

Macomb

Medicus

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July/August/September | Vol. 31 | No. 3



Macomb Medicus

Journal of the Macomb County Medical Society

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"Deprescribing" Medicines for Older Adults: Patient-Provider Dialogue Needed

By: Kara Gavin

Majority of people over 50 are open to stopping one or more of their medications – but some of those who already did so didn't talk with a health provider first.

As the movement toward “deprescribing” medications among older adults grows, [a poll shows strong interest in this idea.](#)

A full 80% of adults aged 50 to 80 would be open to stopping one or more of the prescription medicines they've been taking for more than a year, if a health care provider said it was possible. Already, 26% said they have done so in the past two years.

Of those willing to stop a medicine, 67% said they would likely ask for advice about doing so at their next visit with a provider, according to the new findings from the University of Michigan National Poll on Healthy Aging.

But the poll also shows the importance of communication between patients and providers when deprescribing – a concept that includes both decreasing and stopping a medication because a temporary health condition has resolved, the medicine might clash with others, or the overall benefits and risks of taking it have changed.

“Deprescribing, which can include prescription medications, over-the-counter medications, and dietary supplements, should be based on dialogue between patients and providers, and sometimes family members,” said Sarah Vordenberg, Pharm.D., M.P.H., a U-M College of Pharmacy clinical associate professor who worked on the poll.



The poll is based at the U-M Institute for Healthcare Policy and Innovation and supported by AARP and Michigan Medicine, the University of Michigan's academic medical center.

The poll has implications for many older adults, because it finds that 82% of people age 50 to 80 take at least one prescription medicine regularly. Of them, 28% say they believe they take too many medicines.

More than half of those polled take three or more prescription medications. In addition, 11% of those polled regularly take three or more over-the-counter medicines and 38% take three or more vitamins, minerals or supplements.

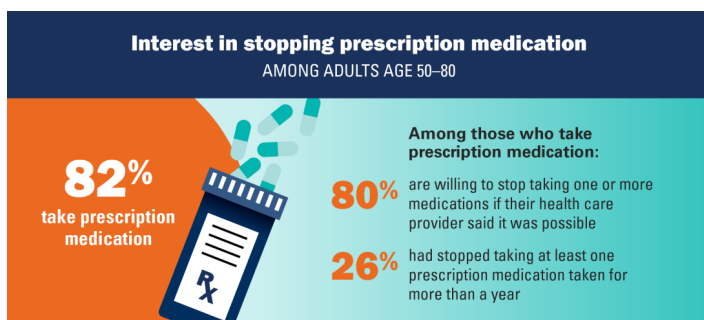
Medication Reviews Needed

The poll suggests more people should take advantage of a little-known benefit offered by Medicare and other insurance: a comprehensive medication review by a pharmacist or other provider.

“While we found that over 90% of older adults who take at least one prescription medicine expect their provider to review their list of medicines at least annually, research has shown this is often not the case,” Vordenberg added. “This drives home the importance of comprehensive medication reviews, which can often be billed to insurance by clinics and pharmacies as a separate patient encounter.”

“Another key aspect of deprescribing conversations and comprehensive medication reviews should be cost, because inability to afford medications can lead people to stop taking

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More than a third of older adults who said they had stopped taking a prescription medicine they'd been on for more than a year, and didn't start on a replacement for it, said they did so without talking with a health professional such as a doctor, pharmacist or nurse practitioner.

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or alter the dose of medications that are important to their health," said poll director Jeffrey Kullgren, M.D., M.P.H., M.S., an associate professor of internal medicine at Michigan Medicine and physician and researcher at the VA Ann Arbor Healthcare System. "In our poll, cost was a driver behind stopping a medication for 15% of older adults with health or disability issues that limit their daily activities, twice as high as the percentage for those without these conditions," he says.

"While we found that over 90% of older adults who take at least one prescription medicine expect their provider to review their list of medicines at least annually, research has shown this is often not the case."

- Sarah Vordenberg, Pharm.D., M.P.H.

People with a health problem or disability that limits their usual activities, and those who said they were in fair or poor physical or mental health, were also nearly twice as likely overall to say they had stopped taking a medication in the past two years, compared to those in better health.

More than a third (38%) of those taking five or more prescription medications also said they had stopped taking a medication, compared with 23% of those taking three to four prescription medications and 17% of those taking one to two prescription medications.

In 2020, [a previous report from the National Poll on Healthy Aging](#) found that 24% of adults age 50 to 80 who take two or more prescription drugs, and 25% of those who have Medicare Part D prescription drug plans, had had a comprehensive medication review. The vast majority of those who had not had a CMR were unaware that their insurance might cover the cost of such a review.

"Adults ages 65 and older take 4.6 medications per month on average," said Susan Reinhard, Senior Vice President at AARP Public Policy Institute. "It's important that patients not only have regular communication about the risks and benefits of

each prescription with health care providers, but also with loved ones and family caregivers. Research shows improved outcomes when family members help make decisions in the deprescribing process."

The poll report is based on findings from a nationally representative survey conducted by NORC at the University of Chicago for IHPI and administered online and via phone in January 2023 among 2,563 adults aged 50 to 80. The sample was subsequently weighted to reflect the U.S. population. For the previous poll, a different sample of older adults was asked about medication use and comprehensive medication reviews, but both samples were weighted to reflect the population of U.S. adults aged 50 to 80.

[Read past National Poll on Healthy Aging reports](#) and about the poll methodology.

[This article was originally published on the Michigan Medicine website.](#) ✦

Macomb Medicus

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SHARE YOUR NEWSWORTHY ITEMS!

Have you or a MCMS colleague been elected to a position (specialty society, hospital, community based program, etc.) or honored for your volunteer service within the community or abroad?

Let us know. We would like to recognize MCMS members in the "Member News" section of the Medicus.

Contact Heidi Leach at HLeach@macombcms.org with newsworthy information.

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



Tri-County Legislative Committee

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

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

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

HAPPY BIRTHDAY

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

July

Richard Arden, MD
Nagina Aslam, DO
Basivi Baddigam, MD
Seif Bugazia, MD
William Carion, MD
Mariann Channell, MD
Michael Demers, MD
Michael Di Loreto, MD
Lillman Dwarka, MD
Jeremy Fischer, DO
Thomas Graves, MD
Noori Ibrahim, MD
Malathy Kilaru, MD
Carolann Kinner, DO
Linda Lu Kosal, DO
Donna Kushner, MD
George Kypros, MD
Cheryl Lerchin, MD
Ronald Levin, MD
Peter Lopez, MD
Richard Lubera, MD
Sharon McManus, DO

Anne Nachazel, MD
Marie Nowosielski, MD
A.A. Palacio-Change, MD
Swarn Rajpal, MD
Naveed Siddique, MD
Mary Veremis-Ley, DO
Elias Zeine, MD

