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Macomb Medicus

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UTILIZE MSMS' WEBSITE ENGAGE (WWW.MSMS.ORG/ENGAGE)

Connecting constituents and Lawmakers is a critical and central function of grassroots advocacy. Engage gives users access to an editable, prefilled web-form letter sending system, which has become the easiest and most effective way for constituents to contact their Lawmakers. With Engage, YOU become a "virtual lobbyist," so please familiarize yourself with Engage and Take Action Now!

TAKE ACTION

VOTE 'YES' TO PROTECT ER PHYSICIANS

In February, the Senate Judiciary committee approved Senate Bill 33, new legislation to protect physicians and other health care providers working in the emergency room.

Emergency rooms are high stakes, high pressure settings where every second counts. Michigan's incredible ER physicians and medical teams work under incredible stress, and on the frontlines of many of the state's toughest medical cases.

Crime, abuse, and attacks that begin outside the hospital too often spill over into the ER, while health care providers are working to save the lives of the victims.

SB 33 creates common sense protections for the health care team. Under the legislation, any individual who assaults, batters, wounds, resists, obstructs, opposes, or endangers emergency room staff could face serious jail time.

Senate Bill 33 still requires a vote of the full Senate, then the House, before it can become law. Now's the time to contact your state Senators, and urge them to vote YES on Senate Bill 33.

INTERSTATE MEDICAL LICENSURE COMPACT IS A BAD SOLUTION

House Bill 4066 would set up an "interstate medical licensure compact," creating one more onerous and unnecessary bureaucratic barrier between Michigan physicians and their patients.

The legislation would create a new licensure process for

physicians, and drive up costs on patients. The bill would create an entirely new bureaucracy between states for physicians that may at some time wish to leave Michigan and practice elsewhere.

The bill would consume physicians' time and money, taking them away from the exam room and the operating suite, and raise costs while providing absolutely no benefit for patients.

The new system would also require for the first time that Michigan physicians participate in costly, unnecessary Maintenance of Certification procedures just to be eligible for licensure.

It is a bad solution in search of a nonexistent problem, and one that would have a serious negative impact on Michigan patients and their pocketbooks.

Please contact your state Representative today and urge him or her to vote NO on House Bill 4066.

SB 47 MAKES IT EASIER TO CARE FOR YOUR PATIENTS

Michigan's automated prescription drug monitoring system - MAPS - is a lifesaving tool in the battle against opioid addiction, but several extremely narrow, often life-and-death circumstances, the state's current reporting requirements present an unnecessary burden for physicians fighting for their patients' lives and wellbeing.

In January, State Senator Dale Zorn, one of the state's most vocal and effective champions in the fight against opioid abuse, introduced Senate Bill 47 to protect patients in these important, limited, circumstances.

Under Senate Bill 47, physicians are not required to log into the state's monitoring system to report controlled substances administered in an emergency room, in an oncology department at the hospital, in hospice, or during inpatient procedures for patients at the hospital.

Patients who find themselves in these settings are often facing immediate, life-and-death circumstances that require immediate, on-site intervention by the physicians fighting to save their lives.

SB 47 removes an onerous burden to care and makes it easier for the health care team to do their job, when seconds truly count. Please contact your state Senator today and urge him or her to vote YES on Senate Bill 437.



MSMS BOARD DISCUSSES PRESCRIPTION DRUG DIVERSION, MAPS, NEW CONTINUING MEDICAL EDUCATION RULES AT MEETING

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

At their January meeting the Michigan State Medical Society (MSMS) Board of Directors heard from Kim Gaedeke, Director, Bureau of Professional Licensing for the State of Michigan, regarding the current status of the upgrades to the Michigan Automated Prescription System (MAPS) and Leland A. Babitch, MD, MBA, President and CEO of MPRO, who shared their work in the areas of quality improvement, review services, and consulting. Additionally, the board discussed legislative priorities for the upcoming year, and the new continuing medical education rules.

Prescription Drug Diversion: With Prescription Drug Diversion as one of the early priorities of the legislatures, Kim Gaedeke gave a presentation on the process of the upgrades to the Michigan Automated Prescription System (MAPS). As directed by our House of Delegates, upgrading the software platform is a crucial element in improving and measuring physician use of MAPS and thereby serving to help reduce the amount of prescription drugs available for illicit purposes.

MPRO: Recently appointed as the president and chief executive officer of MPRO, Leland A. Babitch, MD, MBA, provided an overview of their work. Their quality improvement activities are primarily funded by a grant from the Centers for Medicare and Medicaid Services (CMS). This grant is to improve patient care by sharing best practices with physicians as it relates to heart health, diabetes, care coordination, adverse drug events, antibiotic stewardship, MIPS/ABMs, adult immunizations and behavioral health. MSMS will be partnering with MPRO on MACRA education for physicians.

Legislative Priorities: With the 2015-2016 legislative session ending in December, the Legislative Policy Committee built a strategy and identified priorities for the committee. Those priorities include:

- A regular invitation to legislators, interest groups, or other key stakeholders in order to better deliver the message of physicians and gain valuable perspective to help shape policy within MSMS.
- Building opportunities for members of the MSMS Board of Directors to interact with their elected officials on behalf of MSMS.

- Legislative Policy Committee can help to better shape the dynamics of the relationship between the MSMS Board and the Committee on State Legislation and Regulations and how the unique strengths of each group can serve one another and thus better serve physicians.
- The Committee discussed taking an active role in specific areas of interest, including: the inexplicable rise of prescription drug costs to consumers, Medicaid Expansion, and issues that contribute to damaging the physician-patient relationship such as confusion over coverage, insurer responsibility for collection of co-pays, and the expectations of insurers with respect to high deductible plans.

New Continuing Medical Education Rules: In December 2016, the Michigan Department of Licensing and Regulatory Affairs announced revised Medical Rules. Significant changes to be aware of include:

- Training standards for identifying victims of human trafficking. This is a one-time training that is separate from continuing education. Licensees renewing for 2017 must complete training by renewal in 2020; renewals for 2018 by 2021, and renewals for 2019 by 2022. Beginning in 2021, completion of the training is a requirement for initial licensure.
- Starting in December 2017, a minimum of three hours of continuing education shall be earned in the area of pain and symptom management.

Please visit www.msms.org/Education/EducationalCourses/On-DemandWebinars.aspx for online programming for both of these requirements.

WHO SETS MSMS POLICY? YOU DO!

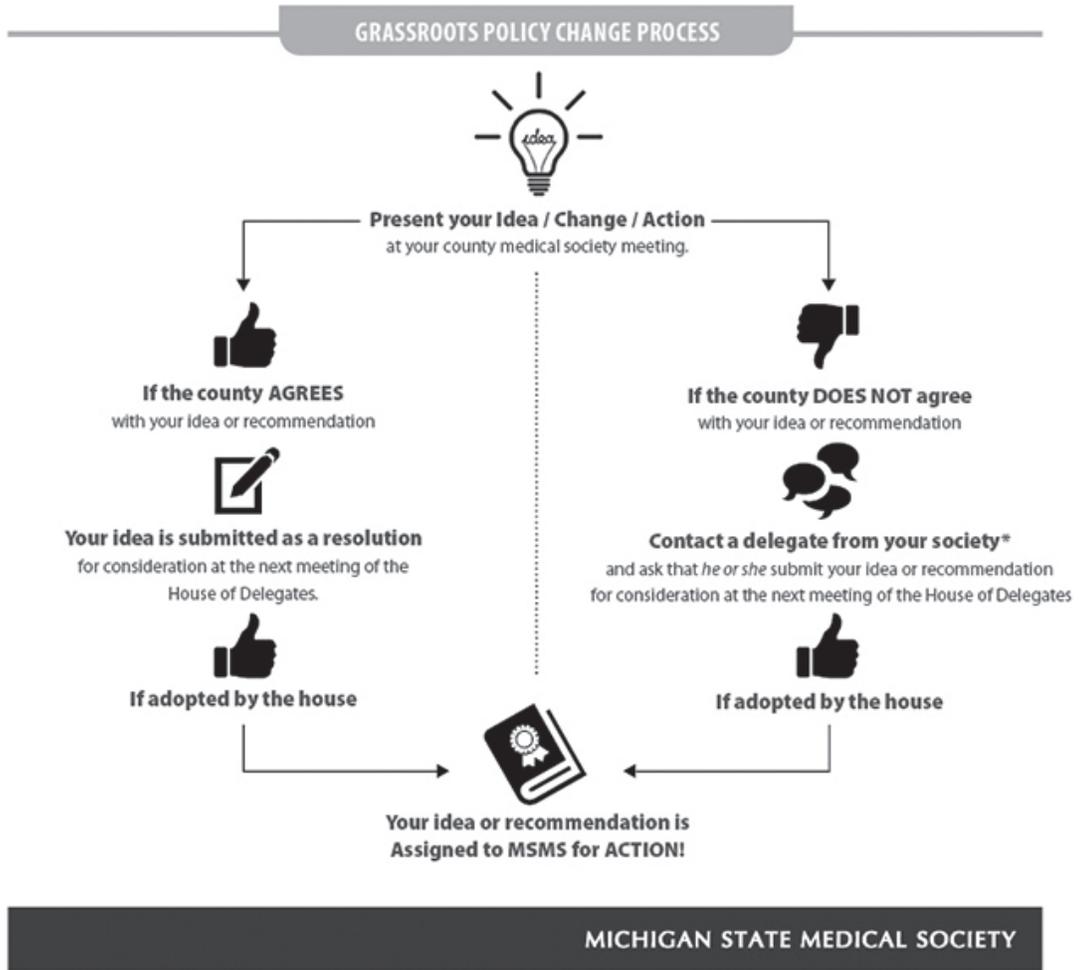
The House of Delegates (HOD), comprised of 319 elected delegates, is the official legislative and policy-making body of the Michigan State Medical Society. The next HOD meeting will be held on May 6-7, 2017 at the Amway Grand Plaza in Grand Rapids.

