

Macomb Medicus

- Journal of the Macomb County Medical Society

April/May/June 2021 | Vol. 29 | No. 2



Macomb Medicus

Journal of the Macomb County Medical Society

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Macomb Medicus Journal is published quarterly by the Macomb County Medical Society. Winter: Jan/Feb/Mar, Spring: Apr/May/Jun, Summer: Jul/ Aug/Sep, Fall: Oct/Nov/Dec. Subscription to the Macomb Medicus is included in the society's annual membership dues.

Statements and opinions expressed in articles published in the Macomb Medicus are those of the authors and not necessarily those of the Macomb County Medical Society. Advertisements do not represent approval or recommendation of the Macomb County Medical Society.

Address changes and all communications relative to articles and advertising in the Macomb Medicus should be addressed to: Editor, Macomb County Medical Society, P.O. Box 551, Lexington, Michigan 48450-0551 or email macombcms@gmail.com.

All material for publication, including advertisements, must reach the Society office no later than the 10th (business) day of the month preceding the date of issue, e.g. December 10 for the Winter issue. Thank you. No portion of the Macomb Medicus may be used for publication elsewhere without permission from the publisher.

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2021 MCMS

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Healthcare Workers Take on the Brunt of Covid -19 Effect: Based on Workers' Compensation Data in Michigan

By: Aaron W. Sable, MD



The first COVID-19 case was identified in Michigan on 3/10/20. As a part of the public health response, changes were made in the workers' compensation rules for first responders, who are at risk of COVID-19 exposure because of their work.

Emergency rules changed the workers compensation rules to ensure that a first responder who develops COVID-19 is presumed to have a work related condition unless there are "specific facts to the contrary".

A COVID first responder is defined as someone who is required to report in an ambulance operation, emergency response service, home for the aged, hospice, hospital, nursing home, or home health agency. In addition, members of law enforcement, firefighters, and penal institution workers were included.

All other Michigan workers who develop COVID would not be presumed to have a work-related condition but would be covered by the regular Michigan workers' compensation criteria if a doctor concluded, within a reasonable degree of medical certainty (51% or more likely) that exposure at work caused or was a significant contributor to the development of the patients COVID.

From 2/28/20 to 12/12/20, 4,694 individuals received Michigan workers' compensation for COVID-19 with seven or more consecutive days away from work. Data about claims for medical reimbursement less than seven consecutive days off work are not available since this data is not computerized.

THE HEATH CARE WORKERS IN MICHIGAN HAVE MADE GREAT SACRIFICES TO COMBAT AND SLOW DOWN THE COVID -19 PANDEMIC IN MICHIGAN.

Comparing to previous years for seven or more days paid claims:
2018 16,000 paid claims.
2019 17,300 paid claims.
2020 14,801 (1/1/20 to 12/12/20). Including 10 paid claims for deaths from COVID-19.

2020 data for seven or more day COVID-19 related workers' comp claims paid.
1st quarter 22%
2nd quarter 48%
3rd quarter 18%

Non -COVID-19 workers' comp cases decreased in 2020 compared to 2019. Associated to work decrease in economic activity and work from home.
1st quarter down 31%
2nd quarter down 43%
3rd quarter down 39%

Over 95% of the individuals with COVID-19 workers' compensation paid claims worked in healthcare, government or industries, where first responders would be employed.

Please see Table 1 for Industry Breakdown.

In conclusion the heath care workers in Michigan have made great sacrifices to combat and slow down the COVID -19 pandemic in Michigan.

Reference Source: Project SENSOR News, from MSU College of Human Medicine.

Table 1. Industry Worked of Individuals who Received Workers' Compensation for COVID-19 for Seven or More Consecutive Days Away from Work, Michigan 2/28/20 -12/12/20.

Industry	#	%
Construction	5	0.11
Food Manufacturing	1	0.02
Chemical Manufacturing	4	0.09
Plastic Pipe Manufacturing	2	0.04
Foam Manufacturing	11	0.23
Precision Turned Product Manufacturing	2	0.04
Machinery Manufacturing	1	0.02
Vehicle Manufacturing	7	0.15
Wholesale Trade	5	0.11
Retail Trade	7	0.15
Transportation	2	0.04
Real Estate	16	0.34
Legal, professional, scientific services	7	0.15
Administrative and Support Services	226	4.82
Educational Services	19	0.41
Health Care	3,612	77.01
Hospital – 2,001 (42.7%)		
Nursing Home – 1,016 (21.7%)		
Ambulance, Outpatient, Home Health Care - 595 (12.7%)		
Accommodation and Food Services	9	0.19
Other Services	5	0.11
Public Administration	749	15.97
Correction Officers - 293 (6.2%)		



Henry Ford Macomb Hospital

POST ICU BRAIN HEALTH CLINIC FOR COVID-19 PATIENTS OPENS

Henry Ford Health System has established a specialty clinic to treat COVID-19 and other patients who have lingering cognitive, emotional and mental health conditions after being hospitalized in the intensive care unit.



As an increasing number of COVID-19 patients recover and are discharged from the hospital, it is anticipated that well into the future, many will need help getting back to their normal physical and mental functioning.

Henry Ford's Post ICU Brain Health Clinic opened recently at its neuropsychology centers in Detroit and West Bloomfield. Clinic staff conduct evaluations, make recommendations for treatment and provide resources for anyone ages 55 and older who was hospitalized in the ICU in the past year and continues to experience cognitive, behavioral or psychiatric symptoms. In addition, services will be offered for caregivers to learn new tools and strategies for caring for and supporting their loved one as well as home health visits to assist patients with using telemedicine.

The clinic is headed by board-certified neuropsychologists with specialized expertise in aging, neuropsychiatric conditions, assessment and treatment of older adults and caregivers.

It was made possible by a \$500,000 Healthy Aging Grant from the Michigan Health Endowment Fund. A portion of the funding will be allocated to help uninsured patients overcome their financial barrier to receiving these much-needed services.

"Patients who end up in the ICU can experience lasting issues with mental processing and carrying out simple tasks," said project coordinator Maya Pinjala, PhD. "Also, emotional issues may be compounded because patients are not able to have visitors in the hospital or establish a personal connection with their providers because of the facemask and other PPE they're wearing."

Critical illness represents a serious condition that requires treatment in an ICU. Approximately 1.4 million older adults in the United States survive an episode of critical illness each year, and an estimated 30% to 80% of them experience a wide range of physical, cognitive, and psychiatric impairments following discharge from the hospital.

Family members of ICU patients may also experience anxiety, acute stress disorder, post-traumatic stress, depression, or complicated grief, a syndrome known as post-intensive care syndrome-family (PICS-F), which can directly affect the family member's ability to fully engage in caregiving functions.

As a result of their ICU experience, some patients will also suffer from mental health disorders such as PTSD, anxiety, problems sleeping and depression.

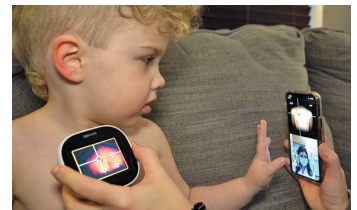
"This clinic aims to minimize post intensive care syndrome (PICS) symptoms and maximize a patient's recovery from serious illness," said Brad Merker, PhD, Division Head of Neuropsychology for Henry Ford's Behavioral Health Services.

Once a referral is made and criteria are met, patients and caregivers will complete a comprehensive neuropsychological examination to help understand their difficulties. A portion of the evaluation will be conducted virtually, and the other half completed at the clinic.

Referrals for patients and their caregivers can be made by calling 313-874-4846.

HENRY FORD HEALTH SYSTEM GOES HIGH-TECH WITH TELEMEDICINE

Henry Ford Health System is taking telemedicine to a new level with technology that allows doctors to remotely look inside a patient's throat and ears, listen to their heart and lungs, examine skin conditions and more without the patient having to leave their home.



Approved for use by the U.S. Food and Drug Administration, the Tyto Care™ technology in the Henry Ford Virtual Exam Kit has a built-in camera and three special adapters—an otoscope, a stethoscope and a tongue depressor—that enhances the capability and convenience of a virtual visit.

"As the number of patients choosing telemedicine remains high, we're excited to be the only healthcare system in eastern Michigan to bring this game-changing technology to our patients," said Steven Kalkanis, MD, CEO of the Henry Ford Medical Group and Senior Vice President and Chief Academic Officer of Henry Ford Health System. "We believe this technology elevates the video visit experience and may help patients avoid an in-person visit to urgent care or the emergency department."

The hand-held device in the virtual exam kit fits in the palm of your hand. It connects with your smartphone, then securely to My Chart, a free service offered to Henry Ford patients that

provides secure online access to their medical information and connects to a telemedicine visit.

“The technology blows you away,” said Diane George, DO, a family medicine physician and Chief Medical Officer for primary care at Henry Ford, adding that the clarity listening to the lungs and other sounds is equal to or even better than doing so in-person.

The user-friendly device guides patients and caregivers through exams. Visual cues on the display screen show users where to place the device so their doctor can accurately capture heart, lung and abdominal sounds as well as images of the throat, ears, and skin. The built-in camera makes it easy for patients to show their doctor a rash or other skin condition.

