Macomb
Medicus
Journal of the Macomb County Medical Society
November/ December 2018 Issue
Vol. 26 No. 5

Macomb County Medical Society Annual Membership Meeting

Free for MCMS Members and Non-Member Physicians

Wednesday, December 5, 2018

"HEALTH SYSTEM UPDATE"

Presented by

Barbara Rossmann

President & CEO of Henry Ford Macomb Hospital

and

Terry Hamilton

President of Ascension Macomb-Oakland Hospital

Ike's Restaurant

(Van Dyke & 17 Mile Rd. in Sterling Heights)

6:30 pm Dinner & Program

You must register by Friday, November 30.
Email the MCMS Office at macombcms@gmail.com

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

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Macomb Medicus

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All material for publication, including advertisements, must reach the Society office no later than the 5th (business) day of the month preceding the date of issue, e.g. December 5 for the January/February issue. Thank you.

The Politics of Healthcare

AS THE MIDTERM ELECTIONS APPROACH, WE ARE CONTINUOUSLY BOMBARDED WITH ADVERTISEMENTS FROM ALL THE POLITICAL CANDIDATES PROMISING US, IF ELECTED, THEY WILL PRESERVE INDIVIDUAL HEALTHCARE BENEFITS AT MINIMAL COST. Yet, at the same time they claim their opponent, if elected will cut health benefits at an increased cost to us all. Of course, there are no details in their "plans". Instead, as usual, their focus is on telling the American people what they want to hear: free healthcare for all, with no increase in price.

By: Daniel M. Ryan, MD

The cost of healthcare making up 1/5 of the United States economy is multifactorial. However, I believe it can be simplified and illustrated best when one looks at the charges associated with an elective knee replacement. The charges for the hospital stay, anesthesia, nursing care, rehabilitation and other ancillary care, medication and doctor's fees are close to $50,000. Imagine the number of knee replacements performed each day across the country. Now, imagine what the combined costs are for all other medical treatment provided daily. When examining the cost of healthcare on an individual or selective basis, the high cost does not seem possible. Ironically, just fifty years ago, one of the largest medical groups in Macomb County had a heated debate over whether charges for an office visit should be increased from $3.00 to $4.00. Today, that same office visit charge would likely be in the $150.00 range. Hospital and procedural costs have increased at a rate much more rapidly than the basic office visit. Furthermore, the astronomical cost of assisted living care for the elderly was emphasized by a woman who found that taking non-stop cruise trips was less expensive than seeking assisted living care. The cruise provided her with a physician onsite and available 24 hours per day, meals prepared by a trained chief, a wide range of activities to participate in, and daily housekeeping service, all for the price that was less than assisted living.

Most Americans know the increasing cost of healthcare is multifactorial, yet no elected official will dare propose cuts to any benefits to reduce these costs or he/she will certainly not be re-elected. It is too easy in the current climate for politicians to be blamed for not caring about "the average" American while they are accused of being a puppet for special interests. One is portrayed as wanting to wheel grandma off a cliff. Additionally, the public continues to waiver in terms of what to do with healthcare, where their true support lies, and seem to be easily swayed by creative commercials. For example, many older Americans say they do not want to "pass a financial burden onto their children or grandchildren" and most agree that healthcare costs are too expensive, but at the same time, they are not willing to accept cuts to their Medicare benefits to ease or decrease this burden.

It is too easy in the current climate for politicians to be blamed for not caring about "the average" American.

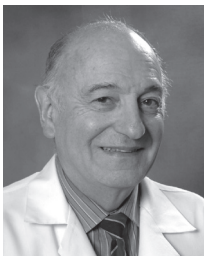
Unfortunately, the result is that only micro steps are taken to reduce the overall cost of healthcare. This is done purposely, so that neither political party is negatively affected. These steps include: slowly increasing deductibles and copays to make patients more financially accountable for their own medical care, implementing bundled payment programs and Accountable Care Organizations (ACO) to eliminate unnecessary costs, and therefore, further reducing the cost of care. Such programs, thus far, have not had a significant effect. Recently, increasing the age of eligibility for Medicare participants has been discussed, however the political implications are likely damaging. Nevertheless, the steps described above are woefully inadequate and will not result in any meaningful reductions in healthcare costs that will allow us to make healthcare sustainable.

Obama's Affordable Care Act did little to make healthcare affordable. It succeeded in that it did increase access to care; however, it also increased the cost of healthcare to taxpayers. Trump's healthcare changes so far have not had any significant effect on reducing healthcare costs. Both Democrats and Republicans blame the other side for the predicament in which we remain. One is accused of being heartless or a spender no matter what is being discussed. Therefore, no legitimate debate is ever had, but the day of reckoning is coming.

This drastic and rapid rise of medical care, that far exceeds the rate of inflation, can be explained by the basic supply/demand economic principle. In medicine, the supply and demand rise

Continued on pg. 7

MSMS EARN MSAE AWARDS FOR EXCELLENCE



The Michigan State Medical Society (MSMS) earned several honors at the Michigan Society of Association Executives (MSAE) 17th Annual Diamond Awards September 20 in Novi. The awards program recognizes excellence and innovation in Michigan's association sector.

By: Adrian J. Christie, MD; Paul Bozyk, MD; Donald R. Peven, MD;

Among the awards, MSMS earned were:

- In the "Electronic Newsletter" category, MSMS took home a silver award for Medigram.
- In the "Magazine" category, MSMS received a silver award for Michigan MedicineÆ.
- In the "Website" category, MSMS won a gold award for MSMS.org.

"These awards represents innovation, achievement, and excellence within the association industry and honors the best of the best," said Julie Novak, MSMS CEO. "I am proud of the work we do on behalf of Michigan physicians, and these awards are evident the MSMS staff is equally proud."

NEW POLL REVEALS MAJORITY OF MICHIGAN RESIDENTS SUPPORT PROTECTING AUTO NO-FAULT BENEFITS, CRACKING DOWN ON INSURANCE COMPANIES' DISCRIMINATORY PRACTICES

Survey also finds support for bipartisan Fair and Affordable no-fault reform package, which remains largely neglected in the Michigan Legislature

Two-thirds of Michigan residents support a package of bills in the Michigan Legislature that seeks to lower auto insurance premiums while protecting the lifetime medical and lost-wage benefits provided by the state's auto no-fault insurance system, according to a new statewide poll conducted by ROI Insight.

The poll showed strong support for the benefits provided by the no-fault system. Sixty-five percent of likely voters (56 percent strongly) reject any plan to eliminate or limit medical benefits for auto accident victims. Meanwhile, 56 percent believe rates should not be slashed at the expense of accident victims.

In addition, 77 percent of respondents said they do not believe insurance companies when they say they want to save them money, and 65 percent of respondents said rates are high because the State of Michigan does a poor job regulating rates to protect consumers.

"Voters strongly want to protect the lifetime medical benefits and limited lost wage benefits that no-fault provides," said Paul King, president of ROI Insight. "When voters discuss the protections provided by the no-fault system, the polling data show their perceptions are significantly positive. In fact, nearly three-quarters of voters say no-fault's protections of lifetime medical benefits to accident victims are good things, with a plurality saying 'very good.'"

The statewide survey of 800 likely voters, which was conducted by live callers between Sept. 15 and 20, included a 30-percent mix of cell phone users. The margin of error was +/-3.46. The survey was commissioned by CPAN (Coalition Protecting Auto No-Fault), a coalition of consumer groups and care providers working in a bipartisan way to reduce premiums while protecting Michigan drivers and families.

