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MATERNAL DEATH REPORTING IS NOW MANDATORY IN MICHIGAN

By: Adrian J. Christie, MD; Kimberly Lovett Rockwell, MD, JD; Donald R. Peven, MD;

Each year, as many as 100 Michigan mothers die during or within one year of their pregnancy. In an effort to reduce the maternal mortality rate in Michigan, reporting of maternal deaths is now mandatory, effective April 6, 2017 through the Michigan Maternal Mortality Surveillance (MMMS) project within the Michigan Department of Health and Human Services (MDHHS).

As a public health authority, MDHHS investigates maternal deaths to better understand the underlying factors associated with these deaths and to develop policy recommendations that can help improve the maternal mortality rate.

Public Act 479 of 2016 was signed into law on January 5, 2017 making maternal death reporting a mandatory process in an effort to capture all maternal deaths that occur in our state. The new law states that a physician or an individual in charge of a health facility who is present for or is aware of a maternal death shall submit information regarding that death at the time and in the manner specified or approved by the department for inclusion in the health information system.

Over the past several decades, the MMMS project has investigated all maternal deaths that occur in Michigan on an annual basis. However, prior to this legislation, participation was voluntary.

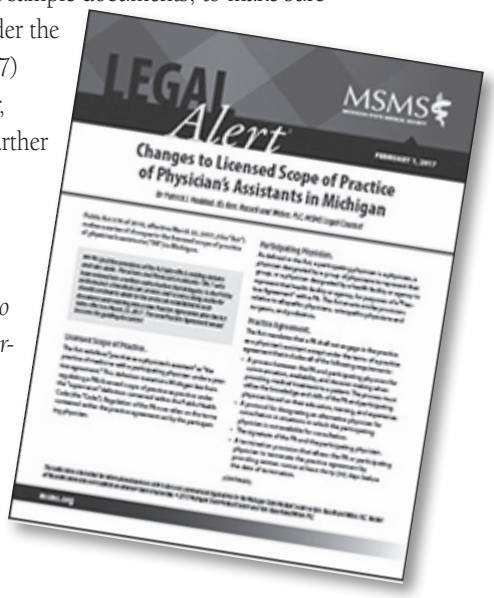
The participation of physicians and health facilities is vital for public health surveillance and helps promote and protect the health and well-being of women, infants, and families in Michigan. Additional information on maternal death reporting, including instructions and forms, may be found on the MDHHS Maternal and Child Health Epidemiology website at www.michigan.gov/mchepi .

For more information about this new mandatory maternal death reporting process, please contact Chris Fussman, MS, Maternal and Child Health Epidemiology Section Manager via email at fussmanc@michigan.gov.

NEW PHYSICIAN'S ASSISTANT (PA) LAW NOW IN EFFECT (WITH MEMBER BENEFIT)

On March 22, 2017, a new law impacting how physician's assistants (PAs) are regulated under Michigan's Public Health Code took effect. It is important that physicians who currently supervise PAs understand these changes. Two key changes include the need to have a practice agreement in place and the requirement that PAs have their own Michigan Controlled Substance license to prescribe drugs listed in schedules 2-5. MSMS, as a new member benefit, has created several resources addressing these changes and others. To read MSMS's new legal alert visit www.msms.org/Resources/HealthLawLibrary (login required*), which includes frequently asked questions and sample documents, to make sure you know your obligations under the law. Contact Colin J. Ford, (517) 336-5737, or Stacey P. Hettiger, (517) 336-5766, if you have further questions.

**All MSMS member physicians and members of their office staff can create website user accounts to access password-protected member-only information.*



MSMS ON-DEMAND HUMAN TRAFFICKING OVERVIEW WEBINAR

Dena Nazer, MD, Children's Hospital of Michigan and Associate Professor, Pediatrics, Wayne State University presents "Human Trafficking Overview", an MSMS On-Demand webinar, available at http://MSMS.org/OnDemandWebinars . This webinar does meet Michigan's new human trafficking one-time training requirement from the Michigan Department of Licensing and Regulatory Affairs. The cost of this 60 minute 1 Category 1 CME webinar is $50 for MSMS Members.

The objectives include: describe the types and venues of human trafficking; explain how to identify victims of human trafficking in health care settings for adults and minors; list resources for reporting, when suspecting an adult or child is a victim of human trafficking; and discuss myths regarding human trafficking.

PARENT INFORMATION NETWORK RELEASES STATEMENT ON IVACCINATE.ORG LAUNCH

The Parent Information Network (PIN), comprised of Michigan's leading health care providers, came out in strong support of the newly launched "I Vaccinate" initiative from the Michigan Department of Health & Human Services and Franny Strong Foundation. This campaign will be an important tool in raising awareness of the importance of vaccines and the role they play in preventing deadly diseases.

I VACCINATE

"Childhood immunizations protect our kids from dangerous infectious diseases, but they can't help if parents don't get their kids vaccinated," said David M. Krhovsky, MD, President of the Michigan State Medical Society and a practicing anesthesiologist in Kent County. "Immunizations are safe, effective, and, the best way to keep our kids healthy. It's a simple step that can save a life."

Recent data revealed Michigan's childhood immunization rates as one of the lowest nationwide, putting the entire state at risk for an increase in vaccine-preventable diseases. Safe and effective, vaccines are the best way to protect children from deadly, preventable illnesses.

PIN is made up of Michigan's leading health care providers, including the Michigan State Medical Society, Michigan Academy of Family Physicians, Michigan Osteopathic Association, Michigan Chapter of the American Academy of Pediatrics, Michigan State Medical Society Alliance, Michigan Association for Local Public Health, the Michigan Association of School Nurses, the Michigan Council for Maternal and Child Health, the Michigan Council of Nurse Practitioners, the Michigan Health & Hospital Association, the School Community Health Alliance of Michigan, the Michigan Association of United Ways, the Michigan Association of Health Plans and the Northern Michigan Vaccine Preventable Disease Task Force. PIN works together to better educate parents about the importance of childhood immunizations.

