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IN THIS ISSUE

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PHYSICIANS IDENTIFY PRIMARY CONCERN WITH HEALTH IT

When it comes to issues with health IT, physicians overwhelmingly point to one problem. Hereís what physicians think about electronic health record (EHR) systems.

A recent survey by Physicians Practice found that physicians say EHR adoption, implementation and interoperability are their most pressing technology problem.

While about 53 percent of the more than 1,400 physicians who responded to the survey said they did have a fully implemented EHR system in their practices, about 20 percent said they didn't yet have one. The main reasons for not having an EHR system were related to cost or the lack of products available to meet their needs, according to the survey. Another 17 percent said they used an EHR system selected by their parent hospital or corporation.

Roughly one-third of respondents said their EHR system has made practice work flow less efficient, while nearly one-half said the technology has made it more efficient.

The survey results echo findings from the AMA's 2013 study, conducted in partnership with the RAND Corporation, which found EHR systems to be a major contributor to physicians' professional dissatisfaction. The physicians surveyed for the AMA study expressed concern that current technology requires physicians to spend too much time on clerical work, putting up barriers to providing high-quality care.

The AMA study also revealed that EHRs were more costly than anticipated and didn't provide the technology needed to interact with other systems, causing difficulties in transmitting patient information.

About 16 percent of physicians surveyed by Physicians Practice indicated the lack of EHR interoperability was their most pressing issue, and another 13 percent cited costs to implement the systems as a problem. About one-quarter of physicians that did not have an EHR said they didn't have the technology because it was too expensive. Nearly two-thirds said they have not seen a return on investment.

According to Physicians Practice, EHR use is seeing a slow but steady trend upward. In 2010, 48 percent of responding practices had implemented an EHR. By 2014, that number climbed to 70 percent.

As part of its Professional Satisfaction and Practice Sustainability initiative, the AMA is developing a set of priorities and recommendations to improve the usability of EHR systems, identifying opportunities to achieve these improvements, and determining a research agenda to advance the evidence base for increasing usability.

The AMA is taking physician issues and recommendations directly to EHR vendors to encourage them to make the necessary changes in their future product designs and is working with the Electronic Health Records Association on these efforts.

CMS PUBLISHES ICD-10 FINAL RULE

The sustainable growth rate (SGR) patch legislation signed into law April 1 required that implementation of the ICD-10 code set not occur before October of next year. CMS published a final rule last week officially naming Oct. 1, 2015, as the new compliance date.

The agency has said it will continue to conduct "acknowledgement testing," which essentially would allow physicians to know whether or not their test claim with ICD-10 codes arrived successfully at their Medicare contractor. CMS plans to offer this testing, which started in 2013, again in November, March and June.

The AMA was instrumental in convincing CMS to conduct end-to-end testing as well, which will take place next year. Physicians interested in this opportunity will need to volunteer with their Medicare contractors. "End-to-end" testing will be far more robust than acknowledgement testing. It will allow physicians to ascertain whether or not their claims were processed. The AMA continues to press the agency to conduct end-to-end testing on a broad sample of claims.

Because moving to ICD-10 is incredibly costly and complex, the AMA continues to push for repeal of ICD-10 implementation. It also will continue to share physician concerns with CMS and Congress and look for ways to mitigate the impact on practicing physicians, including further postponing the implementation date. The AMA also is seeking assurances from CMS that it will provide sufficient and timely information of any planned changes to coverage, payment and claims processing based on the conversion to this new code set.

In addition, the AMA will advocate for a Government Accountability Office study to identify steps that can be taken to mitigate the disruption to physicians and other health care providers resulting from a replacement of ICD-9.

AMA News *continued on pg. 4*

MEDICARE QUALITY AND RESOURCE USE REPORTS TO BE RELEASED

Physicians will receive a confidential feedback report in September from Medicare, detailing how the cost and quality of care they provided to their Medicare patients in 2013 compares to that of other physicians.

Large groups of 100 or more practitioners also will learn whether their Medicare payments next year will be affected by a new Value Based Modifier (VBM), which will bring bonuses to some physicians and financial penalties to others. Smaller practices will get a preview of how they may fare as the VBM is phased in over the next three years.

Under the Affordable Care Act, the Centers for Medicare & Medicaid Services (CMS) is required to apply the VBM to some physicians in 2015 and to all physicians in 2017. The agency has chosen to apply it to groups of 100 or more in 2015, groups of 10 or more in 2016, and all groups and solo physicians in 2017.

