# Macomb Medicus

*Journal of the Macomb County Medical Society*

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Macomb
# Medicus
*Journal of the Macomb County Medical Society*

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# Comparing Long-Haul COVID-19 and Post-Polio Syndrome

*By: Aaron W. Sable, MD*

In the 1950's polio paralyzed thousands of people. During the current COVID-19 crisis, it may be informative to compare the two epidemics.

Both epidemics are viral based, but from different families. SARS-CoV-2 is a respiratory virus that mainly damages the lungs. Polio is an intestinal virus that in a small percentage of cases migrates to damage the spinal cord destroying motor neurons. The mechanism for migration remains unknown.

Poliovirus is shed in stools and is acquired by drinking and eating contaminated food. SARS-CoV-2 is a novel virus, meaning it has not been previously identified. It appears to have jumped from an animal, likely bats, to humans in China. It is spread through respiratory droplets. Poliovirus is strictly a human disease, and does not naturally infect any other species (although Old World monkeys and chimpanzees can be experimentally infected). In 95% of cases only a primary, transient presence of viremia occurs, and the poliovirus infection is asymptomatic. Polio has infected humans for a long time with evidence dating back at least to ancient Egypt. The estimated rate of asymptomatic COVID -19 is 25-40%.

Infantile Polio Paralysis mainly affected the young, although adults such as Franklin Roosevelt were stricken. COVID-19 is most serious in older adults with underlying medical conditions. Polio could be fatal when it affected the breathing muscles. More typically it left its victims with paralyzed legs and arms.

From 1900-1960 there were Polio epidemics almost every summer somewhere in the United states, but they were regional, not national in scope. Many ended with the onset of cold weather. In contrast the Coronavirus has been more severe in colder weather.

Hospitals have been overwhelmed from the care of COVID-19 and in the past Polio. Isolation floors and hospitals were established. Iron Lungs were the first effective ventilators and saved many lives.

Post-polio syndrome, arises years later, usually a decade or more after the initial illness. The condition causes a gradual weakening of specific motor neurons, in muscles and muscle groups that had previously been affected by polio infection. Muscles may atrophy or decrease in size. Physical changes in joints may also take place. Some may experience breathing and sleeping disorders.

Long-haul COVID-19 can last weeks, months, or possibly years after the initial illness. Symptoms include persistent fatigue or exhaustion; ongoing shortness of breath; heart arrhythmias, including a racing heartbeat; pain in the joints and muscles. Many report headaches, inability to concentrate, and memory issues; which some refer to as "brain fog". Some experience uneven recoveries in which they appear to be on the mend but relapse into illness again. Dr. Anthony Fauci, director of the National Institute of Allergy & Infectious Diseases (NIAID), has speculated that many may develop myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS).

There are approximately 300,000 polio survivors in the U.S., it is estimated 25-50% will experience some degree of post-polio syndrome. It is estimated that as many as 10% of COVID-19 survivors may have long term problems.

Vaccines developed by Jonas Salk and Albert Bruce Sabin in 1954-1955 saved humanity from the ravages of Polio. The U.S. has been virtually polio free since 1979. But Polio is still a threat in some countries.

Hopefully the vaccines by Pfizer, Moderna, and others will make COVID-19 diminish and disappear.

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## Henry Ford Macomb Hospital


### HENRY FORD MACOMB ACQUIRES MONARCH ROBOTIC-ASSISTED LUNG CANCER BRONCHOSCOPY SYSTEM

Henry Ford Macomb Hospital is the first in Macomb County, and the 67th hospital in the country, to acquire the Monarch Robotic-Assisted Lung Cancer Bronchoscopy System. The first cases at the hospital using the Monarch were performed February 2.

Lung cancer is the number one cancer killer, partly because it is difficult to diagnose safely and reliably when it is in stage 1 or 2. With the Monarch Platform using Robotic-Assisted Bronchoscopy, we can potentially diagnose small nodules during this early stage. The Monarch Platform combines traditional camera views into the lung with computer-assisted navigation based on 3-D models of the patient's own lung anatomy providing bronchoscopic visualization throughout the procedure.

*Pictured with the Monarch are Raed Alnajjar, MD, Medical Director of Cardiothoracic Surgery Services; Barbara Rossmann, president and CEO and Chris Bissell, Director of Cancer Care Services.*

### HENRY FORD HEALTH SYSTEM AND MICHIGAN STATE UNIVERSITY PARTNER TO IMPROVE ACCESS, OUTCOMES TO HEALTH CARE THROUGH RESEARCH, EDUCATION AND ADDRESSING HEALTH INEQUITIES AND DISPARITIES

The partnership is built around providing greater access to quality, affordable, compassionate health care through shared education, research and clinical integration for urban and rural populations.

Henry Ford Health System and Michigan State University (MSU), two of the states leading education, research and health care institutions, are partnering to make Michigan a national leader in providing access to exceptional health care for all residents, scientific discovery and education for providers, patients and families.

In a landmark partnership that will last for at least 30 years, both institutions are committed to aligning efforts across key departments and programs to achieve critical health care and educational goals, while addressing social issues that impact health outcomes for patients in Michigan and beyond.

The signing of this agreement comes just seven months after Henry Ford and MSU signed a letter of intent to significantly expand their long-term partnership, among the first of its kind for the region between a fully integrated academic health system and major state university.

Key features of the agreement include fostering innovative, groundbreaking research; providing best-in-class cancer care; inter-professional training; increasing diversity among the next generation of health care professionals; and addressing the needs of traditionally underserved communities. Diversity, equity and inclusion (DEI) are core components of the partnership and are embedded throughout the agreement in a commitment to addressing access to health care and health disparities in both urban and rural communities.

"Prior to the COVID-19 pandemic, Henry Ford Health System and Michigan State University recognized that collaboration could make a critical impact on health care in our state and across the country," said Wright L. Lassiter, president and CEO of Henry Ford Health System. "Our two institutions have a shared commitment to diversity, equity and inclusion, which means addressing and eliminating historic inequities in health care across our state. If we bring additional focus to traditionally marginalized communities, we believe that will lead to improved clinical outcomes for all."

At the core of the partnership is a unique primary academic affiliation. As the partnership evolves and expands, Michigan will be established as a destination for exceptional clinical care, advanced research and innovative medical education. The partnership will chart definitive progress in eliminating health disparities and addressing the needs of marginalized communities, improving health care for everyone. Most important of all, this partnership will provide improved care options and increased hope to patients and families facing disparate medical challenges, including cancer.

*For more information about the partnership, visit **www.henryford.com/msuhealthsciences**.*

### YOUNG ATHLETES NEED THEIR SLEEP TO ACHIEVE TOP PERFORMANCE

As Michigan high school student athletes get back to sports competition, most are not getting the sleep they need to perform at their best, said Meeta Singh, MD, a nationally recognized sleep medicine specialist at Henry Ford Health System.

Many young athletes simply don't focus on getting the sleep they need to recover from training and the energy they expend playing their sport, which ultimately affects performance on game day. In fact, according to a survey from the American College Health Association, most student athletes reported four nights of insufficient sleep each week. Another study from the NCAA reported that one-third of student athletes got fewer than seven hours of sleep each night.

"Since sleep can modulate reaction time and accuracy, it's important to ensure an athlete gets his or her appropriate amount of sleep," said Dr. Singh who agrees with the recommendation from the National Sleep Foundation and the American Academy of Sleep that younger adults need between 8 and 10 hours of sleep each night.

Dr. Singh is the Medical Director for the Sleep Disorders Center at Henry Ford Medical Center-Columbus in Novi and Henry Ford Medical Center-New Center One in Detroit. She is also part of Henry Ford's Sports Medicine team and advises teams in the four professional sports leagues: Major League Baseball, National Basketball Association, National Football League and National Hockey League.

In addition, Dr. Singh treats student athletes with sleep disorders and provides sleep health education that helps develop positive sleep behaviors and empowers athletes to reach their desired performance levels. "Sleep and recovery are integral parts of being an athlete that are often ignored," said Dr. Singh. She also believes that restorative sleep is a cornerstone for athletes' successful recovery and performance.

Dr. Singh said that overlooking the importance of sleep and allowing the body to recover parallels the discussion in the 1960s about the importance of hydration for athletes. "People back then wondered why drinking enough water was important for athletic performance," said Dr. Singh. Sleep and recovery are similar as an essential part of reaching peak performance, and in preventing and recovering from injuries. "It's important to improving reaction time, speed, hand-eye coordination, judgement, and adjusting to tactics during competition's," said Dr. Singh.

Research also shows that 65% of student athletes who get less than 8 hours of sleep suffered sports-related injuries, a rate that this is more than 50% higher than for those teen athletes getting more than 8 hours of sleep.

These helpful tips from Dr. Singh can guide student athletes toward building healthier sleep habits and getting the right amount of sleep:

**Limit caffeine.** Caffeine is a popular ingredient in many pre-workout drinks, and many athletes choose to use it for an energy boost. However, having caffeine late in the day may make falling asleep and staying asleep difficult. Athletes should try logging their intake to determine what time to stop consuming and how much is okay to consume.

**Maintain a regular sleep schedule.** The body has an internal clock that's largely affected by environment. Going to bed and waking up at approximately the same time each day can add a natural rhythm to the body's internal clock, which can cause people to feel more awake during the day and fall asleep easily at night.