QUANTUM MEDICAL CONCEPTS BEGINS NEXT PHASE ASSISTING MEDICAL STARTUPS, THANKS TO NEW PARTNERSHIP WITH PHARMACISTS

Quantum Medical Concepts, an investment fund providing capital for Michigan-based medical startup businesses, announced an exciting new chapter in its work providing funding opportunities for Michigan companies developing innovative medical technologies. QMC has formally spun off into a stand-alone organization, thanks in part to an investment from Pharmacy Services Inc. (PSI), the for-profit subsidiary of the Michigan Pharmacists Association (MPA). The investment will expand QMC's ability to financially aide up-and-coming health care industry innovators in Michigan. QMC invests up to a quarter-million dollars statewide in start-up funding for qualifying businesses.

QUANTUM MEDICAL CONCEPTS

Launched in 2014 with initial funding from the Michigan State Medical Society, Quantum Medical Concepts works to fill a critical gap in the development of medical advancements in Michigan. The fund focuses on identifying medical companies with promising ideas that are not yet ready for market, and then providing the seed funding and management support necessary to successfully navigate through the initial stages of product development.

"We could not be more excited about our new partnership with PSI," said Benjamin Louagie, managing director of Quantum Medical Concepts. "Their investment allows us to build upon QMC's accomplishments, while opening doors for projects that benefit the profession of pharmacy."

In addition to funding and support, Quantum provides startups with access to both the Michigan State Medical Society's and PSI/Michigan Pharmacists Association's network of more than 15,000 physicians and pharmacists, who provide invaluable insight through the early development phases of new medical devices and technologies.

"Quantum is a perfect example of why MPA established PSI as a for-profit entity. Investing in Quantum makes perfect sense for PSI and will benefit the members of our association," said Dianne Malburg, chief operating officer of the Michigan Pharmacist Association. "The fund has all the tools and resources in place that startups need in order to take a promising idea and turn it into a successful product. I have no doubt the entire state will get a great return on this investment."

PROVIDER DIRECTORY DEMOGRAPHIC DATA

Accurate provider directories are important for patients and referring physicians to know which physicians are taking new patients. They also provide information on how to contact the physician's practice, location, and primary specialty.

Effective January 1, 2016, the Centers for Medicare & Medicaid Services (CMS) mandated that Medicare Advantage (MA) Plans provide complete and accurate information regarding physicians who are available to new patients/enrollees in their online and printed directories. MA plans must communicate at least quarterly to verify the physician location and availability information.

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) have created a Provider Directory Compliance Plan. This plan addresses the physician demographic data collection process, as well as penalties for non-compliance.

For more information on what Blue Cross and Blue Care Network are doing for providers to attest their demographic data visit http://www.bcbsm.com/newsletter/therecord/2017/record_0317/Record_0317n.shtml

NEW MAPS WENT LIVE ON APRIL 4 - REGISTER NOW

As previously reported the Michigan Automated Prescription System (MAPS) has been upgraded with Appriss, PMP AWARxE software. The new MAPS site went live on April 4.

MSMS and the Michigan Academy of Family Physicians have created a "tips sheet" for physicians to ensure you have the information necessary to register readily available.

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.

The new and improved MAPS AWARxE is expected to enhance the quality and safety of patient care, give physicians the necessary tools for their part in helping to address opioid misuse/abuse, and reduce administrative hassles and processing delays. With the new software platform, MAPS AWARxE will be able to offer new functionality and timely information sharing such as:

- Patient-Centered Alerts
- Recent Request History
- Delegate Activity
- Prescriber-Specific Announcements
- Seamless Integration of Interstate Data Sharing

If you have further questions, please contact Stacey Hettiger at (517) 336-5766.

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.*

Henry Ford Macomb Hospital

Cancer survivor Cindy Bjornson (third from left) of Sterling Heights recently donated a Cancer Survivor Bell to the Henry Ford Cancer Institute at Henry Ford Macomb. Patients ring the bell three times to mark the completion of their treatment. The sound and significance of the ringing bell may also bring hope to other cancer patients at the center.

The bell's plaque reads:

> *Ring this bell*
> *Three times well.*
> *It's toll to clearly say:*
> *My treatment is done.*
> *This course is run.*
> *And I am on my way.*

Cancer patients at Henry Ford Macomb received a special surprise on March 10 when Detroit Piston Boban Marjanovic and mascot Hooper stopped by for a visit. Boban, who stands 7'3" tall--with a gregarious personality to match--happily posed for photos and provided autographs, high fives and words of encouragement.

Pictured are Piston mascot Hooper, patient MaryJo Javery, Dr. Ibrahim Aref and Piston player Boban Marjanovic.

St. John Macomb Oakland Hospital

MICHIGAN LEADERS RECOGNIZE SJH&MC'S ORGAN DONOR REGISTRY EFFORTS

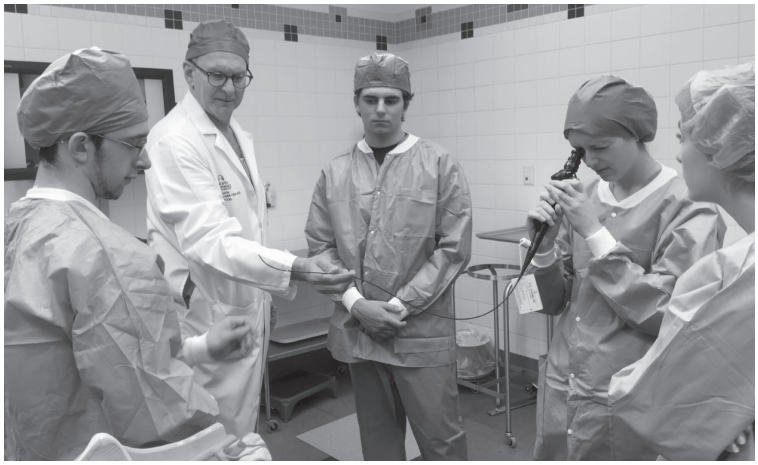
On April 12, Michigan Secretary of State Ruth Johnson recognized The St. John Transplant Specialty Center at St. John Hospital & Medical Center (part of the St. John Providence Ministry Market in metro Detroit) as the winner of the Gift of Life's Michigan Transplant Center Challenge. During the past year, The St. John Transplant Specialty Center registered the most new donors to Michigan's organ donor registry - a whopping 840 - coming in first in the friendly competition between the eight other transplant programs in the state. One donor can save up to eight potential lives, which means the SJP transplant program has helped more than 6,700 men, women and children in Michigan waiting for a life-saving organ transplant. Kevin Grady, MD, St. John Providence and SJH&MC CMO, accepted the award on behalf of the hospital. The recognition is particularly poignant for Dr. Grady as his wife Cathy is a recent kidney transplant recipient.