The bipartisan Fair and Affordable package of bills, which has sat in the Michigan Legislature for over a year without receiving a hearing, includes bills which would end the insurance industry's discriminatory practices of using non-driving rating factors like gender and ZIP code when setting rates; require more transparency in how rates are set; crack down on fraud by insurance companies, consumers and medical providers; and lower health care costs by establishing a fee schedule for medical providers.

This survey shows that the Fair and Affordable package is supported by 66 percent of likely Michigan voters.

MSMS PARTNERS WITH SOFI

In our ongoing effort to bring additional value to your membership, the Michigan State Medical Society (MSMS) is pleased to announce our latest partnership with SoFi. As the largest provider of student loan refinancing, marketplace lender SoFi has extensive experience helping borrowers navigate the refinance landscape.

SoFi consolidates and refinances federal and private student loans in order to offer rates customized to you, creating meaningful savings. Upon refinancing through SoFi.com/MSMS, Michigan State Medical Society employees, family and friends receive a $500 Welcome Bonus.

Since 2011, SoFi has helped over 500,000 members across the country refinance over $30 billion in loans.

By going to SoFi.com/MSMS, members are able to check their rates within two minutes and with no impact on your credit score. SoFi is able to refinance student loans and Parent PLUS loans through SoFi.com/MSMS.

Additional benefits include:

- Serious savings: Members save thousands by refinancing.
- Low rates: Low variable and fixed rates with 5, 7, 10, 15 and 20-year repayment options.
- No extra fees: No application/origination fees or prepayment penalties -- ever.
- Simplicity: Consolidate all existing student loans (federal and private) into a single loan with one monthly payment.
- Support when needed: Access to live customer support 7 days a week.
- Membership perks: Exclusive networking events, financial workshops and more.

Residents can also benefit from SoFi through SoFi.com/MSMS to help ease their burden of debt.

SoFi Refinancing for Residents:

- Pay a minimum of $100/month for up to four years. If you have less than four years of your medical residency program, you are eligible to apply to refinance.
- Accrued interest does not compound while paying $100/month. This means you won't pay interest on interest while in your residency program.
- Residents with M.D./D.O. degree are eligible to apply; select "Grad Degree = MD/DO", and then "Medical Specialty = Other" during the application process.
- You must be refinancing a minimum of $10k in private or federal student loan debt in most states.

Receive a $500 Welcome Bonus by refinancing through SoFi.com/MSMS.

To learn more about SoFi's services, please contact Kevin McFatridge at (517) 336-5745 or email him at kmcfatridge@msms.org.

HENRY FORD HEALTH SYSTEM, WAYNE STATE UNIVERSITY SIGN LETTER OF INTENT FOR EXPANSIVE PARTNERSHIP

Henry Ford Health System and Wayne State University (WSU) announced in October that the organizations have signed a letter of intent (LOI) to expand their long-term partnership and bring two Detroit anchor institutions even closer together. This new partnership will create a collaborative model focused on achieving the highest levels of excellence in patient care, a transformational approach to research and community health, and an innovative curriculum for the education and training of the next generation of medical and health professionals.

With a non-binding LOI signed after many months of talks, the two institutions will begin working out the details of the partnership in definitive agreements, which they hope to finalize in early 2019. Governing boards for both organizations have independently expressed their unanimous support to move forward.

The enhanced partnership will designate Henry Ford Hospital as the primary institutional affiliate for the WSU School of Medicine, the WSU College of Nursing, and the WSU Eugene Applebaum College of Pharmacy and Health Sciences.

Another hallmark will be the creation of a joint Health Sciences Center (HSC) to integrate and fulfill shared education, research and patient care missions. The bottom-line goal is to radically improve the health of the diverse populations of Detroit and the Midwest, including the most vulnerable populations.

The HSC will not be a physical location, but a separate operating and governance structure, including a president, board, budget, and governing committees. The HSC will provide strategic and collaborative input for the partnership's clinical, research, and educational programs and activities.

This is not a merger or an acquisition and will not prohibit either institution from partnering with other entities. Wayne State and Henry Ford will retain their respective autonomy.

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.*

THE PHYSICIANS FOUNDATION'S 6TH BIENNIAL SURVEY IDENTIFIES BURNOUT AND SOCIAL DETERMINANTS AS TOP ISSUES

The Physicians Foundation, a nonprofit organization that seeks to advance the work of practicing physicians, recently released the findings of its 2018 survey of U.S. physicians. The new survey includes responses from almost 9,000 physicians across the country and underscores the overall impact of numerous factors driving physicians to reassess their careers.

Dr. Gary Price, president of the Physicians Foundation, talked to MSMS about what these findings mean.

Q: ***Physician burnout has been an issue the Physicians Foundation has been monitoring for years in its biennial surveys. What's changed in this year's results?***

Dr. Price: Unfortunately, physician burnout is on the rise. A stunning 78 percent of physicians say they experience feelings of burnout in their medical practices. To give you context, in our 2016 survey results this number was at 74 percent, so we see this figure climbing.

It's truly alarming that more than three-quarters of physicians are experiencing burnout, particularly because it is causing many physicians to reassess their careers. Forty percent of our survey respondents plan to either retire in the next one to three years or cut back on hours. Equally distressing, 46 percent say they plan to entirely change career paths within the next three years.

Physicians have been silently coping with this burden. It is far past time to do something meaningful to change this negative trend.

Q: ***What factors are driving burnout among physicians?***

Dr. Price: Physicians responding to our survey report that the chief culprit contributing to feelings of burnout is the frustration they feel with the inefficiency of electronic health records (EHRs) followed by the burden of regulatory and insurance requirements. All of these have intruded on their time to care for their patients, without significantly improving the quality of that care.

If the healthcare industry does not confront the significant challenges caused by the inefficiency of EHRs and excessive burden of regulatory and insurance requirements, physicians will continue to experience increasing burnout symptoms -- which, in turn, will exacerbate the physician shortage already felt in many areas of our country, and needlessly prolong the sometimes tragic consequences of burnout.

Q: ***Do physicians feel able to instigate changes to help alleviate these feelings of burnout?***

Dr. Price: Only 10 percent of physicians who took our survey feel they have the power to impact the healthcare system. The perspective of physicians needs to be at the forefront of discussions around healthcare policy and regulation. Physicians are on the front lines of healthcare every hour of every day, and ultimately are held responsible for their patient's outcomes.

The Physicians Foundation strives to focus and amplify the voices of physicians. Their insights will be critical to improving our healthcare system in a successful and sustainable way. Physicians need to feel empowered to contribute their ideas, and planners need to recognize the value of their input.

Q: ***A lot of people are talking about the influence of social determinants on healthcare outcomes. To what extent are factors like poverty impacting patient care?***

Dr. Price: An overwhelming majority (88 percent) of physicians report that some, many or all of their patients are impacted by social determinants. In fact, only one percent of physicians taking our 2018 survey report that none of their patients have such circumstances.

Conditions such as poverty, unemployment, lack of education and addiction all pose a serious impediment to a patient's health, well-being and their eventual health outcomes. These challenges directly impact a physician's ability to deliver effective care.

Many physicians on our Board of Directors personally witness

the impact of poverty among the patients they serve. Social determinants as they relate to healthcare have been a critical focus of the Foundation for several years now. We have made concerted efforts to address this vital area with like-minded individuals and organizations across the U.S.

