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We in Healthcare are all too Familiar with the Opioid Crisis

By: Daniel M. Ryan, MD

I BRAVED A MAJOR SNOWSTORM A FEW WEEKS AGO TO ATTEND A RED WINGS GAME WHERE KEN DANIELS, THE LONGTIME TV BROADCASTER OF THE RED WINGS WAS SIGNING HIS BOOK, "IF THESE WALLS COULD TALK: DETROIT RED WINGS." It was awkward having him sign it for my 20 year-old son, who was standing next to me, because Ken had dedicated this book to his own son who was similar in age, before he died a year ago from an opiate drug overdose. Ken has been forthright in discussing his feelings of loss and the terrible opioid addiction crisis which affected him, his family, and which has been on the nightly national news. His son initially became addicted when given a narcotic after his wisdom teeth were pulled.

We in healthcare are all too familiar with the opioid crisis. Overdose deaths increased by 18% last year, most of them opioid related. Life expectancy has dropped in the United States for the first time in years due to deaths caused by overdosing. Opioids killed more citizens in the United States last year than either guns or motor vehicle accidents.

Where did this opioid epidemic crisis come from? Several entities are to blame. In 2001 the Joint Commission and The Centers for Medicare and Medicaid Services adopted patient satisfaction surveys, pain management standards, including pain level as a "fifth vital sign," with the expectation to obtain pain levels of zero. The obvious result of this directive is an increase in opioid prescriptions written. Physician and hospital advocacy groups are writing the joint commission and urging them to change pain management criteria. However, the criteria change may be forced upon them. Lawsuits are being pursued by entities claiming that the Joint Commission has spread misinformation about the risks of opioids and downplayed the addiction potential when prescribed for pain control.

Drug companies have successfully marketed narcotic medications and have wooed doctors to prescribe them. Recently, there have been several lawsuits by municipalities, including Macomb County, against drug companies for their aggressive marketing of narcotics that they allegedly knew were dangerous. The municipalities claim that manufacturers should be financially responsible for the costs associated with the opioid crisis and the increased public service costs. Just this month, Purdue Pharmaceutical agreed not to advertise their primary drug, oxycontin, due to the mounting pressure caused by the lawsuits.

Drug companies have successfully marketed narcotic medications and have wooed doctors to prescribe them.

Where do we go from here? At the national level, President Trump has declared opioids a National Health Emergency and created a commission to combat drug addiction. Fifty-six recommendations were made, most notably to increase funding to states, promote research and development of alternative non-opioid medications, and improving prescription drug monitoring. The state of Michigan is confronting the opioid epidemic in multiple ways. The state has received significant grant money to promote prevention and increase access to treatment by funding state initiatives. The Michigan senate has proposed laws requiring physicians to verify electronically their patient's pain medication history, and to have a documented strong patient/physician relationship before any narcotics can be prescribed. Promoting easier access to Narcan, including having it available in schools, has been proposed. The Office of the Attorney General has been treating drug trafficking deaths as homicides and is charging doctors and pharmacies who prescribe opioids without a medical purpose. Macomb County has been promoting awareness of local rehab centers and been informing the public that individuals may go into a police station, receive help, and not be charged.

As physicians remain the pawns between government oversight groups, pharmaceutical companies, and lawyers, and as the crisis is combatted at the national, state, and county levels, we must remember the Hippocratic oath, we must control pain only to maintain patient function, and we need to rid the stigma of addiction, as it is impacting someone each of us knows, even someone who simply had his wisdom teeth pulled.

MSMS BOARD OF DIRECTORS MEET, DISCUSS OPIOIDS, PRIOR AUTHORIZATION

By: Adrian J. Christie, MD; Kimberly Lovett Rockwell, MD, JD; Donald R. Peven, MD;

On January 31st, the Michigan State Medical Society (MSMS) Board of Directors met to address the opioid laws, prior authorization, and payer issues. Below are some of the highlights:

NEW PRESCRIBING LAWS ON OPIOIDS:

David Neff, DO, Chief Medical Director with the Michigan Department of Health and Human Services, presented to the board on the latest opioid laws that are now being implemented, despite organized advocacy by MSMS and other health care organizations:

- Informed consent when prescribing an opioid to a minor
- Informed consent when prescribing an opioid to an adult
- Mandatory MAPS check for controlled substances of quantities more than 3 days
- Limit prescriptions for opioids for acute pain to 7 days
- To prescribe controlled substance physician must have a bona fide prescriber-patient relationship
- When treating an overdose physician must provide info on substance use disorder services

Because 1,257 Michigan residents lost their lives to opioids in 2015 and Michigan ranks 10th in the nation for prescribing opioids, the Michigan Legislature was determined to pass bills that would reduce the supply. Even when MSMS presented compelling evidence of the impact on patient care and workflow, the legislative environment was not amenable to significant changes.

Michigan's investment in the new MAPS, grants for EHR integration, conflicting positions from the medical community, and the overdose statistics, made it difficult to convince the Legislature physician's concerns were warranted.

In the end, MSMS was able to secure a few significant changes:

- Delays on some of the implementation dates
- Excluded 3 day scripts for mandatory MAPS check
- Replaced "sanction schedule" for not pulling MAPS to a non-disciplinary warning letter

To assist with compliance, MSMS along with Michigan Academy of Family Physicians, and Michigan Osteopathic Association have partnered to create the following resources:

- Opioid Law Alert
- Frequently Asked Questions
- Sample Consent Forms
- Webinars on registering and utilizing MAPS

MSMS has begun educating physicians on the current prescriber requirements; however, MSMS will make every attempt to improve the bills through:

- Identifying specific points that require legislative reform (i.e. schedule 2-5, requirements for patient consent);
- Identifying issues that could be addressed through regulation and work with appropriate state agencies; and,
- Convening physician leadership meetings with Michigan lawmakers.

PAYER ISSUES:

Informational reports included:

Down-coding. Several large member groups have notified MSMS to Blue Care Network's (BCN) recent practice of down-coding Evaluation and Management (E&M) services without reviewing the medical record. It appears they are reviewing the diagnosis code(s) and determining the diagnosis does not meet the medical necessity of the level of E&M service code. MSMS has conducted a series of meetings with legal counsel to discuss the legality and options available to challenge this practice. An in-depth discussion with the BCN medical directors is scheduled for the February Tri-Staff meeting.

Knee Injections. BCBSM and BCN commercial plans will not cover hyaluronic acids, beginning April 1, 2018. BCBSM and BCN states there is insufficient evidence that hyaluronic acid therapy improves the net health outcome in patients with knee osteoarthritis. After discussing this at the January Tri-Staff meeting, MSMS will be facilitating a meeting with BCBSM, the Michigan Orthopedic Society and the Michigan Rheumatology Society.

Breast Tomosynthesis. Breast tomosynthesis is an advanced form of breast imaging, or mammography, that uses a low-dose x-ray system and computer reconstructions to create three-dimensional images of the breasts. Based on recent discussions with the Michigan Radiological Society, MSMS requested BCBSM to revisit this procedure and consider it for payment. The BCBSM Committee on Medical Affairs reviewed the latest clinical data and agreed cover starting March 1.

Post Delivery LARC Insertion. MSMS is working with a multi-

stakeholder group to advocate for payment of long acting reversible contraceptive (LARC) insertion post-delivery. MSMS has spoken to several payers who are supportive however, because post-delivery care is paid through a DRG code, plans have reservations regarding unbundling or carving out LARCs. MSMS will continue to work with its partners to determine feasibility of revising the payment model.