In accepting the Transplant Center Challenge Award from Michigan Secretary of State Ruth Johnson (in jacket), Dr. Grady and his wife Cathy thanked The St. John Transplant Specialty Center for the life-saving work they do every day, as well as all the associates throughout Ascension Michigan (and their family and friends) who registered to become organ donors.

ST. JOHN MACOMB-OAKLAND HOSPITAL HOSTS STUDENTS AS A PART OF MSU FUTURE DOCS PROGRAM

More than 50 students from local high schools participated in the Michigan State University's College of Osteopathic Medicine Future DOcs program at St. John Macomb-Oakland Hospital, Warren on March 18. Urologist Dr. Scott Sircus led the session, supported by SJMOH residents, focusing on the complexities and challenges of urologic robotic surgery. Students had an opportunity to interact with the DaVinci Robotic Simulator. Future DOcs is a robust program that combines leadership and study skills development with interactive and experiential learning workshops. The hands-on program gives high school juniors and seniors an opportunity to grow academically and professionally. Participants engage in leadership development activities, cultivate their study skills and most importantly, network with osteopathic medical school students and physicians who mentor them as they explore academic and career possibilities.

SJMOH's MSU Future DOcs student participants "scrub in" for duty!



Dr. Scott Sircus gives students a first-hand look at an SJMOH operating room.

SJH&MC CANCER GENETICIST'S FINDINGS HIGHLIGHTED AT NATIONAL CONFERENCE

At the annual American College of Medical Genetics Conference in March, St. John Hospital & Medical Center cancer genetics expert, Alison Jay, MD, shared her discovery of the gene that causes neonatal progeria, POLR3A. Also called Wiedemann Rautenstrauch syndrome (WRS), this very rare genetic disorder is characterized by an aged appearance at birth, growth delays before and after birth, and deficiency or absence of the layer of fat under the skin. Most individuals with WRS have decreased life expectancy, and there have been only a few patients who have lived well into their teens and even fewer into their 20s. Dr. Jay presented her findings which revealed two changes in the POLR3A gene in a patient with WRS. While further study is needed in other patients to demonstrate this gene disease association, this work contributed to knowledge about what causes this rare condition. Her research protocol was done in collaboration with Children's Mercy Hospital in Kansas and the findings were also recently published in the American Journal of Medical Genetics.

SJMOH, WARREN & TOUCHPOINT CONTINUE EXPANSION EFFORTS FOR FOOD RECOVERY PROGRAM

As a part of the St. John Providence Food Recovery program, St. John Macomb-Oakland Hospital, Warren, made its first donation in March of 600 pounds of "gently" expired but still donate-able food to Forgotten Harvest, a hunger relief/ food assistance organization with a network of more than 250 partners. Each Tuesday, Forgotten Harvest will pick up the donated food from SJMOH and distribute it to local shelters. SJMOH joins TouchPoint, and sister hospitals St. John Hospital & Medical Center, which also partners with Forgotten Harvest, and Providence-Providence Park Hospital, Southfield, which began the SJP Food Recovery program earlier this year through a partnership with Fish & Loaves and Two Men & A Truck.

SJH&MC PHYSICIAN EDUCATOR RECEIVES CMU EXCELLENCE AWARD

Congratulations to Virginia Zacharias, MD, St. John Hospital & Medical Center in Detroit, who was recognized for her contributions to the education and training of CMU medical students. Dr. Zacharias received the Excellence in Clinic Education awards, which recognize outstanding clinical training and instruction for the group of physicians in training she precepted during the year.

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!

SJMOH HOSTS LEGISLATIVE DELEGATION MEETING AT WARREN CAMPUS

Leaders from St. John Macomb-Oakland Hospital hosted a Legislative Delegation Meeting with local government officials on February 10 to discuss several important key issues, including preserving health care coverage through the continuation of Healthy Michigan and the importance of graduate medical education funding. SJMOH leaders gave an update on the Warren campus which is celebrating its 50th year of serving the community, and also shared the various community health programs that extend care into the community, such as our school-based health centers and mobile mammography unit.

L to R: Representative John Churkin Staff Aid Zvonko Blazevski, Representative Kevin Hertel, Senator Steve Bieda, Terry Hamilton, SJMOH President; Dr. Gary Berg, SJMOH CMO; Sean Gehle, Ascension Michigan Chief Advocacy Officer; Dr. Cynthia Taeug, SJP Community Health VP; and Bill Mott, SJMOH COO.

SJH&MC INTERNAL MEDICINE CHIEF HONORED BY STATE ORGANIZATION

The Michigan Infectious Diseases Society (MIDS) recognized Louis Saravolatz, MD, chief of Internal Medicine, St. John Hospital & Medical Center, with its Society Citation award for Dr. Saravolatz's exemplary achievements in the field of infectious diseases, as well as his contributions to the Michigan Infectious Disease Society. This award is presented at the discretion of the Society to a single individual for accomplishments in the area of clinical medicine, research, and education that have helped contribute to the discipline of infectious diseases. There are more than 140 members in the MIDS which is part of the Infectious Diseases Society of America. Congratulations, Dr. Saravolatz!

