

Macomb

Journal of the Macomb County Medical Society

March/

April

2014

Issue

Vol. 22

No. 2

# Medicus

## Macomb County Medical Society Foundation's Kipp Memorial Golf Outing & Dinner

Wednesday, June 25, 2014

Greystone Golf Club

See page 21 for information



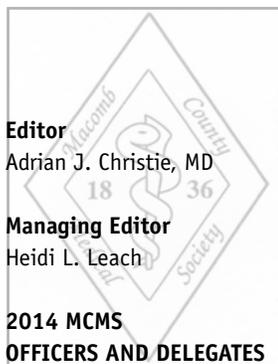
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Yale, Michigan 48097-0062



# 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.



## You've Come a Long Way, Baby



By: Adrian J. Christie, MD

MOVIE-GOING IS ONE OF THE PLEASURES MY WIFE OF ALMOST 50 YEARS AND I SHARE.

On a weekend in mid-December, 2013, we saw two newly released films called "Philomena" and "The Dallas Buyers Club". Both movies, although telling very different stories, attempted to portray actual events. Philomena is the name of

an aging Irish woman (played by Judi Dench) with a lifelong secret she can no longer keep. In the 1960's, she was an unwed and disgraced teenage mother banished by her parents to an Irish convent, 'employed' in slave-like conditions for her sin and forcibly separated from her newborn son. Like many of the convent's children, the boy, named Anthony, was 'sold' by the convent for adoption to wealthy Americans. Philomena always wondered what became of him and if he ever thought of her. A chance meeting of her daughter and a recently unemployed journalist led to a modern day quest enabled by computers and involving travel from the UK to the US. It transpired that her son had achieved a high position in the US government as a presidential aide but sadly had died from HIV infection acquired from a homosexual partner. When the movie showed images of Anthony standing next to Ronald Reagan, there was a narrated comment (characteristic of BBC bias) that was quite negative about Republicans lack of support for research on "AIDS" on account of it being associated with homosexuality, unquestionably much less publicly acceptable in that era.

A little investigation revealed that the facts on the ground were different and that Reagan appointed men with known leadership skills to lead the attack on this newly recognized, poorly understood and usually lethal disease in the early 1980's.

The second movie, 'Dallas Buyers Club', has HIV infection more central to its story, and is based on a real life Texas cowboy and electrician, Ron Woodroof (played by Matthew McConaughey who lost 38 pounds for the role), whose 'happy-go-lucky' life was upended in 1985 when he was diagnosed as HIV positive and given 30 days to live. He refused to accept this death sentence and took matters into his own hands to obtain new and experimental drugs. His crash course of research revealed

a lack of approved treatments and medications in the US, so he crossed the border into Mexico where he learned about alternative treatments including AZT and began smuggling them into the US, challenging the medical and scientific community including his concerned physician. An outsider to the gay community, Ron found an unlikely ally in fellow AIDS patient Rayon, a transsexual who shared Ron's lust for life; together they circumvented the laws against illegal sales of drugs by establishing a hugely successful "buyers' club."

**At that time, the FDA had a slow, ten to twelve year approval process and people were dying like flies from the disease.**

Public protests by such activist groups eventually forced the FDA to speed up their reviews of potentially life-saving drugs. Woodruff's self-administered medications enabled him to live seven years longer than the doctors had forecast.

Astonishingly, within a span of barely 30 years, this viral epidemic has morphed from the likes of a devastating plague of unknown cause, with similar public behavior to that described in the classic book 'The Plague' by Camus, killing thousands of mainly young people, to a chronic disease affecting mainly older people; like hypertension or diabetes! HIV infection is no longer a death sentence; it is a treatable chronic medical condition.

This reality dawned on me when I attended a meeting in London at the Royal Society of Medicine in October, 2013, entitled 'HIV and Ageing'. There, I was informed that the definition of elderly for research purposes for HIV infection is over 50 years old, the reason being that this age group shows a statistically significant decline in immune recovery to antiretroviral therapy. With the introduction of Highly Active Antiretroviral Therapy (HAART) the life expectancy of individuals with HIV infection is improving and is close to that of the non-HIV population in Western Europe and North America. It is predicted that by 2015 over half the people with HIV in the US will be over 50 years of age and Europe is not far behind. However, mortality and morbidity are significantly increased in those diagnosed at a later age. HIV clinicians are increasingly dealing with complex co-morbidities, complex medications and complex drug-to-drug interactions.

*Continued on pg. 6*



## **CMS OFFERS MEDICARE CLAIMS TESTING TO ENSURE ICD-10 READINESS**

This summer, the US Centers for Medicare & Medicaid Services (CMS) will offer to a small sample group of physicians and other health care providers “end-to-end” testing of Medicare claims using the ICD-10 diagnostic and procedure codes. The aim is to make sure medical practices will be prepared for the October 1 implementation date and that CMS software appropriately supports the ICD-10 claims.

For more information, contact your Medicare Administrative Contractor.

*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*

## **ICD-10 PREPAREDNESS: DON'T PUT IT OFF!**

Do you know the code for toxic effect of unspecified spider venom, assault? Although this code might never be used in your practice, the implementation of ICD-10 will require greater specificity in your documentation. ICD-10 takes effect on October 1, and MSMS offers several educational opportunities and resources to help prepare you for a successful transition to this massively-expanded coding system.

### **Upcoming MSMS educational programs:**

**March 18** ~ “Documentation of E&M: Prepare for ICD-10,” webinar

**May 15** ~ “ICD-10: Are You Prepared?” The Henry in Dearborn, 1 - 4 pm.

**May 21** ~ “Train the Trainer: An Advanced ICD-10 Course,” Somerset Inn in Troy, 9 am - 4 pm.

To register, contact Marcie Barnum at MSMS at 517-336-5724 or [mbarnum@msms.org](mailto:mbarnum@msms.org).

## **HOME-BASED PRIMARY CARE PROGRAM REPORTS DECREASE IN ER VISITS**

A statewide program to deliver health care services to the homes of patients living with advanced chronic illness has reported a 47% drop in emergency room and hospital inpatient visits since the program was launched. Priority Health, a Michigan-based nonprofit health plan owned by Spectrum Health, tested the concept with the Spectrum Health Medical Group in West Michigan for 90 of its patients, before launching its Home-Based Primary Care program in 2013.

The program provides each patient with a primary care team that features a physician, nurse practitioner, registered nurse case manager, and social worker. Through the program, patients receive important routine and preventive care and direct access to care. Patients need to be referred by their primary care physician and meet other qualifications to be eligible.

## **MEDICAL LOAN REPAYMENT BILLS CLEAR COMMITTEE**

In January, a bill that would modify a program that re-pays student loans for certain physicians in underserved areas moved out of the Senate Appropriations Committee with amendments. Senate Bill 648, sponsored by Sen. John Moolenaar (R-Midland) and supported by MSMS, would remove the four-year limit on loan repayments, increase the maximum annual loan repayment, and establish a lifetime cap on loan repayments. The idea, according to the bill sponsor, is to incentivize more medical students to choose to practice primary care in rural and underserved parts of the state. The bill also would permit the Michigan Department of Community Health to give preference to physicians studying general practice, family medicine, obstetrics and gynecology, pediatrics, or internal medicine. Watch Medigram for further developments.