MSMS LAUNCHES WEBPAGE BeAWARE: REVERSING THE OPIOID EPIDEMIC

On Dec. 27, 2017, the Michigan Lieutenant Governor signed into law several new requirements aimed at combating the opioid epidemic. These new laws will have direct implications for physicians and medical practices. MSMS has created and collected many resources to help physicians and their staff understand the new requirements. To view these resources visit http://MSMS.org/BeAWARE

MICHIGAN PHYSICIANS BOOST STATE'S ECONOMY

New study demonstrates that physicians support over 300,000 jobs and generate nearly $52 billion in economic activity

Michigan physicians fulfill a vital role in the state's economy by supporting 305,298 jobs and generating $51.9 billion in economic activity, according to a new report, The Economic Impact of Physicians in Michigan, released today by the Michigan State Medical Society (MSMS) and the American Medical Association (AMA).

"Michigan physicians pride themselves on providing outstanding quality care to their patients, and clearly, that aim provides a real spark to our state's economy," said Cheryl Gibson Fountain, MD, President of MSMS. "This study demonstrates the true extent of the positive impact Michigan physicians have, serving as job creators and revenue generators within our communities, in addition to delivering outstanding care to the patients we serve."

The study quantifies the economic boost that 23,591 active patient care physicians provide to the state's economy, producing a ripple effect that is felt statewide. The study measures physicians' impact using four key economic indicators:

1. **Jobs:** Physicians support 305,298 jobs in Michigan (including their own). On average, each physician supports 12.94 jobs.
2. **Economic activity:** Physicians generate $51.9 billion in economic output. Each physician generates $2,198,139 for the state economy on average.
3. **Wages and benefits:** Physicians contribute $24.8 billion in total wages and benefits paid to workers across Michigan, empowering a high-quality, sustainable workforce. Each physician contributes $1,049,160 to workers' wages and benefits on average.
4. **State and local tax revenues:** Physicians' contribution to the Michigan economy generates $1.9 billion in state and local tax revenue -- translating to $83,979 for each physician on average -- enabling community investments to be made.

"The positive impact of physicians extends beyond safeguarding the health and welfare of their patients," said AMA President David O. Barbe, MD, MHA. "The Economic Impact Study illustrates that physicians are woven in their local communities and have a vital role in fueling state economies by creating jobs, purchasing goods and services, and supporting service through the tax revenue they generate."

The study found that, in comparison to other industries, patient care physicians contribute more to the state economy than each of the following: higher education, nursing and community care facilities, legal services and home health industries. To view the full report and an interactive map, please visit www.PhysiciansEconomicImpact.org.

Continued on pg. 6

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 mcms@msms.org or macombcms@gmail.com with newsworthy information. *Publication is subject to availability of space and the discretion of the Editor.*

MSMS'S LEGISLATIVE PRIORITIES

The Michigan State Medical Society legislative agenda, is as follows:

1. Insurance and Regulatory Advocacy

- Support mental health parity
- Advocate for adequately sized physician networks
- Regulate narrow networks
- Appropriate access to telemedicine
- Advocate regulation of silent PPO/rental networks
- Reduce unnecessary administrative costs:
  - i. Streamlined credentialing
  - ii. Streamlined claims processing
  - iii. Reducing benefit variability
- Oppose attempts to legislatively mandate pay-for-performance
- Oppose legislative attempts to weaken Michigan's automobile no-fault insurance laws
- Seek repeal of the certificate of need
- Oppose ownership of medical practices by non-physician corporate interests
- Ensure regulatory changes to individual health insurance market are appropriate and fair to physicians and consumers
- Support policies to minimize "bad debt" to physician practices

2. Public Health and Prevention

- Restore Michigan's helmet law
- Support vaccine availability
- Support wellness incentives
- Appropriate access to pain medication/reduce prescription drug diversion
- Reduce childhood environmental hazards
- Support efforts to reduce unintended pregnancies
- Support school-based nutrition and exercise standards

3. Professional Liability

- Preserve existing tort reforms
- Advocate for higher negligence thresholds in medical liability cases
- Eliminate the lost opportunity doctrine
- Restore legislative intent of tort reforms related to meaningful caps on non-economic damages
- Restore legislative intent of tort reforms related to court rules and procedures to level the playing field for physicians
- Seek pilot projects of medical courts and other non-judicial alternatives to the tort system
- Advocate liability relief for legislatively mandated standards of practice

4. Physician Supply and Training

- Increase graduate medical education funding at state level
- Minimize burden of medical school debt
- Support for a Physician Primary Care Scholarship program

5. Medicaid

- Seek funding parity with Medicare
- Oppose taxes that are limited only to physicians
- Seek funding sources that are fair and sustainable
- Support Medicaid Expansion
- Tax credits for physicians to encourage participation with Medicaid
- Ensure access to primary care physicians and sub-specialty physicians

6. Insurance Contracting Reform

- Limit retroactive audit timeframes
- Support adequate disclosure of fee screens
- Limit extrapolation of penalties during audits
- Reform co-pay requirements
- Support "for-cause" termination
- Support non-discrimination of qualified physicians
- Prohibit "all products" clauses
- Create a reasonable definition of "covered services"
- Advocate standards for amending contracts
- Support payment accountability

7. Scope of Practice

- Support education over legislation as the means of increasing scope of practice
- Oppose independent prescriptive authority by non-physicians
- Oppose surgical privileges for non-physicians
- Oppose direct access to physical therapy
- Support the physician-led team based approach to health care
- Support patient right-to-know/health professional credentials disclosure

Henry Ford Macomb Hospital

HENRY FORD MACOMB HOSPITALS ACQUIRES ROBOTIC EXOSKELETON:

Modern technology helps patients learn to walk again

Patients who have suffered a stroke or spinal cord injury now have access to a new wearable robotic exoskeleton as part of their rehabilitation at Henry Ford Macomb Hospitals. The Ekso GT, manufactured by Ekso Bionics, is state-of-the-art equipment designed to speed up the recovery process and offer better outcomes by getting patients back on their feet sooner. It takes some patients from being wheelchair dependent to being able to stand up and walk again. This technology is also beneficial for other neurological conditions that affect a patient's gait.

The device assists patients who have leg weakness and fills in the gap between where the patient is currently functioning and the strength normally needed to walk, while supporting the re-learning of correct step patterns and weight shifting. Using the Ekso helps to stretch and strengthen muscles. It pushes patients to go further distances, building up to 200 to 300 steps and standing for at least half an hour. Most importantly, it helps re-teach the brain how to walk correctly.

"Having a stroke is like your brain's computer has crashed. You forget how to do simple things. The Ekso GT technology is equivalent to re-writing the program in your brain that tells your body how to walk," said Henry Ford Macomb physical therapist Ron Angeles.

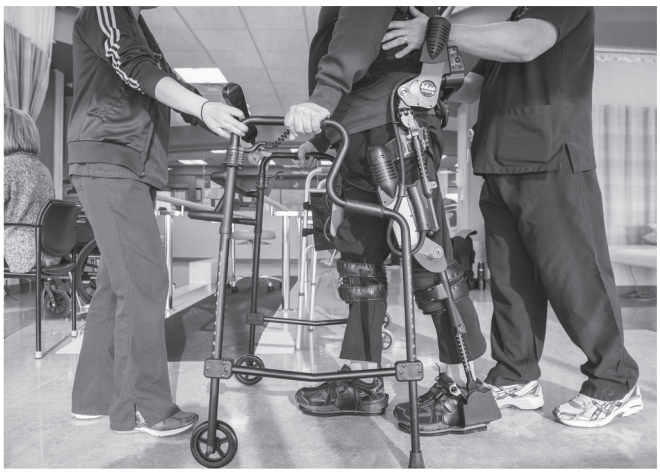
The ability for the brain to re-organize and re-learn after damage is the basis for this technology. By guiding the body into the proper movement patterns, it guides the brain to build the correct blueprints. The patients can then use these blueprints to walk with less difficulty, less assistance and a more fluid gait pattern after training with this exoskeleton.

It also significantly reduces the physical demand usually placed on the therapist when working with this population of patients, making it much safer for the patient and therapist.

