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Home Theater and Health Care Reform (Part Three)



By: Gary L. Shapira, MD
MCMS President

IN MY PREVIOUS COLUMNS FOR THE MACOMB MEDICUS, I COVERED HOW HOME THEATER EQUIPMENT AND SET-UP WERE SIMILAR TO HEALTH CARE REFORM INFRASTRUCTURE AND SET-UP (JAN/FEB 2015), AND I COVERED THE FIRST METHOD OF EVALUATION REGARDING THE NEED FOR CHANGES (MARCH/APRIL 2015). In this third column, I will cover the second method for evaluating home theater and health care reform.

What would we do without experts? Expert opinion is a common way to evaluate a product. But expert opinion is flawed when the experts are biased.

Experts who set-up your home theater can be counted upon to say that your home theater sounds great. They are biased by their desire to get paid. Experts who suggest what equipment to buy can be counted upon to recommend what they have in stock collecting dust. They are biased by their desire to get paid. Home theater writers favorably review equipment which is advertised in their magazine or on their website. They are biased by their desire to get paid.

However, magazine readers write to the editor (and sometimes get published)

criticizing the reviews. These are excerpts of actual letters in *Stereophile* magazine:

Let me see if I have this correct: First, for \$5,600 I can purchase a turntable with the following attributes: 1) the alignment gauge is off; 2) the tonearm has abnormal bearing play; 3) the spindle is maybe too big (because it takes more effort than usual to get records seated; and 4) the record clamp doesn't

work without being modified by bending the threads with a screwdriver (which we are instructed not to try at home). The good news: It gets a glowing recommendation without caveats, and, according to Michael Fremer, offers "outstanding value-for-money." (August 2004)

*Do I understand this correctly? Here we have an amplifier priced at \$3600 that does not function properly, and not only does *Stereophile* give it a rave review and a Class A rating, you also document the fact that it malfunctions and then expect us not to notice! (June 2000)*

For \$5,000, you get a pair of ridiculously low-powered tube amplifiers designed around tubes that haven't been produced in 50 years? Okay, I'm still listening. You need to hire an electrical engineer in order to bring the amp's "buzzing" down to an "acceptable" level? Come on! How can you recommend a product that needs aftermarket tweaking to even function properly? (July 2001)

*I find it hard to believe that this little speaker sounded acceptable...Sorry, but I have to wonder if the review would have been as favorable had this speaker been provided to *Stereophile* by a less prestigious manufacturer. (July 2001)*

You guys recommend everything...everything! You even recommended an amplifier that blew up on you, and a stupid Magic Marker for CD's. (May 2009)

Are the words "Not recommended" in your vocabulary? (March 2003)

Experts on health care reform are similarly biased. MIT Professor Jonathan Gruber's controversial comments were actually refreshing because I had the sense he was being honest. In case you have been living on an island, here is the classic "full" quote: "This bill was written in a tortured way to make sure CBO did not score the mandate as taxes. If CBO [Congressional Budget Office] scored the mandate as taxes, the bill dies. Okay, so it's written to do that. In terms of risk rated subsidies, if you had a law which said that healthy people are going to pay in - you made explicit healthy people pay in and sick people get money, it would not have passed... lack of transparency is a huge political advantage. And basically, call it the stupidity of the American voter or whatever, but basically that was really really critical for the thing to pass....Look, I wish Mark was right that we could make it all transparent, but I'd rather have this law than not." Professor Gruber was not paid much for his opinion of stupid American voters, but *Breitbart.com* estimates he was paid 5.2 million dollars by the federal government and 12 state governments for consulting services. So his analysis during the design of the Affordable Care Act was 5.2 million dollars biased. Since experts on health care reform desire to be paid, their opinions are at least as biased as experts on home theater.

Regardless of how the Affordable Care Act (ACA) was designed, is it a good law? What do the experts think?

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MEDICARE PAYMENT FORMULA BITES THE DUST

The sustainable growth rate (SGR) formula is no more. Thanks to new legislation adopted Tuesday, Medicare patients and the physicians who care for them no longer will be threatened by the flawed payment formula that left the Medicare program unstable and threatened access to care.

Following years of advocacy by the nation's physicians standing up for their patients and their practices, the U.S. Senate Tuesday evening followed the U.S. House of Representatives' lead and passed a bill to immediately repeal the SGR formula.

The Medicare Access and CHIP Reauthorization Act was adopted by a vote of 92 to 8 on the eve a 21 percent cut to physicians' Medicare payments was set to take place. Instead, the bill provides positive annual payment updates of 0.5 percent, starting July 1 and lasting through 2019. Claims that were held for the first half of April will be processed and paid at the rates that were in place before the 21 percent cut was scheduled to take effect.

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

SINGLE DRUG FORMULARY REMAINS THROUGH CONTINUATION OF CARVE-IN OF PHARMACEUTICAL DRUGS

The Michigan Department of Community Health (MDCH) recently announced changes to the upcoming request for proposal (RFP) for the Comprehensive Health Plan Contract for Michigan's Medicaid Health Plans (MHP). The Comprehensive Health Plan Contract provides health care services to Michigan's Medicaid managed care beneficiaries, and is being rebid during fiscal year 2015 for new contracts beginning in fiscal year 2016.