Learn more about state and federal loan repayment programs at [www.msms.org/gme](http://www.msms.org/gme).

## **LATEST AUTO NO-FAULT PROPOSAL INCLUDES \$10 MILLION CAP**

In February, Michigan House Speaker Jase Bolger (R-Marshall) unveiled a proposal to overhaul auto insurance with a \$10 million cap on catastrophic medical benefits.

Under the proposal, the Michigan Catastrophic Claims Association (MCCA) would remain in place, but a new subset of the MCCA would pay claims directly to providers instead of insurers paying first and then billing the MCCA.

MSMS has been a longtime member of the Coalition Protecting Auto No-fault (CPAN), which includes nearly 30 health and consumer groups that aim to prevent an overhaul of Michigan's model auto no-fault insurance system.

## **BCBSM, MSMS & MOA LEADERSHIP COMMITTEE OFF TO A STRONG START**

During the past several years, MSMS and Michigan Osteopathic Association (MOA) leadership and staff have met regularly with key Blue Cross Blue Shield of Michigan (BCBSM) leaders and staff through the TriStaff and Physician & Participating Provider Contract Advisory Committee (PPCAC) meetings.



Although BCBSM’s committee structure was streamlined during its organization as a mutual company, this access will not be compromised. In fact, the revamped and renamed PPPCAC (now known as the Professional Provider Relations Advisory Committee or PPRAC) kicked-off its inaugural meeting on February 11, with a robust discussion on the Physician Group Incentive Program (PGIP), Patient Centered Medical Home designation, tiered-fee uplifts and fee updates in 2014, and coding and documentation accuracy.

**DO YOUR PATIENTS KNOW ABOUT THE IMPORTANCE OF ADVANCE DIRECTIVES?**

MSMS encourages you to educate your adult patients about the importance of having an advance directive on file in the event of a catastrophic illness or injury. Since 1990, MSMS has distributed more than five million of these forms. Customers include hospitals, physician offices, lawyers, hospices, and individuals. Experts urge everyone over the age of 18 years to get one and review it every year to update information. They don’t even need an attorney.

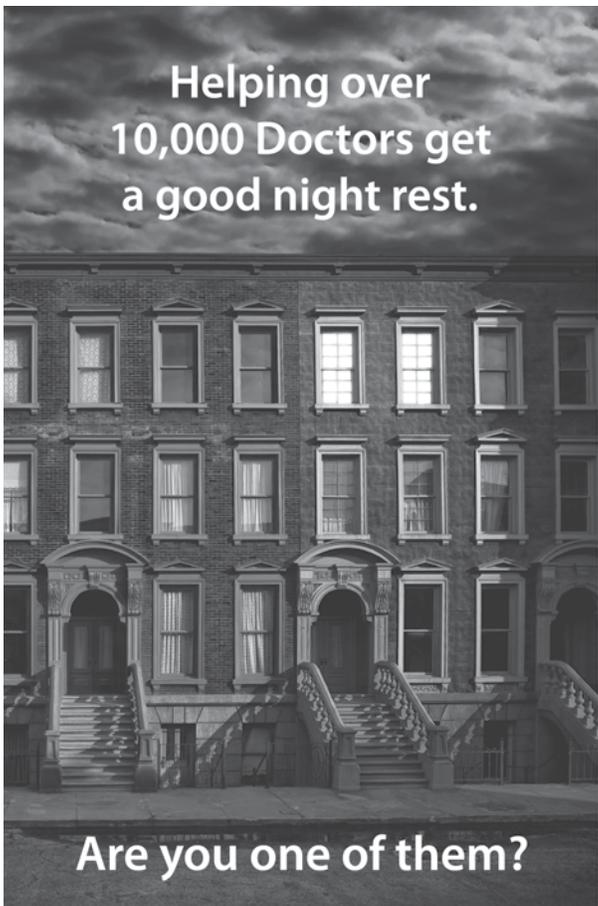
For more information about Durable Power of Attorney for Health Care or to order forms, contact Jessica Worful at 517-336-5772, or [jworful@msms.org](mailto:jworful@msms.org).

**STATE DIRECTOR TAKES LEAD AT HEALTH COUNCIL**

Melanie Brim, Senior Deputy Director of the Public Health Administration & State Health Officer at the Michigan Department of Community Health, recently was announced as the new President & CEO of the Michigan Health Council (MHC). She will take over the position on April 1.

Ms. Brim previously served as Director of the Bureau of Health Professions, where she managed the licensing and regulation functions for over 400,000 health professionals, representing 37 professions and 25 regulatory boards. She has spoken many times to MSMS leaders on a host of topics over the years.

“Many of us at MSMS have been fortunate to work with Melanie in her various roles within state government over the last 20 years. She is an expert on the perspectives of the various health professions, and is one of the most respected voices in the state,” said MSMS CEO Julie L. Novak. “We applaud her appointment as President & CEO of the Michigan Health Council, and look forward to working with her in this new capacity.”



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One of the greatest challenges for clinicians nowadays is to prevent HIV associated non-AIDS (HANA) co-morbidities along with efforts to maintain viral control via adherence to HAART. HAART controls the virus to undetectable limits (<80 HIV RNA copies/mL) although immune dysregulation persists and is associated with the occurrence of HANA co-morbidities including cardiovascular disease, cancers, osteopenia/osteoporosis, liver disease, renal disease and neurocognitive decline. These physiological alterations and co-morbidities are very similar to those accumulated with age in the HIV-1-uninfected elderly, but the constant stimulus of the immune system by HIV or co-infections accelerates immunosenescence and results in premature and/or accelerated aging with development of co-morbidities such as osteoporosis, atherosclerosis, and neurocognitive decline at comparatively

younger ages. A six-fold increase in incidence of hip fractures has been reported in HIV positive patients over 65. A dramatic decline in the incidence of overt HIV-dementia was observed with the advent of effective antiretroviral therapy but in recent years, cognitive decline despite successful antiretroviral therapy has been well documented (around 10%).

**On the positive side, innovative treatments are being developed.** When I read a recent news report claiming a complete cure of an HIV infected infant (see below), I recalled the slogan “You’ve come a long way, baby”; then my wife and Wikipedia, in that order, informed me where it originated, from the Phillip Morris cigarette company in 1968. The company launched a memorable campaign to sell Virginia Slims, a new brand of cigarettes targeting women,

itself a new phenomenon. It had a brand-new slogan: “You’ve come a long way, baby.” The company plastered it on billboards nationwide and put it in TV ads that featured women of the early twentieth century being punished for smoking. In all their advertising, smoking was equated with a set of traits meant to capture the essence of women in a new era of equality ñ independence, slimness, glamour, and liberation. A report by the Surgeon General of the United States interpreted these marketing strategies as attempting to link smoking “to women’s freedom, emancipation, and empowerment.”