August

Zeena Al-Rufaie, MD
Jagatbhai Amin, MD
Ramon Aparece, MD
Allen Babcock, MD
Matthew Brewster, DO
Gerald Brueckner, MD
Ricardo Chalela, MD
Amnat Chandra, MD
Robert Chang, MD
Stuart Gildenberg, MD
Richard Hook, MD
Theresa Hsu, MD
Danilo Iglesias, MD
Joseph Kinzie, MD

Robert Lechy, MD
Ghada Mesleh, MD
Donald Muenk, MD
Ganga Nadarajah, MD
Abimbola Osobamiro, MD
Chakradhar Reddy, MD
Renato Reyes, MD
Kathleen Rheume, MD
Cameron Rowe, DO
Reina Salazar, MD
Andres Santiviago, MD
Gary Stencil, MD
Salvatore Ventimiglia, MD
Bhavana Vyas, MD
Robert Waldmann, DO
Abdallah Zamaria, MD

September

Ramy Alosachie, MD
Ralph Babcock, MD
Paul Chuba, MD
Edouard Daher, MD
Mark Decco, MD

Stephen Field, MD
Herbert Friedman, MD
Narendra Gohel, MD
Kristen Kavanagh Cococchetta, DO
Jane Krasnick, MD
Geetika Kukreja, MD
Amar Majjhoo, MD
Somsak Metriyakool, MD
Robert Mobley, MD
Antonio Morreale, MD
Nimisha Naik, MD
Eric Neisch, MD
Garry Ng, MD
Nwanneka Odumodu, MD
Thao Pham, DO
Akash Sheth, MD
Brian Stewart, DO
John Vollmer, MD
Sanjay Vora, DO

MEMBERSHIP REPORT

We would like to welcome the following New Member.



Sharon M. McManus, DO
Pediatrics – Board Certified

Medical School: Michigan State University
College of Osteopathic Medicine, 1994.
Post Graduate Education: Mount Clemens
Regional Medical Center, completed in 1995;
Beaumont Royal Oak Hospital, completed
in 1998. Hospital Affiliation: Beaumont Royal Oak, Beaumont
Troy, Children's Hospital of MI. Currently practicing at
Pediatric HealthCare, 42141 Mound Rd., Sterling Heights, MI
48314, p. 586-254-7593, f. 586-254-7834, www.phckids.com.



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

Visit us at www.macombcms.org



MACOMB FOOD PROGRAM

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

RENT AND MORTGAGE ASSISTANCE

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

UTILITY ASSISTANCE - ELECTRICITY, GAS

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

WATER RESIDENTIAL ASSISTANCE PROGRAM (WRAP)

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

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

TRANSPORTATION ASSISTANCE

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

MYRIDE2 - CONNECTING SENIORS & ADULTS WITH DISABILITIES TO RIDES

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

Macomb County Assistance Programs for Your Patients

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

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

HOME INJURY PREVENTION

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

HOUSING REHABILITATION

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

MINOR HOME REPAIR

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

WEATHERIZATION ASSISTANCE

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

DIRECT CARE PROGRAMS – TO HELP SENIORS STAY LIVING AT HOME

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

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



PROGRAMS OFFERED SPECIFICALLY FOR SENIOR THROUGH MACOMB COUNTY SENIOR SERVICES

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

ADULT DAY CENTER

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

FRIENDLY CALLER

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

HANDY HELPERS

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

RESOURCE ADVOCACY

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

NUTRITION ASSISTANCE

DINING SENIOR STYLE

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

MEALS ON WHEELS

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

ENSURE PLUS PROGRAM

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

HOLIDAY MEALS ON WHEELS

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

SENIOR PROJECT FRESH COUPONS

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



Health Department

EXECUTIVE MARK HACKEL APPOINTS NEW LEADERSHIP FOR MACOMB COUNTY HEALTH AND COMMUNITY SERVICES

On May 30th County Executive Mark Hackel announced a major appointment to County leadership. Andrew Cox, current director of the Macomb County Health Department, was appointed director of Macomb County Health and Community Services.

"I'm incredibly pleased to share this appointment and the news that Andrew will be taking over this leadership position within the County," said Hackel. "I'm certain Andrew will continue to be a vital asset for our community in his new role."



Cox is a proven leader within the Macomb County Health Department who played a pivotal role in helping the community respond to the COVID-19 pandemic and developed dynamic community driven public health programs. He notably led the department in securing National Accreditation in 2021, the first local health department in southeast Michigan to do so.

"Andrew has been critical in helping our Health Department navigate complex issues and achieve significant recognition," Hackel said. "This has established him as a well-known professional within the County and the State. But his leadership goes beyond the health and medical fields. He has cultivated relationships with public safety agencies, school districts, faith-based organizations and service agencies like ACCESS and the Chaldean Community Foundation. He takes a community-minded approach to his work."

"I feel incredibly humbled and honored that Macomb County Executive Mark Hackel has the confidence in me to lead this agency into the future," said Andrew Cox. "Macomb County Health & Community Services and all of its employees work so hard to better the lives of Macomb County residents. I am honored to lead them and feel tremendous pride in serving our community."

EXECUTIVE MARK HACKEL APPOINTS NEW LEADERSHIP FOR MACOMB COUNTY HEALTH DEPARTMENT

On June 20th County Executive Mark Hackel announced the appointment of Krista Willette, RN, MSA, as the new director of the Macomb County Health Department. Krista serves as the current deputy director of the Macomb County Health Department but will move into the new leadership role with Andrew Cox heading up Health and Community Services at the County.



"Krista's background gives her the experience and unique perspective required for leading the Macomb County Health Department," said Hackel. "She knows the programs and the people, and she's connected to the individuals and families we serve. This knowledge, combined with her skills as a trained medical professional, ensures a strong future for our Health Department and the important programming it provides."

Krista Willette began her career at the Macomb County Health Department in 1995 as a public health nurse and during her tenure has provided supervisory and management support for many programs, including community outreach, maternal and child health and clinic services. In her role as deputy director, she was responsible for the daily operations of the department, which has a budget of \$31 million and more than 250 employees.

"It is an honor to be given the opportunity to lead the Health Department," said Krista Willette. "I look forward to continuing to work with the dedicated professionals of the department to reestablish priorities and move the department forward post COVID response."

The Macomb County Health Department was created by action of the Board of Supervisors in 1947 and has been committed to carrying out its mission which is to partner with communities in which it serves, to protect and promote the health and well-being of all those who live, work and play in Macomb County by providing a wide range of programs and services through four major divisions: The Environmental Health Services Division, Family Health Services Division, Community Health Planning and Promotion Disease Division, and Disease Control Division.

The Macomb County Health Department undergoes an Accreditation Review every three years, and is fully accredited by the Michigan Public Health Accreditation Commission. ♦

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Discrimination Linked to Higher Risk of Death, Particularly from Cardiovascular Disease

By: Thor Christensen,
American Heart Association News



Experiencing discrimination may increase the chance of dying, especially from cardiovascular-related causes, according to a new study that followed participants for nearly two decades.

