



Macomb

Medicus

Journal of the Macomb County Medical Society

January/February/March 2023 | Vol. 31 | No. 1

Macomb Medicus

Journal of the Macomb County Medical Society

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

January/February/March 2023 | Vol. 31 | No. 1

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Heidi L. Leach

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President's Page	3
Tri-County Legislative Committee.....	3
Members' Birthday List	4
2022 MCMS Holiday Sharing Card Project	4
Membership Report	5-7
MDHHS News.....	8
Hospital News	9-12
Education: Free CME Webinars.....	13
Ask HR: Do We Have Quiet Quitters.....	14
MSMS Update	15-17
Ask Our Lawyer: Is it Legal to Offer Discounts	18
MSMS Quarterly Zoom Membership Update	18
AMA News.....	19-21
Upcoming Events.....	21
Macomb County Community Profile	22
2023 Macomb County Legislator Contact Guide.....	23

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All material for publication, including advertisements, must reach the Society office no later than the 10th (business) day of the month preceding the date of issue, e.g. December 10 for the Winter issue. Thank you. No portion of the Macomb Medicus may be used for publication elsewhere without permission from the publisher.

Join Us in a Discussion on Shaping Our Futures

By: Klaudia Plawny-Lebenbom, MD

To all my physician colleagues,

Please accept my gratitude for all of your hard work these last few years. It has clearly been a historical journey for most of us, especially for those involved in direct patient care. The Pandemic, as well as changes in the geopolitical structure of the world, have stretched physicians to the breaking point all over the globe. Despite our best efforts we have been repeatedly humbled and regardless of our years of training we have all lost numerous patients, friends, and coworkers.

It is now time for our personal growth and emotional recovery from the trauma we have endured. This will be a slow but necessary process for us to undertake. Obviously, we will find the best listeners among colleagues and people like ourselves, who have endured similar experiences. But we need to be willing to take the time to share those experiences and begin to work through them together.

Now that we have apparently entered the "NEW NORMAL," it is time for us to clearly delineate the "New" professional "Norms" for practicing medicine. There are several issues that come to mind that require addressing. Such as having to wade through EHR inbox messages that aren't necessary for a physician to read, or how to handle the volume of patient inquiries coming through the patient portal.

I would like to utilize the Macomb County Medical Society as a platform for us to work together and share best practices and ideas for dealing with issues we all face. For example,



we need to have a frank discussion on physicians' inability to utilize behavioral health services without fear of punishment. I would also like to hear your suggestions on how you set boundaries in the hybrid work environment and ways of dealing with emotionally violent patients in the office. Ultimately, the discussions will be led by the topics you find most important and want to talk about.

So please join us in the conversation to shape the future of our profession together.

Please take care of yourselves, so that you can continue to take care of your patients. On behalf of the Macomb County Medical Society we welcome your voice and would like to hear from you!

Warmest personal regards,
Klaudia Plawny-Lebenbom, MD, your President



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 will meet quarterly with legislators from the tri-county area to discuss issues and legislation impacting physicians and their patients.

**February 13 – live virtual, 7:30 am • May 15 – in person, 6 pm
September 18 – in person, 6 pm • October 30 – live virtual, 7:30 am**

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

HAPPY BIRTHDAY

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

January

Nikhil V. Ambulgekar, MD
Kenneth K. Andrews, MD
Laura K. Dalla-Vecchia, MD
Anna K. Demos, MD
Fiorino DiGregorio, MD
Rudyard L. Dimson, MD
Robyn P. Garcia, MD
Theodore A. Golden, MD
Nicanor M. Guevarra, MD
Lawrence F. Handler, MD
Alexander I. Helfand, MD
Orest E. Horodysky, MD
Steven M. Hudock, MD
Mohammad Hussain, MD
Howard B. Kerwin, DO
Amy A. Kopp, MD
Leah F. Ludwig, DO
Robert K. Moore, MD
Omokayode A. Osobamiro, MD
Vinay Pampati, DO
Harold C. Papson, MD
Sara E. Pulito, DO
David G. Reed, MD
Maria Repolski, MD
Richard A. Rood, MD
Dawn M. Severson, MD
Gary Shapira, MD
Judy Sheffeh, MD

Laila Shehadeh, DO
Andrew M. Staricco, MD
Leo R. Toomajian, DO
Charles J. Weingarten, MD
Helen H. Winkler, MD
Firas Yazigi, MD
H. Jay Zeskind, MD
John L. Zinkel, MD

February

Edward Alpert, MD
David H. Benaderet, MD
Christina M. Blake, DO
Jorawar S. Brar, DO
Jose M. Cosio, MD
Zachary D. Cox, DO
David A. Ginnebaugh, MD
William S. Goldstein, MD
Maurilio Hernandez, MD
Eli M. Isaacs, MD
Harjeet S. Jhaji, DO
Sameera T. Khan, MD
Mun K. Kim, MD
Stephen A. Levy, MD
Kim K. Lie, MD
John J. Lim, MD
Michael R. Maceroni, DO
Dariouche Mohammadi, MD
Donald B. Muir, MD

Stephen A. Levy, MD
Kim K. Lie, MD
Peter A. Nickles, MD
Sujini Palaniswamy, MD
Ronald J. Pierskalla, MD
Nina H. Rehman, DO
Jennifer L. Rivard, MD
Daniel M. Ryan, MD
Joyanta K. Saha, MD
Fremont L. Scott, DO
Geoffrey K. Seidel, MD
Saadia V. Siddiqui, MD
Kenneth E. Smith, MD
Steven M. Taormina, DO
Kelly A. Ternes, DO
Julie A. Thompson, DO
Lacey Walke, MD
Mary L. Watts, MD
Jer-Fu Yeh, MD
Zenon Zarewych, MD

March

Ghazwan A. Atto, MD
Brian Barnett, DO
Steven J. Cusick, MD
Norbert P. Czajkowski, MD
Steven J. Ferrucci, MD
Rene A. Franco, MD
Anna Fraymovich, MD

Valal K. George, MD
Mohammad Ghaffarloo, MD
Thomas A. Gignac, MD
Robert A. Ginnebaugh, MD
Bal K. Gupta, MD
Violette F. Henein, MD
Eddie M. Idrees, MD
Pallavi Jasti, MD
Kathleen M. Joyce, MD
Shabbir F. Khambati, MD
Mubina Khan, MD
Arsenia L. Koh-Guevarra, MD
Sang C. Lee, MD
Ruben C. Legaspi, MD
Klaudia Plawny-Lebenbom, MD
Angelo Pugliesi, MD
Mindy F. Raminick, DO
Abdullah I. Rathur, DO
Vicente Redondo, MD
Jennifer M. Rimmke, MD
Ariston C. Sandoval, MD
Jagmohan Sharma, MD
Jeffrey M. Shuster, MD
Vincent Skovira, MD
Akemi Takekoshi, MD
Anatoly Zelikov, MD

Monthly "Rise and Progress" Video Series

The MSMS Government Relations Department hosts a video series called "Rise and Progress" where members can tune in to learn about the latest news happening at the Michigan State Capitol and current advocacy work. Videos are available on MSMS' YouTube Channel at www.youtube.com/msmsorg.

December: MSMS state and federal government relations managers Kate Dorsey and Scott Kempa discuss Michigan's Electronic Prescription mandate, enforcement, and waivers.

November: Kate Dorsey and Scott Kempa give a recap of the November elections.

October: Scott Kempa and Kate Dorsey discuss scope of practice issues including Nurse Practitioners (SB 680) and Naturopathic Practitioners (SB 990).

September: Kate Dorsey and Scott Kempa share how an MSMS-initiated proposal was included in the state of Michigan's 2023 budget.



[December](#)

[October](#)

[November](#)

[September](#)

thank you
for Your Generosity!

2022 MCMS Foundation Holiday Sharing Card Project Raised \$5,345

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 \$2,425 for the Macomb County Food Program which feeds hungry families throughout Macomb County and \$2,920 for Turning Point Shelter for women which assists victims/survivors of domestic violence and sexual assault.

We would like to welcome the following New Members.

Leah F. Lugwig, DO

Pediatrics

Medical School: MI State University College of Osteopathic Medicine, 2019. Post Graduate Medical Education: Royal Oak Beaumont Hospital, completed in 2022. Currently practicing at Mali & Mali Pediatrics, 44344 Dequindre Rd. Ste. 510, Sterling Heights, MI 48314-1042, p. 586-323-6300, www.malipeds.com.



Kelly A. Ternes, DO

Pulmonary Disease – Board Certified, Critical Care – Board Certified, Internal Medicine – Board Certified

Medical School: W. Virginia School of Osteopathic Medicine, 2010. Post Graduate Education: McLaren Macomb Hospital, completed in 2013; McLaren Oakland Hospital, completed in 2016. Hospital Affiliation: Henry Ford Macomb, McLaren Macomb, Troy Beaumont. Currently practicing at Pulmonary & Critical Care Associates, 50505 Schoenherr Rd. Ste. 290, Shelby Township, MI 48315, p. 586-314-0080, www.mypccadocs.com.