As it happened, the only equality this campaign ended up supporting involved lung cancer. Today, women and men die at similar rates from that disease.

## **SOUTH MACOMB INTERNISTS, PC**

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**ANTHONY BARON, MD**  
Rheumatology

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### *References:*

*New evidence suggests baby born with HIV may be cured:*

<http://www.usatoday.com/story/news/nation/2013/10/23/new-evidence-baby-hiv-cured/3172881/>  
<http://abcnews.go.com/Health/doctors-longer-hiv-baby-cured/story?id=20671079>

*“You’ve Come a Long Way, Baby” is also the name of the second studio album by English big beat musician Fatboy Slim, released on 19 October 1998 by Skint Records. The album liner notes state that the album was made at The House of Love.*

*“Covering the Plague” by James Kinsella, 1989 (a report of how the media suppressed the news of the AIDS epidemic in its early years)*

*“The Plague” by Albert Camus, published 1947.*

### **Editor’s note: HIV and AIDs in Michigan**

How many cases?

The Michigan Department of Community Health (MDCH) estimates that there are 20,600 persons currently living with HIV in the state of Michigan, of whom 15,753 were reported as of January 1, 2012 (table 8, page 101). The number and rate of new HIV diagnoses remained stable in Michigan between 2006 and 2010, with an average of 803 new cases each year and an average rate of 8.1 cases per 100,000 population (See pages v-vi for information on 2012 Annual Review of HIV Trends in Michigan). Despite a stable number of new diagnoses each year, there are more new diagnoses of HIV infection than deaths. As a result, the reported number of persons living with HIV infection in Michigan is increasing.

[http://www.michigan.gov/documents/mdch/2012\\_Epi\\_Profile\\_FULL\\_403522\\_7.pdf](http://www.michigan.gov/documents/mdch/2012_Epi_Profile_FULL_403522_7.pdf)

## Get Involved with Your Medical Society!

*We need Members to Participate on MCMS Committees*

WE WANT VOLUNTEERS WILLING TO ATTEND AND ACTIVELY PARTICIPATE ON COMMITTEES. If you are interested in being on one of the following committees please email Heidi Leach at the MCMS office at [mcms@msms.org](mailto:mcms@msms.org) or call 810-387-0364.

### MACOMB COUNTY MEDICAL SOCIETY STANDING COMMITTEES:

**BYLAWS** – meets as needed to consider amendments to the MCMS Bylaws.

**ETHICS & MEDIATION** – meets as needed concerning the maintenance of standards of conduct and discipline of members as well as to review patient complaints.

**LEGISLATIVE & SOCIAL ECONOMICS** – meets quarterly with local and state legislators on Fridays at 7:30 am at the Loon River Café in Sterling Heights.

**MEMBERSHIP** – meets as needed to promote recruitment of non-members and to ensure retention of current members.

**PROGRAM** – meets as needed to plan and organize the regular meetings, special events, and fund raisers for the Society and the Foundation.

**PUBLIC RELATIONS** – meets as needed with community organizers and businesses to accurately convey medicine's message to the public sector.

## 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.*

## Nominate a Colleague for the 2014 MSMS Community Service Award

We are seeking nominations for the 2014 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](mailto:mcms@msms.org) or call 810-387-0364.

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**ST. JOHN MACOMB OAKLAND HOSPITAL FAMILY PRACTITIONER HONORED BY THE DETROIT PISTONS**

On Sunday, Dec. 1 (World AIDS Day), Paul Benson, MD received the Game Changer award from the Detroit Pistons. Dr. Benson was recognized for his commitment of HIV care to the community. Through the Come Together Game Changers program, recipients are the everyday people making a difference within their communities through service, leadership and volunteerism. The Detroit Pistons recognize and reward unsung heroes throughout the state of Michigan nominated by fellow community members, friends, or family.



(left to right) Dr. Paul Benson, Be Well Medical Center; Kyle Singler, Detroit Piston Center; and Dave Perkins, Matrix Ryan White Program

**ST. JOHN MACOMB-OAKLAND HOSPITAL, MACOMB CENTER EMERGENCY DEPARTMENT RECOGNIZED FOR IMPROVEMENTS IN PATIENT SATISFACTION, WAIT TIMES AND LENGTH OF STAY**



(left to right) Terry Hamilton, president; Antonio Bonfiglio, MD, medical director, emergency department; Donna Emch, director, east region emergency services; Christina Liebszeit, RN, clinical nurse manager; Vito Rocco, MD, vice chief, emergency services; and James Cole, east region chairman of the board.

**PARALYMPIC ATHLETES SETTING NEW RECORDS**

Paralympics gold medalists Dennis Oehler and Todd Schaffhauser visited St. John Macomb-Oakland Hospital, Macomb Center for grand rounds. Guest in attendance heard about their own personal experiences and their determination to become Paralympics athletes; learned how to inspire amputees to continue to strive to do their personal best; and discussed the care for amputees post-op and after receiving their prosthesis. St. John Providence Health System is collaborating with the former paralympians on a quarterly Amputee program, helping them achieve their own personal goal of mobility.



### **LIFETIME FAMILY CARE PAVING THE WAY**

The third edition of the Michigan Summary of Care Report highlights the care management strategies implemented at seven physician groups across the state of Michigan. The featured physician groups operate as patient-centered medical homes, endeavoring to improved care delivery through enhanced access, planning management and monitoring. Lifetime Family Care, office of Ia Kue, DO and Ann Marie Palaganas, DO, is recognized as one of the physician groups.

### **HEALTHGRADES NAMES ST. JOHN MACOMB-OAKLAND HOSPITAL A DISTINGUISHED HOSPITAL FOR CLINICAL EXCELLENCE**

Healthgrades, a leading online resource for comprehensive information about physicians and hospital, announced St. John Macomb-Oakland Hospital as one of 260 hospitals that achieved the 2014 Distinguished Hospital Award for Clinical Excellence. This honor places the recognized hospitals in the

top five percent of hospitals nationwide, according to a new Healthgrades report, Finding the Keys to Quality. The report also identifies common practices at top-performing hospitals, as well as several proven strategies to improve quality.

### **TWO ST. JOHN PROVIDENCE OBSTETRICS/ GYNECOLOGY RESIDENTS RECOGNIZED**

Michigan State University Statewide Campus System for OGME, a leader in providing the highest quality osteopathic education for interns, residents, fellows, and clinical faculty throughout Michigan and the U.S., recently recognize OB/GYN residents A. Donna Farin, DO and Paige Paladino, DO for their research at the annual George W. Russian Resident Research Day.



A. Donna Farin, DO, from Providence, and pictured far left in the photo, was awarded second place in posters. Paige Paladino, DO, from St. John Macomb-Oakland and standing next to Donna, placed third. They are pictured with other winners from Michigan.

## **Henry Ford Macomb Obstetrics & Gynecology**

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## Henry Ford Macomb

### HENRY FORD MACOMB HOSPITALS ANNOUNCES MEDALLION HONOREES

Everyone is invited to believe in the impossible and join Henry Ford Macomb Hospitals for “A Magical Night at The Medallion.” Prepare yourself to be amazed and enthralled as we celebrate the magic that exists in each of us.

