Macomb Medicus

*Journal of the Macomb County Medical Society*

May/ June 2018 Issue Vol. 26 No. 3

# Macomb County Medical Society Membership Meeting

Free for MCMS Members and Non-Member Physicians

## Wednesday, May 30, 2018

- OVERVIEW OF NEW OPIOID PRESCRIBING LAWS
- Have a Question about the New Laws…Ask our Attorney

Presented by

**Daniel J. Schulte, JD**
with Kerr-Russell Attorneys & Counselors

**Ike's Restaurant**
(Van Dyke & 17 Mile Rd. in Sterling Heights)

**6:30 pm** Dinner & Program

You must register by Friday, May 25.
Email the MCMS Office at macombcms@gmail.com or call 810-387-0364

We encourage MCMS members to bring their non-member colleagues & partners

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Macomb Medicus

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**IN THIS ISSUE**

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# What's in it for me?

By: Daniel M. Ryan, MD

WHAT'S IN IT FOR ME? THAT IS THE QUESTION A PHYSICIAN ASKS HIM/HER SELF WHEN CONSIDERING MEMBERSHIP TO VARIOUS MEDICAL SOCIETIES. In the past several decades, the number of members belonging to medical societies are down at national, state, and county levels, including Macomb County Medical Society. The decline in membership is especially noted when compared to the heyday of the 1970s. The American Medical Association (AMA) currently counts for fewer than 25% of practicing physicians compared to 75% in the 1950s. The percentages are similar for local medical societies.

Society leaders have theorized that political polarization amongst physicians and physician disagreement with endorsements given by the AMA and other societies have caused members to leave. For example, there is a nearly 50% split among physicians who support the Affordable Care Act (Obamacare) which the AMA endorsed. There was a dip in membership after it passed. Similar disagreement by AMA members over whether to endorse President Trump's pick for Secretary of Health and Human Services have caused some to be unhappy with their representation by the AMA. Despite the political divide, declining membership was occurring even before the recent significant health care changes. Furthermore, membership has declined at local societies where political activity is less.

Surveys have shown the main factor in doctors deciding to opt out in joining local medical societies is the competition from state specialty and national specialty societies for physician's membership dollars. As there are more subspecialties in the medical field, there are more subspecialty societies to join. Doctors believe their own subspecialty society represents them better and is more attentive to their specific needs than the local medical society.

The increasing dues for practicing physicians has been shown to effect membership to local medical societies. Physicians practice in larger groups today, and therefore are on staff at more hospitals and subsequently pay more dues. Because of the larger groups, doctors often practice in more than one county, and therefore must choose between which county society to join. Despite Oakland and Wayne County Medical Societies being larger, they too are having membership difficulties. The price for medical society memberships, increasing costs for medical and DEA licenses, increasing hospital medical staff dues, costs for continuing medical education, and the costs for the demanded changes in medical practices, such as maintaining and updating electronic medical records all prove too much for the practicing physician. Physicians are overwhelmed with so many demands and commitments, they eliminate the membership to the local county society, believing this is the one that is least beneficial.

*The increasing dues for practicing physicians has been shown to effect membership to local medical societies.*

Younger physicians do not see the value in the local society that physicians saw in the past, and therefore consider dropping their membership. The role of the local society has changed over the past decades. At the time of peak membership physicians relied on the local medical society for medical practice and business information. They advertised and recruited at meetings and with society newsletters. Today, much of these benefits are received through the internet. Additionally, recent studies have shown that referral patterns amongst physicians are dictated now more by insurers, so networking at local medical societies has less value today.

Maintaining an active and solid county society remains a challenge with all the costly variables effecting membership. Yet county membership will become more relevant to doctors due to the rapid changes occurring in medicine. Receiving current and relevant information to apply to local medical practices cannot be received through the internet and will only be obtained through local networking and hearing from local colleagues, government representatives, and professionals.

The following is a list of benefits to members of Macomb County Medical Society that makes membership valuable to medical practices and are the reasons nonmembers should consider joining:

*Continued on pg. 6*

## *MSMS BOARD OF DIRECTORS MEET, DISCUSS HOUSE OF DELEGATES, LEGISLATION, AND PAYER ISSUES*

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

In mid-March, the Michigan State Medical Society Board of Directors met to discuss the 2018 MSMS House of Delegates, current legislation, and payer issues. Below are some of the highlights:

### 2018 MSMS House of Delegates:

The 153rd meeting of the MSMS House of Delegates will continue a two-day format, beginning on Saturday, April 28. Resolutions debated during the annual MSMS House of Delegates are the vehicles by which MSMS policies, priorities, and direction are determined. The Annual House of Delegates will convene at The Henry, Autograph Collection in Dearborn. Delegates: Please visit www.MSMS.org/HOD and complete the form indicating your attendance. Currently, more than 80 resolutions, ranging from public health to payer policies, are up for consideration.

### Legislation:

- **HB 5075-5076 - Patient Advocate; and SB 597 - Procedure to Withhold Life-Sustaining Treatment:** The MSMS Board of Directors voted unanimously to remain neutral on these bills as a resolution has been introduced for consideration at the 2018 MSMS House of Delegates.
- **State of Michigan Budget:** MSMS currently expects there will be no major cuts to items of concern.
- **SB 802 - Mandatory Electronic Transmission of Opioid and Benzodiazepine Prescriptions:** The MSMS Board of Directors voted unanimously to oppose due to the mandate.
- **Opioid Update:** HB 5678 which was initially intended to clarify the definition of "bona fide" physician/patient relationship within the opioid legislation. The bill was amended to delay the implementation of the opioid legislation until the Department of Health and Human Services promulgates rules or December 31, 2018, whichever comes first.
- **SB 822 - Work Requirements for Medicaid Recipients:** The MSMS Board of Directors voted unanimously to have more discussion on this particular issue before a formal position has been made.
- **SB 872 - Statute of Limitations:** The MSMS Board of Directors voted unanimously to not take a formal position at this time. This bill would extend the statute of limitations for some types of sexual assault to as much as thirty years. The concern is based on retaining medical records for longer than 10 years after the physician ceases their relationship with a patient.

### Health care Delivery and Education:

- **CHAMPS Enrollment:** The Medicaid requirement of all typical providers needing to be enrolled in CHAMPS by March 1, 2018, has been delayed. MSMS will notify membership of the new deadline when it is released.
- **BCBSM Provider Outreach:** BCBSM and BCN will change the way it assigns professional provider consultants. The new professional consultant model will have fewer office visits. It will maintain serving providers with education, provider forums, online tools and telephone support. Provider consultants will be providing direct support to PO's rather than individual physician offices.
- **BCN Repricing:** At the February Tri-staff meeting, MSMS addressed concerns with BCN "repricing" claims submitted for higher level evaluation and management codes. MSMS is advocating for a more transparent process which would include a second level appeal and use of an independent reviews in cases of medical necessity.
- **MACRA Fixes:** Included in the federal budget reconciliation bill signed into law on February 9, which delayed another government shut-down until March 23, were some technical corrections to MACRA.
  - Medicare Part B drug costs will be excluded from payment adjustments under MACRA's Merit-based Incentive Payment System (MIPS) and from low-volume threshold determinations.
  - There will be greater flexibility in scoring and in the weight given to the cost component of MIPS for an additional three years.
  - CMS will also have more flexibility in setting overall performance thresholds for three more years.
- **Physician Well-Being Resources:** MSMS's newest resource, the Physician Well-Being webpage, provides links to MSMS and AMA resources, as well as links to other resources such as the Michigan Health Professional Recovery Program. The intent is to continue to evolve the page with additional content.
- **MSMS Presents to National Stakeholders on Preventing Type 2 Diabetes:** MSMS was invited to attend and serve as a panelist at the National Outcomes Summit in Atlanta. The summit focused on National Diabetes Prevention Program (DPP), was hosted by the Centers for Disease Control (CDC), the National Association of Chronic Disease Directors (NACDD), and the American Medical Association (AMA). MSMS provided an overview about how the program is working in our state in collaboration with MDHHS.