Previous studies have found links between discrimination and conditions such as heart disease, diabetes and obesity. For the new study, published in the American Heart Association journal [Circulation: Cardiovascular Quality and Outcomes](#), researchers wanted to delve deeper into the relationship between discrimination and mortality to find out who it affects the most.

The study included 1,633 Black, 1,403 Hispanic and 2,473 white participants ages 45 to 84 with no prior history of cardiovascular disease. Research took place in New York City, Los Angeles, Chicago, Baltimore, St. Paul, Minnesota, and Forsyth County, North Carolina. Researchers examined participants six times between 2000 and 2018.

Participants answered questions about being treated unfairly at any point in their lives in six major areas, such as being denied a promotion or being prevented from moving into a neighborhood. Other questions covered discrimination experiences in day-to-day life, such as being treated with less courtesy or as lacking intelligence.

Lifetime discrimination was much more common among Black participants, at 61% compared to 39% among Hispanic participants and 37% among white participants.

After adjusting for age, race, income, high blood pressure, diabetes and other factors, the study found that each one-point increase in lifetime discrimination was associated with a 6% rise in all-cause mortality and a 15% increase in coronary heart disease, stroke and other cardiovascular-related deaths. When researchers broke down the lifetime discrimination data by race and ethnicity, they found the rise in cardiovascular deaths was highest and reached statistical significance only for Black participants, who had an 18% increased risk.

Wayne Lawrence, the study's lead author and a research fellow at the National Cancer Institute, said that while he'd expected

to see an overall higher death rate for people experiencing discrimination, he didn't expect it to be "so much higher for cardiovascular mortality."

The effect of everyday discrimination on cardiovascular mortality risk reached statistical significance only among white participants, who had an increased risk of 51%. The researchers said this may reflect white participants with lower socioeconomic status or who belong to ethnic groups that experience historical prejudice, such as Jewish people.

Breaking down the results by gender, the study found men who reported experiencing everyday discrimination had a slightly higher cardiovascular death rate than women, Lawrence said. While researchers didn't explore the reasons behind the gender differences, "previous studies suggest women are better than men at finding and using social support and other ways of coping with discrimination," he said.

Lawrence called on medical professionals and policymakers to be more proactive in "screening patients for psychosocial stressors, providing resources that might mitigate their adverse health effects, and finding new policies and interventions to end discrimination."

He also called for future studies that explore which forms of discrimination have the greatest impact on health and the best methods for "buffering the adverse health effects of discrimination."

Lawrence also would like to see further research on how the racial makeup of neighborhoods affects how people cope with discrimination. While the study did look at the effect of residential segregation, it didn't find enough data to draw conclusions, he said.

There's also a need for research on how discrimination impacts the health of Asian Americans, he said.

Dr. Karol Watson, who was not involved in the research, said the study was limited by its observational structure and the subjective nature of discrimination.

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Still, she praised it as "an important study that tries to tease out the association between experiences of discrimination and mortality."

Watson, a cardiologist and professor of medicine at the David Geffen School of Medicine at the University of California, Los Angeles, said doctors need to factor discrimination "into our risk estimations" and encourage patients to seek out social support.

She called for future studies on how social support, mindfulness and psychological interventions might improve outcomes.

"Discrimination is obviously difficult to modify," she said, "but patients can try to modify their reactions to experiences of discrimination."

This story was originally printed in the [American Heart Association News](#). ♦



ACTIVATE YOUR POLITICAL VOICE

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

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

Alan C. Parent, M.D., F.A.C.S.

Sarah B. Muenk-Gold, M.D.



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Michigan Resources Continue as Federal COVID-19 Public Health Emergency Ends



Insurances may change over-the-counter test coverage. Free tests will continue to be available.* Find info at Michigan.gov/COVIDTest.



All remaining state epidemic orders will be rescinded.



Therapeutics will be available by prescription.* Talk to your health care provider. Learn more at Michigan.gov/COVIDTherapy.



Some data reporting will change. For more information, visit Michigan.gov/Coronavirus/Stats.



No changes currently to vaccine distribution. Find a vaccine at Vaccines.gov.



Information will continue to be available at Michigan.gov/Coronavirus.

* No-cost coverage will continue for Michigan residents on Medicaid through September 30, 2024.

Henry Ford Macomb Hospital

HENRY FORD HEALTH MAKES LARGEST HEALTHCARE INVESTMENT IN MACOMB COUNTY HISTORY WITH NEW PATIENT TOWER

After a decade of planning and three years of preparation, construction and anticipation, Henry Ford Health leaders and local officials proudly took part in the ceremonial ribbon cutting on May 9, unveiling the new Janet & Jim Riehl North Tower at Henry Ford Macomb Hospital, which stands to revolutionize the delivery of health care in Macomb County and beyond.



The five-story, 225,000-square-foot facility features all private patient rooms and a state-of-the-art healing and work environment. The tower, which connects to the existing hospital, represents the largest expansion project since the hospital was built in 1975 – and the largest healthcare investment in Macomb County history.

“This new patient tower is transforming the landscape of our Macomb hospital campus and will provide a technologically advanced, modernized medical setting for our team members, patients and their families alike,” said Henry Ford Health President and CEO Bob Riney. “This investment in our community represents Henry Ford Health’s deeply-rooted commitment to providing our Henry Ford family with the comfort, privacy and safety they so deserve – in a healing environment that’s responsive to their needs.”

All private patient rooms

The new tower’s 160 private patient rooms were designed with extensive feedback from patients, families, physicians, nurses and the community at large, and are adaptable to meet our patients’ diverse needs.



Features include a spacious, comfortable environment with large windows that promote natural light, blackout window shades that can be controlled from the bedside, enlarged toilet and shower rooms with sliding door access, a guest couch that can convert to a sleeping surface, an in-room safe for valuables, large televisions, in-room patient sitter cameras and more.

Each room includes illuminated backlit artwork on the head-wall.

There are also rooms on each floor designed specifically to accommodate patients with disabilities, patients of size and patients with unique needs requiring a more secure environment.

Hospital intensive care beds will increase from 48 to 60 with the opening of the new tower, and all 160 of the new patient rooms can convert to intensive care rooms as critical care demand accelerates through the coming years. The tower also features comfortable visitor lounges on each floor and staff-only areas with a lounge, conference room, locker room, quiet room and lactation room.

“We are where we are today – taking this historic and transformative step in Macomb County – because of the community’s trust, belief and support of Henry Ford Macomb Hospital. We do not take that trust for granted,” said Henry Ford Macomb Hospital President and CEO Barbara Rossmann. “With this new tower, we’ve created a holistic environment reflective of the many cultures and communities in and around Macomb County that we have the honor and privilege to serve. It is very gratifying to see this project finally come to life.”

Economic impact

The full scope of the \$265 million project includes a redesigned north entrance, expansion of the existing powerhouse and loading dock, roadway improvements and a new secure staff parking lot to address campus parking needs.