Henry Ford Macomb is one of only a few places in Michigan to offer the Ekso GT. The value of the equipment and four years of service, a gift to the hospital from a private donor, is $200,000.

"We were excited to receive this generous gift that has advanced the standard of care offered by our rehabilitation program," said Marty Beaulac, regional director of Neurosciences and Rehabilitation Services. "We're confident that it will help many patients to regain their strength, mobility and independence as part of a complete rehabilitation plan."

For more information, phone (586) 263-2481.



Jerome Busam of St. Clair Shores, who suffered a stroke in December 2017, regains muscle control with the help of the Ekso GT and Henry Ford Macomb Hospital physical therapists Ron Angeles and Angeline Ellena.

TEMPORARY VISITOR RESTRICTIONS IMPOSED AT HENRY FORD HOSPITALS

Henry Ford Health System is implementing temporary visitor restrictions at its hospitals to help protect patients, employees and visitors from the spread of flu illness.

Flu activity is increasing across southeast Michigan, Michigan and nationally. The most recent surveillance shows Michigan with regional activity, according to the Michigan Department of Health & Human Services.

"With flu activity expected to increase in the coming weeks, we are taking this measure for the health and safety of our patients, employees and visitors against the spread of flu illness," says Katherine Reyes, MD, MPH, Henry Ford's medical director of Infection Prevention and Control. "These restrictions will be lifted at the end of flu season."

Visitor restrictions take effect immediately at Henry Ford Hospital, Henry Ford Macomb Hospital, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital and Henry Ford Allegiance Health:

- Visitors are limited to those 12 years and older.
- Patients who have flu-like symptoms and have scheduled appointments or procedures should wear a mask and maintain proper hand hygiene.
- Visitors who have flu-like symptoms are asked not to visit until their symptoms improve.

Flu-like symptoms come on suddenly and include the following:

- Fever
- Extreme tiredness
- Headache
- Muscle aches
- Cough
- Sore throat

Antiviral medicines are available to treat flu, and are recommended to be given early, especially to those with severe disease or at high risk for complications.

The flu shot is the best protection against the flu, says Dr. Reyes. "It's not too late to get the flu shot. It protects you and those around you."

Henry Ford Macomb Hospitals' rehabilitation services are the most comprehensive in the region, designed for people of all ages, illnesses and physical conditions. A highly specialized inpatient program is available at the Clinton Township hospital. Specialty programs are offered for a variety of diagnoses, including stroke, head injury, neuropathy and myopathy, spinal cord injury, peripheral nerve injury, multiple trauma, hip fractures, amputation, polyarticular arthritis, orthopedic dysfunction and joint replacement. Outpatient services are available at seven locations throughout Macomb County.

Are You Using DocExchange to Connect with Colleagues?

MSMS DocExchange

WE WANT TO REMIND YOU THAT DOCEXCHANGE IS LIVE AND OPEN TO ALL MSMS MEMBERS AND STAFF! This collaborative tool provides you with access to networking and educational opportunities, as well as an easy-to-use discussion forum where you may connect, engage and share information and best practices with other MSMS members and staff.

DocExchange is your go-to place to connect, ask advice and share expertise about all things health care or MSMS. You can even share large files without cluttering your inbox!

DocExchange's main discussion group, MEDTalk, is available to all members and staff. Each member already has a customizable profile, so take five minutes to log in and complete your profile and start making connections!

Log in at http://docexchange.msms.org. Your username and password are the same as what you use for the MSMS website. If you're not sure what your login information is, click on the 'Reset Password' link and follow the prompts: https://msms.org/login.

St. John Macomb Oakland Hospital

ST. JOHN HOSPITAL BECOMES EAST SIDES ONLY LEVEL 1 TRAUMA CENTER

St. John Hospital & Medical Center (SJH&MC) has recently been verified as an Adult Level One Trauma Center by the American College of Surgeons (ACS), the national organization responsible for evaluating and verifying hospitals as designated Trauma Centers. SJH&MC is the only verified Level One Trauma Center on the Detroit's east side.

Additionally, St. John Providence Children's Hospital located within SJH&MC, maintained the rigorous requirements to be re-verified as a Level Two Pediatric Trauma Center by the ACS, and remains the only verified Pediatric Trauma Center on the east side of Detroit.

Achieving Level One Trauma Center verification reflects the importance of the services that St. John Hospital provides to the community and region. Level One Centers function as a regional resource that are tertiary care facilities central to the trauma system. St. John Hospital continues to be a leader in providing high quality care to trauma patients across the continuum of care, from injury prevention to rehabilitation.

Services available at SJH&MC include 24-hour in-house coverage by board certified Trauma Surgeons, as well as in-house coverage for a variety of other specialties, including: Neurosurgery, Orthopedic Surgery, Pediatric Surgery, Anesthesiology, Emergency Medicine, Radiology, and Adult and Pediatric Critical Care.

Other specialty providers, including: Vascular Surgery, Cardiothoracic Surgery, Otolaryngology, Oral Maxillofacial Surgery, Plastic Surgery, Internal Medicine and Physiatry are available to provide high quality, evidenced-based care to trauma patients. Additional multidisciplinary resources such as RNs that receive specialty trauma training, social workers/ case managers, dieticians, chaplains, physical, occupational and respiratory therapists, work closely with the Trauma Service to provide exceptional care to trauma patients and their families.

Achieving Level One Adult verification and maintaining Pediatric Level Two verification indicates the commitment and the mission of SJH&MC to provide optimal trauma care.

Congratulations to the team that enabled SJH&MC to achieve Level One Trauma Center designation.

Front row, l-r: Lisa Hill, Joseph Buck, MD, SJH&MC Trauma Program director, and Karrie Brown.

Back row, l-r: Sheryl Hurst, Carrie Jo Kuhle, Melissa Jeffrey, Sarah Ruman, Melissa Cunningham and Lauren Paselk. Not pictured: Kathleen Waderlow.

ST. JOHN MACOMB-OAKLAND CARDIOLOGIST IS THIS YEAR'S GO RED MEDICAL DIRECTOR

Joan Crawford, DO, is the medical director of Noninvasive Cardiology and the Faculty Cardiology Fellowship Program at St. John Macomb-Oakland Hospital. This year she is also lending her expertise to the important cause of educating women about heart disease as the medical director for the 2018 Go Red for Women, American Heart Association Greater Detroit Area. Heart disease and stroke cause 1 in 3 deaths among women each year - more than all cancers combined. Fortunately, that's a statistic that can change because 80 percent of cardiac events can be prevented with education and lifestyle changes.

As part of the Go Red effort, Dr. Crawford has been speaking about women and heart disease all over tri-county area. When women know more they are better able to take care of themselves and/or a loved one who may be experiencing a stroke or heart attack.

ST. JOHN MACOMB-OAKLAND DOC IS OSTEOPATHIC PHYSICIAN OF THE YEAR

The American College of Osteopathic Family Physicians (ACOFP) has selected Saroj Misra, DO, as its Osteopathic Family Physician of the Year. Dr. Misra is on staff at St. John Macomb-Oakland Hospital and specializes in a field of medicine that cares for "all people, all types, from the very young to the very old, and requires you to keep a very broad mind about everything, and not only that, but requires you to be a very good communicator." That philosophy has made Dr. Misra a well-regarded member of the St. John Providence Medical Staff. In fact, Dr. Misra was asked last year to be one of the featured physicians in an Ascension Michigan marketing campaign that focused on the importance of making a connection with and listening to every patient. Dr. Misra will be honored at the ACOFP annual convention in March.