The upcoming RFP allows for the continuation of the carve-in of pharmaceutical drugs, but also includes a common formulary for all managed care entities by January 1, 2016. These modifications will result in cost savings through pharmaceutical rebates and state-level administrative efficiencies that are associated with moving to a common formulary, and will also allow for a more streamlined process for consumers and providers.

REGISTER NOW FOR "CONNECTING MICHIGAN FOR HEALTH 2015"

The Michigan State Medical Society (MSMS) is pleased to once again partner with the Michigan Health Information Network Shared Services (MiHIN) in inviting you to join health care thought leaders from across the nation at Connecting Michigan for Health 2015, Michigan's annual three-day conference dedicated to health information technology and health information exchange, to be held June 3-5, 2015 at the Lansing

Convention Center.

Connecting Michigan for Health caters to health care professionals from all segments of the industry, including physicians and clinicians, policy makers, health information technology vendors, health plans, and industry thought leaders. The event offers a uniquely dynamic and educational opportunity to network and hear experts from Michigan and around the U.S. discuss recent breakthroughs and exciting, emerging developments in the rapidly-maturing health information sector.

The conference, dedicated to advancing the sharing of health information in Michigan, opens on Wednesday, June 3 with Michigan Governor Rick Snyder providing remarks regarding the Healthy Michigan initiative, followed by Director Nick Lyon of Michigan's Department of Health and Human Services discussing Michigan's initiatives to improve care delivery and promote payment reform.

For any questions regarding the conference or sponsorship opportunities, please email MiHIN at connectingmichigan2015@mihin.org.

Registration is available at <https://www.regonline.com/connectingmichiganforhealth2015>

NEW MSU STARTUP THERAB LAUNCHES WITH PRE-SEED STAGE FUNDING

Quantum Medical Concepts invests \$150,000 in new company founded at MSU Innovation Center.

A new medical device that will improve the way families treat infant jaundice is one step closer to market, thanks to a partnership between a new Michigan State University startup company and a Michigan-based medical sector investment firm. The startup, TheraB Medical Products Inc., (TheraB) was developed with the help of Spartan Innovations and \$150,000 in pre-seed stage funding from Quantum Medical Concepts.

TheraB developed the SnugLit Portable Phototherapy Blanket, a wearable swaddle that treats newborn jaundice. Jaundice is caused by a high level of pigment in the blood called bilirubin, which causes the skin to look yellow. A newborn baby's still-developing liver may not yet be able to remove this bilirubin from the blood. TheraB's swaddle provides the blue light needed to help the newborn break down the bilirubin molecules as the liver develops.

REPORT: MICHIGAN RANKED 11TH-BEST STATE FOR DOCTORS

Compensation, competition and overall work atmosphere are just a few of the factors that determine the quality of a physician's practice environment. WalletHub released its 2015's Best and Worst States for Doctors report.

Michigan is ranked the 11th-best state for doctors. The study looks at 12 metrics to assess the medical environment in each of the states and the District of Columbia.



Michigan ranked fourth for average starting salary (with a cost-of-living adjustment), fifth for annual wages (with a cost-of-living adjustment), 13th for state medical board's punitiveness, 17th for insured population rate, 17th for malpractice payouts per capita and 28th for number of hospitals per capita.

TAKE ACTION TO PROTECT AUTO NO-FAULT

After barely 72 hours of consideration, the Michigan Senate, on April 16, 2015, passed SB 248, which, if enacted, will dramatically alter the Michigan auto no-fault system. This Bill would:

1. Significantly reduce reimbursements to medical providers;
2. Substantially limit attendant care benefits to catastrophically injured patients who are cared for at home;
3. Create a new catastrophic claims commission for accidents occurring after the effective date of the legislation;
4. Create a new insurance fraud authority; and,
5. Adopt a new test to determine if insurance premiums are excessive.

MSMS believes this bill is seriously flawed, will create great instability in the Michigan auto no-fault system, impair patient access to medical care, seriously reduce revenue to the Michigan health care industry, result in a significant loss of jobs, and completely fail to reduce auto insurance premiums for the majority of Michigan citizens.

Your voice is critically important. Please use the MSMS Engage system to send a prepared message to all Michigan Representatives.

SB 68 SUBSTITUTE APPROVED BY SENATE HEALTH POLICY COMMITTEE

In late April, the Senate Health Policy Committee approved the substitute version of Senate Bill 68. The Michigan State Medical Society has worked very closely with Senator Mike Shirkey, chair, and the committee offering language to be included in the substitute. Though MSMS is pleased with the direction of SB 68, work remains to be done.

Now that the Senate Health Policy Committee has approved the bill, it will go to the full Michigan Senate for a vote. If the Senate approves the bill, it will move to the House Health Policy Committee in the Michigan House of Representatives for consideration.

