

Macomb

Journal of the Macomb County Medical Society

November/

December

2014

Issue

Vol. 22

No. 5

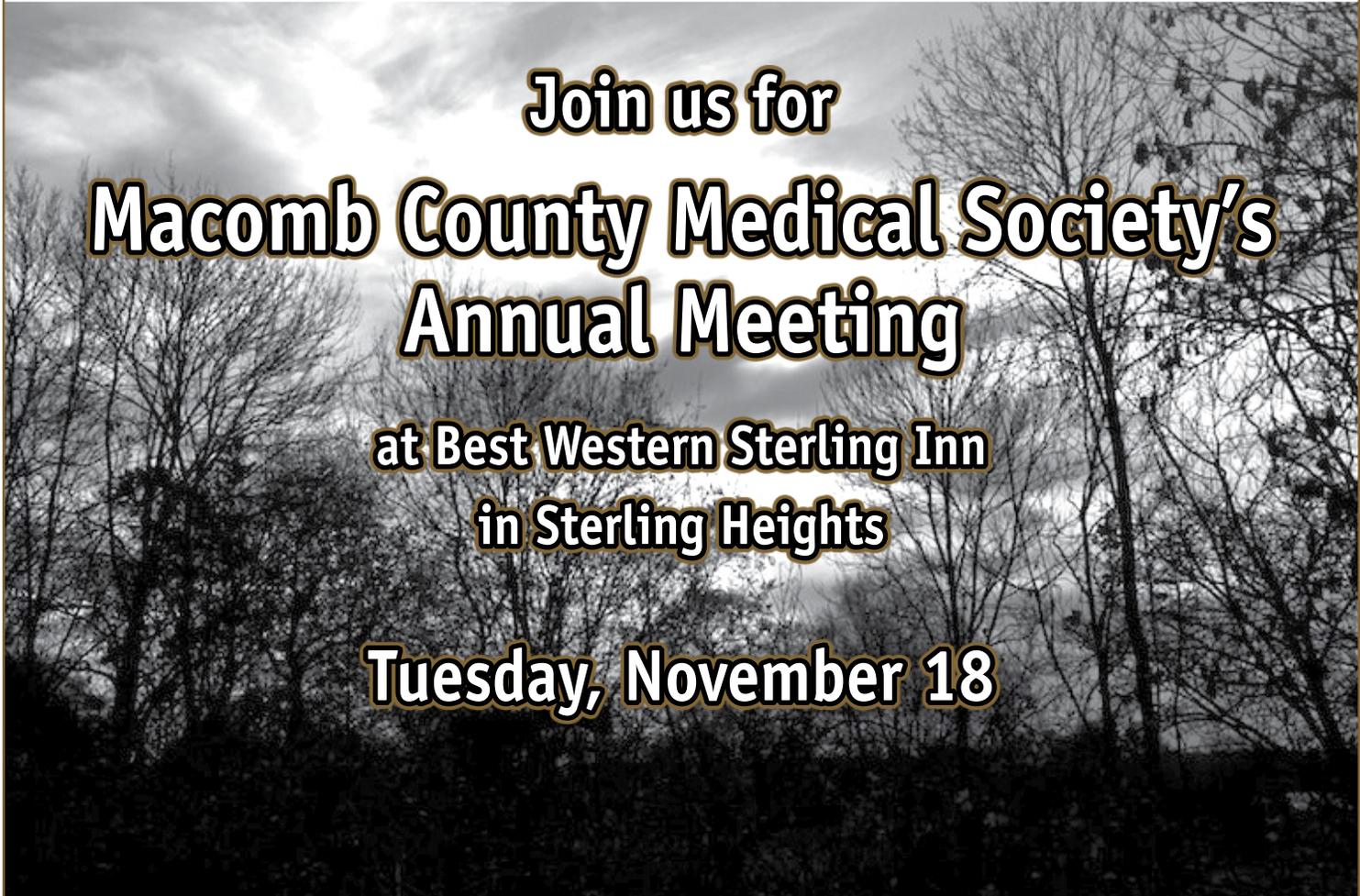
# Medicus

Join us for

## Macomb County Medical Society's Annual Meeting

at Best Western Sterling Inn  
in Sterling Heights

Tuesday, November 18



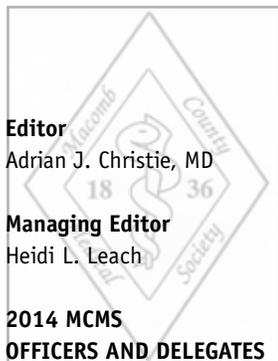
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# Macomb Medicus

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Macomb Medicus is published bimonthly: Sept./Oct., Nov./Dec., Jan./Feb., March/April, and May/June by the Macomb County Medical Society. Subscription to Macomb Medicus is included in the annual society membership dues. Adrian Christie, MD, takes photographs unless otherwise indicated.

Statements and opinions expressed in articles published in Macomb Medicus are those of the authors and not necessarily those of the Macomb County Medical Society. Advertisements do not represent approval or recommendation of the Macomb County Medical Society.

Address changes and all communications relative to articles and advertising in Macomb Medicus should be addressed to: Editor, Macomb County Medical Society, P.O. Box 62 Yale, Michigan 48097-0062.

All material for publication, including advertisements, must reach the Society office no later than the 5th (business) day of the month preceding the date of issue, e.g. December 5 for the January/February issue. Thank you. No portion of the Macomb Medicus may be used for publication elsewhere without permission from the publisher.



# CME and The Golden Rule



By: Gary L. Shapira, MD  
MCMS President-Elect

PRI-MED IS ONE OF THE LEADING PROVIDERS OF CONTINUING MEDICAL EDUCATION (CME) IN THE UNITED STATES.

In a press release from 11/23/2011, "Pri-med,

the leading provider of professional medical education solutions to a community of over 248,000 primary care physicians, today announced that its brand and U.S. based assets have been acquired by Diversified Business Communications, the producer of worldwide trade and consumer events, conferences, publications, and eMedia. ... It is our goal to improve the education and communication between and among all healthcare stakeholders."

I am a pathologist, and I have attended several Pri-med meetings. They are fine meetings with an emphasis on primary care. But their registration policy is changing.