Adjustments will be based on cost and quality data from two years earlier. That means the forthcoming data, known as "Quality and Resource Use Reports" (QRUR), will determine payment adjustments next year for the groups of 100 or more physicians and other practitioners. The reports will identify which groups will receive positive adjustments, which will see no change and which will be subject to payment cuts of up to 1 percent.

Because the underlying policies that determine the VBM are changing each year, the 2013 reports are not a perfect indicator of the likely impact of the VBM on physicians who will be subject to payment adjustments of up to 2 percent in 2016 and a proposed 4 percent maximum penalty in 2017. But they will serve as a guide to potential VBM adjustments in the future.

For physicians in group practices, data is provided at the group level with drill-downs for individual physicians' quality data. CMS first began providing QRURs to limited numbers of physicians in 2011 and has expanded availability over time. Reports using 2012 data already are available for groups of 25 or more practitioners, and the 2013 data will be posted in September.

The process for gaining access to the reports is complicated and requires a user ID and password for the "Individuals Authorized Access" to the CMS computer services (IACS), which must be renewed periodically. In preparation for the release of the 2013 reports, physicians are advised to make sure their group has an up-to-date IACS password. Visit the IACS website (https://applications.cms.hhs.gov) to learn more. Information about the QRURs and the VBM, including a quick reference for obtaining an IACS account, can be found on the CMS website (www.cms.gov/physicianfeedbackprogram).

AMA AMERICAN MEDICAL ASSOCIATION

Join Us for

MCMS Family Fun Day at the Cider Mill

Saturday, October 11, 2014
from noon until 6pm

Blake's Orchards & Cider Mill

17985 Armada Center Rd., Armada, MI 48005
(East of Van Dyke North of 34 Mile Rd.)

Included will be lunch, fresh cider & doughnuts, and all day passes to the many attractions at Blake's including:

- Train tours of the orchards
- Hayrides to the pumpkin patch
- Haunted village
- Animal petting farm
- Pumpkin jump balloon
- Cornfield maze
- Straw mountain
- Storybook barn and more

Open to all MCMS Members & Their Immediate Family at No Charge

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.

MDPAC MAKES A CLEAN SWEEP IN PRIMARIES; MSMS PAST PRESIDENT JOHN BIZON, MD, WINS

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

On August 5, 100 percent of the 100-plus MDPAC-endorsed candidates won their primary election races including MSMS past-president John G. Bizon, MD, in Calhoun County's 62nd District House of Representatives contest. Doctor Bizon, a political neophyte, faced tough competition from Art Kale, a long-time county commissioner.

Another physician heading to the general election is Edward "Ned" Canfield, DO, who won in a crowded seven-way primary for the 84th District in the tip of Michigan's Thumb.

MDPAC had numerous victories around the state in other tight races and critical contests including:

- **Rep. Dan Benishek, MD** overcame Alan Arcand by almost doubling his vote count to that of Arcand in the 1st U.S. Congressional District.
- **John Moolenaar** was able to overcome the $5 million spent by Paul Mitchell to become the Republican candidate for the 4th U.S. Congressional District.
- **Mike Bishop**, the former Michigan Senate majority leader, beat challenger Tom McMillin in the 8th U.S. Congressional District.
- **Peter MacGregor** ran away with the election in the 28th Senate District winning with more than 75 percent of the vote.
- **Virgin Smith** in the 4th Senate District was able to overcome a push from Rep. Rashida Tliab to move on to November.
- **Rep. Wayne Schmidt** of Traverse City and Rep. Greg MacMaster of Kewadin duked it out in the 37th Senate District with Schmidt winning handily.
- **Rep. Klint Kesto** won a three-way primary in the 39th House District.

"MDPAC support played an important role in the primary elections and we need contributions now to prepare for the fall elections," said MDPAC chair Mark C. Komorowski, MD. The general election is Nov. 4.

HIPAA COMPLIANCE EXPOSURE: MOST PHYSICIANS UNKNOWINGLY AT RISK

Do you know the difference between the myths and reality of the HIPPA Security Risk Analysis? The Department of Health and Human Services Office for Civil Rights' pilot program to conduct HIPAA privacy and security audits showed that the top deficiency among audited organizations was the lack of sufficient risk analysis planning.

Coalfire Systems, an IT security advisory, audit, and testing services firm, advises avoiding seven common myths about a security risk analysis. Myth number one on their list - "A security risk analysis is optional for small providers." The truth - A risk analysis is mandatory for ALL covered entities and ALL providers seeing electronic health records meaningful use incentives.

