

Macomb Medicus

Journal of the Macomb County Medical Society

April/May/June | Vol. 31 | No. 2



Macomb Medicus

Journal of the Macomb County Medical Society

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April/May/June 2023 | Vol. 31 | No. 2

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Macomb Medicus Journal is published quarterly by the Macomb County Medical Society. Winter: Jan/Feb/Mar, Spring: Apr/May/June, 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.

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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.

Unspeakable

By: Louis L. Constan, MD, Editor of the Saginaw County Bulletin

My first experience with suicide was early in my career. A few months after starting medical school, one of the students in my class killed himself. In our small class of only 70 students, you'd think that there'd be some fallout over this. But we were a highly competitive school where some of us were expected to "flunk out," and we were each too focused on our own survival to dwell overmuch on the struggles of other students. No one in authority ever acknowledged his death. They quietly removed his name from the roster, never to mention him again.



My second experience was in residency when several of my resident-colleagues developed "personal" problems. That was all anyone would say about what we would now undoubtedly call depression/anxiety. Fortunately, the faculty were enlightened enough to get all of us into counseling before it was too late.

Later, during my early practice years (at the height of the malpractice insurance crisis), there were plenty of colleagues who showed signs of mental distress. Such "weaknesses" were considered a sign of unprofessionalism and only whispered about. Nevertheless, no one could hide the steady stream of self-destructive behavior such as drug use and mysterious deaths (suicides?). Rumors circulated around each incident, but since no one in a position of leadership ever acknowledged that there was a problem or discussed it openly, these doctors suffered in silence and left us.

Of course, my own patients suffered as well. The first one had postpartum depression and killed her child prior to unsuccessfully trying to kill herself. A psychiatrist friend explained that such behavior was not uncommon. A suicidal mother does not want her child to be an orphan. I totally missed the warning signs that might have prevented this.

The second was a young man who came to see me after an ER visit. The ER doctor, and I, provided excellent state-of-the-art care for his sprained ankle. What we missed was the fact that he had sprained his ankle while trying to hang himself. Later he tried again—and succeeded—using a stronger rope. This time two doctors, his ER doctor and his Family Physician, both, missed the diagnosis.

The third one was a middle-aged single man, a regular patient who came in for a blood pressure check. He looked, I thought, lonely, so I decided to socialize a bit. When I asked what he'd

been doing with himself, he reluctantly admitted that he'd been looking at the Zilwaukee Bridge and had plans to go up there and jump off. I managed to talk him out of it and get help. A win for he and I...finally.

Friends and family were not immune. At one high school reunion, I chatted briefly with an old acquaintance. A few years later he confessed that he had intended to kill himself after getting home that night...but was inspired to go on living on account of the friendship we had rekindled. A win, or a near-miss?

My own hypercompetitive seven-year-old daughter once told my wife she "didn't deserve to live" after getting only a B on a test. What do you do? Try to reassure her? Of course. But what else? We didn't know. Years later, the same daughter (then living in another state) developed signs of post-partum depression. Remembering my previous suicidal postpartum patient, I called her husband and ALL of the local friends I knew of. Perhaps an overreaction, which did not sit well with her. But she came through it.

Other friends, other relatives, other friends-of-friends—the body count (and near misses) has been adding up over the years. Every single one was unforgettable. The guilt, the angst and the soul-searching of their doctors, their friends and their families just go on and on.

Can we do better? Can we ever learn what we need to learn and take the actions we need to take to prevent suicides like these?

Of late, it has been easier to talk about suicide and there are much better support systems for these struggling individuals. But we must remember that the incidence of depression/suicide is steadily increasing. This is no time for resting on our laurels. We must step up our game. Over these years, I have come to believe that we must make four major steps if we're ever going to make a dent in these tragedies:

1. Discuss suicide whenever given the opportunity to do so. Use the word. Explain to incredulous laypeople that depression and its aftermath are real, common and deadly.
2. Consider the possibility of suicide in everyone we encounter who has any hint at all of stress, either economic or mental stress.
3. Ask about feelings of self-harm...as I did with the fellow who wanted to jump off that bridge.
4. Memorize the relevant numbers: Phone 988, or text 741741.

I wish I could move past those lost lives and the disastrous effects on their families. I cannot. In a way that is good, because it motivates me to do better at recognizing and preventing such terrible loss to mankind. ♦

HAPPY BIRTHDAY

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

April

Isidro Almeda, MD
Fred Averbuch, MD
Henri Bernard, MD
Lindsay Beros, MD
Lawrence Blaty, MD
Leland Brown, MD
Donald Campbell, MD
Stephen D'Addario, MD
Keith Defever, MD
Paul Gradolph, MD
Ronny Hadid, MD
Sachinder Hans, MD
Ronald Heitmann, DO
Davide Iacobelli, MD
Fares Jamal, DO
Shin Young Kang, MD
Natesh Lingam, MD
Lawrence Loewenthal, MD
Kevin Lokar, MD
Marie McDonald, MD
Patricia Milani, MD
Adam Mizeracki, MD
Joseph Naoum, MD
Suraj Nighoon, MD
Michael Noorily, MD
Taiwo Opaleye-Enakhimion
Chan Kee Park, MD
Peter Rowsell, MD

Shelley Schendel, DO
Mark Segel, MD
Manaf Seid-Arabi, MD
Shishir Senapati, MD
Laila Shehadeh, DO

May

Safa Abdalla, MD
Ahmad Alosch, MD
Elie Banna, MD
Ronald Barnett, DO
Bradley Berger, MD
Mark Berkowitz, MD
Savitri Bhama, MD
Laura Clark, MD
David Davis, MD
Ben Fajardo, MD
Gertrude Gregory, MD
Farrah Hafeez, DO
Roger Harris, DO
Noah Hochstetler, DO
Pasquale Iaderosa, MD
Daniel Jensen, DO
Harold Katzman, MD
Sherezade Khambatta, DO
Karl Kish
James Martin, DO
Waddah Maskoun, MD
Russell Miller, MD

Tara Nelson, DO
Antoun Oska, MD
Thomas Piazza, MD
Leonard Pollack, MD
Chakrapani Ranganathan, MD
Prabhaker Reddy, MD
Maria Ruiz, MD
Belsam Saif-Kosho, DO
Carl Sarnacki, MD
Luay Sayed, MD
Herbert Sherbin, MD
Lauren Sparks, DO
Laurie Stanczak, MD
Chad Stencel, MD
Andrew Sulich, MD
David Thomson, MD
William Ventimiglia, MD
Joshua Wahlstrom, MD
Shamaiza Waqas

June

Waqas Abid, MD
Leandro Africa, MD
Manar Almasry, MD
Prameela Baddigam, MD
Ashraf Berry, MD
Raymond Buzenski, MD
Anthony Cook, DO
Chaker Diab, DO

Brian Engel, MD
Burton Engel, MD
Sandeep Garg, MD
V. Geravipoolvorn, MD
Cameron Heilbronn, MD
Sayeed Khan, MD
Kent Krach, MD
Kurt Ludwig, DO
Jay Novetsky, MD
Paul Paonessa, MD
Anoop Patel, MD
Joel Pelavin, MD
Paavan Railan, MD
Dennis Ramus, MD
Sudarshan Reddy, MD
Youssef Rizk, DO
Aaron Sable, MD
Richard Schiappacasse, MD
Alfred Schneider, MD
Kenneth Scott, DO
Roshni Shah, DO
Rajindar Sikand, MD
Panapakkam Singaracharlu, MD
Julie Ward, MD
Jixian Wu, MD
Mark Zainea, 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.

May 15 – in person, 6 pm

September 18 – in person, 6 pm • October 30 – live virtual, 7:30 am

Anyone interested in joining the committee contact Heidi Leach at Hleach@macombcms.org or 810-712-2546.

We would like to welcome the following New Members.



Laura C. Clark MD

Pediatrics – Board Certified

Medical School: Wayne State University School of Medicine, 1994. Post Graduate Education: Children’s Hospital of MI – DMC, completed in 1997. Hospital Affiliation: Beaumont Grosse Pointe, Ascension St. John, Children’s Hospital of MI. Currently practicing at Northpointe Pediatrics, 30061 Schoenherr Rd., Ste. A, Warren, MI 48088, p. 586-558-2111, f. 586-558-3665, www.northpointepediatrics.com.



Deanna Denysenko DO

Pediatrics – Board Certified

Medical School: MI State University College of Osteopathic Medicine, 2012. Post Graduate Education: St. John Hospital & Medical Center, completed in 2015. Hospital Affiliation: Beaumont Grosse Pointe, Ascension St. John. Currently practicing at Northpointe Pediatrics, 30061 Schoenherr Rd., Ste. A, Warren, MI 48088, p. 586-558-2111, f. 586-558-3665, www.northpointepediatrics.com.



Peter J. Francis MD

Pediatrics – Board Certified

Medical School: Wayne State University School of Medicine, 1988. Post Graduate Education: Children’s Hospital of MI – DMC, completed in 1992. Hospital Affiliation: Beaumont Grosse Pointe, Ascension St. John. Currently practicing at Northpointe Pediatrics, 30061 Schoenherr Rd., Ste. A, Warren, MI 48088, p. 586-558-2111, f. 586-558-3665, www.northpointepediatrics.com.