On 5/19/2014 Pri-med announced a regional meeting in Atlanta 9/11 and 9/12/2014. I tried to register on 5/27/2014. Their immediate response was as follows:

*"Thank you for your interest in Pri-Med Atlanta. We currently cannot*

*process your registration, and you have been put on the wait list.*

*This program is designed for an audience of primary care physicians, nurse practitioners, and physician assistants who are actively engaged full time in managing and treating patients and whose attendance at this program will benefit the treatment of their patients.*

*Pri-Med also understands the importance of attracting a diverse practitioner audience, however with limited capacity for the event, allotment for attendees matching your practice profile has already been filled. Please ensure that your Pri-Med account profile reflects your most up-to-date practice information.*

*We do receive cancellations and it is possible that we will be able to accommodate clinicians from our wait list. If we are able to complete your registration, we will notify you prior to the program date. If you do not hear from us, please do not come to the program as we are unable to accommodate onsite registrations."*

I called Pri-med about one month before the meeting. I was told that I was still on the wait list. They would let me know up to two weeks before the meeting.

On 9/1/2014 I called Pri-med and spoke to a representative about the status of my registration. She told me that the seats fill up as requested, and that I needed to register earlier. I asked her to confirm that I tried to register one week after the meeting was announced. She said maybe something will open up. I asked to talk to the President of Pri-med to find out which specialties were put

on the wait list. That I was doing research. She said that she or the director of the Atlanta meeting would give me a call.

At 3 p.m. on 9/1/2014 I was sent the following email:

*"Dr. Shapira, thank you for registering for Pri-Med Atlanta.*

*Your registration has been cancelled for Pri-Med Atlanta.*

*We are sorry Pri-Med Atlanta no longer fits into your schedule, however, please check out the other CME opportunities Pri-Med has available."*

I called Pri-med back about 5 p.m. Fortunately I spoke with the same representative. I told her that I did not request my registration to be canceled. She said that she tried to call me. I told her that I had been available by phone all day. She said oh, that's right. That she had spoken with the director of the Atlanta event and was told to register me. That she hit the wrong button on her computer sending the cancellation message. That she would register me. I asked what specialties are put on the wait list. She said that my problems with registration were due to a technical issue--not due to my specialty.

This story illustrates how CME is a business. I was reading an article about the 2011 sale of Pri-med in an internet publication. A pop-up ad appeared for a service which would "reach high-prescribers". High-prescribers are an important component of Pri-med audiences. Drugs are an important component of Pri-med talks. Pri-med meetings are sponsored by drug companies. All of this brings us to the golden rule: He who has the gold makes the rules.

## Your Colleagues are Working Hard on Your Behalf

MANY OF YOU MAY NOT REALIZE IT, BUT SEVERAL OF YOUR FELLOW MEMBERS ARE WORKING HARD ON YOUR BEHALF, PARTICIPATING ON MICHIGAN STATE MEDICAL SOCIETY COMMITTEES.

These physicians are bridging the gap between Macomb County and Lansing. They take time out of their busy schedules to participate in meetings throughout the year, representing the interests of Macomb County physicians and their patients.

The following is a list of MCMS members currently on committees. The next time that you see one of them, please thank them for the great job that they are doing.



**Adrian J. Christie, MD:** Committee on Bioethics



**Paul A. Cullis, MD:** Liaison Committee with Third Party Payer



**Scot F. Goldberg, MD:** Committee on State Legislation & Regulations  
Committee on Medical Licensure & Discipline  
Task Force on a Patient-Focused Compensation System



**Ronald B. Levin, MD:** Committee on Health Care Quality, Efficiency & Economics  
Committee on Membership Recruitment and Retention  
Liaison Committee with Third Party Payer

Not  
Pictured

**Kevin P. Lokar, MD:** Liaison Committee with Michigan's Public Health



**Paul W. Misch, MD:** Committee on Health Care Quality, Efficiency & Economics  
Liaison Committee with Michigan's Public Health



**Donald B. Muenk, MD:** Liaison Committee with Third Party Payer



**Bruce K. Muma, MD:** Committee on Health Care Quality, Efficiency & Economics



**Dennis M. Ramus, MD:** Liaison Committee with Third Party Payer



**Ruth A. Rydstedt, MD:** Committee on State Legislation & Regulations



**Paul D. Sweda, MD:** Committee on State Legislation & Regulations



**Kenneth F. Tucker, MD:** Committee on Health Care Quality, Efficiency & Economics



**Stanley B. Wolfe, MD:** Committee on Bioethics

Anyone interested in participating on an MSMS Committee please contact Heidi Leach at the MCMS office at 810-387-0364 or email [mcms@msms.org](mailto:mcms@msms.org).



## FLU SEASON IS IN FULL SWING; MSMS, MOA, AND MDCH URGE ALL TO GET FLU SHOT

“Flu season is already in full swing and every adult, as well as all children six months of age and older, should receive their annual flu shot,” said MSMS Immediate Past President Ken Elmassian, DO, at a joint news conference with the Michigan Osteopathic Association and the Michigan Department of Community Health.

“Unfortunately, in our world today, there are diseases for which we don’t yet have vaccines,” Doctor Elmassian said. “But we do have safe and effective vaccines for influenza, whooping cough, mumps, measles, and rubella. Let’s use them!”

“Vaccine-preventable diseases like the flu are a very real threat, and we can all do more to provide education, encouragement, and support around the importance of timely vaccinations for our patients, friends and loved ones,” said Matthew Davis, MD, Chief Medical Executive with the MDCH.

For more information about vaccinations in Michigan, visit [www.michigan.gov/immunize](http://www.michigan.gov/immunize) and [www.michigan.gov/flu](http://www.michigan.gov/flu).

*By: Scot F. Goldberg, MD;  
Adrian J. Christie, MD;  
Betty S. Chu, MD;  
Michael A. Genord, MD;  
Donald R. Peven, MD;  
David P. Wood, Jr., MD*

## CONFLICTING MAMMOGRAM GUIDELINES CAN POSE RISKS

Misdiagnosis, delayed diagnosis, and failure to diagnose breast cancer are liability risks, particularly for radiologists, gynecologists, general surgeons, and family medicine practitioners, according to closed claims data from The Doctors Company from 2007-2013.

Several factors contribute to these risks:

- Conflicting guideline screening recommendations.
- False negative mammograms, which fail to detect some cancers.
- False positive mammograms, which lead to breast biopsy.
- Radiation exposure.