Muhammad Vasiq, MD

Internal Medicine – Board Certified

Medical School: Army Medical College, National University of Sciences and Technology (Pakistan), 1997. Post Graduate Education: Carraway Methodist Medical Center (AL), 2003-2006. Currently practicing at Michigan Compassionate Care, 11670 Martin Rd., Warren, MI 48093-4511, p. 586-754-3830, www.mccoffice.net.

We would also like to welcome the following New Members from the Greater Macomb Physician Network.



Nagina Aslam, DO

Internal Medicine – Board Certified

Medical School: MI State University College of Osteopathic Medicine, 2009. Post Graduate Education: Henry Ford Macomb Hospital completed in 2012. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Internal Medicine, 13801 15 Mile Rd., Sterling Heights, MI 48312-4206, p. 586-757-9707.



Bianca B. Barbat, MD

Hematology/Oncology – Board Certified, Medical Oncology – Board Certified, Internal Medicine – Board Certified

Medical School: American University of the Caribbean (St. Maarten), 2014. Post Graduate Education: Ascension Providence Hospital, completed in 2020. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Hematology Oncology, 43630 Hayes Rd. Ste. 200, Clinton Township, MI 48038-3536, p. 800-436-7936.



Christina M. Blake, DO

Family Practice – Board Certified

Medical School: MI State University College of Osteopathic Medicine, 2009. Post Graduate Education: Henry Ford Macomb Hospital, completed in 2012. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Ctr. - Fraser, 15717 15 Mile Rd., Clinton Township, MI 48035-2101, p. 586-285-3810.



Tara Deryavoush, DO

Internal Medicine – Board Eligible

Medical School: MI State University College of Osteopathic Medicine, 2014. Post Graduate Education: Henry Ford Macomb Hospital, completed in 2017. Currently practicing at Alliance Health Professionals, 133 S. Main Street, Mount Clemens, MI 48043-2308, p. 586-468-1600, www.alliance-healthprofessionals.com.



Sandeep Garg, MD

Medical Oncology – Board Certified, Internal Medicine – Board Certified

Medical School: Jawaharlal Nehru Medical College (India), 1993. Post Graduate Education: Ascension Providence Hospital, completed 2002. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford W. Bloomfield, Henry Ford Wyandotte. Currently practicing at Henry Ford Macomb Hematology Oncology, 43630 Hayes Rd. Ste. 200, Clinton Township, MI 48038-3536, p. 800-436-7936.



Farrah F. Hafeez, DO

Family Practice, Obesity Medicine – Board Certified

Medical School: MI State University College of Osteopathic Medicine, 2011. Post Graduate Education: Henry Ford Macomb Hospital, completed in 2014. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Center, 80600 Van Dyke Ave., Bruce Township, MI 48065-1333, p. 810-798-6560.



Ronald F. Heitmann, DO

Family Practice – Board Certified

Medical School: Midwestern University Chicago College of Osteopathic Medicine, 1980. Post Graduate Education: McLaren Macomb, completed in 1981. Hospital Affiliation: Henry Ford Macomb, McLaren Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Family Medicine, 51221 Schoenherr Rd. Ste. 201, Shelby Township, MI 48315-2718, p. 586-566-8240.



Changes to the scope of medical practice:

- Remove physicians from diagnosis and treatment
- Risk patient safety
- Benefit for-profit entities
- Do not improve access to care

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MEMBERSHIP REPORT



Pallavi Jasti, MD

Hematology – Board Certified, Medical Oncology – Board Certified, Internal Medicine – Board Certified

Medical School: Osmania Medical College (India), 2001. Post Graduate Education: Wayne State

University, completed in 2009. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Hematology Oncology, 43630 Hayes Rd. Ste. 200, Clinton Township, MI 48038-3536, p. 586-323-4530.



Sotirios P. Kalliantasis, DO

Family Practice – Board Certified

Medical School: MI State University College of Osteopathic Medicine, 2019. Post Graduate Education: Henry Ford Macomb Family Medicine, completed in 2022. Currently practicing at

Alliance Health Professionals, 43421 Garfield Rd. Ste. 1, Clinton Township, MI 48038-1133, p. 586-286-5500, www.alliancehealthprofessionals.com.



Mubina Khan, MD

Family Practice – Board Certified

Medical School: Dhaka Medical College and Hospital (Bangladesh), 1992. Post Graduate Education: Dhaka Medical College and Hospital, completed in 1993; Hurley Medical Center, completed in 1999; McLaren Flint, completed in 2002.

Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Center, 80600 Van Dyke Rd., Bruce Township, MI 48065-1333, p. 810-798-6500.



Amy A. Kopp, MD

Family Practice – Board Certified

Medical School: Wayne State University School of Medicine, 2008. Post Graduate Education: Troy Beaumont Hospital, completed in 2011.

Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Richmond Family Medicine, 67267 S. Main St., Richmond, MI 48062-1919, p. 586-727-2761.



Reem N. Kreit, MD

Family Practice – Board Certified

Medical School: Aleppo University School of Medicine (Syria), 1995. Post Graduate Education: Aleppo University School of Medicine, completed in 1995; Children's Hospital of Damascus (Syria), completed in 1999; Case Western Reserve University (OH), completed in 2004. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Family Medicine, 51221 Schoenherr Rd. Ste. 201, Shelby Township, MI 48315-2718, p. 586-566-8240.

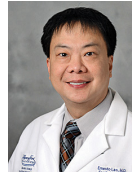


Geetika Kukreja, MD

Hematology – Board Certified, Medical Oncology – Board Certified, Internal Medicine – Board Certified

Medical School: Mahatma Gandhi College of Medical Sciences (India), 2007. Post Graduate

Education: Mahatma Gandhi College of Medical Sciences, completed in 2008; Detroit Medical Center, completed in 2014; Detroit Medical Center, completed in 2017. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford W. Bloomfield, Henry Ford Wyandotte. Currently practicing at Henry Ford Macomb Hematology Oncology, 43630 Hayes Rd. Ste. 200, Clinton Township, MI 48038-3536, p. 800-436-7936.

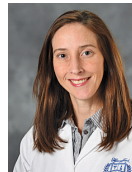


Ernesto R. Lao, MD

Family Practice – Board Certified

Medical School: Far Eastern University (Philippines), 1992. Post Graduate Education: Far Eastern University, completed in 1993; Doctors' Hospital of Michigan, completed in 1998.

Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Ctr. - Chesterfield, 30795 23 Mile Rd., Chesterfield, MI 48047-5720, p. 586-421-3150.



Jessica R. Leschied, MD

Diagnostic Radiology – Board Certified, Pediatric Radiology – Board Certified

Medical School: Royal College of Surgeons (Ireland), 2009. Post Graduate Education:

Grand Rapids Medical Education Partners - MSU, completed in 2010; University of Michigan, completed in 2015; University of Michigan, completed in 2017. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford W. Bloomfield. Currently practicing at Henry Ford Macomb Radiation Oncology, 15855 19 Mile Rd., Clinton Township, MI 48038-3504, p. 800-653-6568.



Waddah Maskoun, MD

Cardiovascular Disease – Board Certified, Cardiac Electrophysiology – Board Certified

Medical School: Aleppo University School of Medicine (Syria), 2000. Post Graduate Education: Indiana University Medical Center, completed in

2006; Medical College of Wisconsin, completed in 2011; Indiana University Medical Center, completed in 2013. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford W. Bloomfield, Henry Ford Wyandotte. Currently practicing at Henry Ford Medical Center, 3500 15 Mile Rd., Sterling Heights, MI 48310-5353, p. 800-436-7936.

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!

**Ghada R. Mesleh, MD****Pulmonary Disease – Board Certified,
Critical Care – Board Certified,
Internal Medicine – Board Certified**

Medical School: Jordan University of Science and Technology, 1997. Post Graduate Education: King Khalid University Hospital (Saudi Arabia), completed in 1998; King Abdullah University Teaching Hospital (Jordan), completed in 2003; Marshall University at Cabel Huntington Hospital (WV), completed in 2013; Cleveland Clinic Foundation, completed in 2014. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford W. Bloomfield. Currently practicing at Henry Ford Medical Center, 3500 15 Mile Rd. 2nd Floor, Sterling Heights, MI 48310-5353, p. 800-436-7936.

Nimisha B. Naik, MD**Family Practice – Board Certified**

Medical School: Medical College Baroda (India), 1989. Post Graduate Education: Sir Sayajirao General Hospital (India), completed in 1989; Ascension St. John Hospital, completed in 1995. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Center, 15717 15 Mile Rd., Clinton Township, MI 48035-2101, p. 586-285-3800.

**Sujini Palaniswamy, MD****Family Practice – Board Certified**

Medical School: Coimbatore Medical College (India), 1992. Post Graduate Education: Coimbatore Medical College, completed in 1993; Mercy Catholic Medical Center-Fitzgerald (PA), completed in 1999; Penn State Milton S. Hershey Medical Center, completed in 2000; Ascension St. John Hospital, completed in 2003. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Center, 30795 23 Mile Rd., Chesterfield, MI 48047-5720, p. 586-421-3150.

**Thao P. Pham, DO****Family Practice – Board Certified**

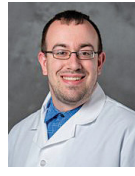
Medical School: Des Moines University-College of Osteopathic Medicine (IA), 1999. Post Graduate Education: Garden City Hospital, completed in 2002. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Ctr. - Fraser, 15717 15 Mile Rd., Clinton Township, MI 48035-2101, p. 586-285-3810.