While patients and physicians must work together to navigate the hardships that hinder proper care and drive up costs, it's key that health policy experts and regulators actively acknowledge and engage with this issue. Simply ignoring it -- or pretending it is not a factor in driving up costs while undermining outcomes -- is no longer tenable.

Q: ***Many people dealing with social determinants that adversely affect their care are also patients who have been negatively impacted by the opioid crisis. To what extent has the opioid crisis changed the way that physicians practice medicine?***

Dr. Price: Our survey results report that 69 percent of physicians are prescribing fewer pain medications in response to the opioid crisis. To put things in perspective, an opioid overdose was the cause of more than 60,000 deaths in 2017 alone -- quadruple the number of deaths from an overdose since 1999.

There are many causes of this epidemic, and physicians are seriously engaged in efforts to reduce it, as well as untangle the multiple root causes of this major public health concern.

Q: ***Anything else we should know about the 2018 Physician Survey results?***

Dr. Price: Physicians overwhelmingly agree (79 percent) that the most satisfying part of being a physician are the relationships with patients that they build across their career. We hope policy makers, healthcare influencers, media and other stakeholders will use the findings of our survey as a valuable resource to better understand the underlying challenges facing physicians and our healthcare system. This will allow all stakeholders to formulate more effective policies to advance the health and interests of patients through helping physicians focus on what they love and do best -- care for patients.

To view the full results of the survey, visit https://physiciansfoundation.org/research-insights/the-physicians-foundation-2018-physician-survey/.

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

together. There is no check on demand. Insurance pays for services and the consumer receives them for "free". With the American publics' insatiable appetite for "their right" to free healthcare combined with physician and hospital incentives to admit and see patients, the resulting outcome of an economic cost is obvious. Financial incentives to increase health supply allows hospital systems to make billions of dollars and rewards hospital executives with salaries and bonuses in the multi-digit millions. Physicians too have financial incentives to see patients and perform tests and procedures. There is also a need to perform various tests and procedures to reduce their risk for legal liability. In a recent study, a local hospital and found that 1/3 of cardiac catheterizations performed at their own hospital were in fact, unnecessary. This increase in medical care becomes the professional standard of care, increasing services and therefore costs. Additionally, insurance companies, trial attorneys, and pharmaceutical companies have their hands in the money pot and we are aware of their financial incentives. The rate of increasing cost of healthcare in the U.S. is simply unsustainable.

After the passage of the Affordable Care Act, the die was cast for a universal single payer system. That is why some Democrats were willing to pass it and were "willing to figure out what it means after we pass it." They knew that once passed, the legislation would be past a point of no return. Accountable Care Organizations became larger, hospital mergers lead to giant conglomerates, bundled payments became the norm, and more insurance companies consolidated. These changes lead to less choice for the consumer, bigger, and less players in healthcare. Eventually, the government will swallow the last remaining groups whether its hospital systems, insurance groups, or ACO's and it will provide a single system for all. The slippery slope to a single payer system has launched, no matter the mechanism, we will get there. Indeed, it is inevitable, physicians and hospitals will be paid on a fixed income or rate, without any financial incentives to increase admissions or perform services. The care of the patient will be the singular factor considered when determining treatment. American consumers will be forced to face that along with easier access, comes less choice, and less voice in terms of their care, particularly with elective procedures. Subsequently, the legal incentive for attorneys to prosecute healthcare providers will decrease, as will pharmaceutical company incentives. Our current healthcare system is too costly and cannot continue. The movement toward a single payer system, whether one agrees with the principle or not, won't be stopped. Exactly, how we get there, and when we get there is unknown.

Henry Ford Macomb Hospital

BARBARA ROSSMANN: A MACOMB COUNTY CHAMPION FOR HEALTH CARE, TRANSIT, QUALITY OF LIFE

Barbara Rossmann decided in grade school that she wanted to become a nurse.

Decades later, Rossmann - the 14-year president and CEO of Henry Ford Macomb Hospitals - still retains her nursing license.

She's always wanted to help people and to help people help themselves.

"The work is always about the patient, the customers we serve, and keeping health care as close to home as possible," the Shelby Township resident said.

But Rossmann's calling to help people goes beyond health care. It's to the greater community and region that she has lived in for more than two decades, say those who have known her for years.

"She gets beyond jurisdictional boundaries. She thinks about how to get a solution," Advancing Macomb Executive Director Melissa Roy said, adding that with Rossmann "it's always about the mission. I've never seen her shirk her responsibility, even if she didn't ask for it."

Rossmann is this year's recipient of the Eleanor Josaitis Unsung Hero Award. The award, named after the famed Detroiter who co-founded Focus: HOPE in the wake of the unrest of 1967, is one of the Shining Light Regional Cooperation Awards. The awards recognize people who have a regional impact and make important contributions to metro Detroit and are sponsored by the Detroit Free Press and the Metropolitan Affairs Coalition.

"I am so humbled by this," Rossmann said.

David Girodat, regional president of Fifth Third Bank - Eastern Michigan, nominated Rossmann, whom he has known for more than 15 years.

"She's just a dynamic community leader," said Girodat, chairman of the Henry Ford Macomb Hospitals advisory board and board chair for Advancing Macomb, where Rossmann is vice chair. "She is such an advocate and ambassador of Macomb."

Girodat said Rossmann isn't afraid to be involved in harder discussions, such as regional transportation, economic development, behavioral health and the opioid crisis and described her as "a community leader who's trying to make a better community."

Rossmann said economic development is crucial to the health and well-being of not just Macomb County, but Oakland and Wayne Counties, Detroit and southeast Michigan "and the ability to move people is part of that." She was glad the suburban bus system millage question passed, though narrowly, in Macomb County, saying that the workforce, the patients and the community use the system.

Roy said that while Rossmann understands politics, she doesn't look to perpetuate the political conversation. She described Rossmann as someone "who can put our commonalities on the table."

Roy said people outside the county may not know "how important Barbara is to a civic discourse in Macomb County" and that Rossmann is one of the people in the region who can have a productive, civil conversation with others.

Born in Topeka, Kansas, Rossmann traveled throughout the country as a child because her father spent 30 years in the Air Force. She earned her bachelor's degree at Mount Marty College in South Dakota and her master of science degree from Texas Woman's University.

She spent six years in the Army, where she worked in nursing. Among her list of accomplishments, she served as a captain in the U.S. Army Nurse Corps and received a Meritorious Service Award for her work in a Nicaragua disaster relief field hospital.

Rossmann came to Michigan in 1995 when she became chief nursing officer with Trinity Health. In 1999, she became executive vice president and chief operating officer of what is now Henry Ford Macomb Hospitals and she was appointed president and CEO in 2004. It has about 3,500 employees and 1,000 medical staff members in dozens of facilities throughout the county.

Macomb County Deputy Executive Al Lorenzo, who served on the hospital board when Rossmann was hired as chief operating officer in 1999, said she has been a guiding force leading hospitals through a variety of changes through the years, including changes in ownership and culture.

"She is universally trusted. I don't know of a soul who does not trust Barbara Rossmann," he said, adding that she is "selfless." "She has an uncanny ability to bring people of different backgrounds together, to form unified, highly successful organizations and still have people like them."

Rossmann said having and expanding services close to where people live, such as in a growing Macomb County, is vitally important ó whether it's trauma care; ambulatory sites that provide primary care, physical therapy and urgent care, or other services, such as a faith community network with nurses in congregations or starting a school health network with faculty and parents to encourage ways to help reduce absentee rates and childhood obesity.

