

Macomb

Medicus

Journal of the Macomb County Medical Society

October/November/December 2021 | Vol. 29 | No. 4

Macomb Medicus

Journal of the Macomb County Medical Society

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October/November/December 2021 | Vol. 29 | No. 4

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Michigan Health Care Workers with Associated COVID-19 Work Related Cases

By: Aaron W. Sable, MD



For 2020 through 5/3/2021 there were 454 reports, 80 fatalities made by employers to Michigan OSHA. The median age was 56, 62% female, 79% worked in health care (59% hospitals, 14% long term care facility, 5% outpatient, 1% other) 11% worked in government and 4% manufacturing.

For 2020 through 3/31/2021 hospital and emergency responders reported 125 work related COVID-19 cases including six fatalities. The Median age was 49, 67% female, 76% worked in health care (55% hospitals, 12% long term care facility, 9% outpatient, 1% other), 13% worked in government and 2% in manufacturing.

From 3/1/20 through 5/15 /21 there were 7,238 paid workers' compensation cases claims for COVID-19 including 30 fatalities. Figure 1 shows the number of paid workers' compensation claims per month.

Figure 1. Month of the Date of Injury for Individuals who Received Workers' Compensation for COVID-19 for Seven or More Consecutive Days Away from Work, Michigan 3/1/20 - 5/15/21.

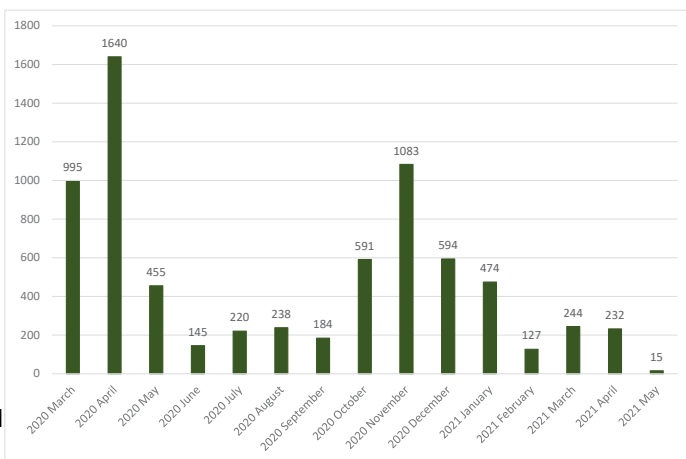
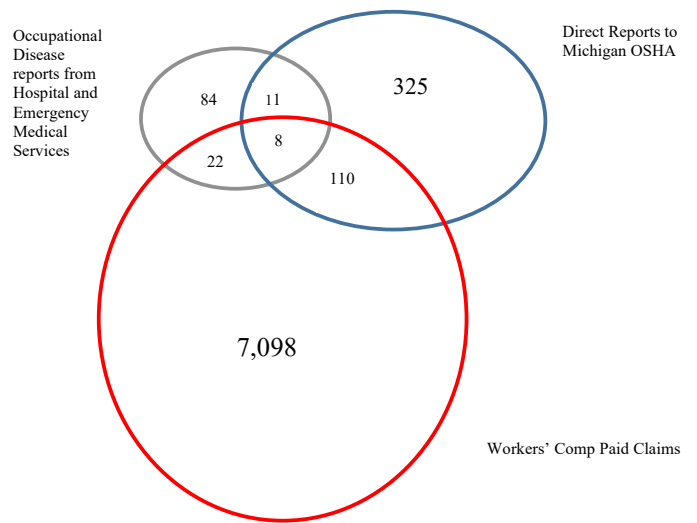


Figure 2 shows a Venn diagram of the overlap of cases from the three sources. The total unique number after accounting for reports from more than one source was 7,658 cases, including 86 fatalities. This number is presumed to be a marked undercount as these 7,658 cases, which included first responders, all health workers and correction officers is smaller than just the 23,475 COVID-19 cases on the MDHHS website among staff from long term care facilities, all of whom met the workers' compensation criteria that their COVID-19 was presumed to have developed from a work exposure unless proven otherwise.

Figure 2. Venn Diagram of Sources of Work-Related COVID-19 Cases, Michigan. Total 7,817 Cases Representing 7,658 Unique Individual Cases



The possibility of long-term effects from COVID-19 among work-related cases and vaccination rates by industry and occupations are issues that will need to be monitored in the future.

Reference Source: Project SENSOR News vol. 32 no. 3, from MSU College of Human Medicine.

THE POSSIBILITY OF LONG-TERM EFFECTS FROM COVID-19 AMONG WORK-RELATED CASES AND VACCINATION RATES BY INDUSTRY AND OCCUPATIONS ARE ISSUES THAT WILL NEED TO BE MONITORED IN THE FUTURE.

Youth Report Feeling Physically, Mentally Better after Spending Time in Nature

By: Nardy Baeza Bickel

A survey suggests actively supporting time spent outside could help promote overall well-being among teens and young adults.

Taking a walk in the park or just going outdoors could help youth feel better, and promoting public health policies that actively support time spent outside could help promote overall well-being among teens and young adults, according to a new University of Michigan survey.

“Our findings suggest that spending time in nature, which youth define broadly as being outside, being around trees and woods and greenery, can have strong public health implications, given that youth might not need to travel as far or spend a lot of money to access nature,” said Astrid Zamora, a fourth-year doctoral student at University of Michigan’s School of Public Health and lead researcher of the report published on BMC Public Health.

“We know that mental health issues are highly prevalent among Americans in general, and we also know that it’s very costly to access and utilize mental health services.”

For their study, researchers used MyVoice, a text messaging poll designed to gather fast and qualitative responses from youth ages 14-24. In September 2020, researchers sent five open-ended questions that aimed to assess perceptions regarding nature to 1,174 participants. Qualitative responses were later analyzed.

They found that of the 994 respondents, many felt that spending time in nature positively impacted their mental health:

52% mentioned that it made them “feel calm when I am out in nature,” 22% said that it relieved stress or “reduces my anxiety” and 17% felt that being in nature positively impacted their physical health and “makes me feel more active and in shape.”

88% want to spend more time in nature, with 22% mentioning barriers impeding them from doing so.

Zamora said mental and physical health of youth has been a growing public health concern in the United States, yet many youth continue to lack access to services.

“We know that youth experience a variety of physiological, lifestyle and behavioral changes during this life stage, which may place them at an increased risk of experiencing both poor mental and physical health,” she said. “What we also know is that today’s youth are spending a lot less time in nature than previous generations with the uptake of technology likely being one of many factors associated with this decline.

“We feel this information would be imperative in informing community-level policies and interventions that aim to support youth mental and physical health.”



MyVoice is directed by Tammy Chang, MD, MPH, MS, associate professor of family medicine at Michigan Medicine and a member of the U-M Institute for Healthcare Policy and Innovation.

[This article was originally posted on the Michigan Medicine News website.](#)

Editor’s Note:

Perhaps it’s time for Macomb doctors to take a page out of Japan’s public health program and start prescribing shinrin-literally, forest bath, which is a mindful sensory exercise in nature. Since the 1980’s Japanese doctors have prescribed time in parks and forests to improve mental and physical health and wellbeing. Macomb County is home to 3,800 acres of parks and extensive trail systems that you can encourage your patients to utilize. For more information check out <https://living.macombgov.org/living-move-more-parktrails>

Also check out the Move More Macomb initiative created by the Macomb County Health Department to help community members find physical activity opportunities for all fitness levels, ages and costs. Their mission is simple: they want everyone who lives, works and plays in Macomb County to move more! For more information visit their website at www.MoveMoreMacomb.org

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.

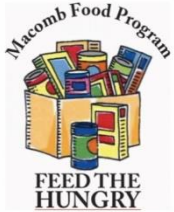
We would like to recognize MCMS members in the “Member News” section of the Medicus. Contact Heidi Leach at macombcms@gmail.com with newsworthy information.

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

Macomb County Medical Society Foundation 2021 Holiday Sharing Card Project

Dear Members of the Macomb County Medical Society,

For this year's Holiday Sharing Card Project we are giving you the option of contributing to either or both of the following local charities. We know that you receive several donation requests, but due to the continuing pandemic, the need has never been greater and we hope that you will help those in need in your community. The MCMS Foundation is a 501(c)(3) non-profit charitable organization, as it pays for all costs associated with this project, **your donation is 100% tax deductible**. The MCMS Foundation's Tax ID number is 38-3180176.



Macomb County Food Program serves people in need of food through its 70 plus pantry distribution sites and its "Fresh to You" Mobile Pantry. Last year, they were able to feed nearly 500 people in need per day. 100% of every dollar donated is used to purchase food to feed hungry families, children, the elderly and disabled throughout Macomb County.



Turning Point Shelter assists victims/survivors of domestic violence, sexual assault, and homelessness. They provide a 24-hour crisis hotline, emergency shelter, Forensic Nurse Examiner Program, legal advocacy, prevention education, support groups and counseling services that help thousands of women and their children.

We will be sending cards to all MCMS members with a list inside of this year's Holiday Sharing Card participants. If you would like to have your name included as a donor, please complete the form below and **return it along with your check to the MCMS Office no later than December 6, 2021.**

If you have any questions, please contact the MCMS office at macombcms@gmail.com or call 877-264-6592.



Form and payment must be returned **by December 6th**

Name(s) to appear on holiday card _____

Address _____

Phone _____

Email _____



\$ _____
Contribution to Food Program



\$ _____
Contribution to Turning Point

Please make checks payable to: Macomb County Medical Society FDN
Return form to: MCMS Foundation, PO Box 551, Lexington, MI 48450-0551

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

Macomb County Senior Services Introduces “Friendly Caller Program”

The Macomb County Office of Senior Services has launched a program to provide telephonic support to seniors 60+ living in Macomb County. The goal of the program is to increase overall health and well-being by addressing and decreasing feelings of senior isolation and loneliness.

