

Macomb Medicus

Journal of the Macomb County Medical Society

July/August/September 2021 | Vol. 29 | No. 3



Macomb Medicus

Journal of the Macomb County Medical Society

Toll Free 877-264-6592 | E-Mail macombcms@gmail.com | Web www.macombcms.org

July/August/September 2021 | Vol. 29 | No. 3

IN THIS ISSUE

President's Page	3
How to Identify a Stress Injury in a Physician Colleague.....	4
Safehaven™ Physician and Provider Well Being Program.....	5
Macomb County Health Department News.....	6
Reportable Diseases Summary	7
MDHSS News	8
6 Things to Tell Patients About Their Covid-19 Vaccine Card.....	9
From Concern to Confidence: Building Trust in Covid-19 Vaccines	10
Hospital News.....	11-15
MSMS Update	16-18
Upcoming Events.....	16
Call for MCMS Officer & Delegate Nominations.....	18
AMA News.....	19-21
Ask Human Resources.....	22
Macomb County Legislator Contact Guide.....	23

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.

Editor

Adrian J. Christie, MD

Managing Editor

Heidi L. Leach

Graphic Designer

Lori Krygier

2021 MCMS

OFFICERS AND DELEGATES

President

Aaron W. Sable, MD

President-Elect

To be announced

Secretary

To be announced

Treasurer

Ronald B. Levin, MD

MSMS Region 2 Director

Daniel M. Ryan, MD

Delegates & Alternates

Adrian J. Christie, MD

Lawrence F. Handler, MD

Ronald B. Levin, MD

Vicente Redondo, MD

Aaron W. Sable, MD

Gary L. Shapira, MD

Akash R. Sheth, MD

Executive Director

Heidi L. Leach

Macomb County is the Location of Two of the Most Dangerous Intersections in Michigan

By: Aaron W. Sable, MD



In 2019 one third of all fatal motor vehicle accidents in Michigan occurred at intersections. Overall, auto accidents in 2020 were down 21.9% when compared to 2019. Which was expected with the reduction of travel due to the pandemic. Car accidents were at their lowest level since 2010. Auto accident-related injuries also dropped 18.6% from 2019 to 2020.

Surprisingly, there was an increase in motor vehicle related deaths in Michigan (1,084) in 2020. This is the highest number reported since 2007.

Drivers and passengers were not the only ones affected:

- Bicyclist fatalities jumped 81% in 2020
- Motorcyclist fatalities increased in 25%
- Pedestrian fatalities climbed 17%

What Were Michigan's Most Dangerous Intersections in 2020?

No. 1 Most Dangerous Intersection: 18 ½ Mile Road and Van Dyke Ave, Sterling Heights

This busy roundabout remained in the top spot on our Michigan's most dangerous intersections in 2020 even with a 43% reduction in car accidents from 229 in 2019 to 131 total auto accidents in 2020. The high volume of car accidents remains a concern given that this intersection has been a roundabout for well over ten years and local drivers are familiar with it. Thankfully the number of injuries decreased, from 14 in 2019 to just 8 in 2020.

No. 2: 11 Mile Road/I-696 and Van Dyke Ave, Sterling Heights/Center Line

In the number two spot on our Michigan's most dangerous intersections list for 2020 is an area where a heavily traveled stretch of road in Macomb County crosses over a busy suburban freeway. While there was a slight decrease in overall car accidents from 129 in 2019 to 124 in 2020, this busy area still managed to have the 2nd highest number of auto accidents.

Even more concerning is the 33 reported injuries that occurred there in 2020 – the third highest number of reported injuries at any intersection in the state. Use caution in this busy area with multiple traffic signals and merging traffic.

Five additional Macomb County intersections also made the top 20 list:

- **No. 8:** 12 Mile Rd. and I-94 in Roseville, 88 Total Crashes, 31 Injuries
- **No. 12:** 10 Mile Rd. and I-94 in St. Clair Shores, 70 Total Crashes, 12 Injuries
- **No. 17:** Metropolitan Parkway and Van Dyke Ave in Sterling Heights, 68 Total Crashes, 8 Injuries
- **No. 18:** Hall Rd. and Schoenherr Rd. in Sterling Heights, 67 Total Crashes, 17 Injuries
- **No. 20:** Hall Rd. and Romeo Plank Rd. in Clinton Twp., 64 Total Crashes, 24 Injuries



Chesterfield Twp. Police

– Source: Michigan State Police Traffic Crash Reporting Unit

Please be careful if you, your staff, and your patients drive through these dangerous intersections. Hopefully there will be funding to improve these intersections if and when the infrastructure legislation is passed by the politicians.

In the meantime, please drive safely.

EDITOR'S NOTE:

These statistics remind us of why the Coalition to Protect Auto No-Fault (CPAN) and the medical societies continue to urge the Michigan legislature to enact meaningful changes to our no-fault system and protect accident victims. Michigan's auto no-fault system was a saving grace for thousands of auto accident victims and their families. Sadly, that system has been dismantled, leaving limited access to care for accident survivors. In order to fix this, a number of options have been proposed, including House Bill 4486 and Senate Bill 314, which offer a budget-neutral solution that would enable the continued care of survivors and will adjust brain injury rehabilitation, home care, and other therapy services to align with the fee schedule reimbursement cap of 200% of the Medicare reimbursement rate. [Take action now](#) and tell lawmakers to protect access to care by supporting HB 4486 and SB 314.

References: All statistical information in this article is from the Michigan Auto Law Website.

How to Identify a Stress Injury in a Physician Colleague

By: Tanya Albert Henry, Contributing AMA News Writer

Perhaps you know a physician colleague who has pulled back from hobbies. Who is not sleeping well. The physician who is usually gregarious and telling stories in the office or in the doctors' lounge suddenly is mum. The easygoing person becomes cantankerous. Or maybe the quiet one becomes boisterous. Perhaps that doctor is you.

These are likely the sign of a stress injury—a severe and persistent distress or loss of ability to function caused by damage after exposure to the overwhelming stressors of burnout, trauma, loss or moral injury.

Just like physical stress, psychological stress can injure a person's mind and body. It can cause someone to lose control of their moods. In turn, that can be a precursor to medical errors, leaving the practice of medicine, depression or even suicide

An AMA STEPS Forward™ toolkit, "[Stress First Aid for Health Care Professionals](#)," helps physicians and others in health care recognize and respond early to stress injuries, and manage them as one would any other injury. Stress first aid is a peer-support and self-care model that health systems can provide to improve organizational resilience and physician well-being. Based on years of research, it is practical, flexible and designed to be tailored to specific styles and needs of those working in high stress occupations.

So, how can you recognize whether you or a colleague is suffering from a stress injury?

The toolkit has a color-coded visual tool—the stress continuum model—to help assess and identify different levels of stress reactions. With four zones, the continuum gives people a universal language to talk about what is going on, in turn normalizing and helping reduce the stigma of something that has often been taboo to talk about in the health care profession.

"Over the 10 years we have been doing this in health care, we've seen people start to use the language of 'I'm in the orange zone' or 'I know I'm in the orange zone when I feel like I'm one sleep-deprived moment away from a bad decision.' We've seen people's increased ability to recognize when they're significantly stressed, and they are far more likely to recognize the signs of a colleague experiencing a stress injury," said Richard Westphal, PhD, director of Alliance for Compassionate Care at the University of Virginia School of Nursing in Charlottesville, a co-creator of the stress first aid toolkit.

The continuum's four zones are:

- **Green. The ready zone.** Someone is coping, functioning and is doing well.
- **Yellow. The reacting zone.** The person is responding to multiple stressors at work and home. There is mild and transient distress or loss of function.



- **Orange. The injured zone.** The person is responding to strong or multiple stressors, such as trauma, loss, moral injury and wear and tear. There is more severe or persistent distress or loss of function.
- **Red. The ill zone.** There is unhealed orange zone stress and perhaps additional stress or risk factors. There are clinical mental disorders, such as PTSD, anxiety, depression or substance use disorders.

Behaviors displayed in each zone

These are some outward signs you can look for in yourself or your colleagues to determine where you or they are on the continuum.

- **Green.** This person is in control. They are calm and steady, getting their job done and motivated. They're maintaining their humor and have ethical and moral behavior. They're getting enough sleep.
- **Yellow.** This person has changes in mood, they're worrying, anxious, sad, irritable and/or angry. They've lost motivation and focus. You may see physical changes, such as poor sleep or aches and pains. They also may have social changes such as isolation, hyperactive activity or they may be loud or numb.
- **Orange.** This person has lost control over their mood, social or physical reactions. That can present itself as panic, rage, guilt or shame. There may be social numbing or isolation, they can't sleep and their moral compass has been affected. They no longer feel like their normal self.
- **Red.** The symptoms persist and worsen for more than 30 days. This person is in severe distress and has functional impairment.

"If you can raise people's awareness of stress reactions in the orange zone, it prevents them from going into the red zone," said Patricia Watson, PhD, a psychologist at the National Center for PTSD and a co-creator of the AMA toolkit. This means, people can be injured but avoid becoming impaired. The toolkit explains how to offer stress first aid to help people recover from stress injuries or illnesses.



safehaven™

CONFIDENTIAL SUPPORT

SAFEHAVEN™ PHYSICIAN AND PROVIDER WELL BEING PROGRAM

Rediscover meaning, joy, and purpose in medicine.

SafeHaven™ ensures that physicians and health care providers can seek confidential assistance and support for burnout, career fatigue, and mental health reasons.



In-the-moment telephonic support by a licensed counselor, 24/7



Legal and financial consultations and resources, available 24/7



Peer Coaching—talk with someone who has walked in your shoes that can help you grow both personally and professionally

- Six sessions per incident
- Physician or provider chooses coach from a panel of coaches



Counseling, available in either face-to-face or virtual sessions; addressing stress, relationships, eldercare, grief, and more

- Six sessions per incident
- Available to all extended family members



WorkLife Concierge, a virtual assistant to help with every day and special occasion tasks, 24/7



VITAL WorkLife App—Mobile access to resources, well being assessments, insights, and more

RESOURCES FOR YOU AND YOUR FAMILY MEMBERS

SafeHaven™ includes Well Being Resources from VITAL WorkLife—confidential and discreet resources designed to reduce stress and burnout, promote work/life integration and support well being for you and your family.

