



Macomb  
**Medicus**

*Journal of the Macomb County Medical Society*

October/November/December | Vol. 31 | No. 4



# Macomb Medicus

Journal of the Macomb County Medical Society

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October/November/December 2023 | Vol. 31 | No. 4

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# Celebrating Community Health

By: Norm Hess, Executive Director, Michigan Association for Local Public Health

There are institutions that have been around so long, we sometimes forget what life was like without them.

But it's worth recalling some of the Michigan Department of Health and Human Services' greatest hits on the occasion of its 150th year serving Michigan residents.



1873 was the year President Ulysses S. Grant put the United States on the gold standard for currency. Levi Strauss & Co formed, with a patent on using copper rivets to strengthen their soon-famous denim work pants. P.T. Barnum's circus, the "Greatest Show on Earth," debuted in New York City.

But in Michigan, and everywhere, people were dying horribly and too young, and often from causes we no longer think about or even recognize today. Illnesses like typhoid fever, tuberculosis, polio and diphtheria were among the most prevalent causes of death in the mid-1800s, along with waterborne illnesses from unsafe drinking water.

On July 30, 1873, Governor John J. Bagley signed a law creating the state Board of Health and prescribing duties and responsibilities to local health departments. It was the start of government taking active steps to identify and address widespread issues to prolong our lives and improve their quality. Community health was born.

In 1921, Michigan had the highest death rate from diphtheria in the world. Dr. Clifford Young built the first laboratory on state property to address the disease. By 1940, Michigan cut its diphtheria death rate from 1,200 per year to less than 40.

Also in the 1920s, state health experts examined the prevalence of goiter in adults and realized that adding iodine to table salt could cure the condition. To this day, makers of table salt add iodine to table salt everywhere.

In the 1930s, a law was passed giving health officers oversight of water systems in new construction, ensuring water and sewer system plans were submitted to the state health department before construction commenced.

In 1940, it was Michigan Department of Public Health researchers who developed a vaccine for whooping cough. They'd worked on it for nearly a decade.

The list of accolades for Michigan's public health professionals goes on, decade upon decade. It is filled with national and international honors for programs, research findings and breakthroughs that have improved human life. For example,



our public regional laboratories represent the partnership of local health departments and state public health – they have created a bigger system that supports one another and offers even faster results for underrepresented communities. As our communities have changed, the department has evolved its focus to address changing public and societal threats.

Over the past 99 years, the life expectancy of humans has increased by 30 years in Michigan. A large part of that jump has to do with public health programs that cover every aspect of our lives. Where the historic dangers were largely environmental and communicable diseases that are curable with vaccines, today's top threats are lifestyle-driven maladies. We are losing too many adults to heart disease and diabetes. Our young people are suffering depression and suicide at unprecedented levels. State and local health officials and staff continue to work with partners in communities around Michigan to address complex issues that contribute to these unrelenting problems.

Local and state health have a storied history of bringing great minds to big challenges. On behalf of local public health officers around the state, we look forward to working together with the Michigan Department of Health and Human Services to continue to address current challenges and any the future brings so we can achieve another 150 years of success in leading and establishing programs that protect, prolong and improve human life in every community. ♦

## HAPPY BIRTHDAY

The MCMS would like to wish the following members a very Happy Birthday!

### October

Raed Alnajjar, MD  
Miguel Arellano, MD  
Usman Ashraf, MD  
Roberto Barretto, MD  
Kenneth Cervone, MD  
Nicole Dolan, DO  
Robert Fishman, MD  
Steven Fite, MD  
Amit Garg, MD  
Seymour Gordon, MD  
Bijaya Hans, MD  
Timothy Horrigan, MD  
Christopher Hughes, MD  
Syed Husain, MD  
Khaled Ismail, MD  
Jessica Leschied, MD  
Jeanette Marchand-Mateyak, MD  
Robert Mendelson, MD  
Mark Mishack, MD  
Aurea Montoya-Vinluan, MD  
Gerald Mullan, MD  
Stephen Redding, MD

Adam Rubin, MD  
Milton Simmons, MD  
Graciano Singson, MD  
Cheryl Sobocinski, MD  
Anil Thomas, MD  
Kenneth Tucker, MD  
Isaac Turner, MD  
Sheetal Varde, DO

### November

David Coviak, DDS, MD  
Nicole Faulkner, DO  
Yousef Bishai, MD  
Amy Cardellio, DO  
Eddie El-Yussif, DO  
Allison Engel, MD  
Chrisie Fish  
Michael Fozo, MD  
Gunateet Goswami, MD  
Lovell Guanco, MD  
Mouhammed Joumaa, MD  
Joseph Kaiser, DO  
Sanford Kornwise, MD

Candice Mansoor, MD  
Craig Norris, DO  
Thomas O'Neil, DO  
Heather Orkwis, DO  
Malati Patel, MD  
Susan Radtke, MD  
Chada Reddy, MD  
Jack Shartsis, MD  
Gail Soo Hoo-Williams, MD  
Sevak Valijan, MD  
Kenneth Weinberger, MD  
Stanley Wolfe, MD

### December

David Altman, MD  
Lenise Banse, MD  
James Bookout, MD  
Terrence Brennan, MD  
Bruce Carl, MD  
Matthew Edwards, DO  
Eileen Hopman, MD  
A. Joseph Hoski, MD  
Syed Husain, MD

Ernesto Lao, MD  
Christina Leo, DO  
Nada Macaron, MD  
Daniel Macek, MD  
Daniel Malach, MD  
Telesforo Mascarin, MD  
Byong Min, MD  
Vittorio Morreale, MD  
Rajika Munasinghe, MD  
Andrew Ogawa, MD  
Alan Parent, MD  
Vijay Patel, MD  
Benedict Pellerito, MD  
S. Bhimsen Rao, MD  
Mouhamad Rihawi, MD  
Adam Rourke, DO  
Ruth Rydstedt, MD  
Sima Salman, DO  
Marilynn Sultana-Gallick, MD  
Ethel Villanueva, MD  
David Weingarden, MD



## Tri-County Legislative Committee

**We need your voice!** We are looking for members who want to directly interact with local legislators and represent Macomb County on the Macomb, Oakland & Wayne County Legislative Committee. The committee meets quarterly with legislators from the tri-county area to discuss issues and legislation impacting physicians and their patients.

**Anyone interested in joining the committee contact Heidi Leach at [Hleach@macombcms.org](mailto:Hleach@macombcms.org) or 810-712-2546.**

## 2023-2024 COVID-19 Vaccine is recommended for ages 6 months and older

The vaccine is updated to closely target current variants. The CDC recommends everyone age 6 months and older receive a 2023-2024 COVID-19 vaccine if you have not done so already.

Contact your health care provider to discuss specific recommendations.



For help finding a vaccination site, visit [Michigan.gov/COVIDVaccine](https://Michigan.gov/COVIDVaccine) or call 2-1-1.







**Macomb County Medical Society's  
Annual Meeting**

**Free for MCMS Members & Non-Member Physician Guests**

**Wednesday, November 8, 2023**  
**6:30 pm Dinner and Program**

**"Turning Point's Forensic Nurse Examiner Program  
& First Response Advocacy"**

Learn more about their 24/7 program that provides comprehensive medical forensic examinations and emotional support to adults and children who experience sexual assault or intimate partner violence.

**Ike's Restaurant**  
38550 Van Dyke  
(just south of 17 Mile Rd.)  
in Sterling Heights

**Registration Required by Monday, November 6th**

Register Online  
email [HLeach@macombcms.org](mailto:HLeach@macombcms.org)  
Call 810-712-2546



**Turning Point, Inc.**  
SERVICES TO END DOMESTIC & SEXUAL VIOLENCE



SCAN ME

**MEMBERSHIP REPORT**

*We would like to welcome the following New Members.*



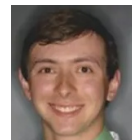
**Shadi M. Bashour, DO**  
**Nephrology – Board Certified,**  
**Internal Medicine – Board Certified**  
Medical School: MI State University College of Osteopathic Medicine, 2010. Post Graduate Education: McLaren Macomb, completed in 2013; St. John Macomb, completed in 2015. Hospital Affiliation: Henry Ford Macomb, McLaren Macomb. Currently practicing at Internal Medicine Associates, 15520 19 Mile Rd., Ste. 480, Clinton Twp., MI 48038, p. 586-228-1010, [www.macombintmed.com](http://www.macombintmed.com).