Also don't forget that MSMS has scheduled two upcoming education sessions, led by HIPAA Consultant Joe Dylewski, to walk them through a bona fide security risk analysis and teach physicians and their practices what steps need to be taken to protect them from failing a HIPAA Privacy and Security audit.

Don't be caught off-guard, sign up today for one of the following sessions:

- Wednesday, September 17, Saginaw - St. Mary's of Michigan Health Education Center
- Friday, October 24, Troy - Somerset Inn

DOCTOR MARGOLIS FINISHES TENURE AS CHAIR OF LICENSURE AND DISCIPLINE COMMITTEE

Doctor Philip M. Margolis recently chaired his last meeting of the MSMS Committee of Licensure and Discipline after serving as chair of the committee for the past 14 years. At the end of the meeting Doctor Margolis was presented with an award for

his service and dedication to the committee. Doctor Scot Goldberg, the incoming chair, offered his thanks to Doctor Margolis for his service.

"Doctor Margolis' dedication to peer review and regulation of the profession has made him the model of what the chair of this committee should be. I have big shoes to fill. Doctor Margolis has provided yeomen's service to our profession. For that, we are eternally grateful." Doctor Goldberg begins his tenure as chair at the next meeting on September 17.

Dr. Philip M. Margolis with friend and Washtenaw County Medical Society colleague Dr. Michael W. Smith.

MOCK RESIDENCY INTERVIEWER VOLUNTEERS NEEDED

Have you gone through the matching process and want to help others get matched? Do you have knowledge that can help these candidates succeed in the matching process?

The AMA International Medical Graduates Section is seeking physicians and residents/fellows as volunteer interviewers in its Mock Residency Interview Program.

By becoming a volunteer interviewer this fall/winter you can make an impact on the candidates' outlook on themselves as applicants. The AMA needs as many physician and resident/fellow volunteers as possible to build a large pool of interviewers and match the most medical graduates through the program. Volunteer interviewers may conduct their mock interviews in person, via Skype, or via telephone--whichever is most convenient for the interviewer and the prospective resident.

Guidelines and expectations, along with sample questions and interview instructions, will be emailed to both the volunteer interviewer and the interviewee prior to the interview.

"We all owe a debt of gratitude," said MSMS IMG Section chair Mouhanad Hammami, MD. "This is a great way to give back."

If you are interested in conducting a mock residency interview with a prospective resident, register online for the Mock Residency Interview Program. Please email Stephanie Groeninger at stephanie.groeninger@ama-assn.org or call her at (312) 464-5041 with any questions you may have.

If you are a medical graduate who will be interviewing for the 2015 match process, the AMA will be accepting a limited number of requests beginning Sept. 1 through Nov. 30. Priority will be given to current AMA members and you will be asked to confirm your scheduled interview prior to matching you with an interviewer. Beginning Sept. 1, please contact Stephanie Groeninger at the contact information listed above.

FREE IMMUNIZATION TRAINING FOR PHYSICIANS AND STAFF

With school right around the corner, parents of school-age children all around Michigan will be checking to see if their immunizations are up-to-date. But parents have to remember that they also need to keep their own vaccinations current throughout their lifetime.

MSMS is aggressively supporting efforts to make sure children and adults are up-to-do date with their immunizations. There are several ways physicians and their staffs can help ensure that parents and their children are ready for that first day of school and for the rest of their lives.

The Michigan Department of Community Health and the Michigan State University Extension Service together created programs to help physicians and their staffs prepare themselves to have conversations about immunizations with their patients.

MSMS has obtained information from the MDCH for their programs that are provided free to physicians and their staffs. For more information visit www.msms.org.

THERE'S A LEADER IN ALL OF US

Bring out the leader in you. MSMS has a series of informational webinars focusing on various leadership qualities to help you develop and fine tune your leadership skills.

Is your schedule jam packed? Watch the on-demand webinars from your home or office at a time that is convenient for you. And, if that's not enough to entice you, the webinars are only $45 each and participants are able to earn CME.

Topics include:

- From Physician to Physician Leader
- In Search of Joy in Practice - Innovations in Patient Centered Care
- Inter-Professionalism: Cultivating Collaboration
- Financial Information Analysis, Budget Development and Monitoring

"There are many leadership training courses available. This one is by far the best and I believe the reason is because it was put together by MSMS."
- Attendee at MSMS Physician Executive Development Program

For a complete listing of webinars visit www.msms.org/education. Our goal is to meet your educational needs. If there is a topic not included that you would like to see offered, contact Caryl Markzon at cmarkzon@msms.org.