“This past year reminded us that we must be flexible and adaptable to new ways of caring for our patients,” Dr. Kalkanis said. “By rolling out this virtual exam kit, we’re taking another step down the road of adapting our health care system’s approach to care.”

While video visits are effective and popular, Dr. George acknowledged there are limitations.

“This technology takes what otherwise would have been just a video - where you really just have to pick up on facial cues and tone of voice and rely on patient history and the presence or absence of other symptoms to make a diagnosis - and adds the same exam elements patients get during an in-person visit,” she said.

The medical exam kit costs \$299. Because it’s an FDA-approved medical device, most insurance companies, including Health Alliance Plan, allow patients to use their flexible savings account or health savings account to cover the cost.

Henry Ford Virtual Exam Kit can be purchased online at <https://www.henryford.com/services/virtual-care/tyto>

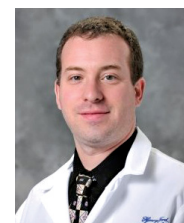
STUDY: RACE MADE NO DIFFERENCE IN ICU OUTCOMES OF COVID-19 PATIENTS

In a study that looked at racial differences in outcomes of COVID-19 patients admitted to the intensive care unit, researchers at Henry Ford Hospital in Detroit found that patients of color had a lower 28-day mortality than white patients.

Race, however, was not a factor in overall hospital mortality, length of stay in the ICU or in the rate of patients placed on mechanical ventilation, researchers said.

The findings, published in *Critical Care Medicine*, are believed to be one of the first in the United States to study racial differences and outcomes specific to patients hospitalized in the ICU with COVID-19.

Since the start of the pandemic, data have shown that Black and Hispanic populations have higher rates of COVID-19 infections, hospitalizations and mortality. The Henry Ford study found just the opposite.



Michael Lazar, MD

“What we wanted to look at was once patients are in the ICU, does that same racial disproportion occur. And the answer is no,” said Michael Lazar, MD, a Henry Ford pulmonology and critical care medicine physician and the study’s lead author. “The care we deliver is essentially the same and race makes no difference.”

Researchers theorized that the 28-day mortality in patients of color could be easily explained: The deaths among patients of color were delayed. Seven of the nine patients who died in the hospital after 28 days were patients of color.



Jeffrey Jennings, MD

Still, they said their findings reflect more about the level of care provided in the ICU than racial differences. “What we do in the intensive care is driven by protocol and everyone is approached similarly,” said Jeffrey Jennings, MD, a Henry Ford pulmonology and critical care medicine physician and the study’s senior author.

Detroit was one of the cities hardest hit in the first surge of the pandemic. Henry Ford Hospital is the largest of the five acute-care hospitals in the Henry Ford Health System. To date, the health system has treated more than 44,000 patients with COVID-19 and more than 11,000 patients with COVID-19 have been hospitalized.

For the retrospective study, researchers evaluated the electronic medical records of 365 COVID-19 patients 18 and older who were admitted to the ICU between March 13, 2020 and July 31, 2020. The patients were divided into two groups: White and people of color, which included Black, Asian, Hispanic/Latino and Arab populations. Of the 365 patients, 219 were Black, 129 were White, eight were Hispanic/Latino, seven were Arab and two were Asian.

In other demographics, 205 patients were men and 160 women. The people of color group were slightly younger, 62.8 years, compared to the White group, 67.1 years. Co-morbidities ranged from COPD and asthma to hypertension, diabetes and coronary artery disease. Other key highlights in the study:

- Overall mortality in the two groups was 50%
- Nearly 75% required mechanical ventilation
- While most patients were treated with steroids early in their hospitalization, it was not a significant predictor of mortality



McLaren Macomb Hospital

MCLAREN MACOMB DONATES \$10,000 TO MACOMB FOOD PROGRAM, URGES OTHERS TO FOLLOW

The Macomb Food Program has been addressing local food insecurity for more than 40 years, and the need has never been higher than it has been over the past year. It was with this in mind that

McLaren Macomb, the 288-hospital serving all of Macomb County, donated \$10,000 to the program to assist the organization with its continuing mission.

Leaders at McLaren Macomb urge everyone with the means to do so to please support the Macomb Food Program.

"The pandemic has caused an unbelievable amount of heartache and anguish within our community, not least of which is the rise of food insecurity," said Tom Brisse, McLaren Macomb president and CEO. "More and more families have been forced to turn to local food pantries, and our hope for this donation is that it inspires others to donate or in any way support the amazing mission of the Macomb Food Program."

McLaren Macomb's donation was born out of a social media awareness campaign in which the hospital promised to make the sizable donation while encouraging others to follow with their own consideration for the organization. The post was seen by more than 15,800 people and shared more than 450 times.

"Thank you for McLaren Macomb's continued support and its generous gift to the Macomb Food Program," said Shannon Mallory, Macomb Food Program manager. "Through their donation, we are able to continue working towards ending hunger in Macomb County. They have truly made a difference for our program and our community, and we are extremely grateful."

The mission of the Macomb Food Program, since its founding in 1975, is to provide food to hungry people in Macomb County. The organization distributes food at no cost to over 70 partner pantry and hunger organizations throughout the county. Last year the Macomb Food Program distributed more than 3.3 million pounds of emergency food to our network partners, serving over 220,000 individuals.



L-R McLaren Macomb president and CEO Tom Brisse, Macomb Food Program director Linda Azar, Macomb Food Program manager Shannon Mallory, McLaren Macomb vice president of marketing Sharyl Smith, Macomb County Executive Mark Hackel.

To learn more about the Macomb Food Program and to make a donation, visit the organization at www.mca.macombgov.org/mca-es-food.



MCLAREN MACOMB EXPANDS SERVICES, OPENS INPATIENT REHABILITATION UNIT

As part of its effort to offer a complete continuum of care for its patients, McLaren Macomb has expanded its services to include inpatient rehabilitation. The new unit is a uniquely designed inpatient unit in which patients recovering from surgery, injury or illness undergo specialized, intensive and supervised rehabilitation to regain their physical capabilities and independence.

Opening the unit and expanding the service within McLaren Macomb allows patients who are recovering from stroke, traumatic injury, brain injury, amputation or other conditions to advance their recovery at the hospital that initially treated them rather than being transferred to another facility.

A multidisciplinary team of physicians, nurses and therapists will coordinate the patients' care to ensure they reach the point in their recovery to be safely discharged from the hospital and effectively continue their rehab at home or in an outpatient setting. Physiatrist Dr. Michelle Bradley, a physical medicine and rehabilitation specialist, will oversee the new unit as its medical director.

"Even though they have advanced into their initial recovery, many patients, due to the severity of their illness or injury, or for other factors, are not yet at the point where they can yet be discharged home," Dr. Bradley said. "Patients recover best at home, in a familiar, comfortable environment, and getting them to the point where they can actively continue productive rehabilitation at home is advantageous for everyone."

The 18-bed unit contains a rehabilitation gym with specialized equipment using the latest technology, and a living center designed to reflect the home environment, allowing patients to practice daily activities (such as getting up from the couch, out of bed, using the tub, cooking in the kitchen, among many others) under the guidance of clinical professionals.

Construction of the new unit began in the summer of 2020 and was completed in early February shortly before it opened. McLaren Macomb invested \$12 million into the entire project.

“The unit will provide an immeasurable benefit to our community, who deserve to have their entire continuum of care close to home and their support system,” said Tom Brisse, president and CEO of McLaren Macomb. “An inpatient rehabilitation unit has been a goal of this hospital for many years, decades even. To see this project realized is very exciting to many people, both to those of us here now and those who are a part of our hospital’s extensive history.”

The opening of the new service marks the next in a successive line of projects expanding McLaren Macomb’s services or access to care. In the summer of 2020, the hospital opened the Wayne and Joan Webber Emergency and Trauma Center, the largest emergency department in Macomb County. Just before the close of the year, a new, larger Medical Outreach Clinic was debuted. Additionally, McLaren Macomb regularly introduces new procedures or pieces of medical technology to the area.

Learn more about the services offered at McLaren Macomb at www.mclaren.org/macomb.

Ascension Macomb-Oakland Hospital

ASCENSION ST. JOHN HOSPITAL GI INTERVENTIONAL PROGRAM GETS NEW RADIO FREQUENCY (RF) TECHNOLOGY



Ascension St. John Hospital GI Interventional Program has acquired the VIVA Combo RF Generator System. This device performs Endoscopic Ultrasound Guided Radio Frequency Ablation (EUS-RFA) and Endo-Luminal Radio Frequency



Pictured L – R: Marquita Moore, Endoscopy Tech; Kevin Paret, Endoscopy Tech; Mohammed Barawi, MD, Chief of Gastroenterology; James Potts, VIVA Representative; Briana Willis, RN, Clinical Nurse Manager, Endoscopy; and Nicole Chambers, RN.