**Workout early.** Often, working out later in the day gives people a burst of energy that can keep them up late into the night. For example, exercising after 9 p.m. can boost body temperature, making sleep difficult. However, research shows morning workouts can help achieve deeper sleep, and working out in the afternoon can help reduce insomnia.

**Unplug.** Nothing can keep one up at night like a buzzing smartphone. Additionally, the blue light a phone emits may slow the production of melatonin, making sleep difficult. Advise your child to leave electronics out of reach while they're sleeping. And as an added bonus, if their phone is their alarm, it will force them out of bed in the mornings.

**Focus on breathing.** Focusing on breath can help steady heart rate and relax the body. A popular breathing technique is the 4-7-8 exercise, in which one inhales through the nose for four seconds, holds their breath for seven, and exhales for eight.

**Keep it dark, cool and quiet.** Having the right environment is an important part of falling asleep... and staying asleep.

*thank you*

**for Your Generosity!**

**2020 MCMS Foundation Holiday Sharing Card Project Raised $5,772**

We would like to thank the Macomb County Medical Society members who participated in this year's Holiday Sharing Card Project. Your generous donations enabled us to raise $3,081 for the Macomb County Food Program which feeds hungry families throughout Macomb County and $2,691 for Turning Point Shelter for women which assists victims/survivors of domestic violence and sexual assault.

McLaren

## McLaren Macomb Hospital


### MCLAREN MACOMB DEBUTS NEW, LARGER MEDICAL OUTREACH CLINIC

McLaren Macomb has debuted its updated and larger mobile Medical Outreach Clinic, or MOC, to the benefit of the uninsured and medically underserved population of the county. A large vehicle described as a "doctors office on wheels," the MOC travels to various locations throughout Macomb County, parking to provide primary care needs to those seeking treatment.

McLaren Macomb's Medical Outreach Clinic program began more than 25 years ago with the original vehicle staffed with physicians providing a full range of primary care services - screenings, treatments for chronic conditions, diagnosis and initial treatments for illnesses.

Patients are provided these services at no cost.


"As a healthcare provider, we recognize the responsibility we have to care for the well-being of our community and those who call it home," said Tom Brisse, McLaren Macomb president and CEO. "The selflessness and humanitarian spirit of the staff that runs the Medical Outreach Clinic program makes all of us in this organization proud to be associated with it. We are grateful to now be in the position to continue this extraordinary program for many years to come."

The new vehicle features increased size, adding more than 10 feet from the original MOC, allowing for additional treatment space and expanded services. For the first time, the program will now include dental services thanks to a partnership from the Delta Dental Foundation and Baker College.

"The motivation of beginning and continuing this program has never been to gain anything, but rather to give," said Dr. Richard Chalmers, family physician and medical director of the MOC. "We're here to give access to medical care by bringing the physicians to them. We're motivated by being good stewards to our community, and to provide in every way we can for its overall well-being."

Gifts and fundraising efforts made the purchase of the new MOC possible. Contributions were made from the employees and medical staff at McLaren Macomb, Michigan State University College of Osteopathic Medicine, Blue Cross Blue Shield of Michigan, Rotary Club of Mount Clemens, and Delta Dental Foundation.

*Learn more about the history of McLaren Macomb's Medical Outreach Clinic program and how it benefits the community at* **www.mclaren.org/macombmoc**.

### MCLAREN MACOMB EARNS 3-YEAR IAC ECHO CARDIOGRAPHY REACCREDITATION


McLaren Macomb and its Mat Gaberty Heart Center, the hospital's comprehensive cardiovascular services center, have earned echocardiography reaccreditation from the Intersocietal Accreditation Commission, IAC. The three-year reaccreditation covers echocardiography in the areas of adult transthoracic, adult transesophageal and adult stress.

The IAC's "seal of approval" recognizes McLaren Macomb for demonstrating a "commitment to providing quality patient care" and "dedication to continuous improvement."

Reaccreditation was earned after a thorough and intensive review of the program. Evaluated program factors included sonographer training and experience, type of equipment and patient outcome metrics.

"Having an effective echocardiography program is essential in being able to initially diagnose and ultimately treat the many forms of heart disease," said Dr. Melissa Ianitelli, McLaren Macomb cardiologist and director of non-invasive cardiology services. "Knowing that we have an accredited echo program gives our patients comfort and confidence in their care plan- that we're beginning their treatment with an accurate diagnosis of their underlying condition."

Heart disease is the leading cause of death in the United States, and strokes cause the fourth-most deaths each year. Echocardiography is vital in detecting the signs of heart disease and assessing their severity, providing cardiologists the information they need to begin creating an effective care plan.

McLaren Macomb, through the Mat Gaberty Heart Center, has been the leader in cardiovascular care in Macomb County. Cardiologists have regularly introduced new treatments to the area - in minimally invasive procedures performed in one

of the cardiac catheterization labs to address patients quality-of-life-limiting symptoms and potentially life-threatening conditions.

Recently, McLaren Macomb was named one of the nations 50 Top Cardiovascular Hospitals 2021 by Fortune and IBM Watson. McLaren Macomb was the only Metro Detroit hospital included on the list, and was previously listed in 2018.

*Meet the cardiologists and learn more about cardiovascular services at McLaren Macomb at* ***www.mclaren.org/macomb-heart****.*

## MCLAREN MACOMB WOUND CARE CENTER EXPANDS SERVICES, DR. CUPPARI NAMED MEDICAL DIRECTOR

The McLaren Macomb Wound Care Center will soon expand its services as it comes under the leadership of vascular surgeon Dr. Joseph Cuppari.

With Dr. Cuppari as the program's medical director, the Wound Care Center aims to grow from its current capacity by offering patients expanded treatment options.

"The top priority will always be patient healing," Dr. Cuppari said. "Many of our patient's wounds are the result of a pre-existing condition, so we approach our treatments as a continuum of their overall care, their overall healing. Expanding the program and our capabilities to accommodate a greater patient population will only add to that healing."

A key addition to the Center's expansion will be a Healogics hyperbaric oxygen therapy unit, scheduled to come online in the spring of 2021.

A pressurized chamber in which the patient breathes in pure oxygen, HBOT treatments enable the lungs to take in more oxygen. After multiple treatments, patients can see noticeable improvement in the healing of their chronic wounds.

For patients suffering from hard-to-heal wounds, the Wound Care Center is staffed with providers and nurses trained in specialized and advanced wound care techniques. The inter-disciplinary team includes general, vascular and plastic surgeons, infectious disease physicians, dermatologists and podiatrists.

## HEALTHGRADES RECOGNIZES MCLAREN MACOMB FOR CLINICAL QUALITY IN SPECIALTY CARE CONDITIONS

McLaren Macomb has been recognized by healthcare information leader Healthgrades for its care in two specialty conditions.

The Healthgrades Specialty Excellence Awards 2021 recognizes hospitals for their exceptional care and clinical performance in specialty health conditions.

Ranked among hospitals from across the United States, McLaren Macomb was included on the lists of Coronary Intervention Excellence Award and Pulmonary Care Excellence Award. This was the first year McLaren Macomb earned recognition for its coronary intervention specialty care, and the third consecutive year for pulmonary care.

Healthgrades is the industry leader in providing consumer information on hospitals, physicians and the care they provide.

Inclusion on the Specialty Excellence Award list puts a hospital among the top 10 percent of the nation's full-service hospitals - those that are consistent in their care of specific, specialty areas.

For the patient, this represents fewer complications and a greater likelihood of surviving these potentially life-threating conditions.

# Ascension Macomb-Oakland Hospital

## ASCENSION ST. JOHN HOSPITAL PARTICIPATES IN COVID-19 VACCINE TRIAL INOVIO

In mid-December, Ascension St. John Hospital received institutional review board (IRB) approval to participate in an INOVIO phase 2 trial of an investigational coronavirus (COVID-19) vaccine. The research study will evaluate the appropriate age-related dose, safety and effectiveness of the INOVIO INO-4800 vaccine. This vaccine is administered by injection under the skin followed by a treatment to stimulate the immune response.

The Ascension St. John study is being led by Louis Saravolatz, MD, MACP, FIDSA, Chief, Internal Medicine, Ascension St. John Hospital. Participants must agree to six outpatient visits and three phone calls, over a period of 13 months. To date, the Ascension St. John team has enlisted 52 subjects. Nationally, there are 17 sites participating with a total enrollment of 400.

"We are excited to be part of this study. A vaccine that can be kept at room temperature for one year and refrigerated temperature for five years has great potential for global distribution for control of the COVID-19 pandemic," said Dr. Saravolatz.

Participant enrollment is now closed, but you can learn more about the trial on the National Institutes of Health website: **https://clinicaltrials.gov/ct2/show/NCT04642638**

**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.**

## ASCENSION ST. JOHN HOSPITAL AND ASCENSION PROVIDENCE HOSPITAL OFFER MONOCLONAL ANTIBODY THERAPY FOR ELIGIBLE COVID-19 PATIENTS

Ascension Michigan acute care facilities have received monoclonal antibodies from the Michigan Department of Health and Human Services for distribution via infusion to high risk individuals with mild-moderate COVID19 infection.