The Medallion: Macomb’s Gala event is Macomb County’s premiere social event and this year will benefit Surgical Services at Henry Ford Macomb Hospital. Our patients expect the best care, the most talented surgeons and the most advanced equipment. Henry Ford Macomb has an outstanding opportunity to continue leading the way to improve the lives of our family and friends by expanding and improving the surgery center at our Clinton Township hospital.

Approximately 1,000 guests are expected to attend the event set for March 1 at Penna’s of Sterling. In addition to raising funds, Henry Ford Macomb Hospitals will recognize staff and community supporters with the Medallion award. It is a celebration of the contributions of individuals who have enriched the work of Henry Ford Macomb Hospitals and the lives of people throughout the region.

This year’s Medallion honorees include:

#### **Anthony Rubino - Tony Viviano Distinguished Achievement Award**

Friends and colleagues describe Tony as a philanthropist with a big heart who supports many great causes. In recognition of his work, Tony is being honored with the Tony Viviano Distinguished Achievement Award. It is presented to a person who displays outstanding integrity and generosity.

Tony has been involved with Henry Ford Macomb Hospitals for more than 10 years and is a member of the Philanthropy Committee.

“I am involved in many groups and what I like about Henry Ford Macomb is that it is a local organization with a big mission. I am helping my family, friends and neighbors,” he said. “I am dedicated to this organization because I know at some point we all will need quality health care and I want to do everything I can to make sure it continues to be available right here.”

In addition to his work with the hospital, Tony also is a member of the Board of Trustees for the National Multiple Sclerosis Society, Michigan Chapter and the Athletes with Disabilities

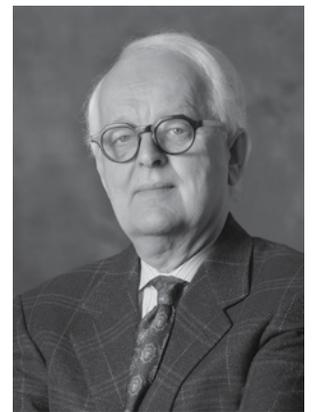
Hall of Fame. He also is on the committee that organizes the Families Against Narcotics Fall Fest fundraiser. He is a member of the Italian American Delegates and a past board member of the Italian American Chamber of Commerce.

Tony also is on the Board of Metro Networking Professionals. One of his latest volunteer efforts is to grow Business to Business relationships among Macomb-based companies by leading the organizing efforts for the Annual Macomb County Business Expo, a gathering of more than 100 business and political leaders in Macomb County.

Tony and his wife, Gina, have four children and eight grandchildren.

#### **Rod Dimitrijevic, MD - Physician**

It would be difficult to determine how many lives cardiologist Rod Dimitrijevic, MD has changed in the 35 years he has been on the Henry Ford Macomb medical staff. While known as a superior clinician, his Medallion nominators point to his kindness and generosity. He frequently makes himself available to staff at the Henry Ford Macomb Neighbors Caring for Neighbors Clinics, which provide primary care services to low-income, uninsured Macomb County residents.



“He provides consultation and makes recommendations for patients seen in the Neighbors Caring for Neighbors Clinic,” notes one nominator. “He has never refused a case no matter how critical or non-critical. This physician is truly a humanitarian.”

Says another nominator, “Dr. Dimitrijevic is an intelligent and concerned cardiologist who allows Neighbor’s Clinic nurse practitioners to fax over questions or EKGs on patients and offers comments and suggestions for care. He is timely and very helpful in his responses. He is willing to do free consultations on our patients who need a cardiology visit. He is compassionate to our patients and kind to us as nurse practitioners when we need an expert cardiologist opinion.”

To that, Dr. Dimitrijevic says that everyone deserves to be treated equally and to have access to quality healthcare.

“I love being a doctor,” Dr. Dimitrijevic said. “I enjoy reading EKGs. You can look at a bunch of lines on paper or on a screen and decipher them and know what is wrong with the patient.”

Through the years, cardiology ñ like all of medicine ñ has seen



an explosion of advancements from stents and defibrillators to the emerging field of genetic therapy.

“Things that people could only imagine when I began are common practice today,” he said.

Dr. Dimitrijevic received his medical degree from the University of Belgrade in Yugoslavia. He completed his residency and a fellowship in cardiology at St. Joseph Mercy Hospital in Pontiac. He is board certified in internal medicine and cardiology.

Over the years, he has held a number of leadership positions at Henry Ford Macomb including Director of Non-Invasive Cardiology and two stints as Chief of Medicine. He is a Fellow of the American College of Cardiology and has been published in the Journal of the American Medical Association. He also served as a senior staff research scientist in the Biomedical Science Department at the General Motors Research Labs in Warren.

Dr. Dimitrijevic is married to Henry Ford Macomb neurologist Wilma Agnello-Dimitrijevic, MD, who was honored with the Medallion in 2010.

### **Ameldia Brown, M-Div., RN - Leader**

Ameldia has united her two callings to create a concept of community-based health care outreach that has been recognized and embraced across the United States.

As Director of Faith Community Health, Ameldia leads Faith Community Nursing, which includes volunteer nurses in 45 faith communities; the School Health Network, which includes active volunteer health teams in 30 schools and outreach activities to another 60; the Neighbors Caring for Neighbors Clinics; the Prescription Resource Network and the Called to Care Program.

The nursing documentation program she has developed for the faith community nurses is used across the country. The data produced by this documentation has resulted in significant cost avoidance for both hospitals and patients, as well as significant improvements in quality of life for patients.

Notes a nominator, “In her many years with our organization, she has been recognized nationally and regionally for her innovative, heartfelt work for the poor and underserved in our community. In 2013, she continued ground-breaking work by recognizing and embracing the need to capitalize on the Health Insurance Marketplace and Medicare expansion as methods to get our uninsured covered. She recruited volunteer nurses to serve as certified navigators for our patients and has helped broaden this team’s reach to others in the community.”

Ameldia has been a nurse for 37 years and a minister for

20 years. She received her associate degree from Macomb Community College and her bachelor’s degree in nursing from Wayne State University. She completed her ministerial studies at Ashland Theological Seminary in Ohio. It was doing research on the effects of spiritual interventions in critical care nursing that helped lay the foundation for her future work. She came to Henry Ford Macomb in 1994 from a nursing development post in Detroit.

Ameldia and her husband, Michael, have two children and six grandchildren. In addition to her work at Henry Ford Macomb, Ameldia serves as assistant pastor at New Life Ambassadors for Christ Christian Church in Fraser.

### **Mary Gerlach, RN - Nurse**

As a nurse specializing in wound and ostomy care, Mary cares for patients who feel especially vulnerable.

“Every day, you are involved in very intimate things with your patients and they have to trust you,” she said. “Some of my patients have suffered with conditions like colitis for years and it is so rewarding when you can help them.”