Ablation (ERLA-RFA). Mohamed Barawi, MD, and the Endoscopy department at Ascension St. John Hospital are excited to be one of the few centers in the nation to offer both of these therapies. The VIVA Combo RF Generator System has been used to ablate benign pancreas tumors (neuroendocrine tumors), advanced pancreas cancers, cholangiocarcinomas and tumors that are unresectable to help alleviate pain. The device can ablate tissue in the GI tract, including the pancreas and biliary ducts and/or strictures, clear

tumor invaded stents, thyroid nodules, malignant lymph nodes and more.

DR. LOUIS D. SARAVOLATZ RECEIVES NATIONAL AWARD FROM THE AMERICAN COLLEGE OF PHYSICIANS

Louis D. Saravolatz, MD, MACP, chairman of internal medicine at Ascension St. John Hospital, has been awarded the Alvan R.

Feinstein Memorial Award from the American College of Physicians, a national organization of internists. The award honors the late Dr. Feinstein, who is internationally recognized as the father of clinical epidemiology, and is given to an American physician who has made a major contribution to the science of patient care in activities that Dr. Feinstein has broadly defined as clinical epidemiology or clinimetrics, involving the direct study of patients’ clinical conditions.



Louis D. Saravolatz, MD, MACP

As it relates to this award, Dr. Saravolatz has an outstanding track record of scholarly work in Infectious Diseases that has helped in understanding the epidemiology and treatment of numerous pathogens, including Legionella, methicillin-resistant Staphylococcus aureus and HIV. He has also served on numerous local, regional and national committees to help with advancing our knowledge in these and other infectious diseases. Dr. Saravolatz is currently continuing his research by studying the epidemiology of COVID-19 as well as leading a COVID-19 vaccine trial. He has also been directing the development of the Thomas Mackey Center for Infectious Disease Research at Ascension St. John Hospital.

ASCENSION COMMUNITY VACCINATION CLINIC AT MCC CELEBRATES MILESTONE VACCINATION

On March 12, the Ascension Community Vaccination Clinic in SE Michigan at Macomb Community College (MCC) vaccinated its 30,000th patient!



Pictured is Ascension caregiver Alex Fallone (right) administering the “Shot of Hope” to Mary McCarthy of Northville.

Congratulations to the vaccine operations team and volunteers who support the Community Vaccination Clinic at MCC on this milestone. The MCC site administers upwards of 1,100 shots (1st and 2nd doses) per day.

ASCENSION MACOMB-OAKLAND HOSPITAL ASSOCIATE JOINS MDHHS COVID-19 VACCINE WORK GROUP

Evone Barkho, MPH, IBCLC, an associate at Ascension Macomb-Oakland Hospital, recently was named to the Michigan Department of Health and Human Services (MDHHS) Middle Eastern COVID-19 Vaccine Workgroup. The goal of the workgroup is to help identify and address barriers that may prevent the acceptance of an approved COVID-19 vaccine by Michigan’s Middle Eastern residents.

ASCENSION MICHIGAN HOSPITALS RECEIVE “GOING THE DISTANCE” QUALITY AWARDS

Wound care centers located at four Ascension Michigan hospitals earned the 2020 *Going the Distance* quality award

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from RestorixHealth, an organization that specializes in the development and management of comprehensive wound healing and Amputation Prevention Center® facilities.



The hospitals include:

- Ascension Macomb-Oakland Hospital, Warren
- Ascension Providence Hospital, Southfield
- Ascension St. John Hospital
- Ascension St. Mary's Hospital

The award acknowledges the centers as nationwide leaders in wound healing patient outcomes.

Healthcare professionals have been tasked with maintaining quality through patient outcomes despite a daunting global pandemic. The *Going the Distance* award acknowledges those outpatient wound healing centers that have achieved or exceeded nationwide patient outcome standards within a set period of time during 2020. Results are calculated by comparing the center's patient outcomes against Restorix-Health nationwide benchmarks.

The staff at each of the care centers bring a wealth of talent to the wound healing workplace, fueling a positive impact on patient outcomes. Amidst a pandemic, their dedication to healing is a sign of resilience and strong work ethic. Congratulations to each of these wound care centers and staff who are "*Going the Distance*."

Donald B. Muenk, M.D., F.A.C.S.
Marilynn Sultana, M.D., F.A.C.S.
Alan C. Parent, M.D., F.A.C.S.
Sarah B. Muenk-Gold, M.D.
Amanda B. Salter, M.D



29753 Hoover Road, Suite A
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(586) 573-4333 Phone
 (586) 573-2149 Fax

COVID-19 VACCINE CENTRAL



MACOMB COUNTY HEALTH DEPARTMENT COVID-19 VACCINATION SITES



Health Department

Macomb County is currently making vaccination appointments for anyone age 16 and older **who lives or works in the county**. Appointments are required at each location; the county-affiliated sites are not open to walk-ups. To make an appointment use the online scheduler at www.macombgov.org/covidvaccine. The scheduler offers the opportunity to choose the location where a person wishes to receive their vaccination. It is available 24/7 and has new appointments added on a daily basis, with changes made in real time.

For seniors who prefer to make an appointment via phone please contact SMART at (586) 421-6579 to have a Health Department representative contact you.

IMPORTANT: Only the Pfizer vaccine is approved for use for those ages 16 and 17. Individuals in this age range who wish to be vaccinated **MUST select the Verkuilen Building in Clinton Township when they make their appointment**. All minors must be accompanied by a parent or legal guardian.

Health Department's Verkuilen Building in Clinton Township
 21885 Dunham Rd. *Entrance C*, Clinton Township, MI 48036

Health Department's South West Center in Warren/Majestic Plaza
 27690 Van Dyke Ave *Suite A*, Warren, MI 48093

Warren Civic Center Garage Drive-Thru
 30120 Civic Center Blvd., Warren, MI 48093

Richmond/Lenox EMS Drive-Thru
 34505 32 Mile Rd., Richmond, MI 48062

Lakeside Mall Drive-Thru
 14100 Lakeside Circle, Sterling Heights, MI 48313
 (Former Sears Auto)

Sterling Heights Senior Center
 40200 Utica Rd. *Entrance 2*, Sterling Heights, MI 48313

Chesterfield Township Senior Center
 47275 Sugarbush Rd., Chesterfield Township, MI 48047

Those who need transportation assistance to get a vaccine, are encouraged to register with the SMART Bus Macomb Vaccine Registration Line. Individuals can register at www.smartbus.org/macombvaccine, or they can call the registration line at 586-421-6579.

For more information, visit <https://www.macombgov.org/vaccinecentral>

Thank You Letters

February 11, 2021

Dear MCMS Foundation,

Thank you for your collective gift of \$2,691 from the Holiday Sharing Card Project. We truly appreciate your kindness and generosity. Donors play an integral role in the support of our mission to provide programs and resources that enable victims/survivors of domestic violence and sexual assault to regain control of their lives.

2021 marks Turning Point's 41st year of providing free emergency and supportive services such as an emergency shelter, 24-hour crisis hotline, Personal Protection Order (PPO) assistance, legal advocacy, counseling, and a Forensic Nurse Examiner Program. This year we have added a new housing program that will eliminate a significant barrier that many survivors face – having a safe place to live after leaving the shelter.

Our new housing program provides an apartment for up to 24 months to help victims/survivors start a new life. They will also have access to a suite of services that will put them on track to self-sufficiency. The program offers employment opportunities, educational opportunities, and career coaching.

Since our inception, we have served over 100,000 domestic violence and sexual assault survivors, and unfortunately, there are still more people who seek our help.

Again we thank you for joining us in helping survivors regain control of their lives.

Thank you so very much for your support it is truly appreciated!

Sincerely,

Sharman Davenport, PhD
President/CEO, Turning Point

February 23, 2021

Dear Supporters,

On behalf of the Macomb Food Program and its Board of Directors, we would like to extend a sincere "thank you" for your generous donation of \$3,081 to the Macomb Food program!

The Macomb Food Program serves people in need of food throughout the County of Macomb through its network of over 70 pantry distribution sites. Every dollar donated is used to purchase food to help feed hungry families, children, the elderly and disabled in our community. Last year, with the help of generous donors, we were able to feed nearly 500 people per day, with some of our pantries reaching much higher numbers due to the pandemic.

Your generosity allows the Macomb Food Program to continue to make feeding the hungry in Macomb County a reality.

Thank you again for your donation and your generous support for our mission to feed the hungry in Macomb County.

Thank you for your generous donation and continued support!

Gratefully,

Michael Sheridan
Chairperson

Shannon Mallory
Program Manager

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.

IN MEMORIAM



Alan Kay Hendra, MD
August 19, 1931 – February 14, 2021

Grosse Pointe Woods - Dr. Alan Kay Hendra, husband to the late Patricia Arlene Hendra, passed into eternal life on February 14, 2021 from Lymphoma. He was 89 years old. He will be dearly missed by his 5 children, 4 grandchildren, and 3 great-grandchildren. He also had a sister (Janice Hendra) and brother (Richard Hendra).

Alan met his wife Patricia at the Grande Ballroom in 1953 and married her in 1957. They were married for 56 years. Alan, Patricia, and their family enjoyed traveling and vacationing in northern Michigan. He was a boy scout with many friendships that continued throughout his life. He was a great woodworker in his spare time and also an excellent cartoonist, but mainly just for his relatives. He loved to dance with his wife Patricia.