In early December, Ascension St. John Hospital opened Ascension Michigan's first Ascension Therapeutic Ambulatory Center for COVID (ATACC) to serve COVID positive patients who are eligible and agree to receive monoclonal antibody therapy (MAT) medications, such as Bamlanivimab. This infusion therapy is still awaiting Food and Drug Administration (FDA) approval, however the FDA has authorized its emergency use. Ascension Providence Hospital opened an ATACC in late December.

Patients will need to meet criteria for infusion including clinical findings and underlying conditions. MAT has not been shown to reduce mortality, but in those with early COVID19, it will reduce the need for ED visits or hospitalizations.

## DR. WIEMANN NAMED PERMANENT PRESIDENT OF AMG MICHIGAN

After serving in the interim role since last February, Michael Wiemann, MD, FACP, has been named the permanent President, Ascension Medical Group (AMG), Michigan. Dr. Wiemann along with dyad partner Robert Sundelius, FACHE, COO, will continue to lead AMG Michigan.

The physician network is the essential foundation of Ascension's growth strategy. Dr. Wiemann has proven to be a strong leader who has and will continue to work closely with Robert, and the dyad leadership teams of the AMG business entities in Southeast Michigan, Mid-Michigan, and West Michigan to build on the cohesive clinical network across the state.

Dr. Wiemann has a long and impressive track record of leadership with Ascension:

- **1989:** Recruited to St. Vincent Hospital in Indianapolis as its first Medical Director of Oncology.
- **2003:** Named Chief Medical Officer and Senior Vice President of St. Vincent Hospitals and Health Care Center.
- **2004**: Co-founded the St. Vincent's Annual Indy Hematology Review and continues to Co-Chair this nationally recognized conference.
- **2007:** Named Interim President of St. Vincent Hospitals and Health Care Center.
- **2008:** Joined St. John Health System as Chief Medical Officer and Executive Vice President.
- **2008:** Chosen as President of Providence Hospital and oversaw the opening of the Novi campus.
- **2015:** Became President, Clinical, Ascension Medical Group in Southeast Michigan.

Dr. Wiemann continues to teach as a Clinical Professor of Medicine at Michigan State University College of Human Medicine, and is an active and productive contributor to medical research.

## ASCENSION MICHIGAN NAMES NEW STATE DIRECTOR FOR INFECTION PREVENTION

Leonard Johnson, MD, FACP, FIDSA, has been selected to serve in the new role of Medical Director, Infection Prevention, Ascension Michigan. Dr. Johnson is currently the Program Director and Chief, Division of Infectious Diseases, and Vice Chair, Department of Internal Medicine, Ascension St. John Hospital, and will continue in these leadership roles.

Dr. Johnson will work with Nicole Nomides, Director of Infection Control, as dyad partners. They will be responsible for:

- Oversight of Market-wide hospital acquired infections
- Partnering with Service Line and Medical Staff leaders with specific local infection prevention tactics, and
- Establishing a Michigan Market Infection Prevention Steering Committee.

Also, Dr. Johnson will continue to serve as the physician lead with Rachel MacLeod leading our antibiotic stewardship efforts, and as a key physician leader within the Michigan Market Incident Command Medical Technical group.

Dr. Johnson has been with Ascension since 1998. In his tenure, Dr. Johnson has served as president of Ascension St. John Hospital's Medical Staff, and he is a professor in the Department of Internal Medicine for Wayne State University School of Medicine and St. George's University. He has received numerous awards/ honors including Wayne State University School of Medicine Teaching Award (twice), the American College of Physicians Michigan Chapter Governor Award, American College of Physicians Laureate Award and the Ascension St. John Hospital Research Faculty Award.

Dr. Johnson serves on several hospital, ministry and statewide committees/advisory boards, and has been the principal or co-investigator of 18 clinical trials/studies and has been published in more than 90 medical journals.

## New Members

**Jennifer K. Appleyard, MD**
***Allergy & Immunology, Board Certified***
Medical School: Wayne State University School of Medicine, 1989. Post Graduate Education: Ascension St. John Hospital, completed in 1992; Henry Ford Hospital, completed in 1994. Hospital Affiliations: Beaumont Grosse Pointe, Ascension St. John Hospital. Currently practicing at Lakeshore Ear Nose & Throat Center, 21000 E. 12 Mile Rd., Ste. 111, St. Clair Shores, MI 48081, p. 586-885-6367, f. 586-885-0586, website: **www.lakeshoreent.com**.

**Anthony S. Hamame, MD**
***Diagnostic Radiology, Board Certified***
Medical School: Ross University School of Medicine (NJ), 2008. Post Graduate Education: MI State University Flint, St. Joseph's Mercy Oakland Hospital, Beaumont Royal Oak Hospital, Baylor College of Medicine (TX). Hospital Affiliations: Ascension St. John, St. Joseph's Mercy Oakland Hospital. Currently practicing at Eastpointe Radiologists, 36175 Harper Ave., Clinton Twp., MI 48035, p. 586-741-3772, f. 586-741-4604, website: **www.eastpointeradiologists.com**.

**Onowenerhi Omene, MD**
***Diagnostic Radiology***
Medical School: University of Illinois College of Medicine, 2011. Post Graduate Education: Medical College of Wisconsin, Northwestern University, Beaumont Hospital, Presence St. Francis Hospital (IL). Currently practicing at Eastpointe Radiologists, 36175 Harper Ave., Clinton Twp., MI 48035, p. 586-741-3772, f. 586-741-4604, website: **www.eastpointeradiologists.com**.

**Ava A. Powell, DO**
***Diagnostic Radiology***
Medical School: West Virginia School Of Osteopathic Medicine, 2007. Post Graduate Education: Botsford General Hospital, Kettering Medical School (OH). Hospital Affiliations: Ascension St. John. Currently practicing at Eastpointe Radiologists, 36175 Harper Ave., Clinton Twp., MI 48035, p. 586-741-3772, f. 586-741-4604, website: www.eastpointeradiologists.com.

**Jansi L. Willoughby, MD**
***Pulmonary Diseases & Critical Care, Board Certified, Internal Medicine, Board Certified***
Medical School: Wayne State University School of Medicine, 2013. Post Graduate Education: Rush University Medical Center (IL), completed in 2016 and 2019; Henry Ford Hospital, completed in 2020. Hospital Affiliations: Ascension St. John, Beaumont Grosse Pointe, McLaren Macomb. Currently practicing at Pulmonary & Critical Care Associates, 21000 E. 12 Mile Rd., Ste. 112, St. Clair Shores, MI 48081, p. 586-772-5550, f. 586-772-1706, website: **www.mypccadocs.com**.

## Bernardo M. Danan, MD

***March 12, 1933 - April 2, 2020***

**Bernardo Mendoza Danan**, age 87, of Bloomfield Hills, passed away at home on April 2, 2020 surrounded by his loving family.

A retired surgeon, devoted husband and loving father, "Bernie" will be remembered for his gentle strength and determination, his endless generosity, his leadership and his love for family.

Dr. Danan was born March 12, 1933 in Lubao, Pampanga, Philippines to the late Mr. Feliciano Danan and the late Mrs. Ana Mendoza Danan. Dr. Danan was the third of seven children. The ever curious learner, Dr. Danan earned his medical degree from the University of Santo Tomas in 1957. After graduating medical school, he married his childhood sweetheart, Maria Luz Dabu on September 28, 1957. Theirs was an everlasting and enduring love, surviving a 2-year separation while Bernardo started his medical internship in Schenectady, NY and Luz remained in the Philippines with their firstborn, Grace. She later joined him in Detroit and their children MaryAnn and Alan were born. Dr. Danan eventually completed his residency and fellowships in general and cardiothoracic surgery in Detroit and London, Ontario, Canada. After practicing briefly in the Philippines, the young surgeon and his family moved permanently to Detroit, Michigan, where he and Luz raised their 5 children (Grace, MaryAnn, Alan, Lulu, and Bernard).

During his 30-year career as a general surgeon, Dr. Danan also held various leadership positions at Holy Cross and Saratoga Hospitals in Detroit. He served on the Board of Trustees for St. John Northeast Community Hospital. He was a Board Member and President of Beechwood Manor, an assisted living facility. He also served on the Board of Directors of World Medical Relief, a non-profit organization that distributes surplus medical resources to the Detroit-area uninsured and also internationally to countries without proper medical supplies and care. Dr. Danan was instrumental in coordinating the funding and shipment of over 2 million dollars' worth of supplies and equipment for the disaster victims of the Mt. Pinatubo volcano eruption in 1991. In a span of over 20 years, he participated in numerous international medical missions and performed general surgery on a countless number of impoverished patients in the rural area of the Philippines. In 2000, he and his son Bernard, a general surgeon as well, performed numerous surgeries side-by-side during a medical mission to the Philippines.

As a representative of World Medical Relief, Dr. Danan travelled to Africa in September 2003, with Secretary of the U.S. Department of Health and Human Services Tommy Thompson, Ambassador Richard Holbrook and other various medical organizations to investigate HIV/AIDS, tuberculosis, and malaria pandemics affecting African countries. Their mission was to seek new and creative ways to improve and expand U.S. efforts in Africa.

Dr. Danan was also a past president of the Philippine Medical Association and a founding member of the Michigan Circulo Pampangueno.