TO LEARN MORE, VISIT
www.MSMS.org/SafeHaven

To support the needs of physicians and health care providers struggling with stress, burnout, and the effects of COVID-19, the Michigan State Medical Society (MSMS) and VITAL WorkLife have partnered to offer a comprehensive set of well being resources and confidential counseling services for their use, SafeHaven™.



MACOMB COUNTY HEALTH DEPARTMENT COVID-19 TESTING RELOCATED

Site Moved from Clinton Township to Sterling Heights Effective July 7

Macomb County has closed its drive-thru COVID-19 testing site located at the old Baker College facility on Gratiot Avenue in Clinton Township and re-located testing operations to the Lakeside Mall Drive-thru site located at 14100 Lakeside Circle, Sterling Heights, MI 48313 effective July 7. The Lakeside site will serve as both a testing and vaccination site.

“Now is the time for everyone – especially children – to get caught up on recommended vaccinations that may have been postponed due to the pandemic,” said Cheryl Woods, Division Director/Family Health Services at the Macomb County Health Department. “And our Family Planning services offer access to an essential component of overall health that can really make a difference for our clients.”

For information on COVID-19 testing and locations, visit <https://www.macombgov.org/covid19-canigettested>

For information on COVID-19 vaccinations, visit <https://www.macombgov.org/VaccineCentral>



MACOMB COUNTY HEALTH DEPARTMENT ANNOUNCES RE-ACTIVATION OF IMMUNIZATIONS AND FAMILY PLANNING SERVICES

After limited availability of Family Health services due to the COVID-19 pandemic, the Macomb County Health Department is announcing the re-activation of Immunization and Family Planning services effective immediately. Immunization services are available for infants, children, adolescents, and adults, and offer all recommended vaccines. Family Planning services provides reproductive health education, counseling and information about contraceptive methods and management, including abstinence. Family planning also offers pregnancy testing, pelvic and breast exams for women, reproductive health exams for men and birth control supplies.

“As we continue to make progress against the pandemic and with many of the emergency orders being lifted, we’re excited to be able to use our resources to more actively deliver these much-needed services to our clients,” said Andrew Cox, Director/Health Officer of the Macomb County Health Department. “This is another step in helping us all get back to normal.”

MEDICAL RECORDS OF RETIRED PHYSICIANS

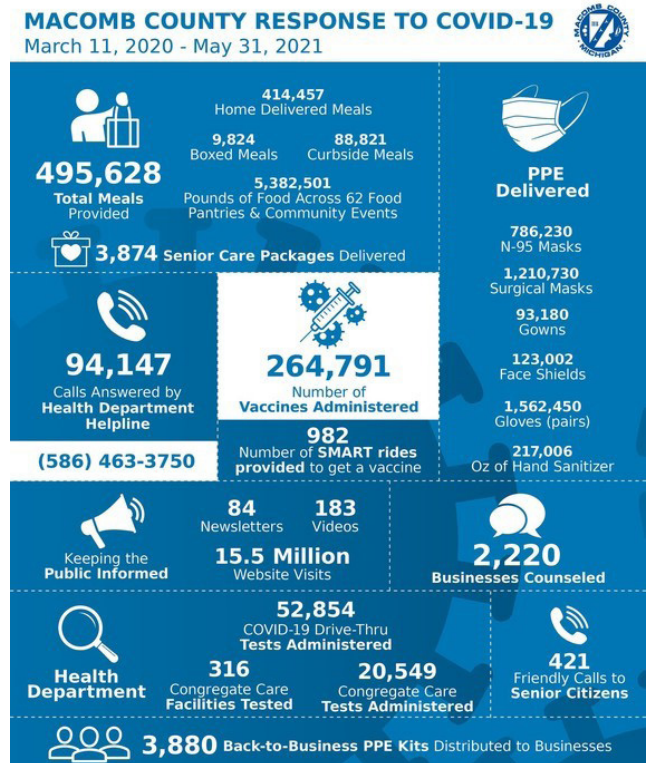
Patients looking for their medical records from retired physicians frequently contact the MCMS. If you are retired or will be retiring shortly, please contact the MCMS at 877-264-6592 or email macombcms@gmail.com and let us know how patients can retrieve their records. If the records have been destroyed, please inform us of that also so we can note our database accordingly. Thank you!

“Now is the time for everyone – especially children – to get caught up on recommended vaccinations that may have been postponed due to the pandemic,” said Cheryl Woods, Division Director/Family Health Services at the Macomb County Health Department. “And our Family Planning services offer access to an essential component of overall health that can really make a difference for our clients.”

Both Immunization and Family Planning services are offered for County residents, as well as non-County residents and are available by appointment only. Immunization appointments can be made by calling (586) 469-5372 or (586) 465-8537 M-F 8:30 a.m. – 5 p.m.; Family Planning appointments can be made by calling (586) 469-5491 M-F 8:30 a.m. – 5 p.m. For more information on Immunizations, visit <https://health.macombgov.org/Health-Programs-FamilyHealthServices-Immunization-Clinic>; for more information on Family Planning, go to <https://health.macombgov.org/Health-Programs-FamilyHealthServices-FamilyPlanning>.

Costs for immunization services can be billed to commercial insurers. Some children may be eligible to receive no-cost vaccinations through the Vaccines for Children program. Adults may also be eligible to receive certain vaccines at a reduced cost. Call the appointment line if you have any questions.

Costs for Family Planning services are charged on a sliding fee structure based on client’s ability to pay. Medicaid, Healthy Michigan Plan, and some commercial insurances are also accepted. If a client has lost their insurance, they can still receive services and the cost will be based on a sliding fee structure based on client’s ability to pay.





Macomb County Health Department Reportable Diseases Summary

Diseases Reported in Macomb County Residents*

Cumulative total for previous years; year-to-date total for May^b, 2021

	2021	2020	2019	2018	2017		2021	2020	2019	2018	2017
AMEBIASIS	0	0	1	0	0	LYME DISEASE	3	6	6	8	5
BLASTOMYCOSIS	1	0	0	0	0	MALARIA	0	1	0	2	2
BOTULISM (FOODBORNE)	0	0	0	0	0	MEASLES	0	0	0	0	1
BOTULISM (INFANT)	0	1	0	0	0	MENINGITIS VIRAL	6	26	45	61	44
BRUCELLOSIS	0	0	0	0	0	MENINGITIS BACTERIAL/BACTEREMIA (EXCLUDING N. MENINGITIDIS)	4	1	5	18	11
CAMPYLOBACTER	38	80	148	138	120	MENINGOCOCCAL DISEASE	0	0	0	0	0
CHICKENPOX	10	15	63	41	31	MULTISYSTEM INFLAM. SYND.	6	4	-	-	-
CHLAMYDIA	673	3,034	3,573	3,607	3,555	MUMPS	0	0	3	2	3
COCCIDIOIDOMYCOSIS	0	0	2	4	2	NOVEL CORONAVIRUS COVID-19	48,821	49,766	-	-	-
CREUTZFELDT JAKOB	0	1	0	2	2	PERTUSSIS	2	16	33	47	80
CRYPTOCOCCOSIS	0	0	1	4	1	POLIO	0	0	0	0	0
CRYPTOSPORIDIOSIS	0	5	6	12	6	PSITTACOSIS	0	0	0	0	0
CYCLOSPORIASIS	0	3	1	1	12	Q FEVER	0	0	0	0	0
DENGUE FEVER	0	0	1	0	0	RABIES ANIMAL	0	2	1	4	2
DIPHTHERIA	0	0	0	0	0	RABIES HUMAN	0	0	0	0	0
EHRlichIOSIS	0	0	0	0	0	REYE SYNDROME	0	0	0	0	0
ENCEPHALITIS PRIMARY	0	2	2	2	4	ROCKY MNTN SPOTTED FVR	0	0	0	2	0
ENC POST OTHER	0	0	3	2	1	RUBELLA	0	0	0	0	0
FLU-LIKE DISEASE	0	10,416	21,206	23,444	28,172	SALMONELLOSIS	12	67	72	82	75
GIARDIASIS	6	15	26	10	21	SHIGELLOSIS	2	7	20	10	46
GONORRHEA	516	1,434	1,174	1,106	915	STEC**	0	17	18	24	10
GRANULOMA INGUINALE	0	0	0	0	0	STREP DIS, INV, GRP A	5	30	38	47	32
GUILLAIN-BARRE SYN.	4	2	10	10	9	STREP PNEUMO, INV + DR	9	37	63	54	45
H. FLU INVASIVE DISEASE	1	7	18	11	21	SYPHILIS	79	162	137	142	105
HEMOLYTIC UREMIC SYN.	0	1	2	0	0	SYPHILIS CONGENITAL	1	3	0	3	1
HEPATITIS A	0	1	2	33	201	TETANUS	0	0	0	0	0
HEPATITIS B (ACUTE)	2	3	3	5	5	TOXIC SHOCK SYNDROME	0	1	1	1	0
HEP B (CHRONIC)	23	53	94	103	105	TUBERCULOSIS	8	7	5	5	12
HEPATITIS C (ACUTE)	9	16	22	32	49	TULAREMIA	0	0	0	0	0
HEP C (CHRONIC)	130	331	510	855	896	TYPHOID FEVER	0	0	2	0	0
HEPATITIS D	0	0	0	1	0	VIBRIOSIS	0	0	0	2	0
HEPATITIS E	0	0	0	1	0	VISA	0	0	1	2	0
HISTOPLASMOSIS	1	1	4	3	0	WEST NILE VIRUS	0	2	2	11	7
HIV [^]	20	43	55	75	69	YELLOW FEVER	0	0	0	0	0
INFLUENZA	11	3,565	5,038	7,571	4,132	YERSINIA ENTERITIS	0	0	1	0	1
KAWASAKI SYNDROME	1	8	4	3	5	ZIKA	0	0	0	0	0
LEGIONELLOSIS	3	38	78	102	56						
LISTERIOSIS	0	4	4	3	3						

*Includes both Probable and Confirmed case reports.