The Doctors Company offers a fully footnoted article about these mammography concerns. As a brief overview, physicians

can promote patient safety and reduce risks by:

- Communicating with patients about conflicting guideline recommendations.
- Discussing why you believe your recommendation is right for the patient.
- Reviewing the patient’s breast-related medical history and breast cancer risk factors to assess their impact on breast cancer risk.
- Ensuring that an adequate follow-up system for mammogram reports is in place.
- Clearly communicating mammogram test results to the patient in a timely manner and ensuring that the patient understands the significance of the findings and recommendations.
- Documenting all discussions with patients in the medical record.

For medical groups, The Doctors Company recommends that all member physicians should agree on and follow consistent practice guidelines for breast cancer screening. For more patient safety articles and practice tips, visit [www.thedoctors.com/patientsafety](http://www.thedoctors.com/patientsafety)

## BCN ANNOUNCES NEW NARROW NETWORK PRODUCT FOR MEDICARE ADVANTAGE

Blue Care Network has announced a new narrow network product for Medicare Advantage (MA).

Blue Care Network will offer ConnectedCare, a new, lower priced product for Medicare-eligible individuals in eight counties (Genesee, Kalamazoo, Livingston, Macomb, Oakland, St. Clair, Washtenaw and Wayne) for 2015. A local network Wayne County-only product that started in 2014 served as the basis for ConnectedCare.

ConnectedCare includes more than 5,000 providers and 20 hospitals across the state from Oakwood ACO and Together Health Network (Ascension and Trinity Health). Only physicians participating with the above-mentioned organizations are considered in-network.

Unlike the SE Michigan Exclusive Provider Organization, it does not appear that this network opportunity was offered to



non-affiliated PHOs/POs or individual physicians. Referrals to out-of-network providers can be requested through the existing BCN referral authorization process.

This new product will be marketed primarily through BCN and insurance agents. This Medicare Advantage narrow network product will be priced lower than BCN's traditional MA product. The Centers for Medicare & Medicaid Services (CMS) has approved the offering of ConnectedCare. It will be offered for purchase beginning on October 15, 2014, with an effective date of January 1, 2015.

For questions or concerns, contact Rebecca Blake, Senior Director, Health Care Delivery and Education, at 517-336-5729 or [rblake@msms.org](mailto:rblake@msms.org).

### **AMA CALLS FOR RE-DESIGN OF EHRS TO IMPROVE USABILITY**

Building on its landmark study with RAND Corp. confirming that discontent with electronic health records is taking a significant toll on physicians, the AMA this week called for solutions to EHR systems that have neglected usability as a necessary feature.

Responding to the urgent physician need for better designed EHR systems, the AMA released a new framework outlining eight priorities for improving EHR usability to benefit caregivers and patients.

"Physician experiences documented by the AMA and RAND demonstrate that most electronic health record systems fail to support efficient and effective clinical work," AMA President-elect Steven J. Stack, MD, said in a news release. "This has resulted in physicians feeling increasingly demoralized by technology that interferes with their ability to provide first-rate medical care to their patients."

While AMA/RAND findings show physicians generally expressed no desire to return to paper record keeping, physicians are justly concerned that cumbersome EHR technology requires too much time-consuming data entry, leaving less time for patients. "Workflow, usability, productivity, and vendor quality issues continue to drive dissatisfaction."

### **MICHIGAN PHYSICIANS, NURSES ON STATE'S NEW KINDERGARTEN IMMUNIZATION RATES**

#### **State Remains High on List of States of Parents Not Vaccinating Their Children**

Following the release of new national immunization data and rankings finding that Michigan ranks 4th nationally with 5.4% - up .1% from last year - of parents choosing not to vaccinate their children against preventable, potentially deadly diseases, a broad coalition of health care providers issue the following joint statement:

"We are extremely disappointed to learn that despite ongoing and increased education and outreach efforts, too many Michigan parents continue to make potentially dangerous choices for their children and our communities. Childhood immunizations protect our kids from dangerous infectious diseases such as measles, mumps and whooping cough, but more and more Michigan kids are at risk as non-medical exemption rates rise and immunization rates fall.

**DONALD B. MUENK, M.D., F.A.C.S.**  
**MARILYNN SULTANA, M.D., F.A.C.S.**  
**ALAN C. PARENT, M.D., F.A.C.S.**  
**SARAH B. MUENK-GOLD, M.D.**  
**ADREA R. BENKOFF, M.D.**

### **Cataract & Eye Consultants Of Michigan**

Donald B. Muenk, M.D., F.A.C.S. - Director

29753 Hoover Road, Suite A  
Warren, Michigan 48093

(586) 573-4333 Phone  
(586) 573-2149 Fax



“Because of their developing immune systems and exposure in settings like school and daycare, children and infants are especially vulnerable to vaccine-preventable diseases. Infants who are too young to be fully vaccinated are not protected from many preventable diseases making it critical to protect the entire family, especially school-aged children, through immunizations.

“We know - and science shows - that immunizations are safe and effective. Vaccines are thoroughly tested before being approved, and public health officials continually monitor their safety and effectiveness. If you have questions about immunizations, talk with your physician.”

Michigan’s health care providers including the Michigan Academy of Family Physicians, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Chapter of the American Academy of Pediatrics, the Michigan Association of School Nurses, the Michigan Council for Maternal and Child Health, the School Community Health Alliance of Michigan and the Michigan Association of Health Plans are united in their effort to better educate parents about the importance of childhood immunizations.

## COMMUNITY PARTNERSHIPS SHAPE NEW WMU SCHOOL OF MEDICINE

The first class of the Western Michigan University Homer Stryker, MD, School of Medicine in Kalamazoo is enjoying a beautiful new building filled with cutting-edge teaching resources.

But for all its spectacular architecture and cutting-edge learning resources, the school has its roots in something far more interesting: the local leadership and vision of Kalamazoo’s medical community, according to the lead story in the September/October Michigan Medicine magazine.

“This school would not have been possible without a great deal of local support,” said Doctor Hal Jenson, founding dean. “We were very fortunate to have individuals here who saw the opportunity a local medical school can provide, and what it could mean to our region and state.”

To read the full story about the local collaboration and a \$100 million gift that went into the creation of the state’s newest medical school visit [www.msms.org](http://www.msms.org).