Christina F. Leo DO

Pediatrics – Board Certified

Medical School: MI State University College of Osteopathic Medicine, 2009. Post Graduate Education: Children’s Hospital of MI – DMC, completed in 2012. Hospital Affiliation: Beaumont Grosse Pointe, Ascension St. John. Currently practicing at Northpointe Pediatrics, 30061 Schoenherr Rd., Ste. A, Warren, MI 48088, p. 586-558-2111, f. 586-558-3665, www.northpointepediatrics.com.



Jeanette M. Marchand-Mateyak MD

Pediatrics – Board Certified

Medical School: Wayne State University School of Medicine, 1992. Post Graduate Education: Children’s Hospital of MI – DMC, completed in 1996. Hospital Affiliation: Beaumont Grosse Pointe, Ascension St. John. Currently practicing at Northpointe Pediatrics, 30061 Schoenherr Rd., Ste. A, Warren, MI 48088, p. 586-558-2111, f. 586-558-3665, www.northpointepediatrics.com.



Ganga D. Nadarajah MD

Pediatrics – Board Certified

Medical School: University of Colombo Faculty of Medicine (Sri Lanka), 1990. Post Graduate Education: Detroit Medical Center-Wayne State University, completed in 1997. Hospital Affiliation: Beaumont Grosse Pointe, Ascension St. John, Children’s Hospital of MI. Currently practicing at Northpointe Pediatrics, 30061 Schoenherr Rd., Ste. A, Warren, MI 48088, p. 586-558-2111, f. 586-558-3665, www.northpointepediatrics.com.

Gary Treyger DO

Dermatology – Board Certified

Medical School: MI State University College of Osteopathic Medicine, 2016. Post Graduate Education: Beaumont Hospital Trenton, completed in 2020. Hospital Affiliation: Ascension Macomb Oakland, Henry Ford Macomb, Beaumont Trenton. Currently practicing at Advanced Dermatology of MI – Grekin Skin Institute, 13450 E. 12 Mile Rd., Warren, MI 48088, p. 586-759-5525, f. 586-759-4022, www.advancedderm.com.

New Resident Members from Henry Ford Macomb Hospital

- | | |
|------------------------------|-------------------------|
| Mostafa Abdeen, MD | Ethan Parker, DO |
| Omr Abuzahrieh, MD | Rajita Ramaraju, MD |
| Mahamad Ahdab, MD | Fnu Rashi, MD |
| Muhammad Ahmed, MD | Darshan Rola, DO |
| Mashhood Arif, MD | Lorenzo Russo, MD |
| Trevor Belavek, DO | Nivin Salib, MD |
| Nagendra Bhulanja, DO | Mohammad Samad, DO |
| Alexandra DeRita, DO | Ranko Savic, MD |
| Tariq Elagamy | William Searls, DO |
| Madison Ellis, DO | Farrah Sitto, DO |
| Loyan Hassan, DO | Brennan Smith, DO |
| Kelsie Hendrick, DO | Harini Venkatesh, MD |
| Srimukhi Karanam, MD | Romarc Waguia-Kouam, DO |
| Abdo-Rahman Khassawneh, MD | Mohammed Walji, MD |
| Jonathan Lopez, MD | Divya Yerramsetty, MD |
| Brandon Maas, DO | Nicolas Zingus, MD |
| Carlos Martinez-Elizondo, MD | |
| Andrea Medero, MD | |
| Tyler Northrup, DO | |

May is **Mental Health Awareness Month**

1 in 4 people will suffer from some form of mental illness in any given year

Break the Silence
Break the Stigma

Not all pain is physical and not all wounds are visible

Out of the Ashes / FB

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Your digital ad will be hyperlinked to your website.

Contact Heidi Leach at HLeach@macombcms.org for more information



MACOMB FOOD PROGRAM

Provides immediate relief to those in need of food through a network of more than 70 pantry sites, hunger relief organizations, and the Fresh To You Mobile Pantry. The program supplies food at no cost to income eligible seniors and families with children throughout Macomb County. For more information visit the [Macomb Food Program website](#) or call (586) 469-6004.

RENT AND MORTGAGE ASSISTANCE

Income-eligible Macomb County residents facing eviction, foreclosure, or homelessness may be assisted in resolving their emergency. Eligibility and guidelines will vary based on available programs. For more information contact your local [Community Action Center](#) at (586) 469-6964. For residents of Warren, Roseville, Eastpointe or Centerline call (586) 759-9150.

UTILITY ASSISTANCE - ELECTRICITY, GAS

Income eligible Macomb County residents facing utility shut off may be assisted in resolving their emergency. Utility assistance may be available for electric service, natural gas service, and deliverable fuels used to heat the home. Eligibility and guidelines will vary based on available programs. For more information contact your local [Community Action Center](#) at (586) 469-6964. For residents of Warren, Roseville, Eastpointe or Centerline call (586) 759-9150.

WATER RESIDENTIAL ASSISTANCE PROGRAM (WRAP)

Eligible households are offered credits on their water and sewer bills so that they pay no more than 3% of their household's annual income for up to two years. Eligible seniors and permanently disabled persons can obtain bill credit assistance without an expiration date.

To qualify for WRAP, households must be in a community in the service area, have a combined income at or below 200% of the federal poverty level, be primarily responsible for the water or sewer bill and have to reside in the home they rent or own. For more information and to apply visit the [Macomb Community Action's website](#) or call (586) 469-6464.

TRANSPORTATION ASSISTANCE

This department provides transportation to essential medical appointments and other specific locations for eligible Macomb County residents. For more information visit [Macomb Community Action's website](#) or call (586) 469-5225.

MYRIDE2 - CONNECTING SENIORS & ADULTS WITH DISABILITIES TO RIDES

A mobility management service developed by the Area Agency on Aging 1-B, dedicated to helping seniors and adults with disabilities remain mobile for life. Mobility management focuses on individual transportation needs including finding wheelchair accessible transportation, transportation providers who help getting into homes and buildings or low-cost options. For more information visit [MyRide2 website](#) or call (855) 697-4332.

Macomb County Assistance Programs for Your Patients

In this tough economy many of your patients may be struggling to meet their basic needs as well as those of their families.

There are programs available to help. Below are some resources you can direct your patients to for assistance.

HOME INJURY PREVENTION

The Home Injury Prevention Program installs devices to ensure safety and prevent falls in the homes of eligible Macomb County seniors. A home assessment determines which safety devices will be installed. Services are free but contributions are appreciated. For more information visit Macomb Community Action's website or call (586) 469-6329.

HOUSING REHABILITATION

The Housing Rehabilitation Program provides assistance to eligible homeowners to repair their homes to achieve decent, safe and sanitary housing. Assistance is provided in the form of a no-interest loan. For more information visit [Macomb Community Action's website](#) or call (586) 466-6256.

MINOR HOME REPAIR

The Minor Home Repair Program is a grant-funded program that provides assistance to eligible homeowners to address minor home repairs. For more information visit [Macomb Community Action's website](#) or call (586) 466-6256.

WEATHERIZATION ASSISTANCE

The Weatherization Assistance Program performs the installation of energy efficient items to conserve energy in Macomb County homes. These improvements reduce energy use and can save an average of 30% on heat and utility bills. A home energy audit determines which items will be installed. Services are free for income-eligible residents. For more information visit [Macomb Community Action's website](#) or call (586) 469-6329.

DIRECT CARE PROGRAMS – TO HELP SENIORS STAY LIVING AT HOME

Home care services help seniors and people with disabilities continue to live safely in a home setting. These services provide assistance with daily activities a senior might have trouble doing for themselves – things like bathing, dressing, meal preparation or housekeeping.

The Area Agency on Aging 1-B (AAA 1-B) has several programs that offer direct care for southeast Michigan families. Depending on the program there may be income eligibility requirements. For more information visit the [Area Agency on Aging 1-B website](#) or call (800) 852-7795.



PROGRAMS OFFERED SPECIFICALLY FOR SENIOR THROUGH MACOMB COUNTY SENIOR SERVICES

The following programs are offered to Macomb County residents age 60 or older. For more information on any of these services visit the [Macomb County Senior Services website](#) or call (586) 469-5228.

ADULT DAY CENTER

Provides daytime assistance for aging adults in need of structured activities, exercise, and supervision. The credentialed center can provide caregivers with a needed break while giving older adults a chance to socialize with their peers and remedy the isolation and loneliness many experience. For more information call (586) 469-5580.

FRIENDLY CALLER

Program volunteers reach out over the phone to connect with seniors interested in a friendly social conversation. It's an informal social call that can last anywhere from 10 minutes to 30 minutes depending on interest and natural flow of conversation.

HANDY HELPERS

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

RESOURCE ADVOCACY

Provides consultation for seniors to assess needs, recommend services and assist with tax credits, Medicare Part D enrollment, Medicaid application process, community resources, and more.

NUTRITION ASSISTANCE

DINING SENIOR STYLE

A daily lunch program for seniors at 24 locations throughout Macomb County. Seniors are provided a well-balanced meal while also socializing with their peers.

MEALS ON WHEELS

Delivers a ready to eat meal to homebound residents no longer able to leave their homes on a regular basis without assistance or able to prepare meals.