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

28-Jun-21

[^] Previously reported as "AIDS"

^b 2021 total is tentative at this time.



REMINDER TO PHYSICIANS - PESTICIDE POISONING IS A REPORTABLE CONDITION

During the spring and summer months health care providers see more illnesses and injuries caused by pesticides. A pesticide is anything used to prevent, destroy, repel, or reduce pests and the damage they cause. Pests can include insects, weeds, fungi, rodents, and bacteria. Pesticides include bug sprays, weed killers, rat pellets, and disinfectants.

All known or suspected occupational pesticide-related illnesses or injuries are reportable under the Michigan Public Health code (Article 5, Part 56). Report forms can be downloaded from this website <https://oem.msu.edu/index.php/2-uncategorised/28-disease-report-form> and submitted on paper, electronically, or by phone. The instructions are on the website. Anyone in the office can submit the form.

12-15 YEAR OLD ADOLESCENTS AND COVID VACCINE ALYSSA STROUSE, MPH, MDHHS IMMUNIZATION

In May, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation for use of Pfizer-BioNTech COVID-19 vaccine in adolescents ages 12 through 15 years under the FDA's Emergency Use Authorization. The estimated efficacy was 100% in preventing COVID-19 among this age group. According to [CDC](https://www.cdc.gov), COVID-19 vaccines and other vaccines **may be administered without regard to timing**. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, and co-administration within 14 days. When deciding whether to co-administer other vaccine(s) with COVID-19 vaccine, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease and the reactogenicity profile of the vaccines.



Beach testing by the Macomb County Health Department has resumed for the 2021 season

Check the status of your beach at

<https://health.macombgov.org/Health-Programs-EnvironmentalHealth-WaterQuality-BeachConditions>

Henry Ford Macomb Obstetrics & Gynecology

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

Phone (586) 228-1760

Fax (586) 228-2672

Steven J. Ferrucci, MD

Ronald B. Levin, MD

Janet C. Weatherly, CNM

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
Warren, Michigan 48093

(586) 573-4333 Phone

(586) 573-2149 Fax

6 Things to Tell Patients About Their Covid-19 Vaccine Card

By: Sara Berg, Senior AMA News Writer

Social media has been flooded with images of people proudly displaying their COVID-19 vaccination cards—and the impetus for doing that is understandable. While that little white card has helped bring a sense of normalcy to people across the country, one question remains: What should your patients do with their COVID-19 vaccination cards? One physician explains what to tell patients to keep in mind after receiving their vaccine card.

More than 140 million people have been fully vaccinated against COVID-19, according to the Centers for Disease Control and Prevention (CDC). Whether a person has received the Pfizer-BioNTech, Moderna or Johnson & Johnson COVID-19 vaccine, everyone should receive a vaccination card. This card includes the date, location and which COVID-19 vaccine the person received.

AMA member Purvi Parikh, MD, an allergist and immunologist as well as a vaccine researcher in New York City, shares what patients should know about their COVID-19 vaccination card.

Cover personal information

Many people have already shared photos with their COVID-19 vaccine card. But Dr. Parikh explained that it is important not to take a selfie with a vaccination card “because there’s actually been a lot of counterfeit cards being made.”

Instead of taking a selfie with the vaccination card, Dr. Parikh recommends taking a photo while receiving the vaccine, which is what she did.

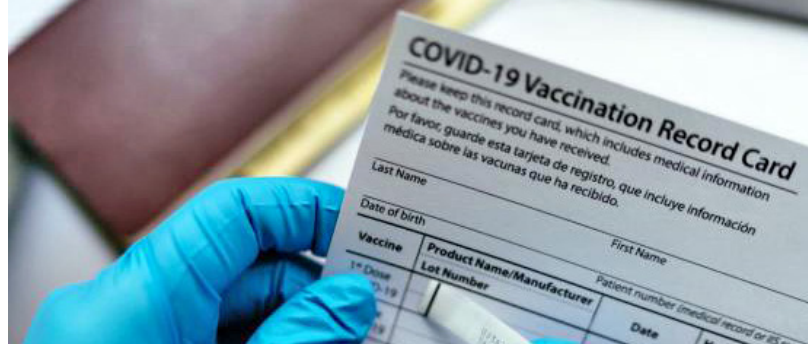
If a patient does want to take a selfie with their card, she recommends covering up personal information as well as the lot number and manufacturer because “someone could pretend to be you and copy the card—the same way someone can steal your identity for credit cards and other financial information.”

Have a backup copy

People who have received two doses of Pfizer or Moderna, or one dose of the Johnson & Johnson vaccine, should consider having a backup copy of their vaccination card, says the CDC.

One way to keep a COVID-19 vaccination card safe is to “make a copy of it,” said Dr. Parikh, noting that this can be done by “taking a photo on your cellphone—that way you have it easily accessible.”

Additionally, “make sure all the information on the card is correct and up to date,” she said. If it is not, inform the vaccine provider of the incorrect information.



Skip card lamination

“We recommend not laminating especially because we don’t know yet if booster shots are going to be needed,” said Dr. Parikh. “We also don’t know if additional shots and information will need to be added either.”

Instead, “keep the card in a plastic covering like those plastic holders for IDs at conventions to keep it from getting ruined, because once you laminate it you can’t write anything on it again,” she said.

Replacement can be complicated

“You don’t want to lose your card, but if you do lose it—that’s why the photo is helpful,” said Dr. Parikh. But if a card is lost, “you could always request another one from where you received your vaccine, which can be complicated, especially if you did it in one of those pop-up vaccine sites.

“But the best way to go forward is to get another card,” she added, noting that “if you’re in the system they can verify that you did receive a COVID-19 vaccine.”

Learn more from the CDC about [what to do if you’ve lost your vaccination card](#).

There’s no easy access to the data

The vaccination card is a patient’s personal proof of immunization. Their information is also recorded in their state’s immunization registry. And while it may currently be difficult to access data on who is vaccinated and who is not, Dr. Parikh is “hoping that improves as we get more people vaccinated.”

“Our primary goal is to get people vaccinated—period,” she said. “As more people get vaccinated against COVID-19, we’ll be able to organize the data better, the same way we do for flu shots and other vaccinations.”

“Once we get to a place where infection rates are low enough, where it’s not a public health threat, we may not need to do all of these things,” said Dr. Parikh. “But for the foreseeable future, we will have to be prepared to follow precautions and maintain records of our vaccine cards.”

Share vaccination status with doctor

It is also important for patients to share that they have received a COVID-19 vaccination with their doctor to “enter into the electronic medical record or paper chart in their office,” Dr. Parikh said. This is similar to what “we do with other vaccines, so it becomes part of your medical record as well.”

Sharing that you have been vaccinated against COVID-19 and having it entered into the EHR also helps “in the event a card is lost, or documentation is needed,” she said.

FROM CONCERN TO CONFIDENCE: How Physicians Can Build Trust in COVID-19 Vaccines

Ending the COVID-19 pandemic requires us to vaccinate as many Americans as possible. The new vaccines offer our best path toward saving lives, opening schools and businesses, and rebuilding our economy.

The decision to get vaccinated is a personal one that is influenced by many factors. Research shows that Americans most trust their own doctor for information about COVID-19 and vaccines. People want unbiased facts about the safety and effectiveness of the vaccines – and information about whether vaccination is the right choice for them – from their doctor.

The nation is making good progress in getting more people vaccinated, but many still say they will probably not get the vaccine. While numerous national and local efforts are attempting to address people's concerns, the single most influential factor will be a *strong recommendation* from a medical professional.

HERE ARE **6** THINGS YOU CAN DO TO IMPROVE VACCINE ACCEPTANCE AMONG YOUR PATIENT FAMILIES.

1 Lead by example.
Get vaccinated and encourage your entire staff to be vaccinated.

2 Prepare your health care team, pharmacy teams, and staff to have these conversations.
Ask your staff members if they'd be willing to speak with their colleagues and patients about why they got vaccinated. All staff should be equipped to answer basic questions about COVID vaccines.

3 Share educational materials widely.
Post information in the waiting room, the staff break room, and common areas in your facility. Publish information on your website, intranet, and social media platforms. Include a way for people to contact you with questions.

4 During patient visits, make the COVID-19 vaccine a new vital sign. Ask every patient what their vaccination plan is. For those who say they will take it, make sure they know how and where to schedule an appointment. If they say they're not sure, discuss their concerns and answer their questions.

5 Partner with your health department, employers, and others to engage with community members. Collaborate with trusted messengers – like faith-based leaders, local employers, and other community leaders – to tailor and share culturally relevant messages and materials.

6 Consider sending a letter or email to your patients.
Start by expressing your concern for the health of your patients and their loved ones. Provide facts, refer them to additional resources, and offer to answer questions. See sample language on page 4.



www.changingthecovidconversation.com



Henry Ford Macomb Hospital

MAJOR EXPANSION AT HENRY FORD MACOMB HOSPITAL TO FEATURE ALL PRIVATE PATIENT ROOMS

When a new hospital was built in Clinton Township in the 1970s, the area surrounding it was a large swath of farmland and M-59 was a two-lane road.



Fast forward to today and that same hospital – now prominently known as Henry Ford Macomb Hospital – is marking a new milestone as an economic engine for Macomb County.

Henry Ford Macomb, part of the Henry Ford Health System, is undergoing the largest expansion and renovation in its history with a new five-story, 225,000-square-foot addition featuring 160 private patient rooms that can be converted to manage critically ill patients on par with an Intensive Care Unit. Inpatient units in the existing hospital will also be renovated to create spacious private rooms.

Once completed, the project will transform the hospital campus for years to come as the county’s first hospital to provide all 361 of its licensed beds as private rooms for the safety and convenience of patients.

