

Macomb

Journal of the Macomb County Medical Society

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No. 4

Medicus

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in Armada

Saturday, October 17

for more information see page 18



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Macomb Medicus

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Why Are Medical School Applicants Increasing?



By: Gary L. Shapira, MD
MCMS President

THERE IS A FAMOUS STORY ABOUT HOW THREE BLIND MEN DESCRIBED AN ELEPHANT. One blind man said that the elephant was shaped like a tree trunk. Another blind man said

that the elephant was shaped like a wall. The third blind man said that the elephant was shaped like a snake. The point is each perceived a different aspect of the elephant.

What brought this story to mind was a commentary in the November/December 2014 Michigan Medicine by the President of MSMS Dr. James Grant. In it he said:

“Let’s look at that bright spot on the horizon. Last month, the Association of American Medical Colleges announced that applications to medical schools rose 3.1 percent in 2014 while medical school enrollment increased 1.4 percent to an all-time high of 20,343. ... Apparently, many of our generation’s offspring do want to become doctors after all. Some currently practicing physicians will argue that “ignorance is bliss” and that these health care neophytes really don’t know what they are getting themselves into. With applicants’ grade point averages and MCAT scores reaching all time highs, these young adults are neither ignorant nor oblivious when it comes to choosing a career. ... After spending several days at the AMA interim Meeting in early November, the

Apparently, many of our generation’s offspring do want to become doctors after all.

student delegates there proved to me that they are not naïve about the issues facing health care and the practice of medicine. In fact, they were almost overwhelming in their organization and energy to effect change and create policy. ... I can’t believe that their optimism, creativity, and energy could be extinguished by anyone and anything.”

I think Dr. Grant perceives one aspect of the elephant. He sees more students applying to medical school and concludes that this is because students are confident about the future of medicine.

But there is another explanation - students are less confident about the future of law. Law schools are right now in the midst of a historic meltdown. The number of applicants to law schools has significantly declined over the past 4 years. The numbers are as follows:

Year	Law applicants	% change	Medical applicants	% change
2010	87,900		42,742	
2011	78,500	-10.7%	43,919	+2.8%
2012	67,900	-13.5%	45,266	+3.1%
2013	59,400	-12.5%	48,014	+6.1%
2014	55,700	-6.2%	49,480	+3.1%
% Change 2010-2014		-36.6%	+15.8%	

Declining enrollment in law schools reflects problems in the legal profession. Lawyer income is dropping. According to Prof. Benjamin Barton on CNN.com (The Rise and Fall of Lawyers, 5/23/2015), the inflation-adjusted income of solo practitioners fell from \$70,747 in 1988 to \$49,130 in 2012. Elizabeth Olson of the New York Times profiled law school graduates (Burdened with Debt, Law School Graduates Struggle in Job Market, 4/26/2015). The Class of 2010 did badly and never recovered. Law school applicants have dropped since then.

Does the meltdown in law effect the number of students applying to medical school? I think so. There is a joke about the Jewish Mother who told her children that they could be any type of doctor or lawyer they wanted. Fewer good students applying to law school may cause more good students to apply to medical school.

Maybe Dr. Grant and I are both right about different causes of increasing medical school applicants because we are feeling different parts of the elephant. He sees confidence in the future of medicine, and I see less confidence in the future of law. These are truly interesting times.



MSMS BOARD DISCUSSES BLUES, PREPAREDNESS & ASM AT MIDSUMMER MEETING

The MSMS Board of Directors discussed Blue Cross issues, emergency preparedness, and the Annual Scientific Meeting among other topics at its Midsummer Board meeting at MSMS Headquarters in East Lansing on July 17.

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

Thomas L. Simmer, MD, Vice President and Chief Medical Director, Blue Cross Blue Shield of Michigan, presented his annual report to the Health Care Delivery Committee. Issues regarding the PGIP program were discussed in detail.

Doctor Simmer noted that:

- All specialties will be eligible for the uplifts in 2016. Specialists must be nominated by their PO. Criteria vary by POs, but center on the PCMH neighborhood theme. Tiered fees are paid to practices directly and do not come out of the PGIP pool.
- PGIP will continue to focus on driving value and quality, especially as it relates to HEDIS measures and the Stars rating system. Additionally, improvements are being made to utilize quality measures rather than basing the uplifts solely on cost.
- There are currently 19,000 providers in PGIP, including 4,349 primary care physicians designated as PCMH.
- Of the 12,779 specialists in PGIP, 90 percent were nominated. Approximately 50 percent received a 5 or 10 percent increase.

The Committee expressed its appreciation of the relationship with BCBSM and its willingness to take physician input to the PGIP program. The Committee recommended also utilizing health outcomes rather than just utilization metrics to measure the success of PGIP. Other items that generated dialogue included the state Health Information Exchange, data collection, and the importance of physicians to be able to have collegial conversations with each other about improving patient care.

Annual Scientific Meeting

The Board was informed by the MSMS Annual Scientific Meeting Planning Committee that this year's ASM will host 32 courses and has several new features including new course times with earlier evening sessions; a free leadership training session on Tuesday evening; afternoon plenary sessions on Wednesday and Thursday; and a new Interactive Saturday case study session. During the five days, physicians can earn up to 28.75 AMA Category 1 Credits on Tuesday, October 20, through Saturday, October 24, at the Somerset Inn, Troy. For more information and to register, go to www.msms.org/Education/AnnualScientificMeeting.aspx

Emergency Preparedness

Two speakers from state government discussed "Public Health Preparedness & the Strategic National Stockpile" with the Scientific and Educational Affairs Committee. Jennifer Lixey, Emergency Medical Countermeasure State Coordinator, Office of Public Health Preparedness, Michigan Department of Health and Human Services, presented on the Michigan Bureau of EMS, Trauma, and Preparedness.