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 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 or 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

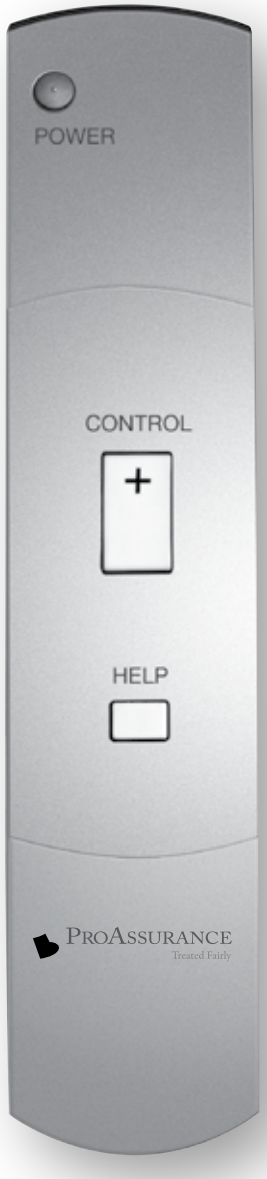
We are seeking nominations for the 2014 MSMS Community Service Award. The focus of the award is to recognize physicians who have contributed above and beyond their medical practices.

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 or call 810-387-0364.

When you need it.



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THE POWER OF COLLABORATION

The Michigan Surgical Quality Collaborative (MSQC) serves as a platform for great innovators in health care to share lessons, insights and best practices to improve surgical care for patients. At the 2014 conference held in Grand Rapids, St. John Hospital and Medical Center and St. John Macomb-Oakland Hospital won an award for developing and outstanding Q1 project (The Prehabilitation Program). The program, instituted at St. John Hospital and Medical Center and St. John Macomb-Oakland Hospital, optimizes the health state of a patient in the weeks prior to elective surgery.

Pictured (l-r): Surgeon Champion Cheryl Wesen, MD; Betty Riegel, RN, SCQR; Joy Robeson, RN, SCQR and Surgeon Champion Roger Bigelow, MD.

RICHARD COLEMAN, DO AWARDED MOA PRESIDENTIAL CITATION

Richard Coleman, DO, St. John Macomb Oakland Hospital program director and OB/GYN, received a presidential citation from the Michigan Osteopathic Association (MOA) in recognition of his dedication and extraordinary service to the osteopathic profession as a mentor and an educator. He received the award at the MOA 115th Annual Spring Scientific Convention in May at Cobo Center in Detroit. The MOA is one of the largest osteopathic state organizations representing more than 8,000 osteopathic physicians and students in Michigan.

BECAUSE TIME MATTERS

The City of Warren Fire Department achieved the 2014 Mission: Lifeline EMS Silver Level Recognition Award. This prestigious national award for quality improvement measures is based upon the partnership with St. John Macomb Oakland Hospital, Macomb Center in the treatment and survival rates of STEMI (heart attack) patients. Collaboration among pre-hospital and hospital providers is the essence of Mission: Lifeline. The American Heart Association recognizes the vital importance Emergency Medical Systems practitioners provide to the overall success of Mission: Lifeline STEMI Systems of Care.

Pictured (l-r): Deputy Fire Chief John Gary Wilkinson, Fire Chief David Frederick, St. John Macomb Oakland Hospital EMS Coordinator Bob Dickerson, East Region Director of Emergency Services Donna Emch, Chief of Emergency Medicine Antonio Bonfiglio, American Heart Director of Quality Improvement Jeanne Rash, EMS Chief Amy Hart, Fire Commissioner Wilburt "Skip" McAdams, Macomb County Medical Control Executive Director Gary Canfield, St. John Macomb Oakland Hospital President Terry Hamilton, St. John Macomb Oakland Hospital, Macomb Center Emergency Department Clinical Manager Christina Liebzeit.

ST. JOHN HOSPITAL FIRST IN DETROIT TO EARN BABY-FRIENDLY DESIGNATION

Congratulations to St. John Hospital & Medical Center, the first hospital in Detroit and the second in the state 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. Hospital and birthing centers that earn Baby Friendly status have successfully met the comprehensive Baby-Friendly USA guidelines and evaluation criteria. The four-year effort to achieve the Baby-Friendly accreditation was led by Kim Ronnisch, RN, director, Patient Care Services, and Paula Schreck, MD, medical director, St. John Breastfeeding Support Services and the Outpatient Breastfeeding Clinic. Kim and Dr. Schreck are pictured in the front row, third and fourth from the left, along with the team that was instrumental in achieving the Baby Friendly designation.