“The idea really evolved at the beginning of the COVID-19 crisis when we began outreach calls to senior residents to check-in and see if they needed anything,” said Sheila Coté, director of the Office of Senior Services. “Many seniors asked if we would continue to call them regularly.”

Research indicates there are many chronic mental and physical effects of isolation and loneliness which have increased due to circumstances caused by the COVID-19 pandemic. The Friendly Caller Program was created to address the loneliness and social isolation experienced by many seniors, including those who are homebound. Some may not have family, friends or caregivers available to call or check-in regularly. In addition, there are caregivers who might appreciate the added support of someone who can touch base with their loved one.

Volunteers will contact seniors who have enrolled in the program on a weekly basis to provide an opportunity for seniors to converse, share stories, memories and/or concerns.



The volunteer in turn offers support, social contact and reassurance. A volunteer may refer the senior to an advocate from the Office of Senior Services if the senior is in need of resources. The advocate will help link and coordinate services for the individual.

Interested individuals can register online at <https://mca.macombgov.org/MCA-Seniors-FriendlyCaller> or they can contact the Office of Senior Services at 586-469-5228 Monday-Friday between the hours of Noon and 4 p.m.

Programs Offered by Macomb County Senior Services

The focus of this division is to support the local senior community with not only food needs but also to address the needs of our growing and diverse senior population. This division is widely known for its most popular program: Meals on Wheels (MOW).

For more information on any of these services, please call 586-469-5228 or visit our website at <https://mca.macombgov.org/MCA-Seniors-SeniorServices>

Meals on Wheels

Meals on Wheels delivers a ready-to-eat meal to homebound Macomb County residents age 60+. Volunteer drives are always needed and can apply on our website.

Handy Helpers

Our Handy Helpers program provides assistance with household maintenance tasks such as replacing light bulbs or faucets, washing windows and walls, repairing furniture, pest control, yard clean up, leaf raking, weatherizing, and more.

Adult Day Center

Our Adult Day Center provides daytime assistance for aging adults in need of structured activities, exercise, and supervision.

Dining Senior Style

Dining Senior Style is a lunch program for adults aged 60+ at 22 locations throughout Macomb County. Seniors are provided a well-balanced meal while also socializing with their peers.

Resource Advocacy

Our Resource Advocacy department provides consultation for Seniors to assess needs, recommend services and assist with tax credits, Medicare Part D enrollment, Medicaid application process, community resources, and more.

Medicare Open Enrollment

Trained staff are available to review plan options for this year's Medicare Open Enrollment (October 15-December 7).

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 877-264-6592 or email macombcms@gmail.com 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!

Marilynn Sultana, M.D., F.A.C.S.

Alan C. Parent, M.D., F.A.C.S.

Sarah B. Muenk-Gold, M.D.



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PROTECT PEOPLE &
PROMOTE BUSINESS

AG Nessel, LARA Warn Licensees of Imposter Scams

Michigan Attorney General Dana Nessel and Department of Licensing and Regulatory Affairs (LARA) Director Orlene Hawks are alerting professionals licensed by the State of Michigan to beware of scam artists impersonating state officials in an effort to obtain personal information, or even money, from a licensee.

Nessel is also reissuing her [Imposter Scams Consumer Alert](#), warning the public about bad actors who use legitimate government references and the threat of government action to trick individuals into taking action that facilitates theft.

The warning comes after officials became aware of licensees being targeted recently and told their license was at risk if they did not comply with demands, including a payment to maintain their license with the state.

“Unfortunately, this is yet another example of the lengths bad actors will go to scam an unsuspecting person – in this case a licensed professional – to obtain personal information or money,” Nessel said. “It’s my hope licensees will heed this warning and remain on high alert any time correspondence is received claiming to be from a LARA representative.”

Earlier this year the departments [urged licensees to beware of an elaborate, sophisticated scam](#) that ultimately cost one physical therapist and her family their entire savings.

“No one from our office in LARA will ever reach out to you and threaten to suspend your license,” Hawks said. “Our investigators have teamed up with Michigan State Police to put a stop to as many scams as possible - but we need our licensees to be alert to the possibility that the next text, email, or phone call they get about their license may be someone trying to scam them.”



Last fall, [several State of Michigan licensees encountered spam emails](#) or spam websites impersonating LARA. Hawks emphasized the following while urging licensees to take caution:

- Licensees should be cautious of unsolicited requests for any of their personal information. LARA will not contact you directly asking for personal information.
- Be suspicious of any unexpected emails or links to websites. If your personal information is compromised, it may be used in other fraud schemes.
- Do not respond to - or open hyperlinks in - emails or text messages about validating your personal data.
- If there are any hyperlinks, check the URL before clicking. LARA websites will have “michigan.gov” in the URL.
- If you suspect fraud, report it immediately to LARA by calling 517-241-0199 or by emailing BPLHelp@michigan.gov.

Remember: Do not reply to any suspicious emails and never provide personal information. If personal information is compromised, it may be used to commit identity theft or used in other fraud schemes.

More details on how Michiganders can protect their personal information are available on the [Consumer Protection Team's webpage](#).

A library of consumer alerts created by the Department of Attorney General's Consumer Protection Team is [available online and organized by a number of categories](#).

Henry Ford Macomb Obstetrics & Gynecology

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

Phone (586) 228-1760
Fax (586) 228-2672

Steven J. Ferrucci, MD

Ronald B. Levin, MD

Janet C. Weatherly, CNM

Earl G. Moehn, MD

January 22, 1932 – August 9, 2021

Earl Glenford Moehn, 89, of Mt. Clemens, Michigan passed away peacefully at Hospice House in Bloomington, Indiana on August 9, 2021. Earl was born on January 22, 1932, in Saline, MI to Carl John Moehn and Tema Louise Eisele. His strong work ethic started at a young age. He sold his chicken's eggs to neighbors and held a paper route at the age of nine. He was mentioned in the Saline newspaper that he delivered papers like a "major." He attended Saline High School, graduated from University of Michigan in 1954, then joined the United States Air Force. He was in the 438th Air Force Interceptor Squadron, spent four months in Waco, TX at Connally AFB, four months in Valdosta, GA at Moody AFB, then was stationed near Sault Ste. Marie, MI until 1957. After serving in the Air Force, Earl attended Wayne State University School of Medicine in Detroit, MI graduating in 1962. His residency was at Detroit Receiving Hospital; during that time he met Janet McCann. Earl married Janet Raye McCann on August 15, 1969; they lived in Mount Clemens, MI where he practiced medicine for 46 years. He was a general surgeon at St. Joseph's Hospital until 2007; he wasn't ready to retire so he continued his passion assisting with orthopedic surgery until 2015, and then became the medical director at a radiation oncology center until his final retirement in 2019. Earl was a member of Rotary and a board member of the Macomb County Medical Society and the Michigan State Medical Society. He loved all sports; he enjoyed playing golf and attending Michigan and IU football games. He loved to travel



and play cards; he was an excellent Bridge player (although his wife was a better player!). He was an avid reader especially enjoying history and World War II books. He loved to spend the summers in Bay View, Michigan with good friends and family. Earl was a kind soul; he will be remembered as a dedicated husband and father, who brought humor and joy to his family.

In addition to his parents, Earl was preceded in death by his wife, Janet Moehn; his brothers Art (Donna) Moehn, Elton Moehn and his sister Eileen (Harry) Girbach; his nephews Mark Moehn and Scott (Nancy) Moehn. Earl is survived by his three children, Betsy (Chris) Smith of Bloomington, IN, John Moehn of Detroit, MI, and Wendy (Chris) McNamee of Alexandria, VA; four grandchildren, Lucy, Max, Harrison and Quinn; sister-in-law, Jeanne Moehn of Tucson, AZ; nieces, Jacque (John) Kudner of Clarklake, MI, Debi (David) Tuttle of Granger, IN, Carla (Richard) Sally of Saline, MI, Mary (David) Benson of Tucson, AZ.

In lieu of flowers, donations can be made to Jill's House at 751 Tamarack Trail, Bloomington, IN 47408 or Indiana University Health Bloomington Hospice House at 2810 S. Deborah Drive, Bloomington, IN 47403. The family would like to extend their heartfelt gratitude to the staff at Jill's House and Hospice House for their devoted care. A memorial will be held in Bay View, Michigan in July of 2022.

Online condolences, photos and memories may be shared with family and friends at www.allencares.com

Virginia "Jinny" Curatolo

April 08, 1925 - August 30, 2021

Virginia Mary Curatolo, known to all as "Jinny", passed away on Monday, August 30, 2021 at the age of 96.

This Wednesday's child was born April 8, 1925 in Chicago, Illinois to the late Ray and Rosina Logan Field.



On June 1, 1946 in Detroit, Michigan she was united in marriage to Dr. Victor Curatolo. Together they shared 60 years of marriage. Her husband preceded her in death January 17, 2007.

The Curatolo's came to Mt. Clemens in the 1950's. Jinny established herself as a community minded person, who was responsible for fundraising, volunteering and socializing. Among her many accomplishments, she held the office of president for many organizations including the United Way Community Council, the Macomb County Medical Society Auxiliary and St. Joseph Hospital Auxiliary. Active with fundraising, she has to her credit, the Goodfellow Dress Drive, Crocker House Museum, St. Joseph Hospital and organized and co-chaired the Garage O'Rama. She will be best remembered for 50 years of vintage fashion shows, showcasing her vast collection of vintage clothing. Her fashion shows, "Fashions through the Ages"

funded many charity organizations in Macomb, Oakland and Wayne Counties. Her last charity event was the celebration of Mt. Clemens's 200th Anniversary fashion show at the Emerald theatre. She was the recipient of the "First Lady Award", presented by Governor Milliken's wife and attended by Barbara Bush. She will be remembered as "The First Lady Of Vintage Fashions".