Senate Bill 68 went from being a bill that equated the training of APRNs with physicians to a bill that would recognize the APRN profession, and their role in the health care team while retaining the appropriate involvement of

physicians. As with any piece of legislation, SB 68 is a work in progress. Many positive changes have been made, but physicians need to remain vigilant to assure that additional changes are included to assure that the law reflects the best interests of the patients of Michigan.

DURABLE POWER OF ATTORNEY: YOU CAN NOW DECIDE IN ADVANCE ABOUT YOUR HEALTH CARE

Health care and legal groups urge every Michigan resident over 18 years old to complete a Durable Power of Attorney for Health Care Designation Form. The forms were developed and approved by the Michigan State Medical Society, the State Bar of Michigan, the Michigan Health and Hospital Association, and the Michigan Osteopathic Association.

The Designation Form is an eight-page booklet. The document is designed to be a 'user friendly' form. The form provides a patient with the means to appoint a patient advocate to make health care decisions for them if they become incapacitated. The short patient brochure accompanying each form covers more detailed information about the new Durable Power of Attorney for Health Care law.

To order visit www.msms.org

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President's Page, continued from pg. 3

President Obama thinks the ACA is a good law. In his State of the Union 2014 he said, "Already, because of the Affordable Care Act, more than three million Americans under age 26 have gained coverage under their parents' plans. More than nine million Americans have signed up for private health insurance or Medicaid coverage. And here's another number: zero. Because of this law, no American can ever again be dropped or denied coverage for a preexisting condition like asthma, back pain, or cancer. No woman can ever be charged more just because she's a woman. And we did all this while adding years to Medicare's finances, keeping Medicare premiums flat, and lowering prescription costs for millions of seniors."

Republicans think the ACA is a bad law. Many want it repealed. Sen. Joni Ernst (R-Iowa) in the Republican Response State of the Union 2015 said, "Americans have been hurting, but when we demanded solutions, too often Washington responded with the same stale mindset that led to failed policies like Obamacare."

St. John Macomb Hospital is part of Ascension Health which supports the ACA. In a press release: Since 2003, when Ascension Health committed to its Call to Action, Healthcare That Leaves No One Behind has been an organizational imperative. For more than 10 years, we have been resolute in advocating for programs and policies that move us closer to our vision of 100% access and 100% coverage.

Henry Ford-Macomb Hospital is part of Henry Ford Health System which also supports the ACA. In a press release: Henry Ford Health System CEO Nancy Schlichting praised today's U.S. Supreme Court ruling on the Affordable Care Act as "a win-win" for patients and the country's health care system. "This ruling allows health

systems like ours to continue making positive reforms to the country's health care system that was on an unsustainable track prior to the passage of the Act."

The American Medical Association is the most influential group of doctors. The AMA endorsed the ACA on 12/21/2009. In a press release: "All Americans deserve affordable, high-quality health coverage so they can get the medical care they need - and this bill advances many of our priority issues for achieving the vision of a health system that works for patients and physicians," said AMA President-elect Cecil B. Wilson, MD. The Senate bill includes a number of key benefits for meaningful reform. It will improve choice and access to affordable health insurance coverage and eliminate denials based on pre-existing conditions. The bill will increase coverage for preventive and wellness care that can lead to better disease prevention and management, and further the development of comparative effectiveness research that can help patients and physicians make informed treatment decisions. "Lifetime limits on health coverage will be a thing of the past - as will higher premiums based on medical conditions or gender," said Dr. Wilson. "These are important benefits for those who have insurance now - and those who want it but have been unable to get it." "The AMA communicated closely with the Senate about items it supported and items of concern in the prior version of the Senate bill," said Dr. Wilson. "We are pleased that the manager's amendment addresses several issues of concern to AMA. It increases payments to primary care physicians and general surgeons in underserved areas while no longer cutting payments to other physicians. It eliminates the tax on physician services for cosmetic surgery and drops the proposed physician enrollment fee for Medicare."

The AMA endorsement of the ACA was not universally popular among their members. As I understand it, the current AMA position on the ACA is less supportive. According to Medicarenewsgroup.com, currently the AMA supports the individual mandate, health insurance market reform, accountable care organizations, Medicare bonus payments for primary care physicians and general surgeons, increasing geographic adjustments for Medicare physician payments, and improving Medicare prescription drug benefits by reducing the coverage gap. The AMA currently does not support physician quality reporting initiative, restrictions on physician-owned hospitals, the sustainable growth rate, independent payment advisory board, and value based payment modifier.

The Association of American Medical Colleges (AAMC) supports the ACA. On June 28, 2012, an AAMC press release said: The AAMC is extremely pleased that the Supreme Court has upheld virtually all of the Affordable Care Act (ACA). This law is an important step toward an improved health care system that gives all Americans access to the care they need when they need it.