**Leonard B. Pollack, MD****Pediatrics – Board Certified**

Medical School: Ohio State University College of Medicine, 1985. Post Graduate Education: Ohio State University Hospital, completed in 1986; Nationwide Children's Hospital (OH), completed in 1988. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford W. Bloomfield. Henry Ford Wyandotte. Currently practicing at Henry Ford Macomb Pediatric Hospitalists, 15855 19 Mile Rd., Clinton Township, MI 48038-3504, p. 586-203-5126.

**Belsam H. Saif-Kosho, DO****Family Practice – Board Certified**

Medical School: MI State University College of Osteopathic Medicine, 2011. Post Graduate Education: Henry Ford Macomb Hospital, completed in 2012; University of Michigan, completed in 2015. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit. Currently practicing at Henry Ford Macomb Health Center, 15717 15 Mile Rd., Clinton Township, MI 48035-2101, p. 586-285-3810.

**David P. Schmittou, MD****Internal Medicine – Board Certified**

Medical School: Wayne State University School of Medicine, 2019. Post Graduate Education: Henry Ford Macomb Hospital, completed in 2022. Currently practicing at Alliance Health Professionals, 133 S. Main Street, Mount Clemens, MI 48043-2308, p. 586-468-1600, www.alliancehealthprofessionals.com.

**Roshni M. Shah, DO****Cardiovascular Disease – Board Certified**

Medical School: MI State University College of Osteopathic Medicine, 2009. Post Graduate Education: University of Southern California Keck School of Medicine, completed in 2012; Ascension Providence Hospital, completed in 2015. Hospital Affiliation: Henry Ford Macomb. Currently practicing at Alliance Health Professionals, 15500 19 Mile Rd. Ste. 360, Clinton Township, MI 48038-6331, p. 586-649-9009, www.alliancehealthprofessionals.com.

**Lauren N. Sparks, DO****Internal Medicine – Board Certified**

Medical School: University of Pikeville Kentucky College of Osteopathic Medicine, 2019. Post Graduate Education: Medical Center at Bowling Green (KY), completed in 2022. Currently practicing at Alliance Health Professionals, 30795 23 Mile Rd. Ste. 201, Chesterfield, MI 48047-5721, p. 586-421-1600, www.alliancehealthprofessionals.com.

**Elias Zeine, MD****Medical Oncology – Board Certified,
Hematology – Board Certified**

Medical School: University of Damascus (Syria), 2000. Post Graduate Education: Marshfield Clinic (WI), completed in 2006; Ascension Providence Hospital, completed in 2009; Ascension Providence Hospital, completed in 2012. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford W. Bloomfield. Henry Ford Wyandotte. Currently practicing at Henry Ford Cancer Institute, 2800 W. Grand Blvd., Detroit, MI 48202-2610, p. 800-436-7936.

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MDHHS and GetSetup Offer Interactive Learning and Socialization for Older Michiganders

The Michigan Department of Health and Human Services (MDHHS) and Library of Michigan are offering Michigan older adults free interactive online programs specifically designed to increase social interaction, physical activity and wellness.

Classes cover topics from how to effectively use digital technology, to health and wellness through fitness and cooking, to a full range of enrichment classes. The interactive classes are taught by older adults to their peers on the social learning platform GetSetup. Classes and programs are accessible at the click of a button around the clock.

Forty percent of people ages 60 and older nationally reported feeling lonely, according to a January 2020 study from the Center on Aging and Health at Johns Hopkins University. This often gets worse during the winter months when weather conditions and the holidays can lead people to feel more isolated. MDHHS and the Library of Michigan are offering GetSetup classes as a simple and equitable way for aging adults to connect with others from their own homes throughout the holiday and winter season.

“MDHHS strives to offer a variety of programs for aging adults that encourage them to live independently,” said Farah Hanley, MDHHS chief deputy director for health. “GetSetup provides the opportunities that older Michiganders want and need to live healthy and fulfilling lives.”

The GetSetup program also helps active agers become more fit, learn to manage their finances, develop new skills and even supplement their income. A special “New Year, New Me” program is running into 2023 to help people accomplish their New Year’s goals with learning tracks on health and wellness, money and business, and growth and development. Plus, classes are available in multiple languages, including English, Mandarin and Hindi, and a growing number of weekly classes in Spanish.

GetSetup helps address aging health by assuring older adults stay connected to the technical tools they need to thrive and age in place at home, including the latest technologies and software. Research has shown that older adults who learn how to use their tech devices to stay connected with family and interact with others will age more successfully.

GetSetup’s custom-built video learning interface has been tailored to older adults of all technology levels. The platform offers support via phone and in all classes to assist learners with technology and includes a booking system complete with regular reminders and after-class notes. Michigan’s older adults

can easily connect with a safe community of more than 4.6 million peers globally. Many have gone on to teach classes or host community sessions on the platform on topics such as Learning to Line Dance, Dealing with Diabetes, and more.

“We know that the holidays and winter season can be a festive time for many people but also a time where others feel particularly alone. We want to remind people that there are empowering learning and socialization opportunities on GetSetup,” said Lawrence Kosick, president and co-founder of GetSetup.

“We offer opportunities around the clock to learn and socialize with just a click of a button. We look forward to seeing more Michiganders in our upcoming sessions!”

Older adults in Michigan can access these services by visiting: <https://www.getsetup.io/partner/michigan>

About GetSetup

GetSetup is on a mission to help older adults learn new skills, connect with others and unlock new life experiences. The social learning platform helps more than 4.6 million older adults in 160 countries stay mentally and physically fit, creates economic opportunities through jobs and reskilling and provides a community where people find meaning and purpose by sharing their knowledge and passions and forming new connections. Classes are taught by older adults on a highly interactive, custom-built video platform where older adults can connect during and in between classes. Classes are taught in English, Spanish, Hindi, and Mandarin. Learn more at <https://www.getsetup.org>. ♦

**INSTITUTE FOR FIREARM
INJURY PREVENTION**
UNIVERSITY OF MICHIGAN

Firearm injuries constitute a serious public health crisis resulting in over 100 deaths per day across the United States. The University of Michigan launched its Institute for Firearm Injury Prevention in 2021 to generate new knowledge and advance innovative solutions that reduce firearm injury, while respecting the rights of responsible, law-abiding firearm owners.

Institute Cores

The Institute's cores work together to reduce firearm injuries nationwide.

Research and Scholarship

Education and Training

Community and Engagement

Data and Methods

Policy

Areas of Focus

The Institute has six main domains of interest, and works across all stages of the translational research spectrum and across all socio-ecological levels (individual, family, community, or policy).

Suicide

Community Violence

School and Mass Shootings

Intimate Partner Violence

Unintentional/Accidental Injuries

Lethal Police Force

Visit firearminjury.umich.edu to learn more about the Institute and how you can support our mission

Henry Ford Macomb Hospital

HENRY FORD HEALTH TO LEAD FIRST-OF-ITS-KIND NATIONAL TRIAL FOR INNOVATIVE HEART DEVICE

Henry Ford Health will be spearheading a multi-center, first-of-its-kind national clinical trial dubbed the “CORRAL-AF IDE” study for an innovative left atrial appendage occlusion device known as the LAmbré™ Plus Left Atrial Appendage Closure System.

Left atrial appendage occlusion (LAAO), also referred to as left atrial appendage closure, is a treatment strategy to reduce the risk of blood clots from the left atrial appendage entering the bloodstream and causing a stroke in patients with non-valvular atrial fibrillation.

LAAO devices are implanted in the heart and are intended to reduce the risk of thromboembolism from the left atrial appendage (LAA) in patients with non-valvular atrial fibrillation. The device mechanically occludes the LAA to prevent LAA thrombus, a condition commonly associated with atrial fibrillation or AFib, from entering the systemic circulation, which carries oxygenated blood from the left ventricle through the arteries to the capillaries in the tissues of the body.

Brian O’Neill, MD, a Henry Ford Health specialist in interventional cardiology, will be the lead investigator for the trial that will be facilitated at 75 hospitals across the United States.

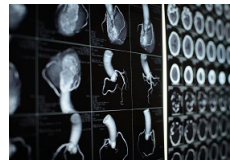


Dr. O’Neill announced the FDA-approved clinical trial at the annual CSI-LAA Focus Conference held in Frankfurt, Germany last month to interventional cardiologists and electrophysiologists attending from around the world.

“Left atrial appendage occlusion has emerged as an important therapy to help reduce the risk of stroke in those patients with non-valvular atrial fibrillation,” said Dr. O’Neill. “We hope this trial will offer yet another option to those patients who may be searching for an alternative to anti-coagulation.”

The trial received the necessary approval from the Food & Drug Administration in March and from the Centers for Medicare & Medicaid Services in August. The approvals open the way for patients to enroll in the clinical trial and be fully covered by U.S. medical insurance providers.

This prospective, randomized controlled, multicenter clinical trial will provide important clinical data that will help investigators evaluate the safety and effectiveness of implanting the innovative device in Non-Valvular Atrial Fibrillation patients with large and/or irregularly shaped, multi-lobed appendages, as compared to oral anticoagulants used to prevent blood clots.



