

Macomb Medicus

Journal of the Macomb County Medical Society

July/August/September 2022 | Vol. 30 | No. 3



Macomb Medicus

Journal of the Macomb County Medical Society

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July/August/September 2022 | Vol. 30 | No. 3

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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.

A Remembrance for Loved Ones that Keeps on Giving Physically & Spiritually

By: Milton Simmons, MD, Past MCMS President

Photos By: Adrian Christie, MD, Editor

The number 101 for emergencies (equivalent to 911 in the US) is seen on every Magen David Adom (Red Shield of David) ambulance located at 169 stations throughout Israel. One can use Hebrew, English, Arabic, or Russian to communicate with them.

When my daughter Bonnie Sherr, MD, who practiced with me for 21 years died, she received many tributes as she was highly respected in the medical community. It wasn't until 2017 that my dear friend Dr. Adrian Christie, MD demonstrated to me a new pathway that I could honor my daughter. He and his wife Mynetta donated a Magen David Adom (MDA) ambulance to Israel in their parents' names. A living gift that keeps on giving physically and spiritually. This type of gift states "I don't know who you are; I will never know, but I am there for you in your time of need!"

I thought this would be a wonderful way to honor Bonnie, so the next year (2018), I followed Adrian's lead and donated a MICU (Mobile Intensive Care Unit) in Bonnie's name. The MICU ambulance is equipped to provide immediate high-level treatment for the most severely injured or ill patients and carries special equipment for the treatment of severe cardiac and stroke patients. It is now stationed in Or Akiva, Israel. Her spirit is again practicing medicine and her medical license is now issued by GOD. IT WILL NEVER EXPIRE! The MICU has been on over 9,000 calls with one baby boy delivered in its structure.

A LIVING GIFT THAT KEEPS ON GIVING PHYSICALLY AND SPIRITUALLY. THIS TYPE OF GIFT STATES "I DON'T KNOW WHO YOU ARE; I WILL NEVER KNOW, BUT I AM THERE FOR YOU IN YOUR TIME OF NEED!"

My second MICU was donated in 2020 in memory of my wife Edith. It is located in Qazric in the Golan Heights of Israel. It has been on 7,000 runs and has two male infants to its credit. The third ambulance, a 4x4 with enhanced suspension for rugged terrain, was donated in 2021 and is located in Jerusalem. It honors my two uncles who inspired me to become a physician.



Above clockwise: Life Support Ambulance in honor of Dr. Simmons' Uncles; Dr. Simmons at the August 2020 dedication of the MICU ambulance in honor of his wife Edith; Dr. Adrian & Mynetta Christie.
Below: Drs. Bonnie Sherr & Milt Simmons.



One of them, Milton H. Simmons, was an executive and great supporter of the Columbus, Ohio community and a mentor to me in my younger years. The other, Harry M. Kirschbaum, MD, was a medical doctor who graduated from the Detroit College of Medicine and Surgery in 1921. He did his post graduate study in OB-GYN in Vienna and brought back to Michigan the advanced procedures of Europe at that time. Who knows, Israel might end up with triplets being born in that unit.

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My fourth MICU will be finished by August of this year, and should be on station by October in Israel. This emergency room on wheels will honor Dr. Michael D. Kleiman, MD who finished his residency in the anesthesia field. Unfortunately, his life was cut short by an auto accident and he never got to practice medicine after all those years of study. In October, his spirit will take over a new specialty, emergency medicine and surgery in Israel under GOD'S license. He will be able to make a difference in the lives of people that need his empathy, compassion, and healing.

I am seriously considering sharing a donation next year for a "PEACE AMBULANCE" between two countries, Israel and Jordan. Their relationship with each other is not the greatest. The ambulance would rotate equally for service in each country. My friend Dr. Shukri David, MD, an invasive cardiologist, has donated two units to Jordan already. We think it's a great idea having both emergency numbers of 101 for Israel and 199 for Jordan on one peace ambulance. The problem now is would the two countries accept such an arrangement???



Ambulance donation by Dr. Christie's family, October 2017.



Dr. Milt Simmons in Israel with the medcis on Bonnie's MICU.

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**Help us create
A Healthier
Macomb!**
Your voice matters.

**Healthy
Macomb**
An initiative of Health Department

MACOMB COUNTY HEALTH DEPARTMENT AND COMMUNITY PARTNERS LAUNCH COUNTY-WIDE HEALTH SURVEY

Healthy Macomb, a partnership between the Macomb County Health Department (MCHD) and over 20 organizations and agencies in Macomb County, has launched a county-wide survey to collect information on the needs and priorities of community members. The Macomb County Community Health Survey will help MCHD and its community partners identify and address the most important health concerns in the county.

Everyone who lives, works, and plays in Macomb County is encouraged to complete the survey at <https://macombgov.org/cha-survey>. The survey takes 5–10 minutes to complete and is available in English, Spanish, and Arabic. By taking the survey, community members throughout Macomb County have the opportunity to tell county organizations how to make Macomb County a healthier place for their families and their communities.

“As a result of the pandemic, we’ve all been through a lot over the past couple years. Although not new, health disparities and the social determinants of health (SDOH) became even more evident during COVID-19,” said Andrew Cox, Director/Health Officer of the Macomb County Health Department. “This survey gives people a chance to share their input on these issues and



contribute to a plan that will make Macomb County a healthier place. We want to hear from everyone.”

The Macomb County Community Health Survey is part of the 2022 Community Health Assessment (CHA), a process that aims to understand the greater health and well-being of Macomb County. The first CHA in Macomb County was completed in 2016. Healthy Macomb organizations will continue to gather community member input in the coming months, with the goal of completing the CHA in late 2022.

To learn more about Healthy Macomb, the CHA process, or how community member input is used to improve the health and well-being of Macomb County, you can visit

<https://cha.macombgov.org/>. ♦

COVID-19 Testing by Month

Year	Month	Total Tests ¹	Total Positive ^{1,2}	Percent Positive ^{1,3}	Total Deaths ⁴	
2020	March	2,956	1,173	39.7%	69	
	April	20,693	6,228	30.1%	599	
	May	28,055	1,917	6.8%	168	
	June	28,812	786	2.7%	50	
	July	50,406	2,666	5.3%	21	
	August	67,078	4,677	7.0%	36	
	September	53,102	2,871	5.4%	40	
	October	75,667	5,995	7.9%	77	
	November	132,349	22,852	17.3%	219	
	December	107,419	14,561	13.6%	331	
	January	78,016	6,109	7.8%	186	
	February	52,813	2,342	4.4%	71	
2021	March	82,783	12,208	14.7%	73	
	April	110,384	23,018	20.9%	219	
	May	55,768	4,930	8.8%	139	
	June	33,364	612	1.9%	28	
	July	28,949	1,063	3.8%	11	
	August	55,105	4,287	7.8%	30	
	September	84,035	7,532	9.0%	61	
	October	97,837	11,545	11.8%	122	
	November	112,236	20,234	18.0%	197	
	December	138,449	33,827	24.4%	340	
	2022	January	157,825	54,902	34.7%	312
		February	52,283	5,811	11.1%	134
March		48,340	2,177	4.5%	42	
April		43,979	4,260	9.7%	24	
May		52,678	10,890	20.6%	35	
June		36,730	5,900	16.0%	38	
July		18,199	3,604	19.8%	8	

Testing data are provided by the Michigan Department of Health & Human Services and may be delayed by several days. Data is current as of July 22, 2022

¹Includes only diagnostic tests
²Number of positive test results, not unique individuals who tested positive.
³The rest of the dashboard is limited to unique, confirmed individual cases.
⁴Number of positive test results divided by the total number of tests.
⁵Confirmed deaths meeting MDHHS criteria (see definition on dashboard).
Reported by month death occurred.

Parks and Trails in Macomb County

Macomb Orchard Trail
23.5 miles of smooth pavement and links to 180 miles of trails in southeast Michigan

23.5 miles

Huron-Clinton Metroparks
Including Stony Creek, Lake St. Clair, and Wolcott Mill Metroparks

3 metro parks

Municipal Parks
More than 3,800 acres of municipal parks located throughout the county

3,800 acres

Coastline and Water Trails
34 miles of coastline along Lake St. Clair for swimming, boating, fishing, and more

34 miles

Macomb County is home to 3,800 acres of parks and extensive trail systems that you can encourage your patients to utilize. For more information check out <https://living.macombgov.org/living-movemore-parkstrails>

Find a park near you using SEMCOG's Park Finder <https://maps.semcoq.org/ParkFinder/> online or download the app for free! You can filter by location, park type and park size. You can also find park amenities including trails, sports facilities and more.

KEEP THE BONFIRES GOING

Keep up to date on COVID-19 vaccines.