ENSURE PLUS PROGRAM

Meals on Wheels offers cans of Ensure Plus as a supplement for Macomb County's most vulnerable homebound seniors with a prescription from their physician for Ensure Plus.

HOLIDAY MEALS ON WHEELS

Holiday meals are available for seniors who would be otherwise home alone on the holiday. A special hot lunch is freshly prepared that day, including many traditional favorites. Meal delivery is available for Easter, Thanksgiving, and Christmas.

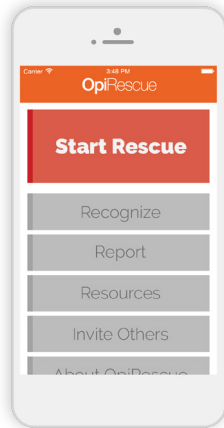
SENIOR PROJECT FRESH COUPONS

Offers income-eligible seniors the chance to purchase fresh produce such as carrots, tomatoes, melon, and even honey. Seniors who participate will receive a \$20 coupon book to use at local farmers' markets and stands.



MDHHS Launches Opirescue Smartphone App to Help Michigan Residents Prevent and Reduce Opioid Overdoses

In an effort to reduce the occurrence of overdoses and help residents learn to treat an overdose, the Michigan Department of Health and Human Services (MDHHS) is launching **OpiRescue**, a smartphone app aimed at reducing harm.



The OpiRescue app helps anyone, including first responders, prevent opioid misuse and reduce opioid overdose deaths by addressing education, prevention and tracking of overdose reversals.

“Preventing opioid deaths includes offering a variety of strategies to provide residents tools when and where they need them,” said Dr. Natasha Bagdasarian, MDHHS chief medical executive. “The OpiRescue app will support those who may encounter an overdose to immediately begin life-saving treatment to an affected individual.”

The OpiRescue app provides:

- Educational content to identify and reverse overdoses.
- A Naloxone finder to locate the medication nearby.
- A treatment locator.
- Information on how to report an overdose reversal.

The OpiRescue app is available statewide in Michigan on both Android and iOS platforms. It is free to use and anonymous. It can be downloaded at [Apple iOS](#) app store or through [Google Play](#).

MDHHS partners, including Prepaid Inpatient Health Plans and **Syringe Service Programs**, actively involved in caring for members of the public experiencing opioid use disorder will have access to a dashboard for their region. The dashboard will allow those partners to view overdose reversal data in near real time and allocate additional resources as needed to areas with increased reports of overdose reversals.

For more information on Naloxone and how to obtain the medication, visit Michigan.gov/Naloxone. ♦

Visit us at www.macombcms.org

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

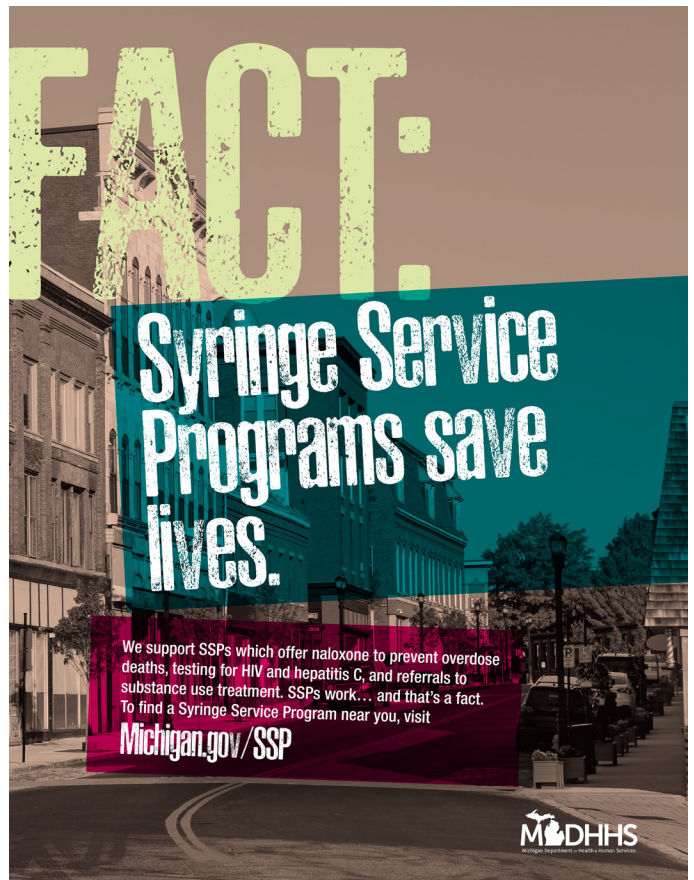
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Henry Ford Macomb Hospital



NEW PATIENT TOWER AT HENRY FORD MACOMB HOSPITAL TO BE NAMED AFTER AUTOMOTIVE GROUP OWNERS

The brand-new patient tower on the Henry Ford Macomb Hospital campus will be named for Janet and Jim Riehl of Friendly Automotive Group, Henry Ford Health announced. The couple is providing generous financial support for the hospital's campus expansion project.

Hospital officials expect to welcome the first patients to the Janet and Jim Riehl North Tower in May. Construction is nearly complete on the five-story 225,000 square foot facility. The tower—which connects to the existing hospital—features 160 state-of-the-art private patient rooms.

"We're excited about the patient tower and how it will improve the hospital stay for patients here in the county who deserve world-class healthcare," said Janet Riehl. "We are so grateful that we're at a point in our lives when we can do this. It's very gratifying to be able to give back to the community that means so much to both of us."

The Riehls are lifelong Macomb County residents with a passion for giving back to their community. They're known for their long history of hosting philanthropic events in their dealership showrooms.

"Our new patient tower--along with our plans for converting our existing semi-private patient rooms into fully private adaptable care rooms--is transforming the landscape of our campus. These improvements represent Henry Ford's long-term commitment to providing our patients and their families with comfort, privacy and safety in a healing environment that's responsive to their needs," said Barbara Rossmann, President and CEO of Henry Ford Macomb Hospital.

The hospital expansion project is the largest single health-care investment in Macomb County history. It also includes a redesigned north entrance and parking and roadway improvements.

"The Riehls' incredible gift helps elevate the patient experience and bolster Henry Ford Macomb Hospital's ability to meet the healthcare needs of the community," said Mary Jane Vogt, Executive Vice President and Chief Development Officer at Henry Ford Health. "We are profoundly grateful for their support. The Janet and Jim Riehl North Tower is a symbol of sustained commitment to patient well-being and quality care that will continue to flourish in years to come."

A grand opening celebration and fundraiser for the new tower is planned for Friday, May 12. To learn more about the project visit henryford.com/MacombTransformation.

HENRY FORD-GOHEALTH URGENT CARE OPENS NEW CENTER IN ST. CLAIR SHORES

In March, Henry Ford-GoHealth Urgent Care opened a new center in St. Clair Shores at 21435 Greater Mack Ave., between 8 Mile and 9 Mile. The new location is the 13th Henry Ford-Go Health location to open in Metro Detroit in recent months.



"Convenient access to affordable healthcare is critical in building thriving communities," said Laurie Dietzel, Market Vice President, Henry Ford-GoHealth Urgent Care. "Whether you're a resident of St. Clair Shores, the Grosse Pointes or just passing through, we look forward to providing high-quality care to residents of this outstanding community. We are proud to expand our partnership with Henry Ford Health and to continue improving the health of Metro Detroit."

Since last year, Henry Ford-GoHealth centers have opened in Berkley, Bloomfield Hills, Bruce Township, Canton, Chesterfield, Clinton Township, Dearborn Heights, Fraser, Livonia, Southgate and West Bloomfield. For details about all Henry Ford-GoHealth locations, visit www.gohealthuc.com/henry-ford.

"Our community has become accustomed to on-demand, seamlessly connected services that are affordable and accessible, including healthcare," said Doug Ditri, Henry Ford Health's Chief Operating Officer of System Ambulatory Operations. "Our partnership provides Metro Detroit with high-quality urgent care services that are convenient, close to home and more affordable than a trip to the emergency department. With these new urgent care centers, we are making ourselves even more available to our patients where and when they need us."

Visit us at www.macombcms.org



McLaren Macomb Hospital



MCLAREN MACOMB HARRINGTON MEDICAL CENTER IS NOW OPEN

McLaren Macomb, is set to open its largest medical office building to date. Following more than a year of construction and in partnership with SensusOne, Harrington Medical Center has begun its phased opening and is treating patients.

The newly constructed three-story, 62,000 square foot facility sits along Harrington Boulevard across from the hospital's main campus and marks McLaren Macomb's first outpatient surgery center.

"Being effective stewards to our community's wellbeing, it is our responsibility to maintain access to care and healthcare services and, when necessary, increase that access," said Tom Brisse, McLaren Macomb president and CEO. "Conveniently located near our main campus, Harrington Medical Center allows us to grow and expand some of our more frequently used services while also increasing the efficiency in which that care is scheduled and delivered."

State-of-the-art surgical and procedural suites will be equipped and capable to perform various outpatient general, vascular, orthopedic, podiatric and urologic surgical procedures, with the building also housing clinical offices for those specialty surgeons.