- **Physician Provider Quality Consortium Update:** PPQC hosted a call with the NCQA Auditors, who work with the payers on their HEDIS data submissions. It was an introductory call to open dialogue between PPQC, the auditors, the payers, and the POs around how to streamline the reporting process. Additionally, PPQC and the Michigan Chapter of Health Information Systems Society (HIMSS) co-hosted a meeting at the National HIMSS Annual Conference on how to create standards for the Gaps in Care report and in the reporting to NCQA.

## *BE ALERT: EMERGING PUBLIC HEALTH ISSUE*

The Michigan Department of Health and Human Services (MDHHS) recently issued the following notification:

The Illinois Department of Public Health and local health departments are investigating a cluster of individuals suffering from vitamin K dependent coagulopathies (bleeding). It appears all 4 cases were exposed to adulterated synthetic cannabinoids. The products were purchased at different states and maybe under different names/brands. It is not known what the products are contaminated with. The Centers for Disease Control and Prevention and the Poison Control Center network are involved in the investigation with Illinois Department of Public Health. As of 5 pm on Sunday, March 25th, MDHHS has not been notified of any similar cases in Michigan. Please be alert to unusual cases of coagulopathy and report these to The Michigan Poison Control Center.

Contact 1-800-222-1222 to report potential cases.

While Michigan has still not received any reports of similar cases, we now have the following information: Synthetic cannabis, or K2, is associated with this outbreak, under various names and brands. It has been adulterated with a strong anticoagulant, brodifacoum. Currently dozens are hospitalized in Illinois, and cases have been identified in Indiana and Wisconsin, requiring large doses of Vitamin K to stop the bleeding. Two deaths to date.

Michigan Poison Control is aware and alert for any notifications.

## *MICHIGAN NOT IMMUNE FROM DEA SCAM*

MSMS recently learned of an extortion attempt by scam artists who, posing as Drug Enforcement Administration (DEA) special agents, call and threaten physicians' offices. This appears to be part of a larger international extortion scheme that has been making the rounds for several years.

The DEA issued a press release warning about such calls to both physicians and consumers. According to the DEA, the criminals try to intimidate victims by alleging the victims have acted illegally regarding the prescribing or purchase of controlled substances. Posing as DEA special agents or law enforcement officials from other agencies, these imposters threaten enforcement action, arrest and/or search and seizure if the victims are not willing to pay a fine, usually thousands of dollars.

The DEA states that no DEA agent will ever contact physicians or other members of the public by telephone to demand money or any other form of payment. If you receive a call like this, refuse the demand for payment, hang up and immediately report the threat using the DEA's online form. Note the name and phone number used by the imposter, the date of the call, and amount of payment requested. The DEA also asks that you include a call back number so that a DEA investigator can contact you for additional information. Online reporting will greatly assist DEA in investigating and stopping this criminal activity.

Finally, be wary of any calls or questionnaires asking for vital, confidential information, including your DEA number, social security number and credit card data under the guise of DEA enforcement activity or updating physician profiles. Do not respond without verifying the authenticity of any such requests.

The Federal Trade Commission has established a Scam Alerts Website which includes the latest information on trending scams, resources, and practical tips such as 10 Things You Can Do to Avoid Fraud. To view visit www.consumer.ftc.gov/features/scam-alerts.

## 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.*

## *PRESCRIBING UPDATE: BONA FIDE RELATIONSHIP PROVISION TO BE DELAYED*

The requirement to establish a "bona fide prescriber-patient relationship" prior to prescribing any controlled substances, which was part of the recently enacted opioid and prescribing legislative package, will be delayed pending the Governor's signature. As passed by the Legislature, House Bill 5678, sponsored by Rep. Bronna Kahle (R-Adrian), extends the effective date to March 31, 2019 or upon the promulgation of rules if prior to March 31, 2019. This requirement was originally slated to take effect at the end of this month.

Delaying the effective date gives MSMS and other stakeholders the opportunity to work with the Michigan Department of Licensing and Regulatory Affairs through the rules promulgation process to address several concerns with the definition of "bona fide prescriber-patient relationship." The current definition severely restricts the ability to provide quality care to established patients in emergent situations, when another prescriber is providing care when the primary prescriber is unavailable, when another licensed member of the health care team has been delegated to provide care, and during transitions of care such as from a hospital to a nursing home or hospice.

MSMS was instrumental in making sure this requirement did not take effect without appropriately addressing these unintended consequences. MSMS appreciates Rep. Kahle for agreeing to use her bill as the vehicle to accomplish this and Sen. Mike Shirkey (R-Clarklake), Chair of the Senate Health Policy Committee, for shepherding the final compromise through to its resolution.

Please visit MSMS's BeAWARE - Reversing the Opioid Epidemic website (http://MSMS.org/BeAWARE) for additional information about the new prescribing laws and related resources. You may also contact Stacey P. Hettiger with questions at 517-336-5766.

## *THE DOCTORS COMPANY ANNOUNCES $19 MILLION MEMBER DIVIDEND*

The Doctors Company announced today that it has declared a 2018 premium dividend of approximately $19 million. The company has paid out more than $415 million in dividends since the program started in 1976.

"For thirteen consecutive years, we have recognized and rewarded our members by paying a dividend," said Richard E. Anderson, MD, FACP, chairman and CEO of The Doctors Company. "Unlike commercial insurers that reward shareholders, we reward our members through our generous dividend program and with the TributeÆ Plan, an unrivaled career benefit that recognizes members for their loyalty and their commitment to the practice of good medicine."

The dividend was recently approved by The Doctors Company Board of Governors for eligible members in the following states: Colorado, Florida, Idaho, Illinois, Maryland, Michigan, Montana, New Mexico, North Carolina, Ohio, Oregon, Texas, Virginia, Washington, and Wyoming. The dividend will vary from 2 to 20 percent depending on the loss experience of the individual state.

Eligible members will receive this year's dividend on their annual premium for policy renewals on or after July 1, 2018.

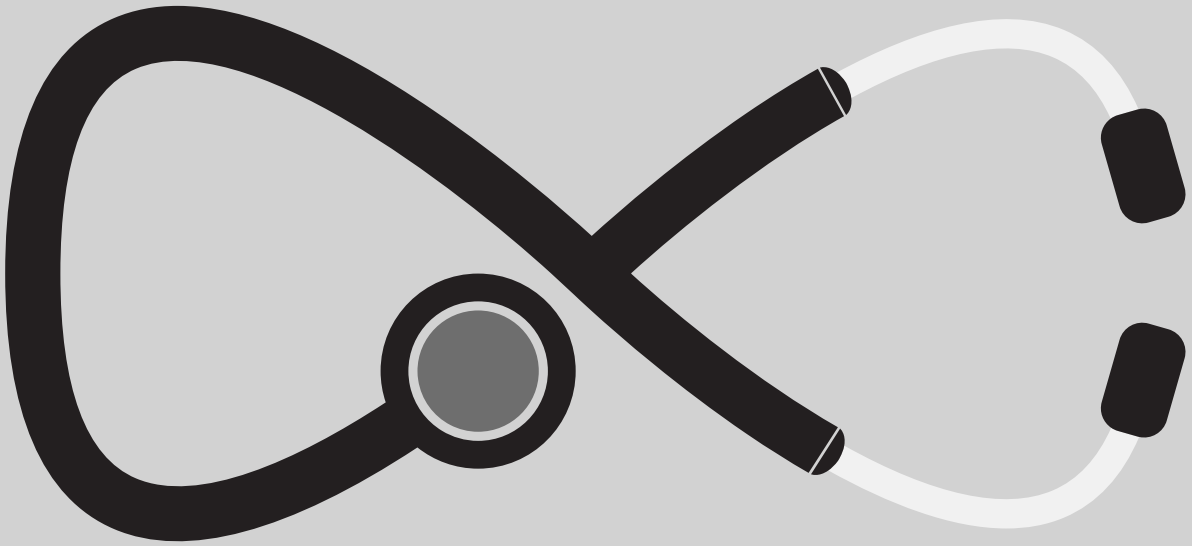
**PRESIDENT'S PAGE,** *continued from pg. 3*

- Legislative Advocacy, MCMS members meet regularly with local government officials and legislators.
- Peer review to resolve disputes arising from physician/patient relationships.
- Membership dinner meetings to network with colleagues and listen to short speaker presentations. Past speakers have been president of MSMS, CEO's from local hospitals, and congressional representatives.
- "Family Fun Eventsî that allow you to spend time with your family and socialize with colleagues. Past family events include previous outings at the Detroit Zoo, CJ Barrymore's, and local cider mills as well as planned outings to Jimmy Johns baseball games.
- Patient referral services from the MCMS office, for those looking to build their practices.
- Opportunity to participate with the MCMS foundation, which supports local philanthropic and educational activities.
- Free subscription to the Macomb Medicus Journal to keep physicians up to date on medical and political issues affecting Macomb County and Michigan.
- Assistance with reimbursement and coding problems.
- CME programs and discounts.