MDHHS
Michigan Department of Health & Human Services

Implicit Bias Requirements and Training Opportunities

The Michigan Department of Licensing and Regulatory Affairs now requires implicit bias training for physicians (and other health care professionals). The requirements apply to both new applicants as well as those renewing their existing licenses on or after June 1, 2022.

You can look up your license renewal date through [LARA's website here](#).

New applicants for licensure are required to have completed 2 hours of implicit bias training within the 5 years immediately preceding issuance of the license. Renewing licensees are required to complete 1 hour of implicit bias training for each year of their license cycle. For initial renewal after June 1, 2021, licensees will only need to have 1 hour for each year since the rule's promulgation date of June 1, 2021.

Subsequent renewals will require 1 hour of implicit bias training for each year of the license cycle, or 3 hours for their 3-year license.

This training is different from other mandated CME in that it must include:

- Strategies to reduce disparities in access to and delivery of health care services.
- The administration of pre- and post-test implicit bias assessments.
- A live component.

Solely recorded or archived content is not allowable as the training must incorporate interaction among the participants (with each other and the instructor). Acceptable modalities of training are a teleconference or webinar that permits live synchronous interaction, a live presentation, or an interactive online instruction. Make sure that any training you receive has a live component (meaning in-person onsite or live virtual) and a pre AND post implicit bias assessment is included. Many professional medical education companies are racing to provide implicit bias content to meet Michigan re-licensure requirements and, while they claim they meet Michigan LARA requirements, most do not.

AVAILABLE ONLINE & IN-PERSON COURSES

The Michigan State Medical Society Foundation has many opportunities to meet the new implicit bias training requirements, including a brand-new two-part monthly series, "Reducing Unconscious Bias - an Imperative: Foundation and Impacts on Patient Care." To meet the implicit bias requirement, physicians will first need to complete the Part 1 on-demand webinar and then one of the Part 2 live virtual sessions to receive up to 2 AMA PRA Category 1 Credit(s)[™].



Participants may choose any of the following live virtual sessions which take place from 12:00 pm - 1:00 pm to complete the activity (*you must choose one of the following dates when registering*):

- August 10, 2022
- September 21, 2022
- October 12, 2022
- November 16, 2022
- November 30, 2022

Additional licensure requirement opportunities include:

A Day of Board of Medicine Renewal Requirements, 8:30 am – 4:15 pm

1-hr Medical Ethics / 3-hr Pain & Symptom Management / 3-hr Implicit Bias

- September 23, 2022 - Marriott East Lansing
- November 4, 2022 – Sheraton Ann Arbor

Monday Night Medicine: Implicit Bias (Live Virtual), 6:30 pm – 8 pm

1.5-hr Implicit Bias

- October 3, 2022
- November 7, 2022

Annual Scientific Meeting: Implicit Bias (Live Virtual)

3-hr Implicit Bias

- October 13, 2022

To register for events, visit www.msms.org/eo. For more information on the implicit bias requirement or any other issues regarding physician licensing, please contact Rebecca Blake, MSMS's Senior Director, Education at (517) 336-5729 or rblake@msms.org. ♦

We would like to welcome the following New Members**David S. Coviak, DDS, MD****Oral & Maxillofacial Surgery and General Practice**

Medical School: Wayne State University School of Medicine, 2019. Post Graduate Education: Ascension St. John Macomb Oakland, completed in 2021. Currently practicing at Summit Oral & Maxillofacial Surgery, 29427 Ryan Rd., Warren, MI 48092, p. 586-755-9240, f. 586-755-1081, www.summitfacial.com.

Angela A. Joseph, MD**Anesthesiology and Critical Care**

Medical School: American University of the Caribbean, 1985. Post Graduate Education: Detroit Medical Center, completed in 1998; Duke University Medical Center (NC), completed in 2000. Currently practicing at Macomb Correctional Facility, 34625 26 Mile Rd., Lenox, MI 48048.

**Jennifer L. Rivard, MD****Dermatology – Board Certified, Dermatopathology – Board Certified**

Medical School: University of Texas Health Science Center of San Antonio, 2003. Post Graduate

Education: Henry Ford Hospital, completed in 2007; Univ. of Massachusetts Medical School, completed in 2013. Hospital Affiliations: Henry Ford Macomb, Beaumont Wayne. Currently practicing at Hamzavi Dermatology, 43151 Dalcma Dr., Ste. 1, Clinton Twp., MI 48038, p. 586-285-8720, www.hamzaviderm.com.

**Jerome E. Seid, MD****Internal Medicine – Board Certified, Hematology Oncology – Board Certified**

Medical School: Wayne State University School of Medicine, 1987. Post Graduate Education: McGaw Medical Center of Northwestern University (IL),

completed in 1990; University of Michigan Health System, completed in 1993. Hospital Affiliations: Ascension Macomb Oakland, Ascension St. John. Currently practicing at Great Lakes Cancer Management Specialists, 11885 E. 12 Mile Rd., Ste. 100A, Warren, MI 48093, p. 586-576-1615, f. 586-576-1628, www.greatlakescms.com.

We would like to welcome the following New Resident Members**Ascension Macomb-Oakland Hospital**

Nisrin Ayed, MD
Benjamin Goldman, DO
Lakshmi Gundapaneni, MD
Janessa Haasbeek, DO
Rafi Jarious, DPM
Kaiser Kabir, DO
Anna Mauro, DPM
Courtney McClure, MI

Bhavana Pabbati, MI
Faith Palmer, MD
Arjun Patel, DO
Khin Pyai, MD
Nora Rader, MD
Kelsee Rotondo, DO
Zainab Shams

Henry Ford Macomb Hospital

Vincent Abejuela, DO
Ziad Affas, MD
Jeffrey Aguiar, DO
Zachary Ahmad, MD
Mohammed Alomgir, DO
Sumeet Aujla, MD
Eduardo Avena Arevalo, MD
Jordynn Baldwin, DO
Jacob Best, DO
Akshay Bhanot, DO
Thomas Brennan, DO
Brooke Burgess, DO
Clarence Cabatu, DO
Christiam Campero, MD
Philip Chacko, DO
Tara Chandran, DO
Archana Chandrashekar, DO
Michael Cole, DO
Nicola Colucci, DO
Amanda Connolly, DO
Meghna Dhir, DO
Anthony Di Ponio, DO
Christina, Dolores, DO
John Efthyvoulidis, DO
Elisabeth Ekkel, DO
Ahmed Elisa, MD
Brian Feijoo, MD
Derek Foster, DO
Brent Geers, DO
Richard Grenn, DO
Usman Hamayoun, MD
Matthew Hammond, DO
Hye Jeong Han
Cameron Hanson, DO
Benjamin Hart, DO
Kenneth Ieradi, DO
Sarah Jazaerly, DO
Sarah Jordan, DO
Alan Joseph, MD
Ashish Kalakuntla, MD
Nicole Karmo, MD
Shubhreen Kaur, DO
Marie Kenny, DO
Emily Kerby, DO

Nadia Khan, DO
Cameron King, DO
Rishi Kumar, DO
Suneet Kumar, MD
Matthew Lederer, DO
Haley Lehman, DO
Steven Leonwicz, DO
Ana Lozano, DO
Alexander Lu, DO
Yusra Mansour, DO
Matthew McClure, DO
Alexandria Mozzicato, DO
Sharan Mullen, DO
Gouthami Nalakonda, MD
Brooke Ndoj, DO
Shannon Novin, DO
Shyamal Pansuriya, DO
Kishan Patel, MD
Hennah Patel, DO
Leah Pearl, DO
Manali Pragani, MD
Uvri Rana, DO
John Riley, DO
Cameron Rowe, DO
Alan Rupp, DO
Sirisha Sakhamuru
Kali Sanford, DO
Varun Sankuratri, DO
Matthew Schuch, DO
Faryal Shaikh, DO
Saad Shams, MD
Taylor Sims, DO
Alexander Somers, DO
Christopher Stewart, DO
Ayman Suleiman, MD
Kutiba Tabbaa, MD
Taylor Timoteo, DO
Ellen Tumbarella, DO
Aryan Vahedi-Faridi, MD
Aleksandra Vidovich, DO
Rachel Visconti, DO
Hayley Wallace, DO
Nikolas Ward, DO
Nothando Zibanayi, MD

Macomb Medicus

Journal of the Macomb County Medical Society

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.

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!



- People who are worried about a loved one who may need support also can call.

988 Crisis Line Helping Connect Michigan Residents Experiencing Behavioral Health Crises to Resources

Michiganders in crisis now have an easy-to-remember three-digit number to call for help – 988. Michigan has joined the nation in transitioning to the 988-dialing code, which will operate through the existing National Suicide Prevention Lifeline’s network of more than 200 locally operated and funded crisis centers across the country.