Every woman loved to dance with him because he was light on his feet. He had a good sense of humor and was loved by everyone.

Alan was a medical doctor and a lieutenant in the U.S. Navy at Camp Pendleton in California. He was proud of this accomplishment. Alan worked out of Cottage Hospital of Grosse Pointe and Bon Secours Hospital of Grosse Pointe and at his practice in Warren, MI for 40 years. He delivered many children into life. He used to counseled troubled youths for free after office hours. He traveled with his wife to medical conventions all over America. He lived a long and accomplished life with lots of love. He was the closest thing to perfect that ever was. He will be missed very much.

New Members

We would like to welcome the following new members from the Greater Macomb Physician Network

Andrew F. Ajluni, DO**Orthopedic Surgery – Board Certified**

Currently practicing at Associated Orthopedists of Detroit, PC, 24715 Little Mack Ave., Ste. 100, Saint Clair Shores, MI 48080-3207, p. 586-779-7970.

Nikhil V. Ambulgekar, MD**Cardiovascular Disease, Interventional Cardiology, Internal Medicine – Board Certified in all**

Currently practicing at Alliance Health Professionals, 133 S. Main St., Mount Clemens, MI 48043-2308, p. 586-468-1600.

Shariff K. Bishai, DO**Orthopedic Surgery, Sports Medicine – Board Certified in both**

Currently practicing at Associated Orthopedists of Detroit, PC, 24715 Little Mack Ave., Ste. 100, Saint Clair Shores, MI 48080-3207, p. 586-779-7970.

James D. Bookout, MD**Orthopedic Surgery – Board Certified**

Currently practicing at Associated Orthopedists of Detroit, PC, 24715 Little Mack Ave., Ste. 100, Saint Clair Shores, MI 48080-3207, p. 586-779-7970.

Matthew M. Brewster, DO**Orthopedic Surgery – Board Certified**

Currently practicing at Associated Orthopedists of Detroit, PC, 24715 Little Mack Ave., Ste. 100, Saint Clair Shores, MI 48080-3207, p. 586-779-7970.

Kenneth R. Cervone, MD**Orthopedic Surgery – Board Certified**

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Heather L. Mewes, DO**Family Medicine**

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MDHHS ANNOUNCES HEPATITIS C ELIMINATION PLAN AND WE TREAT HEP C INITIATIVE

The Michigan Department of Health and Human Services (MDHHS) is excited to announce the release of the state's Hepatitis C Elimination Plan and launch of the [We Treat Hep C Initiative](#), effective April 1, 2021. A core component of Michigan's HCV elimination strategy is to promote universal HCV testing for all adults. The Centers for Disease Control and Prevention (CDC) recommends that all adults ages 18 and older should be tested for HCV at least once in a lifetime, and all women should be tested for HCV during each pregnancy.

The We Treat Hep C Initiative aims to make curative hepatitis C treatment more accessible by removing barriers to prescribing. Through this initiative, MDHHS has entered into an agreement with AbbVie, the manufacturer of the HCV direct-acting antiviral MAVYRET[®], to make treatment available to all Medicaid and Healthy Michigan Plan beneficiaries. Starting April 1, Michigan Medicaid is removing prior authorization requirements for the preferred HCV medication, MAVYRET[®].

The success of the We Treat Hep C Initiative will be directly tied to the state's clinical community treating patients impacted by HCV. MDHHS is partnering with Wayne State University's Midwest AIDS Training and Education Center to develop curricula and trainings for interested clinicians. Furthermore, MDHHS is contracting with Henry Ford Health System to maintain an HCV clinical consultation line to provide peer-to-peer advice to clinicians in the process of evaluating and treating their patients for HCV (313-575-0332, Monday – Friday 8 a.m. – 5 p.m., or online).

For more information, updates, and resources, please visit www.Mi.gov/WeTreatHepC or contact the MDHHS Viral Hepatitis Unit at MDHHS-Hepatitis@michigan.gov.

MICHIGAN SUICIDE PREVENTION COMMISSION REPORT MAKES LOWERING SUICIDE RATE A PRIORITY, OFFERS RECOMMENDATIONS

With someone dying by suicide every six hours in the state, the Michigan Department of Health and Human Services (MDHHS) is releasing a report that makes recommendations on how to reduce the suicide rate.

[The Michigan Suicide Prevention Commission Initial Report](#) is from a group appointed by Gov. Gretchen Whitmer in March 2020.

"In Michigan, anyone who needs help should be able to get it," said Gov. Whitmer. "This task force will do critical work to collect data, expand resources, and implement best practices so we

can save lives. We must work together to reduce suicide rates in Michigan and make sure that everyone knows that it's OK to not be OK and help is always here."

The recommendations address the commission priorities of:

- Minimizing risk for suicidal behavior by promoting safe environments, resiliency and connectedness.
- Increasing and expanding access to care to support Michiganders who are at-risk.
- Improving suicide prevention training and education.
- Implementing best practices in suicide prevention for health care systems.
- Enhancing suicide-specific data collection and systems.

The first section in the report highlights in-depth data regarding the burden of suicide within the state, identified risk factors and populations at greater risk for death by suicide. The second section includes the Michigan Suicide Prevention Commission initial priorities and recommendations as a comprehensive approach to reduce suicide attempts and deaths.

The commission has been charged to work with state departments, nonprofit organizations and universities to research the causes and possible underlying factors of suicide in the state.

Provisional 2020 data for Michigan shows 1,282 suicide deaths. That number is expected to increase as more suicide reports are finalized. In 2019 there were 1,471 suicides in Michigan. Suicide is the 10th leading cause of death in Michigan.

The report notes that MDHHS has taken steps to address mental health issues that could be worsened by the COVID-19 pandemic. This has included providing mental health and substance use services, as well as emotional support resources. These resources can be found at www.michigan.gov/Stay-Well.

More research is needed to understand the long-term effects of how the pandemic is affecting mental health, who is at greater risk and how emerging risks can be counteracted, the report says.

Efforts will continue to establish resources and streamline access to services and supports, with an understanding that they will need to be sustained throughout the pandemic and beyond, the report says.

Anyone who needs help can call the National Suicide Prevention Lifeline 24 hours a day, seven days a week, at **1-800-273-8255** or **1-800-273-TALK**. Press 1 for the Veterans Crisis Line. Anyone under age 21 can ask to talk to a peer at Teen Link, **1-866-833-6546**.



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



SAFEHAVEN™ NOW OFFERING MICHIGAN PHYSICIANS & HEALTH CARE PROVIDERS RESOURCES TO MANAGE STRESS AND BURNOUT

New program offers physicians and health care providers with the resources they need to meet the demands of their personal and professional lives.

In an effort to better serve and support clinicians struggling with stress, burnout and the effects of COVID-19, the Michigan State Medical Society (MSMS) has launched SafeHaven™, a comprehensive and confidential physician and health care provider well-being program offering clinicians with the resources and support they need to address career fatigue and behavioral health concerns.



“Physician burnout has been a growing problem for years now and that’s only been exasperated by the COVID-19 pandemic,” said Kevin McFatrige, chief operating officer of MSMS. “The fact is, we need to do a better job of caring for our physicians, nurses, physician assistants and all health care providers so that they in turn can continue to provide excellent quality care for Michigan’s patients—that’s what SafeHaven™ is all about. Our hope is this new resource will go a long way towards relieving our overly burdened provider community and ultimately help them rediscover the meaning, joy and purpose in practicing medicine.”

SafeHaven™, which is implemented in partnership with VITAL WorkLife, provides a host of discreet and confidential set of tools and resources they can access to stay well, avoid burnout, and connect to their purpose without the fear of undue repercussions to their medical license.

“Most who work in health care do not see themselves as heroes and don’t do well seeking help for themselves, instead focusing on the needs of others in their care,” said Terri Babineau, MD, CMO of SafeHaven™. “Being only human, health care workers need the opportunity to seek help for mental health reasons without fear of harm to their career. The SafeHaven™ Program offers necessary mental health resources that are truly confidential and actually support health care workers.”

SafeHaven™ resources are available to providers and their families and include the following:

- In-the-moment telephonic support, available 24/7.
- Counseling sessions.

- Peer coaching.
- Legal and financial consultations and resources, available 24/7.
- WorkLife Concierge—a virtual assistant to help with tasks, available 24/7.
- VITAL WorkLife App providing mobile access to SafeHaven™ resources.

For more information about SafeHaven™, please visit www.MSMS.org/SafeHaven.

TELEHEALTH FROM THE FIELD: CASE STUDY INVOLVING REMOTE MONITORING PROBLEMS

Even before the COVID-19 pandemic, the use of remote patient monitoring was expanding. The technologies offer many benefits, but they may also create potential malpractice risks.



Consider the following case example and strategies that can help mitigate risks.

Case Example

During an annual physical, the physician recommended ambulatory electrocardiography for a patient with a history of prior cardiac arrhythmia. The physician told the patient he would receive the ambulatory monitor by mail and that the package would contain everything he needed.