Mary’s energy, passion for best practice sharing, dedication to patients and clinical expertise were noted by nominators.

“Mary is one of the best advocates for nursing at Henry Ford Macomb Hospital. She is innovative and creative. She is meticulous in her care to patients. She leads by example. She is a role model for other nurses and has organized and trained a workforce of nurses for pressure ulcer monitoring. She is the ultimate professional ñ always striving to improve the care of patients.”

Mary has been a nurse for 35 years. She earned her bachelor’s degree in nursing from Wayne State University and her master’s degree in nursing from Madonna University. She frequently presents at national conferences on ostomy care. She also has written book chapters on the subject. Mary also was instrumental in opening the outpatient ostomy clinic at the Henry Ford Macomb Health Center ñ Chesterfield.

### **Jon Sherman, PA-C - Staff Member**

Jon is the kind of guy who likes a challenge. And in his work as a certified physician assistant in the cardiac catheterization lab, he says he has found the perfect mix of complexity and humanity.

“I enjoy being a part of a team that achieves good outcomes,” Jon says. “It’s a complex procedure. We are involved in on the spot problem solving. What I also enjoy is taking a potentially dangerous and scary procedure for patients and making them

more comfortable. We try to have some fun with our patients to help relieve that anxiety.”

His clinical and people skills are not lost on his Medallion nominators.

“Jon’s bright personality when he walks into a patient’s room provides a level of comfort and education that exceeds any clinician I have ever encountered. Jon’s eye for detail and amazing bedside manner not only provides a high level of quality but also high patient satisfaction. Friends and families of patients will often ask for Jon by name to be involved in their cardiac cath lab procedures.”

In addition to his work in the cath lab, Jon conducts education classes for Cardiac Rehab patients.

“The (cardiac rehab) clients always comment on how knowledgeable, interesting and entertaining these classes are and ask, “When is the next one?” added another nominator.

Jon, a father of two, has been a member of the Henry Ford Macomb Heart and Vascular Institute team since it was formed in 2001. He holds a bachelor’s degree in economics from Oakland University and earned his master’s degree in PA studies from Wayne State University.

**Ken Hough - Volunteer**

Ken had such an amazing experience as a Henry Ford Macomb patient, it inspired him to become a volunteer. And since he started in 2009, he has logged 4,200 hours.

He greets people one day a week in the Main Lobby and one day a week in the Surgery and Endoscopy Center.

“My perspective is that everyone who comes in here has a need,” he said.

Ken is a retired farmer with two children and three grandchildren and he has an uncanny way of making people feel comfortable.

“Ken is always aware of the needs of the visitors who come to the hospital,” notes one nominator. “Many of the visitors are unsure of where to go. He is always there to help them. He makes visitors his priority. When we are out of wheelchairs, he will go and hunt them down. On days he works in the Ambulatory Surgery Center, he helps incoming patients with his usual positive, sensitive and smiling disposition. In the main lobby, he also carries this same demeanor. He helps the information desk workers when requested with a giving spirit. He is kind, gentle, unassuming, generous and caring. All who know him, love him.”

“It’s a reaffirming opportunity for me every day,” says Ken.



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# Many Patients at Risk for Diabetes Say They're Perfectly Healthy

DO YOUR PATIENTS KNOW THEIR RISK FOR TYPE 2 DIABETES? A NEW SURVEY BY THE AMERICAN DIABETES ASSOCIATION (ADA) REVEALS THAT NEARLY 80 PERCENT OF PATIENTS AT AN ELEVATED RISK FOR TYPE 2 DIABETES THINK THEY ARE IN "EXCELLENT" OR "VERY GOOD" HEALTH.

*From: The American Medical Association*

Less than half of at-risk patients reported discussing things like blood glucose, blood pressure and cholesterol regularly with their physicians. Conversely, physicians who responded to a separate ADA survey reported talking to most of their at-risk patients about diabetes and heart disease prevention. The ADA surveyed more than 1,400 consumers aged 40 and older, as well as 601 physicians and other health care professionals.

The surveys suggest that discussions about reducing risk factors may not register with patients because they are not connecting the risk factors to disease development, according to the ADA. Meanwhile, such risk factors as weight and physical activity are at the lowest at-goal rates, despite more than half of patients reporting that their physician regularly discusses these factors with them.

The survey findings highlight the importance of screening patients who are at risk for developing diabetes and directing them to the knowledge and support they need to make lifestyle modifications.

Through its Improving Health Outcomes

initiative, the AMA is focusing on preventing type 2 diabetes and heart disease and improving outcomes for those who suffer from these conditions. About 79 million Americans have prediabetes, a potentially reversible condition that can be managed effectively. Another 26 million Americans suffer from diabetes.

The initiative emphasizes the importance of community prevention programs such as the AMA pilot program recently announced in Wilmington, Del. This program encourages physicians to screen their patients for prediabetes and connects them with their local YMCA for referring Medicare beneficiaries with prediabetes to its evidence-based lifestyle intervention program. The pilot program also establishes a feedback loop so physicians can integrate their patients' experiences at the YMCA into their care plans.

Based on the Centers for Disease Control and Prevention's National Diabetes Prevention Program, the YMCA program has been proven to reduce the risk of type 2 diabetes among all adults with prediabetes by 58 percent and by 71 percent among seniors.

# ICD-10 Implementation Costs “Much More Disruptive”: New Study

NEW ESTIMATES OF COSTS TO IMPLEMENT THE FEDERALLY MANDATED ICD-10 CODE SET BY OCT. 1 ARE IN SOME CASES NEARLY THREE TIMES MORE THAN PREVIOUSLY ESTIMATED, ACCORDING TO A NEW AMA STUDY.

*From: The American Medical Association*

Costs associated with ICD-10 implementation include training, vendor and software upgrades, testing and payment disruption. Compared to a similar study completed in 2008, these costs could be as much as \$8 million for a typical large physician practice. For a small practice, implementation costs could be more than \$225,000. The move is expected to be “much more disruptive for physicians” than previous mandates.

“The markedly higher implementation costs for ICD-10 place a crushing burden on physicians, straining vital resources needed to invest in new health care delivery models and well-developed technology that promotes care coordination with real value to patients,” AMA President Ardis Dee Hoven, MD, said in a news release.

“Continuing to compel physicians to adopt this new coding structure threatens to disrupt innovations by diverting resources away from areas that are expected to help lower costs and improve the quality of care,” Dr. Hoven said.

Current cost estimates are higher now “due to the need for testing, and the potential for increased payment disruption,” the study reports. “A major element in cost is clearly the vendor/software upgrade category.”

The study notes specialty practices will see the highest ICD-10 implementation costs, especially in productivity losses

and payment disruptions, because of their higher revenues and per hour rates.

The study estimates both pre- and post-ICD-10 implementation costs for average small, medium and large physician practices. While conservative cost estimates fall slightly below 2008 estimates, the range of expenses is much higher than the AMA’s 2008 analysis, and many practices are expected to fall into the higher ranges.

“Because of variability in the size and specialty of practices, there is no ‘one size fits all’ implementation process for practices to follow,” the study said.