SJH&MC HOSTS 3RD ANNUAL ENDOSCOPIC CONFERENCE

St. John Hospital & Medical Center hosts "Advances in Endoscopy" on Saturday, March 3, 7:15 a.m.-4:30 p.m., at the Townsend Hotel in Birmingham. The one-day conference features national and international experts, who will present updates and information on new developments and the latest advances in endoscopy, including:

- Bariatric Endoscopy
- Tissue Regeneration of the Esophagus
- Esophageal Motility Disorders
- POEM for Esophageal Motility Disorders
- Three EUS sessions:
  - Evaluation of Pancreas Cyst
  - Tissue Acquisition: FNA vs. FNB
  - Guided Ductal Drainage
- Advances in ERCP: From training to Cholangioscopy

The conference is free to St. John Providence clinicians and $50 for all others. For more information and/or to register, call 866-501-DOCS (3627) and select Option 3.

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 810-387-0364 or email mcms@msms.org and let us know how patients can retrieve their records. If the records have been destroyed, please inform us of that also so we can note our database accordingly. Thank you!

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UPCOMING EVENTS

APRIL 18 MSMS conference "A Day of Board of Medicine Renewal Requirements", earn the new mandated Michigan Board of Medicine CME all in one day. MSMS Headquarters in E. Lansing, 9 am - 2:45 pm. Credits: 5 AMA/PRA Category 1 Credits, cost $200 for MSMS members ($280 for non-members). For more information or to register visit www.msms.org/education or call 517-336-7581.

APRIL 28 & 29 MSMS House of Delegates, at The Henry in Dearborn.

MAY 9 MSMS conference "Taking Control of MACRA", MSMS Headquarters in E. Lansing, 9 am - 3:15 pm. Credits: 5 AMA/PRA Category 1 Credits, cost $195 for MSMS members ($275 for non-members). For more information or to register visit www.msms.org/education or call 517-336-7581.

MAY 17 & 18 ~ MSMS Spring Scientific Meeting, at The Doubletree Hilton Hotel in Dearborn. Credits: 16.25 AMA/PRA Category 1 Credits. For more information or to register visit www.msms.org/education or call 517-336-7581.

OCTOBER 3 ~ MSMS conference "A Day of Board of Medicine Renewal Requirements", earn the new mandated Michigan Board of Medicine CME all in one day. MSMS Headquarters in E. Lansing, 9 am - 2:45 pm. Credits: 5 AMA/PRA Category 1 Credits, cost $200 for MSMS members ($280 for non-members). For more information or to register visit www.msms.org/education or call 517-336-7581.

ON-DEMAND WEBINARS MSMS has a catalog of on-demand webinars available, allowing you to watch and learn at your convenience. Check out the available series in the following categories: Practice Transformation, Clinical, Leadership, HIT, and Billing and Coding. Visit http://MSMS.org/OnDemandWebinars

Watch for emails and fliers with the details of upcoming events.

Does the MCMS have your email address? If not, send it to us at macombcms@gmail.com or call 810-387-0364 so that we can keep you informed!

Change of Address? Let us know! Call 810-387-0364 or Email us macombcms@gmail.com any changes.

WHAT PHYSICIANS NEED TO KNOW ABOUT HOW TO REACH LAWMAKERS

By: Andis Robeznieks, Senior Staff Writer, AMA Wire

There are several ways to let lawmakers know your views on pending legislation or policies. And there are ways physician advocates can ensure that their message registers and resonates whether it's delivered in person, over the phone, by email or letter, or via social media.

In "Congressional Check-Up, A Guide to Physician Advocacy" AMA experts provide tips on how doctors can make their voices be heard with thoughtful and deliberate engagement. They add that "it's imperative members of Congress hear from you while they create, debate and enact healthcare legislation."

The guide notes that in-person visits can be a very effective way to discuss legislative issues and priorities.

"One-on-one is still the best way to communicate, when you can shake their hand and look them in the eye," said Henry Dorkin, MD, president of the Massachusetts Medical Society (MMS).

An in-person visit requires careful planning and establishing clear goals for the meeting.

Start by contacting the legislator's scheduler and request a meeting with the lawmaker and their health legislative assistant. Explain the purpose of the meeting, the issues you want to discuss, and whom you represent.

Experts warn against being let down if you only meet with staff and to be respectful, because their youthful appearance doesn't mean that they are not well informed.

"If you meet with an aide, don't feel insulted," said MMS past President Dennis Dimitri, MD. "They may be young, but they're bright, hard-working, and they write most of the legislation."

He recommends staying in touch with the legislative assistants you meet, finding small things you can agree on and building a relationship from that.

Visitors should arrive on time, but not be surprised if the lawmaker is late, cannot attend or if the meeting is interrupted.

Carole Allen, MD, a member of the MMS Board of Trustees and a former American Academy of Pediatrics board member, offers advice on that last part, as votes, hearings or other matters often call a senator or representative away from a meeting.

"Make your main point clearly, simply and early," she stressed. "If you wait, you may not get to make it."

It's good to prepare an agenda and to rehearse your presentation to help the meeting stay on point.

Make Patients the Focus of Stories

"If you're telling a story, don't get pulled off on details that don't matter," said Rob Jordan, AMA political and legislative grassroots director. And, if you're telling a story, make it about your patients who are the lawmaker's constituents.

"The biggest mistake physicians make is that they don't start with a patient-centered story," said Colorado State Sen. Irene Aguilar, MD, who was a 2015 recipient of the AMA's Nathan Davis Award for Outstanding Government Service. "If they can make it clear how an issue affects patients, it makes it better."

Dr. Aguilar, the former chair of the Colorado Senate Health and Human Services Committee, said she knows that her fellow lawmakers lose interest when a physician begins a visit or correspondence with "This is going to make it hard for me."

"We emphasize the issue," said Donald Palmisano Jr., executive director of the Medical Association of Georgia (MAG). "The issue is the issue, but legislators want to know its impact on patients and medical practices. Physicians have real-life stories to tell their legislators and can say: 'This is what we're seeing and this is what's happening to your constituents.'"

Other advice the AMA guide offers include:

Know the counter-arguments to your position. Anticipate questions or potential pushback and prepare a response.

Outline how you and your group can assist the lawmaker to achieve common goals. "What doctors have going for them is credibility," Dr. Allen said. "Make yourself available as a resource they can count on if they need information."

Bring visual aids and other informational material to leave with the staff. "Make it a one-pager and not a 10-pager," Dr. Allen said, adding "always bring business cards."

In short, Dr. Dimitri recommends these general principles for an in-person meeting: Don't be confrontational, bring data, and tell stories.

Phoning it in

Many of the same rules apply for phone calls. The AMA's guide recommends calling legislators at both their capital office where their issue experts are located and their local offices. If you don't know a lawmaker's phone number, you can connect via the AMA Physicians Grassroots Network at (800) 833-6354.

Get it in Writing

Written communication via email or a personal letter are most effective early in the legislative process and help frame future interactions, according to the AMA guide. AMA action alerts can help organize messages that can be supplemented with personal stories.

In this day of texts and other instant forms of communication, Jordan notes that "People still write letters and people still read them."

"If it's a personally written letter, as opposed to a form letter, it gets more attention," Dr. Aguilar said.

She added that her office receives a lot of letters and emails but they are not dismissed, even if they are not carefully read. They are tabulated to help gauge public sentiment on issues.

"What legislators tell us is that mass emails don't get their attention, but a personal email does," said MAG President Frank McDonald, MD. "It also helps if you have a personal relationship. If they don't know who you are, your views may not matter as much."

The AMA guide suggests using personal or business stationary if possible. It notes that, while hand-written letters are persuasive, they do go through a security check which may add weeks to their delivery. Dr. Allen concurs.

"Snail mail takes forever to get to them because it is screened," she said. "So, written correspondence is best sent electronically or by fax."

Don't be Anti-Social

With social media there is "a general fear" that something will be taken out of context and misrepresent one's position, said Maryanne Bombaugh, MMS vice president and an AMA delegate.