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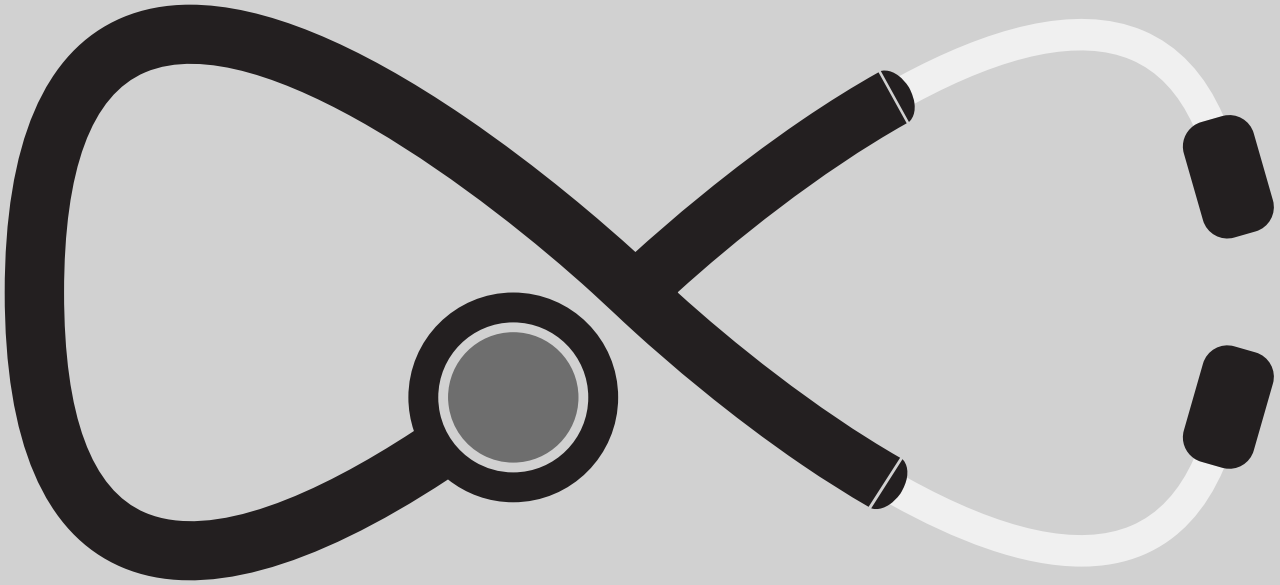

ANNOUNCING THE 2017 DIVIDEND FOR MICHIGAN MEMBERS

The Doctors Company has returned nearly $400 million to our members through our dividend program—and that includes 10% to qualified Michigan members. We've always been guided by the belief that the practice of good medicine should be advanced, protected, and rewarded. So when our insured physicians keep patients safe and claims low, we all win. That's malpractice without the mal.

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The Battle Against Opioid Addiction is Personal – and it Starts With Us

By: S. Bobby Mukkamala, MD, MSMS Chair

OPIOID ADDICTION DOESN'T DISCRIMINATE. IT DOESN'T CARE IF YOU'RE A MAN OR A WOMAN, BLACK OR WHITE, RICH OR POOR, YOUNG OR OLD. IT'S COLD, IT'S THOUGHTLESS, AND ALL IT DEMANDS OF ITS VICTIMS IS ABSOLUTELY EVERYTHING.

Michigan physicians are on the literal frontlines of a war against opioid abuse, and while we've raised a lot of awareness about the crisis over the last few years -- and even taken some big, important steps towards addressing it -- it's more important than ever we redouble our commitment to solutions.

That starts with taking a cold, hard look at how we got here, and what it'll take to move forward.

According to the Department of Health and Human Services, each day in the United States, more than 650,000 opioid prescriptions are dispensed, 3,900 Americans use prescription opioids inappropriately for the very first time, 580 have their first experience with heroin use, and 78 people die as a result of opioid use and addiction.

Calling that a crisis hardly does it justice, especially when one considers that the statistics aren't just talking about pills and needles -- they're talking about individual lives.

Nearly 2,000 Michiganders lost their lives to opioid-related overdoses in 2015, according to numbers from the Centers for Disease Control. Michigan had the 7th highest number of fatalities in the nation.

The good news is that we haven't taken this crisis lying down, and much of the important work that's been done at the state and local level the last few years has been spearheaded by Michigan physicians. We're leading task forces, helping craft legislation, and through associations like the Michigan State Medical Society have helped lead the charge to secure a desperately needed rebuild of the state's prescription drug monitoring system.

We're on the right track.

The new monitoring system will provide the kind of meaningful data sharing that can make a real difference. Tracking opioid prescriptions, problem communities, addiction-risks, and even physicians who prescribe a disproportionate amount of opioids will help us flag and address potential problems faster than ever.

Coming on line this year, the system is lightyears ahead of the previous tracking program, and also includes the ability to communicate with providers in other states, a critical development as we battle a prescription drug pipeline between Michigan and our southern neighbors.

Meanwhile physicians must continue ensuring patients get the comprehensive, effective treatments they need, especially for pain. Chronic and acute pain are real problems and failing to address them effectively has real world consequences.

Honing our skills and addressing our patients' needs is a critical step to identifying long term solutions, and solutions that may or may not include a prescription for opioid pain killers.

Recently I have begun riding the MTA buses around Flint. It is clear from these experiences that there are many among us whose lives are turned upside down due to substance abuse issues. Whether it's individuals with family members battling addiction or the young professional I met earlier this month hopping the bus to his Flint Narcotics Anonymous meeting, opioid addiction touches nearly everyone in our community.

Every addiction statistic is made up of individual Michiganders. Somebody's mother or father, son or daughter, brother or sister. Our friends. Our neighbors.

We have to do better.

For members of Michigan's physician community, that starts with us.

Project Crowdsources Specialists' Diagnoses for Safety-Net Care

By: Timothy M. Smith, Senior Staff Writer, AMA Wire

LACK OF ACCESS TO SPECIALTY CARE IS A NOTORIOUS DRIVER OF HEALTH INEQUITY IN THE U.S., BUT UNTIL NOW THERE HAVE BEEN FEW SCALABLE OPTIONS FOR CONNECTING PRIMARY CARE PHYSICIANS IN UNDERSERVED AREAS WITH THEIR SPECIALIST COUNTERPARTS TO MAKE MAJOR CLINICAL DECISIONS.