Physician care is anchored by McLaren Macomb Health & Wellness Primary Care, with specialists occupying additional offices:

- McLaren Macomb Heart Rhythm Treatment Center
- McLaren Macomb Center for Spine & Pain Management
- McLaren Macomb Neurology
- Independent specialist practices, including urology, podiatry, endocrinology, and orthopedic and vascular surgery

The facility will also host frequently used hospital services to provide patients with easy and convenient access to McLaren lab, imaging, and physical therapy services as well as a private

retail pharmacy. Services will be opened in phases, beginning with McLaren Macomb Neurology, lab and imaging (X-ray, ultrasound and CT initially, with MRI and PET to follow).

Harrington Medical Center will ultimately include the relocated McLaren Macomb Outpatient Physical Therapy, currently located along Metropolitan Parkway.

McLaren Macomb selected SensusOne to finance, design, develop, and construct the facility, breaking ground in June 2021. SensusOne is a healthcare-centric real estate firm with the mission of improving community healthcare and assisting healthcare organizations bend the cost curve by providing technologically advanced facilities.

Learn more about the services within McLaren Macomb Harrington Medical Center and follow the phased opening at mclaren.org/harringtonMOB.

WORLD SERIES CHAMPION ENTRUSTED HIS CARE TO MCLAREN MACOMB ORTHOPEDIC SURGEON

In 1968, Detroit Tigers pitcher Denny McLain became the last major league pitcher — likely the last ever — to win 30 games in a season.



That magical summer concluded with a Tigers' World Series championship and Denny earning the American League Cy Young Award as the league's top pitcher, while also being named the league's MVP, a rare accomplishment for a pitcher.

It remains an era Detroit baseball fans remember fondly, and, more than 50 years later, Denny, known for his distinctive high leg kick, remains a Tigers legend, routinely invited to remembrance days at the ballpark.

But like many former professional athletes, Denny began moving slower. His legs were paying a price from the wear and tear of the game. That, coupled with a traumatic accident, resulted in limited, difficult and often painful mobility.

"I hadn't had this much pain since I pitched," Denny said.

It was this that ultimately brought him to McLaren Macomb and orthopedic surgeon Dr. Michael Wagner.

About five years ago, Denny had a total knee replacement performed on his right knee.

Though he ultimately rehabilitated, he was less than satisfied after having experienced some complications. So when it came time to address the seemingly constant pain in his left foot, he turned to a trusted friend for a suggestion.

"I had met Carl Pesta at some function, years back," Denny said. "We're piano players, both of us, and played that night, and

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once in a while we would get out and play some more, anywhere where they'd have us and a couple pianos."



Dr. Carl Pesta, a general and bariatric surgeon at McLaren Macomb, kept in touch with Denny, nurturing a friendship to the point Denny trusted Dr. Pesta to perform a bariatric procedure. As with all his patients, Dr. Pesta remained in touch, both personally and to check in on his post-surgery weight loss progress.

"I saw him at a function, and I had been on a walker," Denny said. "I talked to him about a referral, and he said, 'We got to get you off of that walker. I got the best surgeon for you.'"

For the pain in his foot, Dr. Pesta suggested Denny meet with McLaren Macomb orthopedic trauma surgeon Dr. Christopher Vitale. Quickly determining that the root of Denny's foot pain was in his knee, Dr. Vitale referred him to Dr. Wagner.

Denny soon met with Dr. Wagner, who in his years of experience at McLaren Macomb has been a trusted orthopedic surgeon, using the latest technology and techniques to return his patients to the pain-free life they had once enjoyed.

Imaging procedures showed that Denny's knee was plagued by severe arthritis.

"He came in complaining about the pain in his foot," Dr. Wagner said, "but in imaging his knee we could see there was a severe amount of arthritis causing him considerable pain. Reviewing all his options, we both agreed surgery was the route to go. This would give him a good, solid foundation that will ultimately

alleviate that surrounding pain and get him feeling much better."

In early October, Dr. Wagner performed Denny's procedure at McLaren Macomb — a total left knee replacement. Denny, on his way to rehabilitation and recovery, was up and walking the next day.

"I couldn't travel with this knee — I got away from myself," he said, already grateful and looking forward to getting back on the road, traveling on behalf of Major League Baseball as an ambassador for the game.

"I've never been treated so nicely," he said. "Many of them didn't know who I was, and they treated me so nice — just like they do everyone else." ♦



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 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 with newsworthy information.

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

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It's Not Just COVID – Reemerging Pathogens put Doctors on Alert

By: Jennifer Lubell, Contributing AMA News Writer

SARS-CoV-2 has kept health care organizations busy over the last three years, but it has some company. Formerly prevalent pathogens are reemerging, with poliovirus surfacing in wastewater and measles cropping up around the world. Now more than ever, physicians are seeing new infections show up in places they have never been seen before or haven't been seen in a long time, so how can they stay prepared to safely respond?

Abigail Carlson, MD, MPH, is a physician with the Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion and has seen data showing an uptick in tuberculosis and *Candida auris* cases. Healthcare-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections have also risen during the pandemic, following a period of steady and sustained decline in health care-associated MRSA.

Two fundamental principles should guide infection prevention and control strategies, said Dr. Carlson, who joined Erica Kaufman West, MD, the AMA's director of infectious diseases, for a virtual town hall discussion on the latest reemerging pathogens.

"Use syndromes to guide your response—including your epidemiologic risk factors to identify and manage your possible cases. And then return to your basics and reinforce your baseline IPC [infection prevention and control] practices in your clinic," Dr. Carlson advised her physician audience during the town-hall discussion, which was part of [Project FirstLine](#), the CDC's national training collaborative for health care infection control.

Why certain pathogens are reemerging

Several reasons may explain why some pathogens are gearing up for a comeback.

Changes in vaccination or immunity status of the population may be driving reemerging diseases like measles or polio.

Climate change could be a catalyst for certain vector-borne diseases. The warming of certain regions of the world are igniting fears about the reemergence of certain mosquito-borne diseases, for example, particularly in the southern U.S.

Migration, travel and the speed with which people interact with each other, in addition to the movement of animals and products, can also lead to the reemergence of pathogens, said Dr. Carlson. "Often, these interact together, so it's not just one thing that leads to a reemergence, but multiple aspects coming together."



Applying diagnostic reasoning

Responding to reemerging pathogens on a practice or institutional level calls for a syndromic approach, said Dr. Carlson. Physicians don't necessarily need "to have testing capacity to recognize and respond to the risks from a reemerging pathogen," she said. "You can rely on your diagnostic reasoning and use the components of diagnosis to help build your IPC practices."

For example, if measles is the pathogen of concern, doctors should focus on the syndrome that a patient may present with in this case. Physicians should ask themselves:

- What am I going to do with people who present with cough, nasal congestion, runny nose and conjunctivitis?
- How do I teach my staff to recognize that and respond to that appropriately?

Physicians should consider what infection-control measures to take if they suspect a patient is infected with one of these reemerging pathogens. Key questions might include:

- Do staff have the appropriate personal protective equipment? Do we have N95 respirators or masks?
- Do we know what the hourly air changes are in our space?
- Do we have the right cleaning and disinfection products?
- What are the protocols for getting the patient safely in and out of the medical building and contacting public health authorities?

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A baseline toolkit

Having strong baseline infection prevention and control practices helps set you up for success, Dr. Carlson continued.

This means storing PPE in a specific area, making sure all staff has been fit-tested for their N95s, and establishing solid relationships with equipment suppliers. There also should be a plan for cataloging, stocking and ordering materials. It also means going back to the basics of hand hygiene before and after every patient and disinfecting with Environmental Protection Agency-registered cleaning products.

Having these protective steps in place means avoiding the worst-case scenario: trying to accomplish all these tasks in the middle of an emergency, she emphasized.

Resources for physicians

Dr. Carlson directed physicians to a comprehensive [CDC tool to help assess IPC](#) practices in acute, long-term and outpatient care settings. Additionally, [Project FirstLine](#) materials highlight core infection control practices that are relevant for both re-emerging pathogens and everyday infection concerns. [Resources](#) include posters, infographics, handouts, training toolkits with 20-min session plans, and even social media materials that may also be relevant for patients and visitors.

The [National Healthcare Safety Network](#) is another CDC resource physicians can explore to learn more about tracking health care-associated infections and adherence to infection-control measures. She also recommended that doctors stay in touch with city, county and state health departments to track local developments with pathogens.

Physician practices should be aware that there are other facilities they can partner with to share information and get patients better health care, Dr. Kaufman West noted. ♦



MSMS Quarterly Membership Updates

Tom George, MD, MSMS' Interim CEO, will be hosting quarterly membership updates via Zoom. Members' questions can be submitted ahead of or during the webinar.

Please be sure to join Dr. Tom George on:
July 12th at 7 pm • October 11th at 7 pm



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!



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



MSMS PRAISES GOVERNOR WHITMER & STATE LAWMAKERS FOR ENACTING GUN SAFETY REFORMS

The following is a public statement from Thomas Veverka, MD, FACS, president of the Michigan State Medical Society, in response to Governor Whitmer signing Senate Bills 79-82 and House Bills 4138, 4142 and 4143 into law—a legislative package implementing policies on safe firearm storage, sales and use tax exemption for firearm safety devices, and expanded background checks for firearm sales.

“On behalf of the Michigan State Medical Society, I would like to praise both Governor Whitmer and our state’s lawmakers



for implementing a set of commonsense gun reforms that will undoubtedly help reduce the number of senseless injuries and deaths that invariably come with firearm tragedies.