Despite his community involvement and busy work schedule, Bernardo was deeply devoted to his wife Luz and their family. He was most happiest with his children and grandchildren bustling about their home.

Dr. Danan is survived by his wife of 62 years, Mrs. Luz Danan, sister Mrs. Maria Flor Danan, children Grace Dabu, MaryAnn (John) Anderson, Alan Danan, Lulu (Jeff) Titran, and 13 grandchildren. He is also survived by many cousins, nieces and nephews in both the United States and the Philippines, and many dear friends.

Memorial tributes/donations may be sent to the Bernard J. Danan Fund for Sarcoma Research (**https://victors.us/bernardtailgate**) and World Medical Relief (**worldmedicalrelief.org**).

Funeral mass and Celebration of Life to follow at a later date.

## Free On-Demand COVID-19 Webinars

***MSMS offers members the following on-demand webinars for free. To access them go to their website at https://www.msms.org/Education.***

**COVID-19: AMA Advocacy and Physician Resources**
*CME Credits: 0.75*

**COVID-19: Best Practices for Implementing Telemedicine**
*CME Credits: 0.75*

**COVID-19: CARES Act Impact**
*CME Credits: 0.50*

**COVID-19: CARES Act Impact: Q&A with CPAs**
*CME Credits: 0.75*

**COVID-19: CARES Act Impact: Q&A with CPAs 2.0**
*CME Credits: 0.75*

**COVID-19: Medical Practices and Employment/HR FAQs**
*CME Credits: 1.25*

**COVID-19: New Employment Policies for Practices**
*CME Credits: 0.50*

**COVID-19: New Waivers and Billing Changes for Telemedicine**
*CME Credits: 1.00*

**COVID-19: Race Inequalities and COVID-19: Contagion, Severity, and Social Systems**
*CME Credits: 0.75*

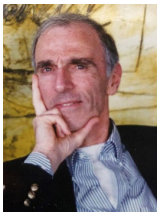
**COVID-19: Safe and Innovative Office Procedures for Seeing Patients**
*CME Credits: 0.75*

**COVID-19: Telemedicine and Other Technology Codes in a COVID-19 Environment**
*CME Credits: 0.75*

**COVID-19: Testing, Tracing and Tracking**
*CME Credits: 0.75*

**COVID-19: The Changing Health Care Landscape - Preventing Diabetes During and Beyond the Pandemic**
*CME Credits: 1.00*

**COVID-19: What Physicians Need to Know as Employers During the COVID-19 Pandemic**
*CME Credits: 1.00*



## John M. Feilla, MD

***April 18, 1936 - May 1, 2020***

Resided in Grosse Pointe, Michigan **John M. Feilla, MD**, an internist who spent five decades caring for patients, passed away on May 1, 2020. He was born in Port Said, Egypt to Louis and Fernande Feilla, and earned a baccalaureate in French literature and letters from the De La Salle school, where he was also an accomplished soccer player. His interest in medicine was sparked after surviving polio in his youth. He trained to be a physician in Grenoble, France where he met his wife, Catherine, and where his two sons, Jean-Luc and Jean-Michel, were born.

He moved with his family to Detroit in 1966, where he completed his residency at St. Johnís Hospital, and in 1970 began his career in private practice in East Detroit (Eastpointe). He joined the Macomb County Medical Society and the Michigan State Medical Society in 1971. He was a caring and committed doctor, devoted to his patients and their families.

In 2018, he received a special recognition from the American Cardiology Association for his exceptional success fighting heart disease. An avid amateur historian, he contributed articles to Slingshot magazine on ancient and medieval military history and in 1981 won the Alan Nicholls Prize from the Society of Ancients for an article on the Bouvines campaign. He was a loving and beloved father, husband, and grandfather, who made every conversation sparkle and every meal a feast. He is survived by his wife, Catherine; his children Luc (Karen), Mike (Cathy), and Cecilia (Michael); and grandchildren Collin, Tristan, Ian and Anna. He will be missed terribly by many.

## Carlos Perez-Borja, MD

***October 24, 1927 - January 16, 2021***

**Dr. Perez-Borja** was a nationally renowned neurologist serving as professor at Wayne State University. He also conducted research at Mayo Clinic and served as Director of Neurology at Lafayette Clinic. Dr. Perez-Borja was on staff at Detroit Macomb Hospital and Holy Cross Hospital. He also served on the Board of Directors for Detroit-Macomb Hospital Corporation. Dr. Perez-Borja joined the Macomb County Medical Society and the Michigan State Medical Society in 1977. He received many honors including American College of Physicians, Fellow.

## Protect Your Family and Patients - Register at www.ProtectMIchild.Com

As our lives and gatherings have moved to the digital world, Michigan families, especially minors, are becoming inundated with advertisements from alcohol, tobacco, pornography and gambling marketers through email and text. We know that being exposed to inappropriate subject matter too soon can be detrimental to a child's mental health, so any help in preventing unsolicited messaging in this regard is a relief to parents. Thankfully, the State of Michigan offers a free program to stop adult advertisements from reaching e-mails, text messages, and instant messenger IDs. The Michigan Child Protection Registry, like the federal Do Not Call List, is a free do-not-contact service for Michiganís families and can be easily applied for at www.ProtectMIChild.com.


With more kids getting electronics for gifts, families doing digital celebrations, and social circles staying connected through phones and computers, we encourage you to sign up your own family for the registry and pass along this information to your patients, friends, and colleagues. Itís free and only takes a few seconds.

**Head to www.ProtectMIChild.com and take this easy step in keeping our kids safe.**

## CHANGING THE COVID CONVERSATION
### Communications Cheat Sheet

Effective communication is always important in public health, but it's never been more important to understand the perceptions of Americans and modify your language accordingly. These recommendations are based on the "Changing the COVID Conversation" poll, conducted by Frank Luntz in partnership with the de Beaumont Foundation, Nov. 21-22, 2020. Learn more at debeaumont.org/changing-the-covid-conversation.

### TIPS

**FOCUS ON THE BENEFITS OF SUCCESS, NOT JUST THE CONSEQUENCES OF FAILURE.**

- *We understand that people are tired, but public health measures are not the enemy — they are the roadmap for a faster and more sustainable recovery.*
- *Scientists and medical professionals are developing and preparing to distribute a safe and effective vaccine that will help us return to normal day-to-day activities.*

**EMPHASIZE THAT THE SCIENCE IS SETTLED.**

- *The science is clear. There is no doubt that mask wearing, hand washing, and social distancing reduce the spread of COVID-19 and saves lives.*

**DON'T EXPECT PEOPLE TO TAKE PUBLIC HEALTH MEASURES BECAUSE IT'S GOOD FOR THEM. SPEAK TO THE CONSEQUENCES OF NOT TAKING THESE MEASURES.**

- *Because COVID-19 is highly infectious, one infection can quickly grow into an outbreak that could shutter a neighborhood, community, or entire city.*

**DON'T LET POLITICS OR PARTISANSHIP SLIP INTO YOUR MESSAGING, BECAUSE THAT WILL HARM YOUR CREDIBILITY. KEEP YOUR LANGUAGE NEUTRAL AND REPEATEDLY EMPHASIZE "EVERY" AND "ALL."**

| Use These Words MORE: | Use These Words LESS: |
|---|---|
| the pandemic | the coronavirus |
| eliminate/ eradicate/ get rid of the virus | defeat/crush/ knock out the virus |
| social distancing | physical distancing |
| an effective and safe vaccine | a vaccine developed quickly |
| protocols | orders/ imperatives/ decrees |
| face masks | facial coverings |
| essential workers | frontline workers |
| personal responsibility | national duty |
| a stay-at-home order | a government lockdown/ shutdown |
| public health agencies | government health agencies |
| policies that are based on facts/ science/data | policies that are sensible/ impactful/ reasonable |

### Sample Language

**SHORT:** We all have a responsibility to slow the spread of COVID-19. It is imperative that we protect each other by doing things like wearing masks and practicing social distancing so we can return to a strong economy and normal day-to-day activities.

**LONGER:** We all want a return to normal, and we all want the economy and our schools to open. And we also want to protect our family and friends from the pandemic.

Our finest medical researchers are clear: If we fail, there will be even worse consequences for our families and our economy.

We all have a personal responsibility to slow the spread of the pandemic and eliminate the virus as quickly as possible.

Therefore, it's imperative that we take an effective, fact-based approach ... by doing things like wearing face masks and practicing social distancing.

Let's do what needs to be done now so we can return to a strong economy and normal day-to-day activities.

de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

MSMS
MICHIGAN STATE MEDICAL SOCIETY

*By: Adrian J. Christie, MD, MSMS Region 2 Director*

## MICHIGAN STATE MEDICAL SOCIETY LAUNCHES FREE GRAND ROUNDS LIVE WEBINAR SERIES

The Michigan State Medical Society (MSMS) is excited to announce the new Grand Rounds Live Webinar Series. This series will feature a different topic and speaker each month. The live webinar format will allow physicians and their peers the opportunity to ask questions during the webinar. The Grand Rounds Series is a continuation of the Tele-Town Hall Series on COVID-19 that MSMS ran in 2020. Grand Rounds topics will vary each month and will include timely information on topics important to physicians in 2021.