In addition to the hundreds of skilled trades who were employed during construction, more than 30 full-time equivalent positions in nursing, pharmacy, plant operations, supply chain, security, patient transport, environmental services, food and nutrition services, and information services have been added to fully staff the new tower.

Architectural engineering for the project was provided by AE-COM and construction management services were provided by Barton Malow Dixon. Site work began in late 2020, and tower construction began in summer 2021.

“We are profoundly grateful for the generous donations that helped to make this new patient tower possible, including a naming gift by community stewards and philanthropists Janet & Jim Riehl of Friendly Automotive Group,” said Mary Jane Vogt, Henry Ford Health’s Executive Vice President and Chief Development Officer.

A boost for local artists

In partnership with the Anton Art Center, the hospital’s Healing Arts program issued a Call for Art in February 2023. More than 270 Michigan-based artists, most from Macomb County, submitted more than 1,300 works of art. More than 200 pieces were purchased and are displayed throughout the new north tower.

Michigan artist Doug Jones was commissioned to create the artwork that hangs in the new north lobby. Working with the Anton Art Center, Jones engaged community members at creation sessions held at local events throughout the summer and fall of 2022, using his collaborative PIXEL technique.

“We know that art can reduce feelings of anxiety and inspire feelings of calmness. That’s why we were so purposeful in our selection of artwork for the new tower,” said Barbara Rossmann. “We also saw this as a chance to support local artists and help build the arts community in Macomb County and Michigan.”

To learn more about the new tower, visit www.henryford.com/MacombTransformation. ♦



McLaren Macomb Hospital

MCLAREN MACOMB ACHIEVES RE-VERIFICATION AS A LEVEL II TRAUMA CENTER

McLaren Macomb, part of McLaren Health Care, has earned re-verification to maintain its designation as a Level II Trauma Center. Requiring review every three years from the American College of Surgeons, trauma centers are evaluated to ensure they still meet and provide the standard of care set by the organization.



The three-year verification, valid until the spring of 2026, followed a thorough on-site review of the program’s capabilities and processes. In 2014, McLaren Macomb became the first hospital in Macomb County to earn Level II Trauma Center status, maintaining its designation through multiple re-verification evaluations.

“Each trauma re-verification renews the hospital’s commitment to our community and providing them with this potentially lifesaving level of care,” said Tom Brisse, McLaren Macomb President and CEO. “I commend our trauma team and its leaders for their stewardship and management of this meticulous process.”

To initially earn trauma center status, programs must demonstrate their ability to meet the rigorous criteria set by the American College of Surgeons and adhere to the organization’s standard of institutional performance and care capabilities.

The process repeats for each subsequent re-verification process.

Studies have concluded that evaluation in a verified trauma center from a multidisciplinary team of physicians and surgeons increases the likelihood of improved patient outcomes.

As part of its dedication to providing the most proficient level of care, the McLaren Macomb trauma team is committed to having surgeons in-house 24 hours a day, seven days a week, allowing patients to be examined immediately upon arrival.

To learn more about trauma capabilities at McLaren Macomb, visit www.mclaren.org/macombtrauma.

MCLAREN HOSPITALS RECOGNIZED BY HEALTHGRADES WITH PATIENT SAFETY EXCELLENCE AWARDS

Three McLaren Health Care hospitals were recognized by Healthgrades with the organization’s annual Patient Safety Excellence Award, which hospitals earn by providing care in a safe environment while also having the lowest occurrences of common, preventable patient safety events.

Included in the 2023 awards were McLaren Macomb (Mount Clemens), McLaren Oakland (Pontiac) and McLaren Northern Michigan (Petoskey), placing each of the hospitals among the top 10 percent in patient safety of acute care hospitals across the nation.

“Throughout McLaren, we’re fortunate to have a staff dedicated to patient safety and high-quality care,” said Dr. Justin Klamerus, McLaren Health Care executive vice president and chief medical officer. “Recognitions like this validate their efforts and the standards our teams maintain. I am particularly proud of McLaren Macomb, Oakland, and Northern Michigan for this honor.”

Hospital data is tracked and measured, determining that provider’s effectiveness in preventing injuries, infections and other serious conditions while patients are in their care. Healthgrades considers 14 patient safety indicators and other measurements to create the list of recipients.

The list is re-evaluated annually, identifying hospitals and health care facilities that have achieved and maintained an atmosphere of safe patient care over the previous year.

Learn more about the level of care and range of services provided by McLaren Health Care throughout the state at www.mclaren.org.

TIGERS FANS JOINED KARMANOS AND MCLAREN, DRESSED IN PINK TO HONOR BREAST CANCER SURVIVORS AND FIGHTERS ACROSS MICHIGAN

The Barbara Ann Karmanos Cancer Institute’s 11th Annual Pink Out the Park event with the Detroit Tigers and McLaren Health

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Care, the official health care system of the Tigers, was a home run in the Motor City. As the Tigers battled against the Seattle Mariners on May 12, 2023, hundreds of breast cancer survivors and their loved ones filled the stands at Comerica Park, decorated in pink to promote breast cancer awareness and support.

"It is gratifying to see so much support from the community of survivors and their families - support for the survivors themselves and support for our institution," reflected Michael Simon, M.D., MPH, medical oncologist and co-leader of the Breast Cancer Multidisciplinary Team (MDT) at Karmanos. ♦

988
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Michigan's Prior Authorization Statute: What Clinicians Need to Know

Legislation was signed in April 2022 with the support of the MSMS-initiated and led Health Can't Wait coalition. This legislation puts more control back in the hands of clinicians and patients.

Public Act 60 of 2022 provides prior authorization (PA) reform with the goal of a quicker, more effective, and more transparent process. It does not repeal PA.

All provisions are fully in effect as of June 1, 2023, including major components such as electronic submission and faster timelines.

These reforms apply to health care insurers (and their contracted third-party vendors) and healthcare professionals whose beneficiaries/patients have commercial insurance policies regulated by the Michigan Department of Insurance and Financial Services. **They do not impact Medicaid, Medicare, Medicare Advantage, or self-funded plans.**

Check insurers' provider news, updates, portals, etc. to learn of any new processes related to online submission, appeals, eligibility, and PA requirements related to the law's implementation.

Please review the key provisions below for additional details and requirements.

Electronic Submission

As of June 1, 2023:

- Insurers **must provide** an online method through which practitioners can electronically submit PA requests for any benefits requiring PA, including prescription drugs. Facsimiles do not count as an acceptable method.
- Physicians and other health care professionals **must submit** PA requests electronically. The only exception is for a temporary technological or electrical failure. *(NOTE: Payers have reported that access to their electronic authorization forms is available through the provider portals you use to verify eligibility and benefits.)*

Timeliness of Decisions

Urgent Timeframe: Acted upon within 72 hours.

Considered Granted: Insurer fails to act after 72 hours.

Non-Urgent Timeframe: Within nine (9) calendar days.

Considered Granted: Insurer fails to act after nine (9) calendar days.