# Macomb County Medical Society’s Annual Meeting

*Non-Member Physician Guests and Spouses Welcome at No Charge*

## **“Update on the Activities of the Michigan State Medical Society”**

Presented by James Grant, MD, President MSMS

## **“Update on New Hospital Initiatives & Programs”**

Presented by: Barbara Rossmann, President, Henry Ford Macomb Hospital and Terry Hamilton, President, St. John Macomb-Oakland Hospital

# Tuesday, November 18, 2014

Best Western Sterling Inn

Van Dyke & 15 Mile Rd. in Sterling Heights

6:30 pm Cocktails  
7 pm Dinner & Program

**Reservations must be made  
by Friday, November 14**

Outgoing MCMS President,  
**Adrian Christie, MD** will be  
presented with a plaque of  
appreciation for his service to  
the society

Email the MCMS Office at [mcms@msms.org](mailto:mcms@msms.org) or call 810-387-0364



## New Members



### NAGINA ASLAM, DO

*Internal Medicine- Board Certified*

Medical School: Michigan State Univ.  
College of Osteopathic Medicine, 2009.  
Internship & Residency: Henry Ford  
Macomb, completed 2012. Hospital  
Affiliation: Henry Ford Macomb.  
Currently practicing at Henry Ford

Macomb Internal Medicine, 13801 15 Mile Rd., Sterling Hts.,  
MI 48312, ph. 586-757-9707, fx. 586-757-9808.



### MAURILIO HERNADEZ, MD

*Family Practice - Board Certified*

Medical School: Universidad  
Iberoamericana, 2008. Internship &  
Residency: Genesys Regional Medical  
Center, completed in 2012. Hospital  
Affiliation: Henry Ford Macomb.

Currently practicing at Henry Ford

Macomb Family Medicine, 31505 32 Mile Rd., Richmond, MI  
48062, ph. 586-727-2761, fx. 586-727-3120.

## 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](mailto:mcms@msms.org) or [macombcms@gmail.com](mailto:macombcms@gmail.com) with newsworthy information.

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

### **SOUTH MACOMB INTERNISTS, PC**

**NEIL ALPERIN, MD, DDS**  
Rheumatology

**ANTHONY BARON, MD**  
Rheumatology

**SCOT F. GOLDBERG, MD**  
Internal Medicine

**BARUCH KATZ, MD**  
Internal Medicine

**MICHAEL ROTTMAN, MD**  
Internal Medicine

**ALLEN N. STAWIS, MD**  
Hematology – Oncology

**KENNETH TUCKER, MD, FACP**  
Hematology – Oncology

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## Henry Ford Macomb Hospital

### **STUDY: ROLE OF EMERGENCY CONTACT IS MISTAKEN FOR ADVANCE DIRECTIVE**

More than 95 percent of patients treated in an Emergency Department mistake their emergency contact as the designated medical decision maker for end-of-life care, according to a new study by Henry Ford Hospital in Detroit.

The study was presented September 10 at the 20th International Congress on Palliative Care in Montreal.

Erin Zimny, MD, a Henry Ford Emergency Medicine and Palliative Care physician and a study co-author, attributes the misunderstanding to health care practitioners routinely asking patients for their emergency contact information without explaining what that information really is and means.

As a result, practitioners are reinforcing the emergency contact as “having more importance” than the medical decision maker in an advance directive, Dr. Zimny says.

“What happens is a patient in respiratory distress or heart failure is too sick to tell us what they want, and when you look up their information in the medical record, most of the time nothing is documented,” Dr. Zimny says. “So we end up doing things in the most invasive way to keep them alive.”

In 1991, the Patient Self-Determination Act was enacted to protect patients from unnecessary suffering, family hardship and inappropriate use of unlimited resources and requires hospitals to inform each patient about their right to a natural death.

Despite the importance of advance directives for all adults that describe their preferences for end-of-life care, completion rates are low. A 2013 study in the American Journal of Public Health found that while more than 60 percent of adults 18 and older wanted their end-of-life wishes to be respected, only about a third of them had completed an advance directive.

Henry Ford researchers sought to determine whether there was a correlation between the role of an emergency contact and advance directive. At various entry points into the health care system, patients are repeatedly asked to provide emergency contact information even though the health care industry doesn’t universally define what that is.

For its study, researchers surveyed 308 patients who were treated in Henry Ford’s Emergency Department in Detroit

between December 2012 and April 2013. Of that number, 34 patients had an advance directive but only half of them provided a copy of it to their primary care physician.

Highlights of the survey:

- 99 percent said their emergency contact should be able to come to the hospital if needed.
- 97 percent of patients said they wanted their emergency contact to notify important family members if they were sick and could not do so.
- 97 percent of patients said their emergency contact should know what type of care they would want if they could not voice it.
- 95 percent expected their emergency contact should be able to tell the medical team what their wishes were if they could not.

When asked why they chose their emergency contact:

- 80 percent of patients said the emergency contact was the best way to get in touch with them.
- 43 percent said they were the designated medical decision maker.

## Henry Ford Macomb Obstetrics & Gynecology

16151 19 Mile Rd., Suite 300  
Clinton Twp., Michigan 48038

Phone (586) 228-1760

Fax (586) 228-2672

**Steven J. Ferrucci, MD**

**Ronald B. Levin, MD**

**Janet C. Weatherly, CNM**



Dr. Zimny says health literacy, which is one reason cited for low advance directive completion rates, did not play a role in their study.

“We’re using an antiquated vocabulary in medicine,” she says. “We should be asking and educating patients about the importance of an advance directive instead of defaulting to the emergency contact world.”

The study was funded by Henry Ford Hospital.

## **HENRY FORD CELEBRATES FIRST DOUBLE-CORD STEM CELL TRANSPLANT**

### **PROCEDURE ADDRESSES DISPARITY IN TRANSPLANT RATE FOR MINORITY PATIENTS**

Doctors at Henry Ford Hospital are celebrating the success of the system’s first double-cord stem cell transplant, a promising treatment for African Americans and other minorities affected by disparities in life-saving transplant options.

“This procedure has the potential to save a lot of lives,” says Edward Peres, MD, of the Henry Ford Bone Marrow Stem Cell Transplant Program at the Henry Ford Transplant Institute. “Patients with blood diseases like leukemia or lymphoma who cannot find a matching donor now have this additional option at Henry Ford Hospital.”

Ethnic minority patients often have a hard time finding a matching donor, with rates around 20% through relatives and national marrow donor banks, explains Dr. Peres. Caucasian patients have a 70% match rate.