“The 988 number is another step toward strengthening and transforming crisis care and mental health services in our state, which is a key focus of the department,” said Elizabeth Hertel, Michigan Department of Health and Human Services (MDHHS) director. “This universal number means no matter where you live or call from, you can reach a trained crisis counselor who can help. We encourage Michigan residents or their family members to call 988 if they are experiencing mental health-related distress, emotional distress or a substance use crisis.”

“Trained counselors will be available 24/7 to field calls. They will listen to the caller’s problems, assess their needs and provide support by connecting them with resources, and alert local emergency crisis teams, if necessary. The roll out of 988 as an easier number to remember will provide a natural extension to the already promising work of the department in implementing the Michigan Crisis and Access Line,” said Dr. Debra Pinals, medical director for Behavioral Health and Forensic Programs, MDHHS

Anyone with these concerns can call:

- Mental health-related distress.
- Thoughts of suicide.
- Substance use crisis.
- Emotional distress.
- There are specialized services available for veterans, LGBTQ individuals and other groups.

The 988-dialing code does not replace the National Suicide Prevention Lifeline 800-273-TALK (8255) or other locally operated crisis lines. Instead, it serves as a universal entry point to connect individuals in need to trained crisis counselors who can help. MDHHS is working to ensure a solid infrastructure is built through coordination with 911 and other crisis service providers as the 988-dialing code launches.

For more information, visit [988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line](#)

LARA Communication Regarding U.S. Supreme Court Decision

Access to medical care for all Michigan citizens, including women facing the difficult decision to seek abortion, is of paramount importance. LARA knows that treating these women and being able to use your abilities and judgment to determine the best course of care in each individual circumstance is part of your oath as medical professionals, and understands that you wish to continue to offer these services, as the law permits.



On June 24, 2022, the U.S. Supreme Court overturned a woman’s constitutional right to abortion services. Under this decision, laws and court rulings in each state guide how health professionals provide abortions and abortion-related services. In Michigan, there is an injunction in place, based on a court order prior to the U.S. Supreme Court decision, that protects women seeking abortion services and the health care professionals assisting them. That order states, “Defendant [the Attorney General] and anyone acting under defendant’s control and supervision, see MCL 14.30, are hereby enjoined during the pendency of this action from enforcing MCL 750.14.” The order also provided that the Attorney General give immediate notice of the preliminary injunction to all state and local officials acting under her supervision. **It is LARA’s position that abortion remains legal in Michigan because of the current injunction that prohibits enforcement of the 1931 law.**

LARA understands that you may have some concerns about how continuing to provide medical and surgical services to women seeking abortion may impact your professional license. **The Department of Licensing and Regulatory Affairs will not take any action against any health professionals for providing legal abortion services while the current injunction remains in place.**

Thank you for your commitment to providing services to women in need and to all Michigan citizens. ♦



Gen Z Wants Health Providers to Ask About Food, Housing, Safety and More

By: Kara Gavin

A poll shows strong support for clinics' efforts to screen for, and providing support for, social determinants of health

Their parents and grandparents probably never got asked by a doctor or nurse whether they had enough to eat, a safe and stable place to live, someone discriminating against them, or anything getting in the way of their education.

But most members of Generation Z say they want their health care providers to ask about these things, and most want providers to offer information or referrals for services to address these concerns, according to a new poll.

And most understand why these “social determinants of health,” as they’re collectively called, are important to overall health.

The poll findings, published in the June issue of the *Journal of Adolescent Health* by a team from the University of Michigan, are based on data from the MyVoice National Poll of Youth, based in the U-M Department of Family Medicine.

More than 1,000 youth aged 14 to 24 answered five open-ended questions via text message in March 2021. Nearly 39% of respondents came from families whose income levels qualified them for free or reduced-price school lunch under national criteria.

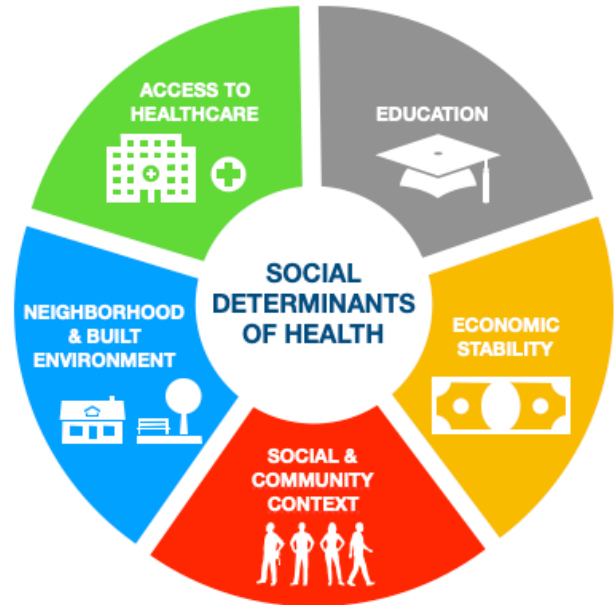
The poll asked about housing, food, education, safety and discrimination – all factors that can affect a person’s health in the short and long term, and their ability to seek care and keep up with treatments.

In all, 81% of youth said providers should ask about such factors. Nearly a third said that embarrassment might keep them from seeking help for such issues if they were experiencing them.

In addition, a quarter said they would want providers to offer resources for people with social needs, and a nearly equal percentage said providers should offer information about resources that could assist people with such needs.

Finally, youth’s most commonly reported preference for how to receive information about assistance or social risks was in-person, though they were amenable to phone, email, and handouts, as well.

First author Claire Chang, a U-M Medical School student, said, “It seems obvious that addressing social needs, like food and housing, in clinical settings would benefit patients. But we actually know very little about whether and how patients



would want to receive this kind of assistance. Youth in our study told us that they do want to talk about social determinants of health with their providers. It is important for us to understand these preferences and desires as social/medical care integration efforts spread across the country.”

An increasing number of health systems and clinics – including U-M’s own academic medical center, Michigan Medicine – now screen for SDOH’s as part of patient care.

Poll director and U-M family medicine physician Tammy Chang, MD, MPH, MS, concurs. “As a doctor, what I hear is my adolescent and young adult patients want me to ask them about more than their health. They want me to ask about their lives,” she said. “This opens a door for doctors and other health-care providers to really understand the root causes of the issues that young people are facing today. Youth in our study didn’t expect providers to solve their issues, rather, just listen. I can do that.”

Chang is a member of the U-M Institute for Healthcare Policy and Innovation.

Study cited: “Youth Perspectives on Their Medical Team’s Role in Screening for and Addressing Social Determinants of Health,” *Journal of Adolescent Health*, June 2022. [DOI: 10.1016/j.jadohealth.2021.12.016](https://doi.org/10.1016/j.jadohealth.2021.12.016) ♦

This article was originally posted on the Michigan Medicine News website.

Henry Ford Macomb Hospital

HENRY FORD HEALTH EARNS TOP RATINGS FROM HUMAN RIGHTS CAMPAIGN FOR LGBTQ+ HEALTHCARE, EQUITY

All Henry Ford Health hospitals earned a rating of 100 on the latest Human Rights Campaign Healthcare Equality Index

All five hospitals within Henry Ford Health have been recognized as an “LGBTQ+ Healthcare Equality Leader” by the Human Rights Campaign Foundation (HRC) in its 2022 Healthcare Equality Index, which is a tool that evaluates healthcare facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ+ patients, visitors and employees.

Henry Ford is one of only two healthcare organizations in Michigan recognized by HRC as an LGBTQ+ Healthcare Equality Leader. This is the third consecutive year all hospitals within Henry Ford have earned this designation.

“As a healthcare organization committed to equity and inclusion, earning the highest rating from the Human Rights Campaign on its latest Healthcare Equality Index is inspiring and a true reflection of Henry Ford Health’s caring environment, driven by our compassionate team members,” says Kimberlydawn Wisdom, MD, Senior Vice President of Community Health & Equity and Chief Wellness & Diversity Officer at Henry Ford Health. “This honor recognizes our commitment to providing equitable and inclusive care and support for lesbian, gay, bisexual, transgender and questioning patients and employees, and ensures we are regularly assessing our success in driving inclusive policies and best practices by submitting our data for evaluation.”

Now in its 15th year, the HRC’s Healthcare Equality Index continues to grow in the number of healthcare institutions that are embracing and adopting LGBTQ+ inclusive policies and practices. A record 906 healthcare facilities actively participated in the HEI 2022 survey.

“Every person deserves to have access to quality healthcare, be respected and heard by their doctor, and feel safe in the facility where they are receiving care. But LGBTQ+ people are often subject to discrimination in all spaces, including healthcare facilities, which leads to members of the community avoiding care and anticipating our voices will not be respected in an incredibly vulnerable environment,” said Tari Hanneman, Director of Health & Aging at The Human Rights Campaign. “The Healthcare Equality Index, at its core, strives to ensure LGBTQ+ people are protected and affirmed by their healthcare



providers and feel safe seeking services. Our HEI active participants are truly pioneering the healthcare industry by implementing robust, comprehensive LGBTQ+ inclusive policies that hopefully, because of their work, will become standard practice.”