Valid for: A minimum of 60 days or the length of time that's clinically appropriate, whichever is longer.

NOTE: If you are requested to provide additional information, it is important to do so as quickly as possible as the turnaround time



noted above will reset and the insurer will be required to make a determination following the receipt of the additional information within the prescribed timelines for urgent or non-urgent requests.

Review by Peers

Puts conditions on health care practitioners reviewing appeals (e.g., no financial stake in decision, not involved in prior denial, etc.). Any adverse determinations regarding a PA request for a non-pharmacy benefit must be made by a licensed physician and by a physician or pharmacist for a pharmacy benefit. If a denial is appealed, the denial cannot be affirmed unless it has been reviewed by a licensed physician who is board-certified or eligible in the same specialty as the service provided. An exception is allowed if finding such an individual would delay a decision within the required timeframe. In this instance, a physician in a similar general specialty could be utilized.

Clinical Validity

PA requirements must be based on peer-reviewed clinical review criteria. The criteria must:

- Take into account the needs of atypical patient populations and diagnoses.
- Reflect community standards of care.
- Ensure quality of care and access to needed health care services.
- Be evidence-based criteria.
- Be publicly available free of charge.
- Be sufficiently flexible to allow deviations from norms when justified on a case-by-case basis.
- Be evaluated and updated, if necessary, at least annually.

Transparency

PA requirements, including amendments, must be publicly and conspicuously posted online within a specified timeline. Insurers are also required to submit an annual report to the

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Michigan Department of Insurance and Financial Services (DIFS) which must include aggregated trend data related to the insurer's PA practices and experience for the prior plan year. DIFS shall post an annual report with aggregated data by October 1 of each year.

In cases of PA denials, the requesting healthcare professional must be notified of the reasons for the denial and related evidence-based criteria, their right to appeal, instructions on how to file the appeal, and any other documentation necessary to support the appeal.

Gold Carding

Insurers are required to adopt a program that promotes the modification of certain PA requirements based on healthcare professionals' adherence to nationally recognized evidence-based medical guidelines and other quality guidelines. ♦

MEDICAL RECORDS OF RETIRED PHYSICIANS

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



FREE CME with MSMS' on Demand Webinars
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[The Gravity of Licensing Disciplinary Actions](#)

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

[Licensing App, Renewal and CME Requirements](#)

[Navigating the No Surprises Act](#)

[Post-Exertional Malaise](#)

[Update on the Omicron Variant](#)

[Vaccine Recommendations for Patients who are Immunocompromised Part 1](#)

[Vaccine Recommendations for Patients who are Immunocompromised Part 2](#)

Practice Management Webinar Series:

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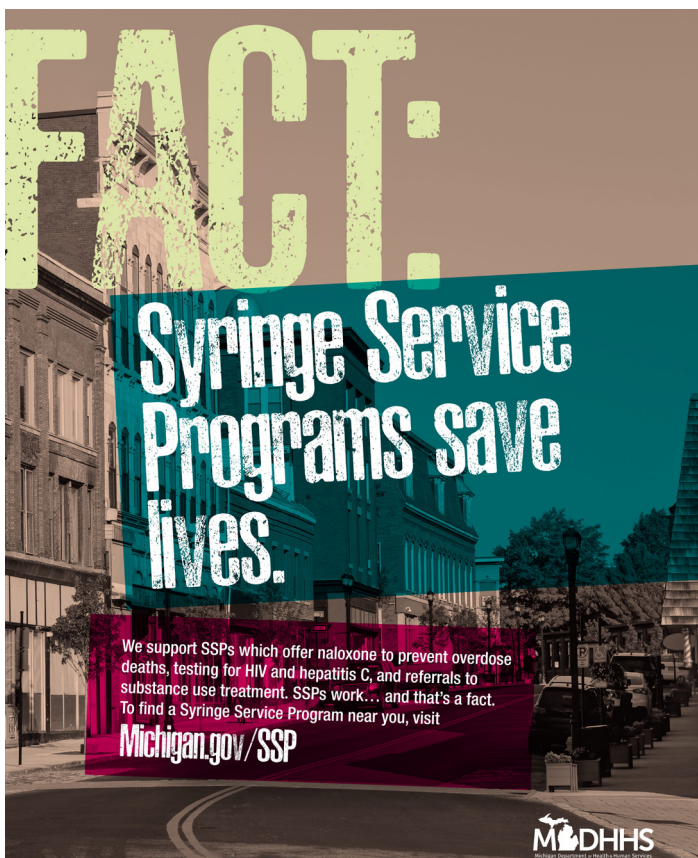
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[Helping Patients Navigate Insurance](#)

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

[Patient No Show Policy](#)

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

M. SALIM SIDDIQUI, MD, PHD, INSTALLED AS 165th PRESIDENT OF MSMS



The Michigan State Medical Society (MSMS) formally welcomed M. Salim Siddiqui, MD, PhD, of Wayne County, a board certified radiation oncologist, as the 165th President of MSMS. Doctor Siddiqui was installed as president of MSMS during the 158th annual meeting of the House of Delegates in Dearborn, MI on April 22.

Doctor Siddiqui is a graduate of the Lewis Katz School of Medicine at Temple University, and will serve a one year term as president of the society. He previously served as president-elect and also two terms as the Young Physician Representative to the MSMS Board of Directors, a position he was first elected to in 2015 and then again in 2017.

Doctor Siddiqui is a member of the Henry Ford Medical Group and is affiliated with Henry Ford Health. He is Past President of the Wayne County Medical Society of Southeast Michigan and currently serves on the WCMSSM Board of Directors.

MSMS LAUNCHES NEW MEDIGRAM NEWS WEBSITE



The Michigan State Medical Society recently launched the new Medigram News Center website. Visit www.msms.mynewscenter.org to read the latest updates on important news from MSMS and the world of medicine.

MSMS BUDGET ISSUES BEING RESOLVED

During his July 12th State of MSMS webinar, Dr. Tom George, MSMS CEO, informed the membership that he is working to resolve the serious budget issues facing MSMS. MSMS 2023 budgeted deficit is about \$1.6 million. Actions taken so far include:

Spending Reductions

- Sale of the MSMS Headquarters building in East Lansing
- Reduction of the annual House of Delegates meeting from two days to one day

- Simplification of MSMS Board of Directors meetings
- Reduction of MSMS staff by 20%

Revenue Increases

- Increased student member dues rates from \$5 to \$75 per year
- Increased resident member dues rates from \$20 to \$100 per year
- Charge county medical societies 10% collection fee for annual membership dues

DEA EXTENDS COVID-19 TELEMEDICINE FLEXIBILITIES FOR PRESCRIBING CONTROLLED MEDICATIONS UNTIL NOVEMBER

The ability to prescribe controlled substances based on telehealth patient visits was set to expire with the end of the COVID-19 Public Health Emergency in May. The U.S. Drug Enforcement Administration (DEA) initially issued two proposed rules establishing new policies for controlled substance prescriptions based on telehealth visits, one for buprenorphine and one for other controlled substances. After receiving more than 38,000 comment letters, the DEA, jointly with SAMSHA, issued a press release on May 9th announcing they have decided to extend the same policies that have been in place during COVID for an additional 6 months, until November 11, 2023. This extension provides additional time to review public comments while avoiding lapses in care for patients.