“As one of the main causes of injuries and death in this country, the unfortunate reality is that far too many physicians are all too familiar with the scope of the consequences, heartache, and irreparable damage brought on by gun violence. And on the heels of two mass shootings here in Michigan, first at Oxford High School in Oakland County and then most recently on the campus of Michigan State University, the lethal toll associated with firearm tragedies and the need for serious reform has never been more blatantly clear.

“These kinds of disasters have always been preventable, which is why MSMS has always been outspoken in calling on our legislators and decision-makers at both the state and federal level to fully commit themselves to finding and implementing the kind of comprehensive, evidence-based solutions this public health crisis demands. With these gun safety measures being signed into law, we’re hopeful and optimistic that we’re finally on the road to making needless gun violence a thing of the past.”

MI GOVERNOR TAKES ACTION TO PROTECT PREVENTIVE HEALTHCARE INSURANCE COVERAGE FOLLOWING TEXAS COURT DECISION

As a doctor, it's important to stay up-to-date on changes in healthcare policy that may impact your patients. One recent development that's worth noting is Governor Whitmer's

announcement that insurers representing all of the fully insured insurance market in Michigan would maintain coverage for preventive services, despite a recent Texas court ruling.



The ruling in question struck down a provision of the Affordable Care Act (ACA) that required health insurers to cover preventive care services without charging copays or deductibles. The decision was controversial and has been met with criticism from many healthcare experts who argue that preventive care is a crucial component of overall health and well-being.

Fortunately, Governor Whitmer has stepped in to ensure that Michigan residents continue to have access to preventive health care services. In a statement released in early March, the governor announced that all health insurers in the state who provide fully insured coverage agreed to maintain coverage for preventive services until the Texas court decision is fully resolved.

Governor Whitmer's work to maintain coverage for preventive healthcare services is a welcome development for physicians and patients alike. By promoting regular check-ups, screenings, and healthy behaviors, we can help our patients stay healthy and prevent serious health problems down the line. As always, it's important to stay informed and up-to-date on healthcare policy changes in order to provide the best possible care to your patients.

REVISED: PUBLIC HEALTH CODE – GENERAL RULES PERTAINING TO IMPLICIT BIAS TRAINING

The Michigan Department of Licensing and Regulatory Affairs (LARA) have revised the Public Health Code – General Rules pertaining to implicit bias training standards to allow asynchronous teleconference



IMPLICIT BIAS SERIES

or webinars as acceptable modalities, which was previously prohibited. The Michigan State Medical Society (MSMS) has been in communication with the Administration and other stakeholders to make this training more accessible to the physician and provider community.

MSMS thanks LARA for being flexible in the training requirements to allow for better access to this important training for all of Michigan’s health care professionals.

As a reminder, LARA requires implicit bias training for physicians (and other health care professionals), effective June 1, 2022. The requirements apply to both new applicants as well as those renewing their existing licenses or registrations.

An applicant for license renewal shall have completed a minimum of 1 hour of implicit bias training for each year of the applicant’s license or registration cycle. An applicant for new

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licensure, both limited and medical, shall have completed a minimum of 2 hours of implicit bias training within the 5 years immediately preceding issuance of the license or registration.

For more information on MSMS Implicit Bias courses visit www.msms.org/education. For questions, please contact **Rebecca Blake** at 517-336-5729.

MSMS APPLAUDS GOVERNOR AND LAWMAKERS FOR PROTECTING LGBTQIA+ RIGHTS THROUGH ELLIOTT-LARSEN CIVIL RIGHTS ACT EXPANSION

The following is a public statement from Thomas Veverka, MD, president of the Michigan State Medical Society, in response to Governor Whitmer signing Senate Bill 4 into law—legislation that expands the Elliott-Larsen Civil Rights Act (ELCRA) to include protections against discrimination based on gender identity and sexual orientation.



“On behalf of the Michigan State Medical Society, I would like to offer my sincerest thanks to Governor Whitmer and our state lawmakers who have done great and important work in officially expanding the protections offered in Elliott-Larsen Civil Right Act to the members of Michigan’s LGBTQIA+ community. As an organization that’s fully committed to diversity and inclusion, we are immensely proud of our state leaders for taking meaningful action to make Michigan a more inclusive and equitable place, and we are happy for the thousands of Michiganders who will benefit from these long overdue protections.”

158TH MSMS FOUNDATION ANNUAL SCIENTIFIC MEETING (ASM) VIRTUAL MONTHLY SERIES

The MSMS ASM Planning Committee and its collaborating partners from around the state are excited to announce the newly designed “Annual Scientific Meeting” series. This monthly evening virtual meeting will give attendees the opportunity to learn about cutting-edge clinical advances from local and national experts, from the safety and comfort of their homes via a laptop, desktop computer, tablet, or cellphone via Zoom.



The ASM sessions will also be recorded for On-Demand viewing after each monthly meeting to allow a flexible education experience that works best with physician’s schedules.

Each meeting is from 6 pm – 8 pm and is 2 AMA PRA Category 1 CME Credits. Topics and dates include:

- Recorded** - In Clinic Screening for Cognitive Impairment in Older Persons Living without and with HIV
- Recorded** - Hey Doc, What Are the Best Supplements to Take?
- May 22** - Neurology Update 2023
- June 26** - Lifestyle Medicine: Patients, Pillars, Practice
- August 28** - Updates in Endocrinology

- September 18** - Approach to Peripheral Neuropathy
- October 23** – Dermatology Update
- November 27** – Colon and Rectal Surgery
- December 18** – Allergy and Asthma Update

To register for courses or view recorded meetings visit www.msms.org/education. For more information, contact **Brenda Marenich** at 517-336-7580.

A COMPLETE COMPLIANCE SOLUTION FOR MSMS MEMBERS

As a practitioner, the patient data you possess is valuable. In fact, Becker’s Healthcare Review recently reported that medical records are being sold for up to \$1,000 per record on the dark web.

In 2021, Forbes reported that cyber-attacks in the healthcare sector increased by 71% in just one year. Additionally, 61% of small businesses reported at least one cyber-attack during the previous year.

Doing nothing is no longer an option. If other practices are falling victim to cyber-attacks, so can yours.

That’s why Michigan State Medical Society and PCIHIPAA have joined forces to provide physicians with comprehensive compliance support to best protect their practice – and reputation.

Today, it’s more important than ever that practitioners understand the risks surrounding HIPAA compliance and cyber-security. That’s why PCIHIPAA’s



OfficeSafe solution was designed to be easy to implement and balances time and costs effectively. The OfficeSafe solution provides practices with savings, convenience and peace of mind for HIPAA, OSHA and Payments Compliance.

To ensure your practice is protected, we strongly recommend completing the HHS’s mandatory HIPAA Risk Assessment.

As an Michigan State Medical Society member, PCIHIPAA will help you complete the assessment free of charge (a \$1,200 value).

Upon completion, you will receive:

- A 26-page HIPAA Risk Report
- A 30-minute compliance review
- A simple checklist outlining any additional steps you can take

It’s easy to get started. Just go to <https://pcihipaa.com/free/> to complete your assessment.

If you have any questions about the assessment, please call PCIHIPAA at (800) 588-0254 and let them know you are a Michigan State Medical Society member. ♦

When Must a Data Breach be Reported?

By: Daniel J. Schulte, J.D., MSMS Legal Counsel

Q. *My practice billing person recently missed some time due to an illness. She was a few weeks behind in processing claims. She took home a thumb drive loaded with patient records so that she could work on getting caught up over a weekend without having to come into the office. The thumb drive disappeared. She claims she last saw it in a pile of papers at home on her dining room table where she was working and fears she accidentally threw it in the trash with the pile of papers by accident. Is this a HIPAA data breach? Do I need to report this to someone?*

A. The HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414, requires HIPAA covered entities (i.e. your medical practice) and their business associates to provide notification following a breach of unsecured protected health information. I can only assume that the thumb drive your biller took home contained protected health information because this would certainly include the types of information necessary for her to make claims for payment. Notification of a breach is only required if the protected health information is unsecured. Were the files on the thumb drive encrypted or secured (i.e. some measure put in place to prevent an unauthorized person from accessing the information)?

If the protected health information on the thumb drive was not secured then the situation you describe is a data breach and reporting is required unless you can demonstrate that there is a low probability that the protected health information has been compromised based on your assessment of the risk taking into account at least the following: (1) the nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification; (2) what you know about any unauthorized person known to have used the protected health information and/or those to whom disclosure was made; (3) whether the protected health information was actually acquired or viewed by an unauthorized person; and (4) the extent to which the risk to the protected health information has been mitigated.

In your case a judgement call has to be made. There seems to be a low probability that the information has been compromised based on the fact that the thumb drive went straight to your biller's home and appears to have been accidentally thrown in the trash instead of being taken by an unauthorized person. You must document this risk assessment in writing.

If you are not comfortable concluding that there is a low probability of compromise then you must determine which type of report(s) must be made.



Individual notice is always required. Generally, all patients whose protected health information was on the thumb drive must receive written notice by first-class mail without unreasonable delay and in no case later than 60 days following the discovery of a breach including, to the extent possible, a brief description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches.

If there are more than 500 affected individuals you must in addition to individual notice provide notice to prominent media outlets.