Inclusion on the list is based on participating healthcare facilities recognizing the importance of implementing LGBTQ+-inclusive practices alongside their foundational non-discrimination policies.

Henry Ford’s LGBTQ+-supportive policies are numerous and include:

- A Henry Ford Health dedicated LGBTQ+ Health Resources web page.
- A Henry Ford run clinic in the Ruth Ellis Center, which provides trauma-informed services for LGBTQ+ youth and young adults.
- Hospital visitation policies that grant equal visitation to LGBTQ+ patients and their families.
- Provider and employee training on LGBTQ+ patient-centered care and unconscious bias.
- Availability of all gender restrooms in all Henry Ford care facilities.
- An Employee Resource Group (ERG) called PRIDE, which strengthens the organization’s workforce through recruitment of talented LGBTQ+ employees.
- Equal benefits for married LGBTQ+ team members and their same sex partner.
- Support LGBTQ+ community events such as Pride Month and Happy National Coming Out Day activities.

This year marks the fifth year that HEI participants were given a score based on how many LGBTQ+ inclusive policies and practices they have in place in four different criteria. The first criteria consist of the foundational elements of LGBTQ+ patient-centered care. The three remaining criteria are Patient Services and Support, Employee Benefits and Policies, and Patient and Community Engagement. In addition, participants must demonstrate that they offer transgender-inclusive healthcare benefits to their employees in order to receive the top score of 100 points and earn HRC’s LGBTQ+ Healthcare Equality Leader designation. This year, 496 participants earned this top designation.

To learn more about LGBTQ+ resources for patients, visitors and employees, visit www.henryford.com/LGBTQ.

ALL FIVE HENRY FORD HEALTH HOSPITALS EARN HIGHEST QUALITY RECOGNITION FOR STROKE CARE FROM AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION

All five hospitals of Henry Ford Health, which are equipped to treat stroke, earned Get with the Guidelines® - Stroke Gold Plus and Target: Stroke Honor Roll Elite status for stroke care excellence from the American Heart Association and American Stroke Association.



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

"This is the second consecutive year all of our hospitals have earned the Gold Plus designation, and the first time all of our hospitals at Henry Ford Health have earned Target: Stroke Honor Roll Elite status," said Alex Chebl, MD, director of the Division of Vascular Neurology for Henry Ford Health and director of Henry Ford Hospital's Comprehensive Stroke Center. "While stroke continues to be a leading cause of death and disability in the United States, the lasting effects of stroke can be significantly minimized when a patient is treated quickly and with evidence-based therapies. These quality recognitions from the American Heart Association and American Stroke Association are a testament to the consistency of care our patients receive when being treated for stroke at each one of our Henry Ford hospitals."

The Gold Plus award, which is what all Henry Ford Health hospitals earned, is an advanced level of recognition, acknowledging consistent compliance with quality measures embedded within the Patient Management Tool. These measures include evaluation of the proper use of medications and other stroke treatments aligned with evidence-based guidelines to improve outcomes for those who experience stroke.

The Target: Stroke Honor Roll Elite designation signifies that the hospitals achieved arrival to thrombolytic therapy times within 60 minutes for 85% or more of eligible acute ischemic stroke patients. IV tPA is a "clot busting" drug that helps break up the blood clot causing a disruption of blood flow to the brain.

All five Henry Ford hospitals were also recognized with Target: Type 2 Diabetes Honor Roll, which recognizes their commitment to ensuring patients with Type 2 diabetes receive the most up-to-date, evidence-based care when hospitalized with a stroke.

According to the American Heart Association/American Stroke Association, stroke is the No. 5 cause of death and the leading cause of adult disability in the United States. On average, someone in the U.S. suffers a stroke every 40 seconds and nearly 795,000 people suffer a new or recurrent stroke each year.

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



McLaren Macomb Hospital

MCLAREN HEALTH CARE EXPANDS STROKE NETWORK THROUGH ADDITION OF AI TECHNOLOGY

McLaren Health Care expanded its statewide McLaren Stroke Network through the addition of leading-edge technology that results in quicker, time-critical treatment decisions for stroke care. RapidAI applies artificial intelligence to advanced imaging to analyze clinical data, expedite clinical decisions and connect the care team on a single, FDA-approved and HIPAA-compliant platform.



Already the largest stroke program in the state, the addition of this AI technology adds to the program's care capabilities, which has already garnered recognition from the American Heart Association/American Stroke Association and The Joint Commission.

"Time is critical during a stroke, and the sooner we, the physicians, receive the information we need to make a thorough diagnosis, the sooner we can activate a care plan and increase the patients' chances of achieving an enhanced clinical outcome," said Aniel Majjhoo, MD, interventional neurologist and neurosciences medical director at McLaren Health Care. "Adding this platform is a significant advancement to our program — one with the capacity to save our patients from the potentially devastating effects of stroke."

The technology is capable of recommending which stroke patients should undergo a thrombectomy, the procedure in which the interventional neurologist tunnels a catheter from the groin to the brain in order to remove the stroke-causing clot restricting blood flow in the brain.

With the technology's capabilities validated by several major clinical trials, adding the platform improves the McLaren Stroke Network's clinical decision time and time to patient treatment, metrics that already best national benchmarks.

All Michigan-based McLaren hospitals are part of the system's Stroke Network. Through its use of telemedicine technology, every suspected stroke patient is evaluated by an interventional neurologist with extensive experience in the diagnosis and treatment of stroke — the only program of its kind in the state — aiding in the development and execution of a potentially lifesaving care plan. Stroke is the fifth leading cause of death and the leading cause of adult disability in the United States. With hypertension, a main risk factor for stroke, on the rise the risk for stroke is increasing.

Learn more about the recognitions and capabilities of the McLaren Stroke Network, and how to spot the signs of stroke in yourself or a loved one, at www.mclaren.org/stroke.

MCLAREN MACOMB SENIOR BEHAVIORAL HEALTH CENTER CELEBRATES 100TH ADMISSION

The first and only Macomb County-based facility of its type, McLaren Macomb Senior Behavioral Health Center in Shelby Township recently admitted its milestone 100th patient.

Opened in September 2021, the 100th patient was admitted on April 27, 2022.

"Launching in the midst of the pandemic, nationwide staffing challenges and encountering a few obstacles along the way, reaching 100 patients this quickly really demonstrates the need for behavioral health care in the county," said Theresa Chapman, director of the McLaren Macomb Senior Behavioral Health Center. "We would not have achieved this without the dedication and compassion displayed by our whole team."



The new 23-bed inpatient facility is designed to meet the needs of adults 65 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.

Learn more about the McLaren Macomb Senior Behavioral Health Center at www.mclaren.org/macombgeropsych.

MCLAREN MACOMB CARDIOLOGISTS PERFORM 100TH WATCHMAN PROCEDURE

On April 20, 2022, a team of McLaren Macomb cardiologists, nurses and techs successfully completed the department's 100th Watchman procedure in the



Mat Gaberty Heart Center's cardiac cath lab, becoming the first hospital in Macomb County to achieve the milestone.

A potentially lifesaving, stroke prevention implant, the Watchman device closes off the left atrial appendage, a small, non-vital opening in the heart's left atrium muscle wall. For patients with non-valvular atrial fibrillation, blood can pool in this appendage, increasing the likelihood of clots forming and traveling through the blood stream to the brain.

Led by cardiac electrophysiologist M. Cameron Willoughby, DO McLaren Macomb performed the county's first Watchman procedure in February 2020. Additionally, the McLaren Macomb Watchman team includes cardiologists Sabin Zacharias, MD; Jay Mohan, DO; Mark Zainea, MD; Melissa Ianitelli, DO and coordinator Andrew Jablonowski, NP.

Patients with atrial fibrillation live with a greater risk for stroke. The non-valvular form of atrial fibrillation is caused by conditions such as high blood pressure or an overactive thyroid rather than a faulty heart valve. Blood thinning medications help prevent the formations of blood clots in patients' blood-streams, but this procedure can free them from long-term anticoagulant therapies.

Atrial fibrillation, affecting more than five million people in the United States, is the most common cardiac arrhythmia, with 20 percent of all strokes occurring in patients with atrial fibrillation. ♦

COVID-19 vaccines are now available for ages 6 months and up!

Both the Pfizer and Moderna COVID-19 vaccines are now authorized and recommended for children 6 months and older. Everyone 5 years and older should also get an age-appropriate COVID-19 booster, when eligible.

More than **4,000** providers across Michigan can administer the COVID-19 kids vaccine, including:

- | | |
|---|---------------------------|
| Family physicians and pediatricians | Some pharmacies (ages 3+) |
| Local health departments and federally qualified health centers | Urgent cares (ages 5+) |

MDHHS For more information, visit Michigan.gov/KidsCOVIDvaccine or talk to a health care provider.