The \$318 million expansion and renovation represent the largest healthcare investment in the county’s history by a health system. In 2018, Henry Ford Macomb opened the county’s first hybrid operating room as part of a \$37 million surgical, interventional and cardiac catheterization lab investment.

Henry Ford Health President and CEO Wright Lassiter III said the expansion represents the “culmination of a vision” of Henry Ford Macomb and community leaders.

“When I joined Henry Ford almost seven years ago, it was easy for me to see the passion and commitment of our Henry Ford Macomb hospital and community leaders. Through the years, they shared with me their broad vision for transforming healthcare for this community,” Lassiter said. “Their confidence has been easily anchored by deep community connections, educational partnerships, treatment innovations and a tireless will to ensure great medical care and outcomes.”

Site work began April 5 and construction on the expansion is expected to be completed in 2023. The project is being financed by Henry Ford capital funding and philanthropic donations. No CARES Act relief funding was allocated for the project.

Bob Riney, President of Healthcare Operations and Chief Operating Officer for the health system, said “we are embarking on what I know will be the future of medical facilities not just for Macomb County, but also for the state of Michigan and nationally. I was here when this hospital became a part of the Henry Ford family, and it has been my privilege to watch it continue to grow, flourish and innovate.”

With its 361 licensed beds, Henry Ford Macomb is the largest hospital in the county. The expansion is expected to contribute to the county’s 3.5% growth in healthcare jobs by 2024, according to the Macomb County Economic Development Department. In 2019, healthcare’s total purchases accounted for more than \$1.6 billion, with 47% coming from industry partners and suppliers in the county.

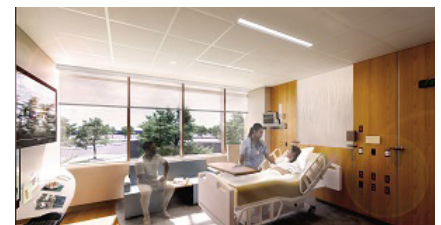
“With truly remarkable physician partners and care teams, we have transformed the availability of life-saving care close to home, for everything from heart and neurologic conditions to cancer, traumatic injuries and more. Now, we fulfill a long-time vision of transforming our patient rooms and campus for those we serve” said Barbara Rossmann, President and CEO of Henry Ford Macomb.

Rossmann said feedback from patients and their families, physicians and other team members were incorporated into the design of the patient rooms and other aspects of the project.

The hospital will remain fully operational throughout the expansion and renovation. Other key highlights of the expansion and renovation include:

- Increasing ICU rooms from 48 to 60 and equipping them with the latest in technology.
- Spacious patient rooms that will be equipped with accommodations for a family member to stay overnight.
- A newly redesigned hospital entrance and lobby area featuring a donor wall and soothing art.
- An expanded power plant to meet the infrastructure upgrades.
- Additional patient, visitor and team member parking.

Rossmann said that while private patient rooms are favored by patients and their loved ones for the improved privacy, they are also associated with increased staff satisfaction and a reduced risk of infections.



A 2018 study published in PLOS One found that patients assigned to private rooms had a 24% risk reduction for central line-associated bloodstream infections.

"We have envisioned the future of our campus to ensure each patient and their family has the best experience that fits their needs. As someone with decades of leadership and nursing experience, I know the importance of great care, and most notably what it looks like," said Rossmann, who also serves as the chief nursing officer for the health system. "It is a profound commitment and love for our unique communities throughout Macomb County, our history and our people that drive us to make these kinds of investments. It truly guides everything we do at Henry Ford Macomb."

HENRY FORD HEALTH SYSTEM TO REQUIRE COVID-19 VACCINATION FOR ITS WORKFORCE

Henry Ford Health System has announced it will require the COVID-19 vaccination for its workforce. The requirement will take effect on Sept. 10, 2021, and applies to all team members, students, volunteers and contractors. In making the announcement, Henry Ford becomes the first health system in Michigan to require the COVID-19 vaccination, and the latest to join other U.S. health systems to do so.



"We acknowledge the magnitude of this decision and we did not make it lightly," said President and CEO Wright Lassiter III. "As a leader and trusted voice in our communities, our patients and members depend on us to create a safe, healthy environment. We owe that same promise to our team members. Safety and infection prevention are everyone's responsibility."

Vaccinations are credited with the sharp decline in COVID-19 hospitalizations and cases, as well as a vastly lower positivity rate. Still, emerging variants like Delta put those who are unvaccinated at extremely high risk for hospitalization and death and leave hospitals vulnerable to potential future surges.

"We have consistently advocated for vaccination as the best path forward for all of us," said Bob Riney, President of Healthcare Operations and Chief Operating Officer. "But for vaccinations to truly make a deep and lasting impact on this pandemic, we need everyone in this fight. There is no greater compassion we can show each other than to be vigilant about safety and preventing the spread of this devastating disease."

The vaccines were granted emergency use authorization by the FDA, beginning with Pfizer in December 2020. Since vaccinations began at Henry Ford on Dec. 17, 2020, Henry Ford's vaccination rate across the health system is 68%, or just over 23,000 team members. In Michigan, 61.4% of people ages 16 and older have received at least one dose of vaccine.

Henry Ford has been at the forefront of COVID-19 vaccine research, serving as a Phase 3 study site for three vaccine adult clinical trials: the two-dose Moderna vaccine and one-dose and two-dose Johnson & Johnson vaccine. In May, the health

system began enrolling volunteers in a Moderna vaccine study for children ages 6 months to 11 years old.

"The data and science continues to reinforce the safety and effectiveness of these vaccines," said Adnan Munkarah, MD, Executive Vice President and Chief Clinical Officer. "With the expectation that the FDA will grant permanent approval to Pfizer and other vaccinations soon, we believe this decision is in the best interest of our patients and members, our team members, and the communities we serve."

The decision to require a COVID-19 vaccination is consistent with existing vaccination policy at Henry Ford. Team members are required to get a flu shot every year and stay current with other vaccinations like measles, mumps, rubella and whooping cough.

Committed to building trust, being transparent, and answering questions, the health system will offer listening sessions throughout the summer to help team members navigate the mandate process. Those with valid medical or religious reasons can be exempt from vaccination.

"At the end of the day, we want all of our team members to be safe and healthy – protected from this virus and protecting those around them," said Lassiter. "When it comes to this complex decision, we will do the best and safest thing we can to achieve that goal. We are not the first healthcare organization to do this, and we will not be the last."

HENRY FORD HEALTH SYSTEM TAPPED TO LEAD PROVIDER CONSULT SERVICE FOR HEPATITIS C

Healthcare professionals who have questions about diagnosing and treating hepatitis C can now consult

It's Time to Eliminate Hepatitis C



one-on-one with Henry Ford Health System medical experts as part of a partnership with the Michigan Department of Health & Human Services.

An estimated 115,000 people in Michigan are believed to be infected with the hepatitis C virus (HCV), and only about half of them have been tested and know of their infection. Henry Ford hepatology and infectious diseases specialists can guide providers on the latest updates for diagnosing and managing the disease, which is the leading cause of liver cancer. Rates of liver cancer have increased 38% from 2003-2012, according to the Centers for Disease Control and Prevention.

"The goal is to prevent patients from progressing to advanced liver disease and complications related to hepatitis C," said Stuart Gordon, MD, Director of the Division of Hepatology at Henry Ford Hospital and a national expert on hepatitis C management who leads the consult service. "The numbers (of cases) are staggering and this consult line is a one-stop service to provide best practices for diagnosing and treating this infection."

Dr. Gordon said HCV is curable with an eight-week therapy of an antiviral medication, which is now covered by Medicaid and Healthy Michigan Plan enrollees. Currently, there is no vaccine to prevent HCV.

Healthcare professionals who have questions that require immediate answers are to call the Hepatitis C Consult Line at 313-575-0332 between 8 a.m. – 5 p.m. Monday-Friday.

[Non-urgent inquiries can be submitted online](#), with a response expected within 24-48 hours.

The consult line is part of the state’s [We Treat Hep C Initiative](#) to raise awareness and make treatment more accessible by removing prescribing barriers for healthcare professionals.

“This consult service will ensure our healthcare colleagues have the most complete information to meet the needs of their patients,” said Dr. Gordon who was part of a national guidance panel of the American Association for the Study of Liver Diseases and Infectious Diseases Society of America that issued clinical recommendations for testing, managing and treating HCV infection in 2019.

This is the second consult service between Henry Ford and MDHHS. Henry Ford has been advising healthcare professionals statewide on HIV disease management since 2016.



McLaren Macomb Hospital

MCLAREN MACOMB SENIOR BEHAVIORAL HEALTH CENTER WILL ADD NEARLY 30 JOBS IN SHELBY TOWNSHIP

McLaren Macomb is again expanding its services while also meeting a growing community health need in Macomb



County. The hospital will soon complete construction of the McLaren Macomb Senior Behavioral Health Center, a multidisciplinary inpatient complex to provide the enhanced level of care to meet senior citizen’s mental health needs.

Located in Shelby Township along Schoenherr Road on the southwest corner of 21 Mile Road, the new facility is slated to open and see its first patient in September.

“It has been very encouraging to see an emphasis placed on behavioral health over the past several years, and the de-stigmatization of those patients in need of care,” said Tom Brisse, McLaren Macomb president and CEO. “Launching a new service is always exciting, especially one that will meet a growing community need and have such a positive impact on so many families. We are confident this new facility will do just that.”

Construction of the McLaren Macomb Senior Behavioral Health Center began in the fall of 2020 and represents an \$8 million investment by the hospital to the community and its senior citizens.

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

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

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

With Macomb County’s aging population, the demand for senior behavioral health services exceeds the current availability, and the need will continue to grow.

“Macomb County’s population is growing, and more of our Baby Boomers are reaching their later years,” said Macomb County Executive Mark Hackel. “There’s a need in our community for that senior-specific care. People are living longer, and they deserve to have a good quality of life for those years, so we’re thrilled that McLaren Macomb has expanded to meet that need.”