About a week later, the monitoring package arrived. He opened it, read the instructions, and applied the device. After a few hours, the device fell off. He reapplied it multiple times, but the device continued to fall off. After several calls with the device manufacturer, the patient gave up, tucked the device in the box, and mailed it back to the manufacturer.

A week later, the patient received a letter from the physician, stating that his monitoring results were normal. The patient—who was surprised to receive these results—followed up. During the discussion, the physician told him that the device manufacturer downloaded and evaluated the results and provided a report that the physician then shared with the patient. The physician was surprised to learn that the patient had not completed the monitoring period and the device had not performed as expected, but the results were still reported as normal. The patient lost confidence in both the physician and remote monitoring technology and did not return to the practice.

Patient Safety Strategies

Whether you have already implemented remote patient monitoring or are thinking about it, consider the following strategies:

Use a deliberate process to evaluate and select remote patient monitoring devices.

- Determine how the data will be collected, transmitted, stored and reported. In the case example, the manufacturer reported the study as normal even though the full monitoring period was not completed.
- Ensure the patient is ready to participate. Advise patients to call the office about any device problems or concerns. In the case scenario, the device did not adhere properly to the patient's skin.

Plan and Prepare

This case study highlights the importance of careful planning and preparation when incorporating remote technologies into the patient care services offered by a medical practice. Providers who recommend products and services to their patients have a responsibility to apply due diligence in confirming that the device manufacturer is reputable, the device is safe, and the information it produces is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

NEW MSMS HEALTH LAW UPDATE ON INFORMATION BLOCKING RULE



MSMS Legal Counsel created a new resource to help physicians and their practices comply with the 21st Century Cures Act (the "Cures Act") and related final rule on Interoperability, Information Blocking, and the ONC Health IT Certification Program (the "Final Rule"). The Cures Act and its administrative rules regulate health care providers (including physicians in private practice and their medical practices), HIT developers of certified health IT, health information exchanges, and health information networks. The new MSMS Health Law Update provides an overview of the Cures Act and Final Rules, as well as addresses several frequently asked questions related to care delivery and information sharing.

View the full legal alert on MSMS website [here](#).

Join MSMS for our Grand Rounds live webinar series on May 12th from 12 pm-12:45 pm where we will focus on the CURES Act: *What is Information Blocking and How Do I Comply?*

DOCTORS, PUBLIC HEALTH LEADERS URGE MICHIGAN PARENTS TO 'CATCH UP' CHILDREN ON ROUTINE VACCINATIONS

In 42 Michigan Counties, Children's Vaccination Rates Have Dropped Below 70%

Doctors, nurses, hospitals, and state and national public health leaders urge Michigan parents to get their children up to date on vaccinations to prevent

serious communicable diseases such as measles, mumps, pertussis, chickenpox and more from spreading as the state reopens after the COVID-19 pandemic.

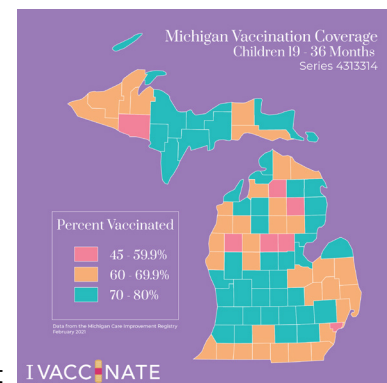
In many states including Michigan, vaccination rates of younger children dropped during the pandemic as parents postponed well-child visits to protect their kids from COVID-19. As a result, vaccination rates for Michigan children ages 19 to 36 months have fallen below 70% in more than half of the state (42 of 83 Michigan counties), according to February data from the Michigan Care Improvement Registry (MCIR). In six Michigan counties and the City of Detroit, the rate has dropped below 60%. While community immunity is different for each disease and vaccine, doctors and public health experts generally agree that a 70% vaccination rate is the minimum protection level desired.

"At a time when our health care system is becoming once again overwhelmed with COVID-19 pandemic, it's important that we avoid outbreaks of preventable serious diseases," said Bob Swanson, Immunization Division Director for the Michigan Department of Health and Human Services (MDHHS).

"It's time to catch up Michigan children who did not get their routine vaccinations over the past year so we can protect them and our friends, families and loved ones who are medically unable to be vaccinated."

The 10 areas with the lowest vaccination rates for children ages 19 to 36 months are: Oscoda County (45.2%), City of Detroit (49%), Gladwin County (55.9%), Iron County (58.3%), Lake County (59.2%), Clare County (59.3%), Otsego County (59.9%), Mackinac County (60.7%), Cass County (61%) and Houghton County (61.3%).

"As things continue to open up, kids who are not caught up on routine vaccinations won't be protected from these potentially serious and preventable illnesses," said Dr. Herbert Smitherman,



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MD, professor of internal medicine for the School of Medicine and the Karmanos Cancer Institute at Wayne State University and president and CEO of Health Centers Detroit Foundation, Inc. "Make it a priority. If we don't, these diseases can and will make a comeback, and I have seen firsthand their devastating impact on families." Franny Strong Foundation president and I Vaccinate campaign founder Veronica McNally knows this devastation well. In 2012, Veronica and her husband Sean lost their 3-month-old daughter Francesca to whooping cough.

"Infants or children who cannot be vaccinated for medical reasons count on all of us to be immunized to create a circle of protection called community immunity," said McNally, who is the consumer representative on the CDC's Advisory Committee on Immunization Practices. "What we are seeing with the drop in childhood vaccination rates in Michigan is very concerning because it leaves so many unprotected."

Following the CDC-recommended schedule protects children and teens from 16 vaccine-preventable diseases by age 18. The schedule is recommended by the CDC and is approved by every major medical organization in the country, including the American Academy of Pediatrics and the American Academy of Family Physicians. It is also the only schedule that has been carefully tested, studied and reviewed by medical experts prior to being recommended for children.

"It's important for parents to know that the CDC-recommended schedule has been developed so that your child is protected and

receiving the vaccines at the age when he or she will have the best response to develop immunity," said Dr. Joe Fakhoury, MD, FAAP, pediatric hospitalist with Bronson Pediatric Medicine Hospital Specialists. **I VACCINATE**

"The vast majority of parents in Michigan and other states should be applauded for doing the right thing by following stay-at-home orders during the worst months of the pandemic, but most doctor's offices now have procedures in place to ensure patients can safely come in for well visits and to get caught up on immunizations," said Dr. Rachel Young, DO, family medicine physician and clinic director of the McLaren Family Medicine Residency Clinic in Lansing. "We've implemented policies like checking in families from the car, limiting how many people can accompany a child and requiring face masks."

Michigan parents with vaccination questions can find answers based entirely on medical science at www.IVaccinate.org.

The nationally recognized I Vaccinate campaign is a joint public-private effort of the Franny Strong Foundation and MDHHS and is supported by the CDC and every major medical and health organization in the state, including the Michigan Academy of Family Physicians, Michigan Chapter of the American Academy of Pediatrics, Michigan Health & Hospital Association, Michigan Osteopathic Association and Michigan State Medical Society. For more information, visit IVaccinate.org. Follow I Vaccinate on Facebook, Twitter and Instagram @IVaccinateMI.

UPCOMING EVENTS



**Wednesday, May 12th,
12 pm - 12:45 pm**
**CURES Act: What is Information
Blocking and How Do I Comply?**

Matt Reid, MS, Sr. Health IT

Consultant, American Medical Association
Kathleen Westfall, Esq., Kerr Russell and Weber, PLC

Wednesday, May 19th, 12 pm - 12:45 pm
**MI Department of Health and Human Services Update
from New Director Elizabeth Hertel**

Elizabeth Hertel, Director, Michigan Department of Health and Human Services

Wednesday, June 9th, 12 pm - 12:45 pm
Update on COVID-19

Joneigh Khaldun, MD, MPH, FACEP, Chief Medical Executive and Chief Deputy Director for Health and Human Services

Wednesday, July 14th, 12 pm - 1 pm
Domestic Violence and Sexual Assault

Sam Stiles, Community Outreach Coordinator, EVE

MSMS MONDAY NIGHT MEDICINE SERIES

Fee: \$50 MSMS Members, \$75 Non-Members,
Free for Resident & Students

Monday, May 3rd, 6:30 pm – 8 pm

Practicing Wisely - Save 2 Hours Each Day

Marie Brown, MD, FACP, Director of Practice Redesign,
American Medical Association
Approved for 1.5 AMA PRA Category Credit(s)[™]

Monday, May 24th, 6:30 pm – 8 pm

Creating a Manageable Cockpit for Clinicians

Christine A. Sinsky, MD, MACP, VP Professional Satisfaction,
American Medical Association
Approved for 1.5 AMA PRA Category Credit(s)[™]

Monday, June 7th, 6:30 pm – 8 pm

**100% Virtual Collaborative Care for Behavioral
Health Outcomes**

Eunice Yu, MD, FACP, Henry Ford Health System
Approved for 1.5 AMA PRA Category Credit(s)[™]

Health Can't Wait: Patients and Providers Once Again Ask Legislature to Limit Health Care Delays and Insurance Company Red Tape



Hopes for reducing dangerous and unnecessary delays in the delivery of care and treatment to Michigan patients were renewed with members of the Senate Health Policy and Human Services committee hearing testimony on SB 247—legislation that reforms the prior authorization practices insurance companies use to slow the delivery of life saving health care.