ON THE LEADING EDGE

University of Detroit Mercy School of Dentistry selected Carlos Ramirez, MD, DDS as an honoree for the great things he has done with his work at St. John Macomb-Oakland Hospital and the impact he has made in the community. Dr. Ramirez will be featured in an upcoming issue of Leading Edge, the magazine of the University of Detroit Mercy School of Dentistry, entitled 10 under 10. This feature will showcase 10 students who graduated less than 10 years ago, where they are and what they are accomplishing in their career, practice and community.

Macomb County Medical Society's Annual Meeting

Non-Member Physician Guests and Spouses Welcome at No Charge

"Update on Michigan State Medical Society's Activities"

Presented by James Grant, MD, President MSMS

Tuesday, November 18, 2014

6:30 pm Cocktails
7 pm Dinner & Program

Reservations must be made by Friday, November 14

Best Western Sterling Inn
Van Dyke & 15 Mile Rd. in Sterling Heights

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

Email the MCMS Office at mcms@msms.org or call 810-387-0364

RADIAL APPROACH HEART CATHETERIZATIONS INCREASE AT ST. JOHN HOSPITAL

Interventional cardiologists at St. John Hospital and Medical Center are doing 50-60 percent of heart catheterizations using a radial approach or the radial artery (in the wrist) as an entry point, as opposed to the traditional procedure through the groin. According to Hiroshi Yamasaki, MD, chief of St. John Hospital's Interventional Program, the national radial approach rate is 10-20 percent. Dr. Yamaski says the radial approach offers a couple advantages including a reduced risk of bleeding and quicker recovery time for many patients. At St. John Hospital, same day discharges from this procedure have increased from four percent to 15 percent in the past year. Dr. Yamasaki also notes that the radial approach may be preferred for older patients, as well as those who are obese or suffer from back pain. These patients may have difficulty lying down for the length of time required for a traditional cardiac catheterization. Because the radial approach is performed on patients sitting up, it tends to be a more comfortable procedure for these patients.

DR. LOU SARAVOLATZ BEGINS TERM AS LOCAL GOVERNOR OF NATIONAL DOCTORS' GROUP

Louis D. Saravolatz, MD, MACP is the Governor of the Michigan Chapter of the American College of Physicians (ACP), the national organization of internists. His term began during Internal Medicine 2014 - the ACP annual scientific meeting in April. Governors are elected by local ACP members and serve four-year terms. Working with a local council, they supervise ACP chapter activities, appoint members to local committees, and preside at regional meetings. They also represent members by serving on the ACP Board of Governors. Dr. Saravolatz has been a master of ACP since 2004, and a fellow since 1980. Election to Mastership recognizes outstanding career accomplishments and notable contributions to medicine.

ST. JOHN TRANSPLANT SPECIALTY CENTER LEADS STATE IN KIDNEY TRANSPLANT PATIENT OUTCOMES & GRAFT SURVIVAL

A new report on kidney transplant outcomes from the Renal Network of the Upper Midwest shows that St. John Transplant Specialty Center had the highest percentage (98 percent) for patient survival for one year (July 1, 2010 to Dec. 31, 2012) and highest percentage (96 percent) for graft survival for the same time period among all transplant centers in Michigan. These figures are based on data collected from the Scientific Registry of Transplant Recipients. Renal Network of the Upper Midwest, which analyzed and presented the data, is one of 18 Networks in the U.S., established by the federal government to improve the quality of dialysis and kidney transplant services for people with end-stage renal disease.

Charles M. Ebner, MD

September 13, 1927 - September 14, 2013

Dr. Charles Ebner defined a life well lived when he passed away peacefully in Grosse Pointe on September 14, 2013 just a day past his 86th birthday.

For more than 50 years as a practicing internal medicine physician in Warren, Charlie cherished his role as a caregiver. For him, answering a patient's call at 2 am, visiting a patient in the hospital, or even making house-calls long after it was commonplace, was just part of being a doctor. He was well-liked and highly respected by both his patients and the medical community. Through his work as chief of staff and attending physician at Holy Cross and South Macomb hospitals, Charlie was known by both staff and colleagues for his high integrity, grounded personality, and a distinctive chuckle that always brought smiles. Charlie retired in 2007 at the age of 80.

Born and raised on Barrington Road in Grosse Pointe Park, Charlie treasured his hometown. He loved walks on the boardwalk at Patterson "3-Mile" Park, watching freighters pass by Windmill Pointe Park, strolling through the Village, and playing tennis at the Neighborhood Club.