The division serves to protect the health of Michigan citizens before, during, and after an emergency through the integration of public health and medical preparedness initiatives and by leveraging diverse partnerships. These activities encompass all hazards including natural and man-made disasters, acts of bioterrorism, infectious disease outbreaks, and other emergencies that impact the health of the public.

In addition, Ms. Lixey presented an overview of the Strategic National Stockpile, which is comprised of pharmaceuticals, vaccines, medical supplies, and medical equipment that was created to augment any exhausted state and local resources. Ms. Lixey highlighted the storage, inventory management, distribution, dispensing, and security processes of the program.

Virginia Zimmerman, Coordinator, Michigan Volunteer Registry and Medical Reserve Corps, Division on Emergency Preparedness and Response, highlighted volunteer opportunities within the Michigan Volunteer Registry. For more information, go to www.mivolunteerregistry.org.

HELP YOUR OLDER PATIENTS STAY HEALTHY AND HAPPY

Free classes are now available to help your older patients prevent falls and assist Type 2 Diabetics manage their condition. These evidence-based classes were created by Stanford University (Diabetes Self-Management Program) and Boston University (A Matter of Balance[®]), and have been expanded statewide thanks to a \$5 million grant from the Michigan Health Endowment Fund. To find a class near you, please visit www.greatatanyagemi.com. There you'll be able to search by county for the local Area Agency on Aging and then locate a link to their class schedules. A flyer is available for your staff and posting inside your waiting and examination rooms (see opposite page). For more information, please contact Project Director Mary Ablan, MA, MSW, at ablan@iserv.net or call (517) 886-1029.

MSMS PRACTICE SOLUTIONS NOW OFFERS MENTAL HEALTH SCREENING AND MONITORING THROUGH GREENLIGHT

MSMS Practice Solutions has a new partnership with Greenlight, a company that offers a tablet-based medical tool to help combat depression, anxiety and suicide. Greenlight's cutting-edge

Great at Any Age

Falls Prevention and Diabetes Programs



Diabetes PATH

Personal Action Toward Health

Stanford University's Chronic Disease Self Management Program

Diabetes PATH is a six-week workshop designed especially for people with Type 2 diabetes.

Participants will learn:

- Techniques to deal with symptoms
- Meal planning and healthy eating
- Appropriate use of medication
- How to work with health care providers

People who take the workshop say they have more energy and less pain, get more exercise, feel more comfortable talking to their doctors, and are more confident that they can manage their health.

A Matter of Balance

Managing Concerns About Falls

Based on a program created by Boston University

This award-winning program is designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls.

97% of participants who have used the program would recommend A Matter of Balance to others.

Participants will learn how to:

- View falls as controllable
- Set realistic goals for increasing activity
- Reduce fall risks in their environment
- Increase balance with exercise

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technology provides a modern solution to an antiquated process of paper scoring for mental health conditions. This includes but is not limited to depression, anxiety, substance abuse risk, post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), and bipolar disorder.

Greenlight offers electronic assessment solutions that are designed to help physicians, nurses, and other medical professionals with the diagnosis and monitoring of mental health conditions. Using the electronic psychometric questionnaires, medical professionals can assess a patient's psychological and social health, to determine a course of treatment, and then monitor the treatment after the fact.

The company's streamlined technology is affordable and easy for medical professionals to implement into their respective practices and organizations. The process is efficient and allows practitioners to view the test results immediately. To protect against liability, the system provides everything doctors need to ensure proper results reporting while minimizing paperwork and ensuring compliance with the new electronic health records legislation.

For more information about how to increase your practice's net revenue by more than \$50,000 per year, please contact Greenlight at 210-957-8187 or email us at sales@greenlight.md.

PALACE SPORTS & ENTERTAINMENT JOINS MSMS PRACTICE SOLUTIONS

Palace Sports & Entertainment is comprised of: The Detroit Pistons NBA team, The Palace of Auburn Hills arena, DTE Energy Music Theatre, the Meadow Brook Music Festival.

Palace Perks is an exclusive online program offering weekly access to ticket and merchandise discounts across Palace Sports & Entertainment events. This exclusive program delivers the best value to members of the Michigan State Medical Society.

Palace Perks:

- Exclusive offers on select events at DTE Energy Music Theatre, Meadow Brook Music Festival, and The Palace of Auburn Hills
- Merchandise discounts for the Pistons Locker Room Store
- Opportunities to buy tickets to the most popular events before the general public
- Verified tickets via Ticketmaster

To view special offers for MSMS members visit <https://oss.ticketmaster.com/aps/palace/EN/promotion/home>

RETIRED PHYSICIANS - CMU COLLEGE OF MEDICINE NEEDS YOUR EXPERTISE!

Central Michigan University College of Medicine is dedicated to preparing "diverse, culturally competent physicians focused on improving access for all to high-quality healthcare in Michigan with an emphasis on rural and medically underserved regions." We have partnered with urban and rural hospitals across northern and lower Michigan and the UP in a Comprehensive Community Clerkship (CCC) for our Year 3 medical students -- and we can use your help as volunteer facilitators of their Practice Case Presentations (PCP) for 2 hours a week. The PCP facilitation can be done from the comfort of your home via teleconferencing and Skype -- or, if you are in the area, in one of our state-of-the-art teleconference facilities in Mount Pleasant, Saginaw or CCC site where our students are training.