Sponsored by state Sen. Curt VanderWall, chairman of the Senate Health Policy and Human Services committee, SB 247 introduces new transparency and clinical validity requirements that would protect Michigan patients from costly and dangerous delays in access to health care. The legislation is the reintroduction of prior authorization reform, which previously took the form of SB 612 during the last legislative session.

“With far too much regularity, insurance companies use these measures to delay—and sometimes flat out deny—patients from accessing treatments that have been prescribed by their physicians—treatments we know our patients need,” said Paul Bozyk, MD, board-certified pulmonologist, and current president of the Oakland County Medical Society, who offered testimony in support of SB 247. “Senate Bill 247 does not eliminate the ability for insurance companies to utilize prior authorization, but instead reforms the process to ensure that it is transparent, timely and that the doctor-patient relationship takes precedence over insurance company paperwork.”

SB 247 would achieve this aim by introducing new transparency, clinical validity and fairness requirements to prior authorization process. The bill would also require insurers to base their prior authorization requirements on clinical, evidence-based criteria established with input from practicing physicians.



The Health Can't Wait Act would also establish:

- **Transparency** – Insurance company prior authorization requirements will be published on the insurer’s website in detail and in easily understandable language, and that aggregated information about prior authorization approval and denials are made publicly available.
- **Clinical validity** – Clinical review criteria is based on current peer-reviewed evidence and individuals with a financial stake in the outcome of prior authorization decisions are prohibited from the decision making process.
- **Fairness for patients** – Urgent and non-urgent prior authorization requests must be acted upon in a timely manner and clinicians and patients are properly notified of new or amended prior authorization requirements.

“We’re very happy to see our state lawmakers taking the need for prior authorization reform seriously with the reintroduction of this critical legislation,” added said S. Bobby Mukkamala, MD, president of the Michigan State Medical Society. “Today’s hearing was a great first step towards the kind of meaningful reform that will have a real positive on Michigan’s patients.”

Health Can't Wait is a coalition of patients, health care providers, and patient-support groups working together to put Michigan patients first by ending dangerous delays in patients’ access to health care caused by insurance company bureaucracy, including prior authorization red tape and step therapy requirements.

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Steven J. Ferrucci, MD

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Janet C. Weatherly, CNM



COVID-19 VACCINE HESITANCY: 10 TIPS FOR TALKING WITH PATIENTS

By: Tanya Albert Henry, Contributing News Writer

Physicians have their work cut out for them in trying to get patients to take a COVID-19 vaccine. In early December, just 56% of people told researchers that they were somewhat or very likely to be vaccinated, according to a research letter published in JAMA.



On top of that, 29% of people who work in a health care delivery setting told pollsters for the Kaiser Family Foundation (KFF) that they probably would not or definitely would not get a COVID-19 vaccine, even if it were available for free and scientists had deemed it safe.

So, what are some things to do to help your patients move from vaccine hesitancy to vaccine acceptance?

Internist Marie T. Brown, MD, the AMA's director of practice redesign, discussed strategies during a recent AMA webinar, "Vaccinations: Roadmap for Success." She also joined infectious disease specialist Constance A. Benson, MD, a professor of medicine and global public health at University of California, San Diego, in discussing tips during a recent episode of "AMA COVID-19 Update."

Here are some of their suggestions.

Understand your patients' concerns

Some Black patients may be hesitant because of mistrust in the medical community stemming from experiences such as the Tuskegee syphilis study; some Hispanics may be hesitant because of a more general mistrust of the government stemming from immigration or border-patrol experiences.

Physicians should try to meet patients in the middle and build trust, recognizing what has happened so they can then move forward.

Ask why a patient is hesitant

If someone declines the vaccine, you can say, "May I ask why? What have you heard in your community?" It is a less judgmental way to find out what they may be thinking, giving patients the opportunity to give frank voice to concerns they might have while attributing them to others.

Counter any misinformation

People hear and see a lot of misinformation in their social circles and on social media. Pew Research Center found that substantial minorities believed in COVID-19-related conspiracy theories. As a physician, you need to correct any misinformation a patient may give for not getting the vaccine.

Know you are the most trusted information source

Physicians can be effective in countering vaccine misinformation, said Dr. Brown, who is also a professor of internal medicine at Rush University Medical College. KFF research found that a person's own physician or health care provider is the most trusted source for information on the COVID-19 vaccine, with 85% of respondents holding this belief no matter their gender, sex, ethnicity or political belief.

Tell patients they need to get the vaccine

Adult patients say the second biggest reason they don't get an immunization is that a "doctor hasn't told me I need it," according to a 2008 study in the American Journal of Medicine, "Barriers to Adult Immunization." Saying nothing is saying something, Dr. Brown noted.

Tailor your message

To reach people no matter their political view—or whether they believe a vaccine is a personal choice or collective responsibility—focus the discussion on how getting a vaccine can help protect a loved one such as a grandparent, a child or someone who is immunocompromised.

Address patients' fears about side effects

Start a conversation by asking a patient how they felt after their last vaccination, such as a flu shot. Ask if they had any side effects or other reaction. Then you can move the conversation to tell them the COVID-19 vaccine is not much different and prepare them for the possible side effects they may experience.

Preparing patients to expect muscle aches and fatigue if a second dose is required can help prevent them from worrying that the vaccine "gave them the disease," calling you with concerns and more importantly discouraging their family and friends from getting vaccinated. Hope for the best but prepare them for the worst.

Prepare your staff to answer questions

The AMA has produced a [COVID-19 vaccine script](#) for patient inquiries to help physicians and their staff answer patient questions.

The AMA has developed documents to answer frequently asked questions about COVID-19 vaccination: one is aimed at physicians, and the other addresses patient queries.

Show your vaccination pride

Everyone in your office who is vaccinated can wear a button or sticker showing they received their COVID-19 shot, reinforcing to people that the vaccine is safe and that you trust in it.

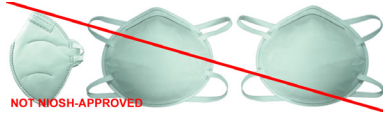
Tell stories to make impact

The public tends to weigh risks and benefits differently than physicians do, so telling stories that illustrate why the vaccine is important will have a stronger impact on patients.

7 SIGNS THOSE NEW N95S AT YOUR PHYSICIAN PRACTICE MIGHT BE FAKE

By: Kevin B. O'Reilly, AMA News Editor

The country's leading producer of N95 respirator masks, 3M, says that more than 10 million counterfeit versions of the



personal protective equipment (PPE) have been seized since the pandemic's onset in the U.S. Even big names like the Cleveland Clinic have been duped by cleverly counterfeited N95s.

Now the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH) has issued a notice about the fake N95s that are circulating and how physicians and others in health care charged with obtaining PPE can properly identify them.

Respirators approved by NIOSH have an agency approval label somewhere on the packaging, either on the box or included with the user instructions. Notice about approval also will appear on the filtering facepiece respirator itself, in abbreviated form.

According to NIOSH, here are seven signs of counterfeit respirators that physicians and staffers at medical groups and health systems should look for:

- No markings at all on the filtering facepiece respirator.
- No approval number on filtering facepiece respirator or headband.
- No NIOSH markings.
- NIOSH spelled incorrectly.
- Presence of decorative fabric or other decorative add-ons.
- Claims of approval for children – NIOSH does not approve any type of respiratory protection for children.
- Filtering facepiece respirator has ear loops instead of headbands

The agency also warns about these potential red flags to look for before placing large orders from third-party marketplaces or websites you haven't ordered from before:

- If a listing claims to be "legitimate" and "genuine," it likely is not.
- Examine transactions history and feedback if possible.
- Fluctuations of items marketed over time – high or low periods of transactions.

- Price deviations and fluctuations that make pricing seem too good to be true.
- Advertising "unlimited stock" when there is an industry wide shortage.
- Contact email addresses unconnected to the website
- Bad grammar, typos and other errors.
- Cookie-cutter websites that mix up names or logos, appear unfinished, have nonsensical privacy policy text or broken links.

A NIOSH-approved mask will feature these markings on the exterior of respirator:

- Approval number.
- Brand name, registered trademark or easily understood abbreviation.
- NIOSH name in block letters, or NIOSH logo.
- Filter class (N, P or R) and filter efficiency level (95, 99 or 100).
- Lot number – recommended, but not required.
- Model number.

Learn more about how to spot counterfeit respirators at the NIOSH National Personal Protective Technology Laboratory, [which features a listing](#) – with pictures – of masks that are wrongly being marketed as having NIOSH approval.

Meanwhile, NIOSH maintains a [list of approved filtering facepiece respirators](#) by class and filtration level, with contact information for the manufacturers.