Charlie attended St. Ambrose School before earning his undergraduate degree from Notre Dame University in just three years. He then earned his doctorate at Wayne State University's School of Medicine in Detroit. He joined the Army, where he served in a M.A.S.H. unit in Korea and Letterman Army Hospital in San Francisco. It was in the city by the bay that Charlie met and fell in love with Irene Hayes, an occupational therapist in the Army. The two were married in 1954, moved to Michigan, and began their adventure raising seven children in Grosse Pointe.

Charlie loved life and the goodness in the world. Laughing and spending time with family made his heart happy. He was an optimist, which came in handy while cheering for his Tigers, Lions, Wings, and Fighting Irish. Playing tennis, skiing, camping, hiking, gardening, reading, photography, fishing, and outdoor concerts were always time well spent. Family vacations and exploring faraway places, inspired Charlie. A few of his favorite trips included Yellowstone, Grand Canyon, & Yosemite National Parks, Colorado, Walt Disney World, Italy, China, Israel, Greece, Kenya, Alaska, Caribbean Islands, Egypt, and northern Michigan.

Charlie is now reunited with Irene, who passed away in 2011 following a battle with Alzheimer's. He is survived by his sister, Toni King, his seven children, and 18 grandchildren.

Rising Number of Infectious Disease Cases Creates Patient Safety Issues

By: Debbie Hill, RN, MBA, LHRM, Patient Safety Risk Manager, The Doctors Company

PHYSICIANS ARE REPORTING COMMUNICABLE, OR INFECTIOUS, DISEASES THAT WERE THOUGHT TO HAVE BEEN CONTROLLED IN THE UNITED STATES. New cases of whooping cough (pertussis) and, most recently, measles (rubeola) are making headlines. During the first half of 2014, there were more than 288 reported cases of measles, the highest number for any one year since the disease was eliminated from the country in 2000.[1] In addition, newly classified infectious diseases are emerging, like Middle East Respiratory Syndrome Coronavirus (MERS-CoV), a viral respiratory illness.

Modern travel has been found to impact how far and fast infectious diseases spread.[2] Outbreaks often occur when a disease is brought into the United States and spread to people who have not been vaccinated.[1]

Exposure to infectious diseases in a medical office or facility is a serious patient safety issue. To protect staff and patients, medical offices need to have established protocols that limit the exposure risk from individuals who come into the office with one of these debilitating, if not fatal, conditions. Medical malpractice liability risk may grow as reports of infectious diseases continue.

Unlike hospitals, most medical offices are not equipped with negative pressure isolation units that protect staff and other patients from infectious diseases. Your practice, however, can reduce liability risks and promote patient safety by:

- Documenting all discussions with patients and parents of minors regarding infectious diseases, including the risks and benefits of inoculation.
- Documenting all discussions about serologic evaluations with patients who are unsure of their immunity status.
- Ensuring that all immunization tracking is up to date so that patients remain on a timely immunization schedule.
- When possible, allowing only staff members who have demonstrated evidence of immunity to work with patients suspected of having a communicable or infectious disease.
- Complying with state laws for the provision of vaccines to healthcare workers. For more information, go to http://www2a.cdc.gov/nip/statevaccapp/statevaccsapp/default.asp.
- Notifying those who may have come in contact with an infected individual that they should see a physician.
- Ensuring that all office staff members are trained in the use of personal protective equipment and on proper isolation techniques when working with patients who present with symptoms of an infectious disease.

Physicians should be prepared to evaluate patients for new and emerging infectious diseases.[3] Staying current on the latest signs and symptoms, diagnostic testing, and case definitions, as well as infection control recommendations from the Centers for Disease Control and Prevention, is essential.

Follow these tips if you or your staff suspects a patient has an infectious disease:

- Minimize risk of exposure by moving the patient from the waiting area and isolating him or her in an exam room.
- For airborne diseases, place a surgical mask on the patient and ensure that all office staff members wear protective equipment, including gloves, eye protection, masks, or an N-95 particulate respirator, if needed.
- Follow standard disinfection and sterilization procedures for exam rooms.
- Report suspected cases to the local health department and obtain specimens for disease testing.
- Consider making post-exposure prophylaxis available to those who have been exposed. Post-exposure vaccination can be effective in preventing infectious disease in some individuals; if the vaccine does not prevent contraction, it will likely lesson the severity of the disease.

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[1] CDC: Highest number of U.S. measles cases since 2000. CNN Health. http://www.cnn.com/2014/05/29/health/cdc-measles/. Published May 30, 2014. Accessed June 5, 2014.