As a member of Macomb County Medical Society, please plan to attend the next strolling dinner at Ike's restaurant located at 38550 Van Dyke, Sterling Heights. Please bring fellow associates, members or nonmembers, for this free dinner. A brief Overview of the New Opioid Prescribing Laws will be presented by Daniel J. Schulte, JD, legal counsel for MSMS and MOA. The remainder of the dinner will be networking and socializing with friends and colleagues. We hope this is the beginning of an increase in membership in Macomb County which will result in better medical practices for us, and better care for the Macomb County residents.

Advancing the practice of good medicine.

# NOW AND FOREVER.



**ANNOUNCING THE 2018 DIVIDEND FOR MICHIGAN MEMBERS**

The Doctors Company has returned more than $415 million to our members through our dividend program—and that includes 10% to qualified Michigan members. We've always been guided by the belief that the practice of good medicine should be advanced, protected, and rewarded. So when our insured physicians keep patients safe and claims low, we all win. That's malpractice without the mal.

THE DOCTORS COMPANY

medical ~~mal~~practice insurance

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## Henry Ford Macomb Hospital

### *HENRY FORD MACOMB HOSPITALS TO AGAIN HOST FITNESS PROGRAMS AT THE MALL AT PARTRIDGE CREEK*

Henry Ford Macomb Hospitals' Get Moving, Get Walking Club kicks off the outdoor walking season on Monday, May 7, at 9 am with a complimentary breakfast at Brio Tuscan Grille, located at The Mall at Partridge Creek, followed by a group walk around the mall.

Henry Ford Macomb will also host its popular Wellness Wednesdays program, offering free, weekly exercise classes from June 6 through Aug. 29. The 45-minute classes are held outdoors at the mall's center court main stage, weather permitting. Wellness Wednesdays begin with six weeks of Zumba and finish with six weeks of yoga. Participants are encouraged to bring their own yoga mats. All classes begin at 9 a.m. There will be no class on July 4.

Zumba is an aerobic fitness program that combines Latin and international music with dance moves. Yoga is a great way to increase strength, flexibility, balance and coordination. The class will focus on gentle stretching, breathing and relaxing.

For more information, visit www.Henryfordmacomb.com/WellnessAtPC or call (800) 532-2411.

The Mall at Partridge Creek is located at 17420 Hall Road, Clinton Township, 48038.

### *NEW BREAST CANCER CLINIC ANNOUNCED*

The Henry Ford Cancer Institute at Henry Ford Macomb has announced a new, multi-disciplinary breast cancer clinic, which is scheduled to begin January 23 and will take place each Tuesday morning. The clinic will begin with a tumor conference board, where a multi-disciplinary team of surgical oncology, medical oncology, radiation oncology, radiology, pathology, social work, clinical trials and a nurse navigator will discuss patients and create a detailed treatment plan recommendation for the patient's clinic visit.

The team will then meet with each patient and their family in the cancer center to discuss their treatment plan. This combines three appointments into one, saving the patient considerable time and travel so that they can begin treatment sooner. Breast surgeons participating in the new clinic include Drs. Laura Dalla Vecchia and Lindsay Petersen.

The patient will then move into a group education and lunch session with other patients and families. This important session allows for additional questions and begins to build the much need support network.

Patients may also have any needed pre-surgical screening performed during this visit.

"Our new clinic will provide the best patient experience under one roof, and allow for expedited care and excellent patient and provider communication," said Chris Bissell, Director of Oncology Services. "Communication with the patient's primary care physician is key. They will receive the notes from the tumor conference and each specialist consult on the same day."

Bissell points to the program's nurse navigator as a vital component of its success. "Amber Misch, RN, our nurse navigator, will be the dedicated point of contact for the patient throughout their care with us, making things as simple as possible for the patient and facilitating any other support services that the patient may need."

For questions or patient referrals on the multi-disciplinary breast cancer clinic, contact Amber Misch, RN at (586) 2632234 or amisch1@hfhs.org.

*TECHNOLOGY UPGRADE*

*Henry Ford Macomb Hospital recently acquired the da Vinci Xi Surgical System, which is used across a spectrum of minimally invasive surgeries in the areas of cardiac, thoracic, gynecology, urology and general surgery. Pictured here with the new system are Dr. Raed Alnajjar, Cardiothoracic surgeon, Kathryn D'Anna, PA and Ryan Ramales, PA-C Lead.*

## 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

### *SJP COMMUNITY HEALTH LEADERS AMONG MICHIGAN CHRONICLE WOMEN OF EXCELLENCE HONOREES*

For more than a decade, the Michigan Chronicle has celebrated local African American women who inspire others through vision and leadership, exceptional achievements, and participation in community service. This year's Women of Excellence continue to be those who have shown exceptional success in business, community involvement, and philanthropy. Dr. Jonnie Hamilton, manager, St. John Providence School-Based Health Centers, and Cassandra Jackson, manager, Community Health, were among the recipients of the coveted Michigan Chronicle Women of Excellence Award. The annual award is given to women who affect change in their profession and community. Jonnie and Cassandra join an exclusive group of more than 500 professional women from across the metro Detroit who have previously received the distinguished award.

### *ST. JOHN PROVIDENCE'S ROC RECOGNIZED FOR WORKFORCE DEVELOPMENT INNOVATION*

The Regional Onboarding Center (ROC) of St. John Providence, an Ascension Michigan health ministry, was recently recognized by the Macomb County Department of Planning & Economic Development for its innovative approach to workforce development and associate retention. At the annual Macomb County Business Awards in late February, SJP's ROC received the Champion of Workforce Development award for utilizing innovative practices for hiring, training and retaining employees.

SJP's Regional Onboarding Center is a specialized orientation process that integrates experiential learning and deliberate practice to develop more competent and confident nurses in less time. New nurses go through a two-week hands-on orientation so they are ready to hit the ground running on their first "real" day of work.

In accepting the award, Marilyn Cito, regional director for clinical education at St. John Providence, shared that the ROC program/approach was developed as a result of the alarming statistic that up to half of nurses leave hospitals within their first two years on the job.

"The ROC orientation is more than just preparing the nurses technically to work on the unit, it is a program that helps welcome our new nurses into our organization and culture and makes them feel safe," explained Marilyn.

The SJP ROC opened Fall 2016 and since its inception has graduated 1,753 nursing associates, of which 1,122 were nurses with a 90 percent retention rate.


*SJP Regional Director for Clinical Education Marilyn Cito accepts the Macomb County Business Award on behalf of the SJP Regional Onboarding Center.*

*Several St. John Providence leaders helped officially open the new Oakland Urgent Care, l-r: Rita Naim, MD; Wafa Barkho, MD; Mary Stieber, manager, Oakland Urgent Care; Karen Isopi, PA; Kim Dada, director, Physician Practice Management; Kenyetta Hunter-Rainer, Athena specialist; Lisa Fogarty, coder; Randall Colvin, MD; and Rana Rifenbark, lead MA.*

## *ST. JOHN PROVIDENCE OPENS NEWEST URGENT CARE*

When the big scissors come out, you know it's important. In February St. John Providence (SJP) officially opened Oakland Urgent Care, located on Dequindre Road, in the Professional Building just north of St. John Macomb-Oakland Hospital, Madison Heights campus.

While there are numerous urgent care centers in the community, this is the first one for St. John Providence in the Southern Macomb County market that is aligned with SJP primary care physicians. As St. John Providence develops new urgent care locations, making sure these facilities are aligned with our clinically integrated systems of care, is a key strategy.

Oakland Urgent Care is staffed with board certified physicians and advance practice providers, who are able to provide care to both adults and children. The new facility features five examination rooms and one procedure room. To better meet the needs of the community, Oakland Urgent Care is open seven days a week, 10 a.m.-10 p.m.