If you are retired from family practice, primary care, internal medicine -- or other specialties -- and would like more information about this opportunity, please contact:

Elizabeth Palmer, MD, Director
Comprehensive Community Clerkship
Cell: 989-928-7929 or Email: palme2e@cmich.edu

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Henry Ford Macomb Hospital

PROJECT MACOMB TACKLES OVER PRESCRIBING OF OPIATES, PHYSICIAN SUBCOMMITTEE FORMING

More than 50 physicians and health care professionals from throughout Macomb County met at Henry Ford Macomb Hospital in March to develop a broad-based community strategy for preventing abuse and overdose of prescription pain killers.

The Project Macomb workshop was co-sponsored by Families Against Narcotics and Henry Ford Macomb Hospitals. The facilitator was Fred Brason, III, a nationally-known expert in fighting drug abuse by building community coalitions of community stakeholders. The outcome was encouraging according to Anthony Colucci, DO, medical director of Emergency Services.

“Project Macomb will help physicians be more aware of how overprescribing opiates leads to these drugs getting into the wrong hands,” Colucci said. “Medical professionals have to take ownership. It starts with us, the prescribers.”

The next step in the Project Macomb effort is to form subcommittees, including one for physicians that will develop ER policies to encourage safe prescribing of controlled substances and provide meaningful referrals for chronic pain and addiction.

Henry Ford Macomb’s Emergency Center now limits prescription painkillers to 15 doses, 10 for those who have shown a potential for addiction, said Dr. Colucci.

For more information about joining Project Macomb, contact Dr. Colucci at (586) 263-2606 or acolucc1@hfhs.org.

NEW SPINE CENTER NOW OPEN

Henry Ford Macomb Hospitals has targeted back pain patients whose symptoms are not resolving by working with their primary care physicians with a new service.

The Henry Ford Macomb Spine Center provides focused advanced care to prevent long-term disability from chronic back pain. The Center increases coordination and monitoring and facilitates rapid recovery.

The Center is located in the Outpatient Rehabilitation facility on the Clinton Township Campus.

A nurse navigator works with each patient to coordinate care, facilitate insurance pre-approvals and ensure the treatment plan is on track. The on-site team of highly trained physician specialists, nurses and physical therapists meet regularly to discuss patient cases, helping to ensure a controlled and efficient treatment program. Non-surgical treatment is the primary goal for spine care, but it is recognized that 10 percent of back pain patients may benefit from surgery. That aspect of care is also coordinated through the Spine Center.

For more information about the Center or to refer a patient, call (586) 263-2345.

RENOVATIONS AND NEW CONSTRUCTION CONTINUE AT HENRY FORD MACOMB HOSPITAL, WITH A FOCUS ON PATIENT ROOMS AND SURGICAL SERVICES

Improvements to patient rooms on three units of Henry Ford Macomb Hospital are complete. Renovations to a fourth unit will be completed this summer, and fourth floor patient room renovations will be completed by year’s end. The patient room redesigns are enhancing privacy and the aesthetics of each

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.



room, along with common areas. Patient rooms and several other areas in the Emergency Department are also being renovated this summer to enhance the patient experience while improving work flows for physicians and staff.

The surgical services expansion project reached a major milestone with the completion of the first floor project. Two new operating suites, a dedicated surgical services elevator tower, a new procedures room and 11 pre- and post-op bays were included in this project.

The shell space for the second floor surgery project is slated for completion in August. Ultimately, this space will house all new, state-of-the-art operating suites, replacing existing second floor ORs.

Other projects underway include preparations for a new linear accelerator in the cancer center, replacement of the staff elevator tower, and numerous departmental moves to accommodate additional expansion.

NEW RETINAL SURGERY PROGRAM AT CLINTON TOWNSHIP

A new retinal surgery program kicked off at Henry Ford Macomb in July. Ophthalmologist Nitin Kumar, M.D. leads the program, which provides advanced retinal surgery options such

as vitrectomy and scleral buckle, to treat a variety of conditions - including retinal detachment, diabetic retinopathy, macular holes and macular pucker/epiretinal membranes. Dr. Kumar is a retinal specialist who completed his fellowship in vitreoretinal surgery at Henry Ford Hospital in 2012 before joining the Department of Ophthalmology as a staff physician. He is active in vitreoretinal research and is a member of the Diabetic Retinopathy Clinical Research Network (DRCR.net). If you would like to refer a patient to the new retinal surgery program, call the Henry Ford OptimEyes Super Vision Center - Lakeside at (586) 247-5910.

BIRTHING CENTER A LEADER IN BREASTFEEDING PRACTICE

Maternity Practices in Infant Nutrition and Care (mPINC) is a national survey of maternity care practices and policies conducted by the Centers for Disease Control every two years.

Henry Ford Macomb's overall score was 91 out of 100, while the national average was 75 and the state average was 73. In addition, HFMH is in the 88th percentile compared to all facilities nationwide, the 90th percentile compared to all facilities in Michigan, and in the 90th percentile compared to all U.S. facilities with between 1,000 and 1,999 birth per year.