"We have not totally utilized social media as best we can," said Dr. Bombaugh, who previously chaired the MMS Committee on Legislation and chairs her state's chapter of the American Congress of Obstetricians and Gynecologists. "We can do better."

The AMA guide touts the ability to directly reach every member of Congress via Twitter and Facebook.

"When people leverage this unfettered access with specific, consistent messages or direct calls to action about a time-sensitive issue or upcoming vote, it can yield powerful results," the AMA guide states. "Also, while members of Congress are on recess, engage with them on social media as they are more likely to be personally using their accounts."

Previously, Twitter messages were limited to 140 characters, but that was recently doubled. Still, Jordan said the limited-character count remains a positive aspect of tweeting.

"The medium lends itself to being concise - which is always a good idea," he said.

THESE FACTORS INTERFERE WITH PHYSICIANS' IT ADOPTION

By: Sara Berg, Senior Staff Writer, AMA Wire

A new survey builds on a 2016 AMA survey of 1,300 physicians and aims to deepen the understanding of why doctors do or don't adopt new digital health solutions. The research finds that physicians have concerns about technology's efficacy and evidence base. They also are apprehensive about IT's impact on payment, liability and quality of care. Physicians are eager for solutions that give them back more face-to-face time with patients.

"Digital health is the sort of Wild West of medicine and health care right now," Kate Kirley, MD, a family physician and director of chronic disease prevention at the AMA, said during a presentation at the Connected Health Conference in Boston. "It's one of the new frontiers that we are all attempting to tame."

The study found that physicians have four key questions about digital health:

- Does it work?
- Will I get paid?
- Will I get sued?
- Does it work in my practice?

To explore that last question, researchers from Partners HealthCare Center for Connected Health and the AMA decided to conduct a study focused on how the technology will work in a physician's practice. The "Physician Adoption of Digital Health Technology" study was conducted by researchers at the AMA in collaboration with Partners HealthCare. The collaborative research team was led by principal investigator Kamal Jethwani, MD, MPH, senior director of Connected Health Innovation at Partners HealthCare, and co-investigator Dr. Kirley.

"We wanted to take that deeper dive and start to explore some of the facilitators and barriers of physician adoption of digital health solutions," she said.

Thousands of papers; little talk about adoption

The study was initially narrowed down to papers and other work published on hypertension management using connected health technologies. When researching this information, the team addressed the barriers and facilitators to implementation and adoption of successful digital health. A series of secondary questions were also included.

To conduct the study, the team performed internal program reviews, scope reviews - this looked at the total body of literature published and unpublished - and social media listening. With talk about digital health, the research team understood that not everything gets published, which is why

listening for provider adoption on social media was an important addition.

"What we started seeing is even though we had over 3,000 papers, not many of them actually talked about provider adoption. They weren't studying it, they weren't talking about it and they weren't mentioning it," Dr. Jethwani said. "We actually ended up with only 57 studies with any mention of provider adoption."

Among the included studies, more than half (56 percent) of the digital health solutions had been implemented in primary care settings, while 19 percent were in specialty settings and 25 percent in both. Researchers determined that outcomes results were needed for patients and physicians.

"That interplay is very important. If you have a lot of unengaged patients, the provider is going to lose interest," Dr. Jethwani said. "If you have an unengaged provider, the patients lose interest after a point."

Physicians face 100 frustrations a day

While the information provided at the Connected Health Conference was not final, the interim results showed key facilitators of adoption for physicians included:

- The availability of additional resources and training.
- Access to accurate data.
- Positive impact on quality of care.
- Evidence base for the digital health solution.

"All of these things really speak to the idea that for physicians to adopt a digital health solution, they need to feel very comfortable with the idea that this solution is going to help them take better care of their patients," Dr. Kirley said. "This is why we got into this in the first place as physicians - we want to take care of our patients."

"If a solution can provide evidence and can demonstrate that it's going to help us take care of our patients, then we are going to be all the more likely to adopt that solution," she added.

Every day, the average physician encounters about 100 frustrations that bug, challenge or interfere with doctors fulfilling their mission, Dr. Kirley said. But since physicians are too often overloaded, of those 100 frustrations doctors often only attempt to deal with or correct about two or three.

"If you think about that and these findings, if a given digital health solution is one of those frustrations, the chances that a physician is actually going to continue to use it or find a way to make it work - it's not going to happen," she said. "If there is any sort of piece of this solution that is frustrating or logistically challenging for a physician, they're not going to use it."

When looking at physician feedback, Dr. Kirley shared one physician's response, "We need to know that the data is accurate and reliable to take action based on it." She emphasized the importance of this, especially in the context of hypertension.

"We know that when physicians are presented with blood pressure measurements, they frequently don't trust the validity or accuracy," she said. "And that's true of both measurements that happen in the clinic as well as measurements that happen outside of the clinic."

So, Dr. Kirley asked, "What happens when a physician gets an elevated measurement, but they don't trust the accuracy of that data?" She said many physicians will ignore it and won't adjust their patient's therapy.

"This is one of the key reasons we know from our research why we still have such a high rate of patients with uncontrolled hypertension in America," she said. "Accuracy of data is really important for physicians in using a solution."

Away from screen, back with patients

And with digital health solutions often comes a loss of face time with patients. Dr. Kirley shared an experience in which her patients have asked, "Are you even typing anything?" To which she explained that she was documenting what they were saying. However, the process is exhausting.

"I want to have a good interaction with my patient, but at the same time I need to get my documentation done," Dr. Kirley said. "I don't want to stay up until midnight closing my charts."

"One of the challenges I really want to put forth to those of you who are innovators is if you can develop a digital health solution that takes me away from my screen and gives me back to my patients, that is something I am very interested in and it is something we saw a lot of in our social listening piece," she added.

"A lot of themes are common between patients and providers," said Dr. Jethwani. "As innovators and startup company executives, this makes your life easier because if you address the same exact issue, it is going to help on both sides of the aisle."

"If we are able to solve the system issue using digital health, then the patient-provider relationship can improve drastically because now you're actually creating a meaningful relationship," he added.

To ensure new digital health solutions facilitate effective care and relationships between patients and physicians, the AMA brings the physician voice to innovators and entrepreneurs. By recognizing the key challenges physicians face when implementing health IT and the increase of direct-to-consumer digital health apps, the AMA aims to help physicians navigate and maximize technology for improved patient care and professional satisfaction.

The AMA is focused on influencing health IT with the goal of enhancing patient-centered care, improving health outcomes and accelerating progress in health care.

DIGITAL PLATFORM MAKES IT EASIER TO FIND THE RIGHT IT SOLUTION

By: Sara Berg, Senior Staff Writer, AMA Wire

The AMA recently began a collaboration with Lucro, a health care technology company in Nashville, to improve physician engagement in purchasing decisions.

New Members

JONATHAN RAVI GUPTA, MD

Diagnostic Radiology - Board Certified

Medical School: American University of the Caribbean (St. Maarten), 2011. Post Graduate Education: St. Joseph Mercy Oakland, completed 2016; Henry Ford Hospital, completed 2017. Hospital Affiliation: Henry Ford Macomb, St. John Hospital & Medical Center. Currently practicing at Eastpointe Radiologists, 36175 Harper Ave., Clinton Twp., MI 48035, Ph. 586-741-3772, Fx. 586-741-4604, website: www.eastpointeradiologists.com.