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

Learn more about senior behavioral health and track the facility’s progress as it nears opening at www.mclaren.org/macombgeripsych.

MCLAREN MACOMB ANNOUNCES HARRINGTON MEDICAL CENTER AND AMBULATORY SURGERY CENTER

One year after opening the Wayne and Joan Webber Emergency and Trauma Center, McLaren Macomb is set to continue its expansion with the announcement of the McLaren Macomb Harrington Medical Center and Ambulatory Surgery Center. The three-story, 62,000-square-foot newly constructed facility will feature several of the hospital’s service lines and offices for many physicians across a range of specialties.

Located along Harrington Boulevard, in Clinton Township, across from the hospital’s parking structure, the stand-alone building will occupy a previously vacant lot next to an existing McLaren Macomb medical office building.

“We are living in a time when people are considering their health perhaps more so than ever before,” said Tom Brisse,



McLaren Macomb president and CEO, “and it is our responsibility as members of this community to provide access to exceptional health care. This new medical center and its broad array of specialties will make a significant impact in our patients’ ability to address their needs — from basic to complex, and from primary to essential services.”

McLaren Macomb Harrington Medical Center and Ambulatory Surgery Center will include: four operating rooms, diagnostic and imaging services with a mobile MRI, primary care, pain management, orthopedics, electrophysiology, vascular surgery, neurology, urology, endocrinology, physical therapy and a pharmacy.

The project for the new building was first conceived in 2019 in order to address a need for physician office space but also to enhance patients’ convenience in accessing common service lines, such as diagnostics and outpatient surgical procedures.

Months of planning followed with the efforts resulting in the construction of the fully occupied building and a scheduled June 1, 2022, date of completion.

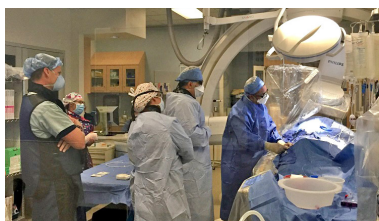
The opening of the new service marks the latest in a successive line of projects expanding McLaren Macomb’s services or access to care. Following the opening of the largest emergency center in Macomb County, a new, larger Medical Outreach Clinic debuted at the end of 2020 and an 18-bed inpatient rehabilitation unit opened in February. In September 2021, McLaren Macomb is scheduled to open its Senior Behavioral Health Center in Shelby Township.

For this project, McLaren Macomb partnered with SensusOne, a healthcare-centric real estate firm with a mission of improving community healthcare through the development of complex facilities. Stucky Vitale Architects designed the building.

Learn more about all of the services offered at McLaren Macomb and all of its locations throughout the county at www.mclaren.org/macomb.

MCLAREN MACOMB NEUROLOGISTS FIRST IN MIDWEST TO USE ADVANCED ANEURYSM REPAIR DEVICE

Interventional neurologists at McLaren Macomb were the first in the Midwest to use the latest advancement in the treatment and repair of brain aneurysms, the Pipeline™ Flex Embolization Device with Shield Technology™.



The procedure was performed on June 1, with others following.

The Pipeline is a minimally invasive, catheter-based neurological procedure in which a specialized, mesh-like stent is implanted within the cerebral artery across the bridge of the aneurysm, diverting the blood flow that aids the aneurysm’s growth and potential rupture. The blood flow diversion allows the aneurysm to naturally and safely shrink over time.

The device’s Shield Technology advancement is a first-of-its-kind progression, modifying the Pipeline to reduce its material thrombogenicity, which is a device’s tendency to create potential stroke-causing blood clots.

The device received FDA approval on April 21.



“The original introduction of the Pipeline was a significant advancement in how aneurysms are repaired and treated overall,” said Dr. Aniel Majjhoo, interventional neurologist and medical director of neurosciences at McLaren Health Care, “and this advancement adds to the level of safety for the patient, both during their procedure and in their recovery.”

Dr. Majjhoo and fellow interventional neurologist Dr. Mahmoud Rayes performed the procedure in the hospital’s advanced imaging procedure room. It was in the same room that Dr. Majjhoo was the first in Macomb County to use the original Pipeline™ Flex Embolization, introducing the device to the area in 2017.

“The procedure was performed and completed without any clinical complications,” Dr. Rayes said. “It was a total success, and the patient is expected to have a great outcome.”

Un-ruptured aneurysms may not present with any symptoms while others will have symptoms of worsening headaches, numbness on one side of the face, double vision and drooping eyelids.

Ruptured aneurysms, resulting in a life-threatening subarachnoid hemorrhage, require emergency medical care. Symptoms can include a sudden-onset severe headache described as the ‘worst headache ever,’ nausea and vomiting, stiff neck, blurred and double vision, seizure, sensitivity to light, droopy eyelids, confusion and loss of consciousness.

Learn more about neurological care at McLaren Macomb at www.mclaren.org/macombneurology.

MCLAREN MACOMB EXPANDS WOUND CARE CENTER TO INCLUDE HYPERBARIC OXYGEN THERAPY

McLaren Macomb has again added to its list of services with the addition of hyperbaric oxygen therapy, HBOT, to its Wound Care Center. The noninvasive therapy supplies oxygen in a safe pressurized environment to stimulate the healing of chronic wounds.

“Several factors determine a wound’s ability to heal, not least of which is the patient’s biology, specifically their oxygen level,” said Dr. Joseph Cuppari, vascular surgeon and medical director of the McLaren Macomb Wound Care Center. “Hyperbaric oxygen therapy gives us the ability to address several barriers keeping patients’ wounds from completely healing. It’s a considerable advantage to now offer this treatment option, and it’s a significant benefit to our patients.”



Hyperbaric oxygen therapy has been clinically proven to be significantly more effective than traditional wound care treatment options.

Learn more about the McLaren Macomb Wound Care Center, visit www.mclaren.org/macombwoundcare.

Ascension Macomb-Oakland Hospital

ASCENSION MICHIGAN WELCOMES NEW CHIEF CLINICAL OFFICER



On June 14, Douglas Apple, MD, joined Ascension Michigan as its new Chief Clinical Officer (CCO). As CCO for Ascension Michigan, Dr. Apple will continue to build on and refine a single infrastructure that aligns clinical practices across the statewide



market, and standardizes best practices in patient care and evidence-based medicine. He will continue to champion our focus on the quadruple aim: striving for the best possible patient outcomes; an enhanced experience for the people we serve; an enhanced experience for providers; and achieving all of this at an affordable cost. Dr. Apple will also work to ensure alignment with Ascension-wide standards and the Strategic Plan of Ascension.

Known for being a driven and highly accomplished clinical transformational healthcare executive, Dr. Apple has extensive experience in strategic planning, provider network management, clinical and operational performance improvement, staff development and mentoring, policy implementation, physician leadership, quality assurance and community engagement.

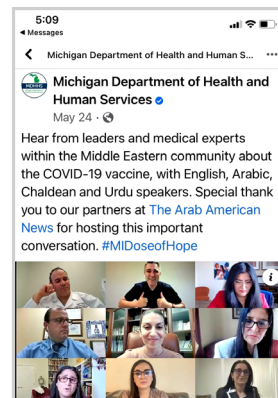
Dr. Apple comes from Bon Secours Mercy Health in Marriottsville, Maryland, where he has served as CCO and Senior Vice President since 2019. Prior to that role, he served as Chief Medical Officer and Senior Vice President for Spectrum Health in Grand Rapids. He began his career at Spectrum Health in 2003 and has held a variety of leadership roles in his 15-year tenure with the health system.

Dr. Apple earned his medical degree from Saba University School of Medicine, Saba, Netherlands, and Dutch West Indies. He holds a Master of Science in Healthcare Management from Michigan State University and a Bachelor of Science in Biomedical Science from Grand Valley State University. Dr. Apple also completed fellowships with the Health Management Academy and the Society of Hospital Medicine.

ASCENSION MACOMB-OAKLAND HOSPITAL EXPERTS ADDRESS VACCINE HESITANCY AMONG ARAB-AMERICAN COMMUNITIES

In late May, the Michigan Department of Health and Human Services and the The Arab American News hosted a VACCINE 101: Get Your questions answered event to address vaccine hesitancy within the Arab-American community. The following Ascension Macomb-Oakland Hospital clinicians participated on the expert panel and provided important information to the Middle Eastern Community:

- Sawsan Jamil, MD, Ascension Medical Group MGA OB
- Imad Obeid, MD, Pulmonary and Medicine Associates
- Evone Barkho, MD, MPH, BCLC, Public Health Specialist



ASCENSION ST. JOHN HOSPITAL EARNS ANTIMICROBIAL STEWARDSHIP CENTER OF EXCELLENCE DESIGNATION

Ascension St. John Hospital has earned the Antimicrobial Stewardship Center of Excellence designation from the Infectious Diseases Society of America. The two-year designation means Ascension St. John joins an elite group of designated institutions that define excellence in the practice and implementation of the appropriate use of antimicrobials (including antibiotics). A successful Antimicrobial Stewardship (AMS) program improves patient outcomes, reduces microbial resistance and decreases the spread of infections caused by multi drug-resistant organisms.

Leonard Johnson, MD, Ascension Michigan, Medical Director, Infection Prevention and Antimicrobial Stewardship, says the recognition represents years of great stewardship activity at the hospital and collaborative work of both physicians and pharmacists. Ascension St. John Hospital’s work in antimicrobial stewardship started 25-30 years ago with Dr. Riad Khatib, who challenged traditional antibiotic prescribing patterns.

“Dr. Khatib helped develop the culture of antimicrobial stewardship that has grown into our very successful AMS program,” said Dr. Johnson. “This demonstrates that bringing in a culture of quality and patient safety usually comes with resistance but is rewarded in the long run.”



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



MEET THE MSMS GOVERNMENT RELATIONS TEAM

What is Government Relations?

One of the most effective ways of letting elected officials know an organization's views on issues is through personal meetings. In political terms, this is called lobbying. The MSMS Government Relations team provides elected officials with the information they need to make the best decisions for their constituencies.