Resolutions debated during the annual MSMS HOD are the vehicles by which MSMS policies, priorities, and directives are determined. This year's deadline for submission is 5:00 p.m. on Wednesday, March 1, 2017. Resolutions must be submitted via the online submission form. If you have any questions, contact Stacey Hettiger at (517) 336-5766.

The best way to get your idea or recommendation adopted as a



Society policy or directive is at the grassroots level. As a member in good standing, you have the right to bring your ideas to the annual HOD for consideration by the Society’s “legislators.” To do so, present your suggestion and rationale at your county medical society meeting. If the county agrees, the county will work with you to draft a resolution to be presented at the next HOD meeting. The resolution should specify the desired Society policy or directive for Society action. If the county does not agree with your idea, you may ask another delegate to submit a resolution on your behalf as an individual delegate. It is also prudent to check the Society’s current Policy Manual and, if relevant, the AMA Policy Finder to determine if policy on the issue already exists.



STATE OF MICHIGAN REPLACING MAPS

The State of Michigan will be replacing the Michigan Automated Prescription System (MAPS) with Appriss, PMP AWARe software.



As directed by the Michigan State Medical Society’s (MSMS) House of Delegates,

upgrading the software platform is a crucial element in improving and measuring physician use of MAPS and thereby serving to help reduce the amount of prescription drugs available for illicit purposes.

In partnership with the Department of Licensing and Regulatory Affairs (LARA), MSMS will communicate to its physician members the upcoming changes.

There will be reminder emails, including registration instructions

for access to the new system and a short ‘how to’ training tutorial between now and April.

Should you have any questions, please contact the state MAPS support team at (517) 373-1737 or by email at BPL-MAPS@michigan.gov.

QUESTIONS ABOUT MEDICAID BLOCK GRANTS

As policymakers in Washington discuss Affordable Care Act repeal and a possible block grant for Medicaid, a new issue brief from the Kaiser Family Foundation lays out key questions to consider in restructuring federal financing of the nation’s health insurance program for low-income Americans.



Capping federal funding for Medicaid through a block grant or a per capita cap financing system would make federal spending more predictable and achieve federal budget savings. It also could be structured to give states greater flexibility in how they operate their Medicaid programs, eliminate the entitlement to coverage, reduce federal Medicaid spending and shift costs to states, which would also affect beneficiaries and providers. A cap on federal spending would render state Medicaid programs less responsive to changes in demand, economic circumstances and medical costs.

The new brief explains how a per capita cap or block grant system would work as well as the details needed to evaluate any policy proposals and implications of restructuring Medicaid’s financing. It also examines the implications of shifting to such a system.

Also available is a new brief that provides an understanding of current federal standards for Medicaid eligibility and benefits as well as options for state flexibility in how the program is run today, which provides important context for ongoing policy debates in Washington.

Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in Menlo Park, California.

For more information or to read the briefs visit www.kff.org/medicaid.

MSMS PRACTICE SOLUTIONS PARTNERS WITH 123.NET INC.

123NET™ In our ongoing effort to bring additional value to your membership, the Michigan State Medical Society (MSMS) Practice Solutions is pleased to announce our latest partnership with 123. Net Inc. (123Net). 123Net offers a wide variety of reliable, secure, high-speed Internet, voice and data center services, is Michigan-based and focused on Michigan businesses. 123Net has provided superior telecom services and support for more than 20 years.

123Net’s fiber, fixed wireless, VoIP and data centers deliver powerful, flexible solutions along with the technical support needed to help physicians provide outstanding patient care, and keep healthcare organizations connected, secure, and compliant. 123Net has increased security standards throughout all its Data Centers and is SOC2, HIPAA and PCI DSS compliant. Providing these services to the top healthcare systems based in Metro Detroit and Michigan, 123Net prides itself with a customer first philosophy.

123Net, as MSMS’s newest partner, will provide a 10% discount

on services to all MSMS members. To learn more about 123Net services, please contact Kevin McFtridge at (517) 336-5745.

MSMS PRACTICE SOLUTIONS PARTNERS WITH PETSMART, INC, BRINGS DISCOUNTS FOR MEMBERS AND THEIR PETS



MSMS Practice Solutions is excited to announce a new partnership with PetSmart

Inc, to bring exclusive pet services and solutions to our members at a discounted rate. PetSmart is the largest specialty pet retailer of services and solutions for the lifetime needs of pets. PetSmart provides a broad range of competitively priced pet food and pet products and offers dog training, pet grooming, pet boarding, PetSmart Doggie Day Camp day care services and pet adoption services in-store.

To take advantage of special offers visit msms.org/PracticeSolutions, choose PetSmart and click the link. Discounts will be updated on a regular basis and range anywhere from \$20 off \$100 to free shipping with \$39 or more spent.

NEW MSMS MEMBER BENEFIT: MSMS RELEASES TWO NEW LEGAL ALERTS

The Michigan State Medical Society’s latest legal alerts explain effective ways in treating patients who are hearing impaired and/or patients with limited English proficiency and tackling the ins and outs of health plan audits and what every physician should know. Many physicians have hearing impaired patients and/or patients with limited English proficiency (“LEP Patients”). Communicating effectively with these patients is essential to ensure proper diagnosis and treatment, as well as compliance with legal obligations.

To view visit www.msms.org/Resources/ForPractices/LegalResources.aspx



HAVING REIMBURSEMENT PROBLEMS? MEET THE SOLUTION



MSMS would like you to meet the solution to your reimbursement. With more than 20 years of experience in physician billing issues, Stacie Saylor is the MSMS Reimbursement Advocate. She holds credentials as a Certified Professional Coder (CPC) and Certified Professional Biller (CPB). As the MSMS Reimbursement Advocate, (free member resource) she has direct contacts with every health plan in the state and can help recover difficult delayed payments. The MSMS Reimbursement Advocate has helped thousands of MSMS physicians recover as little as \$30, and as much as \$50,000.

In addition, she can provide help on clarifying the appropriate use of codes or modifiers for billing insurance companies. You have the peace of mind knowing that your coding practices are up-to-date and appropriate for the level of care delivered.

If you are a member of MSMS (or work for an MSMS member) and are having reimbursement problems, contact Stacie Saylor at 517-336-5722 or ssaylor@msms.org right away!

SIGN UP FOR THE REIMBURSEMENT ADVOCATE ALERT

MSMS has a resource that delivers news to members and their office staff from the world of reimbursement.

Updates will arrive in your email inbox on a regular basis or as news breaks relating to payer issues. Through the Reimbursement Advocate Alert, you will have access to MSMS staff and resources.