SHARON M. MCMANUS, DO

Pediatrics - Board Certified

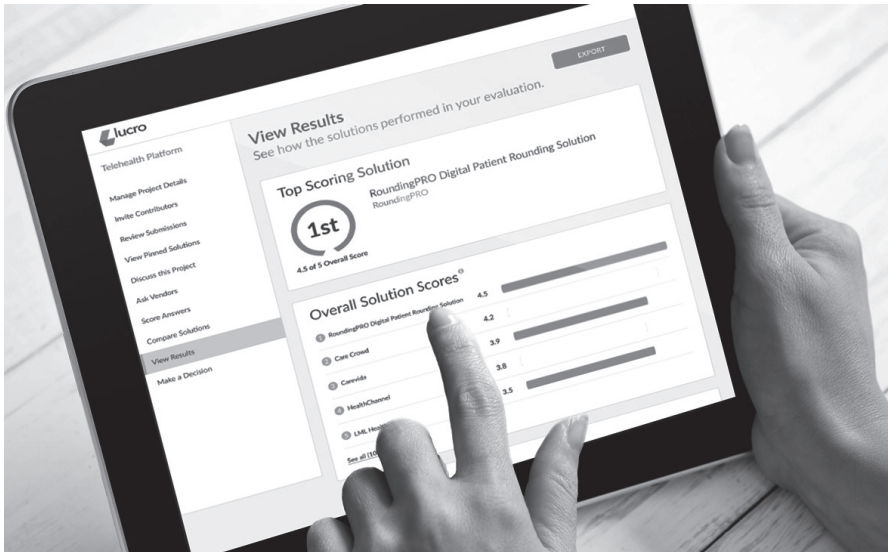
Medical School: Michigan State University College of Osteopathic Medicine, 1994. Post Graduate Education: Mt. Clemens General Hospital, completed 1995; Beaumont Royal Oak, completed 1998. Hospital Affiliation: Beaumont Royal Oak, Beaumont Troy. Currently practicing at Pediatric Health Care, 42141 Mound Rd., Sterling Hts., MI 48314, Ph. 586-254-7593, Fx. 586-254-7834, website www.phckids.com.

AMA NEWS, *continued*

Lucro's digital platform simplifies the buying process by connecting physicians and health systems with innovative technology vendors. The collaboration comes in the wake of the release of the AMA Physician Innovation Network (PIN), an online community that connects and matches physicians with digital health companies and entrepreneurs.

"Physicians best understand the specific clinical and operational needs that can improve the delivery of high-quality care across the health care industry," AMA CEO James L. Madara, MD, said in a statement. "This relationship will both advance the voice of the physician in the vendor selection process and bring a valuable resource to smaller practices that can benefit from the insights and experiences of larger organizations."

"The collaboration with the AMA is specifically designed to give physicians more of a voice in the purchasing decisions," Lucro Founder and CEO Bruce Brandes told AMA Wire. "Whether that is from an EMR [electronic medical record] to something as simple as a virtual scribe - whatever that entity is purchasing - they can create a project in Lucro, they can find additional vendors that they didn't know existed, they can collaborate within the platform, and really give physicians the visibility and voice in terms of what is being purchased."



Save time, increase visibility

Through Lucro, health systems and physician practices can create a board, similar to Pinterest, to display their problem or technology need. This will be the organization's project. When a vendor signs into the platform, they will see an inventory of all available projects. From there they can sort and filter projects to match their solution.

Physicians and health systems can join the Lucro platform for free to find a technology solution that best solves their problem. Visit https://app.lucro.com.

When physicians want to consider a solution, they will pin - or save - it to their board. They can then decline any solutions that don't meet their needs. And if any questions arise with the platform, review, score and compare vendor answers and ultimately calculate results.

The AMA is focused on influencing health IT with the goal of enhancing patient-centered care, improving health outcomes and accelerating progress in health care.

New Opioid Law and its Impact

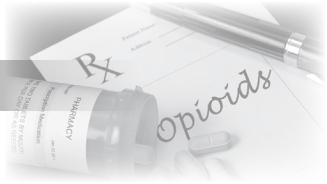
In partnership with:

MSMS
MICHIGAN STATE MEDICAL SOCIETY

MICHIGAN OSTEOPATHIC ASSOCIATION

MAFP
MICHIGAN ACADEMY OF FAMILY PHYSICIANS

ON DECEMBER 27, 2017, the Lieutenant Governor signed into law several new requirements aimed at combating the opioid epidemic. On the following pages is an objective analysis of the new laws that could have direct implications for physicians and medical practices.



PRESCRIBING OPIOIDS TO A MINOR - REQUIREMENT FOR INFORMED CONSENT

HOUSE BILL 4408
PUBLIC ACT 246 OF 2017

Effective June 1, 2018, before issuing an initial prescription for an opioid in a single course of treatment to a minor, a prescriber must discuss all of the following with the minor and the minor's parent or guardian:

1. The risks of addiction and overdose
2. The increased risks of addiction for patients with underlying mental health or existing substance use disorders
3. The danger of taking an opioid along with a benzodiazepine, alcohol or other central nervous system depressant
4. Any other information in the patient counseling information section of the label for the controlled substance that is required under federal law (21 CFR 201.57(c) (18))

The prescriber must document the informed consent on a "Start Talking Consent Form," which must contain:

1. The name and quantity of the controlled substance being prescribed for the minor and the amount of the initial dose
2. A statement indicating that a controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse
3. A statement certifying that the prescriber discussed with the minor, and with the minor's parent or guardian or with another adult authorized to consent to the minor's medical treatment, the topics outlined in the bill
4. The number of refills, if any, that are authorized by the prescription
5. A space for the signature of the minor's parent or guardian or the signature of another adult authorized to consent to the minor's medical treatment, and a space to indicate the date that the minor's parent or guardian or another adult authorized to consent to the minor's medical treatment signed the form

Exceptions to the informed consent include:

1. If the minor's treatment is associated with or incident to a medical emergency
2. If the minor's treatment is associated with or incident to a surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis
3. If, in the prescriber's professional judgment, fulfilling the requirements of the bill would be detrimental to the minor's health or safety
4. If the minor's treatment is rendered in a hospice or oncology department of a hospital that is licensed by the state
5. If the prescriber is issuing the prescription for the minor at the time of discharge from hospice
6. If the consent of the minor's parent or guardian is not legally required for the minor to obtain treatment

ENFORCEMENT

Failure to comply with this section could result in the following disciplinary actions against a physician's license: probation, limitation, denial, fine, suspension, revocation or permanent revocation.

PATIENT INFORMATION ON OPIOID RISKS - REQUIREMENT FOR INFORMED CONSENT

HOUSE BILL 4408
PUBLIC ACT 246 OF 2017

Effective June 1, 2018, before an opioid is prescribed to a patient by a physician (and/or any other prescribers licensed with the state), the physician will be required to obtain the patient's informed consent on a form prescribed by the Michigan Department of Health and Human Services that they have received from the physician, the following information:

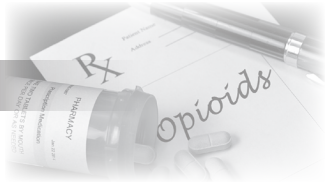
1. The danger of opioid addiction
2. How to properly dispose of an expired, unused or unwanted controlled substance
3. That the delivery of a controlled substance is a felony under Michigan law
4. If the patient is pregnant or is a female of reproductive age, the short- and long-term effects of exposing a fetus to a controlled substance, including neonatal abstinence syndrome

Exception:

1. If the opioid is prescribed for inpatient use.

ENFORCEMENT

Failure to comply with this section could result in disciplinary action by the Michigan Board of Medicine.



MANDATORY MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS) CHECKS

SENATE BILLS 166 & 167
PUBLIC ACT (PA) 248 OF 2017,
AND PA 249 OF 2017

Effective June 1, 2018, all licensed prescribers in Michigan will be required to query the Michigan Automated Prescription System (MAPS) when prescribing controlled substances to any patient.

Exceptions include the following:

1. Prescriptions written for quantities less than or equal to a 3-day supply.
2. If dispensing occurs in hospital or surgical freestanding outpatient facility and is administered in the facility.
3. If the patient is an animal and the controlled substance is administered in a veterinary hospital or clinic.
4. If the controlled substance is prescribed by a veterinarian and dispensed by a pharmacist.