MSMS PRAISES INTRODUCTION OF LEGISLATION THAT ENSURES PHYSICIAN-LED CARE TEAM

Michigan State Medical Society President M. Salim Siddiqui, MD, PhD, commended State Representative Alabas Farhat (D-Deerborn) for prioritizing the health and safety of all Michigan patients by introducing House Bill 4472. This legislation would require advanced practice registered nurses (APRNs) to practice as part of physician-led, patient-centered care teams, where they would practice within the scope of their usual professional activities.

As a relentless advocate for patients and their highest quality care, Doctor Siddiqui said, "The research and data strongly indicate that physician-led, patient-centered care teams are the best approach to increase healthcare access without compromising patient safety or quality of care." He notes that Representative Farhat's legislation ensures that rural and underserved communities have access to physician-led, patient-centered care at a lower cost and higher quality, which is something that both physicians and patients alike overwhelmingly support

HB 4472 would require APRNs to maintain appropriate collaboration and consultation as provided under a written practice

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agreement with a patient care team physician. Under HB 4472, practice agreements would include:

- A process for communication, availability, and decision-making when providing medical treatment to a patient. The process must utilize the knowledge and skills of the APRN and patient care team physician based on their education, training, and experience.
- The duties and responsibilities of the APRN and patient care team physician
- A provision for appropriate physician input in complex clinical cases, patient emergencies, and referrals
- A clear statement describing the controlled substance prescription practices of the APRN, including the controlled substances the APRN is or is not authorized to prescribe.

“As physicians, we take an oath to do no harm, and that includes ensuring that all patients receive the highest quality of care possible. That’s why we strongly support legislation like HB 4472, which promotes a physician-led, patient-centered team-based approach to healthcare that puts patients first,” said Doctor Siddiqui. “We know that APRNs play an important role in the delivery of healthcare, and we welcome their continued contribution to our physician-led, patient-centered care teams. By working together with APRNs, we can create a more cohesive and effective healthcare system that benefits everyone. We can build better healthcare together. Not only do our Michigan patients deserve this, but also, HB 4472 helps us ensure that’s exactly what they get.”

MICHIGAN IMPACTS NATIONAL POLICY AT THE AMA ANNUAL MEETING

The Michigan Delegation to the American Medical Association (AMA) diligently represented Michigan physicians at the AMA’s Annual Meeting held June 9-14, 2023, in Chicago. The Annual Meeting is a combination of elections and policy making. Delegation members joined more than 650 physicians, residents and medical students to consider, debate, and act upon nearly 300 items of business. Decisions made at the meeting help fulfill the AMA’s core mission of promoting medicine and improving public health.

Leadership for the Michigan Delegation includes Mark Komorowski, MD, Chair; Christie Morgan, MD, Vice Chair; and Courtland Keteyian, MD, Secretary/Treasurer.

Pino Colone, MD, ran unsuccessfully for Vice Speaker in an extremely competitive four-person race. At the conclusion of the meeting, Bobby Mukkamala, MD, announced his candidacy for President-elect in 2024.

David Walsworth, MD, served as Chair of Reference Committee C (Medical Education). Also serving on Reference Committees were: Chris Bush, MD Committee B (Legislation), Theodore Jones, MD Committee G (Medical Practice), and Courtland



Keteyian, MD Committee A (Constitution & Bylaws, Medical service) Michigan submitted eight resolutions which were well-received. Of them three were adopted as amended: Vision Qualifications for

Driver’s License; Reimbursement for Postpartum Depression Prevention; and Address Disproportionate Sentencing for Drug Offenses. One resolution, Protect Patients With Medical Debt Burden, was referred for further study.

For highlights from the AMA Special Meeting visit the [AMA’s website](#). If you have questions regarding the Michigan Delegation to the AMA, please contact Stacey Hettiger at shettiger@msms.org. ♦



Vital Signs National Physician Suicide Awareness Day September 17

We can all help prevent physician suicide. Prevention begins with understanding the warning signs to look for in someone who may be suicidal. With the HEART acronym, we hope to help you easily remember these signs. Visit [NPSAday.org](https://www.npsaday.org) to learn more.

<p>VITAL SIGN 1</p> <p>Health</p> <ul style="list-style-type: none"> - Increasing the use of medications and/or alcohol or illicit drugs - Talking about wanting to hurt themselves or die 	<p>132</p> <p>EMOTIONS</p>
<p>VITAL SIGN 2</p> <p>Emotions</p> <ul style="list-style-type: none"> - Experiencing extreme mood swings - Feeling hopeless or having no purpose 	<p>VITAL SIGN 3</p> <p>Attitude</p> <ul style="list-style-type: none"> - Being negative about professional and personal life - Having inappropriate outbursts of anger or sadness
<p>VITAL SIGN 4</p> <p>Relationships</p> <ul style="list-style-type: none"> - Withdrawing or isolating themselves from family, friends and coworkers - Talking about being a burden to others 	<p>VITAL SIGN 5</p> <p>Temperament</p> <ul style="list-style-type: none"> - Acting anxious or agitated; behaving recklessly - Being uncomfortable, tired or in unbearable pain

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This document is intended for awareness-building and informational purposes only. If you or someone you know is struggling or in crisis, call or text 988 or chat 988lifeline.org

**EVERY DOCTOR HAS THE
POWER TO FIGHT THE FLU.**

VACCINATE YOUR PATIENTS.

#FIGHT FLU cdc.gov/FightFlu

CME Requirements for Licensure



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

150 hr. Continuing Medical Education

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

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

3 hr. Pain & Symptom Management

with 1 hr. Controlled Substance Prescribing

1 hr. Medical Ethics

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

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

Separate from CME

One time – training for Identifying Human Trafficking Victims

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

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

Take Charge of Your Mental Health

myStrength

The health club for your mind™

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

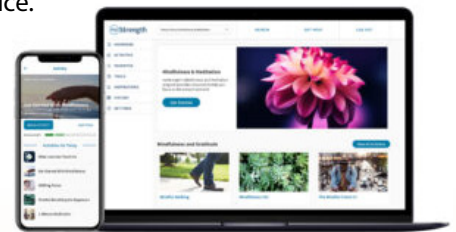
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

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

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

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

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



It's easy to get started; Go to [mystrength.com](https://www.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

FTC Considers Banning Covenants Not To Compete

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

Q. *I am reading media accounts that the FTC is about to ban all covenants not to compete. When will this happen? Will the covenant not to compete in my employment agreement that I signed 2 years ago be banned? Will Michigan law that allows covenants not to compete have to be changed also?*

A. On January 5, 2023, the FTC issued a Notice of Proposed Rulemaking (the “Proposed Rule”). The Proposed Rule would ban covenants not to compete in employment agreements.