The trial plans to enroll more than 3,000 people across 75 participating hospitals with more than 1,500 implantations of the LAmbré™ Plus LAA device.

“This is a very important clinical trial with the potential to expand patients’ options to a device therapy for irregular or multi-lobed complex LAA anatomies,” said Dee Dee Wang, MD, a Henry Ford specialist in structural heart imaging and a co-investigator for the trial.

The study obtained CMS reimbursement, which ensures that all patients participating in the clinical trial will be fully covered by medical insurance in the U.S.

If the CORRAL-AF IDE trial results reach the established clinical and safety evidence objectives, the trial results would be presented to the FDA for approval to make the new device available to the public.

HENRY FORD HEALTH RESEARCHERS LOOK AT STEROIDS AS PAIN CONTROL ALTERNATIVE TO OPIOIDS

Results from a study by Henry Ford Health orthopedic researchers is the latest of several high-powered studies geared toward effectively managing pain and decreasing opioids use after total knee replacement surgery.



This latest study is a double-blind, randomized, placebo-controlled trial that examined whether oral dexamethasone, a cortisone-like medicine or steroid, can reduce pain following total knee arthroplasty (TKA) beyond a single preoperative dose.

The trial investigated the postoperative effects and safety of oral dexamethasone as a potential augment to multimodal use in outpatient knee replacement.

“When it comes to supporting our same-day joint replacement patients at ambulatory surgical centers, our research focus has been how to properly manage pain when they go home in order to reduce the use of opioids as well as unnecessary emergency department visits,” said Jonathan Shaw, MD, chief resident for the Department of Orthopedic Surgery at Henry Ford Health and the study’s lead investigator.

Previous research shows that intravenous dexamethasone following joint replacement surgery reduces pain and the need for opioid use. The focus of this study was to measure the effectiveness of additional dexamethasone taken in a pill form for several days after going home from outpatient surgery.

“What we found is that while on the oral steroid patients reported less pain after surgery as part of their multi-modal regimen,” said Dr. Shaw.

The research team also looked at complications from giving patients steroids after a total knee replacement. Within this recruited population, there was no increase in reported difficulty sleeping, surgical healing, or infection.

The novel study was recently presented at the American Association of Hip and Knee Surgeons (AAHKS) annual meeting and received the 2022 AAHKS Clinical Research Award.

This award is given in recognition of an outstanding clinical paper in the field of hip and knee arthroplasty. The study is planned for publication in the *Journal of Arthroplasty* in 2023.

“The Department of Orthopedic Surgery is one of the specialties at Henry Ford that has truly adopted the multi-modal pain control model which applies different modes of pain control medication to manage patients’ pain and decrease opioid use,” said Dr. Shaw.

The study is part of Henry Ford’s ongoing broader initiative launched in 2016 to reduce the number of prescribed opioid pills and patches. In 2019, the State of Michigan enacted new laws regulating the prescribing and dispensing of controlled substances including opioid painkillers.

STUDY SHOWS PROMISING SAFETY, PATIENT OUTCOMES DATA FOR MRI-GUIDED ADAPTIVE RADIATION THERAPY TO TREAT PANCREATIC CANCER

Findings from a recent prospective study show promising safety and patient outcomes data for locally advanced and borderline resectable pancreatic cancer treatment using ablative Stereotactic MRI-Guided



On-table Adaptive Radiation Therapy, also known as SMART. Approximately 25% of the study’s participants were patients treated at the Henry Ford Pancreatic Cancer Center (HFPC).

Titled “[Stereotactic MRI-Guided On-table Adaptive Radiation Therapy \(SMART\) for Locally Advanced Pancreatic Cancer](#),” this study was the first Phase II prospective international multi-institutional study to deliver ablative doses of radiation to patients with pancreatic cancer.

“As a pioneering institution in the field of MRI-guided adaptive radiation therapy, Henry Ford Health is thrilled to have led this novel study, which was the largest international study of ablative radiation for pancreatic cancer in the world,” said

Ben Movsas, MD, Medical Director of Henry Ford Health Cancer and Chair of Radiation Oncology. “Henry Ford was first in the world to treat a patient using the MRIdian MRI-Guided Radiation Therapy system back in 2017. Since then, we have treated many cancer patients with MRI-Guided Radiation Therapy.”

The primary endpoint outcomes from the study were presented at the 64th Annual Meeting of the American Society for Radiation Oncology (ASTRO) by Parag Parikh, MD, the Principal Investigator of the study and Director of GI Radiation Oncology and MR-Guided Radiation Therapy at Henry Ford Cancer.

“In this study, 136 patients were treated with ablative MRIdian SMART at 13 international centers,” said Dr. Parikh. “The study’s primary outcome measured grade 3 or higher gastrointestinal toxicity, such as nausea, vomiting or abdominal pain, in the first 90 days after treatment. The study’s primary safety objective was met, with zero incidence of acute grade 3 or higher gastrointestinal toxicity definitively related to SMART treatment.”

Secondary measures of the study include overall survival, local control, distant progression-free survival, and changes in patient-reported quality of life, Dr. Parikh explained. While study patients are still early in the follow-up period, preliminary clinical outcomes data of one-year local control (meaning the stopping of cancer growth) and distant progression-free survival (meaning the length of time during and after the treatment that a patient lives with the disease, but it does not get worse) were 82.9% and 50.6% respectively. One-year overall survival from diagnosis was 93.9%.

“Our HFPC is committed to the pursuit of scientific breakthroughs that have the potential to change the paradigm of pancreatic cancer, which at present, has one of the highest mortality rates in comparison to other types of cancer,” said David Kwon, MD, Clinical Director of the HFPC. “As relentless advocates for our patients, we offer the most advanced evidence-based therapeutic options available today. We remain steadfast in our belief that outcomes for patients with pancreatic cancer can and will continue to improve through global collaboration and critical research initiatives, such as this study.”

Henry Ford Health Cancer is one of the largest cancer programs in Michigan, providing care at five hospitals, 11 outpatient facilities and hundreds of aligned doctors’ offices throughout southeast and southcentral Michigan. Cancer experts at Henry Ford communicate seamlessly across the organization’s multiple cancer treatment locations.

In total, nearly 27,000 patients have been treated with MRIdian. Currently, 54 MRIdian systems are installed at locations around the world, where they are used to treat a wide variety of solid tumors and are the focus of numerous ongoing research efforts. ♦



McLaren Macomb Hospital

MCLAREN CENTER FOR RESEARCH AND INNOVATION CONTRIBUTES TO NEW COVID-19 STANDARD OF CARE

The McLaren Center for Research and Innovation organized the participation of three Michigan-based McLaren Health Care hospitals in a nationwide clinical trial that resulted in a new standard of care for patients with severe COVID-19 to avoid dangerous blood clots. A comprehensive program facilitating McLaren Health Care's participation in clinical trials, the McLaren Center for Research and Innovation began its participation in the COVID-PACT study in November 2020, resulting in its outcomes being published in September 2022.

Published in [Circulation, the medical journal of the American Heart Association](#), results from COVID-PACT will guide the future of care for critically ill ICU patients with severe COVID-19, setting a new standard of care for other physicians to follow when treating this patient population.

A nationwide study comprising 34 sites and 390 patients, cardiologist Dr. Mark Zainea, at McLaren Macomb in Mount Clemens, led McLaren's participation in COVID-PACT and was listed among the published



study's authors. Also included were internist Dr. Elizabeth Pionk and vascular surgeon Dr. Nicolas Mouawad at McLaren Bay Region in Bay City, and pulmonologist Dr. Chintalapudi Kumar at McLaren Greater Lansing.

The published study demonstrated a 44 to 45 percent reduction in the development of potentially dangerous blood clots.

"Blood clots have been some of the most harmful and impactful side effects of a COVID-19 diagnosis, causing endless damage to the patient even after they've initially recovered from the virus," Dr. Zainea said. "As we started to learn more about how to treat this virus, addressing the risk for developing blood clots was an initial concern. To be part of the nationwide effort to develop a treatment has been an incredibly rewarding process for all of us."

The critically ill patients who qualified for the trial were those who were hospitalized in an intensive care unit with severe COVID-19. Patients were treated with high-flow supplemental oxygen to address their low blood-oxygen levels, though they were still at risk for the development of potentially life-threatening blood clots, further lowering their blood oxygen levels and increasing the risk for additional health complications.

The aim of the study was to determine the benefit and impact of anticoagulant medications on the ultimate recovery of these patients. Those enrolled in the trial were given either a standard dose of the anticoagulant medication heparin with or without the addition of the anticoagulant and antiplatelet medication clopidogrel. Others were given a full dose of heparin, also with or without the addition of clopidogrel.

All enrolled patients were provided with one of these forms of therapy.

Of those 390 patients, 16 were enrolled from McLaren facilities around the state.

The peer-reviewed results of this randomized-controlled study demonstrated a significant benefit of a therapy with a full dose of heparin without the addition of clopidogrel in the recovery of patients previously experiencing severe COVID-19.