Jinny and her husband enjoyed the local dance clubs, dinner clubs, and playing Bridge with friends and family. A world traveler, she enjoyed skiing at many well-known locations. While her life was filled with challenges and accomplishments, she met each one with determination, a positive attitude and amazing imagination.

She is survived by her children, Karen "KC" Curatolo, Kathy (Ferdinand) Hampson, Victor (Linda) Curatolo, Gary (Denise) Curatolo DO, 13 grandchildren and 22 great grandchildren. Besides her parents and husband she was preceded in death by daughter Nancy and her husband Greg Krueger and son in law William "Sonny" Ford.

Contributions may be addressed to Anton Art Center, Crocker House Museum or Mount Clemens Library.

We Would Like to Welcome the Following New Members!

Bryan G. Barnosky, DO

**Pulmonary Diseases & Critical Care – Board Certified,
Internal Medicine – Board Certified**



Medical School: Kirksville College of Osteopathic Medicine (MO), 2001. Post Graduate Education: St. John Detroit Riverview Hospital, completed in 2004; North Shore Long Island Jewish University Hospital, completed in 2007. Hospital Affiliations: McLaren Macomb, Troy Beaumont, Grosse Pointe Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 50505 Schoenherr Rd., Ste. 290, Shelby Twp., MI 48315, p. 586-314-0080, www.mypccadocs.com.

Rene A. Franco Elizondo, MD

**Pulmonary Diseases & Critical Care – Board Certified,
Internal Medicine – Board Certified, Sleep Medicine – Board Certified**



Medical School: Universidad Anahuac Escuela de Medicina (Mexico), 2006. Post Graduate Education: St. Elizabeth's Medical Center/Tufts University (MA), completed in 2010; Detroit Receiving Hospital, completed in 2011; Albert Einstein Medical Center (PA), completed in 2014.

Hospital Affiliations: Henry Ford Macomb, Ascension St. John, Grosse Pointe Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 21000 E. 12 Mile Rd., St. Clair Shores, MI 48081 p. 586-772-5550, f. 586-772-1706, www.mypccadocs.com.

Christopher W. Hughes, MD

**Pulmonary Diseases & Critical Care – Board Certified,
Internal Medicine – Board Certified**



Medical School: Wayne State University School of Medicine, 1983. Post Graduate Education: St. John Hospital & Medical Center, completed in 1986; Detroit Medical Center, completed in 1987; Henry Ford Hospital, completed in 1989. Hospital Affiliations: Ascension St. John, Grosse Pointe Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 21000 E. 12 Mile Rd., St. Clair Shores, MI 48081 p. 586-772-5550, f. 586-772-1706, www.mypccadocs.com.

John W. Lee, MD

**Pulmonary Diseases & Critical Care – Board Certified,
Internal Medicine – Board Certified**



Medical School: University of Toronto (Canada), 1993. Post Graduate Education: University of Michigan Hospitals & Health Centers, completed in 1999. Hospital Affiliations: Henry Ford Macomb, Ascension St. John, Troy Beaumont, Grosse Pointe Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 21000 E. 12 Mile Rd., St. Clair Shores, f. 586-772-1706, www.mypccadocs.com.

Amar Q. Majjho, MD

Rheumatology – Board Certified, Internal Medicine



Medical School: Wayne State University, 1998. Post Graduate Education: St. John Hospital & Medical Center, completed in 2001; Wayne State University - Detroit Medical Center, completed in 2005. Hospital Affiliations: Grosse Pointe Beaumont, Ascension St. John. Currently practicing at Shores Rheumatology, 29200 Harper Avenue, St. Clair Shores, MI 48081, p. 586-777-7577, f. 586-777-6841, www.shoresrheumatology.com.

www.shoresrheumatology.com.

Joseph Mardelli, MD

Pulmonary Disease & Critical Care – Board Certified



Medical School: University of Aleppo School of Medicine (Syria), 1991. Post Graduate Education: Our Lady of Mercy University Hospital (NY), completed in 1998; West Virginia University Hospital, completed in 2001; Henry Ford Hospital, completed in 2002. Hospital Affiliations: Henry Ford Macomb, McLaren Macomb, Ascension

St. John, Troy Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 50505 Schoenherr Rd., Ste. 290, Shelby Twp., MI 48315, p. 586-314-0080, www.mypccadocs.com.

Mindy F. Raminick, DO

Nephrology – Board Eligible & Internal Medicine – Board Certified



Medical School: Michigan State University College of Osteopathic Medicine, 2016. Post Graduate Education: Beaumont Hospital, completed in 2019; Ascension Macomb-Oakland Hospital, completed in 2021.

Hospital Affiliations: Henry Ford Macomb, McLaren Macomb. Currently practicing at Macomb Internal Medicine Associates, 15520 19 Mile Rd., Ste. 480, Clinton Twp., MI 48038, p. 586-228-1010, f. 586-228-8570, www.macombintmed.com.

Shelley M. Schendel, DO

Pulmonary Disease & Critical Care – Board Certified



Medical School: Kirksville College of Osteopathic Medicine (MO), 2005. Post Graduate Education: Mount Clemens Regional Medical Center, completed in 2008; Henry Ford Hospital, completed in 2011. Hospital Affiliations: Henry Ford Macomb, McLaren Macomb, Troy Beaumont, Grosse Pointe Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 50505 Schoenherr Rd., Ste. 290, Shelby Twp., MI 48315, p. 586-314-0080, www.mypccadocs.com.

www.mypccadocs.com.

Andrew M. Staricco, MD

Pulmonary Disease & Critical Care – Board Certified



Medical School: Wayne State University School of Medicine, 1989. Post Graduate Education: St John Hospital & Medical Center, completed in 1992; Henry Ford Hospital, completed in 1997. Hospital Affiliations: Henry Ford Macomb, McLaren Macomb, Troy Beaumont, Grosse Pointe Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 50505 Schoenherr Rd., Ste. 290, Shelby Twp., MI 48315, p. 586-314-0080, www.mypccadocs.com.

www.mypccadocs.com.

Andrew J. Sulich, MD

Rheumatology – Board Certified, Internal Medicine – Board Certified



Medical School: American University of the Caribbean School of Medicine, 1984. Post Graduate Education: Sinai Hospital, completed in 1985; St John Hospital & Medical Center, completed in 1987; Henry Ford Hospital, completed in 1989. Hospital Affiliations: Ascension St. John, Grosse Pointe Beaumont. Currently practicing at Shores Rheumatology, 29200 Harper Avenue, St. Clair Shores, MI 48081, p. 586-777-7577, f. 586-777-6841, www.shoresrheumatology.com.

www.shoresrheumatology.com.

William A. Ventimiglia, MD

**Pulmonary Disease & Critical Care – Board Certified,
Internal Medicine – Board Certified**



Medical School: St. Louis University School of Medicine (MO), 1983.

Post Graduate Education: Henry Ford Hospital, completed in 1989. Hospital Affiliations: Henry Ford Macomb, Ascension St. John, Grosse Pointe Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 21000 E. 12 Mile Rd., St. Clair Shores, MI 48081 p. 586-772-5550, f. 586-772-1706, www.mypccadocs.com.

www.mypccadocs.com.

What Does the Future Hold for Telehealth? New Report Gives Hints

By: Kara Gavin

Data from use of virtual visits with health providers show disparities in access, use and attitudes before and during the pandemic.

Thanks to the pandemic, Americans have gotten used to having appointments with their doctors and other health providers through video chats, phone calls and text-based e-visits.

But what does the future hold for telehealth, and how can providers, insurers and policymakers use the experience of the past year and a half to decide what kind of virtual care they will support once the pandemic ends?

A new report from the University of Michigan provides new data that could inform them all. The “snapshot” report spotlights a number of disparities in adoption, access and attitudes when it comes to telehealth, through previously unreleased data as well as findings from published research.

It’s the product of work by dozens of U-M faculty members and research staff who collaborate with the Institute for Healthcare Policy and Innovation’s Telehealth Research Incubator.

“The rapid pivot to virtual visits in March and April 2020, when limiting in-person care to the most essential interactions, was one of the most rapid and revolutionary shifts modern medicine has ever witnessed,” said Chad Ellimoottil, MD, MS, who leads IHPI’s telehealth efforts and who was working to encourage and study virtual visits through his faculty role in the U-M Department of Urology for several years before the pandemic began. “Rapid access to data such as these can help decision makers at all levels make choices to make the best use of this option, but only if they listen to the voice of the patient and the frontline provider.”

Key findings shared for the first time in the report come from an analysis of data from Michigan Medicine, U-M’s academic medical center, as well as statewide records from Blue Cross Blue Shield of Michigan. The report also summarizes telehealth polling and research already published by teams led by IHPI members.

Among the newly released findings:

- 1 in 5 patient visits covered by BCBSM as of March 2021 are by telehealth, showing the lasting interest in virtual visits even as the pandemic ebbed.
- 91% of larger primary care practices in Michigan used telehealth, compared with 63% of solo practices. Larger practices also had a higher percentage of visits via telehealth.
- Striking disparities in use of video visits emerged from the analysis of Michigan Medicine data, with much lower

use by patients who are older, are African-American, need an interpreter, have Medicaid as a primary insurance, or live in a zip code where less than half of households have broadband Internet access.

- Telephone-based audio-only visits have been covered by most insurers during the pandemic, but there are signs this may change once the emergency status is lifted. However, more than 60% of Michigan Medicine patients over age 65 used this option in May through June of 2020, with the percentage going up with age. Patients of any age who live in rural areas are also more likely to use audio-only visits.
- When all costs are taken into account, video visits and in-person visits cost approximately the same, and patients were no more likely to cancel or fail to show up for a video visit than they were for in-person visits.
- Half of all Michigan Medicine clinicians surveyed say that after the pandemic they intend to offer the same volume of video visits as now. About 40% said their productivity is the same now that telehealth is an option, and 27% say it’s higher. A majority said they were able to provide the same quality of care over telehealth and establish the same level of rapport with patients.