Finally, in addition to notifying affected individuals and the media (if more than 500 affected individuals) the Secretary Health and Human Services must be notified. This can be done electronically by going to the HHS web site and filling out and electronically submitting a breach report form. If a breach affects 500 or more individuals, covered entities must notify the Secretary without unreasonable delay and in no case later than 60 days following a breach. If, however, a breach affects fewer than 500 individuals, the covered entity may notify the Secretary of such breaches on an annual basis. Reports of breaches affecting fewer than 500 individuals are due to the Secretary no later than 60 days after the end of the calendar year in which the breaches are discovered. ♦



TO EASE PHYSICIAN BURNOUT, DITCH THE STIGMA AGAINST GETTING HELP

By: Tanya Albert Henry, Contributing AMA News Writer

There's a growing recognition that system structures in medicine are fueling the all-time high burnout physicians are experiencing and



there's a movement afoot to make changes. But physicians' well-being—including mental health—continues to take a toll.

While practices, health systems, insurers, licensing boards and others strive to make changes to ease burdens, the long-standing culture in medicine that makes physicians feel as if they are failing if they seek mental health care—and a fear that they could lose their license or privileges—prevents doctors from seeking the care they may desperately need.

Experts say that needs to change too.

During the “[Addressing Physician Burnout](#)” webinar led by AMA President Jack Resneck Jr., MD, U.S. Surgeon General Vivek H. Murthy, MD, and a panel of experts on physician well-being discussed how everyone plays a role in reducing the stigma surrounding mental health in medicine and ensuring colleagues know help is available when needed. The surgeon general's office last year issued an advisory saying that it is a “moral obligation” to fight burnout among physicians and other health professionals.

Drs. Resneck and Murthy pointed to the tragedy of New York emergency medicine physician Lorna Breen, MD, who died by suicide during the early days of the COVID-19 pandemic as a sad example of why changes need to be made.

“The crisis of burnout in our profession has been brewing for a long time. It was worsened by the pandemic, but preceded the pandemic,” Dr. Murthy said. “Stories like Dr. Breen's are just absolutely tragic reminders that we have much more work to do right by people who are stepping up and entering this profession because they want to help and are finding often that it's too hard to do so. And it shouldn't be that way.”

As discussed in the webinar, here is how to reduce stigma and encourage physicians to seek help.

Lead by example

Physicians and other health care leaders need to recognize that when they step up and use care—and do that publicly by

talking about their stories and struggles—it helps show that it's OK for others to do the same.

And Nigel Girgrah, MD, PhD, chief wellness officer at Ochsner Health in New Orleans, did just that. Dr. Girgrah shared an open letter with 34,000 coworkers about his own mental health struggles and subsequent help in the summer of 2020. It changed how mental health is discussed at his organization.

“I had hundreds of people reach out sharing their stories,” Dr. Girgrah said during the webinar. Some of those who contacted him said it was “a call for action to seek help”.

Share more data

Data will help people understand how widespread mental health concerns are among physicians and other health professionals.

“This is not the concern of 1% or 2%,” said Dr. Murthy. “The vast majority of clinicians at some point experience mental health struggles, whether it is depression or anxiety or challenges with managing stress or handling the loneliness and isolation that can come with our work.”

Make policy changes

Changing questions on licensing and other applications that discourage physicians from being honest about seeking help is important. AMA policy encourages state licensing boards to require that physicians only disclose current physical or mental health conditions that impact their ability to practice medicine.

“We should not be punishing people for seeking care when they need it,” said Dr. Murthy.

Talk to colleagues

Those with executive titles or leadership roles should not be the only ones talking about mental health. Individual physicians should reach out for help when they need it. They should also check in with colleagues about how they are doing.

By doing so, physicians and health professionals can come to realize, that “this is something we can talk about,” Dr. Murthy said. “It's OK to ask for help. And it often feels good to give help too, when asked.”

A PATIENT THREATENED TO KILL THIS MD. HERE'S WHAT SHE LEARNED.

By: Len Strazewski, Contributing AMA News Writer

It's the last place where violence should prevail. Doctors and their patients come to physician private practices seeking opportunities for healing and better health all delivered in a safe environment. And most of the time, that's what they get.



But a growing environment of social discord and violence touches everyone—even physicians—and physicians need to

be prepared to deliver safety in their offices as well as medical advice, according to AMA member Carolynn Francavilla Brown, MD.

Dr. Francavilla Brown is a family physician and obesity specialist serving as chair-elect of the AMA Private Practice Physicians Section Governing Council for the 2022–2024 term. She owns and runs a four-physician family practice called Green Mountain Partners for Health in the Denver area. She discussed the topic of workplace safety during an education session at the 2022 AMA Interim Meeting in Honolulu.

“Workplace violence has always been at the heart of my practice,” she said, noting that several of the initial staff at the clinic had personal experiences with workplace violence prior to starting work there.

A death threat leads to lockdown

Workplace violence also has affected her and her staff personally, with Dr. Francavilla Brown getting “a death threat from a patient who had been hospitalized in psychiatric care.”

The patient, who she saw in a facility outside her office, was seeking more psychiatric care, Dr. Francavilla Brown explained, “and the way he went about getting that was to threaten” her. In response, Dr. Francavilla Brown contacted police to alert them to the situation and ask for additional patrols in the area of the facility. She also alerted staff to the threat, giving them the option of not coming to work until the threat was resolved.

Dr. Francavilla Brown also examined the security of her practice office, locking the main entrance that previously was kept open and alerting staff to a second entrance and exit that was not commonly used.

Shortly after this experience, she said the office received another threat from a patient who was unhappy with the types of medication he was prescribed. The treating physician got a restraining order and terminated care for that patient.

It is true that physicians have a responsibility to provide care to their patients, Dr. Francavilla Brown said, but that responsibility is not overriding. “Your safety is paramount,” she said.

Improving safety in your private practice

How can a small private physician practice improve their safety without the resources of a hospital system or large facility? First, acknowledge the possibility. “What would we do if there was a threat?”

Also, she recommended a review of the resources that are already present. Does the office space have a security guard? Can the doors be locked to permit access only to properly identified visitors? Does the space have security cameras, or can they be installed easily and quickly?

A private practice can also provide chaperones in some circumstances. Usually, chaperones are provided for patient safety and security, but they can also provide security for physicians, she said.

Training is also important. Not only should staff be prepared to identify intruders and call 911, if necessary, but special training could be useful. Local security services can provide active-shooter training, for example.

“The biggest thing you can do in a small practice is recognizing the needs and having a culture of safety,” she said, and alert patients and staff to boundaries that support safety. Physicians and their private practices are not obliged to treat people who are making them feel unsafe or uncomfortable.

“You are not an emergency room,” Dr. Francavilla Brown said, “so if there is someone making your job unsafe, you can terminate that relationship.” ♦



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

With the highest level of education and 20X the clinical training	
Physicians <div style="display: flex; justify-content: space-around;"> <div style="background-color: #4a4a8a; color: white; padding: 5px; border-radius: 10px;">4 years</div> <div style="font-size: 0.7em;">Education</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: #4a4a8a; color: white; padding: 5px; border-radius: 10px;">3–7 years</div> <div style="font-size: 0.7em;">Residency</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: #4a4a8a; color: white; padding: 5px; border-radius: 10px;">10,000–16,000 hours</div> <div style="font-size: 0.7em;">Training</div> </div>	Nurse practitioners <div style="display: flex; justify-content: space-around;"> <div style="background-color: #4a4a8a; color: white; padding: 5px; border-radius: 10px;">2–3 years</div> <div style="font-size: 0.7em;">Education</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="font-size: 0.7em;">No residency</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: #4a4a8a; color: white; padding: 5px; border-radius: 10px;">500–720 hours</div> <div style="font-size: 0.7em;">Training</div> </div>

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

According to a leading ACO, patients with non-physician primary care providers had **\$43** higher spending per member per month compared to those who had a physician, which could translate to **\$10.3M** more in annual spending.

PATIENTS PREFER PHYSICIAN-LED CARE

91% say a physician's education and training are vital for optimal care	3/4 would wait longer and pay more to be treated by a physician	95% 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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UPCOMING EVENTS

May 5, 2023 ~ A Day of Board of Medicine Renewal Requirements

MSMS Live Virtual Meeting, 8:30 am – 4:15 pm. The meeting will include: 1-hr Medical Ethics, 2-hr Pain Management, 3-hr Implicit Bias. 7 AMA/PRA Category 1 CME Credits. Cost \$270 members, \$350 non-members, \$180 retirees.

May 10, 2023 ~ Surviving Litigation

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

May 10, 2023 ~ Payer Panel

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

May 12, 2023 ~ Henry Ford Health 10th Annual Head & Neck Cancer Symposium

In-Person Meeting, 7:30 am – 3:30 pm, Orchard Lake Country Club in West Bloomfield, 6 AMA/PRA Category 1 CME Credits.

May 15, 2023 ~ Tri-County Legislative Committee Meeting

In-Person Meeting, 6 pm, in Southfield. Physicians from Macomb, Oakland and Wayne counties will meet with local legislators from the tri-county area. Anyone interested in attending the meeting contact Heidi Leach at HLeach@macombcms.org or call 810-712-2546.