But double cord transplants result in a much higher success rate of transplant for ethnic minorities, according to Dr. Peres. About 40% of double cord transplants result in successful treatment and remission for the patient, he added.

“This is a very critical stem cell source for ethnic minorities,” Dr. Peres says. “Success really depends on the malignancy, what the disease is and the patient’s state at the time we’re able to do this. But this offers options.”

The landmark procedure on June 17 was a West Bloomfield, Mich., leukemia patient’s only hope for survival. Ella Mae Mays celebrated her 60th birthday in August - and recently celebrated the significant milestone of 90 healthy days of remission.

After her diagnosis, doctors told Mrs. Mays that bone marrow from a matched donor was her best option to battle the blood cancer. An acquaintance who volunteered to be tested was a match. But as sometimes happens with potential donors, the acquaintance decided to not go through with the procedure.

That’s when Nalini Janakiraman, M.D., director of Henry Ford’s Bone Marrow Stem Cell Transplantation program - home of the largest bone marrow transplant patient unit in Michigan -- discussed a double-cord transplant with Ms. Mays.

After Ms. Mays’ bone marrow was eradicated with four days of chemotherapy, Dr. Peres infused her through a port in her chest with umbilical cord blood from two separate donors.

Cord blood collected after the birth of a baby contains stem cells that can generate new bone marrow for transplant recipients. But the cord blood from one baby does not provide enough stem cells to produce the necessary amount of bone marrow for an adult. The dilemma led doctors to combine two units of cord blood for adult transplants, called a double-cord transplant.

About 30,000 cord blood transplants have been performed nationwide since they began in the mid-1990’s, Dr. Peres added. About 10,000 have been double-cord transplants.

Established in 1988, the Henry Ford Bone Marrow Stem Cell Transplant Program regularly performs some of the most complex stem cell transplants in the country. The transplant team includes specialists in hematology oncology (blood disorders and cancers), infectious disease, intensive care, blood bank, transplant pharmacy, transplant coordination, nursing, social work and others.

For more information about double-cord transplant and the Henry Ford Transplant Institute, visit [www.HenryFord.com/transplant](http://www.HenryFord.com/transplant) or call (313) 916-5002.

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**St. John Macomb Oakland Hospital**

**ST. JOHN MACOMB-OAKLAND HOSPITAL OPENS NEW CRITICAL CARE STEP-DOWN UNIT**

In the summer St. John Macomb-Oakland Hospital opened a new critical care step-down unit. The expansion increases the number of ICU beds from 21 to 29 and included an upgrade to the OB triage unit. New features in the upgrade include cardiac monitoring equipment, tubing system and the addition of three private rooms. The new unit will allow the hospital to adjust to the community’s needs and support the hospital’s services while continuing to provide high quality care to the patients.



*Cutting the ribbon at the opening of the new SJMOH critical care step-down unit are (l-r): Terry Hamilton, SJMOH president; Jim Cronk, director, critical care/cardiopulmonary services; Mike Gerstenlauer, director, physical facilities; Gary Berg, DO, CMO; Kathy Scarpa, clinical nurse manager ICU; Mike Vansickaen, construction manager, AIM Construction; Robert Burke, MD; medical director.*

**ANTONIO BONFIGLIO, MD RECEIVES PRESTIGIOUS AWARD**

St. John Macomb-Oakland Hospital Emergency Department Medical Director Antonio Bonfiglio, MD received the 2014 Ronald Krome Meritorious Service Award by the Michigan College of Emergency Physicians. This award recognizes a

member who demonstrated a commitment to the furthering of emergency medicine in Michigan and outstanding contributions to the College of Emergency Physicians.

**GROSSE POINTE’S VILLAGE WELCOMES ST. JOHN PROVIDENCE HEALTH SYSTEM’S NEWEST AMBULATORY CENTER**

St. John Providence opened its newest ambulatory center, St. John Medical Center - Ralph C. Wilson Jr. Campus, in The Village business district of Grosse Pointe in October. The center occupies the back portion of the 19,800-square-foot property on Kercheval, formerly the site of Borders Books, and includes an internal medicine physician practice, outpatient physical and occupational therapy, essential diagnostic imaging and lab services.

**ST. JOHN HOSPITAL AND MEDICAL CENTER IMPLANTS NON-SURGICAL, WIRELESS CARDIAC PACEMAKER**

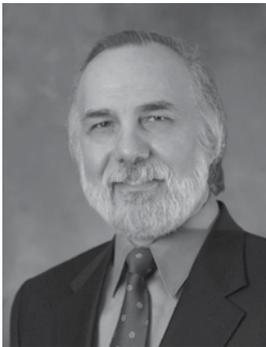
Heart care experts at St. John Hospital and Medical Center are the first in southeast Michigan to implant a miniature pacemaker that goes directly into the heart and has no electrical leads and does not require surgery. Sohail Hassan, MD, St. John Hospital and Medical Center director of electrophysiology performed the first procedure on an 84 year old patient who





was discharged 48 hours later. Developed for patients with bradycardia, the device, known as Nanostim, requires no insulated wires (called leads), no chest incision, no scar and no permanent lump under the skin where the pacemaker sits. This tiny pacemaker is smaller than a AAA battery. It listens to the electrical activity of the heart and sends small pulses of electricity when needed to prompt the heart to beat normally. The implant of the Nanostim device, made by St. Jude Medical, took place as part of the LEADLESS II pivotal trial. The device is not yet available for sale in the U.S.

**ST. JOHN HOSPITAL SURGEON FIRST TO PERFORM NEW MINIMALLY INVASIVE PROCEDURE FOR GERD**



St. John Hospital & Medical Center surgeon, Abdelkader Hawasli, MD, is the first in southeast Michigan to perform a new minimally invasive procedure to help patients manage gastroesophageal reflux disease, also known as GERD. The LINX System uses a small, flexible band of magnets enclosed in titanium beads and implanted around the weak sphincter just above the stomach.

The magnetic attraction between the beads helps keep the weak esophageal sphincter closed to prevent reflux from occurring. Dr. Hawasli operated on two patients recently, both men in their mid-30's. One patient has suffered from acid reflux since age 17 and was no longer having success managing GERD with medications. The other patient suffered from silent reflux and chronic throat irritation, which is common among people who have a nagging and persistent cough. These patients often times develop polyps in their throat. Both patients no longer required medication to manage GERD.