In summary, many experts like the ACA. While the many administrative action changes to the ACA, discussed in the March/April 2015 Medicus, supports a bad law, the mainly positive expert opinion supports a good law. So which is it? My next column will look at measurements--the most important method of evaluation.

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THE MEDALLION: MACOMB'S GALA EVENT RAISES MORE THAN \$400,000

The Medallion: Macomb's Gala Event was a sellout this year with 1,000 physicians, employees and community supporters attending the March 7 event. The Medallion celebrated its 25th anniversary in 2015 and raised more than \$400,000 for the Henry Ford Macomb Surgical Services Expansion Project.



WINNERS

The Medallion honorees pause for a group photo. In front from left are Jason Champine, PA-C; Meaghan O'Callaghan; Wendy Hamilton, RN and Anthony Munaco, MD. In back from left are Tom Feibelkorn; Charles Koerber and Larry Scott.

Internist Jerome Finkel, MD and his wife Linda.



PHYSICIANS

Many Henry Ford Macomb medical staff members support The Medallion each year, including, cardiologist Joseph Naoum, MD; cardiothoracic surgeon Harold Gallick MD, JD, Division Chief, Surgery; hospitalist Prashant Patel, MD and intensivist Omokayode Osobamiro, MD.



From left, Jim Rossmann, volunteer and husband of Barbara Rossmann, President and CEO of Henry Ford Macomb Hospitals; Arlene Redmond, wife of Mickey Redmond; Barbara Rossmann and Mickey Redmond, former Detroit Red Wing and current Red Wings announcer.



Cardiologist Ali Shakir, MD and his wife.



From left, Ray Lope, Henry Ford Macomb Board of Trustee member; Ray's wife, Meg; Cathy Lassiter, wife of Henry Ford Health System CEO Wright Lassiter III; Wright Lassiter III.



Macomb County Executive Mark Hackel (left) had a chance to visit with his brother and sister-in-law, Bill and Sarah Hackel.

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St. John Macomb Oakland Hospital

SJMOH ON THE JOURNEY TO TRAUMA CERTIFICATION

Just over a year ago, St. John Macomb-Oakland Hospital, Warren began steps toward becoming a Level III American College of Surgeons (ACS) Verified Trauma Center. As a result of the state setting up a statewide trauma network, new requirements are that a hospital must earn a state or ACS verification in order for it to continue receiving trauma patients from EMS. The ACS consultation visit took place in October 2014 to see how the hospital is performing as a trauma center. Over the past year, SJMOH, Warren has seen nearly 1,200 trauma patients with approximately 200 trauma activations. The trauma department has also started a small injury prevention program to educate the community on safety. The application was accepted by the Macomb County Authority for provisional status and the hospital looks forward to a board review. The ACS verification visit will take place early 2016.

The trauma department consists of:

- Trauma Medical Director - Dr. Roger Bigelow
- Associate Trauma Medical Director - Dr. Frederick Nichols
- Trauma Program Manager - Chris Edmiston
- Trauma Registrars - Doug Capps and Cindy Parrott



IMAGING EQUIPMENT UPGRADE PROVIDES LOWER DOSE TO PATIENTS

St. John Macomb-Oakland Hospital, Warren Campus and St. John Medical Center-Macomb Twp. at 23 Mile Road now has CT scanners with advanced technology to deliver what's important to physician and patients: diagnostic image quality at a lower dose. The new scanners provide:

- ASiR low dose technologies
- High-resolution images
- Optimized dose levels
- Sub-millimeter slice thickness
- Shorter breath-holds for patients
- An experience designed for patient comfort

The low dose scans provide a significant benefit to patients who need a CT every six months, for example to monitor cancer.

ST. JOHN PROVIDENCE SUPPORTS THE MULTIPLE SCLEROSIS SOCIETY

This year's MS Society Leadership Program is co-chaired by two SJP neuro leaders, Drs. Paul Cullis and Bruce Silverman. Providence and Providence Park Hospital-Novi hosted the opening event for this year's group on Feb. 2, and the graduation event will occur at St. John Hospital & Medical Center in mid-May. Last year's Leadership Program was chaired by PPPH-Southfield President Michael Wiemann, MD, and SJH&MC President David Brooks. Like last year, several other SJP representatives participate in the program.

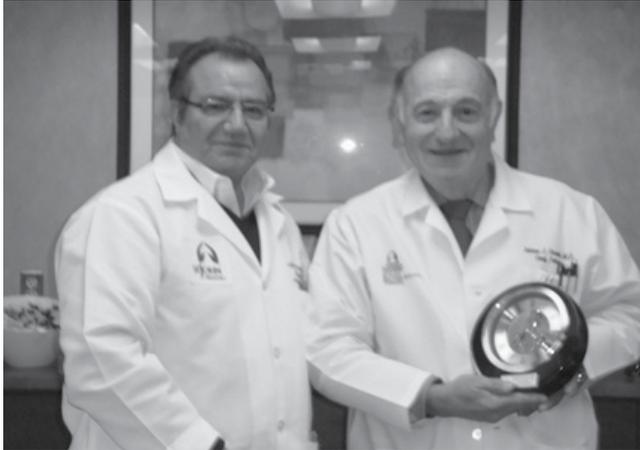


Shown with Dr. Silverman, left, and Dr. Cullis is Elana Sullivan, president of the MS Society's Michigan Chapter.