Rossmann said she believes the county has beauty, resources and offerings not just locally, but nationally and that all of the region's counties are unique. She said a healthy Detroit means a healthy region and "it goes both ways."

"If we could just get out of our own way, magic can happen," she said.

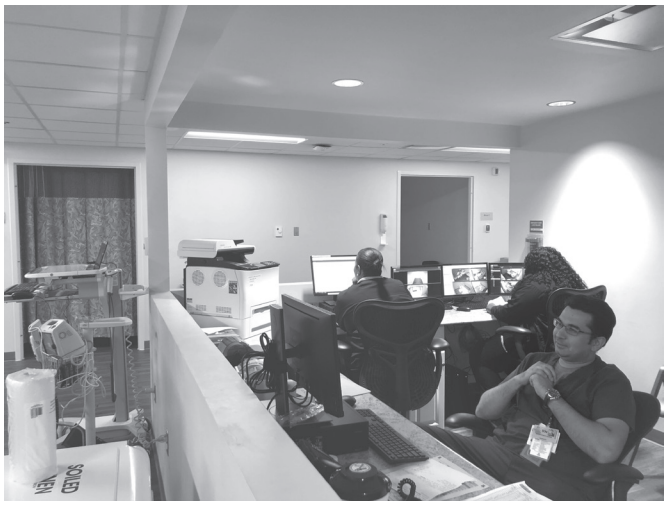
Ascension Macomb-Oakland Hospital

ASCENSION ST. JOHN HOSPITAL OPENS NEW ED BEHAVIORAL HEALTH UNIT

In mid-August, Ascension St. John Hospital opened an Emergency Department Behavioral Health Unit. The new unit will host medically cleared behavioral health patients who have been seen in the Emergency Department and are awaiting disposition. Up until the new ED Behavioral Health Unit's opening, these patients were spending significant time awaiting transfer. The new unit will provide a more conducive environment than the sometimes hectic setting of the Emergency Department.

The first phase of the Emergency Department Behavioral Health Unit opened with five beds. The second phase will include seven additional beds, plus a three-chair lounge for a total of 15 treatment spaces. The unit is located in the hospital's Center Lobby/central hub area.

Psychiatric emergencies are a national crisis. Patients present to EDs with psychiatric emergencies because there is a severe shortage of mental health resources in the United States. These patients often wait for days, boarding in the ED until psychiatric beds become available. Southeastern Michigan has not escaped this national crisis. In fact, volume and wait times for psychiatric patients to be transferred to behavioral health facilities has reached an all-time high in some of our Ascension facilities.



Pictured the nursing station on the new ED Behavioral Health Unit at Ascension St. John, with two of the five treatment rooms in the background.

ASCENSION MICHIGAN DOCTORS USING PROMISING DEVICE TO PREVENT STROKE AND SAVE LIVES

Blood clots that cause strokes can be especially dangerous for people who have atrial fibrillation. The heart care teams at a few Ascension Michigan hospitals are using a device known as the WATCHMAN™, which is designed to prevent strokes and save the lives of those patients. The WATCHMAN device permanently seals off the left atrial appendage, a section of the heart that is the site of almost all stroke-causing blood clots in people who have A-fib.

It's the only FDA-approved device of its kind designed to prevent blood clots that form in the left atrial area from entering the bloodstream and causing strokes. Many A-fib patients have to take blood-thinning medications to prevent clots and strokes from happening. But those medications are not an option for all A-fib patients due to side effects or bleeding problems.

The WATCHMAN device is another example of the leading treatments being offered to the community by Ascension Michigan heart care experts.

ASCENSION, MADONNA UNIVERSITY AND ORBIS PARTNER TO OFFER ACCELERATED NURSING PROGRAM

In an effort to grow our own nursing workforce and address the broader need for nurses in southeast Michigan, Ascension has partnered with Madonna University's College of Nursing & Health and Orbis Education to create a new Accelerated Bachelor of Science in Nursing (ABSN) program. This unique partnership between Madonna, Ascension, and Orbis was created to achieve the goal that all three organizations share -- developing practice-ready, BSN-prepared nurses. This accelerated program provides quality nursing education to more students in a short amount of time. Qualified students may transfer their college credit or non-nursing degrees to earn an ABSN in as few as 16 months through a combination of online coursework and onsite lab experience at Madonna's new 13,834-square-foot learning center in Southfield. Students also gain hands-on experience through clinical placements at Ascension healthcare facilities throughout the Detroit metropolitan area. The program welcomed its inaugural cohort of students on Aug. 21.

The partnership was a natural fit for Madonna University and Ascension given our shared values of Catholic healthcare and the wealth of locations that Ascension SE Michigan can offer for student clinical rotations. Orbis Education developed, equipped and funded the learning center which includes state-of-the-art nursing labs that replicate the clinical setting with 10 beds, anatomically correct task trainers, full-body patient simulators

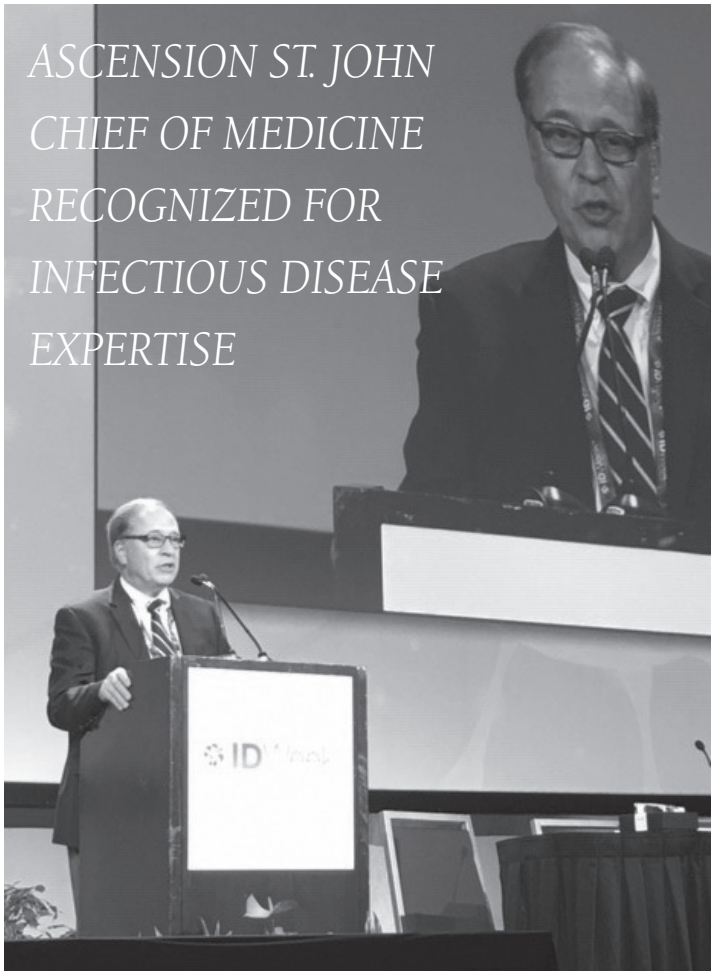
and contemporary hospital equipment. The site also includes a study area, student lounge, restaurant within the complex and convenient parking.