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St. John Macomb Oakland Hospital

SJMOH FIRST IN MACOMB COUNTY TO EARN BABY-FRIENDLY DESIGNATION

St. John Macomb-Oakland Hospital (SJMOH), Warren campus, is the first hospital in Macomb County to earn the Baby-Friendly designation from Baby-Friendly USA, Inc. the accrediting body for the Baby-Friendly Hospital Initiative (BFHI) in the United States. The designation recognizes hospital and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. BFHI is a global program launched in 1991 by the World Health Organization and the United Nations Children’s Fund. The effort to achieve the Baby-Friendly accreditation was led by Kim Ronnisch, RN, Patient Care Services director, Laura Ashburn, RN, Family Birthplace manager and Paula Schreck, MD, medical director, St. John Breastfeeding Support Services and the Outpatient Breastfeeding Clinic. As a baby-friendly hospital, SJMOH provides the following services:

- Inpatient Breastfeeding Support
- Outpatient Breastfeeding Clinic
- Breastfeeding support group, offered in partnership with the Chaldean American Ladies of Charity
- Free, lactation consultant-led breastfeeding clinic (includes test weights, latch assessment, non-pharmacologic treatments and educational materials)

SJMOH follows in St. John Hospital & Medical Center’s footsteps as the second St. John Providence hospital to earn the Baby Friendly designation and the ninth in the state of Michigan.

ST. JOHN HOSPITAL AND CMU’S MED SCHOOL SIGN AGREEMENT

Twelve third-year Central Michigan University (CMU) College of Medicine students will conduct clinical rotations and community clerkships at St. John Hospital & Medical Center (SJH&MC) in the 2015-2016 school year, as part of a new three-year agreement signed last week. The inaugural class began their third-year studies on July 6. The class will participate in 24-week community clerkships with internal and family medicine, and will perform four-week, hospital-based clinical rotations in surgery, hospital medicine, obstetrics-gynecology, pediatrics and psychology and one elective.

SJH&MC has a strong commitment to medical education and history as a teaching institution, including a longtime affiliation with Wayne State University.

SJMOH OPENS UNIT TO MEET SENIORS’ SPECIAL NEEDS

St. John Macomb-Oakland Hospital (SJMOH) opened a new unit in August specially designed for people over 65. With a focus on safety, mobility, and independence, the Acute Care of the Elderly (ACE) Unit at the Warren campus is designed to return patients to the life they enjoyed prior to hospitalization. Members of the ACE unit’s multidisciplinary team underwent training in geriatric care, and they developed the unit specially for the older patient. SJMOH’s ACE unit is part of a growing emphasis on geriatric care for SJH, with an ACE unit already at St. John Hospital & Medical Center and one planned for Providence-Providence Park Hospital.





SEVERAL SJP HOSPITALS NAMED ON STATE BEST VALUE HOSPITALS LIST

St. John Hospital & Medical Center, Providence-Providence Park Hospital and St. John Macomb-Oakland Hospital are listed among Michigan's 10 "Best Value Hospitals" for 2014 by Verras Healthcare International. Using patented methodology, Medical Value Index™, Verras measured three years of trended medical outcomes for six universally accepted metrics, including scores for HCAHPS and National Hospital Quality Measures, readmission rates, mortality, morbidity, charge variation, and resource consumption. SJP's hospitals and others were publicly commended by Verras at an American Hospital Association symposium June 4 in Chicago.

SJMOH CONCUSSION STUDY TO BE PUBLISHED IN PRESTIGIOUS NEUROLOGICAL JOURNAL

St. John Macomb-Oakland Hospital's study of a concussion screening tool has been accepted for publication in the Journal of Neurological Sciences. The study, Evaluation of the King-Devick Test as a Concussion Screening Tool in High School Football Players, sought to determine if this popular visual acuity test was a reliable tool that could be used with high school athletes. The two-minute test requires an athlete to read single digit numbers displayed on cards or on an iPad. When concussion is suspected, the athlete is given the test again and if the time needed to complete the test is longer than the athlete's baseline test time, the athlete should be removed from play and should be evaluated by a licensed professional. The research team, led by Daniel Seidman, DO, chief resident, SJMOH Family Medicine and Michael Shaw, PhD, head of SJMOH Research, studied football players at four area high schools where SJP employs athletic trainers: Grosse Pointe South, Chippewa Valley, L'Anse Creuse and L'Anse Creuse North. Among the 397 students studied, nine were diagnosed with serious concussion and two were not able to return to play during the season. The team determined that the K-D Test is a reliable tool to help trainers and coaches to quickly determine if a player has suffered a concussion. The SJMOH research team is the first to study the effectiveness of the K-D Test in high school athletes and the publication is a first for the family medicine program in a well-regarded neurological journal. Because concussion screening has become especially important at the high school level, it's likely that the study's findings will be cited often and may promote wider use of the K-D Test in high school sports.

SJMOH HAS HIGH ACHIEVERS IN RESIDENCY PROGRAMS

Fast Fact: St. John Macomb-Oakland Hospital is one of the largest osteopathic resident training programs in the U.S., training 200 residents in 20 medical specialties.

From 2011-2015, the St. John Macomb-Oakland osteopathic residency in orthopedics have produced in-service exam scores that are 13% above the Michigan average and 6% above the national average. During that same period, only one of the nine osteopathic residency programs has earned scores more than one standard deviation above the Michigan average - ours - and our program did that every single year of those five years. Congratulations to Dr. Chris Najarian, program director, and faculty members Drs. David Markel, Dennis Kelly, Ben Best, Alan Afsari, Ryan Molli, and Todd Frush who have helped our residents perform so well. The internal medicine and internal medicine/emergency medicine residents are also excelling. According to program director Dr. Deborah Jo LeVan, results of the 2015 in-service exam are in, and SJMOH is third in the country out of more than 120 programs and improved significantly from last year's fifth place score. Eight residents scored in the 99th percentile and 22 scored in the 90th percentile. Twenty-three received perfect scores on one or more of the individual sub-specialty categories.

SJP DOC IS FAMILY PHYSICIAN OF THE YEAR



Congratulations to Dr. Wasim Rathur for being selected as the recipient of the 2015 MAFP Family Physician of the Year. This award is presented to a physician who exemplifies the tradition of the family doctor and the continuing contribution of the family physician to the continuing health of Michigan citizens. The nomination is representative of peers and patients.