**JOEL ABBOTT, DO RECOGNIZED AS OUTSTANDING RESIDENT OF THE YEAR**



Joel Abbott, DO, St. John Macomb-Oakland Hospital chief resident in urology, is a recipient of the 2014 American Osteopathic Foundation Outstanding Resident of the Year Award. This award recognizes and honors outstanding osteopathic residents who embody a great spirit of altruism and whose combination of clinical promise, leadership, ability to think outside

the box, and commitment to their patients and the osteopathic profession separate them from the majority.



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# Rx Theft and Forgery: How It Happens and What You Can do About It

By: Jeremy A. Wade, JD, ProAssurance Risk Resource Advisor

PRESCRIPTION MEDICATION ABUSE IS RAMPANT THROUGHOUT THE UNITED STATES. ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 16,500 PEOPLE DIED IN 2010 FROM OVERDOSES TIED TO COMMON NARCOTIC PAIN RELIEVERS.<sup>1</sup> In 2009, 15,500 people died from opioid painkiller overdoses, more than deaths from heroin and cocaine combined.<sup>2</sup> According to the CDC, approximately 1.4 million ED visits in 2011 were a result of pharmaceuticals misuse and/or abuse.<sup>3</sup>

## Who is stealing prescription drugs?

Pharmacists, pharmacy techs, nurses, receptionists, doctors, patients, and even police officers have been caught stealing or forging prescriptions, stealing prescription pads, or stealing prescription medications. It can happen anywhere, by anyone.

## How does this affect you?

Prescription theft or forgery by an employee in your practice may have legal and ethical ramifications for all professionals employed by the practice. If the practice fails to take proper precautions to prevent these actions, an injured person may attempt to sue for negligence. If you have a medical practitioner practicing medicine under the influence of narcotics, there are myriad negative ramifications affecting patient care, patient safety, or staff safety. You may also discover recordkeeping errors or inaccurate medical records.

A healthcare provider also may encounter issues with the federal Drug Enforcement Administration (DEA) if there is suspected drug diversion going on in the practice. A DEA investigation could result in suspension or even revocation of a healthcare provider's DEA license.

Prescription theft and/or forgery could lead to loss in business, unhappy staff, increased medical errors, increased malpractice exposure, and more challenging defenses of potential malpractice claims.

## What can you do?

Electronically prescribing medications can help limit the availability of paper prescription pads in your office. Electronic prescriptions also may have the added benefit of preventing pharmacy staff from making alterations to the prescription.

One of the best ways to prevent prescription pad theft is to keep them under lock and key. Only trained healthcare providers with prescription-writing authority should have access to prescription pads. It is also a good idea to avoid pre-signing prescription pads.

In addition, most states have an electronic drug monitoring program aimed to combat prescription drug abuse. These programs track prescriptions given to each patient. Some states allow practitioners to request a patient's prescription data to help determine whether the patient may be abusing prescription drugs. If you have a patient displaying possible drug-seeking behavior, you may want to consider obtaining data from your state's electronic program to help determine if there is an issue. Be sure to check your state's laws regarding access to this information; you may need to submit a formal request. Some states will not dispense this information to healthcare providers.

Maintaining accurate medication lists and limiting refills are also good ways to help determine whether a patient is abusing prescription medications. You may want to consider using NCR (no carbon required) prescription pads so your practice has accurate records of exactly what was prescribed and to whom.

Being proactive about the process of prescribing controlled substance will help limit your practice's susceptibility to prescription theft and/or forgery.

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## References

- 1 Koba M. Deadly epidemic: prescription drug overdoses. USA Today. July 28, 2013. <http://www.usatoday.com/story/money/business/2013/07/28/deadly-epidemic-prescription-drug-overdoses/2584117/>. Accessed September 3, 2014.
- 2 Buntin J. America's biggest drug problem isn't Heroin, it's doctors. <http://www.governing.com/topics/health-human-services/gov-biggest-drug-problem.html>. June, 2014. Accessed September 3, 2014.
- 3 Prescription drug overdose in the United States: Fact Sheet. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/homeandrecreational/safety/overdose/facts.html>. Updated July 3, 2014. Accessed September 3, 2014.

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This article is not intended to provide legal advice, and no attempt is made to suggest more or less appropriate medical conduct.

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# ANNOUNCEMENTS



**NOVEMBER 7-8** MSMS 18th Annual Conference on Bioethics, The Campus Inn, in Ann Arbor. To register visit [www.msms.org/Education](http://www.msms.org/Education).

**NOVEMBER 12** Free MSMS Webinar, Disability Insurance: income protection, one of the most important coverage's you need, 12:15 pm - 1:00 pm. To register visit [www.msms.org/Education](http://www.msms.org/Education).

**NOVEMBER 18** MCMS Annual Meeting, 7 pm Dinner & Program, Sterling Inn in Sterling Heights. To register contact the MCMS office at [mcms@msms.org](mailto:mcms@msms.org) or 810-387-0364.

**DECEMBER 2** MSMS "ICD-10: Are You Prepared?", Somerset Inn, in Troy, 1 - 4 pm. To register visit [www.msms.org/Education](http://www.msms.org/Education).

**DECEMBER 3** Free MSMS Webinar, Physician Online Rating and Reviews: Do's and Don'ts, 12:15 pm - 1:00 pm. To register visit [www.msms.org/Education](http://www.msms.org/Education).

**DECEMBER 9** MSMS Webinar "Documentation of E&M: Prepare For ICD-10", 12 - 1 pm. To register visit [www.msms.org/Education](http://www.msms.org/Education)

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

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## Metro Detroit Medical Societies Produce Human Trafficking Awareness Video

Nov. 7, 2014 – Macomb, Oakland, and Wayne county medical societies have come together in an unprecedented manner and produced an educational video targeting the health care professional community to enhance knowledge and awareness about Human Trafficking.

“Human Trafficking is a very remunerative criminal activity involving innocent children or young adults and especially illegal immigrants of all ages,” said Adrian Christie, MD, president, Macomb County Medical Society. “Its hallmark is cruel exploitation, often violent, including forced prostitution and uncompensated ‘slave’ labor, but a large percentage of victims are afraid to seek help. Doctors should be in the front line of recognizing victims and educating health professionals and the general public to report suspected cases to the appropriate law enforcement agencies.”

“Sexual trafficking is now the third largest crime industry in the world,” said Herbert Smitherman, MD, Wayne County Medical Society of Southeast Michigan president elect.