In addition to the new data, the report summarizes key findings from studies published by IHPI members in medical and telehealth journals, and from the National Poll on Healthy Aging which released its second report on telehealth used by adults age 50 to 80 last year.

Find more information on telehealth research visit

[IHPI’s website](#)

[This article was originally posted on the Michigan Medicine News website.](#)

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How to Make a Strong Flu Vaccine Recommendation

Based on years of research into vaccine motivators, CDC has developed a mnemonic device to help HCPs make a strong vaccine recommendation. This method known as “SHARE” can help you to make a strong vaccine recommendation and provide important information to help patients make informed decisions about vaccinations.

S- SHARE why an influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

“This vaccine can protect you and your family from getting sick from flu. By getting the vaccine today, you’ll be protecting yourself and the people around you, like your children and parents, who may be more vulnerable to serious flu illness.”

H- HIGHLIGHT positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

“In addition to recommending a yearly flu vaccine to my patients, I get one each year to protect myself and my family from flu.”

A- ADDRESS patient questions and any concerns about influenza vaccines, including for example, side effects, safety, and vaccine effectiveness, in plain and understandable language. Acknowledge that while people who get an influenza vaccine may still get sick, there are studies to show that their illness may be less severe.

“A flu vaccine cannot cause flu infection. The most common side effects of an influenza vaccine are mild, like redness, swelling, soreness, or a low-grade fever for a flu shot. This should go away within a few days.”

“Flu vaccines protect against flu illness but aren’t 100% effective, so even if you get vaccinated you might still become sick with flu. It’s important to get your flu vaccine because studies show that even if you do get sick, vaccination may make your flu illness less severe.”

R- REMIND patients that influenza vaccines help protect them and their loved ones from serious influenza illness and complications that can result in hospitalization or even death for some people.

“Flu activity is going to start to pick up, and CDC says to expect more cases in the coming months. That is why I want to make sure I help protect you and your loved ones against flu and its potentially serious complications.”

E- EXPLAIN the potential costs of getting influenza, including potential serious health effects for the patient, time lost (such as missing work or family obligations), financial costs, and potentially spreading flu to more vulnerable family and friends.

“It’s important to get vaccinated this season because flu vaccination can reduce potential flu illnesses, doctor visits, and missed work and school due to flu, and can protect those around you who are more vulnerable to potentially serious flu complications.”



What Doctors Wish Patients Knew About Cutting Down On Screen Time

By: Sara Berg, MS, Senior AMA News Write

While the COVID-19 pandemic has been challenging for everyone, digital tools have allowed people to work remotely, participate in school from home and maintain personal connections virtually. It is understandable that people are on their devices more now than ever before to remain connected.

But spending too much time on screens can have negative health effects. That is why it is important to take proactive steps to cut down on screen time.

American children between 8 and 12 years old spend about four to six hours a day watching or using screens. For teens, the amount of screen time jumps to up to nine hours, according to the American Academy of Pediatrics. And while screens can entertain, teach and keep people occupied, too much time with TV or social media is a growing concern.

AMA policy encourages primary and secondary schools to incorporate into their health class curricula the topic of balancing screen time with physical activity and sleep. The AMA also encourages primary care physicians to assess pediatric patients and educate parents about amount of screen time, physical activity and sleep habits.

Two AMA members took time to discuss what they wished all patients knew about reducing screen time. They are: Patrice A. Harris, MD, MA, a child-and-adolescent psychiatrist from Atlanta and former president of the AMA and Maurice G. Sholas, MD, PhD, a pediatric physical rehabilitation physician in New Orleans.

Not all screen time is created equal

"We've certainly seen parents and guardians relax rules during the pandemic and by some reports, the screen time has increased 50% to 70%, with about 50% of that time spent on social media," Dr. Harris explained. "It's important to define screen time as not just one category," as the term encompasses "time spent on schoolwork, TV, video games and social media."

"There are several subcategories of how we all use screen time and that of course goes to the fact that not all screen time is created equally," Dr. Harris said.

Dr. Sholas noted that "the American Academy of Pediatrics recommends no screen time at all for kids until they're 18 to 24 months old, except for video chatting. It's a way for those younger children to sort of connect with grandparents who they've been separated from during the COVID-19 pandemic. ... And kids 2 to 5 should get an hour or less of screen time per day because these screen-time things are sort of isolating experiences."

Dr. Sholas said "screen time is like sugar. You shouldn't cut it all the way out because there is a need and a purpose for it. What if you give them too much? You'll be sorry."

He sees "screen time as an augmentation of what we can't have in person. ... If we can't see our extended family and friends, we have to do something to stay connected and screen time is a way to do that."

It's all about balance

"There's no one right answer when it comes to either defining screen time as good or bad or managing screen time," said Dr. Harris, noting that she likes "to look at it in terms of context and even a checklist, particularly when you are talking about children, but it is applicable to adults too."

"The questions should be: Is screen time interfering with some of the pro-health, pro-wellness activities that we should all be engaging in?" she added. "For example, sleeping and eating. Is screen time overtaking our ability to get the adequate amount of sleep or interfering with adequate nutritional intake? What about physical activity, quality time with family?"

"If you see that all screen time is, video games and not connecting with friends and family, that's a worry," Dr. Harris explained.

Avoid doomscrolling

Doomscrolling is "the act of spending an excessive amount of screen time devoted to absorption of negative news," Dr. Harris explained. "We have these constantly updating newsfeeds right on our mobile devices and so once we click on that newsfeed, we might continue to click through all of the negative news of the day."

"Our original intention might be just to get news on COVID-19 because it is important and critical ... because getting accurate information about COVID keeps us safe," she said. "We are in a time of anxiety and sometimes it's just wanting to stay connected. But once we check that first news story, we tend to just continue that doomscrolling and that absorption of the negative news."

Turning off or limiting mobile or email news alerts is just a start, Dr. Harris advised.

Don't fixate on social profiles

"One of the things people talk about is that—especially when you do things via Instagram—you're finding that people are really having a hard time with comparing and understanding what's normal," said Dr. Sholas. That's "because everything on these social media platforms is so curated. It makes everyone's life look fabulous and fantastic and omits all their struggles and shortcomings."

continued on page 13

“When kids look at that out of context, they feel like they must be the only person in the world who had a spat with their parents yesterday,” he added, noting that “what happens is even though we’re hyperconnected in some ways in these social media platforms, we’re more isolated and self-doubting because we’re only seeing the curated selves of all these people rather than who they really are as full persons.”

Pay attention to time spent on screen

“Be mindful about how much time you are spending and on what particular activities,” said Dr. Harris. “If it’s three hours of school time, that may be appropriate but we should be building in breaks even with screen time for schoolwork.”

That means paying attention to “how many hours a day you or your children are spending, and then substitute that time with another activity,” she said.

It’s also important for adults to “find what they’re loving about being on screen and some analogous thing that they can pivot to in real life,” said Dr. Sholas. “It can be small things. ... Those things have meaning and help people work it out.”

Substitute toxic behaviors

Screen time can be “toxic when you are not doing some of the social, pro-wellness things that we all need to do,” Dr. Harris said.

“It may not be that you have to turn off the alerts forever, but if you find yourself in the place where you are ruminating, anxious, not sleeping, not eating and more depressed, then you want to substitute these behaviors and turn off those alerts and all of the things that you can do to make sure there’s a balance,” she said, adding that it is also about making sure “it’s not impacting your ability to function and participate in social, wellness and helping behaviors.”

Build breaks into your schedule

“Across this country, people are rethinking work, workplaces and commute time,” said Dr. Harris. “For the people who would be working from home, there are stresses there.”

“We find ourselves in Zoom meetings from 9 to 5 and that means we are potentially sitting for eight hours, and we don’t want to do that,” she said. “Just in the same way you want to think about social media and other issues, even if you are using screen time for school and work, you should build breaks into that.”

“Before COVID-19 many of us—and I have to say myself included—didn’t always take a break for lunch,” Dr. Harris said. “That was not a good idea before COVID and it’s not a good idea now ... so try to build in some healthy habits as we all continue to work from home—both through COVID and beyond COVID.”

UPCOMING EVENTS

November 3, 2021 ~ [2021 Detroit Stroke Conference](#)

The Henry Ford Neuroscience Institute’s Live Virtual Conference from 8 am – 4:30 pm, 7 AMA/PRA Category 1 CME Credits. Register today to take advantage of Early Bird pricing, good until October 6!

November 10, 2021 ~ [Changes to Michigan’s Auto No-Fault Act for Physicians](#)

MSMS Grand Rounds, FREE Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credits.

November 12, 2021 ~ [“A Day of Board of Medicine Renewal Requirements” Pain and Symptom Management; Medical Ethics; Human Trafficking](#)

MSMS Live In-Person Meeting, 9 am – 2:45 pm, Sheraton Ann Arbor, cost for members \$185, non-members, \$375, 5 AMA/PRA Category 1 CME Credits.

November 12, 2021 ~ [MSMS / ECHO - Addiction & Co-Occurring Mental Health Disorders](#)

FREE Virtual Meeting, 12 pm – 1 pm, .75 AMA/PRA Category 1 CME Credits.

November 13, 2021 ~ [MSMS 25th Annual Conference on Bioethics](#)

Hybrid Conference (in-person and virtual), 8:45 am – 4:15 pm, Sheraton Ann Arbor, cost for members \$50, non-members \$100, 6 AMA/PRA Category 1 CME Credits.

December 8, 2021 ~ [Sharing Clinical Notes With Patients – A New Era of Transparency in Medicine](#)

MSMS Grand Rounds, FREE Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credits.

December 9, 2021 ~ [Coding Updates for 2022](#)

MSMS Virtual Meeting, 9 am – 12 pm, cost \$50.