**Kristen A. Herman, MD**  
**Pediatrics – Board Certified**  
Medical School: Wayne State University School of Medicine, 1999. Post Graduate Education: Beaumont Royal Oak, completed in 2002. Hospital Affiliation: Beaumont Troy, Ascension Providence. Currently practicing at Shelby Pediatric Associates & Child Lung Center, 15125 22 Mile Rd., Shelby Twp., MI 48315, p. 586-532-0599, f. 586-566-8967, [www.shelbypediatricassociates.com](http://www.shelbypediatricassociates.com).



**Candice A. Mansoor, MD**  
**Pediatrics – Board Certified**  
Medical School: Wayne State University School of Medicine, 2014. Post Graduate Education: Hurley Medical Center, completed in 2017. Hospital Affiliation: Beaumont Troy. Currently practicing at Shelby Pediatric Associates & Child Lung Center, 15125 22 Mile Rd., Shelby Twp., MI 48315, p. 586-532-0599, f. 586-566-8967, [www.shelbypediatricassociates.com](http://www.shelbypediatricassociates.com).



**Thomas J. Zahari, DO**  
**Pediatrics – Board Certified**  
Medical School: MI State University College of Osteopathic Medicine, 2019. Post Graduate Education: Children's Hospital of MI, completed in 2022. Hospital Affiliation: Beaumont Troy. Currently practicing at Shelby Pediatric Associates & Child Lung Center, 15125 22 Mile Rd., Shelby Twp., MI 48315, p. 586-532-0599, f. 586-566-8967, [www.shelbypediatricassociates.com](http://www.shelbypediatricassociates.com).

**HELP IMPROVE  
CHILD CARE ACCESS  
IN MACOMB COUNTY!**

*Has child care impacted you as a parent, caregiver or employer?*

**YOUR INPUT IS NEEDED!**



**Macomb County  
Child Care Coalition**

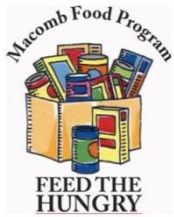




# Macomb County Medical Society Foundation's 2023 Holiday Sharing Card Project

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 lingering effects of the pandemic and record high inflation 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 Food Program** serves people in need of food through its 50 plus pantry distribution sites and its "Fresh to You" Mobile Pantry. This year the Macomb Food Program has served 90,000 households and the need continues to grow. Every dollar donated stays in Macomb County and is used to feed hungry families, children, veterans, the elderly, and the disabled throughout the 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 5, 2023**.

If you have any questions, please contact the MCMS office at [HLeach@macombcms.org](mailto:HLeach@macombcms.org) or call 810-712-2546.

✂ -----  
*Form and payment must be returned by December 5<sup>th</sup>*

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



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



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

**Please make checks payable to: 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.

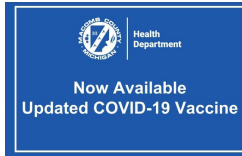




## Health Department

### WE HAVE THE UPDATED COVID-19 VACCINE AVAILABLE

The Macomb County Health Department is currently taking appointments for the 2023-2024 updated COVID-19 vaccine. Appointments are currently available at three Health Department locations including Verkuilen Building in Clinton Township, the Southwest Health Center in Warren, and the Southeast Family Resource Center in St. Clair Shores. Appointments are preferred. Walk-ins are accepted based on vaccine availability. For more details and information, visit [Vaccine Central](#) on our website. To make an appointment, go to our [online scheduler](#).



### MCHD WIC PROGRAM RECEIVES NATIONAL AND STATE RECOGNITION



The Macomb County Health Department's Women Infant and Children (WIC) program recently received national and state-level awards at the 2023 Michigan WIC Training Conference held in Grand Rapids, Michigan.

The first award – a National WIC Association Leadership Award – was presented to the MCHD WIC program for its work in health equity to support its Advancing Health Equity to Achieve Diversity and Inclusion (AHEAD) project.

The second award – an Advanced Competent Professional Authority (Advanced CPA) award – from the Michigan Department of Health and Human Services' WIC program – was achieved by Jill Ondreyka, a nutritionist for the WIC program at MCHD. The Advanced CPA award serves as recognition of the

ability to provide direct nutrition services to WIC clients as well as technical assistance and consultation to local agency staff and other health professionals in nutrition services. Ondreyka is one of four recipients of an Advanced CPA award in Michigan.



"We're all incredibly proud of the work of the entire WIC team," said Krista Willette, director of the Macomb County Health Department. "Our staff has always been focused on client service, and these awards are proof-positive of the great work they do."

In 2022, the Macomb County Health Department's WIC program served an average monthly enrollment of 12,081 clients. For more information on the Macomb County Health Department's WIC program, call (586) 469-5471.

### PARTNER SPOTLIGHT: MACOMB COUNTY COMMUNITY MENTAL HEALTH

At the heart of mental health support in Macomb County lies the dedicated and compassionate organization known as Macomb County Community Mental Health (MCCMH). This Partner Spotlight sheds light on MCCMH's unwavering commitment to enhancing the well-being of its community members through comprehensive mental health services and advocacy. MCCMH is a vital pillar of the Macomb County community, striving to provide accessible and effective mental health services for individuals of all ages. Established with the mission of promoting mental health awareness, delivering quality care, and reducing the stigma surrounding mental health issues, MCCMH has transformed countless lives over the years.

The impact of Macomb County Community Mental Health is immeasurable. Through their tireless efforts, they have not only provided direct assistance to individuals and families in need but also helped change the narrative surrounding mental health, fostering an environment where seeking help is encouraged and supported. MCCMH demonstrates a commitment to staying current with mental health trends and adapting to evolving community needs. Whether it's incorporating telehealth options, implementing evidence-based practices, or expanding services to target emerging issues, MCCMH remains at the forefront of innovation. We thank you for your continuous dedication to the Macomb Community! ♦

**MCMCH has 24/7 Crisis Support available by calling 988 or 586-307-9100**

**For non-emergencies, call MCCMH Customer Service 855-99-MCCMH (855-996-2264)**

**Chat live or learn more at [www.mccmh.net](http://www.mccmh.net).**





# For Physician Advocates, Social Media Hate is Nauseatingly Normal

By: Sara Berg, MS,  
Senior AMA News Writer

Physicians and biomedical scientists are increasingly finding themselves in the crosshairs of a disturbing wave of social media harassment, according to a study published in *JAMA Network Open* that raises questions about what more social media platforms and health care organizations can do to protect the professionals who save lives and advocate fiercely on their patients' behalf.

For the study, "[Physician and Biomedical Scientist Harassment on Social Media During the COVID-19 Pandemic](#)," researchers surveyed over 350 physicians and scientists who were recruited on Twitter—now called "X"—about online harassment. About two-thirds reported harassment on social media. There was typically more than one trigger of harassment for each respondent, with nearly 90% reporting harassment on the basis of their advocacy.

"I have over 30 threats to rape, kill or assault me posted to Twitter, Reddit" and other websites, one respondent commented. "I have lost count of the number of law-enforcement reports I have made, but the accounts that make the most direct threats are almost always anonymous."

Another commented: "The harassment is out of control and social media platforms don't seem to care, and don't ... protect us in any way."

Of the physicians and scientists who reported any online harassment, these shares reported harassment based on:

- Gender: 45%
- Race or ethnicity: 27%
- Sexual orientation: 13%
- Disability: 6%

More than 80% of Black respondents also reported harassment based on race or ethnicity, compared with 69% of Hispanic physicians and scientists, 52% of Asian respondents and 15% of white people.