BARIATRIC SURGERY INSTITUTE AT MCLAREN MACOMB EARNS COMPREHENSIVE CENTER RE-ACCREDITATION

The Bariatric Surgery Institute at McLaren Macomb, which recently celebrated 10 years of providing life-changing weight loss surgery, has earned re-accreditation from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program as a Comprehensive Center.



Under the direction of surgeon and medical director Carl Pesta, DO, the institute was initially accredited in 2015, earning re-accreditation in 2018.

"The disease of obesity is at an all-time high, with surgical weight loss surgery shown to be the most effective form of treatment, providing lasting results," Dr. Pesta said. "We're proud and excited to earn this re-accreditation, which validates the tireless effort of our staff to ensure our patients receive the highest degree of care."

A joint quality program from the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery, MBSAQIP accreditation is an assurance to patients that a bariatric program meets a superior level of care, ensuring patients are cared for by a multidisciplinary team, resulting in improved outcomes and enhanced long-term success.

To earn accreditation, a thorough, on-site review determined the institute met essential criteria for staffing, training, infrastructure and protocols for care, ensuring its ability to support patients with severe obesity, while also crediting the hospital for continuously seeking opportunities to enhance its process.

"This level of accreditation is a direct result of the leadership provided by Dr. Pesta and the clinical excellence of the entire staff," said Tom Brisse, president and CEO of McLaren Macomb. "In 10 years, that team has established this institute as a world-class program, impacting the lives of countless people."

One of the most prevalent conditions in the United States, various forms of obesity affect 41.9% of the population – up from 30.5% in 2000 – which increases the risks of morbidity and mortality due to obesity-related conditions, such as diabetes, hypertension, cardiovascular disease and others. It's been demonstrated and proven that bariatric procedures are also an effective remedy for these conditions.

Learn more about the Bariatric Surgery Institute at McLaren Macomb at www.mclaren.org/macombbariatrics.

MCLAREN MACOMB PULMONOLOGY ADDS PROCEDURE TO RELIEVE EFFECTS OF EMPHYSEMA, COPD

Pulmonology services at McLaren Macomb has expanded to include the Zephyr Endobronchial Valve, a leading-edge, minimally invasive procedure deploying a device to relieve the quality-of-life-limiting symptoms in patients with severe COPD and emphysema.

Performed by pulmonologist Victor Gordon, MD, McLaren Macomb is the first hospital in Macomb County to offer the procedure.

The Zephyr valve increases the function of the lungs by blocking air flow to air sacs damaged by the condition, reducing the inflammation and allowing for greater efficiency from the undamaged bronchioles and alveoli.



"Living with complications stemming from severe COPD has a real and significant impact on patients' day-to-day lives, adding a level of struggle to seemingly everyday tasks," Dr. Gordon said. "With this outpatient procedure to impact these Zephyr valves, many of our patients' complications are alleviated, allowing them to go about their days in greater comfort and with much more efficiency."

After assessing the lungs with a bronchoscope, a catheter is inserted in the lungs to determine collateral ventilation, or airflow between lobes, to assure that the patient selection is optimal. When a target lobe is selected, and the self-expanding and form-fitting valve is deployed within the bronchial tubes. The one-way valve restricts air flow into the target lobe, while allowing the hyperinflated, trapped air to escape. The result is reduced airflow and air trapping to diseased areas of the lung, with improved airflow to healthier tissue.

Valves are not permanent, and more than one valve can be inserted during a single procedure.

McLaren Macomb has routinely been recognized for its care of COPD by Healthgrades, earning "High Performing" marks from the national body for its care of the chronic condition. ♦

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

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

Sarah B. Muenk-Gold, M.D.



29753 Hoover Road, Suite A
Warren, Michigan 48093
(586) 573-4333 Phone
(586) 573-2149 Fax

www.eyeconsultantsofmich.com

Macomb Medicus

Journal of the Macomb County Medical Society

SHARE YOUR NEWSWORTHY ITEMS!

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

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

Contact Heidi Leach at macombcms@gmail.com with newsworthy information.

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

Take Charge of Your Mental Health



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

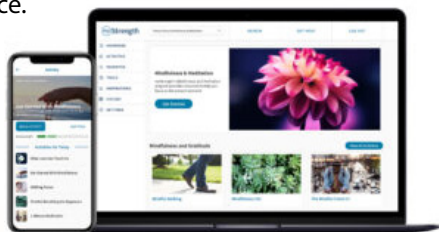
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

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

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

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

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



It's easy to get started; Go to mystrength.com and enter access code MCCMHComm and begin your journey to stronger overall health!

MyStrength has helped many people across the country from the comfort and privacy of their homes.

There is no cost to join, and it is simple to get started.

Go to www.mystrength.com. Select “Sign Up” and enter the access code: **MCCMHComm**. Complete the Wellness Assessment (*it takes about ten minutes*) and be on your way with personalized tools and supports.

Go Mobile! Using the access code, get the myStrength app for IOS and Android devices at www.mystrength.com/mobile



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

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

[The Gravity of Licensing Disciplinary Actions](#)

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

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

[Navigating the No Surprises Act](#)

[Post-Exertional Malaise](#)

[Tripledemic \(Flu, RSV, COVID\)](#)

[Update on the Omicron Variant](#)

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

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[Embezzlement: How to Protect Your Practice](#)

[Helping Patients Navigate Insurance](#)

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

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[Resources to Navigate Surprise Billing Requirements](#)

[Patient No Show Policy](#)

Do We Have "Quiet Quitters" in Our Practice?

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

Q. *It seems like now that we have passed the worst of COVID, our staff is burnt out and unmotivated. It is hard to get anyone to go above and beyond anymore, and it seems like so many want to do the least amount of work possible. For example, it is hard for me to find coverage for shifts when staff are taking vacation or are off sick, to find staff to step up and take on new tasks, or to find volunteers to help organize fun events for our team. I've heard this term called "quiet quitting" and it makes me wonder if that is our problem. What advice to you have?*



A. The phrase "quiet quitting" is relatively new and refers to employees who are still fulfilling their job duties, but not doing anything beyond the minimal expected for their position. These types of behaviors may include things like not volunteering to do anything extra, staying quiet during meetings instead of offering ideas, and coming into the office and leaving right at opening and closing times. If you are seeing these types of behaviors, then you may have a "quiet quitter" on your team. And you are not alone, some estimate that upwards of 50% of current employees are showing these tendencies.

While this pattern of behavior may be alarming, you can't apply a solution without more information. Check in with the employees you are concerned about one-on-one to see how they are doing. Let them know that you've noticed that they are quieter lately (or another passive behavior you have noticed) and ask if there is anything they need or if there is anything they want to talk about. Questions like this can open the door for deeper sharing and understanding. Are the signs of burn out and lack of motivation due to the job/work environment or are they due to a stressor in the employee's personal life over which you have no control?

If the concerns the employee shares are work-related, communication and connection are the path forward. For example, does the employee feel appreciated at work? Appreciation is different from recognition in that appreciation is about the individual person and not the results being achieved. Even

when an employee makes a mistake, are they still appreciated as a part of the team? Leaders have a critical role in developing the trust and relationships needed to show genuine appreciation with individual employees and teams.

Many employees also don't feel a strong connection to the bigger focus of the practice and the work. They may feel like a "cog in a machine" and have disengaged as a result. In this case, recommit to communicating your vision and values for the organization and the role that every team member plays in that. Ask employees for their feedback on how things could be improved and encourage your managers/leaders to do the same. Empower staff to handle duties that may be beyond their basic responsibilities and let them know that you believe they can make judgement calls that are in the best interest of the practice and the patients.

Continue to have regular one-on-one meetings with your team. The most successful managers/supervisors check in at least 15-30 minutes a week. This ongoing connection promotes relationship building, provides time to see how things are going – at work and at home, and shows the employee that someone at your practice cares about their success. As humans, we are social animals, we look for connections to help us understand our place in the world and find fulfillment. This approach will help you create a positive company culture, reducing the amount of quiet quitting behaviors you are experiencing and improving employee morale and engagement along the way. ♦





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

AFTER 30+ YEAR PARTNERSHIP, MSMS CEO JULIE NOVAK IS ON TO NEW OPPORTUNITIES

Julie Novak's career at the Michigan State Medical Society (MSMS) has been a rich and full one, spanning countless challenges and successes for Michigan's physician community over the past nearly 33 years. However, like all things, that partnership came to an end, Julie officially ended her time with MSMS on November 11, 2022.



"It is with gratitude that we wish Julie the best as she leaves MSMS for new opportunities," said Mark Komorowski, MD, Chair of the MSMS Board of Directors. "Julie has been an important part of our staff and leadership team for more than 30 years, and her work is greatly appreciated by the member physicians of this organization. As we move forward in the transition to new staff leadership of MSMS, those physicians, the work they do, and the patients they serve will remain our top priority."

Julie joined MSMS in 1990 as chief of health care research, charged with analyzing policy issues, data assessments and membership surveys. Since that time, she has served in a variety of positions related to health care delivery, medical economics, and operations of MSMS, having served as the society's Chief Executive Officer for the past 14 years.

"Leaving an organization where you have spent most of your career is an important milestone, and I am extremely thankful for and appreciative of the colleagues I have considered partners over the years. I will miss their professionalism and service to the membership of MSMS," Novak said.