ADRIAN CHRISTINE, MD HONORED FOR 20 YEARS AS CHIEF

After 20 years, Adrian Christie, MD has decided to step down as chief of pathology and laboratory medicine for St. John Macomb-Oakland Hospital (SJMOH). During the SJMOH Medical Executive Committee meeting, Dhaefer Salama, MD, SJMOH chief of staff, presented Dr. Christie with a gift of appreciation on behalf of the medical staff for his service to the department.



SJP PHARMACIST EARNS STATEWIDE PROPS

John Mohler, a SJP retail pharmacy manager based at Partridge Woods, was named Pharmacist of the Year by the Michigan Pharmacists Association at the group's annual convention last weekend in Detroit. The MPA represents 9,000 pharmacists and 15,000 pharmacy technicians across the state, and this award is Michigan's highest honor in the pharmacy profession. John has served in various leadership roles over the last 20 years, expanding services and guiding teams to advance practice in specialty areas. He has developed innovative practices to support hospice facilities, small hospitals, assisted living and nursing facilities, including a LTC pharmacy with St. John Retail Pharmacy and a St. John Pharmacy community mental health pharmacy in Lansing. Most recently, he spearheaded the development of a specialty pharmacy to service SJP patients.

RAPID IMPROVEMENT EVENT HELPS DISCHARGED PATIENTS WITH MEDICINES IN HAND

St. John Macomb-Oakland Hospital (SJMOH) held a rapid improvement event in March to enhance the health of discharged patients. Studies reveal patients who leave the hospital with their prescriptions in hand have a greater chance of staying healthy and avoid being readmitted. A team, organized by executive sponsors Bill Mott, VP pharmacy, and Chris Fornal, nursing director, and comprised of residents, midlevel providers, nurses, pharmacists, pharmacy technologists, health unit clerks and patient care liaisons, was formed to analyze the overall journey a patient goes through from admission to discharge. At the end of the process, the team was able to identify a variety of ways, both short and long term, to increase the number of patients discharged with their prescriptions. Their efforts are being piloted at SJMOH, Warren and will be expanding soon to other SJP sites.

SJP TELEMEDICINE SPOTLIGHTED AT GLOBAL CONFERENCE

In February the 2015 International Stroke Conference in Nashville drew more than 4,000 stroke experts from around the world. St. John Providence and St. Thomas Health of Nashville joined Ascension Health representatives in showcasing the Ascension ministries' advances in telemedicine. In attendance at the conference showcasing SJP's successful telemedicine network were; Richard Fessler, MD, Bruce Silverman, DO, along with Carrie Stover and Vickie Gordon. SJP has used telemedicine to successfully provide stroke care since 2011. Since then, Ascension Michigan ministries have come together to create the telemedicine network now serving multiple rural hospital sites throughout Michigan.

US REPRESENTATIVE HOLDS LEGISLATIVE BRIEFING AT SJMOH

At St. John Macomb-Oakland, Warren Campus, U.S. Representative Sander "Sandy" Levin held a briefing with area healthcare systems in mid-March Gwen MacKenzie, senior VP, Ascension Health and Michigan market leader; Sean Gehle, VP, advocacy; Terry Hamilton, SJMOH president; Gary Berg, DO, SJMOH CMO; Gary Blake, East Region director of pharmacy, and representatives from Beaumont, Henry Ford, McLaren,



University of Michigan and the Michigan Hospital Association discussed federal and state level key priorities. This included the Affordable Care Act, sustainable growth rate for physicians payments, 340(b), site payment neutrality and graduate medical education funding.

SJP COMMUNITY HEALTH IS A MAJOR SPONSOR OF THE 20TH ANNUAL PARENTING CONFERENCE

SJP Community Health and CARE of Southeastern Michigan celebrated a 20-year partnership as they sponsored the annual CARE Parenting Conference at the MISD in Macomb County on March 7. Nearly 400 parents listened to a keynote speaker on the 3 R's of Parenting - Respect, Responsibility & Resilience - and attended workshops on a variety of pertinent topics. Suzanne Povinelli, along with Joe Douglas, athletic trainer, presented "Healthy Fit," a workshop on getting your child ready for sports, physical activity and nutrition tips. Our vendor table, staffed by Suzanne Povinelli and Esther Sikorski, offered educational materials on nutrition and a Rethink Your Drink sugar display.

ST. JOHN MACOMB-OAKLAND IS "BUILDING COMMUNITIES"

Recently, SJMOH leaders were on hand to celebrate with Macomb County officials the opening of the Thompson Family Resource Center (TFRC), which is located in south Warren. The multi-service center will provide a variety of health and human services under one roof. Families residing in south Warren will be able to access services such as well-baby care, lactation support, WIC, senior services and home weatherization. The County is collaborating with numerous agencies including Michigan State Cooperative Extension, City of Warren and others to offer clients services. SJP is in conversation with the County to define our potential involvement with the TFRC project.