## NEW AND UPDATED COVID-19 RESOURCES

MSMS continues to augment and revise resources to meet our members evolving needs as necessitated by the coronavirus pandemic and related statutes, regulations, and guidelines. Two of the more recent additions on the MSMS COVID-19 Resource Center for Physicians and Patients website are found under the Practice Safe Medicine Toolkit. MSMS Legal Counsel created a template authorization form for the disclosure of information pertaining to a staff member's COVID-19 positive status or exposure. Additionally, a copy of the MIOSHA Emergency Rules governing workplace safety requirements for employers has been posted.


Other Toolkit templates that have been updated recently are as follows:

- **COVID-19 Preparedness and Response Plan** ***(Note: If you own and operate a medical practice, you are required to have a plan.)***
- **COVID-19 Sample Employee Screening Form**
- **COVID-19 Sample Visitor Screening Policy**
- **COVID-19 Sample Symptomatic Employee Screening Form**

In these unprecedented times, MSMS continues to be the cornerstone upon which members can rely to help navigate the multitude of state and federal mandates and guidelines, which continue to evolve. Visit **www.msms.org/Resources/Quality-Patient-Safety/COVID-19-Resource-Center-for-Physicians-and-Patients**


## GOVERNOR WHITMER ANNOUNCES APPOINTMENTS TO BIPARTISAN PROTECT MICHIGAN COMMISSION

Commission to help educate Michiganders on safe and effective COVID-19 vaccine

At the end of January, Governor Gretchen Whitmer appointed new members to the bipartisan Protect Michigan Commission. The appointees represent a diverse array of industries, professions, and backgrounds. Housed within the Department of Health and Human Services (DHHS), the commission will help raise awareness of the safety and effectiveness of an approved COVID-19 vaccine, educate the people of this state, and help protect the health and safety of all Michigan residents.

"Michigan is working around the clock to ramp up vaccinations and reach our goal of 50,000 shots in arms per day, and with the help of the Protect Michigan Commission we can ensure everyone has a plan to get vaccinated once the opportunity becomes available to them," said Governor Whitmer. "The bipartisan members of this group will play a vital role in helping to reinforce the importance of everyone getting the safe and effective vaccine. I am confident that the members of this commission will rise to the occasion and help Michigan end the COVID-19 pandemic once and for all."

The governor has selected Kerry Ebersole Singh to lead the Protect Michigan Commission and assist in mobilizing the ongoing efforts of the commission.

"This is a critical time for Michigan, and as we ramp up vaccination efforts across the state I am confident that we can leverage the expertise of the commissioners to ensure everyone who wants a vaccinate can get one," said Kerry Ebersole Singh. "I am honored to be a part of one of the largest commissions to date and I am ready to work together with the commission to meet the governor's vaccination goals."

The Commission appointments include several Michigan State Medical Society (MSMS) and their component county medical society members. Doctor Mona Hanna-Attisha (Genesee County Medical Society) will serve as a co-chair of the Commission.

The Commission will establish advisory workgroups to assist the Commission in performing its duties and responsibilities. Doctor S. Bobby Mukkamala, MD, MSMS President (Genesee County Medical Society) will chair the Asian Pacific American workgroup.

Other member who will service on the Commission include:

- Nirali Bora, MD
  (Kent County Medical Society)
- Delicia J. Pruitt, MD
  (Saginaw County Medical Society)
- Lawrence A. Reynolds, MD
  (Genesee County Medical Society)
- Rev. Jimmy Womack, MD
  (Wayne County Medical Society of Southeast Michigan)

## MSMS 2021 LEGISLATIVE PRIORITIES

Key priorities of the Michigan State Medical Society (MSMS) and its 15,000 physician and medical student members in 2021 are as follows:

### COVID-19

The COVID-19 pandemic has taken a devastating toll on the physical and mental health of Michigan citizens, as well as the economic health of our state. Additionally, many of Michigan's medical practices are trying to regroup from financial and staffing losses and increased costs to comply with regulatory mandates. By using scientific data to help inform decision-making, MSMS is committed to working collaboratively with stakeholders to end the COVID-19 pandemic, safely re-engage all economic sectors, provide efficient and equitable vaccine distribution, and ensure practice sustainability.


### Prior Authorization and Step Therapy Reform

The prior authorization process diverts valuable resources away from direct patient care, can delay the start or continuation of necessary treatment, and can negatively impact patient health outcomes. Step therapy, also known as fail first, is another practice that disrupts patient care by requiring patients to try other therapies before being approved for the treatment that their doctor originally prescribed. MSMS will work closely with the Legislature, regulators, and other stakeholders on ways to reform prior authorization and step therapy processes to ensure transparency, remove unnecessary and costly care delays, and support shared decision-making.

### Team-based Care

Patients are best served by a team-based approach to care that provides the maximum amount of choice while ensuring that they benefit from the additional training and expertise that comes from having a physician on the team. A highly functioning health care team is the best way to serve patients. MSMS will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals scope of practice that may put patients at risk.

### Telemedicine

Telemedicine has proven to be an effective care delivery method that ensures convenient and timely access to patients. Before the outbreak of COVID-19, insurers covered telemedicine visits to varying extents; however, there were often obstacles such as low reimbursement and restrictions on site of care. Although payers removed some of the regulatory and administrative barriers during the pandemic, these policies are now reverting to pre-pandemic times. Moving forward, payment and service parity for the use of clinically appropriate telemedicine services is critical.

### Health Equity

Several events in 2020 brought to the forefront the need to prioritize advocacy addressing systemic policies and other contributing factors that deny historically marginalized groups equal and just opportunities to maximize quality of life and health outcomes. In order to improve the health of all populations, MSMS will work to advance policies that reduce disparities and improve health equity.

### Graduate Medical Education (GME)

Studies repeatedly demonstrate that one of the best ways to recruit and retain physicians is via local medical schools and residency programs. GME helps fill the gap in underserved areas by providing extremely low-cost care to those most in need. Michigan has been a leader in expanding medical school class sizes to address the projected demand for physician

services, it is imperative that we continue to fund GME slots to allow these future physicians to learn here in Michigan, train here in Michigan, and stay here in Michigan.

## MICHIGAN STATE MEDICAL SOCIETY ON GOVERNOR'S COVID-19 VACCINE GOAL

The following is a public statement from Bobby Mukkamala, MD, president of the Michigan State Medical Society, in response to Governor Whitmer's State of the State address and goal of vaccinating 50,000 Michiganders a day against COVID-19.

"The Governor's continued focus on vaccinating Michigan residents against COVID-19 is critically important. Vaccinating as many people as possible, as quickly as possible, is not only vital to the public's overall health and well-being, it is also necessary in returning our economy and education system back to where they need it to be."

"Michigan physicians strongly support the Governor's goal and will continue their work on the frontlines of this pandemic to ensure the COVID-19 vaccine is administered to residents across our state."

## JOSIAH KISSLING JOINS MICHIGAN STATE MEDICAL SOCIETY

The Michigan State Medical Society (MSMS) announced the addition of Josiah Kissling as their senior director of state and federal government relations. In his new role, Kissling will lead MSMS's state and federal advocacy efforts and serve as the organization's chief lobbyist.

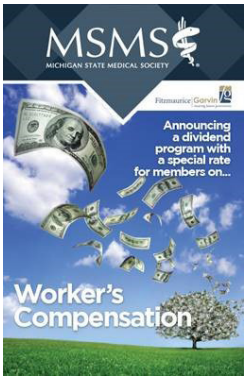
Before joining MSMS, Kissling served as the legislative director for the Speaker of the Michigan House of Representatives, serving under both Speakers Tom Leonard and Lee Chatfield. Prior to that, Kissling served as budget director and deputy policy director for the Michigan House of Representatives.

"Josiah brings such a wealth of knowledge and capability to our government relations team here at MSMS," said Julie Novak, MSMS's chief executive officer. " I have no doubt that his extensive experience and familiarity with lawmakers and the legislative process will only serve to strengthen our organization's ongoing advocacy efforts."

"I couldn't be more excited to be joining the team here at MSMS," said Kissling. "Our physicians are such a vital component of our communities, and I'm honored to do my part to strengthen their voice and influence as they advocate for the needs of Michigan's patients."

## MSMS PHYSICIANS INSURANCE AGENCY CONTINUES TO OFFER A DIVIDEND PROGRAM FOR MSMS MEMBERS

The MSMS Physicians Insurance Agency is continuing to offer a unique program with Hanover Citizens Insurance Company for the members of the Michigan State Medical Society. The program allows physicians to qualify for extremely deviated rates and a dividend program for a workers compensation policies.




Qualified physician's offices are any offices whose workers compensation policy has a satisfactory claim record, and either the practice or at least one physician is a member of the Michigan State Medical Society. To test this program, the agency sampled a large number of physician's offices that are currently insured through, and every insured practice saved between 30% and 60% off their current workers compensation policies with equal or better coverage limits.

For a quick quote, please visit **http://MSMS.org/PIAWorkersComp**

## MSMS WEBSITE TO GET PPE FOR PHYSICIAN PRACTICES

The Michigan State Medical Society, in partnership with Foresight Group, launched a website, **http://MSMS.org/PPESupplies**, to get personal protective equipment and other supplies for Michigan's physician practices. The website allows physicians and their practices to purchase essential medical supplies, including respirators, face shields, goggles, and gowns.