KALAMAZOO PHYSICIAN TOM GEORGE, MD, NAMED MSMS INTERIM CEO



The Michigan State Medical Society is set to begin a new chapter with the announcement that Tom George, MD, will be taking on the role of Interim CEO of the society starting November 18, 2022.

As a long-time MSMS member, former state legislator, and practicing physician, Dr. George has the kind of unique expertise and experience that will make him an immediate and invaluable asset to the Michigan State Medical Society and its member physicians across the state. Poised to provide leadership and direction from day one of his tenure, Dr. George intends to focus a great deal of his efforts on ensuring the association is meeting the needs of its members.

"I've been a practicing physician and member of the Michigan State Medical Society for 37 years now," said Dr. George. "And over the years, there's been no question that MSMS has made a significant and positive difference in shaping our state's health care landscape through its advocacy efforts on behalf of Michigan's physicians and the patients they serve. I intend to see that this society continues to provide that same kind of value and service to its members. That effort will be rooted in building strong peer-to-peer, doctor-to-doctor relationships with current, prospective, and former MSMS members throughout the state."

His leadership comes at a fortuitous time for the society. With sweeping changes coming to Lansing's political landscape, Dr. George's decade of experience serving as an elected member of Michigan's legislature will prove invaluable as MSMS works to position itself to best advocate for its members and promote the public health of Michigan's citizens.

"Changing leadership in Lansing presents new challenges, but also new opportunities for this society to make a real difference in the ongoing efforts to implement policies that will positively impact Michigan physicians and patients," said Dr. George. "And while the political landscape may be shifting, our fundamental goal of working to promote the health of citizens of Michigan remains unchanged."

In addition to being a practicing physician at Kalamazoo Anesthesiology P.C., Dr. George also serves as Co-Chairman of the Department of Anesthesiology at the Western Michigan University Homer Stryker School of Medicine. He has previously served as president of the Kalamazoo County Medical Society, the Michigan Society of Anesthesiologists, and the Historical Society of Michigan. While serving as Interim CEO of MSMS, Dr. George will continue practicing on a limited, part-time basis.

CMS EXTENDS THE MIPS EXTREME AND UNCONTROLLABLE CIRCUMSTANCES APPLICATION DEADLINE FOR THE 2022 MIPS PERFORMANCE YEAR UNTIL MARCH 3, 2023

The Centers for Medicare and Medicaid Services (CMS), has extended the deadline to file a 2022 MIPS Extreme and Uncontrollable Circumstances (EUC) hardship extension until March 3, 2023. The original deadline was Jan 3, 2023. If physicians feel they have been impacted by the COVID-19 pandemic in 2022 they may file a MIPS hardship exemption with CMS to avoid a 2024 MIPS penalty.



MSMS is glad to see CMS recognize the toll the pandemic continues to have on physician practices by providing additional time to file a hardship exemption from the 2022 MIPS program. MSMS encourages practices to take advantage of this administrative relief.

continued on page 16

For more information on how to file an EUC, please see the CMS announcement, which is included below:

For the 2022 performance year, we continue to use our Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances (EUC) application to allow clinicians, groups, virtual groups, and Alternate Payment Model (APM) Entities to request reweighting of MIPS performance categories due to the COVID-19 public health emergency (PHE).

We've extended the [MIPS EUC application](#) deadline for only individuals, groups, virtual groups, and APM Entities citing COVID-19 as the triggering event through 8 pm ET on Friday, March 3, 2023. **Please note that applications received between January 3, 2023 and March 3, 2023 won't override submitted data for individuals, groups, and virtual groups.**

APM Entities participating in MIPS APMs can submit a MIPS EUC Exception application with some differences from our existing policy for individuals, groups, and virtual groups:

- APM Entities are required to request reweighting for all performance categories.
- At least 75% of the MIPS eligible clinicians in the APM Entity will need to qualify for reweighting in the Promoting Interoperability performance category.
- Data submission for an APM Entity won't override performance category reweighting from an approved application.

HIMSS GLOBAL HEALTH CONFERENCE & EXHIBITION

April 17 – 21, 2023 in Chicago, IL

The HIMSS Global Health Conference & Exhibition is the most influential health information technology event of the year, where 40,000+ professionals throughout the global health ecosystem meet to build relationships during lively networking events, learn from experts in hot topic education sessions, and discover innovative health tech products to solve their greatest challenges.

The Michigan State Medical Society is excited to be a Partner of HIMSS23! As such, our members receive the HIMSS member rate to attend. To register, [visit HIMSS23 General Registration](#) and sign in. Once on the General Registration page, select the Chapter or Collaborator tab on the left-hand side. Select your preferred HIMSS23 Pass and enter MSMS as the Referring Collaborator Organization to receive the HIMSS member rate on registration. Organization must be an approved HIMSS23 Partner to receive the member rate.

AMA HOD INTERIM MEETING WRAP-UP

The American Medical Association (AMA) House of Delegates (HOD) addressed a number of timely issues during its November Interim Meeting in Honolulu, Hawaii. The Michigan Delegation joined



colleagues from 171 state societies, national specialty societies, sections, and services to debate, influence, and set AMA policy. Nearly 200 items of business were addressed.

Led by Mark C. Komorowski, MD, Chair and Paul D. Bozyk, MD, Vice Chair, members of the Michigan Delegation actively participated in policy making through testimony, council and committee membership, and networking. Michigan submitted five resolutions which are listed below.

Notably, Jann Caison-Sorey, MD, served on Reference Committee C (Medical Education), while also serving as Vice Chair of the AMA's Committee on Conduct at AMA Meetings and Events. Betty S. Chu, MD, MBA, and Pino D. Colone, MD, continue to serve on the AMA Council on Medical Service and AMA Council on Constitution and Bylaws, respectively.

Visit the AMA's website for highlights from the [AMA Special Meeting](#).

Michigan Resolutions at AMA Interim 2022:

310 (I-22) Enforce AMA Principles on Continuing Board Certification

Adopted as amended:

Policy H-275.924 was reaffirmed in lieu of the first Resolve of Resolution 310. The second Resolve of Resolution 310 was amended to read as follows: RESOLVED, That our AMA continue to publicly report its work on enforcing AMA Principles on Continuing Board Certification. (Directive to Take Action)

314 (I-22) Balancing Supply and Demand for Physicians by 2030

The following current policy was reaffirmed in lieu of Resolution 314:

- US Physician Shortage H-200.954
- Revisions to AMA Policy on the Physician Workforce H-200.955
- Primary Care Physicians in Underserved Areas H-200.972
- Educational Strategies for Meeting Rural Health Physician Shortage H-465.988
- Increasing Graduate Medical Education Positions as a Component to any Federal Health Care Reform Policy D-305.958

315 (I-22) Bedside Nursing and Health Care Staff

The following current policy was reaffirmed in lieu of Resolution 315:

- The Growing Nursing Shortage in the United States D-360.998

926 (I-22) Limit the Pornography Viewing by Minors Over the Internet

Adopted.

RESOLVED, That our AMA amend existing policy H-60.934, "Internet Pornography Protecting Children and Youth Who Use the Internet and Social Media," by addition to read as follows:

MSMS UPDATE

Our AMA:

- (1) Recognizes the positive role of the Internet in providing health information to children and youth.
- (2) Recognizes the negative role of the Internet in connecting children and youth to predators and exposing them to pornography.
- (3) Supports federal legislation that restricts Internet access to pornographic materials in designated public institutions where children and youth may use the Internet.
- (4) Encourages physicians to continue efforts to raise parent/guardian awareness about the importance of educating their children about safe Internet and social media use.
- (5) Supports school-based media literacy programs that teach effective thinking, learning, and safety skills related to Internet and social media use.
- (6) Actively support legislation that would strengthen child-centric content protection by internet service providers and/or search engines in order to limit the access of pornography to minors on the internet and mobile applications. (Modify Existing Policy)

927 (I-22) Off-Label Policy

The following current policy was reaffirmed in lieu of Resolution 927:

- Patient Access to Treatments Prescribed by Their Physicians H-120.988 ♦

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

STATE OF MSMS ADDRESS

Tom George, MD, MSMS's Interim CEO, delivered a State of MSMS Address to the membership on Wednesday, January 11, 2023 via Zoom.

As a long-time MSMS member, former state legislator, and practicing physician, Doctor George is providing leadership to ensure the Society is meeting the needs of its members while also building organizational sustainability for future success.

Doctor George shared his priorities for legislative and regulatory advocacy within the new state political environment, membership outreach and growth, and addressed important budget challenges.

[Click here to view the recording](#) or visit MSMS website's list of On-Demand Webinars.



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Is It Legal to Offer Discounts and Waive Patient Copayment & Deductible Obligations?

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

Q. *I am planning to build my private practice by offering patients discounts and/or to waive their copayment or deductible obligations. Is this legal? Must it be done on an "across the board" basis or can I instead be selective in deciding which patients to offer the waivers?*

A. Unlike other businesses physicians and others providing health care services are subject to constraints on their ability to determine the amount of the fees for their services and when waivers of copayments and deductibles is permissible. First, the terms and conditions of your contracts with third party payers must be considered. These contracts typically restrict your ability to discount your fee and waive copayment and deductible obligations. You must carefully review all these agreements prior to doing so.