December 9, 2021 ~ [Evaluation & Management: Understanding Levels of Medical Decision Making & Time](#)

MSMS Virtual Meeting, 1 pm – 4 pm, cost \$50.

December 10, 2021 ~ [MSMS / MOUD and Integrating Treatment Courts, Jails, and Health Professionals](#)

FREE Virtual Meeting, 3 pm – 4 pm, .75 AMA/PRA Category 1 CME Credits.

January 21, 2022 ~ MSMS / ECHO - [Ethical Issues Related to Opioid Use Disorder Treatment](#)

FREE Virtual Meeting, 3 pm – 4 pm, .75 AMA/PRA Category 1 CME Credits.



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Henry Ford Macomb Hospital

A HUGE MOMENT OF PRIDE FOR US'

On October 5, Henry Ford Health System reported that 99% of its workforce is compliant with its COVID-19 vaccination requirement. The figure means team members are either fully vaccinated, on the way to completing a two-dose regimen or received an approved medical or religious exemption.

"This is a true testament to Team HFHS and how much our team cares about your health, the community's health, their own health and the health of their teammates," said Bob Riney, President of Healthcare Operations and Chief Operating Officer, during a briefing with reporters. "We're really grateful for their dedication."

On June 29, Henry Ford became the first health system in Michigan to announce a vaccine requirement for its workforce. At the time of the announcement, the workforce vaccination rate was 68%. The requirement took effect Sept. 10.

Key compliance numbers released:

- More than 30,000 team members are fully vaccinated
- About 1,900 team members, or 6% of the workforce, received an approved medical or religious exemption. The number of exemptions is expected to wane should the COVID-19 vaccine become part of regular vaccination maintenance, like the flu vaccine
- About 400 team members, or about 1% of the workforce, have voluntarily resigned because of the requirement. Should these team members "have a change of heart and become vaccinated" they can apply for a job at Henry Ford. "We are doing all we can to keep those doors open," Riney said. "Whatever their choice, we wish them the very best and appreciate the years of service they provided our community and organization."

Riney said new hires are already offsetting those team members who resigned, adding that Henry Ford is actively recruiting and hiring as part of an aggressive short-term and long-term strategy.

Riney commended the 99 percent vaccine compliance as a "huge moment of pride for us." He said team members' feedback was "overwhelmingly" in support of the requirement.

"We want to lead, and we know that vaccinations are the way for us to get out of this pandemic," Riney said. "Vaccinations are the key. If we sound like a broken record, we are. We know what it will take to continue to beat this pandemic and we're showing our leadership in doing so."

The heartened news about vaccinations came amid the sobering news that October marked the 19th month of the

pandemic and that 144 patients were hospitalized for COVID across the health system. On this day one year ago, there were 65 hospitalizations and an emerging sense of optimism that better days were ahead.

Despite the availability of vaccine, infections and hospitalizations continue to fuel the pandemic. The vast majority of those hospitalized are unvaccinated.

FORMER RED WING GOALIE MANNY LEGACE TREATED FOR COVID AT HENRY FORD MACOMB

Retired NHL goalie Manny Legace knows the importance of making crucial saves at the right time. Now, he's grateful for the timely care he received from the team of doctors and nurses at Henry Ford Macomb Hospital, who he credits with saving his life after testing positive with COVID-19.

"I can't say enough great things about what Henry Ford Macomb did for me," said Legace. "Every nurse and doctor in the ER and ICU floor who took care of me were absolutely first-class, amazing people."

Legace is the current goaltending coach for the NHL's Columbus Blue Jackets. In his 18-year playing career, he played with five NHL teams, including the Detroit Red Wings and their 2002 Stanley Cup team.

Legace and his wife Giana began experiencing COVID-19 symptoms around Aug. 19. While his wife's symptoms were mild and short-lived, his condition worsened. By Labor Day, Sept. 6, Giana became very concerned for him and reached out to family friend Anthony Colucci, DO, Medical Director at Henry Ford Macomb Hospital's emergency department.

"When I talked to Manny's wife, he was struggling with his breathing," said Dr. Colucci, who recommended she call 911 and get her husband to the nearest hospital. Instead, Giana insisted on making the hour drive from Novi to Henry Ford Macomb in Clinton Township.

Dr. Colucci met Legace at the ER entrance. "He was on the cusp of being intubated by the time he arrived for treatment," said Dr. Colucci. With Legace's oxygen saturation level at 77 percent, Dr. Colucci immediately put him on oxygen treatment. Legace also received remdesivir, an antiviral medicine that works to stop the virus from spreading.

After imaging tests revealed blood clots in his lungs, Legace was admitted to the intensive care unit. He was released from the hospital on Sept. 12.

Nasir Husain, MD, Chief of Infectious Disease at Henry Ford Macomb, said Legace was very sick but was fortunate to not require a ventilator. Dr. Husain recommends that people who experience COVID-like symptoms, especially those with existing medical conditions who may be at higher risk, should get tested and seek medical care immediately.

The day after his release from the hospital, Legace posted a message of gratitude on his Instagram channel to thank the

Henry Ford Macomb staff that took care of him. "My words cannot express how grateful I am to my wife GI, Henry Ford Macomb Hospital, Dr. Colucci and Dr. Husain and the entire ICU unit, who are an amazing staff. Thank you for #savedmylife."

He also warned people of the seriousness of COVID-19. "This disease is not a joke."



Legace, who was previously scheduled to receive his COVID-19 vaccine on Sept. 1, is now expected to receive it in about 8 weeks, per CDC guidelines. The CDC recommends vaccination because it better protects people after having COVID-19.

Since leaving the hospital, Legace said he feels sluggish but understands that it will take time to get over the effects of COVID-19.

"Drs. Husain and Colucci and the ICU staff saved my life, along with my wife who got me to the hospital," said Legace, "Had I waited longer, and with those blood clots in my lungs, it could have been over for me. Don't know if my heart could have taken that hit.

"I've never been around more professional people in my entire life. I love them so much, it's unbelievable how great the people were at Henry Ford Macomb," he added.

HENRY FORD MACOMB EARNS TOP QUALITY RECOGNITION FOR STROKE CARE EXCELLENCE

All of Henry Ford Health System's five hospitals that are equipped to treat stroke earned Gold Plus and Honor Roll status for stroke care excellence from the American Heart Association and American Stroke Association.

This top quality achievement recognizes the hospitals' commitment to ensuring patients with stroke receive the most appropriate and timely treatment according to nationally-recognized, research-based guidelines grounded in the latest scientific evidence.

The hospitals earned the awards by exceeding specific quality achievement measures for the treatment of stroke for a designated period. These measures include evaluation of the proper use of medications and other stroke treatments aligned with evidence-based guidelines with the goal of reducing death and disability for patients who experience stroke. Before discharge, patients should also receive education on managing their health, get a follow-up visit scheduled, as well as other interventions to improve care transitions.

The specific award levels for each hospital, including Target: Stroke Honor Roll recognitions, are as follows:

- Henry Ford Allegiance Health – Stroke Gold Plus with Honor Roll Elite and Target: Type 2 Diabetes Honor Roll
- Henry Ford Hospital – Stroke Gold Plus with Honor Roll and Target: Type 2 Diabetes Honor Roll

- **Henry Ford Macomb Hospital – Stroke Gold Plus with Honor Roll Elite and Target: Type 2 Diabetes Honor Roll**
- Henry Ford West Bloomfield Hospital – Stroke Gold Plus with Honor Roll Elite and Target: Type 2 Diabetes Honor Roll
- Henry Ford Wyandotte Hospital – Stroke Gold Plus with Honor Roll and Target: Type 2 Diabetes Honor Roll

To learn more or request an appointment with a Henry Ford stroke specialist, please visit www.henryford.com/stroke.

2 HENRY FORD MACOMB NURSES EARN PRESTIGIOUS NIGHTINGALE HONOR FOR NURSING EXCELLENCE

Six Henry Ford Health System registered nurses are recipients of the prestigious Nightingale Award for their nursing excellence and expertise from Oakland University's School of Nursing. A seventh Henry Ford nurse was an Award runner-up.



Four nurses at Henry Ford Hospital in Detroit and two nurses at Henry Ford Macomb Hospital in Clinton Township were honored in six of the 12 Award categories.

Nominees were nominated by their peers, supervisors, and patients in recognition for their superior nursing expertise.

"Each year, these awards from the Oakland University School of Nursing and its Board of Visitors honor the continuous advancement of our professional field and the outstanding nurses who help make that advancement possible," Gnam said.

Recognized with a Nightingale Award are:

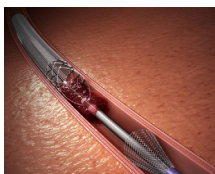
- Sharron Alejandria, RN, Unit Educator, Interventional Radiology, Henry Ford Hospital – Post-Acute Care & Specialty Nursing Award
- **Irina Ghinescu, NP, Nurse Practitioner at Henry Ford Cancer Institute, Henry Ford Macomb Hospital – People's Choice Award**
- Gwen Gnam, RN, Chief Nursing Officer and Vice President of Patient Care Services, Henry Ford Hospital – Executive Administration Award
- Cheryl Larry-Osman, RN, DNP, Perinatal Clinical Nurse Specialist, Henry Ford Hospital – Excellence in Research Award
- **Kelly Schroeder, RN, Registered Nurse Lead, Commons Monoclonal Antibody Clinic, Henry Ford Macomb Hospital– COVID Hero-Staff Nurse Award**
- Michelle Turmell, RN, Unit Educator MICU Pod 2, Henry Ford Hospital – Excellence in Staff Nurse Award
- Patricia Danieleski-Grabowski, RN, Transfer Nurse in Admission and Transfer Management, Henry Ford Hospital – Runner-up, People's Choice Award

Each of the 12 Nightingale Award winners received a monetary prize, a solid bronze statue of Florence Nightingale, and a Nightingale ceremonial pin. All runners-up were honored on stage as well, and received a commemorative plaque.