We also try to connect legislators directly with their constituents. Elected officials pay attention to mass numbers. When a group of people from a lawmaker's district request a meeting, email, or call about a particular issue, the lawmaker wants to hear their point of view. As experts in their field, physicians in mass numbers can truly help officials understand the benefits or pitfalls of a piece of legislation.

For more information on how to stand up for your practice, your profession, and your patients, visit: www.MSMS.org/Engage



Josiah Kissling – Senior Director, State and Federal Government Relations

- Legislative Director for Speakers Tom Leonard and Lee Chatfield
- Budget Director for Speaker Kevin Cotter
- Deputy Policy Director and Policy Advisor for the House Republican Caucus

What is your favorite part of working with the Legislature?

I began my time serving in the legislature when I was 19. During my nearly 14 years of public service, I became a student

of the legislative process, and I learned to deeply appreciate the institution. However, the best part of working with the legislature is the people, and the ability, even at the staff level, to have a real impact on the development of good public policy. I will forever be grateful for the lessons I learned during my time in public service. I will always carry those experiences with me, they helped shape who I am today, and they will continue to impact me in the years ahead.

In my new role at MSMS, I have enjoyed the opportunity to advocate for key health care issues, and to learn a different perspective on the legislature and the process. Advancing the cause of organized medicine is a great opportunity for me, and I am look forward to serving with each of you.



Kate Dorsey – Manager, State and Federal Government Relations

- Bachelor's and Master's in Communication from Central Michigan University
- Legislative Aide for Representative Lisa Brown
- Worked in Government Relations for Oakland Schools ISD

What is your favorite part of working with the Legislature?

I love that we here at MSMS are educating the legislature on science-driven policy. During a time of tumult and uncertainty, we get to be a voice of reason and focus on the facts. What we do may be a drop in the bucket, but it all adds up. Knowing that I can have even a small impact makes the work worth it.



Scott Kempa – Manager, State and Federal Government Relations

- Bachelor of Science in Economics from Michigan State University
- Over six years of experience working in the Michigan Legislature, both in the Senate and the House of Representatives
- Most recently served as the Legislative Director for Representative Mike Mueller



FREE ON DEMAND WEBINARS

Available at

<https://connect.msms.org/Education-Events/On-Demand-Webinars>

Grand Rounds Webinar Series:

[A Review of COVID-19 Variants](#)

.75 CME Credit

[CURES Act - What is Information Blocking and How Do I Comply?](#)

1 CME Credit

[Cyber Preparedness & Response for Medical Practices](#)

.75 CME Credit

[MI Dept. of Health and Human Services Update from New Director Elizabeth Hertel](#)

.50 CME Credit

[Update on COVID-19 from Joneigh Khaldun, MD, Chief Medical Executive](#)

.75 CME Credit

[Domestic Violence and Sexual Assault](#)

.75 CME Credit

[Health Care Providers' Role in Screening and Counseling for Interpersonal and Domestic Violence: Dilemmas and Opportunities](#)

.50 CME Credit

What is your favorite part of working with the Legislature?

As one of the voices representing such a vital and important profession, I love having the opportunity to collaborate with Michigan's top physicians and help shape the policies that affect health care across Michigan.

MSMS CREATES TASK FORCE TO ADDRESS HEALTH EQUITY

"Every problem is an opportunity in disguise."

That quote from John Adams, America's second president, is a good one to recall as we begin to emerge from a once-in-a-lifetime level pandemic.



COVID-19 was, and continues to be, a problem—there's no debating that. However, if there's a positive to take from the experience, it's the fact that it has helped to illuminate the lack of equity that persists in Michigan's health care system. COVID-19 cases among Black and African American populations were, on a cumulative basis, 40 percent higher than among white populations. Similarly, Black and African American deaths due to COVID were more than three times the rate among their white counterparts. It's an alarming discrepancy that goes well beyond COVID-19. Countless Health disparities and unequal outcomes persist among various patient populations, and it's a problem the Michigan State Medical Society intends to address.

To that end, MSMS is launching a new task force to Advance Health Equity to conduct extensive, thoughtful statewide conversations on the topic.

The goal of the task force is to eliminate health disparities by pursuing health equity throughout society by direct engagement with policymakers, medical schools, health care leaders, members and other stakeholders and to advance policies that lead to a more diverse physician workforce, greater cultural awareness, mitigation of social determinants of health, and transparent and equitable organizational structures.

The Task Force to Advance Health Equity will be chaired by Theodore Jones, MD. Doctor Jones is past Speaker of the MSMS House of Delegates and Director of Maternal Fetal Medicine at Beaumont Hospital in Dearborn. Doctor Jones is also the founder and medical director of the Perinatal Infectious Disease Clinic at the Detroit Medical Center University Health Center, the only obstetrical clinic for pregnant women with HIV infection in the state, as well as former president of the Wayne County Medical Society.



"We are living through an unparalleled time that has laid bare significant gaps in health equity in many communities across

the state," said Doctor Jones. "These communities share many attributes but important among them are that they are much less healthy, less safe, have less opportunities for jobs, more likely to be food deserts, have poorer access to health care many other communities in the state. MSMS and its members recognize that they are in a position to be active change agents that encourage an honest examination of the systems of government and culture and health care that reinforce a legacy of exclusion and structured oppression that impedes racial justice and equity. The task force will take on the work of devising a robust response to this very real need."

It's an effort that will require broad input and participation to be successful. If you have an interest in this area, please let us know at MSMS@MSMS.org.

JUNE 2021 AMA VIRTUAL SPECIAL MEETING WRAPS UP

Your Michigan Delegation to the American Medical Association (AMA) hit a grand slam at the AMA's June Special Meeting with the re-election of S. Bobby Mukkamala, MD, to the AMA Board of Trustees and consideration of all three of Michigan's resolutions. Despite the challenges of a virtual environment and ongoing impact of the pandemic, the Michigan Delegation was fully engaged in the business of the House of Delegates (HOD) under the leadership of Mark C. Komorowski, MD, Chair, Paul D. Bozyk, MD, Vice Chair, and Christie L. Morgan, MD, Secretary-Treasurer.

As has become the tradition, Michigan's Delegation was very visible during the meeting with Jayne E. Courts, MD, and Michael D. Chafty, MD, JD, chairing Reference Committees A (Medical Service) and F (AMA Finance and Governance), respectively, and Venkat K. Rao participating as a member of Reference Committee B (Legislation). Council members Betty S. Chu, MD (Medical Service) and Pino D. Colone (Constitution and Bylaws) presented Council reports and input during committees. "Reference committee work is quite arduous and time consuming and our Delegation continually leads in the AMA HOD with these volunteers," shared Doctor Komorowski. "The remainder of the Delegation provided meaningful testimony both in committee and on the floor."

Like this year's MSMS HOD, the Federation was asked to limit items of business to issues of priority and urgency due to the logistical challenges presented by a virtual HOD. Doctor Bozyk noted, "Envision juggling multiple IT platforms to hear and participate in testimony, while texting different stakeholders and caucuses regarding positions. But in no way did this deter the House - - even a Delegate in the military who was deployed overseas testified, or the Michigan Delegation under Doctor Komorowski's leadership." Michigan's resolutions are listed below.

22 - Maternal Levels of Care Standards of Practice

Action: Policy H-245.971, "Home Deliveries" reaffirmed in lieu of Resolution 022

121 - Medicaid Dialysis Policy for Undocumented Patients

Action: Adopted as amended to read as follows:
 RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and state Medicaid programs to cover scheduled outpatient maintenance dialysis for undocumented patients with end stage kidney disease under Emergency Medicaid.

226 - Interest-Based Debt Burden on Medical Students and Residents

Action: Adopted as amended to read as follows:
 RESOLVED, That our AMA strongly advocate for the passage of legislation to allow borrowers medical students, residents and fellows who have education loans to qualify for interest-free deferment on their student loans while serving in a medical or dental internship, residency, or fellowship program, as well as permitting the conversion of currently unsubsidized Stafford and Graduate Plus loans to interest free status for the duration of undergraduate and graduate medical education.

Doctor Komorowski also recognized Doctor Morgan’s role in Doctor Mukkamala’s re-election victory to the AMA Board of Trustees on which he will serve as the Chair of the Board after this meeting. “Through her tireless efforts, Doctor Morgan was able to help Bobby win re-election with 95 percent of the vote.” While running an election during a pandemic and virtual meeting format was challenging, it also offered some opportunities. “Through virtual meetings and interviews, Bobby was able to connect with all segments of the House and really listen to what is happening in various specialties, practices, and communities,” Doctor Morgan remarked. “The information gleaned during these discussions will enable him to be an active and committed advocate for the House of Medicine at the national level.”

For highlights from the AMA Special Meeting, visit <https://www.ama-assn.org/house-delegates/special-meeting/highlights-june-2021-ama-special-meeting>.



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.

FREQUENTLY ASKED QUESTIONS ON OSHA’S ETS AND MDHHS FACEMASK RECOMMENDATIONS

MSMS has put together a list of frequently asked questions for medical practices regarding the Occupational Safety and Health Administration (OSHA) COVID-19 Emergency Standard (ETS) and the Michigan Department of Health and Human Services (MDHHS) Rapid Public Health Alert concerning facemask recommendations. It is available on [MSMS’ website](#).

HEALTH CAN’T WAIT. CONTACT YOUR REPRESENTATIVE AND URGE THEM TO VOTE YES ON SB 247.



Every day, Michigan’s health care providers strive to help their patients.

It’s what we do. It’s what we’re trained to do.

And every day, there are providers across the state who are forced to set the needs of their patient aside and wait. Wait to move forward with prescribed treatments. Wait to administer potentially lifesaving care.

With far too much frequency, insurance companies misuse prior authorization red tape and bureaucracy to delay—and sometimes flat out deny—patients access to the treatment and medicine they have been prescribed; treatment and medicine we as providers know they need.

Thankfully, we finally have an opportunity to address this crisis, and it comes in the form of Senate Bill 247.