A new open project - inspired by Wikipedia, Linux and others that leverage collaborative content creation - has already brought together thousands of volunteer physicians to provide online curbside consults to front-line physicians.

Roughly 29 million uninsured patients in the U.S. rely on the nation's safety net public hospitals, community health centers and free clinics, but wait times for specialist care can be measured in months for uninsured patients, many of whom cannot afford to pay out of pocket for medical services and who have nowhere else to turn for health care.

The Human Diagnosis Project, or Human Dx, is a free online system, available on mobile and desktop, that enables primary care physicians working with underserved patients to access the insights of multiple physicians on a single case. It has more than 5,000 contributors from more than 60 countries across 40-plus specialties.

How it works

Similar to how users contribute articles to Wikipedia or how engineers contribute software code to Linux, the global medical community shares and solves clinical cases on Human Dx.

For example, when an attending physician receives a challenging case, rather than paging colleagues or searching for answers online, he or she can create a new case on Human Dx. From a mobile phone or a desktop computer, the physician enters a suspected diagnosis, along with relevant findings, such as the patient's chief complaint and its frequency, duration and related symptoms, as well as physical exam findings, and laboratory and radiographic results.

Once the case is finalized, it is visible to the entire Human Dx community, as well as to specific contributors the physician wants input from. The physician is notified when a contributor gives input on the case and can see how the case was approached, step by step, and all the submitted differentials are compiled and sorted by relevance. The attending chooses from the diagnoses and later feeds details on the outcome of the case back into the system. Solved cases are then available to other users to test their knowledge.

Human Dx aims to verify the quality and accuracy of insights using the collective intelligence of the medical community and comparing this against stored data and algorithms. Over time, by automatically encoding the insights from similar prior cases, a process known as machine learning, the hope is that Human Dx will also provide software-based decision support to physicians everywhere.

Accreditors on board

Human Dx already has support from four of the largest medical organizations: the American Board of Internal Medicine, the American Board of Medical Specialties, the American College of Physicians and the AMA.

As lack of access to specialty care disproportionately affects racial and ethnic minorities, the AMA supports Human Dx as a way to mitigate health disparities. In addition, Human Dx's approach of engaging community health centers and physicians in a collaborative effort matches the AMA's vision of building a healthier nation by enabling health care teams to partner with patients to achieve better health for all.

The Association voiced its support for the project as part of the application Human Dx submitted to the John D. and Catherine T. MacArthur Foundation's 100&Change competition. The winner of the competition will receive a $100 million grant to fund a single proposal that, according to the foundation's website, "promises real and measurable progress in solving a critical problem of our time." Human Dx has since been announced as one of eight semifinalists from a pool of nearly 1,900 applicants.

Staff at Human Dx, a Washington, D.C.- and San Francisco-based nonprofit and public benefit corporation, has included alumni from the World Health Organization, Facebook, Amazon and other leading health and technology organizations, as well as academic institutions such as Harvard, the Massachusetts Institute of Technology, Stanford and Yale.

Human Dx's goal is to engage more than 100,000 physicians and to help millions of patients access specialist expertise over the next five years.

How you can get started

Human Dx is accessible on the web (www.humandx.org) or through the Human Dx app for iPhone, available free from the App Store. After creating a brief profile, users may immediately post cases for help or solve cases from other physicians.

Up for Review: Five Keys to Managing Online Criticism

By: Kevin Pho, MD, Founder and Editor, KevinMD.com From: The Doctor's Company

PATIENTS HAVE MORE AVENUES THAN EVER TO EXPRESS THEMSELVES ONLINE, WHETHER ON SOCIAL MEDIA OR THROUGH PHYSICIAN RATING SITES LIKE RATEMDS, VITALS, AND HEALTHGRADES. No matter how professional and caring a doctor you may be, eventually you will face criticism on the web. No doctor will receive universally positive reviews. So when a patient posts critical comments about you, it's important to know how to respond. Here are five keys to managing that criticism.

1. **Listen to the criticism.** Patients may leave online reviews because they feel this is the only way they can have a voice. After patients leave your exam room, often you don't know what they thought about you or your practice. The criticism might not even be about you. You don't know what patients thought about the nurses or medical assistants, or if they were concerned about the parking or whether the waiting room magazines were up to date. These are issues you may not be aware of but they matter to patients. By listening to online criticism, you can identify and fix easily correctable situations and improve patients' satisfaction scores.

2. **Take critical conversations offline.** Whenever you see criticism on the web, there's a strong temptation to respond to it immediately. You want to set the record straight and clear the air. Instead, take the conversation offline. An online argument is unlikely to result in anything productive. Post a standard reply thanking the patient for the comment and asking him or her to call the clinic. Be careful not to reveal any private patient information. If you can resolve the dispute over the phone or in person, the patient may take down the comment or even add an addendum stating, "You know what? This office is actually listening to what I have to say." That can turn a negative situation into a more constructive one. Take the same approach whether the patient's comment is on a ratings site or on social media. If you're employed by a hospital or healthcare system, coordinate your efforts with your marketing or public relations team, who are likely to see an offline conversation as the most beneficial solution for both you and the organization.

3. **Read the fine print.** If you believe any online comments are suspicious, contact the rating site to see if the comments violate the terms of service agreement. For example, a patient left my practice a little disgruntled. Shortly after that encounter, dozens of negative ratings appeared on a rating site that could have conceivably come from this one patient. I reported the comments because the rating site has a terms of service agreement that prohibits anyone from posting multiple ratings on a single doctor. The company investigated and found that all of the ratings came from a single computer. The site then removed the comments. Always read the terms of service agreement and report any possible violations.