McLaren Macomb Hospital

MCLAREN MACOMB INTERVENTIONAL CARDIOLOGIST EXPANDS OFFERINGS WITH MINIMALLY INVASIVE DVT PROCEDURE



An interventional cardiologist at McLaren Macomb recently expanded the care offerings at the hospital's Mat Gaberty Heart Center with the introduction of ClotTriever® Thrombectomy System for the removal of deep vein thrombosis, or DVTs.

ClotTriever allows for the retrieval and removal of large blood clots within large veins in a single session while eliminating the need for thrombolytics (blood-thinning, "clot-busting" medications) associated with traditional treatments and carry a potential for complications. It also avoids the patients' need for a stay in the intensive care unit.

Jay Mohan, DO introduced the minimally invasive treatment option, making McLaren Macomb one of the few select specialty sites capable of performing the procedure.

"DVTs themselves can be quite painful and limit a lot of activity, but where they're really troublesome are their risk for complications," Dr. Mohan said. "Traditional treatment options can work over a period of time, but when we have a minimally invasive option that allows us to capture and remove all of it within one session, it's advantageous for everyone."

Guided by an ultrasound to determine the clot's and vein's locations, a guidewire is inserted and tunneled to the clot. A catheter then follows the guidewire before a sheath is deployed to securely capture the clot to effectively and efficiently remove it.

Upon removal, symptoms immediately improve.

DVTs are blood clots that form in the deep venous system — blood vessels returning blood to the heart — often in the legs, disrupting blood flow and proper circulation. As clots grow, the risk increases for them dislodging and traveling to the heart and lungs (pulmonary embolisms) with potentially life-threatening complications.

STROKE CARE AT MCLAREN MACOMB RECOGNIZED WITH TOP AHA/ASA DISTINCTIONS

McLaren Macomb, part of the statewide McLaren Stroke Network, has achieved the Get With The Guidelines® Stroke GOLD PLUS distinction for the third consecutive year. For its effective stroke care and efficiency in administering that care, the hospital earned this American Heart Association/American Stroke Association recognition in acknowledgement for its consistent compliance with national quality measurements. Additionally, McLaren Macomb earned the organization's Honor Roll Elite for its prompt use of IV tPA, a medication to dissolve

stroke-causing blood clots, and Target: Type 2 Diabetes Honor Roll, which recognizes the program for providing the latest evidence-based care to diabetic stroke patients.

"With strokes being as serious and life-threatening as they are, patients want a hospital and stroke program capable of providing the level of care they need to potentially save their life," said Aniel Majjhoo, MD, an interventional neurologist and medical director of the McLaren Macomb Neurosciences Institute.

"Meeting and exceeding these national standards gives our patients a significant level of comfort in our program's expertise, knowledge, and our ability to provide the best possible outcome."



Distinction levels are determined based on programs' compliance with the most up-to-date, evidence-based treatment guidelines set by the AHA/ASA to improve the care and clinical outcomes of stroke patients. The GOLD PLUS level — the highest achievable level — is earned by complying with these guidelines for 24 or more consecutive months.

Part of the McLaren Stroke Network, McLaren Macomb has routinely earned national recognition for its care, treatment, quality and outcomes. The most experienced stroke program in Macomb County, McLaren Macomb was the first program in Macomb County capable of performing interventional thrombectomy procedures, the standard of care set by the AHA/ASA's guidelines.

MCLAREN MACOMB SENIOR BEHAVIORAL HEALTH CENTER OPENS



McLaren Macomb completed its latest expansion with the opening of the McLaren Macomb Senior Behavioral Health Center in Shelby Township in late September. The multidisciplinary inpatient facility provides an advanced level of care designed to meet the varied mental and emotional health needs of Macomb County's senior citizen population.

Located in Shelby Township along Schoenherr Road, just south of 21 Mile Road, construction began in the fall of 2020, and it represents an \$8 million investment by the hospital to the community.



"There can be a disconnect between the physical health and mental health," said Theresa Chapman, program director of the McLaren

Macomb Senior Behavioral Health Center. “As we age, we face multiple changes in many different areas of life, and the aging population is left to find a way to cope with those changes and the loss associated with them, all of this can leave them feeling depressed, anxious and overwhelmed. These changes and reactions are normal, but often extra help is needed if the depression and anxiety go on for too long and that’s why we’re here, to provide that specialized care to this unique population.”

The new 23-bed inpatient facility is designed to meet the needs of adults 55 and older who are in need of treatment for increased anxiety, prolonged emotional issues after a major life event, behavioral disturbances, depression with suicidal thoughts, hallucinations and delusional thoughts, among other behavioral health needs.

“The growing emphasis being placed on behavioral health and mental and emotional well-being, along with the de-stigmatization of the need for this area of care, have been very promising,” said Tom Brisse, McLaren Macomb president and CEO. “It is always exciting to be able to grow and expand our services to our community, especially one that is in a position to meet a growing need.”

Overseen by a board-certified psychiatrist, the facility will include a full complement of registered nurses providing around-the-clock care and an experienced manager to supervise all patient care services. The services of social workers and occupational and recreational therapists will also be available.

Through this facility, McLaren Macomb will add nearly 30 jobs to Shelby Township.

Macomb County is home to nearly 874,000 people, and 39 percent are over the age of 50. Considering this aging population, 20 percent of people age 55 and older require a level of behavioral health treatment, yet only 3 percent seek treatment.

Learn more about the new facility and senior behavioral health at www.mclaren.org/macombgeropsych.

Ascension Macomb-Oakland Hospital

MICHIGAN PARKINSON FOUNDATION RECOGNIZES ASCENSION MICHIGAN LEADER

Paul A. Cullis, MD, FAAN, Chair of the Neuroscience service line for Ascension Michigan was



recently presented with a special honor recognizing him as a dedicated champion of the Michigan Parkinson Foundation (MPF) who has been advocating for and caring for those dealing with Parkinson’s disease for more than 35 years.

Debby Orloff, former CEO and co-founder of MPF, presented the special award to Dr. Cullis at the recent



“A Night of Promise for Parkinson’s” gala event. “Cullis’ influence has been felt in everything that we have at MPF today. He has the ability to open doors, collaborate and encourage people to make things happen. He has been a beloved and compassionate physician, a champion, and educator, generously giving of his time, expertise and personal resources to the Michigan Parkinson Foundation,” stated Orloff.

Within the MFP, Dr. Cullis has held positions as President of the Board of Directors, Chairman of the Professional Advisory Board and Secretary of the Board of Directors.

CONSTRUCTION TO BEGIN ON ASCENSION ST. JOHN HOSPITAL HEALTH CENTER - 26 MILE ROAD AMBULATORY SITE

Ascension Michigan is starting construction of a new ambulatory presence in the north-east Macomb County/ St. Clair County area along the I-94 corridor



on 26 Mile Road, just north of New Baltimore. The new ambulatory center will serve a growing population in the market and expand Ascension Michigan’s geographic presence. This project involves constructing a 39,880-square foot building to provide and expand outpatient services in the community. The facility will include primary care and orthopedic physicians, a time-share for specialty practices, an endoscopic suite, rehabilitation services, supporting diagnostic services (including radiology, ultrasound, MRI, CT, mammography and lab) and freestanding emergency services. Groundbreaking will begin soon with an expected opening of January 2023.

ASCENSION MICHIGAN WELCOMES NEW LEAD PHYSICIAN ADVISOR

In early August, Ascension Michigan welcomed Fadi Ibrahim, MD, as its new Lead Physician Advisor. As Lead Physician Advisor, Dr. Ibrahim will support the further development of the Ascension Michigan Physician Advisor role to realize improved financial, quality and patient flow measures that are essential to achieving the goals of value-based care. The Physician Advisor program will support performance improvement initiatives to drive case management, clinical documentation improvement and quality metrics.

Dr. Ibrahim is a talented and knowledgeable medical director, physician advisor and hospitalist with more than 10 years of successful experience in clinical and operational healthcare. He has held various positions of leadership in the acute and post-acute care settings, providing strong leadership related to patient safety, quality, infection control, risk management and regulatory readiness.

HOSPITAL NEWS

Dr. Ibrahim comes to Ascension Michigan from Tenet Healthcare-DMC ACC/Harper University Hospital where he worked as a Physician Advisor for the past year. Prior to that role, Dr. Ibrahim served as Interim Chief Medical Officer for a post acute care/skilled nursing facility at Progressive Medical Group in Lansing for a year. His experience also includes working for Henry Ford Health System since 2015, as both a Hospitalist and Medical Consultant for Inpatient Psychiatry for Henry Ford East Hospital in Mount Clemens (2015 to present) and Kingswood Hospital, Ferndale (2017-2018). Dr. Ibrahim also served as the Chief Medical Officer/Regional Medical Director of Sava Senior Care in Atlanta for three years, and has held multiple Medical Director positions for several Michigan skilled nursing and rehab facilities.



Dr. Ibrahim earned his Doctor of Medicine degree from Ross University School of Medicine in Dominica and completed his Family Medicine residency at Ascension St. John Hospital. He also earned an MBA from the University of Michigan, and a Bachelor of Arts in Biology and Psychology from Wayne State University.

ASCENSION ST. JOHN FAMILY MEDICINE DOCTOR HONORED AS STATE PHYSICIAN EDUCATOR OF THE YEAR

The Michigan Academy of Family Physicians (MAFP) recognized Mark Paschall, MD, Program Director, Ascension St. John Hos-

pital Family Medicine Residency, with its 2021 Michigan Family Medicine Educator of the Year award.

The MAFP -- the largest medical specialty organization in the state, representing and led by family physicians -- presents this distinguished award to academic physicians in recognition of outstanding contributions to family medicine undergraduate, graduate and/or continuing education.