Meanwhile, 64% reported harassment related to comments about the COVID-19 pandemic while 31% reported being sexually harassed and 18% said their private information was shared—a practice known as doxxing.

"This is a problem that's getting worse at a time when physicians and scientists should be able to be using social media even more to promote accurate public health information," said corresponding author Regina Royan, MD, MPH, an emergency physician at the University of Michigan.



"Many physician organizations and folks like the surgeon general are calling for physicians to be more active at combating misinformation on social media because this is the way that many people are consuming health information.

"And what we've found frustrating is that when physicians and scientists are entering this space to do those things—which we feel is part of our role as physicians—we're met with online harassment and there aren't many existing protections in that space," Dr. Royan added.

While this analysis does not specifically map out solutions, here are some tips for addressing online harassment.

## Recognize harassment is out there

"It's important to know that harassment is out there and that this does happen. Some of the most successful people I've seen on social media address it head on or are fully aware of what they're getting into and even make light of it," said co-author AMA member Vineet Arora, MD, dean for medical education at the University of Chicago Pritzker School of Medicine.

"We should be honest, because harassment on social media is mentally taxing and can be turned into physical threats in front of your home too," Dr. Arora said. "What we're trying to do is shed light on the harm and highlight resources."

## Put protective policies in place

"One of the big things we can do is advocate for our organizations to have harassment policies in place," Dr. Royan said. That is particularly important "when harassment escalates to things like physical harassment, stalking and professional doxxing."

"It would behoove a lot of organizations to have policies in place so they're not on the back foot when this happens



continued from page 8

because we've heard from several colleagues who have experienced it," she added. "Our organizations need to have policies and protections in place to protect their physicians and scientists." ✦



**ROUTINE VACCINES AREN'T JUST FOR KIDS.**

National Immunization Awareness Month

**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**

## Take Charge of Your Mental Health



Achieving and maintaining mental wellness is the foundation for keeping the entire body healthy.

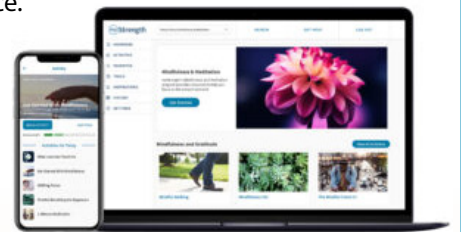
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

**"The health club for your mind," MyStrength provides programs and support for many types of emotional and physical challenges, including:**

- Reducing stress
- Improving sleep
- Managing depression
- Managing anxiety
- Mindfulness & meditation
- Balancing intense emotions
- Pregnancy & early parenting
- Managing chronic pain

### MyStrength offers daily tips for the mind, body and spirit, and:

- Is Safe, Secure, and Confidential—Your privacy is our top priority, and MyStrength maintains the highest level of security available to create a completely confidential and safe environment.
- Has Proven Resources—based on the latest research and professional advice from best-selling authors.
- Is Packed with Tools — MyStrength offers many resources to improve mental health, with the latest research and professional advice.



**It's easy to get started; Go to [mystrength.com](http://mystrength.com) and enter access code **MCCMHComm** and begin your journey to stronger overall health!**

MyStrength has helped many people across the country from the comfort and privacy of their homes.

### **There is no cost to join, and it is simple to get started.**

Go to [www.mystrength.com](http://www.mystrength.com). Select "Sign Up" and enter the access code: **MCCMHComm**. Complete the Wellness Assessment (*it takes about ten minutes*) and be on your way with personalized tools and supports.

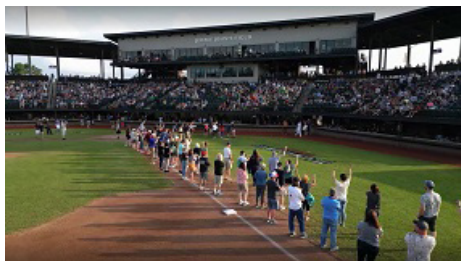
*Go Mobile! Using the access code, get the myStrength app for IOS and Android devices at [www.mystrength.com/mobile](http://www.mystrength.com/mobile)*



**Henry Ford Macomb Hospital**

**LIVING DONOR AWARENESS NIGHT 2023**

Amid a symphony of sounds -- the crack of a baseball bat sending resounding echoes through the stadium, followed by rhythmic, enthusiastic applause from fans -- Cynthia Williams sat quietly. With her young grandson excitedly standing by her side in the dug-out at Jimmy John's Field in Utica, the grandmother's anticipation grew by the moment on this special July night. After receiving a lifesaving gift at Henry Ford Hospital in Detroit—a new kidney—Williams, 68, from Grosse Pointe Woods, was set to meet her living organ donor, Lindsey Dryden, 41, a nurse from Henry Ford Wyandotte, for the first time on the vibrant green field in front of thousands of baseball fans.



Henry Ford Health and the Living Liver Foundation were the reason Williams, Dryden, and a record number of other living organ donors and their recipients met each other simultaneously on that warm summer night. The two organizations were at the field to spread awareness about living organ donation and to honor those who have chosen to give the gift of life—in many cases, to complete strangers—at an event now coined Living Donor Awareness Night.

"It's about paying it forward," said Dave Galbenski, Co-Founder of the Living Liver Foundation. Galbenski says he owes his



**HEALTHY FOR THE HOLIDAYS**

**GET YOUR FLU VACCINE TODAY.**

LEARN MORE [HHS.gov/immunization](https://www.hhs.gov/immunization)  
your best shot at good health

own life to his living donor. Building awareness around organ donation has since become his mission. Galbenski's foundation and Henry Ford held a similar event at the field last year—and it keeps growing.

"It was about three things: honor, educate and inspire, and we took honor to the next level this year," Galbenski said of the event. "An altruistic kidney donor meeting their recipient for the first time on the field during a baseball game—it doesn't get any better than that. But to see 44 living donors and their guests or recipient on the field with the fans going crazy – [that's] taking honoring to the next level!"

As of August 1, 2023, the state of Michigan had 1,940 patients waiting for a kidney transplant and 181 in need of a lifesaving liver transplant. Living organ donation bridges the critical gap between organ supply and demand and gives hope to countless patients awaiting life-saving transplants. The Henry Ford Center for Living Donation (CLD) performs an average of 40 living donor kidney transplants and 10 living donor liver transplants per year.

**HENRY FORD HEALTH HOSPITALS EARN FULL REACCREDITATION FROM NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS**



All five of Henry Ford Health's acute care hospitals have earned a full three-year reaccreditation by the National Accreditation Program for Breast Centers (NAPBC), a quality program administered by the American College of Surgeons. With Henry Ford Hospital Detroit,

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**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 [HLeach@macombcms.org](mailto:HLeach@macombcms.org) with newsworthy information.**

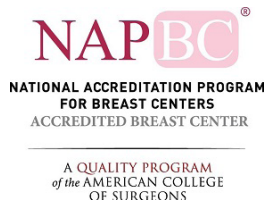
*Publication is subject to availability of space and the discretion of the Editor.*



Henry Ford Jackson, **Henry Ford Macomb**, Henry Ford West Bloomfield, and Henry Ford Wyandotte earning full reaccreditation, Henry Ford has the highest number of Commission on Cancer and NAPBC-accredited hospitals of any health system in Michigan.

“The NAPBC accreditation is reflective of our unwavering commitment to providing the highest-quality evaluation and treatment for patients with breast disease,” says Jessica Bensenhaver, MD, director of the Breast Cancer Program at Henry Ford Cancer. “Our team’s dedication to providing compassionate and individualized care is an essential part of helping our patients achieve better health outcomes. By continuing to advance breast cancer research, we are pushing the boundaries of medicine and helping to create a brighter future for patients everywhere.”

To achieve voluntary NAPBC accreditation, a breast center demonstrates compliance with the NAPBC standards that address a center’s leadership, clinical services, research, community outreach, professional education and quality improvement for patients. Accreditation by the NAPBC is bestowed only upon centers that voluntarily undergo a rigorous evaluation process and review of their performance.