The AMA has been able to keep ICD-10 at bay for more than a decade and continues to urge lawmakers to stop implementation of the code set. Physicians can ask their members of Congress to co-sponsor legislation to stop ICD-10 implementation, known as the Cutting Costly Codes Act of 2013, by sending an email through the AMA’s Physician Grassroots Network.

As the AMA works to halt ICD-10, physicians should continue to prepare for the new code set. Access free educational resources from the AMA for practical insight into the preparation process, or visit the AMA Store for additional training opportunities and products.

These numbers are too important to ignore. Share on social media, and help us #StopICD10. Share on Facebook. Share on Twitter.

# SGR Repeal Gaining Momentum: Let's make it happen

LONG-AWAITED AND HARD-FOUGHT LEGISLATION TO PERMANENTLY REPEAL THE FATALLY FLAWED SUSTAINABLE GROWTH RATE (SGR) FORMULA NOW IS BEFORE BOTH CHAMBERS OF CONGRESS WITH LAST WEEK'S INTRODUCTION OF THE SGR REPEAL AND MEDICARE PROVIDER PAYMENT MODERNIZATION ACT OF 2014 (H.R. 4015/ S. 2000).

*From: The American Medical Association*

**T**ake action now to support permanent SGR repeal!

The three key congressional committees of jurisdiction came to this bipartisan, bicameral agreement in advance of the March 31 deadline to prevent Medicare cuts of 24.1 percent. The bill, for which the AMA has announced its support, incorporates many AMA recommendations to reform the health care delivery and physician payment system and improve care for America's seniors.

This legislation would provide physicians with positive annual payment updates of 0.5 percent for five years. It also includes important medical liability protections and significant resources and tools to help physicians transition to new payment and delivery models.

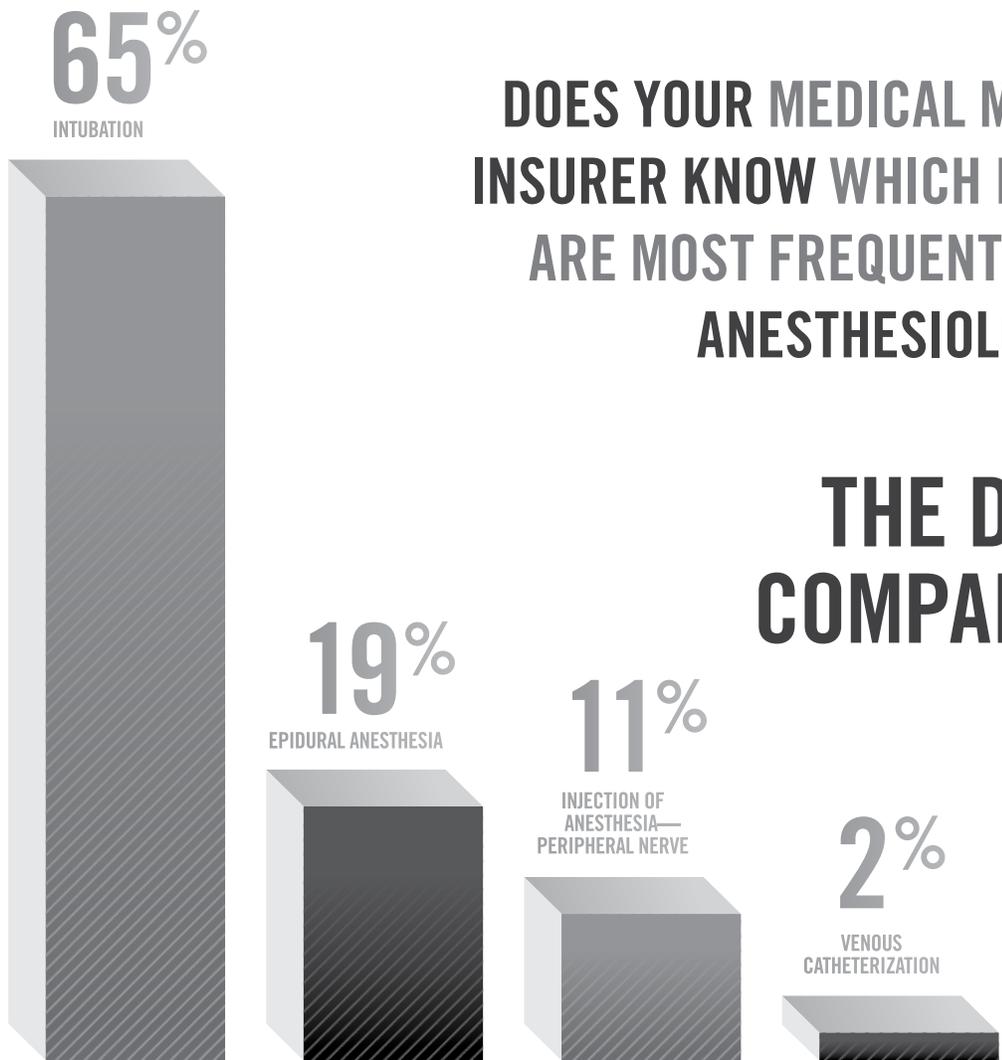
Congress now is closer than ever before to enacting fiscally prudent legislation that would permanently repeal the SGR formula. Amplifying the physician voice on this issue now is critical.

Please take action by sending an email to your lawmakers and calling them via the AMA's Physicians Grassroots Network hotline at (800) 833-6354.

The key points to stress with your representative and senators are:

- For at least 12 years, Congress has recognized the imperative of reforming the Medicare physician payment system. Now that a bipartisan, bicameral policy has been developed, it's time to stop thinking about the problem and seize the opportunity to solve it.
- Congress must act as soon as possible and vote in support of permanently repealing the flawed Medicare SGR formula.
- Congress must avoid continuing the fiscally irresponsible cycle of short-term patches that contribute to the Medicare program's instability and do nothing to solve the underlying problem.

Be sure to visit [FixMedicareNow.org](http://FixMedicareNow.org) for the latest information and resources on the AMA's campaign to repeal the flawed Medicare SGR formula and achieve reform that will transform Medicare into an effective, 21st-century model of care.



**DOES YOUR MEDICAL MALPRACTICE INSURER KNOW WHICH PROCEDURES ARE MOST FREQUENTLY LINKED TO ANESTHESIOLOGY CLAIMS?**

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## New Member

**NADA C. MACARON, MD**

*Dermatology - Board Certified & Dermatopathology - Board Certified*

Medical School: American Univ. of Beirut Faculty of Medicine (Lebanon), 1999. Residency & Fellowship: Emory Univ. School of Medicine (Atlanta, GA), completed in 2003 and Mayo Graduate School of Medicine/Mayo Foundation (Rochester, MN), completed 2004. Currently practicing at Hamzavi Dermatology, 43151 Dalcoma Dr., Ste. 5, Clinton Twp., MI 48038, ph. 586-8720, fx. 586-649-6699.