## Support Our Advertisers!!

Need insurance, looking to refer a patient? Look to the physicians and companies who advertise in the Medicus.


## 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!**

# UPCOMING EVENTS

**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.

**MAY 30** MCMS Strolling Dinner, Ike's Restaurant in Sterling Heights. This is a non-member recruitment meeting. We ask that MCMS Members bring a non-member physician colleague.

**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!

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## HHS SHOULD WITHDRAW PROPOSAL ON HEALTH CARE CONSCIENCE RIGHTS

*By: AMA Staff Writer*

In response to a rule proposed in January, the AMA sent a letter to Health and Human Services Secretary Alex Azar to express opposition to the measure, citing concern for vulnerable patient populations and asserting that conscience rights for physicians are not unlimited.

The proposal would dramatically expand the discretion that religious or moral objectors have to refuse care without meaningful safeguards to ensure that the rights of those receiving care are protected. The rule is part of a broader White House effort to protect religious rights and follows the announcement in late January of the creation of a new office within the Office of Civil Rights (OCR), the Conscience and Religious Freedom Division.

The rule would require health care providers who participate in Medicare (except those who receive payments only from Part B) and Medicaid to create a set of standards and procedures to protect the religious and moral rights of their employees. The rule covers a wide array of existing federal laws that provide conscience protections including those related to abortion, contraception, sterilization, vaccines, end-of-life care, and care of marginalized groups such as LGBTQ patients.

The AMA fears that, if implemented, the rule would function as a shield for people asserting objections on religious or moral grounds and could permit them to withhold care from already vulnerable groups and create confusion in health care institutions.

"The proposed rule would undermine patients' access to medical care and information, impose barriers to physicians' and health care institutions' ability to provide treatment, impede advances in biomedical research, and create confusion and uncertainty among physicians, health care professionals, and institutions," AMA Executive Vice President and CEO James L. Madara, MD, wrote in the letter.

**Concern for "fundamental obligations"**

While the AMA is committed to conscience protections for physicians and other health professionals, the letter states that the exercise of those rights must "be balanced against the fundamental obligations of the medical profession and physicians' paramount responsibility and commitment to serving the needs of their patients."

Thus, the AMA affirms its position against government interference in the practice of medicine or the use of health care funding mechanisms to deny established and accepted medical care to any segment of the population.

According to the AMA Code of Medical Ethics, the freedom to act according to conscience is not unlimited. Physicians are expected to provide care in emergencies, honor patients' informed decisions to refuse life-sustaining treatment, respect basic civil liberties, and not discriminate against individuals in obligation to patients with whom they have a patient-physician relationship.

This principle is in keeping with many AMA policies protecting access to care, especially for vulnerable and underserved populations, as well as its anti-discrimination policy. That policy opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age.

Moreover, the letter points out that the proposed rule appears to conflict with OCR's own mission, which "is to improve the health and well-being of people across the nation; to ensure that people have equal access to and the opportunity to participate in and receive services from HHS programs without facing unlawful discrimination."

Similarly, Dr. Madara expressed concern that the proposed rule could interfere with numerous existing state laws that protect women's access to comprehensive reproductive care, and the rule fails to address how the conscience rights of individuals and institutions might apply when emergency situations arise -- for example, under the Emergency Medical Treatment and Labor Act. Given these concerns and others, the AMA recommends that HHS withdraw the proposed rule.

The letter was sent March 27, the deadline for the comment period. Since then, HHS has received nearly 70,000 letters, with several other medical associations and advocacy organizations -- such as Human Rights Watch -- joining the AMA in opposition.

Implementation of the rule is expected to cost $312 million in the first year and $125 million annually over the next four years. The OCR said it has seen an increase in religious-related complaints in the past year and a half, logging 34 since November 2016, while only 10 were filed during the entirety of the Obama administration.

## TO BEAT DIGITAL DIVIDE, TIME FOR "THE TALK" WITH YOUR IT VENDORS

*By: AMA Staff Writer*

Medicine has its own version of a digital divide. In terms of cybersecurity accountability, the buck stops with the physician. The problem is that security expertise lies with information technology (IT) vendors who provide software, equipment, training and other services to physician practices. These vendors often speak a different language than the physician, who is well versed in clinical matters but whose tech savvy may end with the cable TV remote.

"Physicians are not security experts. It's not what they went to school for," said Laura G. Hoffman, assistant director of the AMA's department of federal affairs, and presenter on two recent AMA cybersecurity

*Bridging medicine's cybersecurity digital divide can be an intimidating prospect, especially for smaller practices.*

training webinars. Because physicians are not experts, they "rely on their health IT vendors for support and security guidance."

A recent AMA-Accenture survey of 1,300 physicians found that more than a quarter of physicians already outsource their security management and an almost equal number are interested in doing so. Many physician practices go it alone -- about half of the practices surveyed have an in-house security official -- juggling the requirements of various systems and equipment, and relying largely on trust that the products and services they pay for are secure, reliable and work seamlessly together.

"Physicians really trust their vendors and that can be good and bad," Hoffman said. Under the Health Insurance Portability and Accountability Act (HIPAA), she noted, it's physicians who "are the ones on the hook if anything goes wrong."

Bridging medicine's cybersecurity digital divide can be an intimidating prospect, especially for smaller practices. How products from various vendors fit together may be unclear. The scope of a physician's discussion with a vendor will vary greatly by not only practice size, but by technology choices. For example, a practice with cloud-based records storage will have different concerns to address than one with its own server. Here is what to consider for having a more effective conversations with vendors.

Think ePHI and beyond, not just EHR. A medical practice's starting point for getting a handle on vendors might be the electronic health record (EHR), but cybersecurity preparedness and accountability requires a broader view. In terms of cybersecurity, HIPAA covers any and all electronic protected health information (ePHI). An EHR is sure to contain ePHI, but ePHI is likely to be found throughout the practice. HIPAA requires a security risk analysis and whether done in-house or by a vendor, it is a great starting point for getting an inventory of all the relevant technology and understanding the interactions of the devices involved.

The AMA offers a free, one-hour webinar to familiarize physicians and practice managers about how to conduct it. Beyond obvious HIPAA concerns, there is other technology -- for example, non-EHR office software and computers -- that can play a role in the safe and smooth functioning of the practice. "Identifying the actual technology in your environment is a first step in making sure everyone is at the table when you have these conversations," said AMA Senior Health IT Consultant Matt Reid, co-presenter with Hoffman in a separate AMA webinar on cybersecurity and patient safety.

Practices need to be more assertive. Technology from different vendors may not always smoothly mesh. For example, a larger practice with cloud-based records storage requires an Internet service provider to supply sufficient Internet bandwidth to reliably store and retrieve data.

What's required is a practice cybersecurity and technology "champion," said Reid. It is that individual -- who may well be a practice staff member as opposed to a physician -- who can get vendors together, face to face or in a conference call, to have all the practice's technology work together. According to Reid, the he champion's message should be: "This is an issue where we all want to row in the same direction, so how are we all going to work together cohesively?"

Vendors need to be more forthcoming. When that practice champion gets the conversation going, a top priority is collecting and sharing a complete set of technical information from all of the practice's health IT vendors. The objective is to find out fully what the practice needs to know about and, critically, what the vendors need to know about each other's hardware, software and services requirements.

Testing is essential. A practice should periodically test the technology it relies on -- Hoffman noted one example of an EHR that, unbeknownst to the practice, ran out of storage space -- and be aware that technology problems can arise whenever anything new is added to the mix.

Looking ahead, the AMA is exploring how practices can be incentivized to work closer with vendors on cybersecurity. Nearly three-quarters of the doctors in the AMA-Accenture survey said they would be willing to pay a vendor to implement a cybersecurity framework if adoption meant that practices would not be subject to random HIPAA audits.

Also on the AMA's advocacy list: safe-harbor exemptions from the Stark Law and Anti-Kickback Statute expanded to allow donation of cybersecurity-related hardware or software to small medical practices from other provider groups. The AMA recently sent a letter to the U.S. Department of Health and Human Services' Office of Inspector General on the matter.