Second, Michigan's Health Care False Claim Act (the "False Claim Act") makes it illegal to submit a claim for payment to a third party payer that contains a statement of fact or that fails to reveal a material fact that is misleading. Discounting a fee for a patient covered under a policy issued by a health care corporation or health care insurer or waiving such patient's copy or deductible obligation without disclosing this fact could constitute the submission of a claim which fails to reveal a material fact. In the absence of the disclosure it will appear to the health care corporation or health care insurer that your fee for the service provided was more than what was actually charged. Therefore, the claim may be deemed "deceptive" and "false" under the False Claim Act. The False Claim Act also prohibits the "rebate" of all or any portion of your fee if the rebate is given to a patient in consideration of that patient providing you a referral(s) to other patients.

Third, the Federal Department of Health and Human Services (HHS) has taken the position that the routine (i.e. "across the board") waiver of Medicare copayments and deductibles by health care providers could be a violation of the Federal False



Claims Act and the Federal Anti-Kickback statute. HHS' theory is that if the waiver of the patient's copayment and/or deductible was based upon any reason other than the patient's financial hardship (e.g. referrals of patients by the patient whose deductible or copayment had been waived) violations of these Federal statutes would likely be deemed to have occurred. In guidance issued by HHS, it has been made clear that only the "routine" Medicare and/or Medicaid copayments and deductibles would subject the health care provider to HHS scrutiny for violation of these Federal statutes. To the contrary, waivers of Medicare and/or Medicaid copayments and deductibles made on a case-by-case basis due to a finding of patient's financial hardship would not subject the health care provider to such scrutiny. To protect yourself the best practice is to have a written policy in effect in your practice setting forth the criteria that is used to determine when copayment and deductible obligations will be waived and to limit those waivers to only those cases where a financial hardship combined with a documented need for care is present. ♦



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!



MSMS Quarterly Membership Updates

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

**Please be sure to join Dr. Tom George on:
April 12th • July 12th • October 11th**



REDUCING PHYSICIAN BURNOUT MUST BE AN URGENT NATIONAL PRIORITY

By: Jack Resneck Jr., MD, AMA President



Although we hope the worst of the COVID-19 pandemic is now behind us, the stressors triggering record levels of physician burnout continue to mount. The contours of this crisis are painfully obvious by now.

As the nation experiences a “triple-demic” this winter filling hospital beds due to influenza, respiratory syncytial virus (RSV) and COVID-19, physicians continue to hold together a health care system stretched far too thin.

There is anti-science aggression by some in positions of power and influence, along with a well-coordinated onslaught of medical disinformation online

Escalating criminalization of normal health care in many states following the U.S. Supreme Court’s Dobbs decision is accompanied by increasing hostility and threats directed at medical workers.

Demoralizing Medicare payment cuts loom at the same time practices are dealing with surging costs amid labor shortages and supply chain interruptions.

Ever-growing administrative burdens, including prior-authorization obstacles erected by health plans, force physicians to spend hours each week fighting to get evidence-based treatments approved for their patients.

Taken together, these factors create a toxic environment that hampers physicians’ ability to do what drew us to medicine in the first place: deliver high-quality, compassionate care to our patients. We haven’t lost the will to do our jobs—but we are frustrated that our health care system is putting too many obstacles in our way.

How can members of a profession who put their lives on the line to lead our nation out of the pandemic now face such an uncertain future? And what happens to health care if we can’t

turn this around? The consequences are almost too dire to consider.

The most recent survey from the AMA, Mayo Clinic and Stanford Medicine showed an alarming 62.8% of physicians experienced symptoms of burnout in 2021, up from 38.2% the previous year. One of every five physicians intends to leave practice within two years, while one in three plan to cut back their hours, according to research published in Mayo Clinic Proceedings.

Add that to previous projections of a shortfall of up to 124,000 physicians by 2034. We can’t afford to lose large segments of the physician workforce, especially at a time when it’s already too difficult for our patients to find both primary care physicians and specialists.

Real answers to the problem

In my address at the 2022 AMA Interim Meeting, I raised concern about the immense pressures physicians now face and how organized medicine—at both the national and state levels—offers our most effective platform to create a better environment for patients and doctors. The answer won’t be found in telling physicians to be more resilient, set aside time for yoga, or enjoy a free dinner with their hospital CEO. While wellness is important, focusing on physician resilience blames the victim.

Instead, we must alleviate physician burnout by attacking its root causes at the system level. That has been a strategic priority for the AMA for more than a decade, and it is also a foundation of our [Recovery Plan for America’s Physicians](#).

Cause for optimism

We already know the difference between physicians who find joy and satisfaction in their work and those experiencing burnout. The former are thoroughly supported by the leaders and teams around them—working in practices or systems that value high-quality patient care and allow physicians to bring the full measure of their skills, training and experience to bear.

Their work is streamlined, through “de-implementation” of unnecessary tasks, seamless integration of digital tools with user-centered design, and engagement of staff to handle non-physician work. Everyone in these settings is working together in alignment to provide quality care and improve the patient experience.

Removing obstacles to care

But ultimately, burnout can only be eradicated by addressing the larger, systemic obstacles that frustrate physicians and make it unnecessarily difficult to deliver high-quality patient care.

That’s why the AMA is pushing to reform prior authorization. Insurers are so overusing this onerous cost-control tool that the average physician is now faced with filling out more than 40

continued on page 20

such requests each week—all too often for prescriptions that have been widely used for decades. This archaic, opaque process hurts patients, whose care is regularly delayed and denied. Momentum for reform is building, with progress in Congress and in many state legislatures.

At the same time, the AMA is supporting physician-led teams and fighting scope creep, reducing stigma surrounding mental health so that physicians can get help when they need it, battling in courts and legislatures against government interference in medical decision-making, and pushing back against disinformation and anti-science aggression. Each of these efforts is aimed at helping physicians to do the work that drew them into this profession in the first place: treating patients.

We are gaining traction and making progress, but much more remains to be accomplished.

We need to fix what's broken—and it's not the doctor.

TRY HARDER ISN'T THE FIX FOR PHYSICIAN BURN OUT. LEARN WHAT IS.

By: Marc Zarefsky, Contributing AMA News Writer

The prevalence of physician burnout during the first year of the COVID-19 pandemic was 38.2%, the lowest ever recorded. By the end of 2021, that percentage ballooned to 62.8%, the highest since the AMA first partnered with Stanford Medicine and the Mayo Clinic to track burnout among physicians in 2011.

As the burnout rate among physicians escalated, career satisfaction among physicians in 2021 plummeted to 30%, according to a study published in Mayo Clinic Proceedings.

"Two out of every three physicians is experiencing some sign of burnout. Only one in three physicians feels professionally satisfied," said Christine Sinsky, MD, the AMA's vice president of professional satisfaction.

The work that physicians do is so "inherently meaningful" that if two-thirds of doctors aren't feeling fulfilled by it, Dr. Sinsky said, then "you have to know that something is going wrong in that external environment in which we're working."

Dr. Sinsky co-wrote the study on changes in burnout and talked about the implications of its findings in a recent episode of "AMA Update."

Politicized care

This study was the fifth survey conducted by the AMA, Stanford Medicine and the Mayo Clinic. The previous four were distributed every three years and found high rates of burnout due to administrative burdens.

The last survey included feedback from November 2020 through March 2021—the tail end of the first year of the pandemic. Because of that unique timing, Dr. Sinsky and her colleagues wanted to conduct an additional survey to see how attitudes were changing as the pandemic wore on.

"This spike in burnout rates in the second year of the pandemic has to be a mix of both old issues and new factors," Dr. Sinsky said.

That may in part be due to "the introduction of politics into medical care," she added. Such politicization has likely "been a big strain for physicians."

"In the first year, physicians were the heroes. People were banging pots for them at shift change. Now, physicians are engaged often in really difficult conversations with patients who may not believe in the science of COVID, who don't believe in the treatments that are offered or that aren't offered."



Medical care becoming yet another political football has likely "added a new dimension of stress," Dr. Sinsky added.

Focus on environment of care

Dr. Sinsky cautioned against thinking that because only one-third of physicians feel professionally satisfied that there must be something wrong with the other two-thirds. While burnout manifests in individuals, she said, it originates in systems.

"We need to fix the workplace rather than focusing on fixing the worker," Dr. Sinsky said. "The worker isn't broken. It's really the environment that's been broken."

"If we start our work on burnout by saying to individuals, 'You just have to try harder,' I think we've started off on the wrong foot, and we're just not going to be successful. We have this opportunity to look at the environments where physicians and their teams work and find ways to unleash that latent professionalism, to find ways to increase the opportunities for people to live up to their aspirations."

To increase those opportunities, a lot of administrative burdens physicians deal with need to be addressed. Reducing the number of clicks in an EHR can save a lot of time, improve efficiencies, and ultimately help physicians feel more satisfied at work. Similarly, fixing prior authorization can make a big difference.

"Our overall goal is to help improve the conditions where joy, purpose and meaningful work are possible for physicians and their teams," Dr. Sinsky said.