Take Charge of Your Mental Health



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

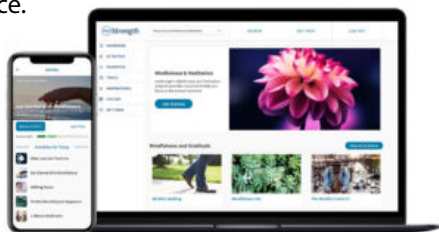
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

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

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

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

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



It's easy to get started; Go to mystrength.com 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



FREE CME with MSMS' on Demand Webinars Available at www.msms.org/Education

Grand Rounds Webinar Series:

[A Message from Your MAC: Depression Screening](#)

[Changes to Michigan's Auto No-Fault Act for Physicians](#)

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

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

[Domestic Violence and Sexual Assault \(Intimate Partner Violence\)](#)

[Emotional and Personal Resiliency: Moving Through Burnout](#)

[Federal Information Blocking Rules](#)

[Harm Reduction in Practice and Policy Strategies](#)

[LGBTQ Health in MI: An Overview of Efforts to Improve Care & Reduce Health Disparities](#)

[Navigating the No Surprises Act](#)

[Recovery Audit Contractor \(RAC\) Region 1](#)

[Sharing Clinical Notes With Patients: A New Era of Transparency in Medicine](#)

Practice Management Webinar Series: Embezzlement: How to Protect Your Practice

[Navigating the State and Federal Surprise Billing Legislation: 2022 Update](#)

[Office Billing Policies and Procedures for No Surprises](#)

[Resources to Navigate Surprise Billing Requirements](#)

[Surprise Billing Compliance for Primary Care Practices](#)

Developing Leadership Skills

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



Q. *We are having such a hard time hiring staff for our practice. Not only are we struggling to find employees who are the right “fit” for our culture, but we are really struggling to find an office/practice manager. It seems like we have tried everything as far as recruiting goes. Do you have any other ideas to help us?*

A. You are not alone in this struggle. Employers everywhere are having a hard time finding employees to fill positions, at all levels. Since the pandemic began, more people have retired or left the workforce for a variety of reasons. With birth rates declining, the challenge of having enough employees to fill positions is not going away anytime soon. Practices must be more creative in recruitment, including developing partnerships with high schools, community colleges, and training programs. They also need to pay attention to their work culture to ensure that they don’t lose the people they have. Opportunities for continuous learning are key for retaining employees, so let’s take a deeper look at how you can create those opportunities within your practice.

Think about the key skills you need each role to have to be successful in your practice. Ideally, you have these key skills included in the job descriptions for each position. Things like communication, organization, conflict resolution, and working on teams are all skill areas that practices need. You may have others. What do these look like when they are happening effectively? What resources do you have in place to help build and enhance these skills? If you don’t have clear expectations of employees, this would be a great place to start. What are your processes for communication, organizing the work, and conflict resolution? Do you have policies and procedures in your employee handbook and/or additional training protocols for each position? Who is responsible for administering this training and how is comprehension and proficiency measured? Creating an internal training process for these critical areas of interpersonal and teambuilding skills goes a long way toward building shared awareness and understanding for what is expected. Without these structures, employees guess at what they should do, actions are inconsistent, and sometimes their habits do not fit well with your team and practice, creating conflict.

In addition to clarifying your internal systems, policies, and procedures, you should also begin building your training and professional development offerings. Now more than ever, practices need to look within to see if there are employees who can “grow into” new positions, as well as potentially be promoted into leadership roles. You may have someone in the practice who has some natural leadership abilities but needs additional support to take on an office or practice manager

role. There are many trainings out there on supervision, communication, conflict resolution, etc. HRM is launching our own online training platform at www.HRHazmat.com to support our clients with these needs. We also provide onsite training, tailored to the needs of each client. This is just one of many external resources/vendors available to assist you with leadership development. Regardless of the training you use, make sure that the learning objectives align with your goals and that it is delivered in a way that is engaging for your staff.

Training is one step in building new skills, but it is not sufficient by itself. Training plus ongoing coaching and mentoring at the practice level is what creates real change; helping employees refine their skills as they build new habits. This requires synchronization and ongoing effort on your part to ensure that your investments in training and development bear fruit. Whether you are focused on growing leaders or building a talent pipeline, you will need to be heavily involved in the process. This is going to be the way of the future when it comes to talent acquisition. While we may long for the days of “post and pick”, the truth is that this new path forward (while more time and cost-intensive) is also more flexible, more predictable and more likely to pay off in the long run. ♦

www.WorkWithHRM.com



Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- ❖ Talking about wanting to die or to kill oneself.
- ❖ Looking for a way to kill oneself, such as searching online or buying a gun.
- ❖ Talking about feeling hopeless or having no reason to live.
- ❖ Talking about feeling trapped or in unbearable pain.
- ❖ Talking about being a burden to others.
- ❖ Increasing the use of alcohol or drugs.
- ❖ Acting anxious or agitated; behaving recklessly.
- ❖ Sleeping too little or too much.
- ❖ Withdrawing or feeling isolated.
- ❖ Showing rage or talking about seeking revenge.
- ❖ Displaying extreme mood swings.

Suicide Is Preventable.

Call the Lifeline at 1-800-273-TALK (8255).

With Help Comes Hope



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



FAQS: NEW IMPLICIT BIAS TRAINING REQUIREMENT – JUNE 1, 2022

The Michigan Department of Licensing and Regulatory Affairs (LARA) now requires implicit bias training for physicians and other health care professionals. The requirements apply to both new applicants as well as those renewing their existing licenses or registrations starting on June 1, 2022.



To view frequently asked questions and answers regarding the new training requirements go to [MSMS website](#)

MICHIGAN'S FISCAL YEAR 2023 BUDGET PASSES WITH MSMS-INITIATED PROPOSAL

The Michigan House, Senate, and Governor came to a final agreement on a \$76 billion budget for Fiscal Year 2023 (FY 2023) on July 1st.

An MSMS-initiated proposal was included in the final version of the budget, which will provide an estimated \$60 million to support a Medicaid reimbursement uplift for adult and pediatric primary care providers. Under the initiative, the Department of Health and Human Services (DHHS) will allocate \$15 million of general fund/general purpose revenue and any associated federal matching dollars to provide Medicaid reimbursement rates for primary care services at the greater of either the actual rates paid during the previous fiscal year, or at least 95% of the Medicare rate received for those services on the date the service was provided.

“It’s wonderful when our lawmakers recognize problems and then work together to implement solutions, and that’s exactly what happened today with the announcement that a Medicaid uplift would be funded in this year’s general fund budget,” said **Thomas Veverka, MD, FACS, MSMS President**.

“On behalf of our member physicians across the state, I’d like to praise Governor Whitmer, Senate Leadership, and our state’s lawmakers for not only recognizing the problems Medicaid’s low reimbursement presents to Michigan’s patients and providers, but then working together to find and fund a solution. This now approved Medicaid uplift will expand access to care, supports primary care and physician practice sustainability, and most importantly, improve patient health, and all of that is worth celebrating,” Doctor Veverka said. “Now more than ever, patients need timely access to primary care,

and the announcement that Medicaid reimbursement rates will be receiving a much-needed increase will go a long way towards ensuring that Michigan’s patients can access the care they need when they need it from the physicians they trust.”

Lastly, MSMS is also pleased to see that current funding levels for Graduate Medical Education (GME) residency positions and MiDocs, which is a state-funded program set up to expand GME residency positions in select specialties to recruit and retain physicians in underserved areas in Michigan, were maintained in the FY 2023 budget.

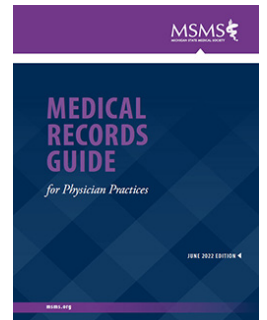


MEMBER EXCLUSIVE: POPULAR MEDICAL RECORDS GUIDE UPDATED

Do you and or your practice administrators have questions regarding the ins and outs of medical records? For example, who owns the medical records? How long must we retain medical records in our practice? What is the appropriate process for charging fees for copying and preparing medical records for a patient?

As part of the MSMS member exclusive Health Law Library you have access to the Medical Records Guide and so much more. This is a useful tool for all Michigan physicians. Bringing this piece to life digitally allows for MSMS member physicians to access this information 24/7.

Materials such as the Medical Records Guide are available to MSMS members to download free of charge. MSMS non-members and others will be required to pay an applicable fee. To join MSMS, please visit [MSMS.org/JOIN](#).



Please visit [MSMS.org/Resources](#) to find a variety of valuable resources available to physicians and their practice. Should you have any questions about the materials provided, please contact Stacey Hettiger or 517-336-5766.