Madonna's ABSN program has three starts per year and is currently accepting applications for January and May of 2019. Learn more at https://absn.madonna.edu/about/clinical-partnership/

ASCENSION ST. JOHN GASTROENTEROLOGY CHIEF USING NEW ENDOSCOPIC TECHNOLOGY TO FIX SMALL HIATAL HERNIAS

Dr. Mohammed Barawi, Chief of Gastroenterology, Ascension St. John Hospital, is among the first endoscopy experts in southeast Michigan to use a less invasive procedure for treating gastroesophageal acid reflux (GERD) caused by hiatal hernia. Transoral Incisionless Fundoplication or TIF is a non-surgical procedure that repairs small hiatal hernias (2 cm. or smaller.) A hiatal hernia occurs when the upper part of the stomach pushes up into the chest through a small opening in the diaphragm. To treat the hiatal hernia using TIF, Dr. Barawi feeds the endoscope through a special device that allows him to repair or recreate the body's natural barrier to reflux. TIF uses preloaded forceps and fasteners and requires no incision. With TIF, patients typically experience shorter treatment time, less pain and faster recovery than with laparoscopic surgery (done through the abdomen).

ASCENSION ST. JOHN CHIEF OF MEDICINE RECOGNIZED FOR INFECTIOUS DISEASE EXPERTISE



Ascension St. John Hospital Chief of Medicine Louis D. Saravolatz, MD, MACP, FIDSA, has been recognized by the Infectious Disease Society of America (IDSA) as a recipient of a 2018 Society Citation award.

The IDSA's Society Citation is a discretionary award given in recognition of exemplary contribution to IDSA, an outstanding discovery in the field of infectious diseases, or a lifetime of outstanding achievement.

Dr. Saravolatz developed an extensive background in bacterial infections early in his career, including early outbreaks of Legionella, and was among the first to document the emergence of methicillin-resistant Staphylococcus aureus (MRSA). He was actively involved in NIH committees that developed treatment strategies for HIV before modern antiretroviral therapy became available. Dr. Saravolatz has also made substantial contributions to IDSA through his dedicated service on multiple committees.

IDSA is a large and growing Society whose 11,000-plus members represent the diversity and vibrancy of the field. IDSA members include practicing clinicians who provide direct patient care, scientists and researchers in the academic setting, public health officials, hospital epidemiologists, and ID specialists working in many other settings.

UPCOMING EVENTS

NOVEMBER 5 MCMS Annual Meeting, "Health Systems Update", Ike's Restaurant in Sterling Heights, 6:15 pm cocktails, 6 pm dinner & program. To register email macombcms@gmail.com

NOVEMBER 10 MSMS Conference on Bioethics, Holiday Inn near the U of M in Ann Arbor, 9 am - 4:30 pm. For more information or to register visit www.msms.org/education or call 517-336-7581.

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* In Search of Joy in Practice: Innovations in Patient Centered Care
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Travels Far & Wide

My wife Mynetta and I have been very fortunate to remain in moderately good health in our later years, and to have traveled to many countries and continents since our Paris honeymoon in 1966. Last October we toured Japan, and in August 2018 attended a wedding in Harrogate, a Victorian spa town just north of the industrial city of Leeds. Perhaps most memorably, a visit to India in 1990 was quite unique, as our younger daughter, Leona, then an art student, had been living in the northern city of Varanasi for six months and had acquired a basic knowledge of Hindi as part of a University of Wisconsin program. I recall walking with her one early morning along a bank of the Ganges where whole families lived with their pets on the sidewalks, sometimes with TV's sprouting wire antennas, then rowed by a boatman downriver as the sun was rising. Pilgrims were bathing and women washing clothes at the water's edge. Boaters were floating candles for remembrance of deceased loved ones and an occasional funeral pyre burned on the river bank.

Japan in 2017 was the very antithesis of India all those years ago, everything super-modern and spotlessly clean; you could safely eat from the floors of public restrooms or taxi cabs! Cars and trucks were shiny and free of dirt, even after a rainstorm. Roads and bridges appeared newly built, at least in the major cities of Tokyo and Kyoto. We learned that schoolchildren are expected to clean their classrooms before leaving for home. There was no tipping for service in cabs, hotels and restaurants, and the high level of honesty in the Japanese public was almost unbelievable. We were informed that visitors have left wallets and purses containing cash and passports on bullet trains, only to have them returned to them the next day! Our tour included daily lunches excepting alcoholic beverages, which we purchased ourselves. I often had a beer, and on two occasions a waiter pursued me from a restaurant with the tiniest amount of exact change in his hand. It is a country with very little crime and almost no drug problem. Overseas visitors and students, such as those planning to teach English to the Japanese, are advised that their laws do not distinguish between marijuana and hard drugs such as heroin, and an automatic jail sentence of many years awaits an offender.

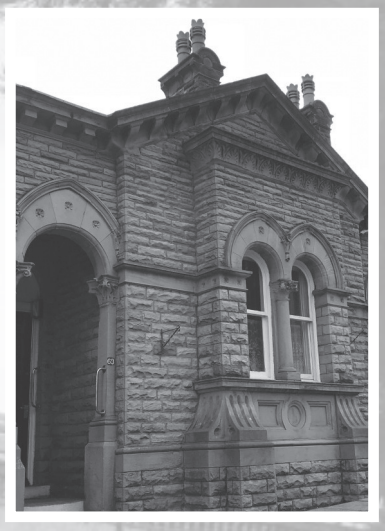
Fast forward to August 2018 when our annual visit to friends and family in the UK was

By: Adrian Christie, MD

highlighted by this wedding in Harrogate, held in a grand hotel, the Majestic, once the centerpiece of the town but on the outside, at least in front, appearing to be supported from collapse by extensive scaffolding, with a sign indicating conversion to a Hilton Doubletree hotel. One website ranked it 24th of 25 best hotels in the town, but the interior belied this first impression, with spacious rooms and beautiful décor including magnificent chandeliers. The wedding was between two orthodox Jewish families from Leeds and London, with guests in formal attire, the men in tuxedos. Despite this, it was a very jolly and relaxed affair.

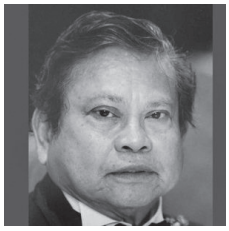
Harrogate is just 16 miles north of Leeds, many hours' drive from Cardiff where we initially stayed on our arrival in the UK. Friends in Leeds, Alan and Jennifer Cook, accommodated us for a couple of days before the wedding. Their hospitality included trips to one of the best fish and chip shops in Leeds, opposite Leeds airport, and a day's outing to a nearby landmark World Heritage Site, Saltaire, a village located three miles from the town of Bradford and built by Sir Titus Salt (1803-76), one of Victorian Britain's most wealthy and generous entrepreneurs. This titan of the industrial revolution, a sort of Andrew Carnegie equivalent, built his fortune on developing and owning woolen mills at a time when Britain was the major exporter of woven cloth to all corners of the globe. Salt Mill in Saltaire, where we spent much of the day, was the largest and most modern woolen mill in Europe when it opened in 1853. Sir Titus Salt not only built the mill but the whole village to accommodate its workers, including almshouses, a church and a hospital. (The rules and regulations of this 19th Century hospital make interesting reading http://www.saltairevillage.info/). Salt Mill remained a successful business until the 1980's, when cheaper labor overseas forced it to close in February 1986, after 133 years of cloth manufacture. The building and grounds were falling into disrepair when 15 months later a young Leeds businessman, Jonathan Silver, purchased the quite enormous size property for half a million UK pounds. Our friend Alan Cook knew Jonathan quite well. Jonathan's other friends included David Hockney, one of the world's most acclaimed artists. Although Jonathan died young of cancer at 49 years, he had time to transform the old mill into a great center for the arts and filled with Hockney paintings and drawings.