For more information, contact Stacie Saylor, CPC, CPB.

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Henry Ford Macomb Hospital

LEGISLATORS SHADOW MEDICAL STUDENTS FOR A DAY

Chief Surgery Resident Dr. Mayo Mitsuya (left) explains a robotic-surgery training module during Gradual Medical Education Day at Henry Ford Macomb Hospital in Clinton Township on Feb 6. State Representatives Jeff Yaroch (R-Richmond), center, and Henry Yanez (D-Sterling Heights) were among the elected officials who spent the day shadowing resident doctors and medical students. The State of Michigan invests about \$163 million in Graduate Medical Education funding which supports physician training throughout Michigan.



HENRY FORD CANCER INSTITUTE EARNS DISTINCT LEVEL OF ACCREDITATION

The Henry Ford Cancer Institute, part of Henry Ford Health System, has earned the highest level of accreditation for its cancer services from the Commission on Cancer of the American College of Surgeons. Cancer Institute facilities recognized as part of this accreditation status include Henry Ford Macomb Hospital in Clinton Township.

The Cancer Institute achieved “Three-Year with Commendation Gold Level” accreditation, which is awarded to cancer programs that meet all 34 compliance standards, and achieve all seven commendations. Earning seven commendations is the most a program can receive, and means the Cancer Institute exceeded compliance standards for performance in those areas.

The seven commendations are for clinical research accrual, cancer registrar education, public reporting of outcomes, College of American Pathologists protocols, oncology nursing care, rapid quality reporting and data quality/accuracy.

The accreditation was awarded in the “integrated network cancer program” category, which recognizes Henry Ford’s comprehensive, unified team approach to care across all facilities. Henry Ford is one of only two programs in Michigan to achieve accreditation in this category.

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

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 27th annual Medallion: Macomb’s Gala Event, a black-tie fundraiser, is Saturday, March 4 from 6 p.m. to 12:30 a.m. at Penna’s of Sterling and will benefit the Surgical Services campaign at Henry Ford Macomb.

The 2017 Medallion honorees are:

- **Physician** - Ruth Rydstedt, M.D. of Sterling Heights
- **Leader** - Deborah Holmes, R.N. of Troy
- **Nurse** - Heatha Bailey, R.N. of Grosse Pointe Woods
- **Staff** - Debbie Steinhebel of Clinton Township
- **Volunteer** - George Convery of Mt. Clemens
- **Tony Viviano Distinguished Service Award:** Ralph Koss 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 Grand Package Raffle.

Tickets to the gala are \$250 each and sponsorship opportunities are available. For more information or to order tickets, visit www.henryfordmacomb.com/medallion or call Tina Lavinio-Mattinen at (586) 263-2968.



Physician Honoree
Ruth Rydstedt, MD

The 27th Annual Medallion Macomb's Gala Event, a black-tie fundraiser

Saturday, March 4
6 p.m. to 12:30 a.m.
at Penna's of Sterling

For information and to order tickets, visit
www.henryfordmacomb.com/medallion

St. John Macomb Oakland Hospital

SJMOH, WARREN, PARTICIPATES IN NATIONAL QUALITY IMPROVEMENT REGISTRY FOR ENDOSCOPY SERVICES



Physicians from St. John Macomb-Oakland Hospital, Warren, Endoscopy have joined a national data registry to track and document the quality of colonoscopies. The new quality initiative, the Gastrointestinal Quality Improvement Consortium Ltd. is a nonprofit collaboration with the objective to provide reliable and relevant measures of endoscopic quality that give physicians meaningful information they can use to improve patient care. GIQuIC is a partnership established by two national medical groups, the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy. St. John Macomb-Oakland Hospital, Warren was recertified in 2016 and is one of 109 Endoscopy Unit Recognition Program honorees, along with being only one of eight facilities that are ASGE-certified in Michigan.

THE BEST: SJH&MC PEDIATRIC RESIDENTS ACHIEVE 100% PASS RATE FOR RECORD-SETTING SEVENTH YEAR!

For the seventh consecutive year, the pediatric residents at St. John Hospital & Medical Center have earned a 100 percent pass rate on their board exams, making SJH&MC the only pediatric program in the United States with a perfect seven-year record. Congratulations to the SJH&MC Pediatric Residency Class of 2016 and SJH&MC Pediatric Program Director Douglas Ziegler, MD. Dr. Ziegler believes there are two key factors behind the

program's success: residents who are intelligent and passionate about pediatrics and SJH&MC's outstanding faculty who are committed to helping the residents succeed. Steven Minnick, MD, Director, SJH&MC Medical Education, says our program's achievement is really incredible when you consider the number of major pediatric teaching programs in the country. SJH&MC's Pediatric Residency is a three-year program and offers all the major sub-specialties, including: Neonatology, Pediatric ICU, Cardiology, Endocrinology, Neurology, Infectious Diseases, Gastroenterology, Allergy and Pediatric Surgery.



The 2016 Pediatric Residents celebrated their June 2016 graduation (l-r): Sanchayan Debnath, MD; Ramya Deepthi Billa, MD; Aysha Rafaquat, MD; Arushi Dhar, MD; Natalie Roukhsaneh Sabzghabaei, MD; Kate Deyoung Brune, DO; Muthayipalayam Thirumoorthi, MD, chief of Pediatrics; and Sage Church, DO, associate program director. 2016 graduates not pictured: Dalia Dalle, MD; Ryo Miyakawa, MD; and Margaret Shatara, MD.

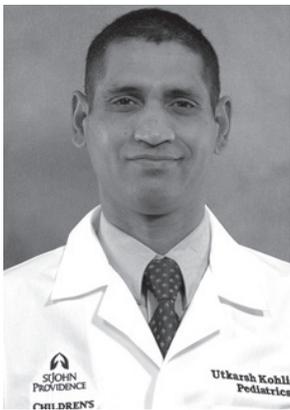


SJMOH BOASTS HIGHEST NUMBER OF AOA TO ACGME GRADUATE MEDICAL EDUCATION PROGRAMS IN THE NATION

Congratulations to the St. John Maccomb-Oakland Hospital Cardiology fellowship, Emergency Medicine residency, Gastroenterology fellowship, and Transitional Year residency programs for obtaining Accreditation Council for Graduate Medical Education (ACGME) accreditation. They join three other programs that are ACGME accredited at SJMOH: Internal Medicine, Family Medicine and Obstetrics/Gynecology. That will make seven ACGME accredited programs for SJMOH, the most of any other Osteopathic hospital in the country! The ACGME is a not-for-profit organization that sets standards for U.S. graduate medical education (residency and fellowship) programs and the institutions that sponsor them and renders accreditation decisions based on compliance with these standards.

ST. JOHN HOSPITAL PERFORMS ITS FIRST PEDIATRIC EP PROCEDURE

St. John Providence Children’s Hospital (located within St. John Hospital & Medical Center) recently performed its first ever pediatric electrophysiology (EP) procedure. Utkarsh Kohli, MD, implanted an internal cardio defibrillator (ICD) in a 16-year-old male in late November. The patient was brought to SJP Children’s Hospital after suffering sudden cardiac arrest. Upon treating the patient, it was discovered that he has a family history - both his maternal aunt and maternal grandfather died young of sudden cardiac arrest. His electrocardiogram showed prominent J wave elevation post-arrest and a cardiac MRI showed features suggestive of non-compaction. The teen was recently seen by Dr. Kohli for the first follow-up visit. His



Utkarsh Kohli, MD, pediatric electrophysiologist, St. John Hospital & Medical Center.

recovery has been remarkable and overall he has been doing quite well. With the addition of Dr. Kohli, a Pediatric EP on staff, it is yet another niche, and much-needed impetus for establishing pediatric electrophysiology services at St. John Providence Children’s Hospital to service the pediatric population in southeastern Michigan.

SJMOH PARTICIPATES IN ORGANIZATION TO MOVE MACOMB COUNTY FORWARD

Enhancing local communities by leveraging a unified civic leadership voice throughout the Detroit region is one of the objectives of Advance Macomb. The organization, which is comprised of 20 leading employers (including St. John Maccomb-Oakland Hospital), three principal business organizations and the largest higher educational institution in Macomb County, held a leadership breakfast in late 2016 at Huron Metropark to share with the audience of key stakeholders its vision for Macomb. More than 70 key leaders from across Macomb were present to hear plans for the metropark and greater Macomb community. Terry Hamilton, SJMOH president, serves on the board of directors of Advance Macomb. Interesting Factoid: Approximately 900,000 residents and 18,000 businesses are located in Macomb County.