## Retired Status

**H. JAY ZESKIND, MD**

*Diagnostic Radiology*

*Retired 12-31-13*



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# Letters of Thanks

January 13, 2014

Dear MCMS Foundation,

This letter acknowledges receipt of a \$1,500 donation from the Macomb County Medical Society Foundation on December 31, 2013 to benefit the Henry Ford Macomb Hospital’s Neighbors Caring for Neighbors Clinics. On behalf of the Board of Trustees, more than 24,000 employees, and especially our patients and their families who benefit from medical care through Henry Ford Health System, we greatly appreciate your generosity.

The Neighbors Caring for Neighbors Clinics provide medical care to uninsured, low-income Macomb County residents of all ages. The clinics offer primary care, school and employment physicals, and management of chronic illness such as diabetes or high blood pressure. Clinics are staffed by nurse practitioners who work in consultation with physicians and other professionals from Henry Ford Macomb Hospitals. The Neighbors Caring for Neighbors Clinics have saved hospitals hundreds of thousands of dollars in emergency costs by providing care to the community.

Our partnerships are a testimony to the work we can accomplish together. The generous support from Macomb County Medical Society is having an impact on real people through our patient-centered health care, advanced medical education, and state-of-the-art research at Henry Ford. Thank you for making this donation possible.

Sincerely,

Jon M. Fitzgerald  
Senior Vice President, Philanthropy  
Henry Ford Health System

February 10, 2014

Dear Supporters,

On behalf of the Macomb Food Program and its Board of Directors, I would like to extend a sincere “thank you” for your generous donation of \$2,870 to the Macomb Food program.

The Macomb Food Program serves people in need of food throughout the County of Macomb through its network of 52 pantry distribution sites. Every dollar you donate is used to purchase food to help feed hungry families, children, the elderly and disabled throughout Macomb County. Last year, with the help of generous donors such as yourself, we were able to feed nearly 500 people per day!

Your generosity allows the Macomb Food Program to continue to make feeding the hungry in Macomb County a reality. Thank you again for your donation and your generous support for our mission to feed the hungry in Macomb County.

Gratefully,

|  |  |
|--|--|
| Michael Sheridan, Chairperson<br>Macomb Food Program | Linda Azar<br>Food Program Coordinator |
|--|--|

February 3, 2014

Dear MCMS Foundation,

On behalf of everyone here at Turning Point, we thank you for your continuous support to our cause and your generous donation of \$2,785. Your support will help us provide vital services to women and their children fleeing from violence.

As you know for over 30 years, we have been providing crisis support and prevention services for victims and survivors experiencing domestic or sexual violence in our community. Our goal is to help people regain control of their lives and step into a future without domestic violence and/or sexual assault. Because of you, we are able to continue to keep individuals and families safe.

Last year, we were able to help:

- 12,434 individuals who called our 24-hour crisis line seeking help for domestic and sexual assault.
- 2,985 individuals who received counseling and advocacy services.
- 11,988 students participated in our Violence Prevention Education programs.
- 311 with emergency shelter; of which 167 were children.
- You help us make a difference in people’s lives!

Let us keep you updated on our accomplishments, challenges, stories, and progress! Please visit our website [www.turningpointmacomb.org](http://www.turningpointmacomb.org), and join us on Linked In and Facebook at both of our pages “Turning Point Inc.” and “Turning Point’s Second Hand Rose”.

Thank you for thinking of us during this time of the year.

Sincerely,

Deborah McPeck, Acting CEO  
Turning Point Inc.



# ANNOUNCEMENTS

**MARCH 26** MSMS Physician Sustainability & Payment Reform Part II, Somerset Inn in Troy. To register call 517-336-7581 or visit [www.msms.org/eo](http://www.msms.org/eo).

**APRIL 25** MSMS Physician Executive Development Program, The Henry in Dearborn, 9 am - 3 pm. To register call 517-336-7581 or visit [www.msms.org/eo](http://www.msms.org/eo).

**MAY 14-15** Annual Spring Scientific Meeting, The Henry in Dearborn. To register call 517-336-7581 or visit [www.msms.org/eo](http://www.msms.org/eo).

**MAY 15** MSMS Physician Executive Development Program, The Henry in Dearborn, 9 am - 3 pm. To register call 517-336-7581 or visit [www.msms.org/eo](http://www.msms.org/eo).

**MAY 15** MSMS ICD-10: Are You Prepared? The Henry in Dearborn, 1 pm - 4 pm. To register call 517-336-7581 or visit [www.msms.org/eo](http://www.msms.org/eo).

**MAY 21** MSMS Train the Trainer: An Advanced ICD-10 Course, Somerset Inn in Troy, 9 am - 4 pm. To register call 517-336-7581 or visit [www.msms.org/eo](http://www.msms.org/eo).

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

*Do we not have your email address? Send it to us at [mcms@msms.org](mailto:mcms@msms.org) or call 810-387-0364 so that we can keep you informed!*

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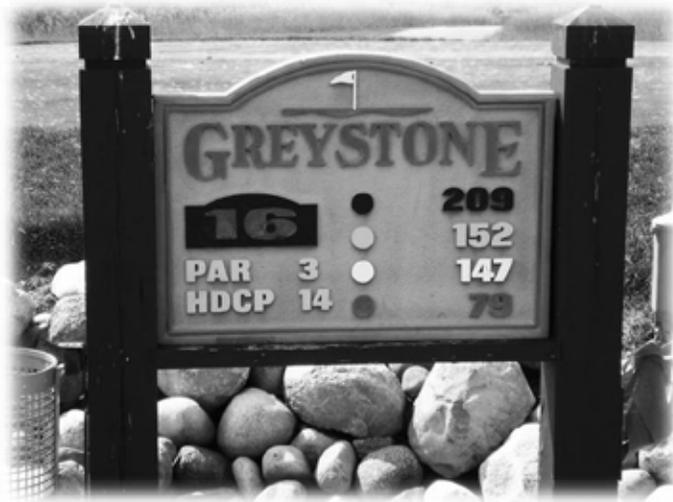
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Macomb County Medical Society Foundation's  
**Kipp Memorial Golf Outing & Dinner**



*All proceeds to benefit the MCMS Foundation and its Haurani Scholarship Fund*

**Wednesday, June 25, 2014**

**Greystone Golf Club**

Mound Road & 32 Mile Road in Romeo

***All Golfers Welcome ~ Tee Off at 12:30 pm***

Please make reservations by June 11<sup>th</sup>

**Hole Sponsor \$400**

Sign at the tee, program, and Medicus recognition. We also encourage you to have a representative from your company at the tee or a table set up inside.

**Hole Sponsor Golf Package \$900**

Hole sponsorship as above and a foursome for golf which includes: lunch, open driving range, 18 holes of golf with cart, beverages on the course, open bar, dinner and dessert.

**Golf Package \$150 Single - \$600 Foursome**

Lunch, open driving range, 18 holes of golf with cart, beverages on the course, open bar, dinner, and dessert.

**Dinner Only \$30 Per Person**

Open bar, dinner and dessert.