SJMOH EMERGENCY PHYSICIAN NAMED FIREFIGHTER OF THE YEAR

Dr. Ali Taqi, an emergency physician at Providence-Providence Park Hospital and St. John Macomb-Oakland Hospital since 2007, is also an 18-year volunteer for the Troy Fire Department. His firefighter peers recently voted him 2015 Firefighter of the Year for his contributions to their community and the special impact he has on people he helps. He's one of



four physicians statewide who serves on Michigan Task Force 1, a special search and rescue team that responds to structural collapses in heavy concrete and steel buildings. He was inspired to join after he responded to the World Trade Center tragedy in 2001. He's also traveled overseas as part of a team providing cleft palate surgery to kids in Sudan, and he was instrumental in helping a local police officer in a vehicle crash a few years ago.

SJP PHYSICIANS HONORED IN AMBASSADOR MAGAZINE

Each year, Ambassador Magazine honors top physicians in Metro Detroit for their contributions. Two SJP physicians are featured in this year's list: Paula Schreck, MD, medical director, St. John Breastfeeding Support Services and the Outpatient Breastfeeding Clinic, and Sohail Hassan, MD, Director of Electrophysiology at St. John Hospital & Medical Center and St. John Macomb-Oakland Hospital.



Paula Schreck, MD



Sohail Hassan, MD

SJMOH AND LOCAL FIRE DEPARTMENTS RECOGNIZED FOR QUALITY IN STEMI CARE BY EMS

The American Heart Association has named the City of Warren Fire Department a 2015 Mission: Lifeline® EMS Gold Level Recognition Award winner and the City of Roseville Fire Department a 2015 Mission: Lifeline® EMS Silver Level Recognition Award winner. The fire departments received these prestigious national awards for quality improvement measures and highly successful collaboration with St. John Macomb-Oakland Hospital, Warren for the treatment and survival rates of STEMI (heart attack) patients. Collaborative educational opportunities between SJMOH ER/Cardiology teams and EMS agencies have improved our door to reperfusion times, resulting in better patient outcomes. This award is the highest AHA award for demonstrated quality in STEMI care by EMS. Award finalists were ranked on quality indicators related to

the care they receive as they are transported to the hospital. This latest distinction is just another example of both agencies long-standing commitment to excellence through performance-driven outcomes.

ST. JOHN HOSPITAL PEDIATRIC RESIDENTS ACHIEVE PERFECT BOARD PASS RATE RECORD (AGAIN)!

For the fifth year in a row the pediatric residents at St. John Hospital and Medical Center (SJH&MC) have earned a 100 percent pass rate on their board exam, making SJH&MC one of only two programs in the entire country to have achieved this now five years in a row (Carolinas Medical Program in Charlotte, NC is the other program.) SJH&MC Pediatric Program Director Douglas Ziegler, MD, believes the success of the program is due to two major factors: Having a diverse group of extremely bright, motivated residents who are eager to learn, and the phenomenal faculty who is committed to teaching and helping residents become the best doctors and specialists they can be. SJH&MC's Pediatric Residency is a three-year program and offers all the major sub-specialties, including: Neonatology, Pediatric ICU, Cardiology, Endocrinology, Neurology, Infectious Diseases, Gastroenterology, Allergy and Pediatric Surgery. Congratulations to the Class of 2014 Pediatric Residents on their perfect pass rate record.

ST. JOHN MACOMB-OAKLAND HOSPITAL TEAM PARTICIPATES IN MARCH FOR BABIES

St. John Providence continued as a sponsor of the Macomb County March of Dimes March for Babies, an annual walk to raise funds for the organization's mission: Improving the health of babies in our communities. This year the walk was held on April 26 at Lake St. Clair Metro Park. Many organizations and hundreds of walkers participated. The SJP checkpoint was highlighted with St. John Hospital & Medical Center's Baby Friendly designation. St. John Macomb-Oakland Hospital (SJMOH) President, Terry Hamilton, who chaired the Macomb County March of Dimes Walk in 2014, continued his involvement this year by walking and leading a SJMOH team.

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Cybersecurity - Protecting Your Electronic Health Records

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

RISK MANAGEMENT TIP

WITH THE INCREASED USE OF TECHNOLOGY COMES INCREASED RISK OF CYBERATTACKS. ANYTHING TRANSMITTED OR STORED ELECTRONICALLY IS AT RISK OF BEING STOLEN BY A HACKER.

Many people don't believe - or understand why - medical information is valuable or at risk. According to a compilation of data breach statistics, there were 783 security breaches in the United States in 2014. Of those, 42.5% were breaches of medical or healthcare information. This equated to over eight million individual records being accessed or stolen by cyberattacks.^[1]

Large healthcare systems, hospital networks, and individual healthcare providers have all been attacked, but the size of the entity is no clear indication of the size of the breach. For example, one Blue Cross Blue Shield attack yielded only 300 records, while a large system in Tennessee yielded approximately 4.5 million records. Several individual physician practices were breached as well, yielding as many as 7,500 records from one practice.^[2]

Why are medical records targeted?