ST. JOHN PROVIDENCE PHYSICIAN NETWORK GOVERNANCE COUNCIL ELECTS CHAIR AND VICE-CHAIR

The inaugural meeting of the St. John Providence Physician Network Governance Council was held on March 18. This newly created 20-member physician group will be working directly with the St. John Providence management team to guide the operations and strategic direction of the employed physician network. The group elected Dr. Bruce Benderoff as Chair of the Council and Dr. Cherolee Trembath as Vice-Chair. Other St. John Providence Physician Network Governance Council members include: Keith Bornstein, James Cho, Marcus DeGraw, Tom Dimovski, Ernest Drelichman, Laura Fox-Smith, Vijayalkshmi Gavini, Jef Getzinger, Regina Kurian, Michael LaRouere, Colleen Mieli, Ronald Miller, Ed Pazuchowski, Adam Rubin, Chad Savage, Dipak Shah, Nahid D. Elyas and Richard Stober. This Council will provide a key avenue to have the voice of our employed physicians represented in the decisions impacting their practices. St. John Providence has plans to develop a council that is made up of members from all of our physicians, including private practice, in the future.



*Dr. Bruce Benderoff,
Chair, SJPPN Governance
Council*



*Dr. Cherolee Trembath,
Vice-Chair, SJPPN
Governance Council*

Nominate a Colleague for the 2015 MSMS Community Service Award

We are seeking nominations for the 2015 MSMS Community Service Award. The focus of the award is to recognize physicians who have contributed above and beyond their medical practices.

Categories of outstanding service and leadership include (but are not limited to):

- * Volunteer Medical Work
- * Overseas Missionary Service
- * Environmental & Conservation Programs
- * Public Health Programs
- * Civic Duty and Leadership

Please contact the MCMS office with the name of the physician and information on why you would like to nominate them. The office can be reached via email mcms@msms.org or call 810-387-0364.

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

Up in the Cloud: Is It Safe to Store PHI on Remote Servers?

By: David McHale, Senior Vice President & Chief Legal Counsel, The Doctors Company

MEDICAL PRACTICES AND FACILITIES ARE DEPENDING MORE AND MORE ON CLOUD STORAGE BECAUSE IT GIVES USERS THE ABILITY TO ACCESS DATA ACROSS A VARIETY OF ELECTRONIC DEVICES WHILE ELIMINATING THE COSTS AND DIFFICULTIES ASSOCIATED WITH MAINTAINING A PHYSICAL STORAGE SYSTEM.

What exactly is the cloud? Cloud storage is a network of remote servers that allow for centralized data storage and online access to these resources. Your files are stored on a server connected to the Internet instead of being stored on your own computer's hard drive. This eliminates the need to purchase hardware equipment to store files or to upgrade your hardware to get extra storage space - or the need to delete old files to make room for new ones. The cloud is convenient and cost-effective, providing a way to automatically back up your files and folders.

Despite these benefits, recent publicity around hacks of public cloud storage websites has raised concerns about whether it is appropriate for medical practices and facilities to store health records and information in the cloud. Cybercriminals target healthcare organizations more than any other form of business because criminals find personal patient information particularly valuable to exploit. Providers must ensure they are compliant with the Health Insurance Portability and Accountability Act (HIPAA) in how they secure patient protected health information (PHI). The repercussions of a breach can be daunting under HIPAA. A business that suffers a breach of unencrypted PHI must report the breach to the U.S. Department of Health and Human Services' Office for Civil Rights. If found negligent, the business can face fines and damage to its reputation.

Is cloud storage a safe way to store PHI? The answer is a qualified "yes": The cloud can be an appropriate method of data storage, but only under the right circumstances.

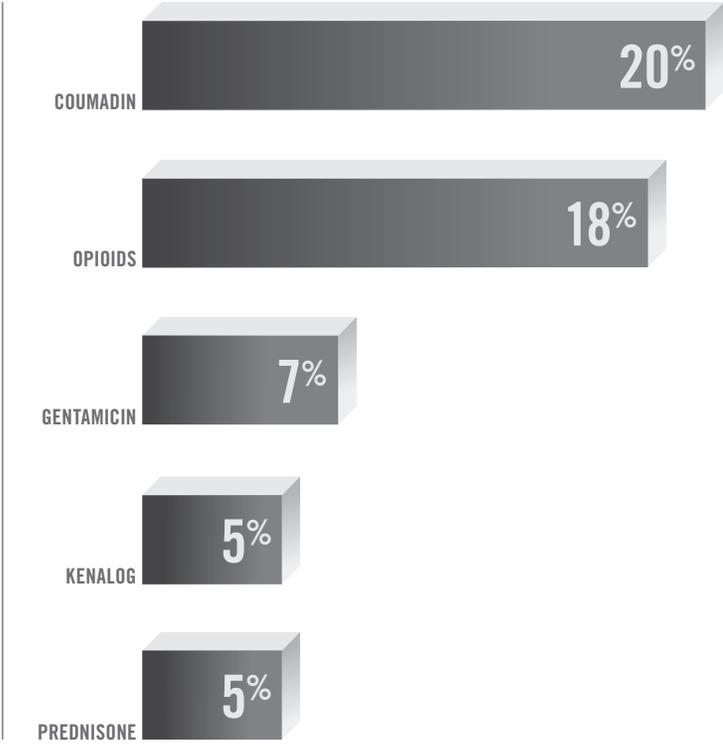
As with many new technologies, the safety level of the cloud, and whether it's appropriate for use, depends on the vendor. To be sure your data is safe and secure when you hand it over to a cloud service provider, you need to research each vendor you consider and do appropriate due diligence. There are several important questions you need to answer and issues you have to keep in mind:

- **How much data will you be storing?** Many companies charge by the amount of storage you use, so understand what your needs are before choosing a vendor. Ensure the vendor can handle the amount of data you would like to move to the cloud.
 - **Ensure your data is encrypted when being uploaded to or downloaded from the cloud.** This is also your responsibility. Make sure your browser or app requires an encrypted connection before you upload or download your data. Also ensure all devices that contain PHI (laptops, desktops, thumb drives, and centralized storage devices) are encrypted.
 - **Make sure your data is encrypted when stored in the cloud.** This is perhaps the most important consideration. Data protected by law, such as medical information or personal identifiers, should never be stored in the cloud unless the storage solution is encrypted. Only selected members of your organization should be able to decrypt the data, and your organization should create policies detailing under what circumstances information can be decrypted. Determining whether the stored data will be encrypted requires a careful review of the specific terms of service within your agreement with the cloud service provider. Many cloud service providers store data on a cloud server with no encryption, meaning anyone who has (or can get) high-level access to that server will be able to read your files.
 - **Understand how access is shared in your cloud folder.** Many cloud storage providers allow you to share access to your online folders. Be familiar with the details on how that sharing works. Can the user read-only or can the user edit the file? Will you know who the last person to edit a file was? Awareness of who has access and how is critical to monitoring activity within your stored data.
 - **Understand your options if the cloud provider is hacked or your data is lost.** Virtually all cloud service providers require a user to sign an agreement that contains a terms of service provision. In most cases, these agreements provide that the user has very little, if any, remedy if a hack or a loss of data occurs. Pay attention to what rights you have given up and make sure you are comfortable with doing so.
- Cloud storage can be a valuable asset to medical practices and facilities, but the decision to use the cloud to store HIPAA-protected records should not be made until substantial due diligence has been performed on the cloud service provider. Make sure you have absolute confidence in the service provider's ability to keep the data safe and secure.

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

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

The MCMS Board meets approximately six times per year, usually for a dinner meeting on Tuesday evenings. Delegates are also expected to attend the annual Michigan State Medical Society House of Delegates held in the Spring.

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



HOW TO BEAT BURNOUT: 7 SIGNS PHYSICIANS SHOULD KNOW

If constant stress has you feeling exhausted, detached from patients, or cynical, take notice. You may be in danger of burnout, which studies show is more prevalent among physicians than other professionals. But how can you avoid it? Learn the signs of physician burnout and what you can do to stay motivated on the job.

Mark Linzer, MD, Director of the Division of General Internal Medicine at Hennepin County Medical Center in Minneapolis, has studied physician burnout since 1996. He said he understands why many physicians eventually feel exhausted practicing medicine, but this problem is avoidable.

"Burnout doesn't have to be highly expensive to fix," Dr. Linzer said. "The problem is that no one is listening. People always want to say that physician wellness and performance measures will cost a lot of money, but preventing burnout can actually save money in the long run on recruiting and training new practice staff."

If physicians want to keep burnout at bay, Dr. Linzer said there are some serious signs they should never ignore. Here are seven ways to know if your practice is getting the best of you - and when to finally do something about it:

1. You have a high tolerance to stress.

Stress consistently ranks as the number one predictor for burnout among physicians, Dr. Linzer said. "Please don't ignore the stress, even if you can take it," he said. Physicians who consistently operate under high stress are at least 15 times more likely to burn out, according to his research.

2. Your practice is exceptionally chaotic.

A quick glance around your practice will let you know if you or your colleagues may cave to stress. "People tend to think it's the patients that always stress doctors

out, but actually, it's the opposite," Dr. Linzer said. "Caring for patients keeps doctors motivated. What burns them out is caring for patients in a high-stress environment. Change the environment and you'll change the overall quality of care."

3. You don't agree with your boss' values or leadership.

This one is particularly tricky to identify but "necessary to prevent burnout," Dr. Linzer said. Whether at a large hospital or private practice, physicians need to feel as if the people leading them also share their values for medicine and patient care. Otherwise, their motivation can slowly wane.