May 19, 2023 ~ Henry Ford Health 2nd Annual Cancer Gastrointestinal and Neuroendocrine Multidisciplinary Symposium

In-Person Meeting, 7:30am – 3:30 pm, The Henry in Dearborn, 6 AMA/PRA Category 1 CME Credits.

May 22, 2023 ~ Neurology Update 2023

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.

May 24, 2023 ~ Reducing Unconscious Bias – an Imperative (RUBI)

MSMS Implicit Bias Training Series, Live Webinar, 8 am – 9 am, 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.

June 12, 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.

June 14, 2023 ~ Advanced Minimally Invasive Treatments for Back Pain

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

June 14, 2023 ~ Correct Submission of Chronic Care Management and Depression Screening

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

June 21, 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.

June 26, 2023 ~ Lifestyle Medicine: Patients, Pillars, Practice

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.

July 12, 2023 ~ MSMS Quarterly Membership Update

Live Virtual Meeting at 7 pm. Tom George, MD, MSMS Interim CEO will be hosting an update on MSMS activities and taking questions from members. The presentation is free, but registration is required.

July 19, 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.

August 28, 2023 ~ Updates in Endocrinology

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.

September 18, 2023 ~ Tri-County Legislative Committee Meeting

In-Person Meeting, 6 pm, location to be announced. Physicians from Macomb, Oakland and Wayne counties will meet with local legislators from the tri-county area. Anyone interested in attending the meeting contact Heidi Leach at HLeach@macombcms.org or call 810-712-2546.

Sexual Assault Hotline
855-VOICES4
24/7. Free. Confidential.

When Should We Use a Performance Improvement Plan with an Employee?

By: Jodi Schafer, SPHR, SHRM-SCP | HRM Services | www.WorkWithHRM.com

Q. *We've had several employee issues come up recently such as not completing work consistently or with quality, and also behaviors that go against policies in our Employee Handbook (e.g. attendance, being on personal calls too much at work, etc.). We are trying to address these issues while also giving the employee an opportunity to improve. We have a form called a Performance Improvement Plan (PIP), but I've never used one before and not sure if it applies to all these situations. Can you please help me understand when to use, or not use, a PIP?*



A. Let's first start by better defining what a Performance Improvement Plan, or PIP, is. A performance improvement plan is a document that communicates with an employee their job-specific challenges as related to the expected result/performance outcomes, and what training and resources will be available to support the employee as they work towards improvement. The PIP also identifies potential consequences if improvement does not occur to the level indicated and/or within the timeframe provided. While this documentation will be helpful should termination result in the future, that is not the primary goal of a PIP. Instead, the intended outcome is employee development and performance improvement, as the name indicates.

When is using a PIP appropriate? Typically, PIPs are used for performance/ability related deficiencies that simple coaching hasn't corrected. Ideally, the supervisor has already brought the problem to the employee's attention verbally to understand more about what might be causing the issue. If the supervisor believes there may be a skill or capacity weakness, a PIP could be a great way to formally document the issue, outline the next steps that the employee will take, and identify key metrics and timelines to assess if improvements are occurring.

When would a PIP not be appropriate? A performance improvement plan would not be appropriate if the issue you are addressing has no development component. For example,

using TV streaming services on the practice's computer during work hours. In this case, you could document a conversation with the employee and clarify that the behavior is a policy violation and is unacceptable. If the behavior occurs again, you move ahead with the identified consequence, which could include termination. This brings me to another situation where a PIP would not be appropriate. If the supervisor has already decided that they are ready to terminate the employee, then putting a PIP in place creates false hope and delays the inevitable. Finally, if the issue at hand is so severe that you don't want to provide the employee an opportunity to change then a PIP is not appropriate. Examples of this might include if an employee acted very aggressively toward another employee, or if they exhibited behaviors that constituted harassment, according to your policies. Both of those instances are examples of behavior issues or policy violations vs. performance issues and thus, would be more conducive to corrective action rather than a PIP.

In summary, you want to choose the right communication tool to fit the circumstances. Start by first diagnosing the type of issue the employee is experiencing. Then, determine if there is a pattern to what you are seeing, taking into consideration how severe the issue is and if there is any indication that the employee has the capacity to change. The answers to these questions will help you determine your next steps and whether a PIP is an appropriate tool to use or whether coaching or corrective action will be more effective. ♦



#VoicesofLongCovid



I can no longer remember some things that happened even way before I got COVID ... I'm telling my Long COVID story so that you won't have one to tell."

-Katelyn, 20

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 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!



Macomb County Health Department Reportable Diseases Summary

Diseases Reported in Macomb County Residents*

Cumulative total for previous years, year-to-date total for December 2022^b

	2022	2021	2020	2019	2018		2022	2021	2020	2019	2018
AMEBIASIS	0	0	0	1	0	LYME DISEASE	10	10	6	7	8
BLASTOMYCOSIS	2	1	0	0	0	MALARIA	2	0	1	0	2
BOTULISM -FOODBORNE	0	0	0	0	0	MEASLES	0	0	0	0	0
BOTULISM -INFANT	0	0	1	0	0	MENINGITIS VIRAL	26	15	26	45	60
BRUCELLOSIS	0	0	0	0	0	MENINGITIS BACTERIAL/BACTEREMIA					
CAMPYLOBACTER	92	117	80	148	138	(EXCLUDING N. MENINGITIDIS)	8	14	1	5	18
CHICKENPOX	31	14	15	63	41	MENINGOCOCCAL DISEASE	0	0	0	0	0
CHLAMYDIA	2,833	2,508	3,042	3,578	3,611	MONKEYPOX	41	-	-	-	-
COCCIDIOIDOMYCOSIS	1	0	0	2	4	MULTISYSTEM INFLAM. SYND.	7	12	4	-	-
CREUTZFELDT JAKOB	0	1	1	0	2	MUMPS	1	0	0	3	2
CRYPTOCOCCOSIS	0	0	0	1	4	NOVEL CORONAVIRUS COVID19	121,932	118,894	51,069	-	-
CRYPTOSPORIDIOSIS	8	3	5	6	12	PERTUSSIS	2	4	16	34	47
CYCLOSPORIASIS	1	0	3	1	1	POLIO	0	0	0	0	0
DENGUE FEVER	0	0	0	1	0	PSITTACOSIS	0	0	0	0	0
DIPHTHERIA	0	0	0	0	0	Q FEVER	0	0	0	0	0
EHRlichiosis	0	0	0	0	0	RABIES ANIMAL	1	1	2	1	4
ENCEPHALITIS PRIMARY	0	0	2	2	2	RABIES HUMAN	0	0	0	0	0
ENC POST OTHER	1	2	0	3	2	REYE SYNDROME	0	0	0	0	0
FLU-LIKE DISEASE	1,014	0	10,416	21,206	23,444	ROCKY MNTN SPOTTED FVR	0	0	0	0	2
GIARDIASIS	17	14	15	26	10	RUBELLA	0	0	0	0	0
GONORRHEA	922	1,084	1,431	1,174	1,107	SALMONELLOSIS	65	57	67	72	82
GRANULOMA INGUINALE	0	0	0	0	0	SHIGELLOSIS	18	7	7	20	10
GUILLAIN-BARRE SYN.	5	5	2	10	10	STEC**	22	8	17	18	24
H. FLU INVASIVE DISEASE	17	4	7	18	11	STREP DIS, INV, GRP A	33	14	30	38	47
HEMOLYTIC UREMIC SYN.	0	3	1	2	0	STREP PNEUMO, INV + DR	45	25	37	63	54
HEPATITIS A	1	1	1	2	33	SYPHILIS CONGENITAL	1	2	3	0	3
HEPATITIS B (ACUTE)	5	4	3	3	5	SYPHILIS	202	212	162	136	142
HEP B (CHRONIC)	71	59	53	95	103	TETANUS	0	0	0	0	0
HEPATITIS C (ACUTE)	15	24	15	22	32	TOXIC SHOCK SYNDROME	0	0	1	1	1
HEP C (CHRONIC)	215	267	330	509	856	TUBERCULOSIS	13	16	7	5	5
HEPATITIS D	0	0	0	0	1	TULAREMIA	0	0	0	0	0
HEPATITIS E	0	0	0	0	1	TYPHOID FEVER	1	0	0	2	0
HISTOPLASMOSIS	4	2	1	4	3	VIBRIOSIS	0	2	0	0	2
HIV^	57	52	43	55	75	VISA	0	1	0	1	2
INFLUENZA	5,667	185	3,565	5,038	7,571	VRSA	0	1	0	0	0
KAWASAKI SYNDROME	4	2	8	4	3	WEST NILE VIRUS	1	14	2	2	11
LEGIONELLOSIS	38	70	38	78	102	YELLOW FEVER	0	0	0	0	0
LISTERIOSIS	2	2	4	4	3	YERSINIA ENTERITIS	1	0	0	1	0
						ZIKA	0	0	0	0	0

*Includes both Probable and Confirmed case reports.

**Shiga-toxin producing Escherichia coli per MDHHS; combo of E. coli & Shiga Toxin 1 or 2.

^ Previously reported as "AIDS"

^b 2022 total is tentative at this time.