Medical records seem to be targeted because they contain all of an individual's personal information: finances, social security numbers, health information, and family information. This gives thieves more potential uses for the stolen information, including applying for credit cards, store accounts, or other lines of credit. They also can use the information to steal healthcare services. These are just a few reasons why a medical record can fetch up to \$50 on the black market, while a credit card number may only earn \$5.^[3]

Another example of how valuable a medical record may be: a security firm CEO shared an example of a black market advertisement to sell ten Medicare numbers. "It costs 22 bitcoin - about \$4,700 according to today's exchange rate."^[4]

The transition to electronic health records has given criminal hackers more opportunities to steal medical records. The chief information officer for a hospital system in Salt Lake City states his hospital system "fends off thousands of attempts to penetrate its network each week."^[5]

Another reason is ease of access. Some hospitals and healthcare providers are using systems that have not been updated in more than ten years.^[6] While hospital systems and healthcare providers rush to prepare for ICD-10 implementation and meaningful use, cybersecurity seems to be falling through the cracks. Many healthcare systems "do not encrypt data within their own networks."^[7] Once a hacker penetrates whatever security the system does have, the unencrypted information is there for the taking.

Criminals also use stolen medical records to fraudulently bill healthcare insurance providers and Medicare/Medicaid. The victims

may not discover the theft for several months - or even years. In some instances, victims have received debt collection requests for medical services they never received.

What can you do to safeguard electronic medical records?

When implementing or updating an EHR system, talk to your vendor about cybersecurity. Ask whether the stored information is encrypted. It also is a good idea to determine if or when the vendor will provide security updates for your EHR software.

Organizations may need to "invest more money and employee talent in shoring up the walls around their electronic data."^[8] Cybersecurity is a highly specialized area that requires a certain expertise. Your EHR vendor may be able to provide some assistance in this area, but remember their expertise is creation and functionality. Hiring in-house cybersecurity experts or contracting with a cybersecurity firm specializing in this area may be the best options to protect your organization and your patients.

Several organizations, such as the Department of Homeland Security, the American Hospital Association, the Centers for Medicare & Medicaid Services, and the National Institute of Standards and Technology, offer guidance and resources on cybersecurity. Their web addresses are included in the endnotes of this article.^[9] These are just a few of the vast number of resources available to organizations regarding cyber-security.

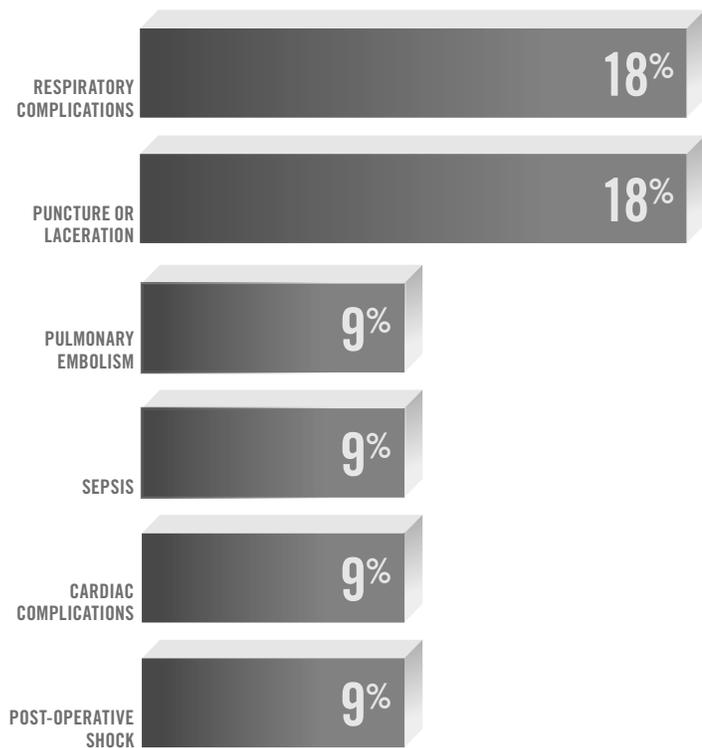
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DOES YOUR MEDICAL MALPRACTICE INSURER KNOW WHAT CAUSED PATIENT DEATHS IN LIPOSUCTION PROCEDURE CLAIMS?

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CAUSES OF DEATH CITED IN LIPOSUCTION-RELATED MALPRACTICE CLAIMS
Source: The Doctors Company

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.

On Alert: What All Doctors Need to Know About Alzheimer's Disease

By: Cynthia Morrison, RN, ARM, CPHRM, Patient Safety Risk Manager, The Doctors Company

ALZHEIMER'S DISEASE IS THE SIXTH LEADING CAUSE OF DEATH IN THE UNITED STATES AND IS THE ONLY DISEASE IN THE LIST OF TOP 10 DISEASES THAT CANNOT BE PREVENTED, SLOWED, OR CURED. Reports indicate deaths related to Alzheimer's have increased more dramatically than those related to other diseases. From 2000 to 2013, deaths attributed to Alzheimer's increased 71 percent, while those attributed to the number-one cause of death - heart disease - decreased 14 percent.^[1]

Alzheimer's disease is the leading cause of dementia, accounting for about 65 percent of dementia cases in individuals over age 60. Early diagnosis of dementia, requiring the expertise of a neuropsychiatric physician who specializes in it, is essential to allow for maximum quality of life.^[2,3] Physicians of all specialties should become familiar with the early signs of this disease in order to refer patients with symptoms to a specialist for further testing.

Typically, Alzheimer's progresses slowly in three stages - mild (early-stage), moderate (middle-stage), and severe (late-stage), with symptoms worsening over time. On average, a person with Alzheimer's lives four to eight years after diagnosis, but can live as long as 20 years, depending on other factors.^[3]

The early signs of Alzheimer's are:

- Memory loss that disrupts daily life (e.g., forgetting important dates or events).
- Difficulty completing familiar tasks at home, work, or leisure (e.g., trouble driving to a familiar location or remembering the rules of a favorite game).
- Confusion with time or place.
- New problems with words in speaking or writing.
- Decreased or poor judgment.
- Changes in mood and personality.