157TH MSMS 2022 HOUSE OF DELEGATES MEETING WRAP-UP

Over the weekend of April 30-May 1, the Michigan State Medical Society (MSMS) House of Delegates (HOD) gathered in Kalamazoo to address 60 resolutions and four Board Action Reports, elect new officers and representatives, and celebrate the installation of **Thomas J. Veverka, MD, FACS, as MSMS President**.



The HOD is MSMS’s policy making body and resolutions are one of the key avenues for setting policy. Approximately 200

continued on page 16

Delegates, Alternate Delegates, MSMS Board Members, and staff were in attendance to ensure the successful discussion of timely issues of concern to MSMS members and their patients. Resolutions were considered by five Reference Committees

– Medical Care Delivery; Legislation; Internal Affairs and Bylaws; Public Health; and, Scientific and Educational Affairs. Testimony



was received on a variety of issues including protecting the physician-patient relationship, social determinants of health, mental health needs, health care professional shortages, safety and accident prevention, membership data and recruitment, and many others. Below are some key policies and directives adopted during the meeting.

HOD Resolution Highlights

- MSMS will work with appropriate stakeholders to expand pediatric mental health capacity in Michigan, along with raising awareness of the Michigan Child Care Collaborative and available services. (01-22)
- Clinically accurate, non-stigmatizing, person-first terminology when referring to the disease of addiction will be encouraged and MSMS will incorporate such terminology

in future communications and publications, as well as update existing policies in the MSMS Policy Manual. (04-22)

- Identifying remedies to rebalance the supply and demand equation for primary care physicians by 2030 will be included in MSMS's practice sustainability work. (06-22)
- MSMS will support a permanent, expanded, and refundable child tax credit. (07-22)
- MSMS is directed to engage in collaborative efforts with other stakeholders to identify common goals and objectives for improved synergy and advancement of physician leadership roles in local and state health departments. (27-22)
- MSMS will work to achieve easily accessible, public transparency of practice agreements between physicians and non-physician providers, in the form of website and/or marketing material disclosures, so that patients may be informed of the credentials of their entire care team. (29-22)
- Reestablishing the MSMS Membership Committee. (45-22)
- Advocating for the inclusion of annual, voluntary K-12 mental health screening that is evidence-based and age appropriate within all Michigan Public Schools. (56-22)

The HOD action on all resolutions and Board Action Reports can be found in the [2022 House of Delegates FINAL Report](#). Questions regarding the 2022 MSMS HOD should be directed to Rebecca Blake. ♦

COVID-19 Vaccination Schedule

For Those Who are Moderately or Severely Immunocompromised



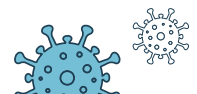
Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month	8 month	9 month
Pfizer-BioNTech (ages 6 months – 4 years)	1 st Dose	2 nd Dose (3 weeks after 1 st dose)		3 rd Dose (At least 8 weeks after 2 nd dose)						
Moderna (ages 6 months – 17 years)	1 st Dose	2 nd Dose (4 weeks after 1 st dose)	3 rd Dose (At least 4 weeks after 2 nd dose)							
Pfizer-BioNTech (ages 5-11 years)	1 st Dose	2 nd Dose (3 weeks after 1 st dose)	3 rd Dose (At least 4 weeks after 2 nd dose)			Booster Dose ¹ (at least 3 months after 3 rd dose)				
Pfizer-BioNTech (ages 12 years and older)	1 st Dose	2 nd Dose (3 weeks after 1 st dose)	3 rd Dose (At least 4 weeks after 2 nd dose)			Booster Dose ¹ (at least 3 months after 3 rd dose)				2 nd Booster Dose ³ (at least 4 months after 4 th dose)
Moderna (ages 18 years and older)	1 st Dose	2 nd Dose (4 weeks after 1 st dose)	3 rd Dose (At least 4 weeks after 2 nd dose)			Booster Dose ¹ (at least 3 months after 3 rd dose)				2 nd Booster Dose ³ (at least 4 months after 4 th dose)
Janssen (ages 18 years and older)	1 st Dose	2 nd (Additional) Dose ² using an mRNA COVID-19 Vaccine (At least 4 weeks after 1 st dose)		Booster Dose ⁴ (at least 2 months after additional dose)				2 nd Booster Dose ³ (at least 4 months after 4 th dose)		

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula "1 month = 4 weeks." Intervals of 4 months or more are converted into calendar months.

¹ If eligible, people 5 years and older should receive an age appropriate COVID-19 vaccine booster dose, an mRNA (Pfizer or Moderna) COVID-19 vaccine is preferred. For people ages 5-17 years who received Pfizer COVID-19 vaccine as their primary series should receive an age-appropriate COVID-19 vaccine booster dose. Those 6 months through 17 years who received Moderna COVID-19 vaccine as their primary series are not recommended to receive a COVID-19 booster dose as a booster dose is not authorized for use in this age group. For people ages 18 years and older, either Pfizer-BioNTech or Moderna may be used as a booster dose.

² Only Pfizer-BioNTech or Moderna COVID-19 vaccine should be used. Visit appendix D in the CDC's Interim Clinical Considerations for more information on vaccinating people who are moderately or severely immunocompromised and who received Janssen COVID-19 vaccine for the primary series.

³ People ages 18-49 years who received Janssen COVID-19 vaccine as both their primary dose and first booster dose may receive a second booster dose using an mRNA (Pfizer or Moderna) COVID-19 vaccine at least 4 months after the first booster dose. People ages 12 and older who are moderately or severely immunocompromised should receive an age appropriate second booster dose at least 4 months after the first booster. An mRNA (Pfizer or Moderna) COVID-19 vaccine must be used for the second booster.



UPCOMING EVENTS

August 10 ~ Implicit Bias Training Series – Reducing Unconscious Bias - an Imperative (RUBI)

MSMS Live Webinar, 12 pm – 1 pm, 1 AMA/PRA Category 1 CME Credit. Cost \$100 members, \$150 non-members.

September 14 ~ Vaccine Recommendations for Immunocompromised Patients - Part 1

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

September 14 ~ Helping Patients Navigate Insurance Coverage MSMS Practice Management Series

FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.

September 21 ~ Implicit Bias Training Series – Reducing Unconscious Bias - an Imperative (RUBI)

MSMS Live Webinar, 12 pm – 1 pm, 1 AMA/PRA Category 1 CME Credit. Cost \$100 members, \$150 non-members.

September 23 ~ A Day of Board of Medicine Renewal Requirements

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

October 3 ~ Implicit Bias Training

MSMS Monday Night Medicine Series, Live Webinar, 6:30 pm – 8 pm, 1.5 AMA/PRA Category 1 CME Credits. These sessions will fulfill the new LARA requirement for implicit bias training. Cost: \$75 members, \$100 non-members.

October 5 ~ Vaccine Recommendations for Immunocompromised Patients - Part 2

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

October 5 ~ Ask the Experts

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

October 12 ~ Implicit Bias Training Series – Reducing Unconscious Bias - an Imperative (RUBI)

MSMS Live Webinar, 12 pm – 1 pm, 1 AMA/PRA Category 1 CME Credit. Cost \$100 members, \$150 non-members.

November 4 ~ A Day of Board of Medicine Renewal Requirements.

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

November 5 ~ 26th Annual Conference on Bioethics

MSMS In-Person and Virtual Meeting, 8:30 am – 4:15 pm, Sheraton in Ann Arbor. 6 AMA/PRA Category 1 CME Credits. Cost \$50 members, \$100 non-members.

November 7 ~ Implicit Bias Training

MSMS Monday Night Medicine Series, Live Webinar, 6:30 pm – 8 pm, 1.5 AMA/PRA Category 1 CME Credits. These sessions will fulfill the new LARA requirement for implicit bias training. Cost: \$75 members, \$100 non-members.

November 9 ~ The Gravity of Licensing Disciplinary Actions

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

November 16 ~ Implicit Bias Training Series – Reducing Unconscious Bias - an Imperative (RUBI)

MSMS Live Webinar, 12 pm – 1 pm, 1 AMA/PRA Category 1 CME Credit. Cost \$100 members, \$150 non-members.

November 30 ~ Implicit Bias Training Series – Reducing Unconscious Bias - an Imperative (RUBI)

MSMS Live Webinar, 12 pm – 1 pm, 1 AMA/PRA Category 1 CME Credit. Cost \$100 members, \$150 non-members.