WHY IT'S TIME TO INVEST IN THE NATION'S HEALTH CARE WORKFORCE

By: Andis Robeznieks, AMA Senior News Writer

What's the news: The AMA is supporting a bipartisan Senate bill, the "Strengthening America's Health Care Readiness Act," that would help grow the nation's pipeline of future physicians and nurses while creating opportunities to diversify the health workforce.



"As the nation faces a pandemic and multiple health professional shortages, sustained, long-term investments in workforce programs are necessary to help care for our nation's most vulnerable populations," AMA Executive Vice President and CEO James L. Madara, MD, wrote in a letter of support to the bill's sponsors, Sens. Dick Durbin, D-Ill., and Marco Rubio, R-Fla.

The bill also recognizes the crushing student debt that can entrap and limit the career decisions of new health professionals upon graduation, and it provides for scholarships and debt forgiveness in exchange for a commitment to work and practice in Health Professional Shortage Areas (HPSAs).

"This vital legislation will help to sustain the current workforce during the pandemic and help maintain a robust pipeline of

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providers for future health emergencies,” Dr. Madara’s letter adds.

Why it’s important: The bill would offer a one-time supplemental appropriation of \$5 billion in emergency surge funding for scholarships and loan forgiveness awards through the National Health Service Corps (NHSC), plus \$1 billion through the Nurse Corps.

In addition, 40% would be set aside for students from low-income communities and those from racial and ethnic populations that have been historically underrepresented in health professions.

“The COVID-19 pandemic has highlighted the need for additional emergency capacities and underscored the health workforce shortages and disparities that exist throughout the nation,” Dr. Madara wrote. “This bill would bring access to care for patients and welcome relief to the physicians, residents, and nurses who have been on the front lines throughout the pandemic caring for our sickest patients.”

And, while existing programs have had some success recruiting professionals to work in underserved areas, the NHSC and Nurse Corps “still fall short of fulfilling the health care needs” of all HPSAs, Dr. Madara’s letter says.

Additionally, the bill would create an annual allocation of up to \$50 million from 2022 through 2026 to establish a NHSC Emergency Service demonstration project involving current NHSC participants or alumni of the program, aiding in our surge capacity efforts during national disasters by allowing them to serve in the National Disaster Medical System.

This demonstration project provides a pathway for individuals to receive supplemental loan repayments in exchange for improving the nation’s disaster preparedness and surge capacity.

What’s next: The bill has been referred to the Senate Health, Education, Labor and Pensions Committee but no further action has been taken.

“COVID-19 has demonstrated the need for a national policy that increases the number of health workers to address shortages, medical disparities, and respond to emergencies,” Durbin, the Senate Majority Whip, said in a news release.

WHY BULLYING HAPPENS IN HEALTH CARE AND HOW TO STOP IT

By: Brendan Murphy, AMA News Writer

Poor staffing levels, excessive workloads, subpar management skills, stress and lack of autonomy are some of the factors that contribute to bullying in the workplace—including in medicine—according to a recent AMA report on the problem that pervades health care and how to stop it.

AMA policy defines workplace bullying as “repeated, emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating or threatening behavior targeted at a specific individual or a group of individuals that manifests from a real or perceived power imbalance and is often, but not always, intended to control, embarrass, undermine, threaten or otherwise harm the target. Individual, organizational and health system factors may contribute to the overall workplace climate or culture that allows unprofessional behavior, such as bullying, to persist.”

Why health care’s susceptible to bullies

Bullying behaviors are common across workplaces. A report from the Joint Commission indicates that bullying in the health care workplace is more common than sexual harassment and is initiated by both men and women.

The hierarchical nature of health care has made it a field that is susceptible to workplace bullying.

“Bullying and mistreatment of students and residents are commonplace,” said Audiey C. Kao, MD, PhD, vice president of ethics standards at the AMA. “Few of us have gone through medical education and training who have not either witnessed or been the subject of bullying by individuals in greater power and authority. It’s something that was long overlooked, but it is harmful to the learning environment and needs to be eradicated.”



Cultural shift required

The reasons to address and eliminate bullying are multifold, chief among them: Bullying behaviors among workers can adversely affect patient care, according to the report.

“Patient care is delivered not by a single individual but by a team of individuals,” Dr. Kao said. “If you work in a health care environment where bullying is prevalent or even accepted or not dealt with, you’ll create an unhealthy team dynamic ... where individuals are hesitant to raise patient care issues over concerns that they will not be taken seriously because they have been bullied in the past.”

Addressing workplace bullying can and must be done at an organizational level, the AMA report says. That means implementing or improving anti-bullying policies that show management’s commitment to a safe and healthy workplace. It also means creating an environment in which all workers feel comfortable speaking up, Dr. Kao said.

“When you witness bullying, silence and avoidance is never an effective strategy,” he said.

Key management steps

The AMA's report details advice on an effective workplace policy on bullying and tactics to improve organizational culture.

In addition, the report says, there are two key steps for management to take:

- Make the administration aware that unprofessional behavior is a threat. If the team doesn't recognize that there is a problem, they won't have a plan to do something about it, nor recognize the threats to quality care.
- Educate the entire staff about why unprofessional or hostile behavior is a problem. If the staff recognizes that the leaders are concerned about bullying, they are more likely to come forward when they feel that bullying has occurred, or better yet, tell their co-worker that their behavior is inappropriate.

Read the AMA report, "[Bullying in the Health Care Workplace: A guide to prevention and mitigation.](#)"

SECRET WEAPON TO COMBAT PHYSICIAN STRESS: CONNECTING WITH COLLEAGUES

By: Sara Berg, AMA Senior News Writer

Maintaining a masked physical distance from those living outside one's home remains a cornerstone of preventive advice during the COVID-19 pandemic. Unfortunately, remaining physically apart has led to social isolation for many.

While peer-support programs serve a vital role, they tend to only address the tip of the iceberg of the distress and disconnection experienced by many physicians. Going beyond peer-support programs, it is important to create processes for intentional professional connection, so no one delivers care alone.



"We are a very isolated lot and then we've added this whole idea of physical or social distancing, and we find ourselves disconnected from our profession, from ourselves, from our patients and from each other," Mark Greenawald, MD, a family physician at Carilion Clinic in Roanoke, Virginia, said during an AMA webinar on professional connection.

"No one should be trying to traverse what's been happening in health care alone," Dr. Greenawald added.

He outlined some important attributes of a culture of well-being and connection.

Recognize good work

Looking at service, it is important that "we recognize our teammates for their good work," said Dr. Greenawald. "If we're not doing that daily, particularly in the time of COVID, what's the cost of that?"

"What do people take home with them for the incredible work that they're likely doing every day if we're not creating a culture where that just comes naturally, that it's just built into our DNA?" he added.

Check in with your teammates

Physicians should reach out to their teammates to know more about their joys and struggles. By checking in, "I've learned about ... things that people are carrying with them when they come to work that we know impacts their ability to show up and yet I was totally blind to so many of these things before I started checking in with folks."

Create a positive team culture

When it comes to attitude, it is key for physicians and other health professionals to create a positive and encouraging team culture in your organization. That is because "creating a culture of encouragement and a culture of positivity becomes even more important as we navigate COVID," said Dr. Greenawald.

Regularly connect with meaning

Dr. Greenawald cited the words of pioneering burnout researcher Christina Maslach, PhD, who said "that ultimately, when someone's in a state of burnout, they're experiencing what she calls an erosion of the soul. And I like to think about our work in health care as being soul work."

"At the end of the day, it's about meaning and it's about purpose, so regularly connecting with those things becomes essential if we're to be able to carry out our mission in terms of the work that we do," he added.

Celebrate successes

Renewal requires individuals to take time out of their day to celebrate their successes. However, many people rarely take time to celebrate those successes.

"Think about the implications of that in the context of the incredibly challenging work that we're doing right now," said Dr. Greenawald. There is a growing "need more than ever to be helping to try to fill each other up as we have a lot of things that are withdrawing from us emotionally at this point in time."

Take time for stress reduction

Physicians need to take time for self-care, stress reduction and relaxation because many "people are working harder than they have in a long time," said Dr. Greenawald. "We were working hard at baseline, but the hours that many people are putting in would be unthinkable one year ago."

"The need for some kind of reduction in stress becomes even more" important, he added. But the good news is that "we've got some secret weapons and those secret weapons are our relationships with each other and those relationships, in many ways, are untapped right now."

Travel and Quarantine Policies for Vaccinated Staff

By: Jodi Schafer, SPHR, SHRM-SCP, owner of Human Resource Management Services, LLC

Q. *We are looking for updated information regarding travel policies for our business now that some employees have been vaccinated. More staff are requesting time off this year for vacations with travel either internationally or domestically. We want to keep our staff and customers safe, but we don't want to extend the amount of time we are short-staffed unnecessarily. What are the current standards on travel?*



A. Unless your county health department requires a post-travel quarantine (and most do not at this point), you can make this policy determination as you see fit. The current CDC guidance regarding post-travel quarantine is that a person:

- (A) Get tested with a viral test 3-5 days after travel AND stay home and self-quarantine for a full 7 days after travel.
- If the test is negative, stay home and self-quarantine for the full 7 days.
 - If the test is positive, isolate yourself to protect others from getting infected.