19-Jan-23



FIGHT STRESS WITH HEALTHY HABITS



- 1. Slow down.**
Plan ahead and allow enough time to get the most important things done without having to rush.
- 2. Snooze more.**
Try to get seven to nine hours of sleep each night. To fight insomnia, add mindfulness and activity.
- 3. Let worry go.**
The world won't end if a few things fall off of your plate. Give yourself a break and just breathe.
- 4. Laugh it up.**
Laughter makes us feel good. Don't be afraid to laugh out loud, even when you're alone.
- 5. Get connected.**
A daily dose of friendship is great medicine. Make time to call friends or family so you can catch up.
- 6. Get organized.**
Use "to do" lists to help you focus on your most important tasks and take big projects one step at a time.
- 7. Practice giving back.**
Volunteer your time or spend time helping out a friend. Helping others helps you.
- 8. Be active every day.**
Exercise can relieve mental and physical tension. Find something you think is fun and stick with it.
- 9. Give up the bad habits.**
Too much alcohol, tobacco or caffeine can increase blood pressure. Cut back or quit to decrease anxiety.
- 10. Lean into things you can change.**
Make time to learn a new skill, work toward a goal, or to love and help others.

Learn more at heart.org/HealthyForGood

EAT SMART MOVE MORE BE WELL

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Take Charge of Your Mental Health



The health club for your mind™

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

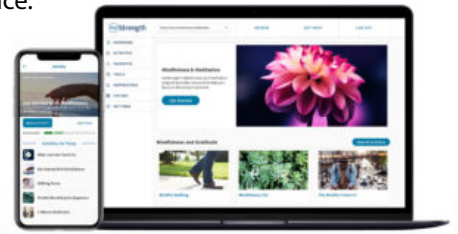
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

"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 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. 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

LEARN THE FACTS ABOUT SEXUAL VIOLENCE

1 IN 2 WOMEN have experienced sexual violence other than rape in their lifetime.¹

1 IN 5 WOMEN have experienced completed or attempted rape in their lives.¹

1 IN 3 WOMEN experience physical or sexual violence by an intimate partner.²

Women have a **50% TO 95%** chance of developing post-traumatic stress disorder after being raped.³

1 IN 5 MEN have experienced sexual violence other than rape in their lifetime.¹

1 IN 6 BOYS are sexually abused before age 16.⁴

18% OF MEN reported experiencing verbal street harassment.⁵

Nearly **1 IN 67** men in the United States have experienced rape or attempted rape.⁶

FEWER THAN 5% of completed or attempted rapes against college women were reported to law enforcement.⁷

67.5% OF INSTANCES OF RAPE ARE ESTIMATED TO GO UNREPORTED.⁸

Among college women, **9 OUT OF 10** victims of sexual assault knew the person who sexually assaulted them.⁹

SEXUAL VIOLENCE THRIVES WHEN IT IS NOT TAKEN SERIOUSLY AND VICTIM BLAMING GOES UNCHECKED.

USE YOUR VOICE TO PREVENT IT

♥ BELIEVE SURVIVORS ♡ CHALLENGE VICTIM BLAMING 🗣️ RESPECT BOUNDARIES



1. Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., ... Stevens, M. B. (2018). National Intimate Partner and Sexual Violence Survey (NISVS) summary report. Retrieved from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cdc.gov/nvsvs/data-reports/nvsvs/2018-summary-report/>

2. Finkelhor, D., Browne, A., & Turner, M. A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *Child Abuse and Neglect*, 9(1), 17-30. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0145213485000017>

3. National Health and Medical Research Council. (2014). *Sexual violence: A national framework for the prevention and response to sexual violence*. Canberra: Australian Government Department of Health. Retrieved from <http://www.nvsvs.gov.au/health-research/>

4. Hanson, R. (2014). *Childhood sexual abuse: A national framework for the prevention and response to sexual violence*. Canberra: Australian Government Department of Health. Retrieved from <http://www.nvsvs.gov.au/health-research/>

5. Hirschman, M., & Gottman, M. (1994). Dating violence against women. *Population Reports*, L18, 1-35. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2048000/>

6. Product. J. (2018). *Statistics on sexual violence*. Retrieved from <http://www.nvsvs.gov.au/health-research/>

7. Dunne, P. J., & Bastian, J. (2008). Gender differences in blaming following childhood sexual abuse. *Journal of Child Sexual Abuse*, 17(3), 413-430. doi:10.1080/10538100701691646

8. Turner, J. L., & Meyer, R. E. (2008). *College sexual violence: A national framework for the prevention and response to sexual violence*. Retrieved from <http://www.nvsvs.gov.au/health-research/>

9. © 2017 National Sexual Violence Resource Center. All Rights Reserved.

LEGISLATIVE UPDATE

The Michigan Legislature has remained busy, passing significant reforms including firearm safety legislation, repeal of the 1931 criminal abortion ban, expansion of the Elliott-Larsen Civil Rights Act (ELCRA), the repeal of Michigan’s right to work law, and several other notable issues. The MSMS Government Relations team has also continued advocacy efforts to reduce unnecessary administrative burdens, fight back on scope of practice overreach, and find new ways for our practices to utilize the state budget to benefit patients.

Budget

Thanks to continued aggressive advocacy by MSMS, the Governor’s recommendation retained \$65 million in new funding for increased Primary Care Medicaid reimbursement rates, and also included several other major Medicaid reimbursement increases. **To support MSMS in this ongoing effort, you can make a [donation to MDPAC](#). We need your help to ensure we reach important legislative decision-makers throughout this budget process.**

The proposed executive recommendation for 2024 includes an additional \$130 million in enhanced reimbursement rates for Medicaid and the Healthy Michigan program.

MSMS is also seeking support for a \$30 million MSMS-led initiative to provide staffing recruitment and retention grants for independent physician practices with a demonstrable need for assistance. In a recent survey of MSMS members, more than 85% of respondents stated their practice is experiencing understaffing issues. Under the proposal, funds will be administered

by the Michigan State Medical Society and allocated to physician-owned practices in the acute, post-acute, and behavioral health care space.

Scope of Practice

SB279 which expands the scope of practice of nurse practitioners and removes physicians from the care team was introduced on April 20th. MSMS and the MiACCT coalition oppose this legislation. MSMS is currently working to introduce legislation requiring NPs to practice as part of a physician-led care team.

The MSMS-proposed physician-led care team bill will require advanced practice registered nurses (APRNs) and physician assistants (PAs) to practice as part of a physician-led patient care team, assuming specific responsibilities within the scope of their usual professional activities. The legislation also requires APRNs and PAs to maintain appropriate collaboration and consultation, as provided under a written practice agreement, with a patient care team physician.

MSMS is excited about the start to the 2023 legislative session, but needs your continued help to grow its influence and ensure the voice of medicine is heard loud and clear in Lansing.

Please make your donation to [MDPAC here](#). ♦

**APRIL IS
SEXUAL ASSAULT
AWARENESS MONTH**

#SAAM2023

DRAWING CONNECTIONS
PREVENTION DEMANDS EQUITY

NSVRC
NATIONAL SEXUAL VIOLENCE RESOURCE CENTER

June is Men’s Health Month

01 Eat Healthy. Start by taking small steps like saying no to super-sizing and yes to a healthy breakfast. Eat many different types of foods to get all the vitamins and minerals you need. Add at least one fruit and vegetable to every meal.

02 Get Moving. Play with your kids or grandkids. Take the stairs instead of the elevator. Do yard work. Play a sport. Keep comfortable walking shoes handy at work and in the car. Most importantly, choose activities that you enjoy to stay motivated.

03 Make Prevention a Priority. Many health conditions can be detected early with regular checkups from your healthcare provider. Regular screenings may include blood pressure, cholesterol, glucose, prostate health and more.

“Recognizing and preventing men’s health problems is not just a man’s issue. Because of its impact on wives, mothers, daughters, and sisters, men’s health is truly a family issue.” – Congressman Bill Richardson (May 1994)

100%
Women are 100% more likely than men to visit the doctor for annual exams and preventative services.

1994
On May 31, 1994 President Bill Clinton signed the bill establishing National Men’s Health Week.

1 in 2
1 in 2 men are diagnosed with cancer in their lifetime compared with 1 in 3 women.

88.9
In 2010, there were 88.9 men for every 100 women in the age group 65-69.

ONLINE RESOURCES
Men’s Health Month
MensHealthMonth.org
Men’s Health Network
MensHealthNetwork.org
Get It Checked
GetItChecked.com
Talking About Men’s Health Blog
TalkingAboutMensHealth.com
Men’s Health Resource Center
MensHealthResourceCenter.com

MensHealthMonth MensHealthMonth MHW@menshealthweek.org

AWARENESS. PREVENTION. EDUCATION. FAMILY.

ADVERTISERS INDEX

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2023 Macomb County Legislator Contact Guide

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COMMITTEES

House – Appropriations

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House – Family, Children & Seniors

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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

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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.

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Heidi Leach, Executive Director & Managing Editor
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Publication Dates: 1st Quarter / Winter Feb. 1 | 2nd Quarter / Spring May 1 | 3rd Quarter / Summer Aug. 1 | 4th Quarter / Fall Nov. 1



Macomb County Medical Society
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**MOVE MORE
FOR WHOLE BODY
HEALTH**



**MOVE MORE,
WITH MORE
INTENSITY,
AND SIT LESS.**

AIM FOR

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EACH WEEK

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