Physicians should also assess for other conditions that may mimic or exacerbate dementia, such as vitamin deficiencies, heart conditions, or sleep apnea.

Only 45 percent of people with Alzheimer's disease or their caregivers report being told of the diagnosis, whereas 90 percent of people with the most common types of cancer have been told of their diagnosis. Studies have revealed that physicians and other healthcare providers recognize the benefits of disclosing Alzheimer's, but despite this, there is a reluctance to do so.

The benefits of clearly explaining the Alzheimer's diagnosis include:

- Improved decision making. When patients are fully aware of their diagnosis in the early stages of the disease, they are more likely to be competent to understand options and provide informed consent

for current and future treatment options. When patients are actively involved in decision making about their care, they are more likely to be compliant.

- Access to services. Knowing the diagnosis allows caregivers to obtain information about support services and plan ahead.
- Safety. Awareness of the diagnosis allows caregivers to take steps to ensure the patient is in a safe environment and identify certain activities that may need to be curtailed, such as driving.
- Social support. Knowing the diagnosis helps affected people focus on spending quality time with loved ones.

Once a patient has learned of his or her illness, physicians should:

- Educate caregivers and patients on ways to promote activity. As the disease progresses and cognitive and functional abilities decline, patients have difficulty moving and, therefore, are more vulnerable to infection. Pneumonia is often a contributing factor to the death of patients with Alzheimer's disease.
- Facilitate consults and have a system in place to track and recall patients to ensure there is appropriate follow-up.
- Consider referring patients to a mental health professional. Depression occurs in 40 percent of Alzheimer's patients and a mental health professional can help provide treatment. Other team members may include home healthcare workers, social workers, and psychologists.

There is hope for brain disorders like Alzheimer's, with recent focus from a government initiative to improve scientific understanding of the human brain. In April 2013, President Obama announced the BRAIN Initiative to uncover new ways to treat and cure brain disorders like Alzheimer's and other neurological disorders. Over \$300 million in public and private investments are supporting this initiative. Since the announcement of the BRAIN Initiative, dozens of leading technology firms, academic institutions, scientists, and other key neuroscience contributors have made significant commitments to advancing the initiative.^[4]

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CALL FOR MCMS OFFICER NOMINATIONS

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

The MCMS Board meets 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.

SHARE YOUR NEWSWORTHY ITEMS

Have you or a MCMS colleague been elected to a position (specialty society, hospital, community based program, etc.) or honored for your volunteer service within the community or abroad? Let us know. We would like to recognize MCMS members in the 'Member News' section of the Medicus.

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

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



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HOW PHYSICIANS ARE LEADING THE FIGHT AGAINST OPIOID OVERDOSES

OPIOID OVERDOSE IS A SERIOUS PUBLIC HEALTH PROBLEM THAT HAS REACHED CRISIS LEVELS ACROSS THE UNITED STATES, with 44 people dying each day from overdose of prescription opioids, and many more becoming addicted. No community is untouched.

That's why the AMA has convened a task force with the American Osteopathic Association, the American Dental Association, and more than 20 state and specialty medical associations to work collaboratively to address the opioid public health epidemic by identifying best practices and implementing them across the country.

"This epidemic is complex, and the remedy won't be simple. It will require a sustained, comprehensive approach," said Patrice A. Harris, MD, chair-elect of the AMA Board of Trustees, in an AMA Viewpoints post. "As a group, we have developed a strong roadmap that we hope will bring America's physicians, other health care professionals and patients together as partners on the path to eliminating this public health epidemic."

The task force's initial focus is on steps physicians can take now to help their patient populations:

- Register for and use state-based prescription drug monitoring programs (PDMP). Physicians should register for and consult these databases to identify patients at risk for opioid misuse and help patients with substance use disorders get appropriate treatment.
- Discuss with patients available treatment options. When caring for patients with pain, physicians need to understand the best possible course for managing that pain with the tools available.
- Take advantage of educational opportunities. Engaging in robust education activities that meet the needs of specialties, practices and patient populations is key to delivering appropriate care for each patient. The AMA encourages physicians to access resources that can enhance their education and promote comprehensive, appropriate pain treatment while safeguarding against opioid overdose. Resources also support treating patients with substance use disorders and expanding access to naloxone.

The AMA also is calling on states to make sure their PDMPs are truly valuable tools. These databases need to protect patient privacy, contain relevant and reliable data, allow care teams to seamlessly integrate that data into their work flows, and enable data sharing across state lines.

Robert Rich, MD, chair of the American Academy of Family Physicians Commission on Health of the Public and Science and the academy's representative

"This epidemic is complex, and the remedy won't be simple. It will require a sustained, comprehensive approach."

on the task force, stressed the importance of useful PDMPs.

"I practice in a state that has had a functioning PDMP for several years, and on more than one occasion, I have been surprised by the information contained in that PDMP," Dr. Rich said in a news release. "[That includes] the patient who was obtaining opioid pain relievers from several providers in violation of my pain contract with that patient as well as the patient that I was convinced was obtaining opioids from several providers but who was compliant with the terms of their pain contract when the PDMP was accessed on serial visits."

Addiction medicine specialist Richard Soper, MD, who represents the American Society of Addiction Medicine on the task force, echoed Dr. Rich's comments.

"The help of every clinician in every treatment setting is needed to help bring an end to this public health epidemic," Dr. Soper said in a news release. "The sad truth is that every death related to opioid misuse could have been prevented with effective treatment. In forming this task force, the AMA takes a leadership role in [preventing] the devastating consequences associated with the disease of addiction."