OR

- (B) If you don't get tested, stay home and self-quarantine for 10 days after travel.

This guidance applies to both international and domestic travel and as such, has been the standard that many businesses have pointed to when drafting post-travel quarantine policies over the last year. However, given the recent availability of vaccines based on industry and age, the question of whether or not to keep these policies in place has been coming up a lot lately. Unfortunately, the CDC's guidance is somewhat conflicting. In the FAQ section of the **travel guidance**, the CDC continues to encourage vaccinated people to follow the same post-travel quarantine procedures as non-vaccinated people.[1] However, in the CDC's **general quarantine guidance** dated February 10th, those who have been fully vaccinated or developed natural immunity, are no longer required to quarantine after a potential exposure. Specifically, "vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine),
- Are within 3 months following receipt of the last dose in the series, **and**
- Have remained asymptomatic since the current COVID-19 exposure." [2]

The CDC made similar updates to their quarantine guidelines back in August, when it said people who have recovered from COVID-19 in the past three months do not have to quarantine or get tested as long as they don't develop new symptoms. For these reasons, it would be prudent for you to evaluate your current travel policies and determine if you'd like to make

any changes. There are at least three options to consider, (1) Keep your post-travel quarantine requirements in place, align your policy with current CDC travel guidance and apply it to all employees regardless of COVID-immunity, (2) Keep your post-travel quarantine in place, but exempt staff who have been fully vaccinated and those who have developed natural immunity through contracting the virus in the previous 90 days, or (3) Waive the post-travel quarantine policy for all employees if it is not currently required at the county level.

Like most business decisions, a change in your travel policy requires that you weigh the risks against the rewards. If you choose to err on the side of caution and keep your policy in place regardless of immunity status, you guarantee yourself the maximum amount of protection from potential transmission and afford your business the full protection from a potential liability claim. But it also means that you may be shortstaffed for longer than required. If you decide to waive your employer imposed post-travel quarantine ONLY for staff who have been fully vaccinated and for those who have developed natural immunity, you are still in compliance with the general quarantine guidance from the CDC and you ensure that at least a portion of your staff will not be out any longer than necessary after returning from vacation. However, be prepared for staff discontent that can come from a bifurcated policy and/or discrimination concerns for employees who were unable to receive the vaccine due to an approved medical or religious accommodation. If you decide to do away with the post-travel quarantine altogether, you bypass the implementation headaches described above, but open yourself up to greater risk of transmission from travel. You have to weigh the odds of that happening and take into account the other safety protocols you have in place in your workplace to prevent such an event from occurring. As you can see, there is no easy answer to this question.

Every employer needs to make a decision that is right for their unique set of circumstances and then apply those policies consistently, regardless of which option you choose to pursue. The landscape continues to change on this topic, so be sure to check with the CDC, your professional association and your county health department for the most up-to-date guidance before making any travel policy changes.

References

[1] <https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html>

[2] <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Communicating About COVID-19 Vaccine Safety and Risk

Remember: If a person has concerns or questions, this doesn't necessarily mean they won't accept a COVID-19 vaccine. Sometimes people simply want [your answers](#) to their questions.

Most people in the United States are planning to get a COVID-19 vaccine. However, some may want more information, including information about the safety and effectiveness of COVID-19 vaccines. Take the time to listen to people's concerns and answer their questions. This can help them become confident in their decision to get vaccinated. [Strong confidence](#) in the vaccines within communities leads to more vaccinations, which in turn lead to fewer COVID-19 illnesses, hospitalizations, and deaths.

Consider principles from [Crisis and Emergency Risk Communication](#) when communicating about COVID-19 vaccine safety.

- **Be first.** Share information and what is known, what is not known, and what is being done to fill in the gaps as quickly as possible.
- **Be right.** Ensure the information that you share is accurate in order to establish credibility.
- **Be credible.** Communicate honest, timely, and scientific evidence so the public can trust your information and guidance.
- **Express empathy.** Acknowledge what people are feeling and consider their perspectives when providing recommendations.
- **Promote action.** Keep action messages simple, short, and easy to remember.
- **Show respect.** Actively listen to the issues and solutions brought up by local communities and leaders.

When communicating about COVID-19 vaccine safety and risks, be sure to emphasize:

- **COVID-19 vaccines are [safe and effective](#).**
 - » Millions of people in the United States have received COVID-19 vaccines, and these vaccines have undergone the most intensive safety monitoring in U.S. history.
- **COVID-19 vaccines meet all [safety standards](#).**
 - » The [Food and Drug Administration \(FDA\)](#) carefully reviews all safety data from clinical trials and authorizes emergency vaccine use only when the expected benefits outweigh potential risks.
 - » The [Advisory Committee on Immunization Practices \(ACIP\)](#), a group of immunization and public health experts, reviews all safety data before recommending any COVID-19 vaccine for use in the United States.

- COVID-19 vaccines will be continually [monitored for safety](#). FDA and CDC will continue to monitor the safety of COVID-19 vaccines to make sure even very rare side effects are identified.
- After COVID-19 vaccination, many people will have [mild side effects](#).
 - » Pain or swelling at the injection site, fever, chills, tiredness, or a headache are common and can be a sign that the vaccine is working.
 - » A small number of people have had a [severe allergic reaction](#) (called "anaphylaxis") after COVID-19 vaccination, but this is extremely rare. When it does happen, vaccination providers have medicines available that they can use to effectively and immediately treat the reaction.
- **The known risks associated with getting sick with COVID-19 far outweigh any potential risks of getting a COVID-19 vaccine, especially for people at [increased risk](#) of severe COVID-19 illness.**

Additional CDC Resources and References

Education for Patients

[COVID-19 vaccines](#)
[People at Increased Risk](#)
[What to Expect after Getting a COVID-19 Vaccine](#)
[Ensuring the Safety of COVID-19 Vaccines in the U.S.](#)

Tips for Providers

[COVID-19 Vaccination Communication Toolkit](#)
[Vaccinate with Confidence](#)
[Answering Your Questions About the COVID-19 Vaccines](#)
[Quick Answers for Healthcare Professionals to Common Questions People May Ask about COVID-19 Vaccines](#)
[Making a Strong Recommendation for COVID-19 Vaccination](#)
[Answering Patients' Questions](#)



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

7 Tips for Physicians Looking to Connect with Lawmakers

By: Tanya Albert Henry, Contributing AMA News Writer

Advocating for your patients and your practice 365 days a year to ensure Congress is passing laws that will have the most positive impact on medicine has never been more important.

For starters, even prior to the pandemic more groups were bringing advocates to Washington to meet with legislators multiple times throughout the year. That makes it increasingly important for physicians and their patients to also reach out to legislators in many ways over the course of the year so that their voices are heard, expert David Lusk told physicians at the 2021 AMA National Advocacy Conference.

Lusk, who has more than 20 years' experience in policy and government affairs, told physicians that research has shown the best predictor of success with a legislative agenda is having relationships with elected officials.

While meetings in Washington are incredibly important, meeting with lawmakers back home—or virtually during the pandemic—is a critical step too, Lusk said. Meetings in your home district tend to have fewer distractions for the lawmaker, allow for longer interactions to take place and interactions can take place in environments where it's easier to build rapport and a relationship.

Here are some of his tips to successfully engage with your lawmakers.

Help legislators understand how policy impacts health care.

With 97% on Capitol Hill never having practiced as a physician, you need to help them understand how policy affects the practice of medicine and patients.

Create an ongoing conversation. You cannot get policymakers to change their minds with one conversation. Plan to continue conversations with lawmakers and make the conversation a two-way street by offering to serve as a resource to help them understand issues in which you have expertise.

Understand the demands on a congressional office.

Realize that no matter what decision a lawmaker makes, not every constituent will be happy. Understand, too, that lawmakers have other influences on them, including from the party leadership, the media and the general public.



Get lawmakers to listen. Recognize the important role congressional staff has. They are the ones who do the groundwork and research; they serve as gatekeepers and are issue experts who recommend policies and actions. They are also the ones who ensure issues get before the member of Congress and which issues are shut out or ignored.

Be mindful of the conversation trap. You can have a good conversation where everyone is smiling and happy, but it may not be an effective meeting. You need to begin and end the meeting with your request. Also, ensure there is a commitment made. For example, do you agree to circle back in a month or get them a piece of information?

Find common bonds. Share an interest or a story rather than an opinion. If talking about Alzheimer's disease, for example, it is more powerful to talk about your mother who died from the disease and your fear of the disease for yourself and others than to rely solely on doling out statistics about the disease.

Don't forget to follow up. Say "thank you" to those you met with and thank staff and legislators for serving. Follow up and summarize the conversation you had and the commitments that were made. Provide any additional information requested as soon as possible.

Lusk said to remember the five P's: "Politely persistent people persuade politicians."

LUSK SAID TO REMEMBER THE FIVE P'S: "POLITELY PERSISTENT PEOPLE PERSUADE POLITICIANS."

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OR

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Learn more about **v-safe** www.cdc.gov/vsafe