The 10-minute video features physicians and experts providing information on the scope and nature of the problem and highlights resources for recognizing, intervening and helping victims. It is accompanied by a one-minute public service announcement with the same theme.

The video release comes on the heels legislation that provides health care and law enforcement officials with the tools to combat human trafficking. Gov. Rick Snyder signed the 21-bill package Oct. 16.

Politicians, advocates and victims alike reported

that the 21-bill package is among the country’s toughest. Snyder’s signatures capped at least two years of work to update human trafficking laws, with many of the measures stemming from recommendations made by Michigan’s human trafficking commission.

“Human trafficking is an emerging public health issue that many doctors and other health care professionals know little or nothing about. The Macomb, Oakland and Wayne county medical societies have joined together to educate our physician members about the critical role they can play to combat this heinous crime in our communities,” said Joann Smith, MD, president, Oakland County Medical Society.

“The video project is an unprecedented joining of three major county medical societies representing more than 6,000 physicians from Wayne, Oakland and Macomb counties who have come together in unwavering support of the passing of Michigan’s anti-human trafficking legislation,” said T. Jann Caison-Sorey, MD, MBA, president, Wayne County Medical Society of Southeast Michigan.

“As physicians on the front line who treat victimized patients in emergency rooms or clinics, we have a unique opportunity to make a difference in identifying victims and offering support,” said Adrian Christie, MD, president, Macomb County Medical Society. “Together we can start with educating all professionals and supporting the efforts of many to educate the whole community.”

To view the videos visit the Macomb County Medical Society’s website at [www.macombcms.org](http://www.macombcms.org)

# Not for sale

## Screening Questions to Assess Whether a Person is a Trafficking Victim

The following are sample questions health care providers can ask in screening an individual to determine if he/she is a potential victim of human trafficking. As with domestic violence victims, if you think a patient is a victim of trafficking, you do not want to begin by asking directly if the person has been beaten or held against his/her will. Instead, you want to start at the edges of his/her experience. And if possible, you should enlist the help of a staff member who speaks the patient's language and understands the patient's culture, keeping in mind that any questioning should be done confidentially.

Before you ask the patient any sensitive questions, try to get the patient alone if they came to you accompanied by someone who could be a trafficker posing as a spouse, other family member or employer. However, when requesting that time alone, you should do so in a manner that does not raise suspicions.

### Suggested Screening Questions

- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?
- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot or on the floor?
- Have you ever been deprived of food, water, sleep or medical care?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?
- Is anyone forcing you to do anything that you do not want to do?

If you think you have come in contact with a victim of human trafficking, call the National Human Trafficking Resource Center at 1.888.3737.888. This hotline will help you determine if you have encountered victims of human trafficking, will identify local resources available in your community to help victims, and will help you coordinate with local social service organizations to help protect and serve victims so they can begin the process of restoring their lives.

## List of Local Shelters with 24-Hour Crisis Lines, Emergency Shelter, & Legal Assistance

Turning Point – Macomb County  
Crisis Line: 586-463-6990  
General Info: 586-463-4430  
Located: PO Box 1123, Mount Clemens, MI 48046  
Website: [www.turningpointmacomb.org](http://www.turningpointmacomb.org)

Haven – Oakland County  
Crisis Line: 877-922-1274  
General Info: 248-334-1284  
Located: 30400 Telegraph Rd., Ste 101, Bingham Farms, MI 48025  
Website: [www.haven-oakland.org](http://www.haven-oakland.org)

First Step – Wayne County  
Crisis Line: 888-453-5900  
General Info: 734-722-1772  
Located: 4400 S. Venoy, Wayne, MI 48184  
Website: [www.firststep-mi.org](http://www.firststep-mi.org)

Blue Water Safe Horizons – St. Clair County  
Crisis Line: 888-985-5538  
General Info: 810-989-5246  
Located: PO Box 610247, Port Huron, MI 48061  
Website: [www.bwsh.org](http://www.bwsh.org)

For more information on human trafficking visit [www.acf.hhs.gov/trafficking](http://www.acf.hhs.gov/trafficking).



## Health Care Provider Preparedness Checklist for Ebola Virus Disease

The U.S. Department of Health and Human Services' (DHHS) Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR), in addition to other federal, state, and local partners, aim to increase understanding and encourage the preparedness for U.S. hospitals managing patients with Ebola Virus Disease (EVD).

The following checklist highlights some key areas health care providers to review in preparation that a person with EVD arrives for medical care. The checklist format is not intended to set forth mandatory requirements or establish national standards. In this checklist healthcare personnel (HCP) refers all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including blood and body fluids, contaminated medical supplies and equipment, and contaminated environmental surfaces. HCP include, but are not limited to, physicians, nurses, nursing assistants, therapists, technicians, students and trainees, laboratory personnel, contractual personnel, emergency medical services personnel, and persons not directly involved in patient care (e.g., house-keeping, laundry).

More detailed checklists including practical and specific suggestions to ensure your hospital is able to **detect** possible EVD cases, **protect** your employees, and **respond** appropriately can be found here: <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>

- Stay up to date on the latest information about risk factors, signs, symptoms, and diagnostic testing for EVD (<http://www.cdc.gov/vhf/ebola/index.html>)
- Be alert for patients with signs and symptoms of EVD or who may have traveled recently to one of the affected countries (<http://www.cdc.gov/vhf/ebola/symptoms/index.html>)
- Review facility infection control policies for consistency with the Centers for Disease Control and Prevention's Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected EVD in U.S. Hospitals (<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>) to include recommendations for:
  - Assessment and triage of patients with suspected EVD
  - Patient placement
  - Visitor management and exclusion
  - Personal protective equipment (PPE) for healthcare personnel
- Promptly apply standard, contact, and droplet precautions for any suspected or confirmed EVD patients before transport or upon entry to the facility, and triage using the facility plans (e.g., place in private room) for evaluation (<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>)
- Know how to report a potential EVD case to your facility infection control leads
- Know the points of contact within your facility responsible for communicating with state and local public health officials. Remember: EVD is a nationally notifiable disease and must be immediately

reported to local, state, and federal public health authorities. A list of state epidemiologists can be found here: (<http://www.cste.org/?page=StateEpi>)

- Know who to notify in your facility after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact with blood or body fluids) to a suspected or confirmed EVD patient.
- Know how and where to seek medical evaluation following an unprotected exposure.
- Do not report to work if you become ill after an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EVD.