Dr. Paschall led the Ascension St. John Hospital Family Medicine Residency from 2004-2021. He is currently active in his clinical practice, Ascension St. John Family Medical Center, and continues to teach and provide inpatient service at Ascension St. John Hospital. He is a role model of academic excellence for third and fourth year medical students -- both in clinic and at the hospital -- encouraging them to look beyond medical issues and also pay attention to social determinants of health.



Dr. Paschall is also known for his global community service. He has a background in tropical medical training and takes several residents to Kenya each year where they work in a medical clinic, providing care to thousands of patients over a two-week period. He has also raised funds for Hope Water Project to place wells in the same Kenyan communities where he volunteers.

MSMS UPDATE



By: Daniel M. Ryan, MD, MSMS Region 2 Director



MSMS GOVERNMENT RELATIONS DEPARTMENT LAUNCHES "RISE AND PROGRESS" VIDEO SERIES

The MSMS Government Relations Department recently launched a new video series called "Rise and Progress" where members can tune in to learn about the latest news happening at the Michigan State Capitol. New videos will be uploaded every month and staff will provide updates on a wide range of legislative issues such as prior authorization reform, scope of practice, behavioral health, telehealth, and more. Please visit <https://cqrcengage.com/msms/LegislativeSpotlights?0> for more content.



MSMS UPDATED RESOURCES ON THE LICENSE REQUIREMENTS FOR MEDICAL DOCTORS AND OSTEOPATHIC PHYSICIANS

MSMS has updated their resources on the license requirements for medical doctors and osteopathic physicians. Changes include the new addition of three hours of implicit bias and

modifications to the pain and symptom management area to include one hour of controlled substance prescribing.

A summary of the changes includes:

Implicit Bias – A minimum of 3 hours every 3-year relicensing cycle. New licensees need 2 hours within the 5 years immediately preceding.

Medical Doctors with renewals in January 2022 need no training; renewals in 2023 need 1 hour; renewals in 2024 need 2 hours; renewals in 2025 need 3 hours. Then after, every 3-year renewal cycle will need to report 3 hours. (Any hours after June 2021 can be used for license renewal after 2022.)

Osteopathic Physicians with renewals in December 2021 need no training; renewals in 2022 need 1 hour; renewals in 2023 need 2 hours; renewals in 2024 need 3 hours. Then after, every 3-year renewal cycle will need to report 3 hours. (Any hours after June 2021 can be used for license renewal after 2022.)

Training must include strategies to reduce disparities in access to and delivery of health care services and the administration of pre- and post-test implicit bias assessments. Acceptable modalities of training are a teleconference or webinar that permits live synchronous interaction, a live presentation, or an interactive online instruction. Solely recorded or archived content is not allowable, a live component is required.

Training content must include, but is not limited to, 1 or more of the following topics:

- Information on implicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and cultural sensitivity.
- Strategies to remedy the negative impact of implicit bias by recognizing and understanding how it impacts perception, judgment, and actions that may result in inequitable decision making, failure to effectively communicate, and result in barriers and disparities in the access to and delivery of health care services.
- The historical basis and present consequences of implicit biases based on an individual's characteristics.
- Discussion of current research on implicit bias in the access to and delivery of health care services.

Education on Pain and Symptom Management – A minimum of 3 hours of continuing education every 3-year relicensing cycle. At least 1 of the 3 hours must include controlled substances prescribing.

Live and archived programming for all of the currently required content can be found at www.msms.org/education. Compliant courses for the implicit bias requirement starting in June 2022 will begin in the first quarter of 2022. Please note the first reporting period for implicit bias will be for those physicians renewing their licenses in 2023.

The new resources can be downloaded here:

- [Medical Doctor Licensure Requirements](#)
- [Osteopathic Physician \(DO\) Licensure Requirements](#)

MSMS & MCMS JOIN NEW COALITION—MICHIGAN FOR ADVANCING COLLABORATIVE CARE TEAMS (MiACCT)

Trained experts. Compassionate caregivers. A true team of individuals, each playing an essential role and doing their part—with the patient at the center of it all.

It's the kind of care Michigan patients expect for themselves and their loved ones. And frankly, we believe it's the kind of care they all deserve.

With that in mind, we're excited to announce we've joined a new coalition—[Michigan for Advancing Collaborative Care Teams \(MiACCT\)](#) that solely focused on preserving and strengthening the health care teams we all rely on for our care. And we believe it's a coalition that couldn't have come at a better time.

Every day, across the country, powerful special interest groups work to undermine the team-based approach to health care all in the interest of making a buck. The policies they promote take physicians, away from their patients and jeopardize the patient care and safety in the process.

Thankfully, MiACCT is here to fight back.

Made up of a growing number of health care providers and patient advocacy organizations united and committed in the belief that the time-tested, physician-led, patient-centered

model of care is the very best way to increase health care access without compromising patient safety or quality of care, MiACCT exists to fight for what's best for Michigan's patients. That's what they need. That's what they deserve. And we're happy to be a part of it.

Senate Bill 680 was recently introduced in the Michigan Senate that will allow for full independent practice for nurse practitioners (NPs). Under the bill, not only would NPs be allowed to provide direct care without physician supervision or collaboration, but they would also be allowed to prescribe opioids and other controlled substances. Further, the bill wouldn't even require additional training or education for NPs.

We know this isn't what's best for patients. They want and deserve a robust care team that collaborates for their best interest. The way to do that is NOT creating silos of care. It's NOT putting those with less training and experience in charge of their care. Let your Senator know this isn't the right plan for Michigan's patients.

[**Make sure your Senator knows Nurse Practitioners should be part of the care team, not independent from it!**](#)

THANK YOUR PUBLIC HEALTH OFFICIALS



And while we all recognize that the physicians, nurses, and other health care providers who have battled against the pandemic on the frontlines deserve tremendous praise and recognition for their valiant work, there's another group of individuals who have been fighting to protect our collective public health whose efforts have largely gone unsung.

Our county health departments and public health officers deserve our sincerest thanks and gratitude for the work they have done in response to COVID-19.

Despite threats and pressure to do otherwise, these men and women have done everything possible to protect the health and safety of all residents in their communities, through education, mask mandates quarantine protocols, and other public health outreach and interventions.

It's important, brave work that should be applauded and celebrated.

[**Please take a moment to thank your local public health officials and let them know they have your support.**](#)



NO COVID-19 VACCINATION, NO CARE? WHY THAT'S THE WRONG PATH

By: Timothy M. Smith, Senior AMA News Writer

While vaccine hesitancy is an age-old phenomenon, it has found a new—and profoundly frustrating—expression during the COVID-19 pandemic that has led some physicians to reportedly refuse care to patients who have forgone SARS-CoV-2 vaccination.



But as infuriating as it can be to treat patients who refuse the safe and highly effective COVID-19 vaccines that are widely and freely available in the U.S., doctors should keep in mind their professional ethical obligations. It turns out there is extensive guidance for just such a situation.

“Ethics in our profession is about making hard choices in the face of conflicting values,” said AMA President Gerald E. Harmon, MD. “An important value for me—and this is inherent within our AMA Code of Medical Ethics—is a physician’s duty to provide care for the patient, even when that choice is difficult.”

The short answer

Elliott Crigger, PhD, is the AMA’s director of ethics policy and secretary to the AMA Council on Ethical and Judicial Affairs. He expanded on Dr. Harmon’s forceful view.

“In general, no, a physician should not refuse a patient because the individual is not vaccinated or declines to be vaccinated,” Crigger said.

Physicians have a clear duty to provide care in emergencies, Crigger noted, citing principle VI in the AMA Code of Medical Ethics, which states that a physician shall, except in emergencies, “be free to choose whom to serve, with whom to associate and the environment in which to provide medical care.”

But the physician’s commitment to care for those who are sick or injured carries with it a duty to treat in other circumstances as well, including public health crises, when, according to Opinion 8.3, “Physician Responsibility for Disaster Response and Preparedness,” doctors may face “greater than usual risks to [their] own safety, health or life.”

Moreover, Opinion 1.1.2, “Prospective Patients,” bars physicians from refusing care to patients based solely on their infectious disease status or for any reason that would constitute discrimination against a class or category of patients.

Extenuating circumstances

The strength of a physician’s obligation to treat may, however, vary based on the conditions, Crigger noted.

“Determining whether, in a particular instance, a physician may ethically decline a patient requires careful reflection,” he said. For example, in the context of a highly transmissible disease that poses significant risk of severe illness for which a safe, effective vaccine is available, the decision to accept or decline a patient must balance three factors:

- The urgency of the individual patient’s need.
- The risk the patient may pose to other patients in the physician’s practice.
- The need for the physician, and other staff, to be available to provide care in the future.

These are among the questions to be considered.

What are the unvaccinated patient’s medical needs and how urgent are those needs? In emergency situations, physicians may not ethically refuse to provide care, regardless of the patient’s vaccination status. But it may be justifiable to decline to provide “routine care,” such as an annual physical examination, for an otherwise healthy patient.

What is the nature of the physician’s practice and patient population? “Physicians may decline a patient if meeting the individual’s medical needs would ‘seriously compromise’ the physician’s ability to provide care needed by other patients,” Crigger said, again citing Opinion 1.1.2.

“Likewise, if an unvaccinated patient would pose significant risk to other patients in the practice—for example, if the physician’s other patients are immune-compromised or cannot be vaccinated for medical reasons—it may be ethically justifiable to refuse an unvaccinated individual, the more so with the greater the risk of severe disease for other patients in the practice.”

Can accommodation be made to minimize the risk an unvaccinated patient may pose to other patients and staff?

For example, can unvaccinated and possibly infectious patients be seen in a dedicated examination room or at dedicated times? Or can they be tested negative for COVID-19 before receiving care? Can care reasonably be provided via telemedicine? Opinion 1.2.12, “Ethical Practice in Telemedicine,” provides additional guidance.