Covenants not to compete obtained in connection with the sale of a business would remain enforceable in accordance with their terms and to the extent allowed by state law. Examples of such covenants not to compete are those contained in a purchase agreement or a standalone document entered into in connection with a purchase agreement.

An FTC summary of the Proposed Rule can be found by clicking on the following link: [Non-Compete Clause Rulemaking | Federal Trade Commission \(ftc.gov\)](https://www.ftc.gov/consumer/2023/01/05-ftc-issues-notice-proposed-rulemaking-ban-covenants-not-compete). Specifically, the Proposed Rule declares that it is “an unfair method of competition for an employer to enter into or attempt to enter into a non-compete clause with a worker; maintain with a worker a non-compete clause; or represent to a worker that the worker is subject to a non-compete clause where the employer has no good faith basis to believe that the worker is subject to an enforceable non-compete clause.”

Therefore, the Proposed Rule would ban both the entering into of future covenants not to compete **and** covenants not to compete contained in existing employment agreements. If the Proposed Rule takes effect, a prospective employer will not be able to include a covenant not to compete in a proposed employment agreement and your current employer would not be able to enforce a covenant not to compete already in place.

No changes to Michigan law would be needed to put the ban into effect. The Proposed Rule provides that it “shall supersede any State statute, regulation, order, or interpretation to the extent that such statute, regulation, order, or interpretation is inconsistent with” the Proposed Rule’s ban of covenants not to compete in employment agreements. If a state has a law in place that already bans covenants not to compete, that state law would remain in force to the extent it provides greater protection to the employee than the Proposed Rule.

The Proposed Rule was issued subject to a 60 day public comment period beginning when it is published in the



Federal Register. Following the expiration of this public comment period, the FTC has indicated its intention to quickly finalize the rule. The ban would take effect 180 days after the FTC publishes the final rule. However, the ban will face significant challenges in the courts that will very likely delay when the ban becomes effective. The expected legal battle will likely take years.

It is important to note that the stated reasons for the Proposed Rule are not unique to physicians or other providers of health-care services. Instead, the FTC is attempting to ban covenants not to compete in employment generally, stating in part that “the freedom to change jobs is core to economic liberty and to a competitive, thriving economy. Non-competes block workers from freely switching jobs, depriving them of higher wages and better working conditions, and depriving businesses of a talent pool that they need to build and expand.”

The fact that a covenant not to compete is included in nearly every physician employment agreement, its enforcement likely prevents patient choice of a healthcare provider, and the disruption to the continuity of patient care are some of the noneconomic factors making the need for the ban unique to the healthcare industry.

Editor’s Note: A recent report from [Bloomberg Law](https://www.bloomberglaw.com) indicated that the Federal Trade Commission’s vote to formally ban non-compete agreements in most employment contracts won’t take place until April 2024. The agency received nearly 27,000 comments on the draft rule proposed in January which need to be reviewed prior to the vote. ♦

The Michigan State Medical Society offers aggressive pursuit of physician rights in every forum as well as personal access to a multitude of legal services including the [Health Law Library](#), one of our biggest values to members.

Leading Staff through Traumatic and Trying Times

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



Q. *With the recent mass shooting at Michigan State University and the overall stress caused by the COVID-19 pandemic, we are noticing that more of our staff are having struggles at work that may be related to trauma. How can we support staff who are struggling? I want to do something, but am not sure how to help.*

A. Thank you for asking this question! Practices must balance the care and support of their teams with the pressures of serving patients and running a business. This can be challenging on a good day, but becomes especially difficult to do during traumatic events. The fact that you are tuned in to this issue shows that you care about your staff and acknowledges that personal trauma can and does impact the workplace. This acknowledgment and concern for the well-being of your team is foundational as you navigate these trying times.

The US Department of Veterans Affairs estimates that six in 10 men and five in 10 women experience at least one trauma in their lifetime, and approximately 6% of the population will experience post-traumatic stress disorder (PTSD) at some point in their lives. Trauma can be defined as an emotional injury that affects performance and well-being and may arise from events such as domestic violence, health-related issues, the death of a close family member, overall safety concerns in the community, harassment, racism, financial uncertainty, and political divisions. The impact of trauma can vary as widely as the causes, so the goal is to assess each individual situation and provide assistance based on personal needs.

Let me start by saying that the aim of these interactions is not to “fix” anyone, but instead to provide support, access to resources, and an overall safe place to work. A good first step in this process is to acknowledge the trauma that has occurred, if you are aware of it, and focus on listening. For the recent mass shooting at MSU, this could entail bringing the team together to acknowledge what has happened and then giving space for people to react; sharing their thoughts in an open, nonjudgmental space. Being able to talk about emotions is part of the healing process. I recommend that you follow up one-on-one with any staff who you know may have a direct connection to the tragedy. Saying things like, “I’m so sorry this happened,” and “What can we do to help?” can go a long way in letting employees know that it is okay to not be okay and to ask for what they need.

Following a traumatic event, try to allow time for processing and grieving. That may mean approving time off for specific employees, temporarily lightening workloads, and/or allowing time for employees to talk with each other. Of course, you may

still have a full patient load, but look for opportunities to support these breaks and connections instead of rushing staff back to their duties. Work with individual employees to provide the time needed based on their situation. Employees may also benefit from mental health resources (which may be available through employer-sponsored Employee Assistance Programs), referrals to medical providers or support groups, and/or assistance with funeral and other expenses. Supports like these can make an incredible difference in a person’s healing process and is another way for you to show your commitment to the whole employee.

As the saying goes, you cannot pour from an empty cup, so be sure to take care of yourself during these challenging times too. Caregiver fatigue is real, so if you find yourself needing some additional TLC to make it through the day, be sure to lean into that. Acknowledging your own emotions not only allows you to seek out the comfort and clarity you may need, but also demonstrates to your team that you are human and may need their support as well. A strong work culture is one where people feel cared for and where people are able to care for others in return. Allow your team to be there for you – you will both benefit as a result.

With the implementation of some of these steps and the passing of time, most employees will make the transition back into fully productive work. In fact, having work-related tasks can be an important part of the healing process as it allows employees to focus on things other than the traumatic event. However, despite your best efforts, some employees may continue struggle. These employees may need additional, more intensive supports to work through their trauma, including leaves of absence or access to disability resources if a physician recommends it. Know your limits and consult with mental health professionals when in doubt. ♦



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

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



NEW AMA PRESIDENT: PHYSICIANS MUST SEEK “MORE EQUITABLE TOMORROW”

At the AMA Annual Meeting on June 13, Jesse M. Ehrenfeld, MD, MPH, became the first openly gay person to hold the office of AMA president.



Dr. Ehrenfeld is a practicing anesthesiologist, senior associate dean, and tenured professor of anesthesiology at the Medical College of Wisconsin, where he leads the largest statewide health philanthropy, the Advancing a Healthier Wisconsin Endowment.