Once the practice identifies their need and quantity, information is shared with Foresight Group, who will then identify the best rate and delivery times available, confirm need with the practice, collect payment information, and place the order, which will then ship directly to the practice.

If there are specific supplies needed, please notify **MSMS@MSMS.org** so those supplies may be added as an option.

## 3 WAYS PHYSICIANS CAN HELP COMBAT COVID-19 VACCINE HESITANCY

*By: Marc Zarefsky, Contributing AMA News Writer*

More than 10 million people in the United States have received the first dose of their COVID-19 vaccine, but as more Americans receive the preventive measure every day, there is still a large percentage of the population that is reluctant to get the vaccine.

A Pew Research Center survey of nearly 13,000 Americans conducted in mid-November found that 39% said they "probably" or "definitely" would not get the vaccine, though about half said they might choose vaccination after learning more. Among Black Americans, about 58% told Pew researchers they planned to decline vaccination, compared with 39% of whites, 37% of Hispanics and 17% of Asian Americans.

In an effort to help combat this vaccine hesitancy, AMA President Susan R. Bailey, MD, joined a panel of other experts to discuss the long road ahead on COVID-19 vaccination in a panel hosted jointly by the National Association of Black Journalists and the National Association of Hispanic Journalists.

The panelists identified three ways that journalists, physicians and others communicating about COVID-19 vaccination can help offset COVID-19 vaccine hesitancy.

**Reassure patients that no corners were cut**

Operation Warp Speed (OWS) was launched by the federal government to accelerate the timeline of vaccine development in response to COVID-19, and that acceleration has led some patients to be concerned that more emphasis was put on speed than safety in the vaccine development. Dr. Bailey, an allergist and immunologist in Fort Worth, Texas, said it is critical for patients to appreciate that was not the case.

"It's important to understand that no corners were cut in developing this vaccine," she said. "Red tape was cut, but no corners were cut scientifically."

Rather than skipping steps in the development process, OWS made it possible for steps to be done simultaneously. For example, the Pfizer-BioNTech and Moderna vaccines began to be manufactured on a large scale prior to confirmed phase 3 clinical trial findings confirming their safety and efficacy. Traditionally, that mass production would take place only after those results were known.

**Share findings from diverse trial pool**

Dr. Bailey commended both Pfizer and Moderna for working to get a diverse pool of participants involved in their vaccines clinical trials. As of Nov. 30, Hispanics made up 20% of those participating in the Moderna vaccine trial and 13% of the Pfizer vaccine trial, while African Americans made up 10% of each trials participants.

The National Medical Association, the largest organization for African American physicians and their patients in the country, found those percentages to be large enough to have confidence in the overall health outcomes in the clinical trials. The NMA COVID-19 Task Force on Vaccines and Therapeutics met with clinical scientists from Pfizer and Moderna and reviewed clinical outcome data from the Centers for Disease Control and Prevention and the Food and Drug Administration (FDA) to look for any indications that the Black community might be at higher risk of unfavorable outcomes from the vaccine.

The task force found that efficacy and safety of the vaccine were observed and consistent across age, gender, race and ethnicity in seniors. As a result, the NMA supported the FDA's granting emergency use authorization for both vaccines.

Ricardo Correa, MD, an AMA member and director for diversity at the University of Arizona College of Medicine and Phoenix Veterans Affairs Medical Center, said the Latino community should also feel confident in the vaccine trial results.

"The pharmaceutical [companies] tried to involve many diverse populations in these trials ... and the data we have right now includes those populations," said Dr. Correa, who serves on the AMA International Medical Graduates Section governing council.

**Confront misconceptions**

There are misconceptions about the fact that Pfizer and Moderna both developed messenger RNA (mRNA) vaccines, the panelists said. The mRNA vaccines do not contain a live virus, which means they cannot give a person COVID-19. While there are no licensed mRNA vaccines in the United States yet, researchers have studied and worked with this type of vaccine for decades, not just the past 10 months.

"The mechanism has been studied for a long time," Dr. Correa said. "When I explain that to patients and even health care workers who are afraid of taking it, they start to be more flexible and then accept it."

For people concerned after hearing stories of patients having side effects serious enough to require medical attention, Dr. Bailey cautioned that those rare instances are a small fraction of the total number of people who receive the vaccine without complications. Additionally, Dr. Bailey addressed the issue of


herd immunity and some potential misunderstandings of the concept.

"There's not a definite cutoff point where a switch is [flipped] and all of a sudden, we're all safe," Dr. Bailey said. "It's a continuum. It's all going to depend on adequate cooperation of the federal government with the state and local authorities... as well as being able to combat vaccine hesitancy to make sure people feel comfortable getting it in the first place."

## BIDEN'S PLAN TO TACKLE COVID-19: WHAT DOCTORS SHOULD KNOW

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

**What's the news:** As the nation surpasses the tragic mark of 400,000 lives lost to COVID-19 since the first case was identified in the U.S. 12 months ago, the new presidential administration is detailing its plan to speed up vaccination, expand testing capacity and bolster the public health workforce.

President Joe Biden's $1.9 trillion coronavirus relief proposal includes $400 billion to directly address the pandemic, AMA Chief Health and Science Officer Mira Irons, MD, explained in a recent episode of the "AMA COVID-19 Update."

That includes $20 billion to boost the nation's COVID-19 vaccination program, which includes launching community vaccination centers and mobile units in harder-to-reach areas. This portion also would raise federal support for vaccinating patients enrolled in Medicaid.

Another $50 billion would go to expand COVID-19 testing, cover the purchase of rapid tests, boost laboratory capacity and aid local governments and schools with their protocols for testing. Another element of Biden's plan would help hire 150,000 public health workers - nearly tripling a national public health workforce that was considered underfunded long before the COVID-19 pandemic.

**Why it's important:** The AMA "has been asking for a coordinated, comprehensive approach to the pandemic," Dr. Irons said. "There are resources in the plan to provide the states the resources they need in order to do this, and the focus is on the right things: getting shots in arms, expanding testing and also continuing the public health mitigation measures that we know we need to continue to do."

Earlier this month, AMA President Susan R. Bailey, MD, delivered a virtual address to the National Press Club in which she urged an energetic, harmonized response to help patients and physicians navigate the long road ahead for the pandemic in 2021.

The Biden plan comes amid widespread frustration with the slow rollout of COVID-19 vaccination, about which "there are still more questions than answers," Dr. Irons said. According to the Centers for Disease Control and Prevention's COVID-19 vaccination data tracker, nearly 17 million doses had been administered at this article's deadline. That's less than half of the doses distributed.

"The reality is that it's far short of the goal that federal officials set to have 20 million people vaccinated before the end of 2020," Dr. Irons said. Biden's goal, which he announced in December, is to have "at least 100 million covid vaccine shots into the arms of the American people in the first 100 days."

Another cause for hope, Dr. Irons said, is the preliminary trial results shared for the Johnson & Johnson COVID-19 vaccine. The company's early phase "interim data shows that their vaccine did get a good response in terms of neutralizing antibody and T-cell development," Dr. Irons said.

The company is expected to do an interim analysis of this phase 3 clinical trial sometime this month and possibly apply for emergency use authorization in February. Notably, the J&J vaccine is a single dose. "That's something new to look forward to this month and next," Dr. Irons said.

## PUT IN CONTEXT, DATA CAN HELP EXPOSE AND FIX HEALTH INEQUITIES

*By: Andis Robeznieks, Senior AMA News Writer*

Health data can do much more than describe the world's problems. It can contribute to alleviation of those problems and help build recognition of health inequities while also showing that they are avoidable, unnecessary, unfair and unjust.

"We face an onslaught of data of horrific indicators, and it's not just math, it's not just abstract numbers," said Fernando De Maio, PhD, director of research and data use for the AMA Center for Health Equity. "These are people and families and communities with a great deal of preventable suffering."

He made those remarks while moderating "Research and Data for Health Equity," a recent episode in the AMA "Prioritizing Equity" video series, in which a panel of experts discussed the power of data in understanding health inequities and the systemic issues that cause them to persist.

**What data should tell us**

Patient data must tell more about the person besides their diagnosis, list of prescriptions or health insurance status.

"You are not your health insurance," said panelist Alyasah Ali Sewell, PhD, an associate professor of sociology at Emory University and founder and director of the Race and Policing Project scholarly research depository.

Data will show that a woman has a 10-block walk to her doctor's office, she said.

But it won't tell you that, on the sixth block, that woman may witness - or even experience herself - an unwarranted police stop-and-frisk action and the data won't show how this stress deteriorates her health across time.

Data is always a two-edged sword, said panelist Nancy Krieger, PhD, professor of social epidemiology at the Harvard T.H. Chan School of Public Health's department of social and behavioral science.

One edge of the sword is "no data, no problem," where data suppression is done by those who want to keep problems invisible and to shirk accountability. The other side is "bad data, big problem" where data "gets used badly," often to entrench injustice, she said.

The author of Epidemiology and the People's Health, published in 2011, Krieger cited as an example of no data, no problem," the lack of race, ethnicity and socioeconomic data for COVID-19 cases and deaths - despite the fact that race and ethnicity are included on death certificates as is socioeconomic data such as education status, and also ZIP Codes, which can be linked to data on community characteristics, such as poverty and racialized economic segregation.