Receiving care at one of Henry Ford’s NAPBC-accredited centers ensures that a patient will have access to:

- Comprehensive care, including a full range of state-of-the-art services.
- A multidisciplinary team approach to coordinate the best treatment options available.
- Information about ongoing clinical trials and new treatment options.

The NAPBC is a consortium of professional organizations dedicated to improving the quality of care for and monitoring outcomes of patients with diseases of the breast.

To learn more about breast cancer care at Henry Ford Health, visit [www.henryford.com/BreastCancer](http://www.henryford.com/BreastCancer). ♦



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**AMA** AMERICAN MEDICAL ASSOCIATION **Protect access to physician-led care**

Patients are concerned about the cost and quality of health care. While there is certainly room for improvement in the health care system, allowing non-physicians, including nurse practitioners, to diagnose and treat patients without any physician oversight is a step in the wrong direction. The best way to support high-quality care and lower costs is to keep physicians as the leader of the health care team.

**PHYSICIANS ARE TRAINED TO LEAD**

Physicians	Nurse practitioners
4 years Education	2–3 years
3–7 years Residency	No residency
12,000–16,000 hours Training	500–720 hours

All physicians get vital hands-on instruction, but **60%** of nurse practitioner programs in 2019 were mostly or completely online.

**SCOPE EXPANSION INCREASES COSTS**

X-ray ordering increased <b>441%</b> among non-physicians	Non-physicians needed <b>2x</b> the number of biopsies to screen for skin cancer	Patients were <b>15%</b> more likely to receive an antibiotic from a non-physician
<b>6.3%</b> of nurse practitioners prescribed opioids to over half of their patients compared to <b>1.3%</b> of physicians		

**PATIENTS PREFER PHYSICIAN-LED CARE**

<b>91%</b> say a physician’s education and training are vital for optimal care	<b>3/4</b> would wait longer and pay more to be treated by a physician	<b>95%</b> say it’s important for a physician to be involved in their diagnosis and treatment
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**Health care teams working together—with physicians in the lead—is critical to having the best and safest outcomes for patients.**

MYTH	FACT
Allowing non-physicians to practice without physician involvement will increase access to care in rural and underserved areas.	States with laws allowing nurse practitioners to practice without physician supervision or collaboration has not guaranteed increased access in rural and underserved areas.

**All patients, regardless of ZIP code, deserve care led by a physician.**

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## MDHHS renews its partnership to continue providing GetSetUp virtual classes to empower older adults across Michigan

The Michigan Department of Health and Human Services (MDHHS) and GetSetUp, an [online learning and discovery platform](#) designed specifically for older adults, has expanded its partnership for the third year in a row to combat social isolation and to keep older adults mentally, physically and socially active by providing Michigan residents age 50 and older an additional 500,000 free virtual classes across a range of topics.

MDHHS began partnering with GetSetUp in October 2020 to engage older residents through classes on various topics, and the overall number of classes attended since 2020 recently exceeded 1 million for the state. Programming may be accessed anywhere via smartphones, tablets or computers. For those seeking to learn more about how to use devices to access the resources, GetSetUp offers a selection of classes on topics about how to use smartphones and tablets, as well as how to use popular software programs and apps.

“By making programs like GetSetUp available for all residents at no cost, we are making meaningful progress in helping them live happy, healthy and engaged lives,” said Dr. Natasha Bagdasarian, MDHHS chief medical executive. “The classes have had a positive impact on hundreds of residents who now have valuable resources to combat social isolation and access new knowledge, significantly improving their quality of life.” GetSetUp has helped reduce isolation and loneliness by making its services available to the 2.4 million older adults in Michigan:

- 108,000 older adults used GetSetUp in the first year.
- There are nearly 268,000 users as of June 30, 2023.
- Individuals have participated in over 3,400 virtual classes and discussions on topics like healthy aging, fitness, photography, technology and mental health.

Michigan residents over age 50 can access the easy-to-use GetSetUp learning platform and participate free of charge in friendly, peer-led classes. Plus, they can join classes to learn about health, wellness and fitness, explore hobbies and much more.

“Our ongoing partnership with Michigan demonstrates the transformational impact that can be achieved when organizations come together to address social challenges with accessible, tech-enabled solutions,” said Lawrence Kosick, president and co-founder of GetSetUp. “This is just the beginning, and GetSetUp eagerly looks forward to our new Veterans classes developed with MDHHS to empower an even broader range of older Michigan residents in the years ahead.”

Learn more about GetSetUp’s partnership with MDHHS by exploring classes that help empower older adults to learn, connect and thrive at [Getsetup.io/partner/Michigan](https://getsetup.io/partner/Michigan).

## Help Medicaid Beneficiaries Stay Covered

With the conclusion of the federal COVID-19 Public Health Emergency (PHE) and changes in federal legislation, Medicaid renewals, which were previously paused due to the PHE, have resumed. Help your patients who are Medicaid, MICHild, or the Healthy Michigan Plan beneficiaries stay covered by making sure they know that the next time they renew their coverage, they will have to once again prove they are still eligible for free or low-cost Medicaid coverage.

**Michigan Medicaid eligibility renewals began in June 2023.**

*Be prepared!*  
**Questions?**  
 Call 1-800-642-3195  
 8 a.m. - 7 p.m.  
 Monday - Friday

- Check your renewal month at [MI Bridges \(Michigan.gov/mbridges\)](https://mibridges.michigan.gov/mbridges).
- Make sure your contact information is up to date.
- Report any changes to your household or income.
- Complete your renewal packet, if you get one, and return it by the due date.

Here are the steps that Medicaid beneficiaries should take, according to the Michigan Department of Health and Human Services (MDHHS):

1. Make sure contact (e.g., address, phone number and email address), household, and income information is up to date. They can do this by logging in to their MIBridges account or calling their local MDHHS office.
2. Complete, sign, and return their renewal form with any proof needed as soon as they get it! This will ensure timely processing. Renewal packets are due 30 days after receipt.
3. Call the Beneficiary Help Line at 1-800-642-3195 (TTY: 1-866-501-5656), Monday-Friday, 8 am to 7 pm with questions.

To help Medicaid beneficiaries, the Michigan Department of Health and Human Services has created a [stakeholder toolkit](#) with branded flyers, which practices can use. Practices may also [order outreach and education documents](#) and/or download the following resources to share with your patients:

[“Get Ready” Flyer](#)  
[Eligibility Renewal Brochure](#) ♦



# Chronic Pain Patients who Take Opioids Need Better Care and Coverage

By: Kara Gavin

*Consensus forms around need for more access and coordination for multi-modal pain care, and better training for providers to provide that care*

**T**he pendulum of opioid prescribing for pain has swung sharply in the last decade, as the epidemic of opioid overuse, addiction and overdose led policy-makers and health care providers to ratchet back on the prescriptions patients receive.

But for about 5 million Americans who have taken prescription opioids for years to address their chronic pain, that pendulum swing has led to trouble getting refills, finding new providers when their former ones retire or relocate, or getting access to multimodal pain care that goes beyond pills.

In a [new paper in the \*Journal of Pain Research\*](#), researchers from the University of Michigan describe the consensus of a wide range of experts about how to help patients with chronic pain get adequate pain care, and coverage for the cost of that care.

Specifically, the experts call for restructuring the insurance models under which health care providers get reimbursed for caring for people with chronic pain, enhancing education of health care providers in chronic pain care as well as identifying and treating opioid use disorder, and addressing racial inequities in care which are often rooted in stigma around pain and opioid use.

The experts, who came from many fields and many areas of Michigan, reviewed research on the issue and brought their own experience to a deliberative process known as a modified Delphi panel.

This allowed them to come to consensus on the most-needed and most-achievable changes, says study senior author Pooja Lagisetty, MD, MS, an assistant professor of internal medicine at Michigan Medicine, U-M's academic medical center, and the VA Ann Arbor Healthcare System.