In his two-plus decades within the AMA, Dr. Ehrenfeld said he has seen tectonic shifts in policy and attitudes related to LGBTQ+ patients and physicians. At his first AMA House of Delegates meeting in 2001, Dr. Ehrenfeld was awestruck by the pomp and circumstance. Yet, as a gay man, he felt alienated. The climate at that time was a harsh one for the LGBTQ+ community. Marriage equality had yet to be achieved and federal hate-crime statutes didn't include protections for LGBTQ+ people.

“Standing on this stage tonight and accepting the honor of the AMA presidency is proof that our organization can evolve. This is why visibility matters,” he said. “This is why, when you have a platform like this one, you have a responsibility to use it for the greater good and to try and lift up those who haven't yet found their voice.”

Learn more about [Dr. Ehrenfeld's vision for the coming year as AMA president](#).

STRATEGIC BEHAVIORAL HEALTH GUIDES FOR PATIENT CARE

The AMA has released a new how-to guide on integrated care for older adults that empowers physician practices and health systems with practical strategies for overcoming obstacles to accessible and equitable treatment for their patients' behavioral, mental and physical health needs.

Check out these behavioral health integration (BHI) practice guides focused on effective integrated care.

[Integrated behavioral health care for older adults](#)

The integrated behavioral health care for older adults practice guide provides primary care practices with actionable, evidence-based guidance on the nuances of integrated care for the behavioral health needs of older adults.

[Designing a workflow for behavioral health integration](#)

The workflow guide identifies key questions and criteria to

help organizations establish a BHI workflow that will suit both the needs of their practice and ultimately their patients.

[Psychopharmacology guide on prescribing psychotropic medications](#)

The psychopharmacology practice guide offers evidence-based guidance to primary care practices regarding when and how to treat patients with psychotropic medications so they may lead more fulfilling and productive lives

[Substance use disorder treatment guide](#)

The practice guide on substance use disorder provides primary care providers with actionable, evidence-based steps to identify and address unhealthy substance use/misuse in their patients.

[Suicide prevention guide to treat at-risk patients](#)

This suicide prevention practice guide empowers physician practices and health systems with actionable steps and evidence-based resources to identify at-risk patients and connect them with the most appropriate treatment plan.

Also, the [BHI Collaborative's BHI Compendium](#), which serves as a tool to help provide a proven pathway for delivering integrated behavioral care, has been enhanced with additional resources and case studies ensuring physician practices and health systems have the most recent and actionable information at their disposal.

Additional BHI resources

- [Behavioral health integration in physician practices](#)
- [Behavioral health integration \(BHI\) Overcoming Obstacles webinar series](#)
- [Steps Forward BHI Module](#)

FIXING MEDICARE PHYSICIAN PAY SYSTEM A TOP PRIORITY FOR THE AMA

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

The AMA has been on the road fighting for Medicare physician payment reform for well over a decade, and the system remains on an unsustainable path. Temporary patches and ongoing cuts to the Medicare physician payment system have left physician practices and patient access to care at serious risk.

Payment cuts, freezes and redistributions have further exacerbated the challenge. When adjusted for inflation, Medicare physician payment has effectively declined 26% from 2001 to 2023.

Despite that stark reality, Congress and the administration are still not focused on fixing the root of the problem—the payment system itself. But it's time for that to change. It's essential that leaders in Washington work with the physician community on immediate, preventative measures, as well as long-term solutions that will reform the payment model once and for all.

“This cannot wait; we are past the breaking point,” said AMA Past President Jack Resneck Jr., MD. “Congress must urgently address physician concerns about Medicare to account for inflation and the post-pandemic economic reality facing practices nationwide.

“Our patients are counting on us to deliver the message that access to health care is jeopardized by Medicare’s payment system. Being mad isn’t enough. We will develop a campaign—targeted and grassroots—that will drive home our message,” added Dr. Resneck, a San Francisco Bay Area dermatologist.

To that end, the House of Delegates adopted new policy for the AMA to:

- Declare Medicare physician payment reform as an urgent advocacy and legislative priority for our AMA.

- Prioritize significant increases in funding for federal and state advocacy budgets specifically allocated to achieve Medicare physician payment reform to ensure that physician payments are updated annually at least equal to the annual percentage increase in the Medicare Economic Index.
- Have its Board of Trustees report back to the House of Delegates at each Annual and Interim Meeting on the progress in achieving Medicare payment reform until predictable, sustainable, fair physician payment is achieved.

Learn about how you can take part in the fight to fix Medicare on behalf of your patients and practices at the [AMA's Fix Medicare Now website](#). ♦

UPCOMING EVENTS

[August 9, 2023 ~ Medical Management for Obesity in Adult Patients](#)

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

[August 16, 2023 ~ Reducing Unconscious Bias – an Imperative \(RUBI\)](#)

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

[August 28, 2023 ~ Updates in Endocrinology](#)

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

[September 6, 2023 ~ COVID 19: The Unmet Need for Treatment Options](#)

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

[September 6, 2023 ~ Medical Records Basics](#)

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

[September 11, 2023 ~ Implicit Bias Training](#)

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

[September 13, 2023 ~ Reducing Unconscious Bias – an Imperative \(RUBI\)](#)

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

[September 18, 2023 ~ Tri-County Legislative Committee Meeting](#)

In-Person Meeting, 6 pm, location to be announced. Physicians from Macomb, Oakland and Wayne counties will meet with local

legislators from the tri-county area. Anyone interested in attending the meeting contact Heidi Leach at HLeach@macombcms.org or call 810-712-2546.

[September 18, 2023 ~ Approach to Peripheral Neuropathy](#)

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

[September 22, 2023 ~ A Day of Board of Medicine Renewal Requirements](#)

MSMS In-Person Meeting, 8:30 am – 4:15 pm, Detroit Marriott in Southfield. 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, free for student/resident members.

[October 4, 2023 ~ Trauma Informed Leadership](#)

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

[October 4, 2023 ~ The Health Can't Wait Act: New Changes to the Prior Authorization Process](#)

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

[October 11, 2023 ~ Reducing Unconscious Bias – an Imperative \(RUBI\)](#)

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

[October 11, 2023 ~ MSMS Quarterly Membership Update](#)

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

[October 23, 2023 ~ Dermatology Update](#)

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

On May 15th the Tri-County Legislative Committee held an in-person meeting at the Westin in Southfield. The meeting was well attended by both Legislators and physicians from Macomb, Oakland, and Wayne counties. If you are interested in joining the Legislative Committee please contact Heidi Leach at HLeach@macombcms.org. Our next meeting will be on September 18th.

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

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

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

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

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

When it comes to restoring a patient’s health, no one is more capable, better trained, and more likely to deliver safe and

effective outcomes than physicians. That’s something we all need to work to protect, and House Bill 4472 is an excellent start.

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

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

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

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2023 Macomb County Legislator Contact Guide

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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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