Continued on pg. 14



TOMAS A. MACATANGAY, MD

March 7, 1940 - July 1, 2018



Dr. Tomas Amador Macatangay was born on March 7, 1940 in the beautiful town of Candelaria in the Province of Quezon, Philippines. He was the oldest of eight children of Filomena and Aquilino Macatangay. His father was an Army Veteran of WWII who survived the "Bataan Death March" when Bataan fell to the Japanese invaders. Upon Dr. Macatangay's graduation with a Medical Degree from the University of Santo Tomas, he practiced medicine in the rural area of his home town, serving his fellow countrymen just like his father. In July of 1963, he pursued his dream of furthering his medical training in the USA. He accepted the position of a Pathology Resident at Staten Island University Hospital in New York, where he met his future wife, Marina (Baby) Bravo Profeta.

Surprisingly, after they were married, they found out that both of them traveled on the same airplane on their way to the USA, but never got to meet each other. He continued his medical training to be a Pediatrician at Mt. Sinai General Hospital in New York. He married Marina Profeta on October 4, 1969 and they have been happily married for 48 years. He was then accepted as a Fellow in Pediatrics at St. Joseph Mercy Hospital in Pontiac, Michigan. Eventually he practiced Pediatrics in Utica, Michigan. Dr. Macatangay joined the Macomb County Medical Society and the Michigan State Medical Society in 1973. He was also affiliated with St. Joseph Hospital (now Henry Ford Macomb) in Clinton Township for over 25 years.

He is survived by his beloved wife, Marina, his son Bernard, his daughter Arlene Sudia, his son-in-law Michael Sudia, and his grandson Andrew Sudia.

EDITOR'S PAGE, *continued from pg. 13*

From Harrogate was another long drive, south to London, for a wonderful but exhausting 5 day stay where we saw two great shows, a British production of "Hamilton" and a new show, "TINA: The Tina Turner Musical", also finding time to visit friends and family and see an art exhibit entitled "Picasso 1932 - Love, Fame, Tragedy" at the Tate Modern. We were astonished to see more than 100 works by this energetic artist of many styles produced over barely more than a year at a time when he had just moved into a newly purchased chateau, with both his wife and mistress!

I have often commented on the state of health care in Britain in their single payer government run NHS, usually negatively. I must say, however, that though there continues to be enormous waste of the taxpayers' money, and the gatekeeper system of family doctors does not always work to the individual's benefit, the relatively conservative approach to treatment for some cancers may allow a much better quality of life for some patients.

By the way, we had great seats for "Hamilton" at a fraction of the cost here in the USA, and we were surrounded by visitors from Pennsylvania, Ohio, Washington and California!

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EVERY DOCTOR YOU'VE ADMIRED HAS DEALT WITH BURNOUT

By: Sara Berg, Senior Staff Writer, AMA Wire

There is a physician burnout epidemic in the U.S. With almost half of all physicians suffering from burnout, it is important for doctors to understand they are not alone in how they are feeling. Even physicians who have achieved the heights of the profession have experienced burnout at some point in their careers.

The AMA offers CME on physician burnout that can help you prevent physician burnout, create the organizational foundation for joy in medicine, create a strong team culture, improve physician resiliency and prevent physician distress and suicide.

Meanwhile, the AMA's STEPS Forward™ open-access platform offers innovative strategies that allow physicians and their staff to thrive in the new health care environment.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing, issues causing and fueling physician burnout - including time constraints, technology and regulations - to better understand the challenges physicians face.

Some of the nation's top doctors spoke with the AMA and shared the personal tools or systems changes they have found to be most useful in preventing or alleviating physician burnout. Here is their advice.

Take control of your work environment

"People who look at medicine as a job and who feel powerless to take control of their work environment, have burnout," said Barbara L. McAneny, MD, a board-certified medical oncologist/hematologist from Albuquerque, New Mexico, who became the 173rd president of the AMA in June. She is also managing partner of the New Mexico

Cancer Center, the state's first physician-owned multidisciplinary cancer center in the state with clinics in Albuquerque and Gallup.

"In my career, for the last 20 years of seeing patients and being the managing partner, the success of solving problems has kept me from burnout," she said. "Feeling like you made a difference in someone's life is the best antidote to burnout, so you need a system that lets you do that."

Take time for yourself

"At my local gym, I am often referred to as 'the mayor' as I will ensure that I make it to class despite my [more than] 80-hour workweek," said Fatima Cody Stanford, MD, MPH, MPA, an obesity medicine physician scientist at Massachusetts General Hospital and Harvard Medical School.

"While I am certain that I still have some burnout, this has helped to mitigate much of the burnout that I inevitably experience as a physician scientist in a very rigorous environment," she said. "I do realize that we are conditioned to put everyone before ourselves. I have been guilty of this, and I continue to strive to create 'work-life balance' in the midst of what often seems to be 'work-work balance.'"

Look to your community for support

"Long hours in the hospital are more enjoyable when you know and like the people you work with and, in parallel, outside the hospital having family to re-center me - or friends to decompress - served as my medicine to stay healthy," said Tina R. Shah, MD, MPH, a pulmonary and critical care physician. She is the 2018 winner of the Dr. Edmond and Rima Cabbabe Dedication to the Profession Award from the AMA Foundation.

"It is OK that you are feeling burned out. Chances are, most of your colleagues are too," Dr. Shah said. "The first step is to acknowledge it... Seek community and support because it's not a one-size-fits-all solution."

Don't be ashamed to ask for help

"This is a hard job and people will generally be understanding and will pitch in to get you through it," said Robert Wachter, MD, chair of the Department of Medicine at the University of California, San Francisco School of Medicine.

"When I was going through a difficult time myself, a wise friend gave me the best advice I've ever received: 'There is nothing in your life that is so bad that you can't make it better.' That may not be true

in the very short term, but physicians have lots of options, including taking time off," Dr. Wachter said.

Regularly evaluate your stress levels

"Burnout typically results from unrelenting stress, so I encourage my colleagues to regularly self-evaluate their stress levels and their sense of work-life harmony," said Ronald Vender, MD, professor of medicine and chief medical officer at Yale Medicine.

"If you are finding yourself experiencing more stress, you need to intervene before burnout develops," he said. "If burnout has developed, you need to recognize it and begin the process of dealing with it. Spend more time with your loved ones. Make sure you are exercising, and spend some time in nature at least once a week."

Set boundaries, create joy and make changes

"You have to set limits and learn that you can say no to things." said Tejal Gandhi, MD, chief clinical and safety officer at the Institute for Healthcare Improvement in Boston. "Burnout occurs when you feel overburdened. It impacts the joy you feel and the meaning you find in your work, and that can have a direct impact on the quality and safety of care."

"In those moments, feel empowered to speak up, communicate what matters to you, and make changes in your routine that prioritize your needs," she said. "When people are joyous and find meaning in what they do, they're more alert, curious and better able to learn. When you reach that point, joy in work becomes a resource for excellence."

Define, discover your inner spirit

"Recognize that there is a spirit that lives inside you," said Bennet Omalu, MD, MPH, a forensic pathologist who discovered chronic traumatic encephalopathy. "Learn to feed that spirit, build up that spirit, manifest that spirit and most of all celebrate that spirit and learn to be happy and joyful."