In addition to the new paper, Lagisetty was recently interviewed about current issues in opioids and care for chronic pain and opioid use disorder for the Michigan Medicine research podcast *The Fundamentals*.

She and colleagues also wrote a [commentary for the journal \*Substance Abuse\*](#) that proposes a revised framework that emphasizes weighing the harms of continuation of opioid therapy against the harms of discontinuation of therapy, to be used by clinicians caring for patients on long-term opioid therapy.



Lagisetty, and the experts involved in the newly published paper, emphasize the importance of helping patients who have taken opioids for long periods of time get access to the gold-standard for chronic pain care.

Called multi-modal pain care, it involves not just oral pain medications but physical therapy, cognitive behavioral therapy, injected pain therapies and integrative medicine techniques including acupuncture and chiropractic care.

This requires both training and payment for the multiple types of health care professionals – physicians, nurse practitioners, physician assistants, psychologists, physical therapists, social workers and others – who can team up to provide such care.

**[Study: Treatment for opioid addiction lags despite policies designed to increase it](#)**

“In order to encourage more clinics to offer multi-modal pain care and increase access for patients who currently don’t receive it, insurance companies and government health coverage programs such as Medicaid need to change how they pay for it,” says Lagisetty.

“We are starting to see some change, most notably at the VA and in insurance coverage of physical therapy, but more is needed in order for patients and providers to have time to develop individualized approaches, overcome stigma around providing opioid-related care, and for clinics to begin offering non-medication services.”

*continued on page 14*

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Lagisetty notes that the new physician payment rule proposed for Medicare appears to pave the way for reimbursement for more comprehensive pain management care.

But increasing access also requires training more providers in how to provide such care effectively.

Such care is in line with the opioid-related guidelines released last fall by the Centers for Disease Control and Prevention, which emphasize patient-centered care and an individualized, rather than broadly mandated, approach to prescribing opioids to patients.

The prior CDC guidelines were issued in 2016 in reaction to the role of prescription opioids in fueling addiction and overdose.

Although intended as guidance rather than rules, they became the basis for policies and clinical practices that inadvertently closed doors to care for chronic pain patients, Lagisetty notes.

Without access to care and medication, patients may seek prescription and non-prescription opioids through unauthorized channels, leading to worsened risks of addiction, overdose and mental health, she adds.

The lack of availability of care for opioid use disorder, which traces its roots to stigma and administrative hurdles, makes the issue worse, she says.

In addition to Lagisetty, the study's authors include Adrienne Kehne of the VA Center for Clinical Management Research, of which Lagisetty is a member, and several U-M faculty members who like Lagisetty are members of the U-M Institute for Healthcare Policy and Innovation: Steven J Bernstein, MD, MPH, Mark C. Bicket, MD, PhD, and Amy Bohnert, PhD, as well as Erin Fanning Madden of Wayne State University, and U-M's Jennifer Thomas and Victoria Powell, MD.

The expert consensus process was funded by the Michigan Health Endowment Fund, the National Institute on Drug Abuse (DA047475) and the National Institute on Aging (AG062043).

Paper cited: "Improving Access to Care for Patients Taking Opioids for Chronic Pain: Recommendations from a Modified Delphi Panel in Michigan," *Journal of Pain Research*. DOI: 10.2147/JPR.S406034

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

## 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 [HLeach@macombcms.org](mailto:HLeach@macombcms.org) and let us know how patients can retrieve their records. If the records have been destroyed, please inform us of that also so we can note our database accordingly. Thank you!



### FREE CME with MSMS' on Demand Webinars

Available at [www.msms.org/Education](http://www.msms.org/Education)

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[Resources to Navigate Surprise Billing Requirements](#)





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

## MSMS' SUCCESSFUL ADVOCACY DAY

Members of the Michigan State Medical Society (MSMS) recently made a significant impact on healthcare advocacy during their visit to the Capitol for Advocacy Day. This dedicated group of physicians engaged with a total of 17 legislators from both the House and Senate, showcasing the bipartisan nature of their mission. During their meetings, the physicians addressed crucial healthcare issues, including Step Therapy Reform, Telehealth Coverage and Payment Parity, Scope of Practice, and the Prescription Drug Affordability Board. Through these discussions, they were able to provide valuable insights into how these issues directly affect their medical practices



and patients, emphasizing the real-world consequences of legislative decisions made in Lansing.

The physicians' Advocacy Day efforts were a testament to their commitment to improving healthcare in Michigan. They articulated the challenges they face and the critical need for legislative reforms in various healthcare domains. These interactions with legislators not only provided a platform for meaningful dialogue but also strengthened the bonds between healthcare professionals and policymakers. Importantly, Advocacy Day served as a reminder that MSMS's dedication to healthcare advocacy extends beyond this annual event, with the organization actively working in Lansing throughout the year to shape policies that benefit both physicians and patients.

In recognition of the doctors who participated in Advocacy Day, we extend our gratitude for their tireless efforts to promote positive change in Michigan's healthcare landscape. For those who may have missed the event, there remains an opportunity to support these government relations endeavors by contributing to the [Michigan Doctors' PAC](#).

Advocacy Day may occur once a year, but MSMS's unwavering commitment to healthcare advocacy ensures that progress continues year-round, making Michigan's healthcare system better for everyone.

## PHYSICIANS BENEFIT FROM INVOLVEMENT IN PHYSICIANS REVIEW ORGANIZATION

Matthew T. Allswede, MD, an Ingham County obstetrician and gynecologist and Medical Director of Physicians Review Organization, Inc. (PRO), believes that many of his colleagues would benefit by becoming part of this peer review team.



Doctor Allswede has been a member of MSMS since 1993 and a peer reviewer for PRO since 1994 before becoming PRO's medical director in 1998.

"The benefits are twofold: as a reviewer, you gain a better understanding of the review process and the need for appropriate documentation," he explained, "and you also play a part in maintaining the high standards of our profession. It is much more desirable to have physicians, rather than a third party, reviewing other physicians."

Insurance company reviews may address medical necessity, appropriateness of service or setting, quality of clinical care, presence of pre-existing conditions, and determinations of experimental and investigational exclusions. Hospitals might request external peer review when:

- They want to evaluate liability risk in certain cases
- A patient complains about a staff member
- Departmental consensus regarding a physician's performance cannot be reached
- Appropriate expertise is not available within the system
- An appropriately qualified peer without conflict is not available within the system
- New technology or a new procedure is being used

Doctor Allswede, who has three decades of experience in peer review with PRO, debunked a common misconception among physicians that PRO is responsible for rejecting insurance claims. "PRO does not approve or reject claims. Cases referred to PRO are being appealed after previously being denied by the payer. They are rejected before they get to the review process," he explained. "PRO reviewers are advocates of quality health care, which sometimes means the denials are overturned and sometimes they are maintained."

He wants to remind MSMS members that PRO currently is seeking reviewers in the following specialties: cardiology, dermatology, ear nose & throat, hematology/oncology, neurological surgery, neurology, pain medicine, physical medicine & rehabilitation, plastic surgery, radiology, sleep medicine, and urology. Applicants must be board certified in their specialties, be in active practice, possess at least five years of clinical

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experience, retain current licensure without sanctions, and possess a willingness to give each case thoughtful consideration.

If you are interested in becoming a reviewer, complete the online application at [www.physiciansreview.org](http://www.physiciansreview.org). For more information about PRO, send a message to [padmin@physiciansreview.org](mailto:padmin@physiciansreview.org).

**MENTAL HEALTH MEDIATION IS NOW AVAILABLE IN MICHIGAN**

A new program is now available to Michigan residents: Michigan Behavioral Health Mediation Services. The program provides free mediation services to qualified participants to help resolve matters related to their behavioral or mental health services.

Behavioral health mediation is a structured process of communication where an impartial, trained professional helps

to resolve a conflict. Basically, bringing all parties together to talk and work through any issue that has come up while receiving mental health services.

Mediation provides a safe space to share your concerns and allow your voice to be heard. Plus, it's completely confidential.