> *"An online argument is unlikely to result in anything productive."*

4. **Ask more patients to rate you online.** Most patients generally like their doctors, and dozens of studies show that a majority of online ratings are positive. By asking more patients to rate you online, you can make negative ratings look more like outliers. In the surgical world, there's a saying about irrigating an abscess: "The solution to pollution is dilution." The same principle applies to physician rating sites. If you ask more patients to rate you online, the positive comments can dilute the negative ratings by placing them lower in search results and making them less visible. Your patients just need to be encouraged to write reviews. Ask your patients to post a review if there's something they like about you or what your practice is doing, or if they have any suggestions for your practice. Don't cherry-pick patients or pressure them to say something positive about your practice, but ask for a rating from every single patient in a low-key and low-pressure way. Many practices even hand out cards with specific instructions on how to rate their doctors online. On the whole, the reviews will be positive.

5. **Resist the urge to sue.** Only rarely have doctors successfully sued rating sites, which may argue that removing negative ratings is an infringement of a patient's right to free speech. Also, suing patients for bad reviews may backfire. A doctor once sued a patient for a negative review and made front-page headlines in a newspaper. Now whenever you search online for that doctor's name, the newspaper story comes up as the first result. By suing

patients over criticism, you will only bring more attention to it and highlight the negative reviews.

Final Thoughts

Doctors by nature take all patient interactions very seriously - and often take criticism personally. We are trained to take a one-on-one approach to patient care and to make sacrifices for our patients. That makes negativity especially hard to hear. It may be difficult to regard online criticism as an inevitable part of the job, but that's what it is. Patients don't expect us to be 100 percent perfect, and patients are more likely to see an 89 percent positive rating on a website as more authentic than a 100 percent rating. Try to manage your patients' expectations - and also try to manage your expectations for yourself. Recognize that you may not be the right fit for every patient, and that sometimes a patient simply has different expectations than you do.

We now live in a world where doctors are rated like professionals in many other industries, a trend that will continue to grow. Many doctors dislike being rated at all, but to succeed in the online world you shouldn't ignore reviews. Instead, approach online ratings proactively. You'll find yourself better able to influence the online conversation about you, fix any shortcomings in your practice, and engage critical patients in a positive, constructive way.

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.

New Members

We sincerely apologize for having printed incorrect information on new member Dr. Alnajjar in the March/April issue of the Medicus. Please see the correct information at right.

RAED M. ALNAJJAR, MD

Cardiothoracic Surgery - Board Certified and General Surgery - Board Certified

Medical School: Jordan University Medical School, 1997. Post Graduate Education: Jordan University Hospital, completed 1998; St. Joseph Mercy-Oakland and Wayne State University, completed 2010; Baylor College of Medicine (TX), completed 2013. Dr. Alnajjar is fluent in English and Arabic. Hospital Affiliation: Henry Ford Macomb Hospital and Henry Ford Hospital. Currently practicing at Henry Ford Macomb Cardiothoracic Surgery, 16151 19 Mile Rd., Ste. 301, Clinton Township, MI 48038, ph. 586-263-2980.

UPCOMING EVENTS

MAY 5 MSMS conference "Making MACRA Work for You", 9 am - 3:45 pm, Amway Grand Plaza in Grand Rapids. Credit: 5.25 Category 1 CME, cost $195 for MSMS members. 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 am - 3:45 pm, the Sheraton in Novi. Credit: 5.25 Category 1 CME, cost $195 for MSMS members. 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.

NOVEMBER 11 MSMS 21st Annual Conference on Bioethics, 9 am - 4 pm, in Ann Arbor. For more information or to register visit www.msms.org/eo or call 517-336-7581.

DECEMBER 6 MSMS conference "Practical Guidance for Health Care Compliance", MSMS Headquarters in E. Lansing, 10:00 am - 3 pm. Credits: 4 Category 1 CMS, cost $135 for MSMS members. 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 in the following categories: Practice Transformation, Clinical, Leadership, HIT, and Billing and Coding. 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.

AMA CODE OF MEDICAL ETHICS - FIRST OF ITS KIND

In 1847, physicians representing 22 states and the District of Columbia came together to establish America's first national professional association for physicians, the American Medical Association (AMA).

As one of its first acts, the AMA created the first national codification of ethics for any profession anywhere in the world. As the first of its kind, the 1847 AMA Code was reprinted by medical societies in Berlin, London, Paris, Vienna, and around the world. Throughout the rest of the 19th century, it was the most commonly printed medical document in the English language. Today, the AMA Code remains the only codification of professional conduct for all US physicians regardless of their medical specialty, practice type or location.

Ethics guidance is regularly added or amended in the AMA Code to reflect changes in medical science and societal expectations. As with any "living" document that is authored by different individuals over many decades, the AMA Code became fragmented and unwieldy.

To address these issues, the AMA embarked on a multi-year "modernization" project to comprehensively review and update the AMA Code. After much deliberation and debate, the AMA House of Delegates adopted the modernized AMA Code last June.

"The modernization project ensures that the Code of Medical Ethics will remain a useful and effective resource that physicians can continue to rely on, while remaining faithful to the virtues of fidelity, humanity, loyalty, tenderness, confidentiality and integrity enshrined in the original Code," AMA Immediate Past President, Steven J. Stack, MD, said.

A commemorative, leather-bound edition of the modernized AMA Code is available.

MILLENNIAL PHYSICIANS SOUND OFF ON STATE OF MEDICINE TODAY

By: Robert Nagler Miller, Contributing Writer, AMA Wire

Administrative burdens, career aspirations, the role of technology and work-life balance are just a few of the topics that 200 physicians age 35 and younger were asked to weigh in on recently. The survey of physicians providing at least 20 hours a week of direct patient care found that 56 percent report unhappiness with the current state of medicine and 34 percent say that the reality of practicing medicine is worse than they had expected. Yet 83 percent are committed to their medical careers and many harbor ambitions for how they can shape medicine over the course of their working lives.

These findings come from a survey the AMA developed and fielded with M3 Global Research, an online physician panel. The research reveals that tasks that take younger physicians away from patient care contribute to dissatisfaction among those who say that their expectations of a physician's life do not always comport with the day-to-day grind of their work.