In the letter, the AMA expressed its deep concern that the country's health care providers have been insufficiently prepared to meet the cybersecurity challenges of an increasingly digital health system. The AMA firmly believes that this is a national priority and that physicians and other health care providers need tools to secure sensitive patient information in the digital sphere.

## RACIAL HEALTH DISPARITIES ARE RAMPANT IN HYPERTENSION

*By: Sara Berg, Senior Staff Writer, AMA Wire*

High blood pressure is much more prevalent among black women and men than it is among other racial and ethnic groups, with a clear majority of African-Americans having hypertension under the revised criteria set forth last fall by a task force of the American Heart Association and the American College of Cardiology. That compares with an overall high BP rate of 46 percent among American adults.

This sobering fact demands collective action by policymakers to address health disparities in cardiovascular disease, but it also offers an opportunity for physicians and health systems to intervene and make a big impact in this vulnerable patient population.

"Despite the fact that it is a silent killer in terms of symptoms, uncontrolled high blood pressure causes devastating effects to the body," said LaMar Hasbrouck, MD, at an AMA discussion panel on controlling high BP in the African-American community. Dr. Hasbrouck is the senior advisor of strategy and growth in the Improving Health Outcomes group at the AMA.

"This ongoing tension in the circulatory system can result in heart disease, stroke, blindness, chronic kidney disease and ultimately results in premature death for far too many," he said.

**Why patients skip their meds**

A central issue that often contributes to uncontrolled hypertension among African-Americans is medication nonadherence.

"You can only give so many medications. Actually taking those medications is another thing," said Tochi Okwuosa, DO, director of cardio-oncology services and associate professor of medicine and cardiology at Rush University Medical Center. She finds that gender also plays a role in nonadherence.

"If men come to my clinic with their spouses, it makes a huge difference as opposed to if they came alone," Dr. Okwuosa said. "The women by themselves tend to want to take care of everybody, but they don't take care of themselves enough -- they're not as compliant as they should be."

**How physicians can boost adherence**

The physician also plays a role in medication adherence among black patients. Physicians might recommend a medication, but they often don't explain to the patient how it works, the expected side effects or how to take it properly. And if the patient decides the medicine is causing leg swelling, they might just stop taking it.

If the physician sits down and explains to the patient what to expect and says, "I'm available if you have any questions," then they have empowered some level of knowledge that makes it easier for patients to take their medications, said Dr. Okwuosa.

"Sometimes it is hard to convince patients, especially when taking a pill, if it is something that is not hurting or bothering them at the time. It's an important concept to try to give to patients, that you need that education," said Paul A. Jones, MD, chairman of cardiovascular medicine at Mercy Hospital & Medical Center in Chicago.

Physicians should spend time to ensure their patients understand the disease process and the potential negative ramifications behind high BP or untreated hypertension.

**Amid obstacles, pursuing lifestyle change**

Another issue physicians need to address is the patient's diet. According to the American Heart Association, a person should consume less than 1,500 mg of salt per day. Cutting salt intake is one area Dr. Okwuosa emphasizes with her patients.

Yet, Dr. Jones said, many black patients working with physicians to pursue nonpharmacological approaches to lowering their BP face factors beyond their control. For example, too many are at a disadvantage when it comes to changing their lifestyles because they live in neighborhoods where safe, walkable streets and affordable, healthful foods are hard to find.

"Our politicians need to step up to the plate and really be proactively involved," Dr. Jones said. "It's a big problem."

When recommending a diet change, Dr. Okwuosa emphasized that it is not a one-size-fits-all approach to care. Physicians should begin by asking black patients how much meat they eat. If the patient says they eat beef five days a week, physicians can recommend trying to cut back to two days. Slow changes make the biggest difference.

## PRIOR AUTHORIZATION IS A MAJOR PRACTICE BURDEN. HOW DO YOU COMPARE?

*By: Andis Robeznieks, Senior Staff Writer, AMA Wire*

Medical practices spend an average of two business days a week per physician to comply with health plans' inefficient and overused prior-authorization (PA) protocols. One-third of practices employ staffers who spend every second of their working hours on PA requests and follow-ups.

Like sands through the hourglass, so are the days of prior authorization.

These figures come from the responses to a 27-question, web-based AMA survey administered to 1,000 American physicians who provide at least 20 hours of patient care per week. The toll of prior authorization is rising, they said.

Nearly 90 percent of the physicians reported that the administrative burden related to PA requests has risen in the last five years, with most saying it has "increased significantly."

Jack Resneck Jr., MD, a health policy expert and professor of dermatology at the University of California, San Francisco, said the survey results reflect the dismaying reality that now delays doctors' orders for even routine prescriptions.

"Physicians have, for many years, expected to face prior-authorization hurdles for a few new or unusually expensive medications or tests. But, more recently, insurers have rapidly added PA requirements to more and more treatments," Dr. Resneck, chair-elect of the AMA Board of Trustees, told AMA Wire. "This survey demonstrates the increasing burden."

On average, a medical practice will complete 29.1 PA requests per physician per week that take 14.6 hours to process. About half of the requests are for medical services, while the other half are for prescriptions, the survey found.

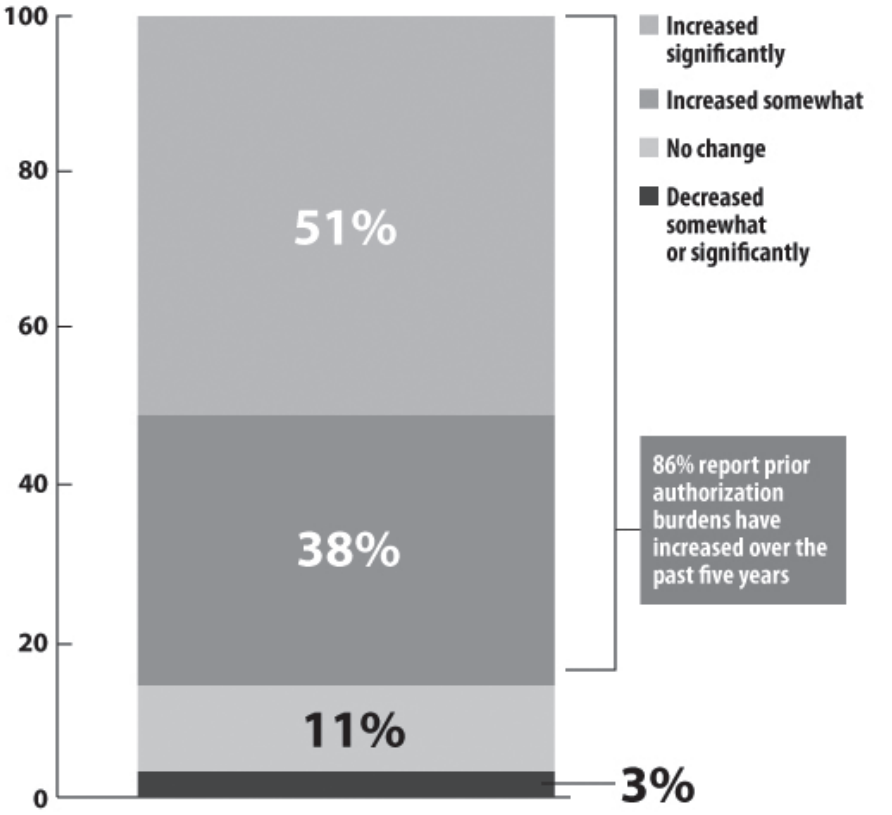
"In my own practice, I now get insurer rejections or PA demands for a majority of the prescriptions I write each day -- even for many generic medications that have existed for decades," Dr. Resneck said. "For many conditions I see, even when there are several treatment options, I increasingly run into plans where every single one of those choices requires a PA."

Dr. Resneck's experience is the new normal.

Seventy-nine percent of the physicians surveyed reported that they sometimes, often or always are required to repeat the PA process for prescription medications

## Change in prior authorization burden over last five years

**Q:** How has the burden associated with prior authorization changed over the last five years for the physicians and staff in your practice?




when a patient is stabilized on a treatment regimen for a chronic condition.

"While most of these PA requests ultimately get approved, the time my staff and I spend filling out lengthy forms and calling health plans to appeal is substantial -- and those are hours I am unable to spend face to face with patients," Dr. Resneck said. "My practice has several medical assistants who spend countless hours helping our physicians on PAs each week."