Pictured (l-r) are: Terry Hamilton; Melissa Roy, Advance Macomb, Executive Director; and Renee Peck, chief development officer, St. John Health Foundation.

ST. JOHN HOSPITAL RECEIVES NATIONAL AWARD FOR ENCOURAGING ORGAN DONATION

On Dec. 7, Dan Kurdziel from Gift of Life Michigan presented an award to St. John Hospital & Medical Center on behalf of the Health Resources & Services Administration Federal Agency. Kevin Grady, MD, SJH&MC Chief Medical Officer graciously accepted the Bronze award in recognition for encouraging hospital staff and community members to enroll in its state’s registry as organ, eye and tissue donors between May 1, 2015 and April 30, 2016. St. John Hospital & Medical Center will also be recognized at the 2017 Association of Organ Procurement Organizations Annual Conference next June.



St. John Providence has been even more proactive in raising awareness and registering new donors since this campaign took place while participating in the Gift of Life Michigan's Transplant Center Challenge. We continue to extend a heartfelt thank you to those individuals who have already chosen to be a registered donor and to all those who will choose to register: www.giftoflifemichigan.org/go/stjohn. Please join the St. John Transplant Specialty Center in restoring hope and saving lives in our community!



Dr. Kevin Grady, CMO, St. John Providence and St. John Hospital & Medical Center, accepts the award from Dan Kurdziel, Gift of Life Michigan.

SYMPOSIUM BRINGS TOGETHER WORLD RENOWNED MEDICAL ONCOLOGISTS AND SURGEONS

In January, the Jerome F. Williams Gastric Cancer Program held its first, annual symposium, "Updates in Multidisciplinary Management of Gastroesophageal Cancer Patients" at St. John Hospital & Medical Center. It was the first conference in the U.S. focused only on gastric and esophageal Cancer and featured leading medical oncologists and surgeons who specialize in gastroesophageal cancer. More than 150 participated in the symposium, which was organized and led by Richard Berri, MD, SJH&MC chief of Surgical Oncology. The symposium included the following distinguished, national and international panel of speakers:

- Jaffer A. Ajani, MD, The University of Texas, MD Anderson Cancer Center
- David H. Ilson, MD, PhD, Memorial Sloan Kettering Cancer Center, Weill Cornell Medical College
- Yihong Sun, MD, PhD, FRCS, Fudan University, Shanghai, China
- Rebecca K S Wong, MD, ChB, MSc, FRCP, Princess Margaret Cancer Center, and University of Toronto
- John T. Mullen, MD, FACS, Massachusetts General Hospital and Harvard Medical School

In the keynote lecture, Dr. Sun detailed the approach to gastric cancer in China and invited St. John Providence to form an ongoing partnership that will allow for research and clinical collaboration between the institutions and further opportunities to improve the care of patients with gastroesophageal cancer. Dr. Yihong Sun was recognized for his work and advancement in surgical management of gastroesophageal cancers. The Jerome F. Williams Gastric Cancer Program was established with a generous gift from Anne Marie Williams and her family in memory of her husband Jerry and as a testament to the exceptional care of Dr. Berri.

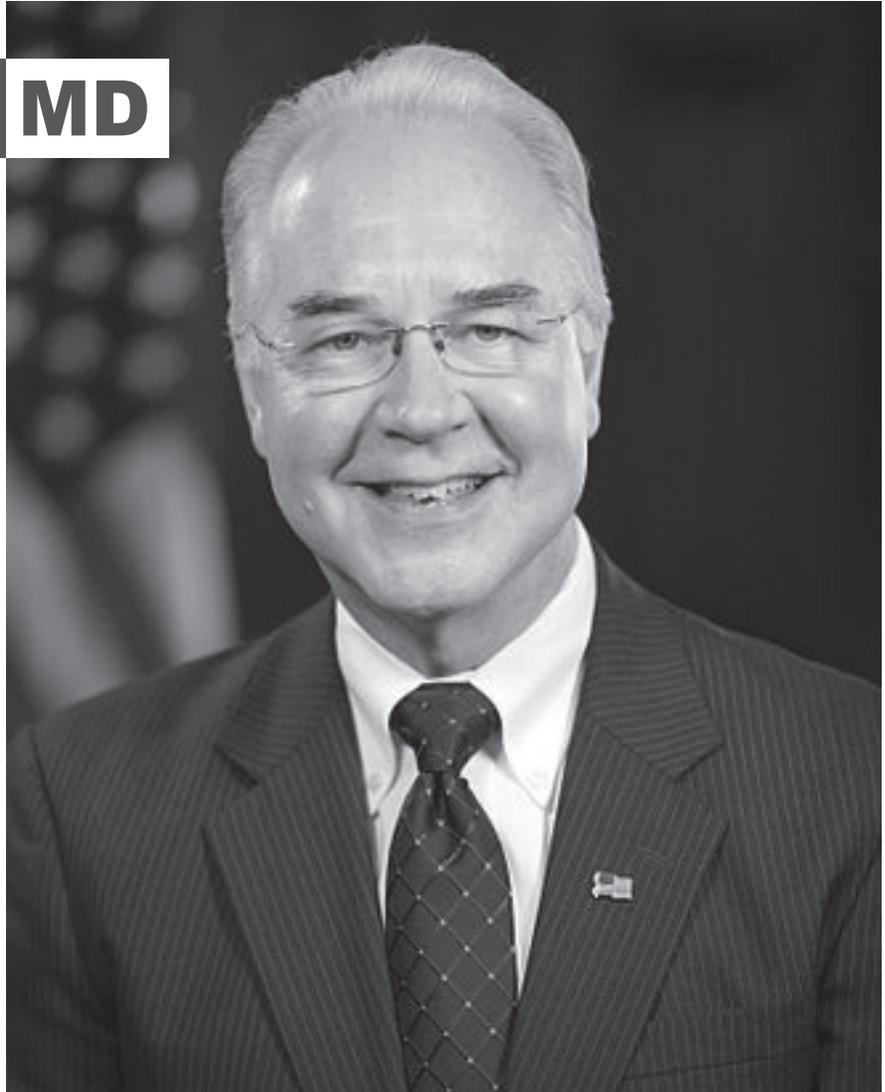


Pictured, l-r: Tariq Sabir, MD; Mohammed Barawi, MD; Anne Marie Williams, Dr. Yihong Sun, Richard Berri, MD; and Luis Camero, MD.



Tom Price, MD

Thomas "Tom" Edmunds Price was born in October 8, 1954, in Lansing, Michigan, and grew up in Dearborn, where he attended Adams Jr. High and Dearborn High School. He attended the University of Michigan in Ann Arbor both as an undergraduate student and then at the medical school where he earned his MD degree. Doctor Price then completed an orthopedic residency at Emory University in Atlanta and settled in the suburb of Roswell, Georgia. He ran an orthopedic clinic in Atlanta for 20 years before returning to Emory as assistant professor of orthopedic surgery. He also was the director of the orthopedic clinic at Atlanta's Grady Memorial Hospital. Price is an ex-member of the Association of American Physicians and Surgeons, a politically conservative non-profit association founded in 1943 to "fight socialized medicine and to fight the government takeover of medicine". He continues to live in Roswell, Georgia, with his wife Betty Clark and one son.



GEORGIA SENATE (1996-2005)

Dr. Price's interest in making a difference politically began at a local level in 1996, when State Senator Sallie Newbill (R) decided not to run for re-election. Price was the Republican nominee for Georgia's 56th senate district. In the November general election, he defeated Democrat Ellen Milholland 71%-29%. In 1998, he won re-election to a second term by defeating her in a rematch, 75%-25%. In 2000 and 2002 he won re-election to a third and fourth term unopposed. During his tenure as state senator, Dr. Price served on the committees for Appropriations,

Economic Development and Tourism, Education, Ethics, Health and Human Services, Insurance and Labor, Reapportionment and Redistricting, and Rules.