Reducing physician burnout is a critical component of the [AMA Recovery Plan for America's Physicians](#).

Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care. ♦

UPCOMING EVENTS

February 8, 2023 ~ Licensing App, Renewal and CME Requirements

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

February 13, 2023 ~ Tri-County Legislative Committee Meeting

Live Virtual Meeting at 7:30 am. 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 macombcms@gmail.com or call 810-712-2546.

February 18, 2023 ~ Breast Cancer Screening Symposium

Operation Breast Density's inaugural symposium, 10 am – 2 pm, at MSU Management Education Center in Troy, 3 hours of CME credit for physicians, nurse practitioners and physician assistance. Tickets start at \$25.

March 8, 2023 ~ Cognitive Dysfunction in HIV and Alzheimer's: Similarities and Differences

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

March 15, 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.

April 5, 2023 ~ COVID Review

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

April 12, 2023 ~ MSMS Quarterly Membership Update

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

April 17-21, 2023 ~ HIMSS Global Health Conference & Exhibition

Held in Chicago, IL this conference is considered the most influential health information technology event of the year. Enter "MSMS" as the Referring Collaborator Organization to receive the HIMSS member rate on registration.

April 22-23, 2023 ~ MSMS House of Delegates

At The Henry, Autograph Collection, in Dearborn.

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

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

May 15, 2023 ~ Tri-County Legislative Committee Meeting

In-Person Meeting at 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 macombcms@gmail.com or call 810-712-2546.

July 12, 2023 ~ MSMS Quarterly Membership Update

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

September 18, 2023 ~ Tri-County Legislative Committee Meeting

In-Person Meeting at 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 macombcms@gmail.com or call 810-712-2546.

October 11, 2023 ~ MSMS Quarterly Membership Update

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

October 30, 2023 ~ Tri-County Legislative Committee Meeting

Live Virtual Meeting at 7:30 am. Physicians from Macomb, Oakland and Wayne counties will meet with local legislators from the tri-county area. Anyone interested in joining the meeting contact Heidi Leach at macombcms@gmail.com or call 810-712-2546.

Create your calm.

Pausing during the day and taking a few minutes for these simple yoga poses can decrease stress, relieve tension and create calm.



Cat-Cow

1. Inhale. Pull yourself upward.
2. Exhale. Curl your chin down, round your spine.
3. Perform 3-5 times.

Seated Spinal Twist

1. Turn and place right hand on the back of chair and the other on outer right thigh.
2. Inhale. Turn to the right, twisting from the hips. Gaze behind you, exhale. Stay for 6 breaths and release.
3. Inhale and repeat on other side.

Chair Upward Hand Stretch

1. Bring arms in front of you, interlocking fingers (palms out).
2. Inhale. Raise arms above head, exhale.
3. Inhale. Take shoulders away from the ears.
4. Exhale. Remain in the stretch for 3-6 breaths.

Seated Forward Bend

1. Inhale. Fold forward, bring torso to thighs.
2. Place hands on feet or hold on to elbows.
3. Take a deep breath, push torso toward thighs. Hold for 60 seconds.

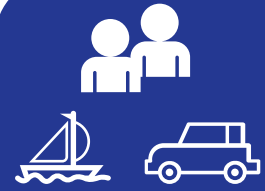
Find more calming tips at Michigan.gov/StayWell. Or, call 1-888-535-6136 and press "8" to talk to a Stay Well counselor, 24/7.



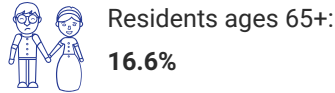
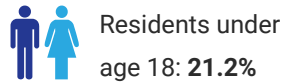
STAY WELL
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The material on this poster is for general information purposes only. MDHHS recommends these exercises only for people who are capable of performing them. Avoid any movements that cause pain or discomfort. MDHHS is not responsible for any damages arising from the use of the exercises. Talk with your health care provider before starting any new exercise program.

Macomb County, Michigan



Population Demographics :

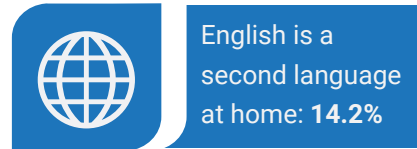
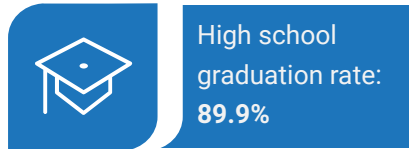


870,325
RESIDENTS

10.6% live below poverty.



Economic and Social Indicators :



Leading causes of death for Macomb County residents are:

Heart Disease: **25.5%**

Cancer: **21.0%**

Accidents: **6.1%**



Macomb County infant mortality rate: **5.7**



Pregnant women who received first trimester prenatal care: **75.3%**

Average commute time to work: **28 minutes**



Residents who get no leisure time physical activity: **27%**

Macomb County Health Department - Office of Health Planning 6/2021

DATA SOURCES: 2015-2019 ACS 5 year average; MDHHS Vital Statistics 5 year average; MI BRFSS 3 year average



Health Department

ADVERTISERS INDEX

CATARACT & EYE CONSULTANTS OF MICHIGAN..... pg. 12 HENRY FORD MACOMB OBSTETRICS & GYNECOLOGY..... pg. 17

MICHIGAN SENATE

Senate District 3

Sen. Stephanie Chang (D)

SenSChang@senate.michigan.gov

(517) 373-7346

Senate District 9

Sen. Michael Webber (R)

SenMWebber@senate.michigan.gov

(517) 373-0994

Senate District 10

Sen. Paul Wojno (D)

SenPWojno@senate.michigan.gov

(517) 373-8360

Senate District 11

Sen. Veronica Klinefelt (D)

SenVKlinefelt@senate.michigan.gov

(517) 373-7670

Senate District 12

Sen. Kevin Hertel (D)

SenKHertel@senate.michigan.gov

(517) 373-7315

Senate District 24

Sen. Ruth Johnson (R)

SenRJohnson@senate.michigan.gov

(517) 373-1636

Senate District 25

Sen. Daniel Lauwers (R)

SenDLauwers@senate.michigan.gov

(517) 373-7708



2023 Macomb County Legislator Contact Guide

MICHIGAN HOUSE

House District 10

Rep. Joe Tate (D)

Speaker of the House

JoeTate@house.mi.gov

(517) 373-085, (855) 737-2882

House District 11

Rep. Veronica Paiz (D)

VeronicaPaiz@house.mi.gov

(517) 373-0849

House District 12

Rep. Kimberly Edwards (D)

KimberlyEdwards@house.mi.gov

(517) 373-0852

House District 13

Rep. Lori Stone (D)

LoriStone@house.mi.gov

(517) 373-0845, (844) 337-3528

House District 14

Rep. Donovan McKinney (D)

DonavanMcKinney@house.mi.gov

(517) 373-0140

House District 57

Rep. Thomas Kuhn (R)

TomKuhn@house.mi.gov

(517) 373-1706

House District 58

Rep. Nate Shannon (D)

NateShannon@house.mi.gov

(517) 373-1794, (855) 926-3925

House District 59

Rep. Douglas Wozniak (R)

DouglasWozniak@house.mi.gov

(517) 373-0832

House District 60

Rep. Joseph Aragona (R)

JosephAragona@house.mi.gov

(517) 373-1785

House District 61

Rep. Denise Mentzer (D)

DeniseMentzer@house.mi.gov

(517) 373-1774

House District 62

Rep. Alicia St. Germaine (R)

AliciaStGermaine@house.mi.gov

(517) 373-0555

House District 63

Rep. Jay DeBoyer (R)

JayDeBoyer@house.mi.gov

(517) 373-1787

House District 65

Rep. Jamie Greene (R)

JaimeGreene@house.mi.gov

(517) 373-1775

House District 66

Rep. Josh Schriver (R)

JoshSchriver@house.mi.gov

(517) 373-0839

COMMITTEES

House – Appropriations

Donavan McKinney (D), District 14

Denise Mentzer (D), District 61

House – Family, Children & Seniors

Kimberly Edwards (D), District 12

Doug Wozniak (R), District 59

House – Insurance

Lori Stone (D), District 13

Joseph Aragona (R), District 60

House – Regulatory Reform

Joseph Aragona (R), District 60

Senate – Appropriations

Kevin Hertel (D), District 12

Veronica Klinefelt (D), District 11

Senate – Health Policy

Kevin Hertel (D), District 12

Veronica Klinefelt (D), District 11

Michael Webber (R), District 9

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Senate – Insurance & Banking

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Senate – Regulatory Affairs

Kevin Hertel (D), District 12

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Paul Wojno (D), District 10

Macomb Medicus Journal *of the Macomb County Medical Society*



The Macomb Medicus is the official quarterly journal of the Macomb County Medical Society. It is a full-color glossy magazine published both electronically and in hard copy format. It is a valued news source for our 600 plus physician members of all specialties and their staff throughout Macomb County. In addition to members the Macomb Medicus is sent to hospital executives, Michigan State Medical Society staff, other county medical society staff, and healthcare related businesses/organizations in Macomb County. The Macomb Medicus is read by an impressive cross section of the healthcare community and is electronically available on our website at www.macombcms.org.

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Heidi Leach, Executive Director & Managing Editor

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