Who can participate? Michigan residents who receive services from Community Mental Health or a Prepaid Inpatient Health Plan are eligible for these free mediation services. For more information contact [Michigan Behavioral Health Mediation Services](#) at 844-633-4283. ♦

**WORRIED ABOUT THE COST OF SHOTS?**



Children can get VFC vaccine at no cost if they are less than 19 years of age AND one of the following:

- MEDICAID-ELIGIBLE
- UNINSURED
- UNDERINSURED
- AMERICAN INDIAN OR ALASKA NATIVE

**WHERE CAN I GET VFC VACCINE?**

Ask your healthcare provider if they are a VFC provider or contact your Local Health Department: [www.Mi.gov/LHDmap](http://www.Mi.gov/LHDmap).

**COULD THERE BE OTHER COSTS?**

There is no cost for the vaccine itself. There may be an office visit fee and/or a fee to give each shot. However, you will not be denied if you cannot afford the fee per shot.



**Renew your MCMS/MSMS Membership by Nov. 30th & Get Free CME!**

We appreciate your continued membership and want to remind you that members who pay their dues by November 30th will receive a free CME coupon worth \$100.

This coupon can be used for MSMS programs including "A Day of Board of Medicine Renewal Requirements".

**There are three easy ways to renew:**

1. Online at [www.msms.org/renew](http://www.msms.org/renew)
2. Call your MSMS Account Specialist, Heather Foster, at 517-231-0738
3. Print the invoice from your account record and fax it to 517-481-3976

As a member, your concerns are addressed, your problems are confronted, and your voice is amplified!

**Renew today and keep organized medicine strong!**



# Make a Strong Flu Vaccine Recommendation



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

***CDC recommends everyone six months and older get an influenza vaccine every year. Influenza vaccine has been shown to prevent millions of influenza illnesses, tens of thousands of hospitalizations, and thousands of deaths each year.***

## 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.”*





## SENIOR PHYSICIANS, STAFF CONTRIBUTE UNIQUE MEDICAL EXPERIENCE

By: Len Strazewski, Contributing AMA News Writer

Long hours, long lines of patients and mountains of stress. Many physicians remember the worst days of the COVID-19 pandemic that way and never want to experience them again.

As a result, many senior physicians are considering early retirement, a trend that may seriously undermine the physician population, according to Gerald E. Harmon, MD, a former AMA president.

Dr. Harmon was recently appointed interim dean of the University of South Carolina School of Medicine in Columbia, South Carolina, and previously spent 35 years as a practicing family physician, assistant surgeon general for the U.S. Air Force and chief physician for the National Guard Bureau.

Dr. Harmon discussed the roles that senior physicians and staff can play in the future to meet the needs of underserved patients and to help educate a new generation of medical practitioners in a recent episode of "AMA Update."

"We have data that started midpandemic, probably the 2021–2022 data surveys, that showed that 20%—one out of five physicians—had said they're going to retire. They're going to retire in the next 24 months," he said.

"We've seen it among other health care professionals, nurses particularly," he added.

About 40% of nurses also said they plan to step down from their clinical role in the next two years.

"In the next decade, America's patients are going to age into ages 65 or older," he said, "of which 34% now need doctor care. And as many as 42% to 45% in the next decade are going to need medical care. These aging patients require a higher acuity of care, many of them are in rural areas, already underpopulated."

### Rural health care already stretched

The physicians that are aging out and retiring from the workforce do not leave a legion of physicians to replace them, he noted.

"Our hospital system in rural America already is stretched by not enough ultrasound technicians, not enough X-ray technicians, not enough laboratory technicians. Every health care system in America is already stretched because of a shortage of the entire spectrum of health care workers."



"It's not only a perfect storm for the future. We're in the storm right now," Dr. Harmon said.

Rural areas are particularly vulnerable, he said. "We're not seeing a growing population of health care workers going into those areas."

Older physicians could be very valuable—because of their age and their life experience. "They'll at least be empathetic, if not sympathetic to the patients that come in. Just as we talk about Americans 65 and older representing 42% of the population, that demographic is reflected in the physician workforce with 42% to 45% of physicians also ages 65 or more.

"So, they'll have the same lived experiences," and can recognize common illnesses of aging, Dr. Harmon added.

### Experience is valuable for physicians

"Physicians in my age group can even make a diagnosis without some of the technology. I don't necessarily have to do an MRI, or a PET scan or any kind of laboratory tests [for some cases]. I have a mental index that I can help apply real human intelligence, not artificial intelligence, to the diagnosis. So, I don't need to do all this testing. And I can be more efficient up front with diagnosing and treating and reassuring that aging population," he said.

Even physicians who retire from regular practice can contribute, he said. "You can still volunteer. You have a wealth of experience. You have decades, typically, of experience. You have a skill set that's impossible to reproduce. That's the reason we're worried about the shortage of physicians. It takes a decade or more to train physicians to become competent."

"So, apply it in a volunteer organization. Work in extended care facilities. Work in school-based clinics. Work in free clinics," he said.

Dr. Harmon is also a member of the AMA Senior Physicians Section, which gives voice to and advocates on issues that impact senior physicians, who may be working full time or part time or be retired.



## 5 COMMUNICATIONS TIPS FOR DOCTORS IN THE DISINFORMATION AGE

By: Sara Berg, MS, Senior AMA News Writer

The ability to articulate complex medical concepts with clarity, engage diverse audiences and maintain professionalism while discussing critical topics is crucial. Whether physicians are addressing a conference hall, conversing with reporters or engaging with the public through social media, a thoughtful approach to communication is paramount.

During a recent education session, experts shared some great tips to help physicians stay on message and effectively connect with diverse audiences about issues and policies that are important to doctors, their patients and their practices.

### Use safe-harbor language

When faced with a challenging question, “sometimes you just need a moment to breathe,” said Melissa Harris, a former journalist and CEO of the Chicago-based marketing agency M. Harris & Co. “You’re going to get a question that you’re not quite prepared for or it came out of left field.”

When this happens, there are some “overarching AMA talking points that can be used as your opening sentence whenever you’re stuck with something rough. And they work in almost every situation.”

For example, physicians can say “my job is to be a powerful ally for patients” or that “my job is to improve the health of my patients and our community.”

“You’re taking it out of the world of prior authorization, finance, money, bureaucracy, and you’re saying ... the reason I’m taking this position is that we’re just trying to be a powerful ally for our patients. This is also a key AMA message,” Harris said. “This is the safe-harbor language to give you a moment to breathe.”

### Answers should put patients first

For Q&As, whether it is with a reporter, a patient or a colleague, “answers should be patient-centric. And pause before you answer. Comprehension occurs in the pauses,” said Harris. “If you do not give yourself a minute or give your listener a minute, you will start off in the wrong direction.”

### Personalize answers and use analogies

“If you’re unsure where to start, lead with a topic sentence or value statement,” Harris said. “This is where you bring in that personal story, that personal experience.”

“Imagine your answer is a single paragraph. It’s about what gets heard and retained, not about what you want to say,” she said. Also, “avoid the medical terminology at all possible costs



or when you use it, take a moment and be empathetic and explain it.”

“Having physicians come forward and tell their stories is incredibly powerful. No one can push back on your experience, so use it,” Harris emphasized, noting that when talking about complex topics, it is also helpful to use analogies because “it’s the most powerful form of communication after telling your own personal story.”

“Post about your own stories and experiences. ... That’s the little bit of control you have all over this, so use it because that is your best bet,” said Jane Hirt, a consultant at M. Harris & Co. “If we all do that together and more and more people are posting that, we will make a difference,” Hirt said.

### Avoid social media tit for tat

“Liking, sharing, commenting on a post only fuels it. It increases its importance and spreads it faster,” Hirt said. “Even if you post an angry emoji and you write the best comment ever ... you are only helping the original post spread further.”

“So, I want you to resist the urge to ever actually post an angry emoji,” she said. “But let’s say you do decide to comment ... speak to the broader audience who’s reading that post rather than one person.”