Beginning June 1, 2018, all licensed prescribers in Michigan must be registered with MAPS before prescribing or dispensing a controlled substance to a patient.

ENFORCEMENT

Prescribing or dispensing a controlled substance on or after June 1, 2018, without first registering with MAPS could result in the following disciplinary actions against a physician's license: denial, fine, reprimand, probation, limitation, suspension, revocation, or permanent revocation."

Failure to query MAPS when prescribing controlled substances to any patient, starting June 1, 2018, could result in the following disciplinary actions against a physician's license: denial, fine, reprimand, probation, limitation, suspension, revocation, or permanent revocation.

If a physician has violated the requirement to check or register for MAPS, the Department of Licensing and Regulatory Affairs may issue a letter to the licensee notifying the licensee that he or she may be in violation. A letter would not be considered discipline.

LIMITATION ON OPIOID PRESCRIBING: 7-DAYS FOR ACUTE PAIN

SENATE BILL 274
PUBLIC ACT 251 OF 2017

Beginning July 1, 2018, if a licensed prescriber is treating a patient for acute pain, the prescriber shall not prescribe the patient more than a 7-day supply of an opioid within a 7-day period.

"Acute pain" is defined as pain that is the normal, predicted physiological response to a noxious chemical or thermal or mechanical stimulus and is typically associated with invasive procedures, trauma, and disease and usually lasts for a limited amount of time.

ENFORCEMENT

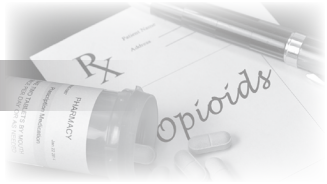
Non-compliance could result in disciplinary action by the Michigan Board of Medicine.

BONA FIDE PRESCRIBER-PATIENT RELATIONSHIP

SENATE BILL 270
PUBLIC ACT 247

Beginning March 31, 2018, a licensed prescriber shall not prescribe a controlled substance listed in schedules 2 to 5 unless the prescriber is in a "bona fide prescriber-patient relationship."

If a licensed prescriber prescribes a controlled substance, he or she must provide follow-up care to the patient to monitor the efficacy of the use of



the controlled substance. If a licensed prescriber is not able to provide follow-up care, the prescriber shall refer the patient to the patient's primary care provider for follow-up care or, if the patient does not have a primary care provider, the physician must refer the patient to another geographically accessible primary care provider.

Bona fide prescriber-patient relationship" is defined as treatment or counseling relationship between a prescriber and a patient in which both of the following are present:

1. The prescriber has reviewed the patient's relevant medical or clinical records and completed a full assessment of the patient's medical history and current medical conditions, including a relevant medical evaluation of the patient conducted in person or via telehealth
2. The prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards

ENFORCEMENT

Failure to comply with this section could result in the following disciplinary actions again a physician's license: probation, limitation, denial, fine, suspension, revocation, or permanent revocation.

PHYSICIAN REFERRAL FOR SUBSTANCE USE DISORDER

SENATE BILL 273
PUBLIC ACT 250 OF 2017

Effective March 27, 2018, a physician who treats a patient for an opioid-related overdose is required to provide information to the patient on "substance use disorder services."

"Substance use disorder treatment and rehabilitative services" is defined under the Michigan Mental Health Code as including:

1. Early intervention and crisis intervention counseling services for individuals who are current or former individuals with substance use disorder
2. Referral services for individuals with substance use disorder, their families, and the general public
3. Planned treatment services, including chemotherapy, counseling, or rehabilitation for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs

DIRECT ADMINISTRATION OF A CONTROLLED SUBSTANCE & MEDICATION ASSISTED TREATMENT

SENATE BILL 47
PUBLIC ACT 252 OF 2017

Effective March 27, 2018, even when administering a controlled substance directly to a patient, a physician or a licensed prescriber will be required to report the dispensing of the controlled substance to MAPS. Moreover, physician offices that prescribe buprenorphine or methadone as part of an approved substance use disorder program, must query MAPS prior to prescribing. Physicians who dispense buprenorphine or methadone on premises, as part of an approved substance use disorder program, are required to query and report data associated with the encounter to MAPS so long as federal law does not prohibit the reporting of data concerning the patient.

Exceptions to the MAPS reporting requirement when dispensing a controlled substance include the following circumstances:

1. A hospital that is licensed under article 17 that administers the controlled substance to an individual who is an inpatient.
2. A health facility or agency licensed under article 17 if the controlled substance is dispensed by a dispensing prescriber in a quantity adequate to treat the patient for not more than 48 hours.
3. A veterinary hospital or clinic that administers the controlled substance to an animal that is an inpatient.

MSMS is currently exploring options to better limit the negative impact that this legislation may have on the willingness of physicians to prescribe opioids. MSMS is involved in a multi-disciplinary stakeholder group to work toward solutions that are more evidence-based and balances the needs of patient access to appropriately prescribed opioids, minimizes the imposition of time on physicians, preserves a network of physicians willing to treat dependency and addiction, while more effectively and efficiently reducing morbidity and mortality associated with the opioid epidemic.

Additionally, MSMS is currently working with its legal counsel and the Department of Licensing and Regulatory Affairs (LARA) to determine next steps on implementation and will be shared in the near future.

Should you have any questions on any of this legislation, please contact MSMS@MSMS.org.

ADDITIONAL MSMS RESOURCE:

Free 20 minute webinar: Michigan Automated Prescription System (MAPS) Update. To view visit www.msms.org/eo

HENRY FORD
DEPARTMENT OF
OPHTHALMOLOGY

CALL FOR ABSTRACTS: HENRY FORD HEALTH SYSTEM SEEKING TOP HEALTHCARE AND AUTOMOTIVE EXPERTS FOR UNPRECEDENTED AUTONOMOUS VEHICLES EVENT

The Detroit Institute of Ophthalmology, the research arm of Henry Ford Health System's Department of Ophthalmology, is seeking abstracts for ***The Eye, The Brain, & the Auto 8th World Research Congress*** in Detroit, MI in October 2018. Committed uniquely to the autonomous movement, the mission of the three-day event is to better understand the relationship between vision and the brain, and the safe operation of a motorized vehicle.

The planning committee is seeking presenters from the healthcare and automotive industries, willing to tackle tough questions surrounding the role medicine should play in autonomous vehicle design, especially with the impact of big data management and disruptive IT technology.

- What questions should the auto industry ask those in healthcare to help solve?
- How can medical and visual scientists play a role in human factors and auto design issues?
- How does a revolution in transportation influence human medicine?
- Can sensor data or driving performance changes indicate possible health challenges?
- What role will this democratization of transportation play in human medicine and rehabilitation?
- How must these vehicles be modified for the blind and/or physically handicapped communities?
- Can physicians identify design changes in semi-autonomous systems in response to known medical challenges?

Abstract submissions are due May 1, 2018. ***The Eye, The Brain, & The Auto 8th World Research Congress*** will take place October 7-9, 2018 at the Motor City Casino Hotel.

For more information, go to henryford.com/theeyeandtheauto or contact Roseanne Horne at 313-936-1968 or *rhorne1@hfhs.org*.