"Do not let your job as a physician consume you and define who you are," he said. "You are who you are with or without medicine, and come what may, you are you. You must learn to be yourself and be happy being yourself."

HOW TO RECOGNIZE AND RESPOND TO BURNOUT IN A FELLOW PHYSICIAN

By: Sara Berg, Senior Staff Writer, AMA Wire

Physician burnout is distressingly common, yet when you see a colleague struggling you might not be sure what to say or do. Knowing what to look for and how to respond can make a huge difference to a struggling colleague.

Whether you are in a small practice, hospital or health system, here is how to recognize and how to respond to physician burnout in a colleague.

Pay attention to those around you

When physicians are burned out, they noticeably go from happy and inquisitive to rushed and indifferent. As a result, both the patient and physician suffer.

"It's a tough job. It's hard work. Everybody is going to be down at some point in time and it will often feel like you're barely keeping your head above water," AMA member Kevin Hopkins, MD, said in an interview with AMA Wire. "When you're struggling to keep your head above water, make sure you are looking for people around you, because you will notice co-workers - and even partners and physicians - who are drowning."

Look to others around you. Changes in personality, such as making less eye contact or asking fewer questions, are often signs of depersonalization and fatigue. If left unaddressed, they can lead to inattentiveness and indifference - neither of which improve patient care or physicians' experience.

"If you are only concerned about keeping your own head above water, you're never going to throw them a line to help them when they're drowning," said Dr. Hopkins, a family physician and medical director at the Cleveland Clinic Strongsville Family Health and Ambulatory Surgery Center in Strongsville, Ohio.

"Be aware of your surroundings, be aware of the mood, the level of burnout of the people with whom you work most closely," he added. "And when you see someone is in

trouble, do something about it."

Watch out for cynicism

The strongest sign of burnout is when a physician feels that nothing she does will make a difference. Watch out for physicians who might display an increase in biased comments about patients and the ineffectiveness of treating them.

Physician burnout comes with a sense of despair, hopelessness and isolation. While that can be intimidating when you spot it in a colleague, the first response can be basic.

"It is amazing what a difference just being kind and treating people with respect makes," Dr. Hopkins said. "Treat other people the way you would want your mom treated."

Approach a fellow physician with empathy and let them know you care about them or have noticed they are struggling.

Exhausted by their profession

No one is expected to be upbeat all the time, but there is a big difference between being tired at work and being exhausted by your profession. Too often, Dr. Hopkins hears from patients who have gone to see another physician and report, "He has no personality" or "He didn't answer any questions."

Those can be signs of burnout. Physician burnout might begin with exhaustion, but it can lead to something worse if not identified. Unfortunately, early in training, physicians often learn that seeking help is a sign of weakness - It is not. Reassure your colleague that asking for help is a sign of health and recommend they speak with their family, other physicians or even seek professional help.

AMA's STEPS Forward is an open-access platform featuring more than 50 modules that offer actionable, expert-driven strategies and insights supported by practical resources and tools. Based on best practices from the field, STEPS Forward modules empower practices to identify areas or opportunities for improvement, set meaningful and achievable goals, and implement transformative changes designed to increase operational efficiencies, elevate clinical team engagement, and improve patient care.

Several modules have been developed from the generous grant funding of the federal Transforming Clinical Practices Initiative (TCPI), an effort designed to help clinicians achieve large-scale health transformation through TCPI's Practice Transformation Networks.

The AMA, in collaboration with TCPI, is providing technical assistance and peer-level support by way of STEPS Forward resources to enrolled practices. The AMA is also engaging the national physician community in health care transformation through network projects, change packages, success stories and training modules.

CHALLENGING GENDER BIAS IN THE HOUSE OF MEDICINE

By: Barbara L. McAneny, MD, President, American Medical Association

Since the 1970s, women have been carving out an increasingly large role in medicine, and the profession is becoming more representative of our society. September was Women in Medicine Month, a great time to acknowledge the changing face of medicine, but also to note that female physicians are not immune from the challenges that face women in every other workplace across the country.

Today, fully half of all U.S. medical school students, and graduates, are women. And those students are receiving instruction from women more often than ever before. Nearly 40 percent of the faculty posts at the nation's medical schools are held by women, according to the Association of American Medical Colleges.

Yet the incomes of female physicians, both in practice and in academia, trail those of their male peers by a sizable and widening gap. A 2017 survey of some 65,000 physicians across 40 specialties by Doximity, the nation's largest medical social network, showed female physicians earned an average of 27.7 percent less than their male peers.

And it's important to note that lower compensation for female physicians persisted even after adjustments were made for differences in age, areas of specialization, faculty rank, productivity measures, and other factors.

The AMA is firmly committed to all physicians' lifelong learning and serves as an ally for both patients and the profession. We not only support reducing gender bias in pay, we've taken concrete action to do so.

In June, the AMA's House of Delegates agreed to push for pay structures based on objective, gender-neutral criteria, while simultaneously promoting greater transparency in compensation processes and mitigating implicit bias. Further, the AMA has reaffirmed its commitment to equal pay for equal work within its own workforce through routine salary assessments and other steps.

Even so, eliminating the outdated, paternalistic attitudes that persist both within medicine and across society will take much more than advocacy. Many of us will need to drastically readjust our thinking, if not our entire worldview.

Consider the case of the Texas internist who, in the September issue of the Dallas Medical Journal, said he believes female physicians earn less because they "do not work as hard and do not see as many patients as male physicians." Instead, he said, women doctors prioritize "something else ... family, social, whatever."

"The AMA is firmly committed to all physicians' lifelong learning and serves as an ally for both patients and the profession."

This perspective was roundly, and rightly, criticized by many women and men both inside and outside of medicine. However, judging by the fact that some people have come to his defense, outdated attitudes persist in some quarters.

In September, the AMA hosted a forum for women in leadership in medicine. There, I heard many ideas, concerns and stories. My takeaway? Physicians must work together to alter the norms and must call on our colleagues and our profession to honor our training, our credentials and our licenses, for which we all paid the same price.

We all earned the same title through a rigorous and universal standard. That same standard should be applied to opportunities and to compensation.

Within the medical field, we must also check our own biases where appropriate, and speak out against attitudes that hold women back in medicine, in business and in life. The face of medicine is changing, so let's lead this change ethically. We all must be agents for this change.

Editor's note: This column was first published at KevinMD.com.

5 REASONS TO READ THE SURGEON GENERAL'S OPIOID EPIDEMIC REPORT

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

Whether you are a medical student, resident, academic or physician in clinical practice, time is precious. That is part of the reason why U.S. Surgeon General Jerome M. Adams, MD - an AMA member - has provided a brief, 40-page report that puts a spotlight on the opioid epidemic and what the nation must do to end it.

Here are five things that physicians and other health professionals should know about Facing Addiction in America: The Surgeon General's Spotlight on Opioids and why it is a must-read.

Ending the opioid epidemic requires a comprehensive, patient-centered focus. This epidemic demands comprehensive, patient-focused, integrated solutions, and the report provides the evidence base that provides important support for comprehensive care rather than a one-size-fits-all approach.

Medication-assisted treatment works for treating substance-use disorders. The report provides strong support for treating all patient populations with medication-assisted treatment, including mental health care, for all patients, including pregnant women and those for criminal justice populations.

There are multiple harm-reduction strategies to pursue. In addition to naloxone access, strategies to reduce opioid-related harms include needle or syringe exchange to reduce transmission of infectious disease.