An example of "bad data, big problems" was the reliance on death counts instead of computing death rates in initial COVID-19 reports, which suggested white people were at greater risk in the pandemic.

**Using data to spark action**

The work of the Sinai Urban Health Institute (SUHI) in Chicago was cited as an example of how data can be used to reduce health inequities. In 2006, SUHI released a study of showing there was large difference in breast cancer mortality rates between Black and white women in Chicago that wasn't seen in other U.S. cities.

The study led to the convening of a Chicago breast cancer summit and the creation of the still active Metropolitan Chicago Breast Cancer Task Force. Summit participants pointed to three factors for the inequities: Black women received fewer mammograms, the mammograms received were of inferior quality, and Black women had inadequate access to quality treatment once their cancer was diagnosed.

The institute is part of the Sinai Health System, the largest private safety-net health care system in Illinois. More recently, it has been studying excess death rates as a metric for understanding health inequities and stimulating action.

An institute comparison of Black and white mortality rates in the U.S. revealed that there are 70,000 excess Black deaths each year. Locally, the number is 3,500. That's up from 3,200 some 10 years ago.

"It's very clear that itís not a race difference, it's a difference due to racism," said panelist Maureen Benjamins, PhD, a senior research fellow at the institute.

Benjamins and De Maio are co-authors of new JAMA Network Open study that extends the SUHI's research to compare mortality rate and inequities in 30 U.S. cities.

Benjamins also noted that the institute has worked with its community to disseminate its findings in an accessible and understandable manner.

It formed a community advisory committee 20 years ago that has the power to add, remove or edit questions in the institute's health surveys. It also helps train community survey interviewers and advises on infographics that best communicate survey findings.

**Historical context of chronic conditions**

The importance of the data's historical context was also discussed by panelists. Sewell noted how rates of chronic disease are high in neighborhoods where home ownership is hindered by expensive mortgages with prepayment penalties from lenders who are quick to take back a property if payment is slow.

It was noted that the common chronic conditions such as diabetes, hypertension and obesity seen in these neighborhoods are also linked to higher risk of death from COVID-19. Research also makes clear, however, that health inequities in these chronic conditions do not explain the higher risk of infection in communities of color -which is instead driven by exposure at work and crowded housing due to the combination of low wages and unaffordable housing - and the prevalence of these chronic conditions also do not explain the higher risk of mortality, once infected.

"When people see all of that, they just see people dying, they see people sick," she said. "I see the actions of the predatory lending market where there was a housing boom creating the condition of disparities."

## 5 WAYS PHYSICIANS CAN IDENTIFY, HELP HUMAN TRAFFICKING VICTIMS

*Sara Berg, Senior AMA News Writer*

Preteens and teenagers are targeted for recruitment into labor and sex trafficking. Their youth makes them especially vulnerable to the ploys and tactics of traffickers. These adolescents often seek medical care, but physicians and other health professionals are missing the cues, not realizing their patient is a victim of human trafficking.

"Physicians don't really acknowledge that they are probably seeing victims and survivors of human trafficking in their clinics," said AMA member Kanani Titchen, MD, an adolescent medicine physician and pediatrician at the University of California, San Diego School of Medicine and Rady Children's Hospital. Doctors, she said, "are in a prime position to help these patients and to identify them as well."

**Understand the pandemic's impact**

Human trafficking does not disappear with a pandemic. Rather, pandemics may lead to "increased human trafficking," said Dr. Titchen, who leads the American Medical Women's Association Physicians Against the Trafficking of Humans project, which offers resources to physicians and other health professionals to improve care in this area.

"Pandemics can be viewed as a push factor for human trafficking" because they create desperation, which may place people in increasingly vulnerable and dangerous situations "in order to support their families because they create desperation," she added. "In my talks with law enforcement and the FBI, the evidence is starting to roll in that there is a rise in human trafficking, specifically related to the COVID-19 pandemic."

"Apart from that, when we talk about survivors of human trafficking, they become increasingly isolated," said Dr. Titchen. "These are vulnerable people and now they're further isolated, and perhaps find it harder to find that emotional support that they're used to finding in person in a group scenario."

**Use motivational interviewing**

Human trafficking can take on different forms, including illicit activity. For example, at her pediatric clinic, Dr. Titchen encountered a young patient who was in a juvenile detention center for transporting drugs across the border.

"When I asked more questions about that situation, it came to light that this actually may be labor trafficking because the person had been coerced to participate in illicit activity," explained Dr. Titchen. "We label people as addicts or criminals when, in fact, maybe we need to start taking a different lens and understanding they may be victims of exploitation."

**Be curious, not judgmental**

Physicians must "look through a trauma-informed lens and ask why," said Dr. Titchen, noting that during medical training she had a patient with almost a dozen intensive care unit (ICU) stays for diabetic ketoacidosis in one year. Several years later, she found out the patient was deliberately causing the diabetic ketoacidosis to force trips to the ICU in order to escape sexual abuse at home.

"If I had thought to ask why and to really show my patient and family I care, perhaps we could have helped my patient earlier rather than having them suffer for several years at home," said Dr. Titchen. "That trauma-informed lens – and taking a curious, rather than judgmental view, about our patients - is really important as a starting point."

**Show you care**

When a patient has been traumatized, they "really want to know that somebody is asking because they care and not asking because they're checking off a box on some screening tool," said Dr. Titchen. "Screening tools are fine, but in terms of actually engaging our patients, that's going to require a little more time and nuance and at least the ability to make eye contact."

"We're not going to save the patient in one visit, so oftentimes these abuse scenarios go on for years," she added, noting that "we can't fix that in the 15 or 30 minutes that we might have with the patient, but what we can do is convey over and over again: I care about you. I want to know what's hurting you. I want to know how I can help you and be a really good doctor for you."

**Partner with victims, survivors**

Physicians and other health professionals should also "avoid the rescue fantasy with these patients," said Dr. Titchen. "A lot of people talk about rescuing victims of human trafficking."

But "what we're trying to do, instead, is to partner with victims and survivors," she said. "As much as we can, avoid the rescue fantasy."

The AMA Code of Medical Ethics offers **physicians guidance** on their obligation to take appropriate action to help patients avert harms that violence and abuse cause.

## 4 HABITS OF GRATITUDE PHYSICIANS CAN FOLLOW TO ENHANCE WELL-BEING

*By: Sara Berg, Senior AMA News Writer*

Early in his medical career, Mark Greenawald, MD, a family physician at Carilion Clinic in Roanoke, Virginia, had the honor of caring for a patient with cancer. While the course of treatment was agonizing, the patient remained upbeat even though he knew he was going to die. When Dr. Greenawald asked what allowed the patient to be so upbeat, the patient noted he has lived a good life. It was the practice of gratitude that helped enhance his well-being.

"I found a letter from this gentleman and inside, his message was very simple and it stirred me to tears at the time," Dr. Greenawald said during an AMA webinar. "It said, 'Hey doc, you also won the lottery when you were born. Don't wait until you're dying to remember that and be sure to pass it forward.' "

"We see things not as they are, but as we are, and this patient demonstrated that so clearly to me early on in my career," he said. "We have the opportunity to see things differently often just by changing our perspective a little bit."

Here are ways physicians and other health professionals can integrate the habit of gratitude into their daily routine.

**Three blessings practice**

"What we know about gratitude is it's a gift that you can give yourself, " said Dr. Greenawald, adding that it can improve relationships, physical symptoms, and "our capacity to cope with the stress so it can help make us more resilient. All those things are part of the gift that you can give yourself by having regular gratitude practice."

By following three good things or the three blessings practice, physicians can practice daily gratitude. This means, "once a day, take five minutes to write down three good things or three blessings that happen in your day," he said. Then "go one step further and reflect on what it is about those things that you're grateful for or made those so good for you."

"Doing this regularly - even over the course of two weeks - once a day will allow you to begin to recalibrate your gratitude lens so that you will start looking out and seeing more gratitude because that's what you're looking for," said Dr. Greenawald.

**The COVID-19 blessing**

"It's easy to say, 'Wait a minute, the COVID blessing? What could possibly be wonderful about COVID? What could be good about this time?' " said Dr. Greenawald. "Yet, when people step back and think about this, they come up with things immediately that have been blessings for them."

This might include more time with family or learning new hobbies. For physicians and other health professionals, this might also be seen in "stepping back for the first time in a long time and just taking a breath," he said. "Certainly, that's not happening for many now, but even in the midst of so much going on with COVID, blessings come up."

**Last time meditation**

While caring for a new patient who just moved to Roanoke, Virginia and was immediately hospitalized, Dr. Greenawald asked why he moved here. The patient noted that in September his doctors had told him he had four weeks to live. That was two months ago.

The patient went on to explain that what he "realized is that every day for me now is a gift because I was supposed to be dead a month ago, so everything I do could be for the last time."

"That's what the last time meditation is - it's an opportunity to step back and say, 'If this was the last time I was doing this, how would I be present differently than I am right now?'" said Dr. Greenawald." It's not something you want to do all the time, but I promise you, if you try this, you will be present in a very, very different way."

**Life of your dream meditation**

"The second practice that I found very compelling is called the life of your dream meditation," said Dr. Greenawald.