Some of young physicians' concerns relate to excessive paperwork, administrative burdens, electronic health records (EHR) issues, bureaucratic issues, government regulations, medical school loan debt and frustrations with low payment.

Generational differences

While there were similarities in younger and older physicians' views of medical practices, there appeared to be some striking generational differences. For example, nearly four out of five millennials surveyed said that they eventually hoped to seek out related fields beyond patient care, potentially in addition to their full-time work. High among the career aspirations of young physicians - who could pick more than one option on the survey - are entrepreneurial endeavors (42 percent), health care consultant (41 percent), hospital/health system executive (34 percent) and academic researcher (19 percent).

While the results of the survey corroborate other research indicating that physicians of all generations are disenchanted with many aspects of their profession, younger physicians are not scrambling to leave medicine. Eighty-three percent of the millennial physicians said they were either very likely or extremely likely to continue practicing as physicians, despite the hurdles they face. Another 12 percent reported that they were somewhat likely to remain in the field.

Other salient findings from the survey

Younger physicians are tech-savvy. Related to their facility with the latest forms of technology is their recognition of the importance of EHRs, with 62 percent citing their reliance on EHRs as important in providing quality patient care. Millennial physicians also consider themselves to be more data-driven than their older counterparts.

"We are more likely to emphasize evidence-based medicine as opposed to expert opinion and experience," said one survey respondent. "We are better at consuming massive amounts of information to stay up-to-date," said another.

Millennial physicians make work-life balance a priority. Ninety-two percent said that it is important to strike a balance between work and personal and family responsibilities, but only 65 percent felt that they have achieved it at this point in their careers.

"We are focused on maintaining our identities and relationships outside of work, and many older physicians sacrificed having a life to be good doctors," one survey respondent opined.

Finances factor in career choices. Considerations such as medical school loan repayments, lack of overhead, and the desire for a steady and reliable source of

income contribute substantially to younger physicians' work paths. Eighty percent reported that they were employees and only 15 percent said they were full or part owners of medical practices.

"I am in a great deal of debt from medical school," said one respondent, adding that it would be "difficult to start my own practice, which may require additional business loans and an uncertain income."

MEDICINE'S "OPEN SECRET": WHAT TO DO WHEN PATIENTS HATE

By: Timothy M. Smith, Senior Staff Writer, AMA Wire

Patients who express ethnic, racial, sex, age or other forms of discrimination can present a dilemma for physicians: how to care for patients while also caring for themselves. A recent webinar provided real-life examples of discrimination in clinical settings and points to the need for best practices and formal training in dealing with intolerance.

"This topic is considered by many people to be medicine's open secret," said presenter Anupriya Dayal, a fourth-year medical student at the Medical College of Wisconsin and a member of the AMA Minority Affairs Section Governing Council. "It's also known very commonly to be something that is not well discussed."

The webinar, "Upholding the Hippocratic Oath when Providers Face Discrimination from Patients," (begins at 19:15) features numerous examples and notes the uncertainty that physicians can face in responding.

An Indian physician, Sachin H. Jain, MD, was confronted by a patient frustrated that he was unable obtain his usual type of insulin. "You people are so incompetent," the patient said, adding, "Why don't you go back to India?" Dr. Jain reacted angrily at first, asking the patient to leave the hospital. When he consulted with his colleagues, some made light of the patient's behavior, while others suggested Dr. Jain apologize to the patient.

A Chinese-American physician, Pauline W. Chen, MD, felt intimidated and threatened by a patient she was treating in the emergency department. As the patient raised his arm as if to hit her, Dr. Chen noticed a swastika tattooed on his arm. When she mentioned the encounter to a fellow physician, the colleague recommended she make it a teachable moment and "educate [the patient] about racism."

An African-American medical resident, Tamika K. Cross, MD, while on a Delta Airlines flight from Detroit to Minneapolis, offered to administer emergency medical assistance to a fellow passenger. She was allegedly told by a flight attendant that an "actual physician" was needed. Publicity of the incident sparked a nationwide conversation about how physicians should establish their credentials in public emergencies.

The uncertainty felt by many physicians in confronting discrimination is partly owed to a lack of best practices, Dayal said, noting that medical students often don't receive any training on the subject.

The webinar features highlights of an article published in Academic Medicine that explores the perspectives of faculty educators seeking to identify strategies physicians and medical students can employ to address the issue. Their recommendations are to:

- Assess illness acuity to determine whether immediate medical intervention is necessary.
- Cultivate a therapeutic alliance to put attention on a shared goal.
- Depersonalize the event to minimize heedless responses and negative emotional reactions that could interfere with patient care.
- Ensure a safe learning environment by encouraging trainees to feel empowered to remove themselves from a discriminatory encounter.

What the AMA Code of Medical Ethics says

The AMA Code of Medical Ethics has guidance for physicians facing discrimination by patients. In Opinion 1.2.2, "Disruptive Behavior by Patients," the Code explains:

The relationship between patients and physicians is based on trust and should serve to promote patients' well-being while respecting their dignity and rights.

Disrespectful or derogatory language or conduct on the part of either physicians or patients can undermine trust and compromise the integrity of the patient-physician relationship. It can make members of targeted groups reluctant to seek care, and create an environment that strains relationships among patients, physicians and the health care team.

Trust can be established and maintained only when there is mutual respect. Therefore, in their interactions with patients, physicians should:

(a) Recognize that derogatory or disrespectful language or conduct can cause psychological harm to those they target.

(b) Always treat their patients with compassion and respect.

(c) Terminate the patient-physician relationship with a patient who uses derogatory language or acts in a prejudicial manner only if the patient will not modify the conduct. In such cases, the physician should arrange to transfer the patient's care.

AMA Principles of Medical Ethics: I,II,VI,IX

In addition, the AMA Journal of Ethics™ features a physician's perspective on dealing with homophobia in the patient-physician relationship, as well as a commentary, "The Prejudiced Patient," co-authored by Dr. Jain.