**Schedule of Events**

11:30 am – 12:30 pm  
Registration & Open Driving  
Range

11:30 am – 12:30 pm  
Lunch

12:30 pm  
Tee Off

6:00 pm  
Dinner, Raffles, Awards

For Reservations or More Information

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

Macomb County Medical Society Foundation's  
**Kipp Memorial Golf Outing & Dinner**

**Wednesday, June 25, 2014 at Greystone Golf Club in Romeo**

All Proceeds to Benefit the MCMS Foundation & Haurani Scholarship Fund

Contact Person's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Full Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Check  the Box(s) Below of Your Choice(s)

**Golf Package \$150 Per Person** Includes lunch, open driving range, 18 holes of golf with cart, beverages on the course, open bar, dinner with dessert.

**Names of GOLFERS:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Gus Pacs for Golfers \$30 each** 2 Mulligans, 6" extend-a-putt, 4 Closest-to-the-Pin, 2 putts in the Putting Contest.

**Hole Sponsor Package for \$900** Hole Sponsorship and a foursome for golf & dinner.

**Hole Sponsor for \$400** Sign at the tee, program, and Macomb Medicus recognition.

**Sponsor Sign Should Read:** \_\_\_\_\_

**Make a Monetary Donation of \$** \_\_\_\_\_

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**Dinner Only for \$30 Per Person** List Name(s) below

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**Number of Tickets & Fees**

\_\_\_\_\_ Hole Sponsor Package ~ \$900

\_\_\_\_\_ Hole Sponsor ~ \$400

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\_\_\_\_\_ Gus Pacs for Golfers ~ \$30 each

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**Total Amount Enclosed \$** \_\_\_\_\_



|                              | 2014  | 2013   | 2012   |
|------------------------------|-------|--------|--------|
| AIDS.....                    | .0    | 35     | 44     |
| AMEBIASIS.....               | .0    | 1      | .0     |
| BLASTOMYCOSIS.....           | .0    | .0     | .0     |
| BOTULISM (FOODBORNE).....    | .0    | .0     | .0     |
| BOTULISM (INFECTIOUS).....   | .0    | .0     | .0     |
| BRUCELLOSIS.....             | .0    | .0     | .0     |
| CAMPYLOBACTER.....           | 1**   | 68**   | 118**  |
| CHICKENPOX.....              | .6    | 40**   | 46**   |
| CHLAMYDIA.....               | 214   | 2,495  | 2,393  |
| COCCIDIOIDOMYCOSIS.....      | .0    | 2      | 2      |
| CREUTZFELDT JAKOB.....       | .0    | .0     | .0     |
| CRYPTOCOCCOSIS.....          | .0    | 1      | .6     |
| CRYPTOSPORIDIOSIS.....       | .0    | 7      | 2      |
| DENGUE FEVER.....            | .0    | .0     | 1      |
| DIPHThERIA.....              | .0    | .0     | .0     |
| EHRlichIOSIS.....            | .0    | .0     | .0     |
| ENCEPHALITIS PRIMARY.....    | .0    | .0     | 8      |
| ENC POST OTHER.....          | 1     | 2      | 3      |
| E. COLI 0157.....            | .0    | **     | **     |
| FLU-LIKE DISEASE.....        | 2,049 | 42,989 | 36,172 |
| GIARDIASIS.....              | 1     | 19     | 24     |
| GONORRHEA.....               | 47    | 564    | 530    |
| GRANULOMA INGUINALE.....     | .0    | .0     | .0     |
| GUILLAIN-BARRE SYNDROME..... | 1     | 8**    | 5**    |
| HEMOLYTIC UREMIC SYN.....    | .0    | .0     | .0     |
| HEPATITIS A.....             | .0    | 7      | 1      |
| HEPATITIS B (ACUTE).....     | .0    | 7      | 4      |
| HEPATITIS B (CHRONIC).....   | .9    | 124**  | 152**  |
| HEPATITIS C (ACUTE).....     | .0    | 7      | .6     |
| HEPATITIS C (CHRONIC).....   | 57    | 503**  | 598**  |
| HEPATITIS D.....             | .0    | .0     | 1      |
| HEPATITIS E.....             | .0    | .0     | 3      |
| H. FLU INVASIVE DISEASE..... | 1     | 11     | 8      |
| HISTOPLASMOsis.....          | 3     | 3**    | 7**    |
| INFLUENZA, NOVEL.....        | .0    | .0     | .0     |
| KAWASAKI SYNDROME.....       | .0    | 9      | 6      |

|  | 2014 | 2013  | 2012 |
|--|------|-------|------|
| LEGIONNAIRE'S DISEASE.....                                       | .0   | 31    | 15   |
| LISTERIOSIS.....   | .0   | 1     | 1    |
| LYME DISEASE.....  | .0   | .0    | .0   |
| MALARIA.....   | .0   | .0    | 4    |
| MEASLES.....   | .0   | .0    | .0   |
| MENINGITIS VIRAL.....  | 1    | 74**  | 75** |
| MENINGITIS BACTERIAL/BACTEREMIA (EXCLUDING N. MENINGITIDIS)..... | .0   | 4     | 6    |
| MENINGOCOCCAL DISEASE.....                                       | .0   | .0    | .0   |
| MUMPS.....   | .0   | .0    | .0   |
| PERTUSSIS.....   | 3    | 105** | 30** |
| POLIO.....   | .0   | .0    | .0   |
| PSITTACOSIS.....   | .0   | .0    | .0   |
| Q FEVER.....   | .0   | 1     | .0   |
| RABIES ANIMAL.....   | .0   | 2     | 2    |
| RABIES HUMAN.....  | .0   | .0    | .0   |
| REYE SYNDROME.....   | .0   | .0    | .0   |
| ROCKY MNTN SPOTTED FVR.....                                      | .0   | .0    | .0   |
| RUBELLA.....   | .0   | .0    | .0   |
| SALMONELLOSIS.....   | .0   | 76**  | 95   |
| SHIGELLOSIS.....   | .0   | 4     | 10   |
| STEC***.....   | .0   | 9     | 6    |
| STREP INVASIVE DISEASE.....                                      | 4    | 18    | 9    |
| STREP PNEUMO INV DS.....   | 5    | 58    | 41   |
| SYPHILIS.....  | .0   | 59    | 55   |
| SYPHILIS CONGENITAL.....   | .0   | 1     | 3    |
| TETANUS.....   | .0   | .0    | .0   |
| TOXIC SHOCK SYNDROME.....  | .0   | 2     | .0   |
| TUBERCULOSIS.....  | 1    | 11    | 9    |
| TULAREMIA.....   | .0   | .0    | .0   |
| TYPHOID FEVER.....   | .0   | .0    | .0   |
| VIBRIOSIS.....   | .0   | .0    | .0   |
| VISA.....  | .0   | 2     | .0   |
| WEST NILE VIRUS.....   | .0   | 3**   | 28** |
| YERSINIA ENTERITIS.....  | .0   | .0    | .0   |

All 2013 numbers remain provisional  
 \*\*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

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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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for a physician referral

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