[2] Measles. Travelersí Health. Centers for Disease Control and Prevention. http://wwwnc.cdc.gov/travel/diseases/measles. Published May 9, 2013. Updated December 13, 2013. Accessed June 5, 2014.

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ANNOUNCEMENTS

OCTOBER 1 MSMS "Leadership Summit", The Lansing Center, in Lansing, 9 am - 3 pm. To register call 517-336-7581 or visit www.msms.org/eo.

OCTOBER 10 "Global Health Symposium: Building on the Power of Partnerships", held at Henry Ford Hospital, hosted by Henry Ford Hospital, Oakland University School of Business Administration Executive MBA in Healthcare Leadership, SEMCME and the Wayne State University School of Medicine. register online at: http://cme.med.wayne.edu/calendar_reg.php.

OCTOBER 11 MCMS Family Day, Blake's Orchards & Cider Mill, in Armada. To register contact the MCMS office at mcms@msms.org or 810-387-0364.

OCTOBER 21-25 MSMS Annual Scientific Meeting, Somerset Inn in Troy. For course information visit www.msms.org/eo.

OCTOBER 21 MSMS "Patient Centered Medical Home: Supporting Patients & Population Health", Somerset Inn, in Troy, 9 am - 3 pm. To register call 517-336-7581 or visit www.msms.org/eo.

OCTOBER 22 MSMS "Symposium on Retirement Planning", Somerset Inn, in Troy, 5:45 pm - 8:15 pm. To register call 517-336-7581 or visit www.msms.org/eo.

OCTOBER 23 MSMS "Medical Records & The Law", Somerset Inn, in Troy, 1 pm - 4 pm. To register call 517-336-7581 or visit www.msms.org/eo.

OCTOBER 29 Free MSMS Webinar, Physician Employee Contracting: Understanding and Negotiating Contracts, 12:15 pm - 1:00 pm. To register visit www.msms.org/Education.

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

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

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

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.

Free Medical School and The Media

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

AT THE RECENT MICHIGAN STATE MEDICAL SOCIETY MEETING IN DEARBORN, A MEDICAL STUDENT ROSE TO HIS FEET AT THE AMERICAN MEDICAL ASSOCIATION TOWN HALL MEETING. The student said he was a "super-borrower" and that limited his choice of specialties. I have heard this before. The media has presented this story many times — how medical school debt keeps students out of primary care. The only problem is the real world differs.

In 2009 the new, at that time not fully accredited, University of Central Florida Medical School was starting. To attract students, they offered free tuition and a stipend. I remember seeing this lauded on a major network evening news show. On 7/31/2009 CNN.COM posted the article "Free Medical School for 40 Lucky Students." To quote from the beginning of the article:

"The incoming freshmen at one of the nation's newest medical schools will have more freedom to choose whether to become a specialist or help fill the shortage of primary care doctors.

That's because the students at the University of Central Florida (UCF) in Orlando will have another freedom — freedom from about $160,000 in debt for four years of medical school.

All 40 students of this charter class that begins Monday have received full scholarships totaling $7 million, donated entirely by members of the community — including individuals, hospitals, banks and law firms.

"It's the first time that an entire class will go through medical school completely debt free," said Dr. John Prescott, chief academic officer with the Association of American Medical Colleges (AAMC). "I've never seen anything quite like this. It's a pretty gutsy thing to do."

UCF's initiative could be a model for reforming health care, allowing more would-be doctors to go into less lucrative but essential fields of medicine."

Later in the article, Dr. Deborah German, the dean of the medical school, was quoted. "We're giving our students the opportunity to come get a medical education free from debt so that they can pursue their passion. We believe that when they're not in debt, they do their very best work, and they're not handcuffed to any particular specialty."

So the media (and the dean of the UCF medical school) claimed that medical school debt keeps students from selecting primary care. The real world shows otherwise.

The 2013 residency match results from the University of Central Florida College of Medicine compared to the national match are as follows:

	UCF (38 total)	National (25,463 total)
Internal medicine	3 (7.9%)	6242 (24.5%)
Family practice	0 (0%)	2914 (11.4%)
Pediatrics	2 (5.3%)	2606 (10.2 %)
Total primary care	5 (13.2%)	11762 (46.1%)

Of the remaining students, 7 went into emergency medicine, 3 went into OBGYN, 2 went into medicine-preliminary, surgery-preliminary, general surgery, neurology, ophthalmology, orthopedic surgery, plastic surgery, psychiatry, and diagnostic radiology, and 1 went into medicine primary, neurosurgery, pathology, urology, and transitional.