Can the practice provide adequate personal protective equipment to minimize risk of exposure to physicians and other staff? “This has been a vexing question in the context of the COVID-19 pandemic, when initial supplies of PPE were extremely limited for some practices,” Crigger said. “As PPE has become more readily available, the responsibility has increased for physician practices and health care organizations to ensure adequate supplies of PPE to enable them to accept even unvaccinated patients.”

Can the patient be persuaded to accept vaccination? When an unvaccinated patient presents for care, physicians—or other appropriate staff—have an opportunity to explore with the patient why they are not vaccinated, respectfully acknowledge and address their concerns, and seek to persuade them to accept vaccination to protect themselves and others.

In sum, Crigger said, “A patient’s vaccination status alone is not sufficient reason, ethically, to turn that individual away.”

Visit the AMA COVID-19 resource center for clinical information, guides and resources, and updates on advocacy and medical ethics.

HOW TO HAVE CRUCIAL CONVERSATIONS WITH VACCINE-HESITANT PATIENTS

By: Sara Berg, MS, Senior AMA News Writer

Vaccine hesitancy is not new, but with the COVID-19 pandemic misinformation has spread faster than wildfire across social media. That is why it’s time for physicians and their care teams to have crucial conversations with their patients who are vaccine hesitant.

“In my entire career, never have we had a more challenging time—from a public health concern—than right now,” AMA Director of Practice Redesign Marie T. Brown, MD, said during a webinar, “COVID-19 Vaccine Hesitancy, Crucial Conversations, and Effective Messaging for Patients and Healthcare Teams,” hosted by the International Antiviral Society-USA.

Vaccine misinformation “spread partly because we were all in lockdown and isolated and relying on social media even more,” said Dr. Brown, adding that “anti-vaccine tweets—even before 2016—were four times more likely to be retweeted than pro-vaccine. And that’s part of the problem.”

Here is what physicians and care teams can do to help shift patients out of the vaccine-hesitant category.

Share stories as examples

“Storytelling is hard wired into our humanity, and we really need to use those stories,” said Dr. Brown who uses her daughter’s case as an example for COVID-19 vaccination during pregnancy.

“We do know clearly that if you get COVID when pregnant, the damage is real—poor pregnancy outcomes, pregnancy loss, preterm delivery and more time” in the neonatal intensive care unit, she explained, noting that “I’m happy to share with permission from my daughter that she got her vaccine during her second trimester and had a healthy baby” recently.

“And we’re thrilled that the baby now has some passive antibodies and is somewhat protected,” Dr. Brown added. “Sharing my story that my daughter got vaccinated and the baby and mom and dad are protected is key.”

Ask what they’ve heard

“I found that if I asked my patients or my team, ‘What have you heard from your community?’ they’re more likely to be straightforward,” Dr. Brown said. That’s “because they know how you feel—you’re pro vaccine—so they’re going to be very hesitant or embarrassed to tell you what they believe.”

Don’t repeat the myth

“When you repeat a myth, if it’s repeated often enough, a lie becomes the truth—so be careful,” said Dr. Brown. “As we’ve

learned from the government in crisis management, be careful when you’re talking to the public and avoid restating the myth because sometimes that’s all they hear, not that this myth is false.

“They may not hear the false part, but they hear the myth because that is so much more compelling,” she emphasized.

Remain calm and communicate

“Many of us may feel that these patients are difficult and it’s not our responsibility to try to change their minds,” Dr. Brown said, noting that physicians can understandably get frustrated. They feel as though they are just doing their jobs, or are exhausted and want the patient to simply trust the massive scientific evidence in favor of vaccination to protect against COVID-19 and many other diseases.

“If we have that attitude, we’re not going to be able to communicate effectively,” she added. Instead, “let’s look inwardly, see how we can calm ourselves—and our teams—down so that we can provide more meaningful, effective messages.”

“Remember: The most trusted source of vaccine information is a patient’s personal physician—all physicians and specialists need to be messaging the importance of COVID vaccination,” said Dr. Brown, “Your recommendation to vaccinate has impact!”



HOW BEHAVIORAL HEALTH INTEGRATION HELPS BEAT PHYSICIAN BURNOUT

By: Sara Berg, Senior AMA News Writer

It had been a challenge to provide real-time access to mental health care to patients at Henry Ford Health System—a member of the AMA Health System Program—regardless of whether a behavioral health clinician was physically present at the practice site.

That’s because even with embedded therapy—a therapist housed within the practice—at each clinical site, it was hard to schedule appointments with patients. But by integrating behavioral health care virtually with telemedicine, Henry Ford Health System clinicians were able to quickly reach patients in need of care while ultimately improving physician well-being.

“We all know about the global mental health access crisis, and our system is not immune to this,” said Doree Ann Espiritu, MD, medical director of the Behavioral Health Services Adult Outpatient Division and the service chief of psychiatry at the Henry Ford West Bloomfield Hospital. Her remarks came during a recent webinar hosted by the Behavioral Health Integration (BHI) Collaborative, a group established by the AMA and seven other leading medical associations to help overcome obstacles to integrating behavioral and mental health care into primary care practices.

Dr. Espiritu co-led the initiative to integrate behavioral health care virtually into primary care practices, which has spread to 32 clinics across the Henry Ford Health System.

“Prior to the start of BHI, we actually had some experience with having embedded providers in a few clinics as part of some other initiatives that we were doing. The problem with that was that the schedules for these therapists would frequently fill up,” said Emmanuel P. Dizon, MD, an internist at the Henry Ford Medical Center in Dearborn, Michigan, and a primary care champion for BHI.

That’s why Henry Ford turned to a 100% virtual BHI model that not only improved the mental health of their patients. It also positively impacted physician satisfaction and well-being. Here’s how.

Knowing there is support

When a patient under a physician’s care is experiencing acute stress, it can often make the physician who encounters difficulty finding behavior health services for their patient feel like they’re alone in trying to meet their patient’s needs and can contribute to professional burnout. But knowing there is help through behavioral health integration, physicians experience a sense of relief.

“It’s one of those things where you just can’t imagine practicing without it,” said Eunice Yu, MD, an internist at Henry Ford Health System and a champion for BHI since its inception.

For example, Dr. Yu had a 25-year-old patient and “it was pretty clear that she was suffering from a lot of anxiety and knowing

that I had backup and support from the BHI team—that they had my back—gives me just this enormous sense of relief that when



I broach these conversations, I’m not going to be sending my patient out to the void,” she said. “I was able to say to her right there that I have a team of therapists that I work very closely with—they can see you quickly, usually within two weeks.”

Dr. Yu was able to address her patient’s issues in a way that hadn’t been possible previously because she knew she “had the support from a team that would follow up.”

Establishing work-life balance

The difficulty of getting patients seen, especially when they are in crisis, adds to the considerable stress experienced by practicing physicians. This added stress weighs heavily on them, disrupting their work-life balance and putting them at a higher risk for burnout. By comparison, patient access to integrated behavioral health care helps physicians maintain work-life balance.

“Behavioral integration is one of those initiatives that can really address the fourth aim, which is improving the work-life balance for health care professionals,” said Dr. Espiritu, adding that pre-pandemic it was “always difficult to get patients in when we needed to see them at the point in their lives when they are in crisis.”

“No matter how many psychiatrists and mental health providers we hired, it would never be able to address the demand, and primary care physicians were at a loss for where to send their patients,” said Dr. Espiritu. “BHI has allowed us to address a lot of these with the use of a registry and working very closely with the primary care team.”

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2021-2022 Macomb County Legislator Contact Guide



Take Action and Contact your Legislators

Nurse Scope of Practice Expansion

Recently introduced Senate Bill 680 will allow for full independent practice for nurse practitioners (NPs). Under the bill, not only would NPs be allowed to provide direct care without physician supervision or collaboration, they would also be allowed to prescribe opioids and other controlled substances. Further, the bill wouldn't even require additional training or education for NPs. [Vote NO on SB 680](#)

Prior Authorization – Health Can't Wait

Senate Bill 247 introduces much-needed transparency, fairness, and clinical validity to the process, ensuring Michigan patients are able to access the care they need when they need it.

[Vote YES on SB 247](#)

Protect MI Patients from Out-of-State Physicians

House Bill 4355 will allow out-of-state doctors to treat Michigan patients via telemedicine without a Michigan license or oversight requirements. If this bill becomes law in its current form, large companies could force many of our practices out of business; ultimately, reducing quality of care for our patients and placing Michigan's health care market at a competitive disadvantage. [Vote NO on HB 4355](#)

Protect MI Patients from Expanded Mental Health Professional Definition

Senate Bill 191 will expand the definition of a "mental health professional" to include physician assistants, certified nurse practitioners, and clinical nurses specialist-certified, and would allow them to diagnose patients and make decisions regarding hospitalization, seclusion, and restraint. With no stated requirements for training or experience, Senate Bill 191 puts patient safety directly at risk. [Vote NO on SB 191](#)

Ensure Safe Drinking Water in Michigan Schools

Senate Bills 184 and 185 will require schools to install filtered drinking water stations that meet NSF standard 53 for lead reduction. By bypassing the current slow and costly "test and tell" method and simply installing filtered drinking water stations, children are better-protected sooner and in a more cost-effective manner. [Vote YES on SBs](#)

Support Physicians Fight Against COVID-19

House Bill 4471 will prohibit employers, including hospitals and health systems, from mandating vaccines or masks in the workplace. The prohibition would include the COVID-19, influenza, and Tdap vaccines – completely undermining evidence-based medicine. [Vote NO on HB 4471](#)

Auto No-Fault

House Bill 4485 and Senate Bill 314 will enable the continued care of auto accident survivors by adjusting brain injury rehabilitation, home care and other therapy services to align with the fee schedule reimbursement cap of 200% of the Medicare reimbursement rate, which will keep quality providers viable and protect access to care.

[Vote YES on HB 4486 and SB 314](#)

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Even healthy people can get the flu, and it can be serious.
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For more information, visit: <http://www.cdc.gov/flu>



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