### **Additional Resources**

Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals

<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Safe Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals

<http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>

Guidance for Safe Handling of Human Remains of Ebola Patients at U.S. Hospitals and Mortuaries

<http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>

Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response

[phe.gov](http://phe.gov)

# *Macomb County Medical Society Foundation*

## *2014 Holiday Sharing Card Project*

For this year's Holiday Sharing Card Project we are giving you the option of contributing to either of the following two local charities. We know that during these difficult economic times, you receive several donation requests, but we hope that you will help those in need in your community. The MCMS Foundation is a 501(c)(3) non-profit charitable organization, as it pays for all costs associated with this project, **your donation is 100% tax deductible**. The MCMS Foundation's Tax ID number is 38-3180176.



***Macomb County Food Program*** serves people in need of food through its 55 pantry distribution sites. Last year, they were able to feed 58,890 households that included 187,040 individuals, a slight increase over the previous year. The Food Program is able to purchase reduced cost food (sometimes as low as 14 cents per pound) so for every dollar received the program can purchase two days worth of food.



***Turning Point Shelter*** provides shelter, programs, and resources for victims/survivors of domestic violence, sexual assault, and homelessness. Last year, Turning Point provided services to 2,985 survivors and answered 12,434 crisis calls. They sheltered 311 people, and educated 11,988 teens about violence prevention.

We will be sending cards to all MCMS members with a list inside of this year's Holiday Sharing Card participants. If you would like to have your name included as a donor, please complete the form below and return it along with your check to the MCMS Office no later than December 10, 2014.

If you have, any questions please contact the MCMS office at 810-387-0364 or Email [mcms@msms.org](mailto:mcms@msms.org).



**Form and payment must be returned by December 10<sup>th</sup>**

Name(s) to appear on holiday card \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



\$ \_\_\_\_\_  
Contribution to Food Program



\$ \_\_\_\_\_  
Contribution to Turning Point

**Please make checks payable to: MCMS Foundation**  
**Return form to: MCMS Foundation, P.O. Box 62, Yale, MI 48097-0062**

The MCMS Foundation is a 501(c)(3) non-profit charitable organization sponsored by the Macomb County Medical Society. As the MCMS Foundation pays for all costs associated with this project, **your donation is 100% tax deductible**. The MCMS Foundation Tax ID # 38-3180176.



	2014	2013	2012
AIDS.....	4	35	44
AMEBIASIS.....	1	1	0
BLASTOMYCOSIS.....	0	0	0
BOTULISM (FOODBORNE).....	0	0	0
BOTULISM (INFECTIOUS).....	0	0	0
BRUCELLOSIS.....	0	0	0
CAMPYLOBACTER.....	63	68**	118**
CHICKENPOX.....	64	40**	46**
CHLAMYDIA.....	1,748	2,514	2,393
COCCIDIOIDOMYCOSIS.....	6	2	2
CREUTZFELDT JAKOB.....	2	1	0
CRYPTOCOCCOSIS.....	1	1	6
CRYPTOSPORIDIOSIS.....	6	7	2
DENGUE FEVER.....	0	0	1
DIPHTHERIA.....	0	0	0
EHRlichiosis.....	1	0	0
ENCEPHALITIS PRIMARY.....	3	0	8
ENC POST OTHER.....	2	2	3
E. COLI 0157.....	***	***	***
FLU-LIKE DISEASE.....	14,834	42,989	36,172
GIARDIASIS.....	12	19	24
GONORRHEA.....	361	575	530
GRANULOMA INGUINALE.....	0	0	0
GUILLAIN-BARRE SYNDROME.....	6	8**	5**
HEMOLYTIC UREMIC SYN.....	0	0	0
HEPATITIS A.....	2	7	1
HEPATITIS B (ACUTE).....	7	7	4
HEPATITIS B (CHRONIC).....	106	123**	152**
HEPATITIS C (ACUTE).....	8	7	6
HEPATITIS C (CHRONIC).....	471	494**	598**
HEPATITIS D.....	0	0	1
HEPATITIS E.....	0	0	3
H. FLU INVASIVE DISEASE.....	8	11	8
HISTOPLASMOSIS.....	2	3**	7**
INFLUENZA, NOVEL.....	0	0	0
KAWASAKI SYNDROME.....	5	9	6
LEGIONNAIRE'S DISEASE.....	13	31	15

	2014	2013	2012
LISTERIOSIS.....	1	1	1
LYME DISEASE.....	1	0	0
MALARIA.....	1	0	4
MEASLES.....	0	0	0
MENINGITIS VIRAL.....	32	75**	75**
MENINGITIS BACTERIAL/BACTEREMIA (EXCLUDING N. MENINGITIDIS).....	5	4	6
MENINGOCOCCAL DISEASE.....	1	0	0
MUMPS.....	1	0	0
PERTUSSIS.....	53	108**	30**
POLIO.....	0	0	0
PSITTACOSIS.....	0	0	0
Q FEVER.....	0	1	0
RABIES ANIMAL.....	3	2	2
RABIES HUMAN.....	0	0	0
REYE SYNDROME.....	0	0	0
ROCKY MNTN SPOTTED FVR.....	0	0	0
RUBELLA.....	0	0	0
SALMONELLOSIS.....	52	76**	95
SHIGELLOSIS.....	6	4	10
STEC***.....	11	6	6
STREP INVASIVE DISEASE.....	19	18	9
STREP PNEUMO INV DS.....	33	58	41
SYPHILIS.....	29	78	55
SYPHILIS CONGENITAL.....	0	1	3
TETANUS.....	0	0	0
TOXIC SHOCK SYNDROME.....	1	2	0
TUBERCULOSIS.....	4	11	9
TULAREMIA.....	0	0	0
TYPHOID FEVER.....	1	0	0
VIBRIOSIS.....	0	0	0
VISA.....	2	2	0
WEST NILE VIRUS.....	0	3**	28**
YERSINIA ENTERITIS.....	3	0	0

All 2013 numbers are final  
 \*\*REFLECTS BOTH PROBABLE & CONFIRMED CASE REPORTS  
 \*\*\*New category of Shiga-toxin producing Escherichia coli per MDCH in 2010; combo of E. coli & Shiga Toxin 1 or 2

**November/December 2014**  
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**Medical Records of Retired Physicians**

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



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