December 14 ~ MDHHS Year in Review with Natasha Bagdasarian, MD

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

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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Publication Dates: 1st Quarter / Winter Feb. 1 | 2nd Quarter / Spring May 1 | 3rd Quarter / Summer Aug. 1 | 4th Quarter / Fall Nov. 1

Hiring a Physician Assistant

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

Q. *I have run a small group practice for many years. We can no longer keep up with the demands of seeing every patient every time they come into the office. Hiring a physician assistant or two seems to be what many similar practices have done to keep up. What are the delegation and supervision requirements applicable to having physician assistants work in the office? Is there a limit on how many PAs we can hire/supervise?*

A. Several Michigan laws applicable to the practice of physician assistants were changed in 2017. The effect of those changes was a shift from PAs being regulated pursuant to the delegation and supervision provisions of Michigan's Public Health Code to now being required to practice pursuant to the terms of a practice agreement with a physician. There are no specific limits on the number of practice agreements a participating physician may have in place with PAs at the same time.

Your group practice must appoint a "participating physician" who will enter into a practice agreement with each PA the group hires. The practice agreement must contain the following provisions:

- A process between the PA and participating physician for communication, availability, and decision making when providing medical treatment to a patient. The process must utilize the knowledge and skills of the PA and participating physician based on their education, training, and experience.
- A protocol for designating an alternative physician for consultation in situations in which the participating physician is not available for consultation.
- The signature of the PA and the participating physician.
- A termination provision that allows the PA or participating physician to terminate the practice agreement by providing written notice at least thirty (30) days before the date of termination.
- The duties and responsibilities of the PA and participating physician. The practice agreement shall not include as a duty or responsibility of the PA or participating physician an act, task, or function that the PA or participating physician is not qualified to perform by education, training, or experience and that is not within the scope of the license held by the PA or participating physician.

A PA is prohibited from performing acts, tasks or functions to determine the refractive state of a human eye or to treat refractive anomalies of the human eye, or both. Likewise, a PA shall not determine the spectacle or contact lens prescription



specifications required to treat refractive anomalies of the human eye or determine modification of spectacle or contact lens prescription specifications, or both. A PA may, however, perform routine visual screening or testing, postoperative care, or assistance in the care of medical diseases of the eye under a practice agreement.

You should consult with your malpractice insurer and make sure any necessary changes are made to your policy to ensure that you have coverage for the services provided by the PAs you hire. You should assume that the changes to the law regarding PA practice do not change your practice's liability exposure for claims arising from services provided by your PAs.

Generally, a PA who is a party to a practice agreement may prescribe a drug in accordance with both the authority granted in the practice agreement and those procedures and protocols for the prescription established by rule of Michigan Department of Licensing and Regulatory Affairs. If a PA prescribes a drug, the PA's name shall be used, recorded, or otherwise indicated in connection with that prescription. If a PA prescribes a drug that is included in schedules 2 to 5, the PA will need to have a Michigan controlled substances license and DEA registration. When writing controlled substance prescriptions, the PA's DEA registration number shall be used, recorded, or otherwise indicated in connection with that prescription.

MSMS has a comprehensive legal alert addressing the requirements applicable to employing PAs which include FAQs, forms, and other materials you may find helpful. These materials can be accessed by visiting <http://MSMS.org/Alerts>. ♦

HHS Issues Guidance to Protect Patient Privacy in Wake of Supreme Court Decision on Roe

From: HHS Press Office

Guidance includes information about what's protected – and what's not – when using period trackers and other health information apps on smartphones.

On the heels of the Supreme Court ruling in *Dobbs vs. Jackson Women's Health Organization*, where the right to safe and legal abortion was taken away, President Biden and U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra called on HHS agencies to take action to protect access to sexual and reproductive health care, including abortion, pregnancy complications, and other related care. Today, in direct response, the HHS Office for Civil Rights (OCR) issued new guidance to help protect patients seeking reproductive health care, as well as their providers.

In general, the guidance does two things:

1. addresses how federal law and regulations protect individuals' private medical information (known as protected health information or PHI) relating to abortion and other sexual and reproductive health care – making it clear that providers are not required to disclose private medical information to third parties; and
2. addresses the extent to which private medical information is protected on personal cell phones and tablets, and provides tips for protecting individuals' privacy when using period trackers and other health information apps.

According to recent reports, many patients are concerned that period trackers and other health information apps on smartphones may threaten their right to privacy by disclosing geolocation data which may be misused by those seeking to deny care.

"How you access health care should not make you a target for discrimination. HHS stands with patients and providers in protecting HIPAA privacy rights and reproductive health care information," said HHS Secretary Xavier Becerra. "Anyone who believes their privacy rights have been violated can file a complaint with OCR as we are making this an enforcement priority. Today's action is part of my commitment to President Biden to protect access to health care, including abortion care and other forms of sexual and reproductive health care."

This guidance addresses the circumstances under which the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits disclosure of PHI without an individual's authorization. It explains that disclosures for purposes not related to health care, such as disclosures to law enforcement officials, are permitted only in narrow circumstances tailored

to protect the individual's privacy and support their access to health care, including abortion care. Specifically, the guidance:

- Reminds HIPAA covered entities and business associates that they can use and disclose PHI, without an individual's signed authorization, only as expressly permitted or required by the Privacy Rule.
- Explains the Privacy Rule's restrictions on disclosures of PHI when required by law, for law enforcement purposes, and to avert a serious threat to health or safety.

OCR is also issuing information for individuals about protecting the privacy and security of their health information when using their personal cell phone or tablet. This guidance explains that, in most cases, the HIPAA Privacy, Security, and Breach Notification Rules do not protect the privacy or security of individuals' health information when they access or store the information on personal cell phones or tablets. This guidance also provides tips about steps an individual can take to decrease how their cell phone or tablet collects and shares their health and other personal information without the individual's knowledge.

This guidance:

- Explains how to turn off the location services on Apple and Android devices.
- Identifies best practices for selecting apps, browsers, and search engines that are recognized as supporting increased privacy and security.

The guidance on the HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care may be found at <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/phi-reproductive-health/index.html>.

The guidance on Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet may be found at <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/cell-phone-hipaa/index.html>.

If you believe that a HIPAA-covered entity or its business associate violated your (or someone else's) health information privacy rights or committed another violation of the Privacy, Security, or Breach Notification Rules, you may file a complaint at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

For more information on how HHS is working to protect reproductive rights, visit www.ReproductiveRights.gov. ♦



AMA WELCOMES HHS PRIVACY GUIDANCE IN WAKE OF DOBBS DECISION

Statement attributed to: Jack Resneck Jr., MD, AMA President

“The AMA has warned regulators that the lack of digital privacy can damage the patient-physician relationship -- and the urgency of this threat is much greater with the downfall of reproductive rights. We are grateful that the Biden Administration immediately recognized that these issues have moved from theoretical to frighteningly real. The new guidance makes it clear that physicians are not required to disclose private medical information to third parties and provides patients with tips on the use of personal cell phones and tablets. The AMA has identified and recommended additional actions to increase transparency on what apps are doing with medical information.



“Physicians are committed to protecting our patients’ privacy—a crucial element for honest health discussions. Yet, we learn more each day that personal health information is no longer private. With the Supreme Court ruling in *Dobbs v. Jackson Women’s Health Organization*, the lack of privacy raises many questions that could put patients and physicians in legal peril. That medical information was previously being siphoned off and monetized was always a concern. Now, it’s a legal threat as zealous prosecutors can track patients and access their medical records to determine what medical services were provided. The Supreme Court has created chaos in health care with its irresponsible decision. The AMA is working with regulators to protect the patient-physician relationship in the face of so much uncertainty, and this new guidance will help.”

WITH ABORTION UNDER ATTACK, DOCTORS PUSH BACK ON CRIMINALIZING CARE

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

Responding to the growing threat of over-policing and surveillance of reproductive health services, the nation’s physicians and medical students at the 2022 AMA Annual Meeting in Chicago adopted policy recognizing that it is a violation of human rights when government intrudes into medicine and impedes access to safe, evidence-based reproductive health services, including abortion and contraception.

In accordance with the new policy, the AMA will seek expanded legal protections for patients and physicians against government systems of control and punishment that criminalize reproductive health services.

“A growing number of current and pending laws insert government into the patient-physician relationship by dictating limits or bans on reproductive health services and while also aiming to criminally punish patients for their health decisions,” said Jack Resneck Jr., MD, AMA President.

“The new policy also calls for AMA to seek legal protections for patients who cross state lines to receive reproductive health services, as well as legal protections for physicians and others who support or provide reproductive health services or referrals to patients who cross state lines.”



The AMA House of Delegates adopted new policy to:

- Recognize that health care, including reproductive health services like contraception and abortion, is a human right.
- Oppose limitations on access to evidence-based reproductive health services, including fertility treatments, contraception and abortion.
- Work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception and abortion.
- Support shared decision-making between patients and their physicians regarding reproductive health care.
- Oppose any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by health care professionals with their patients.
- Oppose the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other health care workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services.
- Advocate legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support or refer patients to these services.