Health Department

Macomb County Health Department

Reportable Diseases Summary

Diseases Reported in Macomb County Residents*

Cumulative total for previous years; year-to-date total for December, 2017***

	2017	2016	2015	2014	2013
AMEBIASIS	0	1	0	1	1
BLASTOMYCOSIS	0	1	0	1	0
BOTULISM (FOODBORNE)	0	0	0	0	0
BOTULISM (INFANT)	0	0	0	0	0
BRUCELLOSIS	0	0	0	0	0
CAMPYLOBACTER	117	96	79	86	68
CHICKENPOX	31	33	32	88	40
CHLAMYDIA	3,444	3,185	2,736	2,474	2,523
COCCIDIOIDOMYCOSIS	2	2	2	7	2
CREUTZFELDT JAKOB	2	2	2	2	1
CRYPTOCOCCOSIS	1	1	1	2	1
CRYPTOSPORIDIOSIS	6	10	1	9	7
CYCLOSPORIASIS	12	2	0	1	0
DENGUE FEVER	0	1	1	0	0
DIPHTHERIA	0	0	0	0	0
EHRLICHIOSIS	1	3	0	1	0
ENCEPHALITIS PRIMARY	3	1	2	3	0
ENC POST OTHER	1	1	1	2	2
FLU-LIKE DISEASE	28,153	21,747	27,943	28,824	42,842
GIARDIASIS	20	23	17	21	20
GONORRHEA	908	801	522	477	600
GRANULOMA INGUINALE	0	0	0	0	0
GUILLAIN-BARRE SYN.	9	10	4	6	8
HEMOLYTIC UREMIC SYN.	0	0	0	0	0
HEPATITIS A	196	9	5	4	5
HEPATITIS B (ACUTE)	5	9	6	7	8
HEP B (CHRONIC)	111	110	125	136	118
HEPATITIS C (ACUTE)	42	31	16	15	7
HEP C (CHRONIC)	912	931	673	693	480
HEPATITIS D	0	0	0	0	0
HEPATITIS E	0	0	0	0	0
H. FLU INVASIVE DISEASE	20	14	11	9	11
HISTOPLASMOSIS	0	5	5	2	3
HIV^	69	57	64	55	54
INFLUENZA	4,123	2,164	1,143	831	147
KAWASAKI SYNDROME	5	5	10	5	9

	2017	2016	2015	2014	2013
LEGIONELLOSIS	55	34	25	24	31
LISTERIOSIS	2	1	1	1	0
LYME DISEASE	5	3	5	1	0
MALARIA	2	2	2	1	0
MEASLES	1	0	0	0	0
MENINGITIS VIRAL	43	43	60	44	75
MENINGITIS BACTERIAL/BACTEREMIA *(EXCLUDING N. MENINGITIDIS)*	11	9	10	8	4
MENINGOCOCCAL DISEASE	0	1	1	1	0
MUMPS	3	2	0	2	0
PERTUSSIS	74	37	35	83	108
POLIO	0	0	0	0	0
PSITTACOSIS	0	0	0	0	0
Q FEVER	0	0	0	0	1
RABIES ANIMAL	2	1	1	3	2
RABIES HUMAN	0	0	0	0	0
REYE SYNDROME	0	0	0	0	0
ROCKY MNTN SPOTTED FVR	0	1	0	0	0
RUBELLA	0	0	0	0	0
SALMONELLOSIS	73	78	82	75	76
SHIGELLOSIS	46	50	22	9	4
STEC**	9	7	9	11	6
STREP DIS, INV, GRP A	32	31	27	26	18
STREP PNEUMO, INV + DR	45	55	52	45	58
SYPHILIS	60	79	108	77	78
SYPHILIS CONGENITAL	0	0	2	0	1
TETANUS	0	0	0	0	0
TOXIC SHOCK SYNDROME	0	0	1	1	1
TUBERCULOSIS	12	11	6	11	11
TULAREMIA	0	0	0	0	0
TYPHOID FEVER	0	0	1	1	0
VIBRIOSIS	0	1	0	0	0
VISA	1	0	0	1	2
WEST NILE VIRUS	7	2	4	0	3
YELLOW FEVER	0	0	0	0	0
ZIKA	0	4	0	0	0

*** Totals for 2017 are provisional at this time.

*Includes both Probable and Confirmed case reports.

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

Audit Jan 10, 2018

^ Previously reported as "AIDS"

Letters of Thanks

February 1, 2018

Dear Supporters,

On behalf of the Macomb Food Program and its Board of Directors, we would like to extend a sincere "thank you" for your generous donation of $2,140 to the Macomb Food program.

The Macomb Food Program serves people in need of food throughout the County of Macomb through its network of 50 pantry distribution sites. Every dollar donated is used to purchase food to help feed hungry families, children, the elderly and disabled throughout Macomb County. Last year, with the help of generous donors, we were able to feed nearly 500 people per day!

Your generosity allows the Macomb Food Program to continue to make feeding the hungry in Macomb County a reality. Thank you again for your donation and your generous support for our mission to feed the hungry in Macomb County.

Thank you for your generous support of our program!

Gratefully,

Michael Sheridan, Chairperson
Macomb Food Program

Shannon Mallory
Food Program Manager

January 31, 2018

Dear MCMS Foundation,

Thank you! Your commitment to our mission is amazing. Your generous donation of $2,415 is helping to make a difference in the lives of our survivors. Your continued support will help us provide vital services to women and their children fleeing from violence.

2018 marks our 38th year of providing emergency and supportive services to survivors of domestic and sexual violence in our community. We are excited about the year ahead and the several projects already underway, such as the 100 Man Challenge that will increase the involvement of men and boys in our mission.

"The Turning Point staff always helps me to remember that the best way to predict the future is to create it! The only important thing is that I make an effort to meet it with courage." — A shelter resident

YOU help us make a difference in people's lives!

Thank you for you generosity.

Sincerely,

Suzanne Coats, President and CEO
Turning Point Inc.

March/April 2018
Index of Display Advertisers

MICHIGAN STATE MEDICAL SOCIETY
120 W. Saginaw, Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762

State and County Medical Society Membership Application

MACOMB COUNTY MEDICAL SOCIETY
P.O. Box 62 • Yale, MI 48097
810-387-0364 • 810-387-0372 (fax)
mcms@msms.org

Do you work 20 hours or less per week? ☐ **YES** ☐ **NO**
Is your spouse a member of MSMS? ☐ **YES** ☐ **NO**
Is this the first year you have practiced in Michigan? ☐ **YES** ☐ **NO**

Please PRINT or TYPE

FULL NAME _____ (Last) _____ (First) _____ (Middle Initial) MD or DO (Circle One)

HOME ADDRESS, CITY & ZIP _____ _____ (Area Code & Telephone Number)

OFFICE ADDRESS, CITY & ZIP _____ _____ (Area Code & Telephone Number)

PRACTICE NAME _____ _____ (Office Fax Number)

EMAIL ADDRESS _____ For mailing, please use (check one): ☐ **Office** address ☐ **Home** address

BIOGRAPHICAL DATA Sex: ☐ Male ☐ Female Birth Place _____ Date of Birth _____ (Month Day Year)

Maiden Name _____ Spouse's Name _____

Government Service (check one): ☐ Military ☐ National Health Service Beginning Date _____ Completion Date _____

EDUCATION (please complete or attach CV)

	INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED Beginning	Ending
College/University					
Medical School					

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE

License: MI # _____ Date Issued _____ ECFMG # _____
License held in other states/countries (list states or countries) _____

PROFESSIONAL DATA Present Type of Practice (check appropriately):
OFFICE BASED: ☐ Solo ☐ Hospital Based ☐ Teaching ☐ Research ☐ Government
☐ Group Practice Name _____ ☐ Other (specify) _____

Specialty _____ Subspecialty _____
Board Certifications (list specialties & dates) _____

Present Hospital Appointments (list dates) _____
Teaching Appointments (list dates) _____
Previous Medical Society Membership (list dates) _____
Specialty Society Memberships _____

Within the last five years, have you been convicted of a felony crime? ☐ Yes ☐ No If YES, please provide full information.
Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked? ☐ Yes ☐ No If YES, please provide full information.
Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff? ☐ Yes ☐ No If YES, please provide full information.

I agree to support the MACOMB COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date _____

AMA AMERICAN MEDICAL ASSOCIATION

WHEN COMPLETED, please mail to MSMS or FAX to 517-336-5797. THANK YOU!