ANNOUNCEMENTS



OCTOBER 17 MCMS Family Day at the Cider Mill in Armada. To register email the MCMS Office at mcms@msms.org

OCTOBER 21 Free CME opportunity. "Extended-Release and Long-Acting Opioid REMS: Achieving Safe Use While Improving Patient Care", Somerset Inn in Troy, 5:15 pm - 7:30 pm. To register visit www.msms.org/Education or call 517-336-7581.

OCTOBER 20-24 MSMS Annual Scientific Meeting, Somerset Inn in Troy. To register visit www.msms.org/Education or call 517-336-7581.

NOVEMBER 13-14 19th Annual Conference on Bioethics: Ethical Issues in Neonatal and Pediatric Care, Sheraton Hotel in Ann Arbor. For more information or to register visit www.msms.org/Education.

NOVEMBER 17 MCMS Annual Meeting.

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

Does the MCMS have your email address? If not, send it to us at mcms@msms.org or call 810-387-0364 so that we can keep you informed!

Change of Address? Let us know! Call 810-387-0364 or Email us mcms@msms.org any changes.

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- Train tours of the orchards
- Hayrides to the pumpkin patch
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- Animal petting farm
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- Straw mountain
- Storybook barn and more

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Space is limited – to Register email the MCMS Office at mcms@msms.org or call 810-387-0364

Directions to Blake's:

From the Southwest: take Van Dyke (M-53) north, to 32 Mile Rd. east, to Romeo Plank Rd. north, to Armada Center Rd. east.

From the Southeast: take Hall Rd. (M-59) to North Avenue north, to Armada Center Rd. west.





	2015	2014	2013
AMEBIASIS.....	0	1	1
BLASTOMYCOSIS.....	0	1	0
BOTULISM (FOODBORNE).....	0	0	0
BOTULISM (INFECTIOUS).....	0	0	0
BRUCELLOSIS.....	0	0	0
CAMPYLOBACTER.....	47	87	68**
CHICKENPOX.....	16	88	40**
CHLAMYDIA.....	1,464	2,467	2,514
COCCIDIOIDOMYCOSIS.....	2	7	2
CREUTZFELDT JAKOB.....	1	2	1
CRYPTOCOCCOSIS.....	1	2	1
CRYPTOSPORIDIOSIS.....	1	9	7
DENGUE FEVER.....	0	0	0
DIPHTHERIA.....	0	0	0
EHRlichIOSIS.....	1	1	0
ENCEPHALITIS PRIMARY.....	1	3	0
ENC POST OTHER.....	1	2	2
FLU-LIKE DISEASE.....	17,833	28,824	42,842
GIARDIASIS.....	4	22	19
GONORRHEA.....	291	497	575
GRANULOMA INGUINALE.....	0	0	0
GUILLAIN-BARRE SYNDROME.....	2	6	8**
HEMOLYTIC UREMIC SYN.....	0	0	0
HEPATITIS A.....	2	4	7
HEPATITIS B (ACUTE).....	1	7	7
HEPATITIS B (CHRONIC).....	100	144	123**
HEPATITIS C (ACUTE).....	9	15	7
HEPATITIS C (CHRONIC).....	441	704	494**
HEPATITIS D.....	0	0	0
HEPATITIS E.....	0	0	0
H. FLU INVASIVE DISEASE.....	9	9	11
HISTOPLASMOSIS.....	3	2	3**
HIV ^.....	56	54	35
INFLUENZA.....	1,091	820	147
KAWASAKI SYNDROME.....	8	6	9
LEGIONNAIRE'S DISEASE.....	16	24	31
LISTERIOSIS.....	0	1	1

	2015	2014	2013
LYME DISEASE.....	5	1	0
MALARIA.....	1	1	0
MEASLES.....	0	0	0
MENINGITIS VIRAL.....	25	46	75**
MENINGITIS BACTERIAL/BACTEREMIA (EXCLUDING N. MENINGITIDIS).....	8	8	4
MENINGOCOCCAL DISEASE.....	1	1	0
MUMPS.....	0	2	0
PERTUSSIS.....	20	95	108**
POLIO.....	0	0	0
PSITTACOSIS.....	0	0	0
Q FEVER.....	0	0	1
RABIES ANIMAL.....	1	3	2
RABIES HUMAN.....	0	0	0
REYE SYNDROME.....	0	0	0
ROCKY MNTN SPOTTED FVR.....	0	0	0
RUBELLA.....	0	0	0
SALMONELLOSIS.....	34	75	76**
SHIGELLOSIS.....	13	9	4
STEC***.....	6	11	6
STREP DIS, INV, GRP A.....	19	26	18
STREP PNEUMO, INV + DR.....	33	45	58
SYPHILIS.....	21	78	78
SYPHILIS CONGENITAL.....	0	0	1
TETANUS.....	0	0	0
TOXIC SHOCK SYNDROME.....	2	1	2
TUBERCULOSIS.....	7	10	11
TULAREMIA.....	0	0	0
TYPHOID FEVER.....	0	1	0
VIBRIOSIS.....	0	0	0
VISA.....	0	1	2
WEST NILE VIRUS.....	0	0	3**
YELLOW FEVER.....	0	0	0

All 2014 numbers are final
 **REFLECTS BOTH PROBABLE & CONFIRMED CASE REPORTS
 ***Shiga-toxin producing Escherichia coli per MDCH; combo of E. coli & Shiga Toxin 1 or 2
 ^ Previously reported as "AIDS"

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Medical Records of Retired Physicians

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



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