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 March, 2017
ALL NUMBERS FOR 2016 REMAIN PROVISIONAL AT THIS TIME

	2017	2016	2015	2014	2013
AMEBIASIS	0	1	0	1	1
BLASTOMYCOSIS	0	1	0	1	0
BOTULISM (FOODBORNE)	0	0	0	0	0
BOTULISM (INFANT)	0	0	0	0	0
BRUCELLOSIS	0	0	0	0	0
CAMPYLOBACTER	15	96*	78*	86*	68*
CHICKENPOX	9*	33*	32*	88*	40*
CHLAMYDIA	775	3,098	2,735	2,468	2,514
COCCIDIOIDOMYCOSIS	0	2	2	7	2
CREUTZFELDT JAKOB	1	2	1*	2*	1
CRYPTOCOCCOSIS	0	1	1	2	1
CRYPTOSPORIDIOSIS	1	10*	1*	9*	7
DENGUE FEVER	0	1	1	0	0
DIPHTHERIA	0	0	0	0	0
EHRLICHIOSIS	0	3*	0	1*	0
ENCEPHALITIS PRIMARY	0	1	2	2	0
ENC POST OTHER	0	1	1	2	2
FLU-LIKE DISEASE	15,351	21,684	27,943	28,824	42,842
GIARDIASIS	5	21	17	21	19
GONORRHEA	188	779	514	474	575
GRANULOMA INGUINALE	0	0	0	0	0
GUILLAIN-BARRE SYN.	0	10*	4*	6*	8*
HEMOLYTIC UREMIC SYN.	0	0	0	0	0
HEPATITIS A	17	9	5	4	7
HEPATITIS B (ACUTE)	1	10	6	7	7
HEP B (CHRONIC)	20*	112*	132*	141*	123*
HEPATITIS C (ACUTE)	6*	32*	16*	15*	7
HEP C (CHRONIC)	212*	947*	688*	705*	494*
HEPATITIS D	0	0	0	0	0
HEPATITIS E	0	0	0	0	0
H. FLU INVASIVE DISEASE	3	14	11	9	11
HISTOPLASMOSIS	0	4*	5*	2*	3*
HIV^	19	79	76	54	35
INFLUENZA	2795*	1,283	764	820*	147
KAWASAKI SYNDROME	0	5	10	5	9

	2017	2016	2015	2014	2013
LEGIONNAIRE'S DISEASE	5	33	24	24	31
LISTERIOSIS	0	1	1	1	1
LYME DISEASE	0	3	7	1	0
MALARIA	0	2	2	1	0
MEASLES	1	0	0	0	0
MENINGITIS VIRAL	1	42*	60*	44*	75*
MENINGITIS BACTERIAL/BACTEREMIA *(EXCLUDING N. MENINGITIDIS)*	3	9	10	8	4
MENINGOCOCCAL DISEASE	0	1	1	1	0
MUMPS	1*	2*	0	2*	0
PERTUSSIS	8*	33*	35*	83*	108*
POLIO	0	0	0	0	0
PSITTACOSIS	0	0	0	0	0
Q FEVER	0	0	0	0	1
RABIES ANIMAL	0	1	1	3	2
RABIES HUMAN	0	0	0	0	0
REYE SYNDROME	0	0	0	0	0
ROCKY MNTN SPOTTED FVR	0	0	0	0	0
RUBELLA	0	0	0	0	0
SALMONELLOSIS	9	75	82	75	76*
SHIGELLOSIS	12	49	21	9	4
STEC**	2	6	8	11	6
STREP DIS, INV, GRP A	10	31	27	26	18
STREP PNEUMO, INV + DR	13	55	52	45	58
SYPHILIS	13	71	104	77	78
SYPHILIS CONGENITAL	0	0	1	0	1
TETANUS	0	0	0	0	0
TOXIC SHOCK SYNDROME	0	0	0	1	2
TUBERCULOSIS	2	11	6	11	11
TULAREMIA	0	0	0	0	0
TYPHOID FEVER	0	0	1	1	0
VIBRIOSIS	0	1	0	0	0
VISA	0	0	0	1	2
WEST NILE VIRUS	0	2	4*	0	3*
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: April 11, 2017

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

MI's Immunization Waiver Works! Ask your Lawmaker to Vote 'NO' to HBs 4425 & 4426

Childhood immunizations protect our kids from dangerous infectious diseases like measles, mumps, rubella and more, but they can't help if parents don't get their kids vaccinated.

Michigan recently approved a change to Michigan's childhood immunization standards requiring parents of school-aged children who seek a "non-medical exemption" to immunization requirements to have their waiver certified by their local health department.

While individuals may still choose and obtain a waiver for any reason, the new rule has led to better education about the safety and effectiveness of immunizations, encouraging informed decisions.

It's a common sense reform that's protecting kids and making Michigan a healthier state, and immunization waiver rates have plummeted as a result. That means our children are safer and healthier.

Unfortunately, a pair of state lawmakers have introduced House Bills 4425 and 4426, misguided legislation that would roll back these effective, lifesaving initiatives and undo the progress Michigan has made protecting children from vaccine-preventable diseases.

According to testimony by state officials, Michigan's improved opt-out policies are working and they're making kids healthier. Now's not the time to turn back the clock on this critical reform.

Please urge your lawmaker to support Michigan kids first by voting NO on House Bills 4425 and 4426.

May/June 2017
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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.

MSMS
MICHIGAN STATE MEDICAL SOCIETY

120 West Saginaw Street | East Lansing, Michigan 48823
517-337-1351 | msms@msms.org | www.msms.org

Application Code:

State and County Medical Society

MEMBERSHIP APPLICATION

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

❍ I am in my first year of practice post-residency.
❍ I am in my second year of practice post-residency.
❍ I am in my third year of practice post-residency.
❍ I have moved into Michigan; this is my first year practicing in the state.
❍ I work 20 hours or less per week.
❍ I am currently in active military duty.
❍ I am in full, active practice.
❍ 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: _____

County Medical Society Use Only
Reviewed and Approved by: