal Medicine program recently obtained initial ACGME accreditation and was one of the first American Osteopathic Association programs in the country to do so. The Initial accreditation is for 2 years. Within those 2 years, an additional site visit/inspection will occur by the ACGME to determine if Full Accreditation will be given.

This is the first of 8 St. John Macomb-Oakland programs to go before the Accreditation Council for Graduate Medical Education (ACGME) Review Committee. This elevates our program because it recognizes that our training and education department is among the best nationally to train residents and turn out physicians who pass their boards and go on to obtain fellowships, if desired. The program, with 36 residents, is not only the largest Osteopathic Internal Medicine program in the state, its residents have led the state in proficiency tests for the past three years in a row. The internal medicine residents worked on the application and site visit along with faculty members, Drs. Andrew Wiley, Molly Veale, Cassie Konja, Linda Plizga, the Associate Program Director, and led by the Internal Medicine Program Director, Dr. Deborah Jo LeVan.

ST. JOHN HOSPITAL PARTICIPATES IN NATIONAL STUDY ON EARLY ONSET PREECLAMPSIA

St. John Hospital & Medical Center is the only hospital in Michigan taking part in a Phase 3 clinical trial for the treatment of preeclampsia during the 23rd to 30th week of pregnancy, or early onset preeclampsia. This life threatening progressive condition occurs in approximately five to eight percent of all pregnancies and typically occurs after the twentieth week of pregnancy. The cause of preeclampsia is unknown, but the number of cases is growing. At present, delivery of the baby is the only known way to stop the progression of preeclampsia, which without intervention can escalate to multi-organ failure, seizures, coma or death for the mother and baby.

The primary objective of PRESERVE-1 is to assess the safety, efficacy and pharmacokinetics of recombinant human anti-thrombin for the treatment of early onset preeclampsia when used in combination with the current standard of care, expectant management. Efficacy will be assessed by comparing the difference in gestational age from the time of randomization into the trial until delivery of the baby to women given recombinant human anti-thrombin to those given placebo. The effect of recombinant human anti-thrombin on neonatal clinical outcomes will also be assessed.
Mitchell Dombrowski, MD, chief of Obstetrics and Gynecology at SJH&MC and the site’s lead investigator of PRESERVE-1 states, “St. John Hospital’s participation in the PRESERVE-1 trial will play an important role in advancing much needed research on preeclampsia and may help to identify a potential treatment.” St. John Hospital & Medical Center, among others sites across the United States, are currently enrolling patients. For more information about recombinant human anti-thrombin, preeclampsia or to inquire about the trial please call 1-866-501-DOCS (3627) or visit www.PRESERVE-1.org.

MEDICAL MISSION TO THAILAND PROVIDED INSPIRATION FOR ST. JOHN MACOMB-OAKLAND TEAM

St. John Macomb-Oakland Hospital’s Dr. Ia Kue along with a small medical team (two doctors, one nurse, two nursing students and four translators) serviced 4 villages in Thailand and Laos in early fall 2015. Through their visits they were able to treat over 350 people aged less than one year to over 90 years old. Most patients were rice farmers and were treated for pain, neuropathy, arthritis, scoliosis, essential tremors, allergies, diabetes mellitus, hypertension, GERD, and respiratory or GI infections. Nurses would initially evaluate the patients and record vitals and chief complaint. Every patient was seen by a physician. Those with pain were treated with OMT and/or given steroid injection. Most patients were given medications to take home along with detailed explanations on how to take the medications. We coordinated with the local contacts to assure follow-up treatment. Those treated for pain stood out among others as many had been unable to receive local medical care due access challenges. The team made connections with many of these patients as they listened to their struggles, connected through healing touch and shared meals despite the language barrier. Living and sharing the St. John Providence values is what made this medical mission a success.

Dr. Ia Kue (left) and Dr. Geetha Thaker (right) administer care to one of 350 patients in Thailand and Laos

DR. MOHAMAD FAKIH LEADS NATIONAL CENTER OF EXCELLENCE

Mohamad Fakih, MD, MPH, began his new role on Jan. 1 as the Senior Medical Director of the Ascension Center of Excellence for Antimicrobial Stewardship and Infection Prevention. He is a nationally recognized leader in the infection prevention and hospital epidemiology community, as well as chief of infectious diseases at St. John Hospital & Medical Center.

The COE was developed with funds from Ascension’s Centers for Medicare & Medicaid Services (CMS) Hospital Engagement
Network (HEN) and focuses on:

- antimicrobial stewardship with a goal to optimize antimicrobial use system wide and standardizing the care, including testing and treatment, of infections throughout Ascension.
- reducing infection risk through standardization of infection prevention guidelines and processes with advice from the Ascension Health Infection Prevention Committee.

The COE will provide a venue to synergistically use both antimicrobial stewardship and infection prevention efforts to provide safer and better care. Ascension is committed to a five-year action plan that implements facility-based antimicrobial stewardship programs in all hospitals.

NEW MEDICAL DIRECTOR FOR THE CENTER FOR WOUND & HYPERBARIC MEDICINE AT ST. JOHN HOSPITAL AND MEDICAL CENTER

Jimmy C. Haouilou, MD, has been appointed the new medical director of the Center for Wound & Hyperbaric Medicine at St. John Hospital & Medical Center. Dr. Haouilou is board certified in general and vascular surgery and is specialty trained in hyperbaric oxygen therapy. He has a particular interest in advanced wound care with a focus on amputation prevention. Dr. Haouilou completed his residency at St. John Providence from 2004-2009 and joined the medical staff in 2011. The St. John Providence Centers for Wound & Hyperbaric Medicine are specialized, outpatient wound care treatment centers dedicated to the care of patients with chronic, non-healing wounds.

ANNOUNCEMENTS

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.

MAY 19  Annual Conference on Maternal and Perinatal Health, Somerset Inn in Troy. For more information or to register visit www.msms.org/Education or call 517-336-7581.

OCTOBER 26-29  MSMS Annual Scientific Meeting, Sheraton Hotel in Novi. For more information or to register visit www.msms.org/Education or call 517-336-7581.

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/co

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.
50 Year Awardees
The following members, who graduated from medical school in 1966, will be honored at the 50 Year Awardee luncheon on Saturday, April 30 at the MSMS House of Delegates in Dearborn.

Leandro Africa, MD - Thoracic Surgery
Rajendra Bothra, MD, FIPP - General Surgery
Ben Fajardo, MD - Internal Medicine
Manouchehr Nikpour, MD, FACS - Neurological Surgery
S. Bhimsen, Rao, MD, FAAP - Pediatric Pulmonary Diseases

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Ronald B. Levin, MD
Janet C. Weatherly, CNM
TEAMWORK -- AN ESSENTIAL PART OF A SAFETY CULTURE -- HAS COME TO THE FOREFRONT AS THE MOST EFFECTIVE WAY OF CATCHING INDIVIDUAL ERRORS BEFORE THEY OCCUR AND OF MITIGATING SYSTEM FAILURES. The team approach is not new, but its value and definition are changing. Good communication, along with a focused team approach in dealing with problems, can make a positive difference in any outcome.

A healthy culture focused on safety and effective communication is essential to developing a high-functioning team. It becomes challenging when factoring in each team member’s different personality, skills, agenda, style, and objectives. The team approach depends on each member’s ability to:

- Anticipate needs of others.
- Adjust to each other’s actions and the changing environment.
- Have a shared understanding of how a procedure should happen in order to identify when errors occur and how to correct for these errors.¹

CHARACTERISTICS OF AN EFFECTIVE TEAM

Improving patient safety through emphasis on the team approach requires an understanding of the factors that make a team successful. An effective team recognizes and accepts the following principles:

1. Each team member contributes his or her individual talent, skill, and experience and acknowledges other team member contributions.

2. When issues are complex, there is often more than one right way to solve a problem.

3. The team’s combined decision is greater than the needs of its individual members.

4. Any team decision must be just and ethical.

5. Once problem solving is complete and a decision has been reached, the decision must be implemented and monitored for effectiveness.

6. The team must be ready and open to changing its action if the resolution proves ineffective.

7. Each team member is accountable for the team’s decisions, even if it was not his or her first (or individual) recommendation.

8. Open communication is necessary to promote empowerment in getting the job done and accepting team decisions.

EFFECTIVE TEAM COMMUNICATION

Standardizing communication practices facilitates stronger team communication. Tools, such as the team brief or “huddle,” can be implemented to promote information exchange and team cohesion. Huddles allow the team to meet briefly on a daily basis to discuss patients’ needs and determine what tasks need to get done and by whom. Maintain vigilance by promoting situational monitoring among team members. When team members actively scan and assess what’s going on, they gain information about the situation and can identify deviations. Conveying this information to fellow team members can prevent small errors from becoming big errors. In the OR, part of this approach includes a statement by the surgeon encouraging communication, such as, “If you see, suspect, or feel that something is not right, please speak up.”

Communicating in a closed-loop fashion ensures the entire team is aware of what is occurring and helps to retain the shared mental model. Acknowledging comments and questions ensures that communications have been heard and understood. Repeating back essential information confirms that the sender’s message has been received.

Using teamwork to resolve problems and concerns can foster a better understanding of the problem and ensure a more unified, informed approach to problem resolution. The result is a safer and improved environment for all patients and staff.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

Reference

Tom was born Thomas Edgar Ryan on April 15th, 1929 and grew up in Ballston Spa, New York. He was the oldest of five children and ruffled more than a few feathers by being one of the first in his generation to attend a four-year college. He then worked his way through medical school at Georgetown in Washington DC, followed by service as an army captain stationed in Germany.

He met the woman who would be at his side for the rest of his life, Dolores Ross, a nurse, during medical residency in Detroit Michigan, and together they built his medical practice and raised a family in the surrounding area.

Tom was a modern day renaissance man, always tackling new things and challenging the status quo. He was a physician for many years at Henry Ford Macomb Hospital (formerly St. Joseph’s) and was the first anesthesiologist in Macomb County outside of Detroit. He established many programs and procedures there that we take for granted today - CPR classes, Emergency response protocols, ICU, and so on. His efforts were recognized by numerous service awards.

Later he and Dolores moved to Ann Arbor, where after nearly four decades of medical practice, they transitioned into retirement and started a new hobby: golfing. This followed them to Arizona, where they lived for 10 years. In 2009 he and Dolores moved to Seattle and actively joined the community at Mirabella as charter members. There Tom made many new friends, and continued to push forward: organizing opera nights, wine tasting events, classical music appreciation, a bus to church, monthly mass, and of course “Bow Tie Tuesday” for his fellow dapper dressers.

In life, Tom enjoyed a sophisticated wine collection. He loved the opera and symphony and generously supported the arts. He loved American history and had a voracious memory for facts and figures. His children loved to quiz him - and were always amazed at his near total recall. He was an avid student throughout his life and stayed current as an audiophile, oenophile, photographer and bicyclist. His approach was consistent: “read the manual”, “do it right”, “be deep and thorough”, “never compromise on quality”.

Tom’s energy, enthusiasm for life and the fascinating stories growing up in a small town during the 1930’s and 40’s, which seemed to only get better with time, will certainly be missed.

He is survived by his loving wife of nearly 60 years, Dolores, his six children and their spouses, ten grandchildren, and two great grandchildren.
NEW GUIDANCE ON PATIENT ACCESS TO HEALTH RECORDS ISSUED

The U.S. Department of Health and Human Services Office for Civil Rights (OCR) released new guidance that specifies requirements for individuals’ access to their health information under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA’s Privacy Rule generally requires covered entities to provide patients, upon request and in a format requested by the patient, with access to any health records about them that the covered entity maintains in a designated record set.

The guidance clarifies the parameters of the patient access rule and includes frequently asked questions that specifically address the following:

• The scope of information covered by HIPAA’s access right and the very limited exceptions to this right.
• The form and format in which information is provided to individuals.
• The requirement to provide access to patients in a timely manner.
• The intersection of HIPAA’s right of access with the requirements for patient access under the Health Information Technology for Economic and Clinical Health (HITECH) Act’s electronic health record (EHR) incentive program.

View the guidelines at http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html

The AMA has advocated for more clarity on how HIPAA relates to physicians and their patients. The OCR noted this is the first set in a new series of guidance material intended to better educate physicians and patients about their rights and responsibilities. The AMA also offers toolkits on related aspects of HIPAA, including the requirements pertaining to privacy and security.

SPECIALTIES WITH THE HIGHEST BURNOUT RATES

By: AMA staff writer Lyndra Vassar

Work-related burnout is a pervasive problem among physicians - and it’s worsening across all specialties, according to a recent national study. Learn how burnout has increased in just three years and which specialties reported the highest rates of burnout. Where does yours fall on the list?

The rise of burnout in medicine

Physician burnout experts at the AMA and the Mayo Clinic conducted a survey of 6,880 physicians to “evaluate the prevalence of burnout and physicians’ satisfaction with work-life balance compared to the general U.S. population relative to 2011 and 2014,” according to the study, which was recently published in Mayo Clinic Proceedings.

“In 2011, we conducted a national study measuring burnout and other dimensions of well-being in U.S. physicians as well as the general U.S. working population. At the time of that study, approximately 45 percent of U.S. physicians met criteria for burnout,” the study authors wrote.

When a follow-up survey was conducted in 2014, 54.4 percent of physicians reported at least one sign of burnout. Physicians also reported lower rates of satisfaction with work-life balance in 2014 compared to a similar sample of physicians in 2011. All physicians in the study were assessed using questions on the Maslach Burnout Inventory.

Which specialties have the highest burnout rates?

“Substantial variation in the rate of burnout was observed by specialty, with the highest rates observed among many specialties at the front line of access to care,” the study authors noted.

Compared to 2011, burnout rates were higher for all specialties in 2014. In fact, nearly a dozen specialties experienced more than a 10 percent increase in burnout over those three years:

• Family medicine (51.3 percent of physicians reported burnout in 2011 versus 63.0 percent in 2014)
• General pediatrics (35.3 percent versus 46.3 percent)
• Urology (41.2 percent versus 63.6 percent)
• Orthopedic surgery (48.3 percent versus 59.6 percent)
• Dermatology (31.8 percent versus 56.5 percent)
• Physical medicine and rehabilitation
(47.4 percent versus 63.3 percent)
• Pathology (37.6 percent versus 52.5 percent)
• Radiology (47.7 percent versus 61.4 percent)
• General surgery subspecialties (42.4 percent versus 52.7 percent).

Authors of the study also observed “substantial variation” in satisfaction rates based on specialty. In 2014, physicians across all specialties reported lower satisfaction with work-life balance, except for physicians in general surgery and OB/GYN.

“Burnout among physicians also varied by career stage, with the highest rate among midcareer physicians,” according to the study.

While burnout rates varied among physicians based on their career stages and specialties, authors of the study noted that burnout still proved to be more prevalent among physicians than the general U.S. working population. This is “a finding that persisted after adjusting for age, sex, hours worked and level of education,” they wrote.

Read the full study for more observations on burnout at www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/abstract.

Also, don’t miss these resources on burnout and physician wellness:
• Learn the 7 signs of burnout and how to prevent them in your practice at www.ama-assn.org/ama/ama-wire/post/beat-burnout-7-signs-physicians-should.
• Consider attending the International Conference on Physician Health™ Sept. 18-20 in Boston. This collaborative conference of the AMA, the Canadian Medical Association and the British Medical Association will showcases research and perspectives into physicians’ health and offer practical, evidence-based skills and strategies to promote a healthier medical culture for physicians.

WHY ONE HEALTH INSURER IS EMBRACING TELEMEDICINE

By: AMA staff writer Troy Parks

As health technology continues to advance, the evidence base for telemedicine is growing ever stronger. Although many physicians are already putting telemedicine to good use, one major health insurer recently explained why it is embracing telemedicine. Learn some of the compelling reasons more insurers may pay for this form of care delivery.

Physicians gladly accept new technology, “but only on one condition,” said John F. Jesser, vice president of provider engagement strategy at Anthem, “it needs to work. It needs to provide some value to their practice.”

At the 2016 AMA State Legislative Strategy Conference in Tucson in early January, Jesser spoke with physician leaders about why Anthem is embracing telemedicine as a technology that complements physical practice space and in-person interactions, rather than replacing them.

• Accessibility for minor issues. Some patients live far from their primary care physician’s office and often have minor issues that may not require a physical exam. Physicians can do their existing patients and themselves “a big favor by seeing [patients] via telehealth, rather than having [them] spend two hours each way on the highway,” Jesser said.

• Accommodating mobility issues. Elderly patients or patients with disabilities may have trouble driving, walking to the office or even finding transportation for an appointment. If these appointments are follow-ups and don’t require an in-person physical exam, “you [can avoid making] that patient come in,” he said.

• Extended hours. Telemedicine also creates opportunities for after-hours care. “Right now we have doctors with 25-30 state licenses,” he said, “so that a handful of doctors can provide round-the-clock service for when those primary care doctors need to go to bed.”

But what does all of this mean for the future of physician practices? And what will practices that participate in telemedicine look like?

“We never want to underestimate the physical exam,” Jesser said. “It is critical. There will always be an office or a physical exam room. There will always be a hospital.”

“Patients will look for practices in the same way they look for doctors today,” he said. “They may want a female doctor or someone who speaks Spanish, but they are beginning to add the question, ‘Can I access this doctor on my phone?’”

Physicians must lead the way down the path to telemedicine

The implementation and regulation of telemedicine must be led by doctors, said Pat Basu, MD, chief medical officer of Doctor On Demand, who also spoke to physician leaders during the session. “We have an opportunity to be a part of the solution - if not the solution.”

The physician voice is the most important in completing the development of telemedicine in a way that works with practices and not against them. It is important that physicians to continue in leadership roles as telemedicine further develops, or this rapidly evolving area of medicine could easily be driven by those who don’t fully understand the practical
application of telemedicine in physician practices.

Interest in telemedicine is high among physicians. Doctor on Demand has more than 10,000 physicians who already have signed up to participate, Dr. Basu reported. “If we move the needle forward and doctors are the ones doing it - that makes me thrilled.”

Both Dr. Basu and Jesser agreed on the next steps for regulating telemedicine. Keeping telemedicine regulation and legislation simple will be important so that physicians are free to exercise their clinical judgement. And making sure that regulation and legislation treat online appointments similar to in-office visits will ensure proper payment for physicians and open this emerging technology in a more efficient way to both patients and physician practices.

What is being done to move telemedicine forward - in the right way

Physicians are attentively following the progress of telemedicine and taking action to shape it in a way that benefits not only their practices but also, and more importantly, the patients they treat.

- With laws in place enforcing coverage for telemedicine services in more than one-half of the country, explore the ways physicians are prepping for its success.

- Released in 2014, AMA model state legislation (log in) provides guidance on licensure, payment and practice issues.

- At its 2014 Annual Meeting, the AMA released the principles of coverage and payment for telemedicine to shape essential elements of telemedicine to ensure patients receive the best possible care.

- It can be difficult to decipher the differences between telemedicine, telehealth and mHealth. Learn how the definitions of digital health differ.
Medicaid Health Plan Primary Care Uplift Contact List

From: MSMS Reimbursement Advocate
If you have not received the Medicaid Primary Care Uplift money that you feel you are entitled to, please contact the dedicated person at the Medicaid Health Plan from this contact list. If the health plan indicates that they do not have your name on their list from the State of Michigan, feel free to contact Stacie J. Saylor, Reimbursement Advocate at (517) 336-5722, or by email at ssaylor@msms.org.

BlueCross Complete of Michigan
Brenda Lever
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Phone: (248) 663-7340
blever@mibluecrosscomplete.com

Aetna Better Health of Michigan
Donna J. West
Director Provider Services
Phone: (313) 465-1552
djwest@aetna.com

HAPMidwest Health Plan
Chelsea Parker
Phone: (313) 827-5709
cparker@midwesthealthplan.com

HARBOR Health Plan
Tom Topolski
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tttopolsk@harborhealthplan.com

Meridian Health Plan of Michigan
Kellie Rice
Phone: (313) 326-1848
kellie.rice@mhplan.com
Alternate:
Danielle Devine
Phone: (313) 463-4821
danielle.devine@mhplan.com

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Jody Landon
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Molina Healthcare of Michigan
Shelley Wagner
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Fax: (248) 925-1784
Internal Extension 1151762
shelley.wagner@molinahealthcare.com

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Director, Provider Information Management and Reimbursement
Phone: (616) 464-8317
heather.leaphart@priorityhealth.com

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Phone: (517) 364-8461
robin.classens@phpmm.org

Total Health Care
Susan Ryan
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sryan@thcmi.com

United Healthcare Community Plan
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Upper Peninsula Health Plan
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Phone: (906) 225-7503
llacosse@uphp.com

Blue Cross Taking Steps To Improve Its Drug Prior Authorization Process

In 2016, Public Act 30 of 2013 will amend the health insurance code by adding a standard process for prior authorizations. The standard process includes:

1. Updated requirements for turnaround times and additional information -- **effective Jan. 1, 2016**

2. A new standardized paper prior authorization form -- **effective July 1, 2016**

The original purpose of this law required the creation of a workgroup to standardize the way doctors and insurers request and receive prior authorizations for prescription drug benefits. Generally, prior authorization requests for medications involve one of the following:

- A brand-name product that may or may not have a generic equivalent.
- A drug that a patient has taken for years but now requires annual reauthorization.

Based on provider and insurer feedback, the State of Michigan’s workgroup incorporated the suggested standards and the basic requirements for a paper drug prior authorization form.

As a result of the new Public Act requirements, the following standards will be in effect in 2016 for handling prescription drug benefit prior authorizations:

**Handling 2016 prior authorization requirements**

Beginning Jan. 1, 2016, Public Act 30 of 2013 defines prior authorization requirements for expedited and standard requests. However, this law doesn’t apply to medical drug reviews.

- **Expedited requests:**
  - Exist when the prescriber certifies a standard review will seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function. In these cases, the insurers will expedite drug prior authorization requests within 72 hours.**
  - New for 2016: If additional information from the prescriber isn’t sent or received within five days of the original request, then the prior authorization is considered void.

- **Standard requests:**
  - Are all other non-expedited drug requests. In these cases, the insurer will respond within 15 days with an approval, a denial or a request for additional information from the prescriber.**
  - New for 2016: If additional information from the prescriber isn’t sent or received within 21 days of the original request, the prior authorization is considered void.

**Note:** Insurers may request additional information or clarification to ensure that prior authorization requests are processed as accurately and efficiently as possible.

Beginning July 1, 2016, Public Act 30 of 2013 sets standards for prior authorization requests.

- Insurers will be required to use a new standard paper prior authorization form.
- These new standards don’t apply to an insurer’s electronic prior authorization forms. This includes an insurer’s prior authorization system that uses a Web page, Web page portal or similar Web-based system.

More information will be communicated about these requirements in spring 2016.
February 2, 2016

Dear Supporters,

On behalf of the Macomb Food Program and its Board of Directors, we would like to extend a sincere “thank you” for your generous donation of $2,770 to the Macomb Food program.

The Macomb Food Program serves people in need of food throughout the County of Macomb through its network of 52 pantry distribution sites. Every dollar donated is used to purchase food to help feed hungry families, children, the elderly and disabled throughout Macomb County. Last year, with the help of generous donors, we were able to feed nearly 500 people per day!

Your generosity allows the Macomb Food Program to continue to make feeding the hungry in Macomb County a reality. Thank you again for your donation and your generous support for our mission to feed the hungry in Macomb County.

Gratefully,

Michael Sheridan, Chairperson
Linda Azar
Macomb Food Program
Food Program Manager

February 8, 2016

Dear MCMS Foundation,

On behalf of everyone here at Turning Point, we thank the members of Macomb County Medical Society Foundation for choosing Turning Point as your recipient for Macomb County Medical Society Foundation’s annual Holiday Sharing Card Project! We were overjoyed to receive your generous donation of $3,360! These funds will help make a difference in the lives of our survivors. Your support will help us provide vital services to women and their children fleeing from violence.

As you know for over 35 years, we have been providing crisis support and prevention services for victims and survivors experiencing domestic or sexual violence in our community. Our goal is to help people regain control of their lives and step into a future without domestic violence and/or sexual assault. Because of you, we are able to continue to keep individuals and families safe.

Please give all who contributed a big thank you from us!

Sincerely,

Suzanne Coats, President and CEO
Turning Point Inc.
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<tr>
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<tr>
<td>STREP PNEUMO, INV + DR</td>
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<tr>
<td>WEST NILE VIRUS</td>
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<tr>
<td>YELLOW FEVER</td>
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</table>

All 2015 numbers remain provisional

**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!
The essence of medicine isn’t business. It’s a sacred bond between doctor and patient, one person caring for another.

Our doctors embrace this every day with remarkable passion and commitment.