And “comment just once. Don’t get drawn into an argument. ... Comment and then exit. Don’t go back and read what people said about it.”

### Delete or turn off comments

“You might post on something you think is the most positive, normal, neutral thing ever and things get out of hand,” Hirt said. “Delete any misinformation, mean comments, disrespect, fights going on” in the comments to your social media posts.

“You don’t have to provide the platform for some misinformation guru or someone you know sitting in their basement somewhere to use your post for that,” she said. ♦

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# How Do I Address an Employee's Suspected Substance Abuse?

By: Jodi Schafer, SPHR, SHRM-SCP | HRM Services | [www.WorkWithHRM.com](http://www.WorkWithHRM.com)



**Q.** *I have an employee who I suspect may be under the influence while at work. I'm not saying she is necessarily drinking on the job, but I think she comes in still hung-over from the night before. It doesn't happen all the time, but since going through her divorce I have started to notice it more and more. She becomes short with people and has difficulty concentrating on her work. I want to address the issue, but am not sure if I should bring up my suspicions about her alcohol use or not. What should I do?*

**A.** Issues regarding suspected substance abuse among employees (and doctors) come up more often than I care to mention. You are right to be cautious about how you address these concerns with your employee because you don't want to alienate or falsely accuse someone. However, despite knowing that this will be a difficult conversation to have, it's one that you **MUST** have. For starters, this employee could pose a hazard to herself or others if she is providing clinical care while under the influence. She is also an ambassador for your practice and if you are thinking she is intoxicated then chances are that other employees and patients have come to the same conclusion. That doesn't bode well for your practice's reputation or for your personal reputation as a leader. So the million dollar question is how to approach it. The answer is, "It depends."

How you handle this situation depends on several factors.

(1) How sure are you that the rudeness and difficulty concentrating are the result of your employee being under the influence of drugs or alcohol? (2) Have you witnessed any additional symptoms like the smell of alcohol on her breath, tremors, vomiting, complaining of headaches, or a pattern of absences/tardiness? (3) Have other people expressed similar concerns to you about this employee? (4) Is this employee in any sort of protected classification and could your actions be construed as retaliatory or discriminatory? (5) Do you have a substance abuse policy?

If you have a substance abuse policy that allows you to test employees (either randomly or with reasonable suspicion) then you could choose to go this route and base your future course of action on the results of the test. However, if you don't have pretty strong evidence that her behavior is the result of being under the influence then I would advise against this; at least in the very beginning. You mentioned that your employee is going through a divorce. It is possible that the behaviors she is exhibiting are the result of that and not alcohol use. Perhaps she is depressed or maybe the stress of her situation is interfering with her ability to sleep well at night.

Both of these things could lead to being irritable and unfocused at work.

These behaviors could also be side-effects of prescription medication. So, unless you have more than basic suspicion to support your concern of substance abuse, you should hold off on sending your employee for drug testing. Instead, I would recommend that your first conversation with her be focused on the behaviors themselves.

You would start by discussing the kinds of things you've been seeing and hearing in regards to her conduct at work. Keep the focus on the behavior rather than what you think might be causing it. Be as specific as possible and let her know that you are concerned about this and wanted to bring it to her attention. Then wait to see how she responds. She might be surprised or she could break down and start crying or she might just stare at you with a blank look on her face. Based on how she reacts and what she tells you, you can determine if you want to make any accommodations to assist your employee during this difficult time. Regardless of the reason she gives you, your employee will need to know what your expectations are going forward and that if she is not able to correct these issues you've brought to her attention that you may be forced to take disciplinary action. Be sure to document your conversation for her file and then monitor the situation very closely. If you don't see improvement then your next conversation with her will be more disciplinary in nature. If you gather more evidence to support your initial suspicions of alcohol use then you may decide to opt for the drug test (in accordance with your policy) and let the results of that inform your next move. ♦



**As an MSMS member, you have exclusive access to a variety of human resources services. Including, in-depth consultation services from a certified human resources professional.**

- Via phone, email, or an onsite visit; and,
- Thirty (30) minutes of FREE consulting available for your use each month.



## UPCOMING EVENTS

### **November 8, 2023 ~ Year End Financial Planning**

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

### **November 8, 2023 ~ Ask the Experts Legal Panel Discussion**

MSMS Practice Management Series, FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.

### **November 8, 2023 ~ MCMS Annual Membership Meeting**

Turning Point's Forensic Nurse Examiner Program & First Response Advocacy, Ike's Restaurant in Sterling Heights, 6:30 pm dinner and program. To register call the MCMS Office at 810-712-2546.

### **November 10, 2023 ~ Henry Ford 6th Annual Detroit Stroke Conference**

Hybrid Conference, 8 am – 4 pm, Henry Ford Hospital in Detroit, 6.75 AMA/PRA Category 1 CME Credits.

### **November 10, 2023 ~ MSMS Annual Conference on Bioethics**

MSMS Hybrid Conference, in-person and virtual options, 8:45 am – 4:15 pm, Sheraton Ann Arbor, 6 AMA/PRA Category 1 CME Credits. Cost: \$50 members/retirees, \$100 non-members, free for student/resident members.

### **November 15, 2023 ~ Reducing Unconscious Bias – an Imperative (RUBI)**

MSMS Implicit Bias Training Series, Live Webinar, 12 pm – 1 pm, you will also be registered for a 1 hour on-demand webinar to view anytime, 2 AMA/PRA Category 1 CME Credit. Cost: \$100 members, \$150 non-members, free for student/resident members.

### **November 27, 2023 ~ Colon and Rectal Surgery**

MSMS Scientific Meeting, Live Virtual, 6 pm – 8 pm, 2 AMA/PRA Category 1 CME Credits. Cost: \$50 members/retirees, \$75 non-members, free for student/resident members.

### **December 6, 2023 ~ Reducing Unconscious Bias – an Imperative (RUBI)**

MSMS Implicit Bias Training Series, Live Webinar, 12 pm – 1 pm, you will also be registered for a 1 hour on-demand webinar to view anytime, 2 AMA/PRA Category 1 CME Credit. Cost: \$100 members, \$150 non-members, free for student/resident members.

### **December 11, 2023 ~ Implicit Bias Training**

MSMS Monday Night Medicine Series, Live Webinar, 5:30 pm – 8:30 pm, 3 AMA/PRA Category 1 CME Credit. Cost: \$140 members, \$190 non-members, free for student/resident members.

### **December 13, 2023 ~ Point of Care Testing and Provider Performed Microscopy: Meeting CLIA Requirements**

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

### **December 13, 2023 ~ Complaints, Grievances, Quality Improvement...OH MY!**

MSMS Practice Management Series, FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.

### **December 18, 2023 ~ Allergy and Asthma Update**

MSMS Scientific Meeting, Live Virtual, 6 pm – 8 pm, 2 AMA/PRA Category 1 CME Credits. Cost: \$50 members/retirees, \$75 non-members, free for student/resident members.

## CME Requirements for Licensure



Every three years physicians are required to complete the following continuing education for license renewal.

### **150 hr. Continuing Medical Education**

75 hr. of which must be Category 1 CME credits for MDs  
60 hr. of which must be Category 1 CME credits for DOs

### **3 hr. Pain & Symptom Management**

with 1 hr. Controlled Substance Prescribing

### **1 hr. Medical Ethics**

**2 hr. Implicit Bias** for renewals June 1, 2023 – May 31, 2024

**3 hr. Implicit Bias** for renewals after June 1, 2024

### **Separate from CME**

One time – training for Identifying Human Trafficking Victims

One time – training for Opioids & Controlled Substances Awareness for Prescribers

One time – the Medication Access and Training Expansion (MATE) Act, requires DEA registered prescribers to have 8 hrs. training in opioid use disorders

Wearing a white coat & stethoscope doesn't mean they're a doctor. ASK if a PHYSICIAN is part of your CARE TEAM.