Senate Bill 247 would bring new transparency, fairness and clinical validity requirements to the prior authorization processes insurers use to bog down patient care, ensuring patients throughout the state receive timely coverage decisions, and the care they need.

It’s what’s right, it’s what’s fair, and it’s what our patients need and deserve.

[Please contact your Representative today and urge them to vote YES on SB 247.](#)

Call for Officer & Delegate Nominations

The MCMS Board of Directors is looking for members interested in participating in the leadership of your County Medical Society and shaping its future direction. ***Open positions include: President-Elect, Secretary, Delegates, and Alternate Delegates.***

The MCMS Board meets four to six times per year, usually via Zoom, or an in-person dinner meeting when applicable. Officers and Delegates are also expected to attend/participate in the annual Michigan State Medical Society House of Delegates which will be held April 30 – May 1, 2022.

Anyone interested in running for a position on the MCMS Board please contact Heidi Leach at macombcms@gmail.com.



U.S. PHYSICIANS SEEK HELP FOR OTHER COUNTRIES BATTLING COVID-19

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

With fewer than 3 billion SARS-CoV-2 vaccine doses administered worldwide and COVID-19 ravaging countries such as India and Brazil, delegates took action during the June 2021 AMA Special Meeting to promote equitable distribution of resources in response to the pandemic

“COVID-19 is a public health and humanitarian crisis,” said AMA Board Chair-elect Bobby Mukkamala, MD. “Even as we in the United States have easy access to vaccines, physicians and numerous organizations across the globe—particularly in low- and middle-income countries—are still risking their lives fighting COVID-19 in conditions where hospital capacity is strained, medical supplies are diminished and community spread is rampant.

“The situation is dire, giving rise to new, more transmissible, more dangerous variants, and global cooperation to ensure equitable distribution of resources is essential to defeating COVID-19,” Dr. Mukkamala added. “The situation may seem to be getting better here, but in a global pandemic, threats abroad can quickly become threats in the United States and set us all back.”

Given urgent global needs, the House of Delegates directed the AMA to:

- Explore possible assistance through the COVID-19 Vaccines Global Access initiative co-led by the World Health Organization (WHO), Gavi and the Coalition for Epidemic Preparedness Innovations, as well as all other relevant organizations, for residents of countries with limited financial or technological resources.
- Work with governmental and appropriate regulatory bodies to encourage prioritization of equity when providing COVID-19 pandemic-related resources, such as diagnostics, low-cost or free medications, therapeutics, vaccines, raw materials for vaccine production, personal protective equipment or financial support.
- Recognize the extraordinary efforts of many dedicated physicians, physician and ethnic organizations assisting in this COVID-19 pandemic humanitarian crisis.

The AMA also will support WHO efforts to increase production and distribution of the medicines and vaccines needed to fight COVID-19. To help boost COVID-19 vaccination in low- and middle-income countries, delegates voted to support:

- A temporary waiver of the Trade Related Aspects of Intellectual Property agreement and other relevant intellectual property protections.
- Technological transfers relevant for vaccine production.

- Other support, financial and otherwise, necessary to scale up global vaccine manufacturing.
- Measures that ensure the safety and efficacy of products manufactured by such means.

AMA: TIME TO DEVELOP BETTER METHODS OF CROWD CONTROL

By: Sara Berg,
Senior AMA News Writer



The right of assembly plays a fundamental role in public participation in democracy, holding governments accountable, expressing the will of the people, and in amplifying the voices of people who are marginalized. In 2020, the U.S. experienced increased protests following the law-enforcement killings of George Floyd, Breonna Taylor and many others.

An analysis of nearly 8,000 Black Lives Matter demonstrations that took place across the country during the summer of 2020 found that over 90% were peaceful. Only a small number of protests involved demonstrators engaging in violence, according to research cited in an AMA Board of Trustees report adopted at the June 2021 AMA Special Meeting.

“Crowd-control tactics used by law enforcement at some anti-racism protests have been called a public health threat, with excessive use of force raising health and human rights concerns as well as undermining freedom of peaceful assembly,” says the report. “Concerns have specifically been raised regarding law enforcement’s use of crowd-control weapons or less-lethal weapons against protesters resulting in preventable injury, disability and death.”

While the right to peaceably assemble is protected by the First Amendment to the Constitution, it is not without limits. This is because jurisdictions have a duty to maintain public order and safety and may regulate the time, place and manner of protests. There are also certain circumstances where the use of force may be permitted, but law-enforcement officers should only use the amount necessary to mitigate an incident, make an arrest or protect themselves and others from harm, the report says.

The board report also recognizes that prohibiting all less-lethal weapons—including all kinetic impact projectiles and chemical irritants—could increase morbidity and mortality, requiring law enforcement officials to choose a more deadly form of force.

There is some data available to suggest that the use of less lethal weapons decreases the likelihood of injury, which is why a complete ban of all kinetic impact projectiles and chemical irritants is not recommended now, says the board report. However, the AMA strongly encourages prioritizing the development and testing of crowd-control techniques that pose a more limited risk of physical harm.

To that end, the AMA House of Delegates adopted policy on less-lethal weapons that:

- Supports prohibiting the use of rubber bullets—including rubber or plastic-coated metal bullets and those with composites of metal and plastic—by law enforcement for the purposes of crowd control and management in the United States.
- Supports prohibiting the use of chemical irritants and kinetic impact projectiles to control crowds that do not pose an immediate threat.
- Recommends that law-enforcement agencies have in place specific guidelines, rigorous training and an accountability system, including the collection and reporting of data on injuries, for the use of kinetic impact projectiles and chemical irritants.

AMA CALLS FOR ACTION TO HELP TELEHEALTH FLOURISH POST-PANDEMIC

By: Andis Robeznieks, Senior AMA News Writer

The use of telehealth has exploded during the COVID-19 pandemic, but critical issues related to health inequity, state medical licensure requirements, regulation and payment must be addressed for this mode of care to continue to flourish beyond the public health emergency. The AMA House of Delegates (HOD) took several actions with the aim of doing just that.

“It is essential for physicians to serve as leading partners in efforts to improve access to telehealth services in historically marginalized and minoritized communities,” said David H. Aizuss, MD, a member of the AMA Board of Trustees. “More of our patients used telehealth during the COVID-19 pandemic, and we should take advantage of this opportunity to ensure all our patients are able to benefit from being able to access and use telehealth services—regardless of their background or geographic location.”

For telehealth’s use to be equitable, patients need internet access, a connected device with video capabilities, and knowledge of how to use these technologies, according to an AMA Council on Medical Service report adopted at the June 2021 AMA Special Meeting.

The report’s recommendations underscore the need for telehealth solution and service providers—in their design and implementation efforts—to work directly with the populations their products are meant to help and serve. Culture, language, accessibility and digital literacy must be considered when designing telehealth functionality and content.

To address the issues of equity, the HOD adopted policy to:

- Encourage initiatives to measure and strengthen digital literacy, with an emphasis on programs designed with and for historically marginalized and minoritized populations.
- Encourage telehealth solution and service providers to implement design functionality, content, user interface,

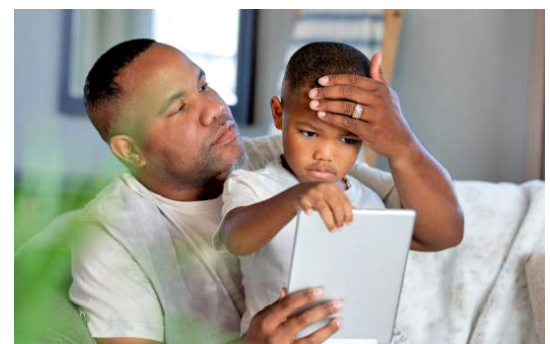
and service access best practices with and for historically minoritized and marginalized communities, including addressing culture, language, technology accessibility and digital literacy within these populations.

- Support efforts to design telehealth technology, including voice-activated technology, with and for those with difficulty accessing technology, such as older adults, people with vision impairment and those with disabilities.
- Encourage hospitals, health systems and health plans to invest in initiatives aimed at designing access to care via telehealth with and for historically marginalized and minoritized communities, including improving physician and nonphysician provider diversity, offering training and technology support for equity-centered participatory design, and launching new and innovative outreach campaigns to inform and educate communities about telehealth.
- Oppose efforts by health plans to use cost-sharing as a means to incentivize or require the use of telehealth or in-person care or incentivize care from a separate or preferred telehealth network over the patient’s current physicians.
- Advocate that physician payments should be fair and equitable, regardless of whether the service is performed via audio-only, two-way audio-video, or in person.
- Recognize access to broadband internet as a social determinant of health.

“So many people have been stuck on the sidelines as telehealth has grown during the COVID-19 pandemic,” Dr. Aizuss said. “We must make sure they are not left behind as telehealth moves forward.”

Need to make changes last

The coverage and payment landscape for telehealth has changed considerably in response to the pandemic. While waivers and other regulatory



actions enabled physicians to provide uninterrupted care to patients while adhering to physical distancing, their ability to continue to do so—in many cases—is only temporary, according to a separate AMA Council on Medical Service report also adopted at the meeting.

There is “a common frustration among physicians—that, outside of the temporary licensure flexibilities put in place during the public health emergency—they are prohibited by most states from using telehealth to provide longitudinal care to existing

patients who may live across a state border, attend college in another state, or travel for work or seasonally,” the report says. To continue the use of telehealth after the COVID-19 public health emergency—not as a replacement for in-person care but as part of a hybrid model in which physicians utilize both in-person and telehealth visits to support optimal care—delegates adopted policy calling on the AMA to “continue supporting state efforts to expand physician-licensure recognition across state lines in accordance with the standards and safeguards outlined” existing AMA policy on telemedicine coverage and payment.

Delegates also modified existing policy on state licensure and telehealth. Among other things, this license category should:

- Exempt interstate physician-to-physician consultations from state-licensure requirements.
- Allow, by exemption or other means, out-of-state physicians providing continuity of care to a patient, where there is an established ongoing relationship and previous in-person visits, for services incident to an ongoing care plan or one that is being modified.