This means that there are "billions of people on this planet living right now for whom your life, my life, is a life of their dreams," he said. "Just having that shift in perspective and realizing how incredibly fortunate we are, allows us the chance to step back and live in that perspective."

"It's important for people to be appreciated, but gratitude can ring hollow if we don't follow through by hearing, preparing, protecting, supporting and caring for those people who are doing work in this challenging time," said Dr. Greenawald. "Making sure that that gratitude translates into listening and then action becomes just as important as the expression itself."

# Telehealth's Newest Safety Risk: Distracted Patients

*By: Sue Boisvert, BSN, MHSA, Patient Safety Risk Manager II, The Doctors Company*

***Updated January 6, 2021:***

Without considering telephone medicine, telehealth has been part of the American healthcare landscape for more than 60 years. Although the Centers for Medicare and Medicaid Services began reimbursing for rural telehealth in 1999, by 2019 telehealth accounted for only 0.1% of Medicare fee-for-service (FFS) visits.[1] During COVID-19, federal and state telehealth regulatory and payment concessions led to an enormous surge in use. At the peak of the first surge of COVID-19 in April 2020, Medicare FFS telehealth had risen to 45.3 % of all visits, roughly 1.25 million visits per week.

Sudden widespread adoption of telehealth during the pandemic allowed millions of patients to receive care that might not have otherwise been possible. Rapid adoption of telehealth permitted practices that provided a significant amount of elective procedure - related care or outpatient demographics to remain afloat. Rapid implementation of telehealth services came with new challenges. For more information on that topic, please see The Doctors Company white paper **Your Patient Is Logging on Now: The Risks and Benefits of Telehealth in the Future of Healthcare**.

Our first inkling that a new risk may be appearing on the horizon came in the form of a helpline call from a primary care physician in California. The physician called to discuss the risk management of a problem he was experiencing with some of his virtual patients. It seemed the patients were not always ready for, or engaged in, the telehealth visits. The physician gave examples that included a patient excusing himself to take a cell phone call and another answering a knock at the door, shouting that his ride had arrived, and leaving without disconnecting from the video visit. Depending on your level of telehealth use, these examples may or may not be surprising.

In October 2020, a telehealth company published its results of a survey to determine consumers' attitudes to telehealth and healthcare. The survey of 1,002 consumers identified a wide number of distracted patient behaviors during telehealth visits. Not surprisingly, digital distractions were the most frequently reported and included using the internet (24.5%), watching TV or movies (24%), checking social media (21%), and playing video games (19%). The more unusual distractions included exercising, smoking, eating, driving a motor vehicle, and consuming alcoholic beverages.[2] In addition to the distractions previously noted, members of The Doctors Company have reported patient behaviors that include no-shows, vacuuming during the visit, children sitting on the patient's lap, and patients calling in from public venues such as a bus, airport, or cafe.

We know the effects that distracted doctoring can have on patient safety. The risks incurred when the patient is distracted are similar. They include lack of engagement resulting in a limited history and assessment process; nonadherence with the treatment plan, discharge instructions, or follow-up; and privacy and security concerns.

Distracted patient behaviors can limit the provider's ability to establish rapport with the patient and collect the information necessary to accurately diagnose and treat the patient's condition. Patient nonadherence is a known contributor to delayed diagnosis and, consequently, to medical professional liability. Privacy concerns involve the discussion of patient-specific health conditions within earshot of others - which may lead the provider to restrict the extent of the clinical discussion. Healthcare providers have limited control over the security of patient devices. Therefore, providers should consider putting additional security measures in place to reduce the risk of malware intrusion, particularly if the telehealth system is on the same network or integrated with the electronic health record.

**Strategies to Address Distracted Patients**

**1. Set technology expectations for telehealth visits.**

Ask patients to connect to telehealth visits from a computer (rather than a mobile device) when possible.

For patients who intend to use a phone, advise them to activate their phone's Do Not Disturb feature and close any open apps.

Some patients may have difficulty disconnecting from social media even during a health visit. Behavioral health experts have described this as "fear of missing out" (FoMO), a phenomenon considered to be a symptom of social media or digital addiction. Experts recommend encouraging patients to disconnect periodically to reduce the risk of FoMO.[3] Patients who have difficulty disconnecting can be encouraged to use positive self-talk in FoMO situations. For example, instead of thinking "I am unable to answer that call/message/post," advise the patient to consider "I do not need to answer that now."[4]

**2. Set behavioral expectations for telehealth visits.**

Advise patients to participate from a private location, preferably in their home.

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Ask the patient to be seated facing the computer in a well-lit space away from distractions, including family members and pets.

Follow up on prior no-show visits if needed. Studies suggest that younger patients and those receiving surgical follow-up are less likely to present for telehealth visits. In addition to sending reminders, a face-to-face discussion of the risks of missed visits may reduce the likelihood of further occurrences.[5]

**3. Assess the patient's environment at the initiation of the visit and respond accordingly.**

**Public spaces**: Advise patients of the privacy risks of conducting a telehealth visit in a public space and offer to reschedule the visit.

**Driving:** Ask patients who are driving to pull over. For patients who refuse, politely advise them that it is unsafe to continue the visit and they will be rescheduled, then disconnect. If the patient pulls over, discuss your concerns, and use your judgment about continuing with the visit.

**Smoking:** If the patient is smoking, discuss smoking cessation.

**Drinking alcohol:** If it appears that the patient is drinking alcohol, politely confirm and consider conducting a brief intervention using a tool such as Screening, Brief Intervention, and Referral to Treatment (SBIRT).

**4. Document the interventions taken to address patient distraction.**

Document what you did, how the patient responded, and the result. If the plan is to reschedule the patient, ensure that the patient is rescheduled.

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*The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.*

## 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!**

# COVID-19 Vaccine as a Condition of Employment

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

**Q.** ***With a possible Coronavirus vaccine on the horizon I am wondering if there are any laws in Michigan that would prohibit an employer from requiring a new employee or an existing employee from getting the vaccine as a condition for continued employment.***

**A.** Barring an employment contract or collective bargaining agreement to the contrary, it is legal to make vaccination a condition of employment in an at-will state like ours. It is not uncommon to read handbook language that requires an employee to be up-to-date on their vaccinations, including the annual flu shot, as a condition of employment. In fact, many employers have had similar policies in place for years, especially in the health care space. The administration of this policy, however, requires further discussion.

First and foremost, if you are considering a push to have all of your employees vaccinated for COVID-19 once it becomes available, you will need to inform your staff of this decision in advance. Don't just mention it in passing though. You'll want to draft a clear, legally sound policy to let all staff (both existing and future new hires) know that being vaccinated for Coronavirus will become a condition of employment. Think through who will be monitoring employee's compliance with this policy and how employees will prove they have been vaccinated. Are you going to allow a grace period for employees to comply? Are you going to issue reminders? If you have a small office then it may not be that difficult to manage this process. However, if you have a larger group or multiple locations then you'll want to spend some time thinking through a tracking system and perhaps a point person to make this policy effective.

Understand that while this policy may be broadly enforced, your desire to stop the spread of the virus does not trump an employee's right to request an accommodation or an exemption for religious and/or health-related reasons. There are some employees with sincerely-held religious beliefs that could conflict with being vaccinated. This opposition would most likely be to vaccines as a whole, not the Coronavirus vaccine specifically. However, since religion is protected under the Civil Rights Act, employers would be obligated to grant accommodations (which may include an exemption) unless doing so would pose an undue hardship. "Under Title VII" (of the Civil Rights Act), the undue hardship defense to providing religious accommodation requires a showing that the proposed accommodation in a particular case poses a "more than de minimis" cost or burden...Costs to be considered include not only direct monetary costs but also the burden on the conduct of the employer's business. For example, courts have found undue hardship where the accommodation diminishes efficiency in other jobs, infringes on other employees' job rights or benefits, impairs workplace safety, or causes co-workers to carry the accommodated employee's share of potentially hazardous or burdensome work.

Other legal reasons an employee may request an accommodation have to do with an employee's own health. Some of your staff may have a compromised immune system or other medical conditions that prevent him/her from being vaccinated safely. Since medical conditions are protected under the Americans with Disabilities Act (ADA) you may have to make some exceptions to your new rule unless doing so would pose an undue hardship. For the purposes of proving 'undue hardship' for ADA accommodation requests, the impact must create 'significant difficulty or expense' for the employer, which is a much higher threshold than religious accommodation denials require. In either case, it will be important to engage in the interactive process with an employee should they question or oppose your vaccination policy. You need to understand the facts and circumstances surrounding their objection before deciding whether or not an accommodation or exception could be considered. It would be advisable to consult with legal counsel before any final determinations are made.

***Editor's Note:*** *The Michigan State Medical Society offers a* ***legal alert on mandatory flu shots for employees****, which could be used as a resource for the COVID-19 vaccine. Employers may adopt mandatory flu shot/vaccination policies which are drafted and implemented in a legally compliant manner.*

# 2021-2022 Macomb County Legislator Contact Guide

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# Get vaccinated. Get your smartphone. Get started with v-safe.


Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

**Sign up with your smartphone's browser at**

**vsafe.cdc.gov**

**OR**

**Aim your smartphone's camera at this code**

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