The data speaks for itself. The 3 primary care specialties which match 46.1% of all PGY-1 residents only got 13.2% of the debt-free students of the University of Central Florida. That's the real world. That's pathetic. And that's what has not been reported in the media.

New Members

VASILIOS GIKAS, DO
Family Practice - Board Certified

Medical School: Touro Univ. College of Osteopathic Medicine (Vallejo, CA), 2007. Internship & Residency: Henry Ford Macomb, completed 2010. Hospital Affiliation: Beaumont, Henry Ford Macomb. Currently practicing at Silver Pine Medical Group, 43455 Schoenherr Rd., Ste. 2, Sterling Hts., MI 48313, ph. 586-726-4823, fx. 586-726-8365.

KATHERINE A. PARISH, DO
Family Practice - Board Certified

Medical School: Arizona College of Osteopathic Medicine, 2010. Internship & Residency: Troy Beaumont, completed in 2013. Hospital Affiliation: Beaumont. Currently practicing at Silver Pine Medical Group, 43455 Schoenherr Rd., Ste. 2, Sterling Hts., MI 48313, ph. 586-726-4823, fx. 586-726-8365.

Macomb County Health Department Reportable Diseases Summary
Diseases Reported - Note: Cumulative total for previous years; year-to-date for JUNE 2014

	2014	2013	2012
AIDS	4	35	44
AMEBIASIS	1	1	0
BLASTOMYCOSIS	0	0	0
BOTULISM (FOODBORNE)	0	0	0
BOTULISM (INFECTIOUS)	0	0	0
BRUCELLOSIS	0	0	0
CAMPYLOBACTER	24**	68**	118**
CHICKENPOX	53	40**	46**
CHLAMYDIA	1,075	2,514	2,393
COCCIDIOIDOMYCOSIS	4	2	2
CREUTZFELDT JAKOB	0	1	0
CRYPTOCOCCOSIS	1	1	6
CRYPTOSPORIDIOSIS	1	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	13,335	42,989	36,172
GIARDIASIS	6	19	24
GONORRHEA	210	575	530
GRANULOMA INGUINALE	0	0	0
GUILLAIN-BARRE SYNDROME	6**	8**	5**
HEMOLYTIC UREMIC SYN.	0	0	0
HEPATITIS A	2	7	1
HEPATITIS B (ACUTE)	2	7	4
HEPATITIS B (CHRONIC)	64**	123**	152**
HEPATITIS C (ACUTE)	5	7	6
HEPATITIS C (CHRONIC)	320**	494**	598**
HEPATITIS D	0	0	1
HEPATITIS E	0	0	3
H. FLU INVASIVE DISEASE	6	11	8
HISTOPLASMOSIS	2	3**	7**
INFLUENZA, NOVEL	0	0	0
KAWASAKI SYNDROME	4	9	6
LEGIONNAIRE'S DISEASE	3	31	15

	2014	2013	2012
LISTERIOSIS	0	1	1
LYME DISEASE	0	0	0
MALARIA	0	0	4
MEASLES	0	0	0
MENINGITIS VIRAL	13**	75**	75**
MENINGITIS BACTERIAL/BACTEREMIA (EXCLUDING N. MENINGITIDIS)	3	4	6
MENINGOCOCCAL DISEASE	1	0	0
MUMPS	0	0	0
PERTUSSIS	25**	108**	30**
POLIO	0	0	0
PSITTACOSIS	0	0	0
Q FEVER	0	1	0
RABIES ANIMAL	3	2	2
RABIES HUMAN	0	0	0
REYE SYNDROME	0	0	0
ROCKY MNTN SPOTTED FVR	0	0	0
RUBELLA	0	0	0
SALMONELLOSIS	21**	76**	95
SHIGELLOSIS	0	4	10
STEC***	3	6	6
STREP INVASIVE DISEASE	14	18	9
STREP PNEUMO INV DS	27	58	41
SYPHILIS	3	78	55
SYPHILIS CONGENITAL	0	1	3
TETANUS	0	0	0
TOXIC SHOCK SYNDROME	1	2	0
TUBERCULOSIS	2	11	9
TULAREMIA	0	0	0
TYPHOID FEVER	0	0	0
VIBRIOSIS	0	0	0
VISA	1	2	0
WEST NILE VIRUS	0	3**	28**
YERSINIA ENTERITIS	1	0	0

All 2013 numbers are final

**REFLECTS BOTH PROBABLE & CONFIRMED CASE REPORTS

***New category of Shiga-toxin producing Escherichia coli per MDCH in 2010; combo of E. coli & Shiga Toxin 1 or 2

September/October 2014
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