OUT-OF-HOSPITAL PHARMACOLOGIC INTERVENTION BY NON-DOCTORS POSES RISKS

By: Sara Berg, Senior AMA News Writer

News media discussions about police brutality and the use of conducted electrical devices have referred to the term “excited delirium,” which is controversial because it lacks a defined set of behavioral signs and symptoms that allow for the identification of a person who is perceived to be in distress and in urgent need of medical or psychiatric help, according to an AMA Council on Science and Public Health report adopted at the June 2021 AMA Special Meeting.

Several news reports have also highlighted the use of ketamine and other sedative or hypnotic and dissociative agents in the out-of-hospital setting. These drugs are often used in these instances to incapacitate a person for a law-enforcement purpose and not a legitimate medical reason.

The report notes that the people most likely to be disproportionately identified as experiencing “excited delirium” and to die from resulting first-responder actions—or as a consequence of administration of a pharmacological intervention—are otherwise healthy Black males in their mid-30s who are viewed as aggressive, impervious to pain, displaying bizarre behavior and using substances. These are characterizations that may be based less on evidence and more on generalizations, misconceptions, bias and racism.

Additionally, the council report notes that new crisis-intervention team models should be used. In such models, medical and behavioral health specialists are deployed first to respond to behavioral emergencies in the community—instead of the police. Such an approach can help ensure “that administration

of any pharmacological treatments in a nonhospital setting is done equitably, in an evidence-based, anti-racist and stigma free way,” according to the council report.

“For far too long, sedatives like ketamine and misapplied diagnoses like ‘excited delirium’ have been misused during law enforcement interactions and outside of medical settings—a manifestation of systemic racism that has unnecessarily dangerous and deadly consequences for our Black and brown patients,” AMA President-elect Gerald E. Harmon, MD, said in a statement.

“As physicians and leaders in medicine, it is our duty to define the medical terms that are being used to justify inappropriate and discriminatory actions by non-health care professionals. The adoption of this policy represents an urgent step forward in our efforts to remove obstacles that interfere with safe, high-quality medical care—and makes clear that the AMA will continue to aggressively confront all forms of racism or police violence against our patients in marginalized and minoritized communities.”

To address pharmacological intervention for agitated individuals outside of hospital settings, the House of Delegates adopted policy stating that the AMA:

- Believes that current evidence does not support “excited delirium” or “excited delirium syndrome” as a medical diagnosis and opposes the use of the terms until a clear set of diagnostic criteria are validated.
- Recognizes that the treatment of medical emergency conditions outside of a hospital is usually done by a subset of health care practitioners who are trained and have expertise as emergency medical service (EMS) practitioners. It is vital that EMS practitioners and systems are overseen by physicians who have specific experience and expertise in providing EMS medical direction.
- Opposes the use of sedative/hypnotic and dissociative agents, including ketamine, as a pharmacological intervention for agitated individuals in the out-of-hospital setting, when done solely for a law enforcement purpose and not for a legitimate medical reason.
- Recognizes that sedative/hypnotic and dissociative pharmacological interventions for agitated individuals used outside of a hospital setting by nonphysicians have significant risks intrinsically, in the context of age, underlying medical conditions, and also related to potential drug interactions with agents the individual may have taken.
- Urges that medical and behavioral health specialists, not law enforcement, serve as first responders and decision-makers in medical and mental health emergencies in local communities and that administration of any pharmacological treatments in the out-of-hospital setting be done equitably, in an evidence-based, anti-racist and stigma-free way.

The Power of Stay Interviews

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



Q. *I am trying to fill a clinical position and am not having a lot of luck. When I talk to my colleagues, it seems I am not alone in my recruiting struggle. There are several factors at play – inadequate numbers to meet current hiring demands, inflated unemployment payments due to the federal subsidy and ongoing fears and/or family demands due to COVID. While I’m trying to work every angle, the clock is ticking. My team is doing more with less and I can see the signs of burnout all around me. The worst thing that could happen is for me to lose one of my existing staff at this stressful point in time. What can I do to retain my current team in this challenging environment?*



A. As you know from talking with other practice owners and administrators, hiring for certain positions has become incredibly difficult and very expensive. The drop in applicant numbers has led to a supply/demand dilemma and starting wages are rising drastically as a result. Some practices have grown so desperate that they have started poaching employees from colleagues in the community. You are right to worry about hanging on to the staff you have. Losing them to burnout or to the practice down the street is a very real threat.

To ward off unwanted departures, you need to find out how your staff perceive their job responsibilities, their workload, your management style, the practice policies and protocols, their wages and benefits, etc. before it’s too late. Talking to your current team members, one at a time, for the purposes of retaining them is referred to as a ‘stay interview’. These conversations provide insight into why an employee chooses to stay with your practice and what might cause them to leave. While pay may be one factor that needs adjusting as a result of the current job market, it is probably not the only change, nor the most meaningful change, you could make to improve overall job satisfaction.

“In calmer times we might be tempted to distribute a survey. Most of us have learned, though, that surveys provide data but rarely take us to effective solutions. This is why Gallup reports employee engagement has barely budged in 20 years and that just one third of employees remain engaged, no matter which ‘solutions’ we try,” according to Richard P. Finnegan, CEO of C-Suite Analytics, a consultancy specializing in engagement and retention. So, this needs to be a conversation, not an impersonal survey tool. If you’ve never conducted a stay interview before, it can be a little nerve-wracking. You may be anxious to hear what employees will say and employees may be hesitant to tell you the truth. It’s best to set the stage for a

stay interview in advance of the actual meeting. Let your staff know that you recognize the stress and added demands that have been placed up on them over the last 16+ months and that you want to do what you can to support them and make your practice a great place to work. Then, introduce that you’ll be having an informal talk with each of them to find out how they are doing, what they like about their job and the work environment and what you could do to make things even better.

When the time comes to speak with your employees, follow the 80/20 rule. Spend 80% of the time listening and 20% of the time probing further and taking notes. This is about them and their perspectives, so they should do most of the talking. Use these five classic stay interview questions to get you started, but feel free to dive deeper based on the responses provided:

- **What do you look forward to each day when you come to work?**
- **What are you learning here, and what do you want to learn?**
- **Why do you stay here?**
- **When is the last time you thought about leaving us, and what prompted it?**
- **What can I do to make your job better for you?**

To close the stay interview, thank your employee for their honesty, summarize the key points you heard and let them know what you plan to do with the information. Remember, not acting on the feedback you receive is worse than never having asked for their perspective in the first place. Consider communicating the results of your interviews in aggregate along with any planned changes so that your staff know that their efforts and vulnerability weren’t in vain. The time you invest in this process will pay dividends in retaining key staff and boosting moral during a difficult time.

ADVERTISERS INDEX

CATARACT & EYE CONSULTANTS OF MICHIGAN..... pg. 8

HENRY FORD MACOMB OBSTETRICS & GYNECOLOGY..... pg. 8

2021-2022 Macomb County Legislator Contact Guide



MICHIGAN SENATE

Senate District 8

Vacant

(517) 373-7670

Senate District 9

Sen. Paul Wojno (D)

6300 Binsfeld Bldg.

(517) 373-8360

SenPWojno@senate.michigan.gov

Senate District 10

Sen. Michael MacDonald (R)

4200 Binsfeld Bldg

(517) 373-7315

SenMMacdonald@senate.michigan.gov

Senate District 25

Sen. Dan Lauwers (R)

S-2 Capitol Bldg

(517) 373-7708

SenDLauwers@senate.michigan.gov

MICHIGAN HOUSE

House District 18

Rep. Kevin Hertel (D)

697 Anderson Bldg.

(517) 373-1180

KevinHertel@house.mi.gov

House District 28

Rep. Lori Stone (D)

792 Anderson Bldg.

(517) 373-1772

LoriStone@house.mi.gov

House District 33

Rep. Jeff Yaroch (R)

797 Anderson Bldg.

(517) 373-0820

JeffYaroch@house.mi.gov

MI House – Families,

Children & Seniors

Doug Wozniak (R) - Vice Chair

Steve Marino (R), District 24

House District 22

Rep. Richard Steenland (D)

786 Anderson Bldg.

(517) 373-0854

RichardSteenland@house.mi.gov

House District 30

Rep. Diana Farrington (R)

794 Anderson Bldg.

(517) 373-7768

DianaFarrington@house.mi.gov

House District 36

Rep. Doug Wozniak (R)

885 Anderson Bldg.

(517) 373-0843

DouglasWozniak@house.mi.gov

MI House – Judiciary

Doug Wozniak (R), District 36

MI House – Regulatory Reform

Kevin Hertel (D) - Minority Vice Chair

Richard Steenland (D), District 22

House District 24

Rep. Steve Marino (R)

788 Anderson Bldg.

(517) 373-0113

SteveMarino@house.mi.gov

House District 31

Rep. William Sowerby (D)

795 Anderson Bldg.

(517) 373-0159

WilliamSowerby@house.mi.gov

COMMITTEES

MI House – Health Policy

Lori Stone (D), District 28

MI House – Appropriations

Pamela Hornberger (R), District 32

Jeff Yaroch (R), District 33

MI Senate – Health Policy

Michael MacDonald (R), District 10

Paul Wojno (D), District 9

House District 25

Rep. Nate Shannon (D)

789 Anderson Bldg.

(517) 373-2275

NateShannon@house.mi.gov

House District 32

Rep. Pamela Hornberger (R)

796 Anderson Bldg.

(517) 373-8931

PamelaHornberger@house.mi.gov



Macomb County Medical Society
P.O. Box 551
Lexington, Michigan 48450-0551

PRESORTED
STANDARD
U.S. POSTAGE
PAID
LANSING, MI
PERMIT NO. 689



Health
Department

Are you ready?



The vaccine is a safe and effective way to protect yourself and those you love from serious illness or hospitalization.

For more information visit: macombgov.org/vaccinecentral