## LEGISLATIVE UPDATE

**O**n September 18th the Tri-County Legislative Committee held an in-person meeting at the Westin in Southfield. The meeting was well attended by both legislators and physicians from Macomb, Oakland, and Wayne County Medical Societies. Robust discussions were had concerning issues facing practices in Southeast Michigan and physicians heard from legislators on what to expect for the remainder of the 2023 legislative session.

If you are interested in joining the Legislative Committee please contact Heidi Leach at [HLeach@macombcms.org](mailto:HLeach@macombcms.org).

### **Senate Bill 279 – Scope of Practice Expansion that Weakens Care Teams and Jeopardizes Patient Safety**

The patient-centered care model, led by physicians and supported by the best trained and most qualified care team members is the proven, time-tested approach that ensures all Michigan patients receive the kind of quality care they expect and deserve.

SB 279 seeks to undermine and threaten that approach by removing physicians from patient care teams and allowing the full independent practice of Nurse Practitioners. It's dangerous legislation that could have severe consequences for patient outcomes and access to quality care.

Please contact your lawmakers today and urge them to [vote NO on Senate Bill 279](#).

### **House Bill 4472 – Legislation Protecting Patients Access to Physician-Led Care Teams**

When it comes to restoring a patient's health, no one is more capable, better trained, and more likely to deliver safe and effective outcomes than physicians. That's something we all need to work to protect, and House Bill 4472 is an excellent start.

House Bill 4472 would require advanced practice registered nurses (APRNs) to practice as part of physician-led, patient-centered care teams, where they would practice within the scope of their usual professional activities, creating a care model that ensures rural and underserved communities have access to physician-led care.

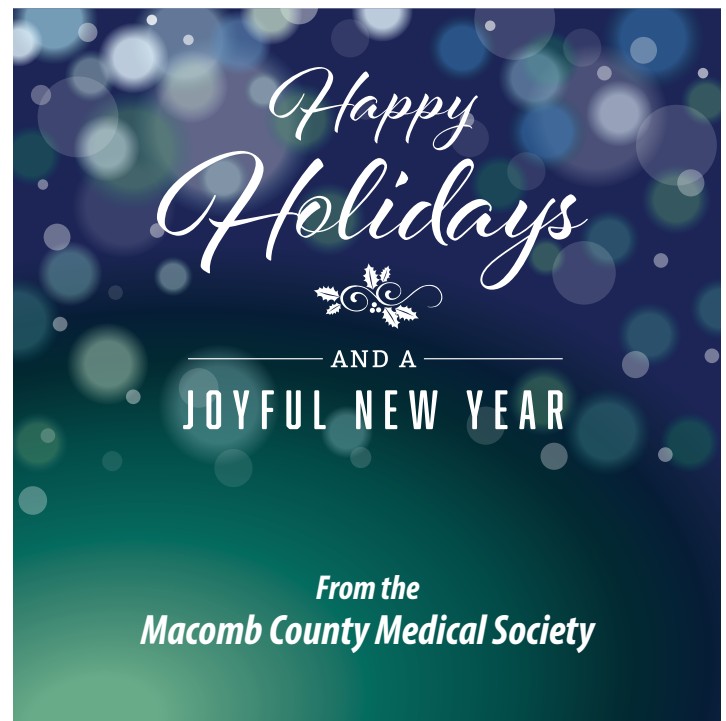
Medicine is just too complex and unforgiving to not have the most experienced and highly trained health care providers involved in diagnosis and treatment decisions, leading the way to the best and safest outcomes.

Please contact your lawmakers today and urge them to [vote YES on HB 4472](#). ♦



### **ACTIVATE YOUR POLITICAL VOICE**

The Michigan Doctors' Political Action Committee (MDPAC) is the political arm of the Michigan State Medical Society. MDPAC supports pro-medicine candidates running for the State legislature, Michigan Supreme Court and other statewide positions. Join today!



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## MICHIGAN SENATE

Senate District 3

**Sen. Stephanie Chang (D)**

[SenSChang@senate.michigan.gov](mailto:SenSChang@senate.michigan.gov)

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Senate District 9

**Sen. Michael Webber (R)**

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Senate District 10

**Sen. Paul Wojno (D)**

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Senate District 11

**Sen. Veronica Klinefelt (D)**

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Senate District 12

**Sen. Kevin Hertel (D)**

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Senate District 24

**Sen. Ruth Johnson (R)**

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(517) 373-1636

Senate District 25

**Sen. Daniel Lauwers (R)**

[SenDLauwers@senate.michigan.gov](mailto:SenDLauwers@senate.michigan.gov)

(517) 373-7708



# 2023 Macomb County Legislator Contact Guide

## MICHIGAN HOUSE

House District 10

**Rep. Joe Tate (D)**

*Speaker of the House*

[JoeTate@house.mi.gov](mailto:JoeTate@house.mi.gov)

(517) 373-085, (855) 737-2882

House District 11

**Rep. Veronica Paiz (D)**

[VeronicaPaiz@house.mi.gov](mailto:VeronicaPaiz@house.mi.gov)

(517) 373-0849

House District 12

**Rep. Kimberly Edwards (D)**

[KimberlyEdwards@house.mi.gov](mailto:KimberlyEdwards@house.mi.gov)

(517) 373-0852

House District 13

**Rep. Lori Stone (D)**

[LoriStone@house.mi.gov](mailto:LoriStone@house.mi.gov)

(517) 373-0845, (844) 337-3528

House District 14

**Rep. Donovan McKinney (D)**

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(517) 373-0140

House District 57

**Rep. Thomas Kuhn (R)**

[TomKuhn@house.mi.gov](mailto:TomKuhn@house.mi.gov)

(517) 373-1706

House District 58

**Rep. Nate Shannon (D)**

[NateShannon@house.mi.gov](mailto:NateShannon@house.mi.gov)

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House District 59

**Rep. Douglas Wozniak (R)**

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(517) 373-0832

House District 60

**Rep. Joseph Aragona (R)**

[JosephAragona@house.mi.gov](mailto:JosephAragona@house.mi.gov)

(517) 373-1785

House District 61

**Rep. Denise Mentzer (D)**

[DeniseMentzer@house.mi.gov](mailto:DeniseMentzer@house.mi.gov)

(517) 373-1774

House District 62

**Rep. Alicia St. Germaine (R)**

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(517) 373-0555

House District 63

**Rep. Jay DeBoyer (R)**

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(517) 373-1787

House District 65

**Rep. Jaime Greene (R)**

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(517) 373-1775

House District 66

**Rep. Josh Schriver (R)**

[JoshSchriver@house.mi.gov](mailto:JoshSchriver@house.mi.gov)

(517) 373-0839

## COMMITTEES

### House – Appropriations

Donavan McKinney (D), District 14

Denise Mentzer (D), District 61

### House – Family, Children & Seniors

Kimberly Edwards (D), District 12

Doug Wozniak (R), District 59

### House – Insurance

Lori Stone (D), District 13

Joseph Aragona (R), District 60

### House – Regulatory Reform

Joseph Aragona (R), District 60

### Senate – Appropriations

Kevin Hertel (D), District 12

Veronica Klinefelt (D), District 11

### Senate – Health Policy

Kevin Hertel (D), District 12

Veronica Klinefelt (D), District 11

Michael Webber (R), District 9

Paul Wojno (D), District 10

### Senate – Regulatory Affairs

Kevin Hertel (D), District 12

Dan Lauwers (R), District 25

Michael Webber (R), District 9

Paul Wojno (D), District 10

## Macomb Medicus Journal of the Macomb County Medical Society



*The Macomb Medicus* is the official quarterly journal of the Macomb County Medical Society. It is a full-color glossy magazine published both electronically and in hard copy format. It is a valued news source for our 600 plus physician members of all specialties and their staff throughout Macomb County. In addition to members the Macomb Medicus is sent to hospital executives, Michigan State Medical Society staff, other county medical society staff, and healthcare related businesses/organizations in Macomb County. The Macomb Medicus is read by an impressive cross section of the healthcare community and is electronically available on our website at [www.macombcms.org](http://www.macombcms.org).

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