### Unmerry-go-round

Almost two-thirds of physicians reported having to wait at least one business day for the decision from a health plan on a PA request. Nearly one in four physicians wait an average of three to five days, and 7 percent wait more than five days, the survey found.

This corresponds with the 92 percent of physicians who said PA sometimes, often or always delays patients' access to necessary care.

"Physicians face additional frustrations when initial PA requests are rejected, with health plans often replying with recommendations for alternatives that make no sense given a patient's condition," Dr. Resneck said.

# New Members

**RONALD Y. BARNETT, DO**
*Internal Medicine - Board Certified, Geriatrics*
Medical School: MI State University College of Osteopathic Medicine, 1986. Post Graduate Education: Henry Ford Macomb Hospital, completed in 1990. Hospital Affiliations: St. John Macomb, St. John Hospital & Med. Center, Beaumont Grosse Pointe. Currently practicing at Shores Primary Care, 28001 Harper, St. Clair Shores, MI 48081, ph. 586-772-7180, website www.shoresprimarycare.com.

**ROGER S. HARRIS, DO**
*Family Practice - Board Certified*
Medical School: Des Moines University - Osteopathic Medical Center, 1976. Post Graduate Education: Rocky Mountain Hospital for Children (CO). Hospital Affiliation: St. John Macomb, McLaren Macomb. Currently practicing at Dean Clinic North, 39880 Van Dyke, Ste. 202, Sterling Heights, MI 48313, ph. 586-264-7930.

**CAROLANN K. KINNER, DO**
*Internal Medicine - Board Certified*
Medical School: MI State University College of Osteopathic Medicine, 1994. Post Graduate Education: Henry Ford Macomb Hospital - Warren. Hospital Affiliation: St. John Macomb. Currently practicing at Diab & Kinner Internal Medicine, 29703 Hoover, Ste. A, Warren, MI 48093, ph. 586-558-4081.

**VASILIS K. POZIOS, MD**
*Forensic Psychiatry - Board Certified, Psychiatry - Board Certified*
Medical School: Tufts University School of Medicine (MA), 2005. Post Graduate Education: University of MI, completed 2010; Case Western Reserve University (OH), completed 2011. Currently practicing at Macomb Correctional Facility, 34625 26 Mile Rd., Lenox, MI 48048, ph. 586-749-4900.

# Reinstated Members

**VIKRAM R. REDDY, MD**
*Plastic Surgery - Board Certified*
Currently practicing at Henry Ford Macomb Plastic Surgery, 43281 Commons Dr., Clinton Twp., MI 48038, ph. 586-263-6050, fx. 586-263-0436.

**JEFFREY C. YEAMANS, MD**
*Urology - Board Certified*
Currently practicing at MI Healthcare Professionals - Comprehensive Urology, 18325 E. 10 Mile Rd., Ste. 200, Roseville, MI 48066, ph. 586-773-6300, fx. 586-773-6266, website www.urologist.org.

# Ted Golden, MD Files to Run for Michigan House of Representatives

I AM PLEASED TO ANNOUNCE THAT I HAVE FILED TO RUN AS A DEMOCRAT FOR THE MICHIGAN HOUSE OF REPRESENTATIVES DISTRICT 45 (ROCHESTER, ROCHESTER HILLS, AND OAKLAND TOWNSHIP).

My life's plan when I was in the sixth grade was to first be a physician, and then a politician with the idea of helping people. I have been a successful dermatologist, and now it is time to be the Michigan House Representative from District 45. My main goal is to improve the living climate in Michigan through better health, and reducing government induced stress and anxiety. An important way to achieve my goals are for individual Michigan citizens to empower themselves concerning Michigan government, and for citizens to receive equal and fair treatment from state government. This means that there has to be changes in Michigan. You will save money with these important changes.

Changes in Michigan must start at the top with State Constitutional amendments for judicial retention elections, commissions to gather and disseminate information concerning judicial performance, merit appointment of judges, and the majority of members

of state licensing boards to not come from the group the board oversees. I favor the constitutional amendment to eliminate gerrymandering. Citizens should be taxed equally concerning health insurance premiums and medical expenses. Fair taxation should be based on the ability to pay. Many health care issues are of great concern such as drug over dose deaths, physician stress, guns, abortions, health insurance premiums, medical malpractice, and environmental concerns. It was disgusting what Dr. Fata did to patients in this community after learning the State of Michigan was informed about his criminal practice of medicine, and let him continue for three years before the feds finally arrested the evil doctor. Education should always be a priority. The consumer needs the state to provide better protection. Old liquor laws formulated just after prohibition ended need to be examined and updated in order to make sure that the customer is not overpaying for alcohol due to excessive regulation. I favor the legalization of marijuana, but it could be over regulated due to of all people the Republicans. The Michigan Freedom of Information Act needs to be expanded to include the governor, the legislature, and more of Michigan government. Michigan police officers should be held to a fitness standard. Jobs? Michigan did not make Amazon's top twenty list concerning the location of its second headquarters with high paying jobs. Improving the living climate will help Michigan's economy. Divorce is the ultimate stress and anxiety inducer aggravated by the divorce industry and governmental complacency.

Please, look at my web site **www.tedgoldenmd.com.**

*Vote for me in the August primary and in the November election.*

Thank you.

Ted Golden, MD

## CALL FOR OFFICER NOMINATIONS

The MCMS Board of Directors is looking for members interested in participating as an officer or delegate.

The MCMS Board meets four to six times per year, usually for a dinner meeting on Tuesday evenings. Delegates are also expected to attend the annual Michigan State Medical Society House of Delegates held in the Spring.

Anyone interested in running for a position on the MCMS Board please contact Heidi Leach at macombcms@gmail.org or call 810-387-0364.

# Act now to end gun violence

IN THE AFTERMATH OF MOST DISASTERS, PEOPLE OFTEN QUOTE FRED ROGERS -- MR. ROGERS, TO MANY OF US -- WHO ONCE SAID, "WHEN I WAS A BOY AND I WOULD SEE SCARY THINGS IN THE NEWS, MY MOTHER WOULD SAY TO ME, 'LOOK FOR THE HELPERS. YOU WILL ALWAYS FIND PEOPLE WHO ARE HELPING.' "

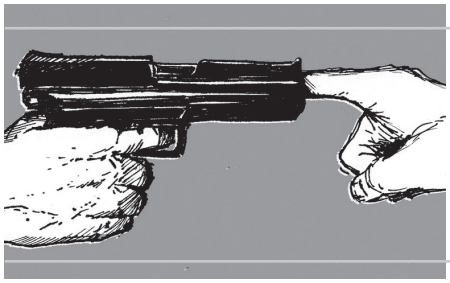
Today, if you are looking at the helpers in the aftermath of so many terrible mass shootings, you will find them looking right back at you. I write on behalf of Michigan physicians everywhere when I ask when and how we can -- as a society -- begin working together to solve our problems related to gun violence in our state and nation. It's not just the headline-making shooting events that trouble us. Every day, Americans are harmed by dangerous firearms, with the Centers for Disease Control reporting more than 33,000 people losing their lives each year.

Worse still, Michigan ranks among the top 10 states for gun violence, with a firearm death rate of 12.3 percent.

We see these incidents every day, and as physicians we work hard to treat and heal the individuals and families harmed.

But enough is enough. Whether it's a mass shooting, a hold-up, a suicide, or an innocent child snooping around their parent's nightstand, firearm tragedies are taking a lethal toll on our state and nation. We must find solutions to put a stop to this senseless public health risk before more lives are lost.

During the past several years, the Michigan State Medical Society has adopted a series of policy positions aimed at curbing gun violence. We also have worked in our own individual areas of practice to identify mental health issues and other concerns that could lead to tragedy.



But ending this massive problem takes more than that. To prevent more shooting deaths, we'll need to deploy a complete array of cultural, social, medical, legal, and educational tools and assets. For example, it is often said mental health issues play a tremendous role in an individual's decision to carry out a shooting. In many cases, this is true -- but in a greater number of cases, it is not. In fact, the American Psychiatric Association reports that just 1 percent of all yearly gun-related homicides are committed by people experiencing serious mental illness.