4. You're the emotional buffer.

Working with patients requires more than medical expertise. "Often, the doctor acts as an emotional buffer," Dr. Linzer said. "We will buffer the patient from our own stressful environment until we can't take it anymore."

5. Your job constantly interferes with family events.

Spending quality time with loved ones helps physicians perform better. "When they can't do those things, it's all they think about during the day and the patient suffers," Dr. Linzer said, citing work-life interference as one of the most common predictors for burnout among physicians in his studies.

6. You lack control over your work schedule and free time.

When work demands increase, but control over your schedule doesn't, stress can kick in and spark burnout. That's why Dr. Linzer often tells practices, "If you standardize, customize" - a medical mantra to suggest that if physicians must work a long standardized set of hours each week, practices should at least customize their schedules to flexibly fit changes or needs in their daily lives.

7. You don't take care of yourself.

When was the last time you enjoyed a

nice bubble bath or morning run? If you continually neglect yourself, you may neglect your patients, too. "As physicians, we want to be altruistic but one of the keys to altruism is self-care," Dr. Linzer said.

Did you fit most of these signs? If you think you or your fellow physicians are suffering from excessive stress, download a copy of Dr. Linzer's clinical study on burnout (www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/advances-in-patient-safety/vol1/Linzer.pdf) for tips and recommendations that may fit your practice.

Preventing physician burnout is a priority for the AMA's Professional Satisfaction and Practice Sustainability initiative, which partners with physicians, leaders, and policymakers to reduce the complexity and costs of practicing medicine so physicians can continue to put patients first.

THE HIDDEN DANGERS OF EHR POP-UP FATIGUE

Here's a situation most physicians are probably familiar with: You're entering patient information into your electronic health record (EHR), and a pop-up window appears on your screen - the same window you've seen 10 times already that day. What's your reaction?

Bombarded by alerts

Clinical decision support technology, whether integrated into EHRs or as add-on software, is intended to increase quality of care, enhance health outcomes, help avoid errors and adverse events, and improve efficiency, according to the Centers for Medicare & Medicaid Services. Although clinical decision support is not limited to pop-up windows, many physicians associate it with the alerts that appear on their screens as they attempt to move through a patient's record, offering prescription reminders, patient care



information and more.

But the hidden dangers in these pop-ups can bring the threat of medical liability, two experts explained during a session last week at the 2015 annual meeting of the Healthcare Information and Management Systems Society in Chicago.

“Are we bombarding our providers with so much information in disparate areas of the medical record that they don’t have time to get through their day, so they bypass that information?” said Sheryl Bushman, DO, chief medical information officer at Optimum Healthcare IT. “Are we teaching them to pay attention to these alerts or teaching them [that] it’s okay to bypass this alert because you’ve seen it 50 times?”

Clicks and bypasses tracked

Data suggest that systems likely are cultivating this bypass behavior. A 2014 study in Applied Clinical Informatics found 95.1 percent of drug-drug alerts were overridden by physicians in a large teaching hospital system. A 2013 review of clinical decision support alert effectiveness in The Ochsner Journal showed alert overrides occur for 49-96 percent of alerts.

An EHR tracks everything, Dr. Bushman said - not only what you click but also what you don’t click. It can even record how long you spend on a particular page. Combine this ability to log a physician’s every action with potential alert fatigue, and there may be an open door for medical liability cases, she said.

For example, as a physician, are you liable if you bypass an order set? If you print out a patient education sheet, as prompted by the EHR, are you sure that the information on the sheet is in alignment with what you or your nurses would tell the patient? If you get a reminder for an overdue result, how liable are you if you don’t follow up immediately?

The overarching question, Dr. Bushman said, is: If you are interfacing with clinical decision support in your EHR, “have you just opened up everything within that software to making you liable for it?”

How to avoid liability

Potentially, said Paul A. Testa, MD, chief medical information officer at New York University Langone Medical Center and a trained attorney. There haven’t yet been enough high-level medical liability court cases on topics involving clinical decision support to know what

physicians could be held liable for.

However, physicians can practice general risk management when working with an EHR in two ways, Dr. Testa said: Document and communicate.

“These two actions are the best defensive practices in medicine,” he said. “Well-documented cases are not attractive.”

But this can be difficult for physicians bombarded with data and information each day, Dr. Testa acknowledged. A 2012 review in the American Journal of Medicine found that primary care physicians receive an average of 56 alerts per day, spending an estimated average of 49 minutes each day processing these alerts.

“It’s easy to blow past it - but now there’s a record,” Dr. Testa said of alerts.

The AMA is working to improve EHRs through its Physician Satisfaction and Practice Sustainability initiative, ensuring the voices of physicians are part of EHR development. Last year, the AMA released a blueprint outlining ways to improve the Medicare and Medicaid meaningful use program and a framework that details eight priorities for moving toward more usable EHR systems. The AMA is using this framework to work with physicians, vendors, policymakers, health care systems and researchers to drive EHR improvements that can advance the delivery of high-quality, affordable care.

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