U.S. HOUSE OF REPRESENTATIVES (SIX TERMS, 2005-2017)

Dr. Price's opportunity to influence health policy on a national level occurred in 2004 when U.S. Congressman Johnny Isakson of Georgia's 6th congressional district decided not to run for re-election in order to run for the U.S. Senate. This was such a safe Republican seat that

no Democrat even filed, but six other Republican candidates filed to run including two other state senators, Robert Lamutt and Chuck Clay. Dr. Price ranked first with 35% of the vote but failed to reach the 50% needed to win. In the August 10 run-off election, Dr. Price defeated Lamutt 54% to 46% and went on to win the general election unopposed. In 2006, Dr. Price drew one primary challenger, John Konop, whom he easily defeated 82%-18%. In November, he won re-election to a second term with 72% of the vote. Dr. Price won re-election in 2008 (68%), 2010 (99.9%) and 2012 (65%).

Whatever one's political views, Tom

“...there’s been a lot of talk about individuals losing health coverage. That is not our goal or our desire, nor is it our plan.”

Price, MD, has worked incredibly hard during his time in Congress and has really earned the money paid him by the American taxpayers. He has served on numerous committees including Committee on the Budget and Committee on Ways and Means, including Subcommittees on Health and on Human Resources. He has helped write and introduced numerous bills, including H.R. 1700, a bill to allow for Medicare beneficiaries to contract with any health care professionals that provide care under the Medicare program, with special circumstances, introduced March 2011: H.R. 4006, a bill to exclude pathologists from Medicare and Medicaid initiative payments and penalties relating to electronic health records, introduced February 6, 2012, and H.R. 1990 and H.R. 2009, bills to prohibit the Secretary of the Treasury, or any delegate of the Secretary, from implementing or enforcing any provisions of or amendments made by the PPACA or the Health Care and Education Reconciliation Act of 2010, introduced May 2013, which has passed to the House but has yet to become law. Dr. Price is the sponsor of the Empowering Patients First Act (EPFA), which he first introduced in the 111th Congress (2009-2010) and has reintroduced in each Congress since then. Originally intended to be a Republican alternative to Democratic efforts to reform the health care system, it has since been positioned by Dr. Price and other Republicans as a potential replacement to the PPACA. The bill includes creating and expanding tax credits for purchasing health insurance, allows for some interstate insurance markets, and reforms medical malpractice lawsuits. Under this bill, individuals on

government programs like Medicare and Medicaid would be able to opt out and use their tax credit to purchase private coverage. Much of the bill was featured in House Speaker Paul Ryan’s “A Better Way” agenda.

HEAD OF U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (2017-)

Following the November 2016 general election, Congressman Tom Price, MD was chosen by Donald Trump to head the U.S. Department of Health and Human Services and confirmed in the Senate on February 10, 2017 by a vote of 52-47 that fell along party lines. This choice is of great significance, as Dr. Price is a fierce critic of the Affordable Care Act. His nomination represents Trump’s commitment to immediately dismantle Obamacare as he promised he would throughout his presidential campaign. During his confirmation hearing, Dr. Price outlined his philosophy on federal healthcare policy in his opening statement. He said, “If confirmed, my obligation will be to carry to the Department of Health and Human Services both an appreciation for bipartisan, team-driven policymaking and what has been a lifetime commitment to work to improve the health and well-being of the American people. That commitment extends to what I call the six principles of health care - six principles that, if you think about it, all of us hold dear: affordability, accessibility, quality, choices, innovation, and responsiveness. We all want a health care system that’s affordable, that’s accessible to all, of the highest quality, with the greatest

number of choices, driven by world-leading innovations, and responsive to the needs of the individual patient”. Sen. Elizabeth Warren (D-Mass) asked if Dr. Price would commit to not using his administrative authority as HHS secretary to cut funding for Medicare or Medicaid. Dr. Price responded, “What the question presumes is money is the metric. In my belief, from a scientific standpoint, if patients aren’t receiving care, even though we’re providing resources, then it doesn’t work for patients. I believe that the metric ought to be the care that the patients are receiving.” Sen. Lamar Alexander (R-Tenn) asked Dr. Price how the plan to simultaneous repeal and replace the ACA might work. Dr. Price said, “Nobody’s interested in pulling the rug out from under anybody. We believe that it is absolutely imperative that individuals who have health coverage should be able to keep health coverage and move, hopefully, to greater choices and opportunities... I think there’s been a lot of talk about individuals losing health coverage. That is not our goal or our desire, nor is it our plan.”

Reference:

Fixing Health Care by Bruce Bialosky: (a good overview including Tom Price’s involvement): <http://www.jewishworldreview.com/0217/bialosky022017.php3>



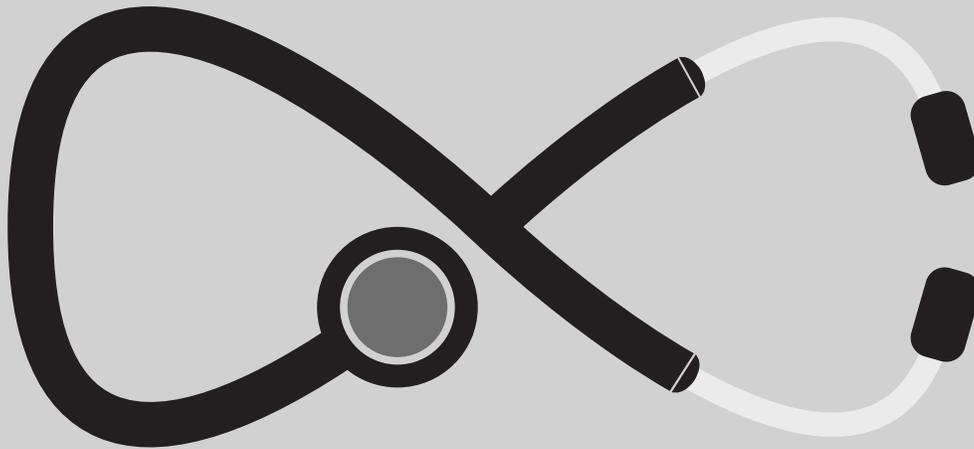
*By: Adrian J. Christie, MD
Editor
Macomb Medicus*

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To Text or Not to Text

By: Julie Song, MPH, Patient Safety Risk Manager II, and Susan Shepard, MSN, RN, Senior Director, Patient Safety and Risk Management Education
From: The Doctor's Company

TEXTING IS INSTANTANEOUS, CONVENIENT, AND DIRECT. IT MAKES PAGERS SEEM AS OUTDATED AS CARRIER PIGEONS. Without appropriate safeguards, however, texting can lead to violations of the Health Insurance Portability and Accountability Act (HIPAA).

Physicians have embraced smartphone technology, with the vast majority using smartphones to communicate and to access medical information. The attractions are obvious: Phone applications put libraries full of information at users' fingertips, and drug alerts (such as PDR.net) are just a click away. Texting reduces the time waiting for colleagues to call back and may expedite patient care by facilitating the exchange of critical lab results and other necessary patient data.

Safeguard Against HIPAA Violations

The very convenience that makes texting so inviting may create privacy and security violations if messages containing protected health information (PHI) are not properly safeguarded. Text messages among colleagues should be encrypted and exchanged in a closed, secure network.

However, according to a member survey by the College of Healthcare Information Management Executives, 96.7 percent of those surveyed allowed physicians to text, and 57.6 percent of those organizations surveyed did not use encryption software. The underlying reason for poor compliance with encryption could be the lack of technical knowledge or a desire to avoid the inconvenience of sending a message to someone who may not be able to unencrypt it.¹

With penalties up to \$50,000 per HIPAA violation, safeguarding texts should be of utmost priority. In addition to encrypting texts, consider installing autolock and remote wiping programs. Autolock will secure a device when it is not in use and requires a password to unlock it. Wiping programs can erase data, texts, and e-mail remotely. Both types of safeguards provide additional protection in the event a device is lost or stolen.

Texting Orders

In December 2016, The Joint Commission issued a clarification regarding the use of secure text messaging for patient care orders.² The recommendations, developed in collaboration with the Centers for Medicare and Medicaid Services, include the following:

With penalties of up to \$50,000 per HIPAA violation, safeguarding texts should be of utmost priority.

- The use of unsecured text messaging when sharing protected health information (PHI) is prohibited.
- Computerized provider order entry (CPOE) is the preferred method for submitting orders.
- Verbal communication should be used infrequently and only in the event that a CPOE or written orders cannot be submitted.
- The current prohibition on secure text messaging of patient care orders is continued.

Ensure Accuracy to Avoid Liability Concerns

Shorthand and abbreviations are commonly used in text messaging. The informal nature of text messages can increase the chances of miscommunication. It is important to ensure accuracy, particularly when patient information is exchanged over text. Additionally, deleted text messages can be retrieved, and metadata (the data behind the data) is also producible in a lawsuit.

Finally, texting cannot substitute for a dialogue with a colleague concerning a patient. If there is a critical matter or any doubt about the communication, it's best to pick up the phone.

Take Steps to Protect Your Practice

Consider the following steps to safeguard your practice:

- Enable encryption on your mobile device.
- Have a texting policy that outlines the acceptable types of text communications and specifies situations when a phone call is warranted.
- Report to the practice's privacy officer any incidents of lost devices or data breaches.
- Install autolock and remote wiping programs to prevent lost

devices from becoming data breaches.

- Know your recipient, and double check the “To” field to prevent sending confidential information to the wrong person.
- Avoid identifying patient details in texts.
- Assume that your text can be viewed by anyone in close proximity to you.
- Ensure the metadata retention policy of the device is consistent with the medical record retention policy and/or that it is in accordance with a legal preservation order.
- Ensure that your system has a secure method to verify provider authorization.
- When conducting your HIPAA risk analysis, include text message content and capability.

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References

1. The Joint Commission. Update: Delayed implementation of removing ban on secure text orders until September 2016. Joint Commission Online. June 8, 2016. Available at: www.jointcommission.org/issues/article.aspx?Article=jX00KihjCl%2bcD2C40v7SN0lizvnb3WllqZNkbGD378Q%3d. Accessed July 27, 2016.
2. The Joint Commission. Clarification: Use of secure text messaging for patient care orders is not acceptable. Joint Commission Perspectives. December 2016. Available at: www.jointcommission.org/assets/1/6/Clarification_Use_of_Secure_Text_Messaging.pdf. Accessed January 20, 2017.

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 healthcare 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.

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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. *Publication is subject to availability of space and the discretion of the Editor.*



WHEN IS IT OK TO DISCLOSE PHI? HHS UPDATES ITS GUIDANCE

By: Troy Parks, Staff Writer, AMA Wire

The Department of Health and Human Services Office of Civil Rights (OCR) recently released a series of clarifying guidance documents on how the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits disclosures of protected health information (PHI).

A set of frequently asked questions (FAQ) clarifies that physicians may disclose PHI to a patient's loved ones, regardless of whether they are recognized as relatives under applicable law. For example, a patient's unmarried partner is recognized as a relative with whom PHI can be shared.

The FAQs make clear that the permissive disclosures are not limited by the sex or gender identity of the person. The OCR is updating guidance to make clear that the terms "marriage," "spouse" and "family member" include all lawful marriages - whether same-sex or opposite-sex - lawfully married spouses and the dependents of all lawful marriages.

In addition, OCR and the Office of the National Coordinator for Health Information Technology (ONC) released a fact sheet explaining how HIPAA permits disclosures of PHI to support public health activities conducted by public health agencies, as authorized by state or federal law. It provides a few examples of how to exchange PHI in support of public health policies, for scenarios such as:

- Reporting of disease
- Conducting public health surveillance
- Public health investigations and interventions
- Exchanges subject to Food and Drug Administration jurisdiction
- Identifying patients exposed to a communicable disease
- Supporting medical surveillance of the workplace

- Using certified electronic health record technology

The AMA has consistently urged policymakers to increase their education efforts to assist physicians in their understanding of how HIPAA permits clinicians to share PHI. The AMA has also created a toolkit on related aspects of HIPAA, which includes requirements around privacy and security.

DON'T LET SMARTPHONES DISTRACT FROM CARE

By: Kevin B. O'Reilly, Editor, AMA Wire

The overwhelming majority of physicians, residents and medical students own smartphones and many use them to keep up with medical news, communicate with colleagues and consult clinical reference tools that help them deliver better care. But these pocket computers also have the potential to distract from medical care in ways that can be harmful. There are three ways you can ensure wise clinical use of your smartphone.

The risk of distraction is "not something unique to medicine, by any means," said Laura Vearrier, MD, assistant clinical professor in the Department of Emergency Medicine at Drexel University College of Medicine. Last year, she led a workshop, "The Ubiquitous Smartphone and Professionalism," at a meeting of the Academy for Professionalism in Healthcare.

The distraction risk posed by smartphones "has become a public health threat across a number of fields," Dr. Vearrier told AMA Wire. "People look at their phones an average of 46 times a day. And what's to say that health care providers are any different from anybody else on that score?"

As of 2014, nearly 85 percent of American physicians owned a smartphone, she said. That figure has undoubtedly risen since then.

Dr. Vearrier, a doctoral student at Loyola University Chicago's Neiswanger Institute for Bioethics, said her advice for her

trainees and colleagues is about "taking control of your device, instead of letting it take control of you." Here are three steps to re-establishing mastery of your smartphone.

UNDERSTAND THE RISKS

Dr. Vearrier became interested in this topic after reviewing research on distracted driving. Texting while driving, for example, increases the odds of a car crash 23-fold, according to research cited in an article that made the case for cutting down distractions posed by electronic health records. "It struck me how similar distracted driving is to distracted doctoring. Both have become daily tasks that you think you can safely perform while doing a second activity," Dr. Vearrier said.

"The consequences of distraction can be huge and similar in health care, because you're constantly getting distractions from text messages and app notifications," she added. "People go right to checking it, like it's second nature. It has become part of the smartphone mentality, that as soon as it goes off people check it."

In one sentinel case, a resident began using her phone to enter an order to discontinue an inpatient's blood-thinner order. In the middle of doing that, the resident was distracted by a text message from a friend asking about plans for an upcoming party. She never finished entering the order, and the patient later required open-heart surgery to remove blood filling the sac around his heart.

Dr. Vearrier notes an often misunderstood concept of multitasking.

"Multitasking is not really about performing multiple tasks at the same time," she said. "It is rapidly shifting your attention between different tasks. And every time you interrupt your cognitive process, you are increasing your chance of error. You will also have a pause in your train of thought and you will be less efficient."



EXPLAIN YOUR SMARTPHONE USE TO PATIENTS

Physicians and trainees frequently use their smartphones to access electronic textbooks, medical journals, decision-making and drug interaction apps, dosing calculators and more.

Because of these benefits, along with professional communications enabled by smartphones, the answer is not as simple as turning the phone off and putting it away, Dr. Vearrier said.

"We have to figure out a way to integrate these personal devices into our doctor-patient relationships and how to use these devices professionally," she said. That is especially the case since so many health care organizations have bring-your-own-device policies in which employees are encouraged to use the phones they own for professional use.

An underlying theme that arose from the workshop was the importance of transparency with patients. "We really need to be talking to patients about what we're using our personal devices for, because the phones really can present a physical barrier and that physical barrier translates into cognitive and psychological barriers as well," Dr. Vearrier said.

PUT YOUR PHONE INTO "WORK MODE"

If turning off the phone while you are on the job is not an option, then you should seek to silence as many distractions as possible, Dr. Vearrier said. And turning off the phone's ringer is not sufficient.

"The vibrate mode is still going to interrupt you. Ideally, the phone is on the silent setting and app notifications are turned off," she said, noting a wrinkle. "If you are using the phone for interprovider communication, you have to keep it on for that reason. You have to be constantly prioritizing and triaging your priorities, while also being able to take that mental step to avoid attending to things right away on the phone if you see they are not

emergent."

If there is a family or medical matter about which you are expecting to hear, advise patients of it in advance so they are not taken aback when you step away to answer a call or text message. There are also ways to flag important personal or professional contacts so their calls or messages can reach you even when the smartphone is in do-not-disturb mode. Letting friends and family know that they will not always hear back from you quickly is important, too, in this age when many expect instant responses.

"There are a lot of distractions that are beyond the scope of your control," Dr. Vearrier said. "But when we can influence whether we are distracted, it is really important that we do. The decrease in the potential for error due to distraction is one of the main reasons we perform time-outs before surgical procedures - to make sure everyone's on the same page. This is a similar thing, as we're more and more realizing the dangers of distraction and the need to minimize them wherever possible."

REPORT REVEALS SEVERITY OF BURNOUT BY SPECIALTY

By: Troy Parks, Staff Writer, AMA Wire

Physicians from 27 specialties graded the severity of their burnout on a scale of one to seven in a recent Medscape survey - one being that it does not interfere, and seven indicating thoughts of leaving medicine. All but one specialty selected a four or higher. The most affected specialty? Emergency medicine, with nearly 60 percent of ED physicians saying they feel burned out, up from half in 2013. How can the rising prevalence and severity of burnout be addressed? Regulatory, systemic and practice environment issues appear to be key.

Too many bureaucratic tasks, spending too many hours at work, feeling like just a cog in a wheel, increased computerization of practice: In the "Medscape Lifestyle

Report 2017," more than 14,000 physicians surveyed designated these four concerns as the top causes of burnout.

"Today's medical practice environment is destroying the altruism and commitment of our physicians," said Tait Shanafelt, MD, a hematologist and physician-burnout researcher at the Mayo Clinic, in a presentation at a NEJM Catalyst event last June. "We need to stop blaming individuals and treat physician burnout as a system issue ... If it affects half our physicians, it is indirectly affecting half our patients."

Dr. Shanafelt delivered a presentation that same month at the 2016 AMA Annual Meeting in Chicago, where he examined this scenario: "If I told you we had a system issue that affected quality of care, limited access to care, and eroded patient satisfaction ... you would immediately assign a team of systems engineers, physicians, administrators at your center to fix that problem rapidly."

And burnout is a system issue just like that, Dr. Shanafelt said. In order to address the issue, the focus should be on changing the practice environment and the system, but "we have not mobilized the way we would to address other factors affecting quality, access and patient satisfaction," he said.

In 2013, the first year of the "Medscape Lifestyle Report," emergency medicine had the highest rates of burnout at just over 50 percent. That specialty, in 2017, is now close to 60 percent. Meanwhile, on the severity scale urology landed in the uncoveted top spot with a 4.6 rating. That compares with a 4.2 burnout severity rating for emergency medicine. Infectious disease medicine physicians rated their burnout severity lowest, at 3.9 on the seven-point scale. Yet, over the four years between reports, infectious disease medicine burnout rates rose 15 percentage points to make that specialty the fifth highest in share of physician burnout.

For infectious disease medicine, it is hard to ignore the two pandemics that arose.



First, Ebola entered the global sphere in 2014 and put pressure on infectious disease specialists, and it was almost immediately followed by the Zika virus.

Rheumatology also saw a big jump in burnout. While about one-third of rheumatologists reported burnout in 2013, more than half scored as burned out in the 2017 edition of the Medscape report.

Pediatrics, cardiology and general surgery also saw increases in burnout over the years. No specialty reported less burnout.

When the types of issues identified by physicians in this report get in the way of a physician’s ability to provide care to a patient, burnout symptoms may present. “[Burnout] primarily relates to your professional spirit of life, and it primarily affects individuals whose work involves an intense interaction with people,” Dr. Shanafelt said.

ORGANIZATIONS CAN MAKE POSITIVE CHANGES

One practice in Minneapolis, not far from the Mayo Clinic, found a simple solution to provide their physicians and staff a space to “reset.” Hennepin County Medical Center, through their Office for Professional Worklife, gathers volunteers from each department to discuss the best ways the organization can address physician burnout.

One of their ideas was to create a “reset room” where physicians and other health professionals can retreat if they need a moment to recover from a traumatic event or just to get away for a moment. And this is just one of several ways Hennepin is helping their physicians.

A reset room is very much in line with Dr. Shanafelt’s recommendation that, in order to address burnout properly, the solutions have to be numerous, yet organizations and physicians alike must recognize that those fixes will not solve physician burnout overnight. They should be directed at giving physicians the skill set to “navigate the choppy water,” he said, with the understanding that the organization needs to do its part to mitigate the systemic and environmental issues that cause burnout.

Electronic health record (EHR) systems are among these systemic issues. Almost one-half of the physician work day is spent on EHR data entry and other administrative desk work, according to a recent time-motion study conducted by the AMA and Dartmouth-Hitchcock Health Care System. Only 27 percent of a physician’s time is spent on direct clinical care, the study points out.

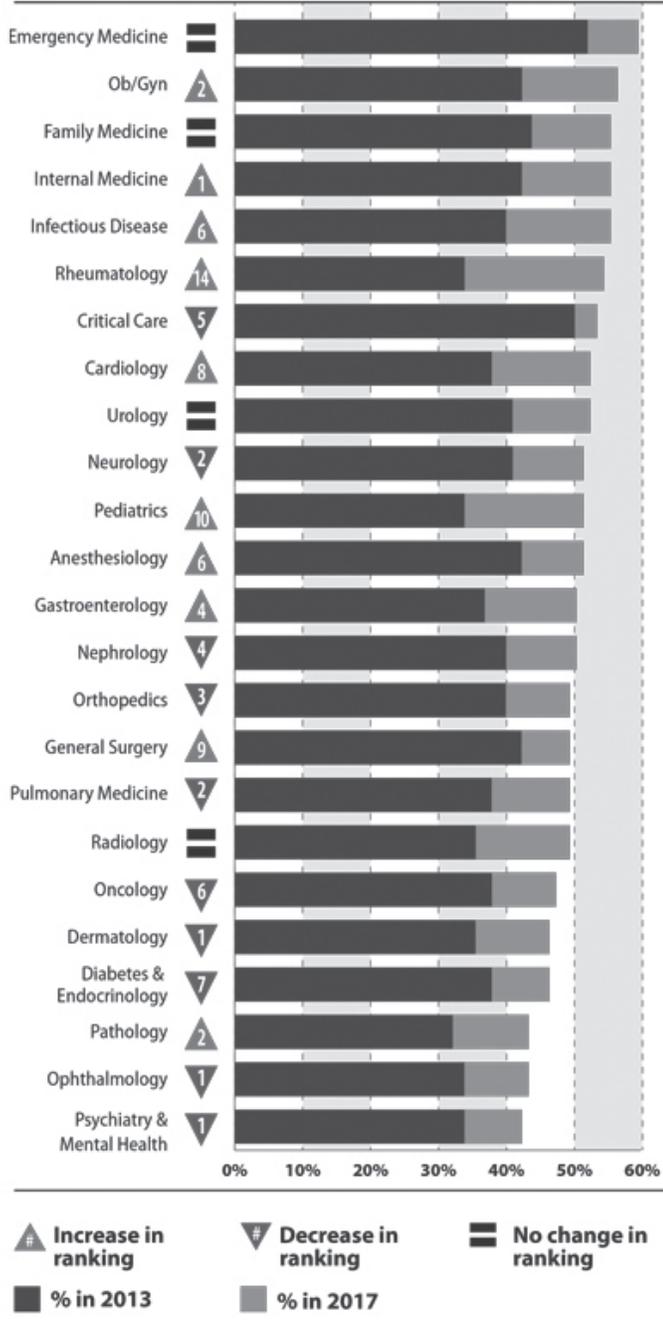
Another key finding in the study is that for every hour of face-to-face time with patients, physicians spend nearly two additional hours on their EHR and clerical desk work.

Physicians entered medicine to help patients. Anything that is getting in the way of patient care, whether it is systemic or environmental, should be the focus of change.

The question then arises whether physician burnout differs from the general working population. The AMA and the Mayo Clinic provided an answer in a recent study published in Mayo Clinic Proceedings. Compared with the general U.S. population, physicians worked a median of 10 hours more per week, displayed higher rates of emotional exhaustion and reported lower satisfaction with work-life balance, the study found.

Though the general U.S. population does experience burnout, the current state of the health care system is clearly driving increases in physician burnout at a higher rate.

Changes in burnout by specialty 2013–2017





Letters of Thanks

February 8, 2017

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 \$2,275 to the Macomb Food program.

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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
Macomb Food Program

Linda Azar
Food Program Manager

February 23, 2017

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 \$2,535! 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.



Health
Department

Macomb County Health Department
Reportable Diseases Summary

Diseases Reported in Macomb County Residents

Cumulative total for previous years; **year-to-date total for JANUARY, 2017**

ALL NUMBERS FOR 2016 REMAIN PROVISIONAL AT THIS TIME

	2017	2016	2015	2014	2013		2017	2016	2015	2014	2013
AMEBIASIS	0	1	0	1	1	LEGIONNAIRE'S DISEASE	2	33	24	24	31
BLASTOMYCOSIS	0	1	0	1	0	LISTERIOSIS	0	1	1	1	1
BOTULISM (FOODBORNE)	0	0	0	0	0	LYME DISEASE	0	3	7	1	0
BOTULISM (INFANT)	0	0	0	0	0	MALARIA	0	2	2	1	0
BRUCELLOSIS	0	0	0	0	0	MEASLES	0	0	0	0	0
CAMPYLOBACTER	5	96*	78*	86*	68*	MENINGITIS VIRAL	0	42*	60*	44*	75*
CHICKENPOX	2	33*	32*	88*	40*	MENINGITIS BACTERIAL/BACTEREMIA					
CHLAMYDIA	212	3,098	2,735	2,468	2,514	(EXCLUDING N. MENINGITIDIS)	1	9	10	8	4
COCCIDIOIDOMYCOSIS	0	2	2	7	2	MENINGOCOCCAL DISEASE	0	1	1	1	0
CREUTZFELDT JAKOB	0	2	1*	2*	1	MUMPS	1*	2*	0	2*	0
CRYPTOCOCCOSIS	0	1	1	2	1	PERTUSSIS	2*	33*	35*	83*	108*
CRYPTOSPORIDIOSIS	0	10*	1*	9*	7	POLIO	0	0	0	0	0
DENGUE FEVER	0	1	1	0	0	PSITTACOSIS	0	0	0	0	0
DIPHTHERIA	0	0	0	0	0	Q FEVER	0	0	0	0	1
EHRlichiosis	0	3*	0	1*	0	RABIES ANIMAL	0	1	1	3	2
ENCEPHALITIS PRIMARY	0	1	2	2	0	RABIES HUMAN	0	0	0	0	0
ENC POST OTHER	0	1	1	2	2	REYE SYNDROME	0	0	0	0	0
FLU-LIKE DISEASE	2,098	21,684	27,943	28,824	42,842	ROCKY MNTN SPOTTED FVR	0	0	0	0	0
GIARDIASIS	0	21	17	21	19	RUBELLA	0	0	0	0	0
GONORRHEA	50	779	514	474	575	SALMONELLOSIS	1	75	82	75	76*
GRANULOMA INGUINALE	0	0	0	0	0	SHIGELLOSIS	2	49	21	9	4
GUILLAIN-BARRE SYN.	0	10*	4*	6*	8*	STEC**	2	6	8	11	6
HEMOLYTIC UREMIC SYN.	0	0	0	0	0	STREP DIS, INV, GRP A	2	31	27	26	18
HEPATITIS A	3	9	5	4	7	STREP PNEUMO, INV + DR	2	55	52	45	58
HEPATITIS B (ACUTE)	1	10	6	7	7	SYPHILIS	1	71	104	77	78
HEP B (CHRONIC)	11*	112*	132*	141*	123*	SYPHILIS CONGENITAL	0	0	1	0	1
HEPATITIS C (ACUTE)	3	32*	16*	15*	7	TETANUS	0	0	0	0	0
HEP C (CHRONIC)	76*	947*	688*	705*	494*	TOXIC SHOCK SYNDROME	0	0	0	1	2
HEPATITIS D	0	0	0	0	0	TUBERCULOSIS	0	11	6	11	11
HEPATITIS E	0	0	0	0	0	TULAREMIA	0	0	0	0	0
H. FLU INVASIVE DISEASE	1	14	11	9	11	TYPHOID FEVER	0	0	1	1	0
HISTOPLASMOSIS	0	4*	5*	2*	3*	VIBRIOSIS	0	1	0	0	0
HIV^	7	79	76	54	35	VISA	0	0	0	1	2
INFLUENZA	483	1,283	764	820*	147	WEST NILE VIRUS	0	2	4*	0	3*
KAWASAKI SYNDROME	0	5	10	5	9	YELLOW FEVER	0	0	0	0	0
						ZIKA	0	4	0	0	0

*Includes both Probable and Confirmed case reports

**Shiga-toxin producing Escherichia coli per MDHHS; combo of E. coli & Shiga Toxin 1 or 2

^ Previously reported as "AIDS"

Audit: February 7, 2017

UPCOMING EVENTS

MARCH 14 “7th Annual Malik Lecture: Athletic Head Trauma: The Interface Between Sports, Science, Pseudoscience”, presented by Henry Ford Neuroscience Institute, 6 pm - 9 pm, The Detroit Athletic Club. To register go to <https://hfhs.eventsair.com/CEPortal/hfhs/cme> or call 313-916-8354.

MARCH 18 MSMS conference “Practical Guidance for Health Care Compliance”, Calvin College in Grand Rapids, 8:00 am - 12:15 pm. For more information or to register visit www.msms.org/eo or call 517-336-7581.

MARCH 22 “Brain Death Simulation Workshop”, presented by Henry Ford Division of NeuroCritical Care & Neurology, 8 am - 4 pm, Henry Ford Hospital in Detroit. Fee \$100 (Non-HFHS Physicians), \$50 (HFHS Physicians). To register please go to <https://hfhs.eventsair.com/CEPortal/hfhs/cme>.

MARCH 31 “The Power of Technology in the Physician Practice”, presented by the Oakland County Medical Society & the Oakland County Bar Assoc., 8 am - 12 pm, Bloomfield Open Hunt Club in Bloomfield Twp. Fee \$40 for preregistered, walk-ins \$50. To register contact the OCMS at 248-773-4003.

MAY 5 MSMS conference “Making MACRA Work for You”, 9:00 am - 3:45 pm, Amway Grand Plaza in Grand Rapids. For more information or to register visit www.msms.org/eo or call 517/336-7575.

MAY 6-7 MSMS House of Delegates, Amway Grand Plaza in Grand Rapids.

MAY 18 56th Annual Conference on Maternal & Perinatal Health, the Somerset Inn in Troy. For more information or to register visit www.msms.org/eo

MAY 18-19 MSMS 6th Annual Spring Scientific Meeting, the Somerset Inn in Troy. For more information or to register visit www.msms.org/eo

OCTOBER 24 MSMS conference “Making MACRA Work for You”, 9:00 am - 3:45 pm, the Sheraton in Novi. For more information or to register visit www.msms.org/eo or call 517-336-7575.

OCTOBER 25-28 MSMS 152nd Annual Scientific Meeting, the Sheraton in Novi. For more information or to register visit www.msms.org/eo 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/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 macombcms@gmail.com 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 macombcms@gmail.com any changes.

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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!

Application Code:

State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at www.joinmsms.org

- | | |
|--|---|
| <input type="radio"/> I am in my first year of practice post-residency. | <input type="radio"/> I work 20 hours or less per week. |
| <input type="radio"/> I am in my second year of practice post-residency. | <input type="radio"/> I am currently in active military duty. |
| <input type="radio"/> I am in my third year of practice post-residency. | <input type="radio"/> I am in full, active practice. |
| <input type="radio"/> I have moved into Michigan; this is my first year practicing in the state. | <input type="radio"/> I am a resident/fellow. |

Male Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ MD DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable) _____

Job Title: _____

W Phone _____ W Fax _____ H Phone _____ H Fax _____

Mobile: _____ Email Address _____

Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

*Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

*Birth Date: ____ / ____ / ____ Birth Country _____ MI Medical License #: _____ ME #: _____

Medical School _____ Graduation Year: _____ ECFMG # (if applicable) _____

Residency Program _____ Program Completion Year _____

Fellowship Program _____ Program Completion Year _____

Hospital Affiliation _____

• Primary Specialty _____ Board Certified: Yes No

• Secondary Specialty _____ Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

Within the last five years, have you been convicted of a felony crime?: Yes No If "yes," please provide full information: _____

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?: Yes No

If "yes," please provide full information: _____

I agree to support the County Medical Society Constitution and Bylaws, the Michigan State Medical Society Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date: _____