So what, specifically, are the factors that culminate in the pull of a trigger? We believe a great deal more study is necessary to identify the root causes of -- and solutions to ending -- gun violence. Our leaders must act, if not to restrict access to firearms, then certainly to fund the kind of in-depth research required to help improve the well-being of many would-be shooters.

But that is likely not all that is needed. Similarly, improved regulation over America's firearms could protect the rights of all while still ensuring the safety of a great many who might otherwise suffer harm in the years to come.

**Right now, it's clear the current approach isn't working correctly. Too many guns are getting into the hands of the wrong people, and that has to stop.**

There are many avenues we could choose to pursue as a nation to help end the shootings -- and reduce the massive financial toll gun violence takes on our health care system. It's been estimated that gun violence costs Americans at least $229 billion each year, including $8.6 billion in direct costs for emergency room and medical care. The reasons for intervention are simple and numerous. It is way past time to move forward in fixing the elements that lead to gun violence. The dialogue won't be easy, but it's absolutely necessary.

*By: Betty S. Chu, MD, MBA, President of the Michigan State Medical Society*

# ARE YOU READY?

## RANSOMWARE AND CYBERSECURITY ADVICE FROM PROFESSIONALS

WITH THE NUMBER OF CYBERSECURITY EVENTS ON THE RISE, ARE YOU READY IS SOMETHING HAPPENS IN YOUR PRACTICE? Ransomware is a type of malware that prevents or limits users from accessing their system, either by locking the system's screen or by locking the users' files unless a ransom is paid. It is crucial to have a plan in place to prepare and protect yourself if an event happens to you. Here is some advice from practicing cybersecurity professionals to get you started.

### 1. Document, Document, Document

- Keep records of when your system became unavailable, what services were restored and when. A timeline is the most effective but needs supporting evidence.
- Make a list of impacted business processes. If you are not able to print appointment schedules put this in the list.
- Track any lost revenue or extra costs involved in the attack.

### 2. Consult with Legal Counsel

- Your software contract may have specific provisions related to system availability.
- If your legal counsel is not able to respond to your request they may suggest a firm that specializes in software and electronic health records.

### 3. Prepare a Written Statement for your Patients

- Patients are concerned about their health records.
- A factual statement and/or one page written information response approved by your practice management and legal counsel will ensure that all employees respond in the same way when asked about the issue. Consider reviewing or updating the statement each day based on changes. Example: If electronic prescriptions are not available provide instructions on how patients can obtain a paper prescription. Change the notice when electronic prescription functionality is available again. Here is a statement that one hospital released about ransomware: https://www.hancockregionalhospital.org/2018/01/cyber-attack-pov-ceo/

### 4. Share Information Appropriately

- Sharing documentation with patient names or other protected health information (PHI) may cause a breach. A list of 7 patients with appointments impacted because of the ransomware cannot be openly shared because it contains PHI.
- Participate in update calls from vendors - verify information obtained from the call in writing if possible.
- Notify your IT Support. HHS has a Fact Sheet on ransom ware available at this link: https://www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf

### 5. Report to the appropriate agencies

- Ransomware is a crime, work with your law enforcement organization.
- Vendors are responsible for notifying you of any Information Security Incidents -- wait for the notification from them before starting any reporting processes.
- Other agencies may need to be notified based on your specialty and or factors related to your practice.
- Consult with your insurance carrier to see if you have cyber liability benefits as a part of your policy.

### 6. Evaluate your Security Incident Response Plan

- HIPAA Security Incident Procedures standard at ß 164.308(a)(6)(i) requires a covered entity to implement policies and procedures to address security incidents.
- Review and document your response to this security incident -- what went well? Where can you improve? Did you coordinate with law enforcement partners, other agencies, or other healthcare partners?
- Ensure documentation of your annual requirement to conduct a mock response or drill of your security incident plan is current and available if needed for a follow-up investigation.

# OK2SAY - MICHIGAN'S STUDENT SAFETY PROGRAM

*ON ANY GIVEN DAY, AS MANY AS 5% OF STUDENTS STAY OUT OF SCHOOL BECAUSE THEY ARE AFRAID OF BEING BULLIED.*

*From:*
*Office of the*
*Attorney General*

As health care providers know, students who experience bullying are at increased risk for depression, anxiety, sleep difficulties, headaches, stomach aches, and poor school adjustment. And bullying and bullied students are also associated with suicide and self-harm behavior.

OK2SAY, Michigan's Student Safety Initiative, has been committed to preventing the physical and mental ramifications a negative or dangerous school environment can have on students since its launch in the fall of 2014. It was designed to empower Michigan students to help prevent violence and make their schools safe by confidentially reporting threatening behavior to a state-wide hotline. Tips to OK2SAY can be submitted 24 hours a day, 7 days a week, by phone, email, online, text, or mobile app.

Because the National Center for Educational Statistics has reported that 1 of 3 students reported being bullied during the school year, it is important that groups like the MSMS, whose members witness the ill effects of unhealthy school environments in their student patients, have joined the effort. Frontline partners like MSMS and its members can make a difference and have been encouraged to develop a working familiarity with OK2SAY. They can also help prevent violence by screening their school-age patients for bullying and victimization during wellness visits.

Continued growth and success of OK2SAY has been tied to program awareness. Program staff travel the state to give free presentations to make students, parents, and school officials aware of the program. The presentations have educated them on bullying, cyberbullying, dating violence, sexual assault, threats, hazing, self-harm, and suicide. In 2015, more than 131,000 students attended an OK2SAY informational and educational presentation. 2016 numbers are on track to exceed those numbers.

In the majority of violent incidents that have occurred in schools, someone other than the perpetrator of violence knew of the threat before it was carried out but failed to report it. Often, students chose to keep quiet because they feared retaliation, rejection, or stigmatization by their peers. The result is a culture of silence in which students suffer harm that could have been prevented if another had chosen to speak out. OK2SAY empowers students to break the code of silence.

*THE GOAL OF OK2SAY IS TO STOP HARMFUL BEHAVIOR BEFORE IT OCCURS.* Upon receipt of a tip, specially trained OK2SAY technicians address the immediate need and forward the information to the appropriate responding law enforcement agency or organization. Tips go to schools, local law enforcement agencies, community mental health agencies, or the Michigan Department of Health and Human Services.

To date, over 4,100 tips have been reported to OK2SAY. There are twenty-plus tip reporting categories, though the overwhelming number of tips have been about bullying, cyberbullying, suicide, self-harm, and depression. OK2SAY works. Once appropriate parties have received the tip information, they take action to eliminate the threat. Cases of peer mistreatment have been reduced, weapons have been removed from schools, and students who were threatening suicide received the support they needed.

OK2SAY
Stop the Silence. Help End the Violence.

Please help us keep up the good work that has been done. Commit to helping save lives, restoring hope, and encouraging communication. Get educated on OK2SAY; host a presentation; share this vital resource with your at-risk and in need patients. Contact us by email at OK2SAY@mi.gov or visit our website at www.michigan.gov/ok2say for more information on how you can maximize your OK2SAY partnership.

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 MARCH, 2018^**

| | 2018 | 2017 | 2016 | 2015 | 2014 |
|---|---|---|---|---|---|
| **AMEBIASIS** | 0 | 0 | 1 | 0 | 1 |
| **BLASTOMYCOSIS** | 0 | 0 | 1 | 0 | 1 |
| **BOTULISM (FOODBORNE)** | 0 | 0 | 0 | 0 | 0 |
| **BOTULISM (INFANT)** | 0 | 0 | 0 | 0 | 0 |
| **BRUCELLOSIS** | 0 | 0 | 0 | 0 | 0 |
| **CAMPYLOBACTER** | 13 | 117 | 96 | 79 | 86 |
| **CHICKENPOX** | 6 | 31 | 33 | 32 | 88 |
| **CHLAMYDIA** | 836 | 3,444 | 3,185 | 2,736 | 2,474 |
| **COCCIDIOIDOMYCOSIS** | 1 | 2 | 2 | 2 | 7 |
| **CREUTZFELDT JAKOB** | 0 | 2 | 2 | 2 | 2 |
| **CRYPTOCOCCOSIS** | 0 | 1 | 1 | 1 | 2 |
| **CRYPTOSPORIDIOSIS** | 1 | 6 | 10 | 1 | 9 |
| **CYCLOSPORIASIS** | 0 | 12 | 2 | 0 | 1 |
| **DENGUE FEVER** | 0 | 0 | 1 | 1 | 0 |
| **DIPHTHERIA** | 0 | 0 | 0 | 0 | 0 |
| **EHRLICHIOSIS** | 0 | 1 | 3 | 0 | 1 |
| **ENCEPHALITIS PRIMARY** | 1 | 3 | 1 | 2 | 3 |
| **ENC POST OTHER** | 0 | 1 | 1 | 1 | 2 |
| **FLU-LIKE DISEASE** | 13,043 | 28,153 | 21,747 | 27,943 | 28,824 |
| **GIARDIASIS** | 2 | 20 | 23 | 17 | 21 |
| **GONORRHEA** | 226 | 908 | 801 | 522 | 477 |
| **GRANULOMA INGUINALE** | 0 | 0 | 0 | 0 | 0 |
| **GUILLAIN-BARRE SYN.** | 4 | 9 | 10 | 4 | 6 |
| **HEMOLYTIC UREMIC SYN.** | 0 | 0 | 0 | 0 | 0 |
| **HEPATITIS A** | 16 | 196 | 9 | 5 | 4 |
| **HEPATITIS B (ACUTE)** | 1 | 5 | 9 | 6 | 7 |
| **HEP B (CHRONIC)** | 33 | 111 | 110 | 125 | 136 |
| **HEPATITIS C (ACUTE)** | 6 | 42 | 31 | 16 | 15 |
| **HEP C (CHRONIC)** | 235 | 912 | 931 | 673 | 693 |
| **HEPATITIS D** | 1 | 0 | 0 | 0 | 0 |
| **HEPATITIS E** | 1 | 0 | 0 | 0 | 0 |
| **H. FLU INVASIVE DISEASE** | 4 | 20 | 14 | 11 | 9 |
| **HISTOPLASMOSIS** | 0 | 0 | 5 | 5 | 2 |
| **HIV^** | 7 | 69 | 57 | 64 | 55 |
| **INFLUENZA** | 6,308 | 4,123 | 2,164 | 1,143 | 831 |
| **KAWASAKI SYNDROME** | 2 | 5 | 5 | 10 | 5 |

| | 2018 | 2017 | 2016 | 2015 | 2014 |
|---|---|---|---|---|---|
| **LEGIONELLOSIS** | 5 | 55 | 34 | 25 | 24 |
| **LISTERIOSIS** | 0 | 2 | 1 | 1 | 1 |
| **LYME DISEASE** | 1 | 5 | 3 | 5 | 1 |
| **MALARIA** | 0 | 2 | 2 | 2 | 1 |
| **MEASLES** | 0 | 1 | 0 | 0 | 0 |
| **MENINGITIS VIRAL** | 8 | 43 | 43 | 60 | 44 |
| **MENINGITIS BACTERIAL/BACTEREMIA *(EXCLUDING N. MENINGITIDIS)*** | 4 | 11 | 9 | 10 | 8 |
| **MENINGOCOCCAL DISEASE** | 0 | 0 | 1 | 1 | 1 |
| **MUMPS** | 1 | 3 | 2 | 0 | 2 |
| **PERTUSSIS** | 12 | 74 | 37 | 35 | 83 |
| **POLIO** | 0 | 0 | 0 | 0 | 0 |
| **PSITTACOSIS** | 0 | 0 | 0 | 0 | 0 |
| **Q FEVER** | 0 | 0 | 0 | 0 | 0 |
| **RABIES ANIMAL** | 0 | 2 | 1 | 1 | 3 |
| **RABIES HUMAN** | 0 | 0 | 0 | 0 | 0 |
| **REYE SYNDROME** | 0 | 0 | 0 | 0 | 0 |
| **ROCKY MNTN SPOTTED FVR** | 0 | 0 | 1 | 0 | 0 |
| **RUBELLA** | 0 | 0 | 0 | 0 | 0 |
| **SALMONELLOSIS** | 6 | 73 | 78 | 82 | 75 |
| **SHIGELLOSIS** | 0 | 46 | 50 | 22 | 9 |
| **STEC**** | 2 | 9 | 7 | 9 | 11 |
| **STREP DIS, INV, GRP A** | 20 | 32 | 31 | 27 | 26 |
| **STREP PNEUMO, INV + DR** | 19 | 45 | 55 | 52 | 45 |
| **SYPHILIS** | 10 | 60 | 79 | 108 | 77 |
| **SYPHILIS CONGENITAL** | 0 | 0 | 0 | 2 | 0 |
| **TETANUS** | 0 | 0 | 0 | 0 | 0 |
| **TOXIC SHOCK SYNDROME** | 0 | 0 | 0 | 1 | 1 |
| **TUBERCULOSIS** | 2 | 10 | 11 | 6 | 11 |
| **TULAREMIA** | 0 | 0 | 0 | 0 | 0 |
| **TYPHOID FEVER** | 0 | 0 | 0 | 1 | 1 |
| **VIBRIOSIS** | 0 | 0 | 1 | 0 | 0 |
| **VISA** | 0 | 1 | 0 | 0 | 1 |
| **WEST NILE VIRUS** | 0 | 7 | 2 | 4 | 0 |
| **YELLOW FEVER** | 0 | 0 | 0 | 0 | 0 |
| **ZIKA** | 0 | 0 | 4 | 0 | 0 |

^ 2017 data are provisional.

*Includes both Probable and Confirmed case reports.

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

Apr 11, 2018

^ Previously reported as "AIDS"

## UTILIZE MSMS' WEBSITE ENGAGE (WWW.MSMS.ORG/ENGAGE)

Connecting constituents and Lawmakers is a critical and central function of grassroots advocacy. Engage gives users access to an editable, prefilled web-form letter sending system, which has become the easiest and most effective way for constituents to contact their Lawmakers. With Engage, YOU become a "virtual lobbyist," so please familiarize yourself with Engage and Take Action Now!

*TAKE ACTION*

**Interstate Medical Licensure Compact (MSMS opposes)**

House Bill 4066 would set up an "interstate medical licensure compact," creating one more onerous and unnecessary bureaucratic barrier between Michigan physicians and their patients.

The legislation would create a new licensure process for physicians, and drive up costs on patients. The bill would create an entirely new bureaucracy between states for physicians that may at some time wish to leave Michigan and practice elsewhere.

The bill would consume physicians' time and money, taking them away from the exam room and the operating suite, and raise costs while providing absolutely no benefit for patients.

The new system would also require for the first time that Michigan physicians participate in costly, unnecessary Maintenance of Certification procedures just to be eligible for licensure.

It is a bad solution in search of a nonexistent problem, and one that would have a serious negative impact on Michigan patients and their pocketbooks.

**Please urge your lawmaker to vote NO on HBs 4066.**

## MI'S IMMUNIZATION WAIVER WORKS! ASK YOUR LAWMAKER TO VOTE 'NO' TO HBS 4425 & 4426, AND SENATE BILL 300

Childhood immunizations protect our kids from dangerous infectious diseases like measles, mumps, rubella and more, but they can't help if parents don't get their kids vaccinated.

Michigan recently approved a change to Michigan's childhood immunization standards requiring parents of school-aged children who seek a "non-medical exemption" to immunization requirements to have their waiver certified by their local health department.

While individuals may still choose and obtain a waiver for any reason, the new rule has led to better education about the safety and effectiveness of immunizations, encouraging informed decisions.

It's a common sense reform that's protecting kids and making Michigan a healthier state, and immunization waiver rates have plummeted as a result. That means our children are safer and healthier.

Unfortunately, lawmakers in the House and Senate have introduced House Bills 4425 and 4426, and Senate Bill 300, misguided legislation that would roll back these effective, lifesaving initiatives and undo the progress Michigan has made protecting children from vaccine-preventable diseases.

According to testimony by state officials, Michigan's improved opt-out policies are working and they're making kids healthier. Now's not the time to turn back the clock on this critical reform.

**Please urge your lawmaker to support Michigan kids first by voting NO on House Bills 4425 and 4426, and Senate Bill 300.**

**May/June 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!