The newly adopted policy strengthens the AMA’s long-held position opposing political intrusions into the practice of medicine that infringe on the patient-physician relationship and compromise patient access to safe, evidence-based medical care.

AMA DETAILS PLAN TO STOP THE PUBLIC HEALTH “INFODEMIC”

By: Sara Berg, MS, Senior AMA News Writer

Throughout the COVID-19 pandemic, disinformation has been of the utmost concern. This has led to what some describe as a secondary “infodemic,” where



permanent harm may be done to the trust in institutions due to the sheer volume of disinformation spread in a rapidly changing and sensitive environment, says an AMA Board of Trustees report adopted at the 2022 AMA Annual Meeting in Chicago.

“The public health emergency was undoubtedly worsened and prolonged due to disinformation campaigns sowing distrust in vaccines, pharmaceutical interventions and public health mitigation measures,” says the report. “Health professionals spreading disinformation lends credibility to specious claims.”

“Physicians are a trusted source of information for patients and the public alike, but the spread of disinformation by a few has implications for the entire profession and causes harm. Physicians have an ethical and professional responsibility to share truthful information, correct misleading and inaccurate information, and direct people to reliable sources of health information,” said former AMA President Gerald E. Harmon, MD. “The AMA is committed to confronting disinformation, and we need to address the root of the problem.”

“We must ensure that health professionals spreading disinformation aren’t able to use far-reaching platforms, often benefiting them financially, to disseminate dangerous health claims,” Dr. Harmon added. “While we are unlikely to undo the harms caused by disinformation campaigns during the COVID-19 pandemic, we can act now to help prevent the spread of disinformation in the future.”

The AMA House of Delegates adopted policy to “implement a comprehensive strategy to address health-related disinformation disseminated by health professionals.”

That strategy will include:

- Maintaining the AMA as a trusted source of evidence-based information for physicians and patients.
- Ensuring that evidence-based medical and public health information is accessible by engaging with publishers, research institutions and media organizations to develop best practices around paywalls and preprints to improve access to evidence-based information and analysis.

- Addressing disinformation disseminated by health professionals via social media platforms and addressing the monetization of spreading disinformation on social media platforms.
- Educating health professionals and the public on how to recognize disinformation as well as how it spreads.
- Considering the role of health-professional societies in serving as appropriate fact-checking entities for health-related information disseminated by various media platforms.
- Encouraging continuing education to be available for health professionals who serve as fact-checker to help prevent the dissemination of health-related information.
- Ensuring that licensing boards have the authority to take disciplinary action against health professionals for spreading health-related disinformation and affirms that all speech in which a health professional is using their credentials is professional conduct and can be scrutinized by their licensing entity.
- Ensuring specialty boards have the authority to take action against board certification for health professionals spreading health-related disinformation.
- Encouraging state and local medical societies to engage in dispelling disinformation in their jurisdictions.

STRIKING CDC DATA TO SHARE WITH COVID-19 VACCINE-HESITANT PARENTS

By: Jennifer Lubell, Contributing AMA News Writer

Editor’s note: The CDC Advisory Committee on Immunization Practices has recommended that children 5–11 years old should get a booster dose of the Pfizer-BioNTech COVID-19 vaccine five months after completing the primary series.

“Based on what we know from other age groups, vaccine effectiveness against SARS-CoV-2 infection declines over time and vaccine booster doses have been shown to increase protection against all outcomes,” former AMA President Gerald E. Harmon, MD, said in a statement.

The Omicron surge last winter caused a rapid spike in COVID-19 cases, hospitalizations and deaths in the U.S. One sobering statistic that emerged from this period: hospitalization rates among children 5–11 years old were twice as high in unvaccinated children. Prevalence was especially high among Black children, according to a report from the Centers for Disease Control and Prevention.

Federal officials expanded vaccine eligibility to include 5–11-year-olds last fall. However, only 32% of 5- to 11-year-olds had completed a primary vaccination series as of March, noted the report’s authors, who published their findings in the CDC’s Morbidity and Mortality Weekly Report.

Increasing vaccination among younger children, “particularly among racial and ethnic minority groups disproportionately

affected by COVID-19, can prevent COVID-19–associated hospitalization and severe outcomes,” the CDC experts wrote.

One family physician hopes the report’s findings will encourage physicians to “keep pushing” on vaccination.

“It’s worth that extra five–10 minutes to counsel your families about the benefit of immunizations,” said Carl Earl Lambert Jr., MD, an AMA member and assistant professor at the Rush Medical College Department of Family Medicine.

Impact of vaccination is clear

Researchers used data from the COVID-19-Associated Hospitalization Surveillance Network to assess hospitalizations among 1,475 U.S. children in the 5–11 age group, focusing on Omicron’s peak period from December 2021 to February 2022.

Hospitalization rates illustrated a wide gap among the vaccinated and unvaccinated. Nearly 90% of the 397 children hospitalized during Omicron’s predominance had not gotten COVID-19 shots. Cumulatively, the hospitalization rate was more than two times higher among the unvaccinated. About 30% of the children hospitalized had no underlying conditions, and about 20% required time in the intensive care unit (ICU).

“Children with diabetes and obesity were more likely to experience severe COVID-19,” the authors wrote.

Black children accounted for 34% of those unvaccinated, the largest proportion, and one-third of the COVID-19-associated hospitalizations. As the COVID-19 vaccines were rolled out, Dr. Lambert saw blame being placed on patients from historically marginalized racial and ethnic groups who were slower to get themselves or their children vaccinated. Some of this has to do with distribution and access, but there’s also the education component, he said.

“Are we thoroughly educating our patients about the vaccines? Are we treating vaccine hesitancy?” he said.

Dr. Lambert, who cares for many patients from historically marginalized racial and ethnic groups in his Rush University Medical Center-affiliated practice on Chicago’s Near West Side, said he tries to consider how these patients might see physicians and the health care system. Black communities in particular have faced medical experimentation that has led to mistrust of medical professionals.

Family physicians aim to create a safe space, to have conversations with no shame, he said. “If there’s hesitancy, we don’t get frustrated or angry. We try to see the ‘why’ behind that and handle that with an inquisitive spirit.”

This may involve dismantling something a patient heard from a family member or social media.

Piercing veneer of invulnerability

Parents in general tend to overestimate resiliency in their children. “It’s this idea that nothing could happen to their child,” that COVID-19 hospitalizations happen to older adults with comorbidities, not a child or adolescent, Dr. Lambert said.



“When we look at the CDC findings, we realize that’s not the case,” he added. “We don’t want any child to be hospitalized or admitted to an ICU. When I counsel parents, I say, ‘You don’t want to be that statistic.’” Vaccines can help protect the young as well as the old, he tells parents.

The bottom line is that COVID-19 hasn’t gone away.

“It’s still here. We have to remain vigilant and encourage our patients that if they haven’t been vaccinated, now’s a great time as things open up,” said Dr. Lambert.

Physicians are always thinking about benefit-versus-risk in an individualized context. Doing so, and communicating that way, “should make patients feel cared for, that their physician is a trusted professional to talk to,” he added. ♦



The COVID-19 vaccine is here for little ones now.

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LEGISLATIVE UPDATE

Support Telehealth Parity

House Bill 5651 will require payment and coverage parity for telemedicine services the same as if the service were provided in-person, ensuring patients have access to quality care while allowing telehealth to remain a sustainable option for physicians to offer.

[Vote YES on HB 5651](#)

Nurse Scope of Practice Expansion

Senate Bill 680 will allow for full independent practice for nurse practitioners (NPs). Under the bill, not only would NPs be allowed to provide direct care without physician supervision or collaboration, they would also be allowed to prescribe opioids and other controlled substances. Further, the bill wouldn't even require additional training or education for NPs. It is imperative that care teams are led by physicians.

[Vote NO on SB 680](#)

Tell your Lawmaker to Protect Auto Accident Victims Access to Care

Tell your legislator that you support HB 4486 and SB 314 and that they have a responsibility to protect auto accident victims' right to recover.

[Vote YES on HB4486 and SB 314](#)

Support the Push for Behavioral Health Integration

Efforts to reform Michigan's Medicaid program by introducing Senate Bills 597 and 598 are necessary and appreciated.

Integrating physical and behavioral health care services is critical to ensure each patient receives the person-centered care required. However, legislation must include a clinical model that removes existing barriers and care delays by advancing seamless integration amongst clinicians across specialties and care settings.

SBs 597 & 598 take some positive steps toward needed integration, however, further improvements are necessary.

[Urge Your Senator to recognize the key role primary care plays in the delivery of efficient, effective, and coordinated behavioral health services.](#)

Urge Your Legislator to Ensure Safe Drinking Water in Michigan Schools

The Filter First approach to reducing lead in school drinking water calls for providing filtered drinking water stations for students and staff in Michigan Public Schools.

[Vote YES on SBs 184-185](#)



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2021-2022 Macomb County Legislator Contact Guide



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