Recovery requires ongoing care and removing stigma. Improving access to care and helping ensure high-quality evidence-based treatment requires medical oversight and effective integration of prevention, treatment and recovery services across the health care continuum. Substance-use disorders can and should be medically treated like any other chronic condition.

It's a quick read. The report will take less than one hour to read, but it will almost certainly raise your knowledge about the epidemic, provide clarity on evidence-based solutions, and help end the stigma associated with having a substance use disorder and to ensure our patients receive the care they deserve.

The surgeon general's opioids spotlight report "is a powerful document that emphasizes the need for evidence-based approaches to end the opioid epidemic," said Patrice A. Harris, MD, AMA president-elect and the chair of the AMA Opioid Task Force.

Dr. Harris noted that only about 12 percent of adults who need treatment for a substance-use disorder get it.

"We need to narrow the gap between the number of people who need treatment and the resources available for substance use disorders; we need to remove arbitrary limits on coverage and barriers to care," Dr. Harris said. "We will continue to work to help end the stigma associated with having a substance use disorder and to ensure our patients receive the care they deserve."

The AMA urges removing all barriers to treatment for substance-use disorder.

The AMA Opioid Task Force also encourages physicians to take these six actions:

- Register and use state prescription-drug monitoring programs.
- Enhance education and training.
- Support comprehensive treatment for pain and substance-use disorders.
- Help end stigma.
- Co-prescribe naloxone to patients at risk of overdose.
- Encourage safe storage and disposal of opioids and all medications.

Visit the AMA's End the Epidemic website at www.end-opioid-epidemic.org to learn more.

New Members

LIZABETH S. GILES, DO (RESIDENT)
Family Practice - Board Certified, Hospice/Palliative Care
Medical School: MI State University College of Osteopathic Medicine, 2015. Post Graduate Education: Karmanos Cancer Center, 2019. Currently practicing at Karmanos Cancer Center, 4100 John R, Detroit, MI 48201.

NINA H. REHMAN, DO
Internal Medicine - Board Certified
Medical School: University of Osteopathic Medicine & Health Sciences (Des Moines, IA), 1996. Post Graduate Education: Henry Ford Hospital, completed in 2000. Hospital Affiliation: McLaren Macomb. Currently practicing at Macomb Internal Medicine Associates, 15520 19 Mile Road, Ste. 480, Clinton Township, MI 48038, Ph. 586-228-1010, fx. 586-228-8570, website www.macombintmed.com.

CONGRATULATIONS TO OUR 50 YEAR AWARDEES

The following members were honored at the 50 Year Awardee Luncheon held during the MSMS Annual Scientific Meeting on October 27, 2018 at the Sheraton Detroit in Novi.

ROBERTO M. BARRETTO, MD - *Internal Medicine*
Graduated from University of Santo Tomas Faculty of Medicine and Surgery (Philippines) in 1968

USHA BATRA, MD - *Pediatrics*
Graduated from University of Delhi Lady Hardinge Medical College (India) in 1968

V. GERAVIPOOLVORN, MD - *Rheumatology*
Graduated from Chieng Mai University of Medical Sciences (Thailand) in 1968

THEODORE A. GOLDEN, MD - *Dermatology*
Graduated from University of Michigan Medical School in 1968

LAWRENCE M. LOEWENTHAL, MD - *Ophthalmology*
Graduated from Wayne State University School of Medicine in 1968

DONALD B. MUENK, MD - *Ophthalmology*
Graduated from Wayne State University School of Medicine in 1968

GERALD J. MULLAN, MD - *Ophthalmology*
Graduated from Wayne State University School of Medicine in 1968

SWARN G. RAJPAL, MD - *General Surgery*
Graduated from All India Institute of Medical Science (India) in 1968

ANDRES G. SANTIVIAGO, MD - *Obstetrics & Gynecology*
Graduated from National University of Asuncion School of Medicine (Paraguay) in 1968

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.com or call 810-387-0364.

Virtual Reality for Pain Management: An Alternative to Opioids

By: Miranda Felde, MHA, CPHRM, Vice President, Patient Safety and Risk Management, The Doctors Company

IN 2016, THE OPIOID EPIDEMIC'S TOLL HIT $95 BILLION, WITH HEALTHCARE COSTS CONCENTRATED IN EMERGENCY ROOM VISITS, HOSPITAL ADMISSIONS, AMBULANCE USE, AND NALOXONE USE[1] -- THE PERSONAL COSTS TO THOSE WHO HAVE LOST LOVED ONES ARE UNCOUNTABLE. THE EPIDEMIC'S IMPACT IS FAR-REACHING AND HAS EMOTIONAL, PHYSICAL, AND FINANCIAL IMPLICATIONS FOR OUR ENTIRE SOCIETY.

Many physicians are exploring VR technologies as an alternative to prescriptions.[2] The Gate Control Theory of pain, proposed by Melzack and Wall, suggests that a person may interpret pain stimuli differently depending upon mental/emotional factors such as attention paid to the pain, emotions associated with the pain, and past experience of the pain.[3] VR addresses both attention paid to pain and the patient's emotional state.

Getting Started with VR

To explore VR as an alternative therapy, first consider the distinctions between two key terms:

- **Virtual Reality (VR):** Provides an immersive experience via a computer-generated 3D environment for the user to explore. The user may be able to move objects or otherwise change the environment.
- **Augmented Reality (AR):** Adds sounds, videos, and/or graphics to an existing environment, such as an outdoor planetarium where AR viewing glasses show constellations highlighted in the sky.[4]

Then, evaluate VR interfaces that are relevant for patients managing pain, such as:

- **Head-mounted display (HMD):** Like a heavy-duty pair of goggles plus headphones. Completely surrounds the user's visual field for an immersive experience.
- **Treadmills and haptic gloves:** Allow the user to physically move around in the virtual environment, and to physically move objects within that environment.

And weigh the value of interfaces that are more relevant for physician use, such as:

- **Smart glasses:** May look more like regular eyeglasses or more like safety glasses. May display information or help the physician capture information for the electronic health record (EHR).
- **Desktop VR or Window on a World (WOW):** Uses a desktop or laptop computer to run simulation programs.

Mitigating VR Patient Safety Risks

While therapeutic VR for pain management shows promise, there are patient safety risks. They include:

- **Falls:** Patients wearing a full-surround headset cannot see their real-world environment and may walk into or trip over objects.
- **Motion sickness:** Many people experience some combination of eye strain, headaches, and/or nausea.[5] Patients who are ordinarily prone to any of these symptoms may not be good VR candidates.
- **Psychological effects:** The brain can store VR experiences as memories in almost the same way it stores physical experiences. Young children, especially, may confuse VR experiences with real experiences, especially when remembering them later.
- **The unknown:** VR technology is still in its infancy, and therefore, little is known about the long-term consequences of VR use.

The Future of VR for Pain Management

To reap the potential benefits of VR while mitigating its risks, clinicians could start with a two-part approach: identifying patients with specific clinical indications that would benefit from the use of VR and assessing patients for potential risk factors. Successful implementation of VR for pain management depends on wisely deciding which patients are VR candidates -- and which are not.

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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 September, 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	96	120	96	79	86
CHICKENPOX	23	31	33	32	88
CHLAMYDIA	2,707	3,598	3,185	2,736	2,474
COCCIDIOIDOMYCOSIS	3	2	2	2	7
CREUTZFELDT JAKOB	1	2	2	2	2
CRYPTOCOCCOSIS	3	1	1	1	2
CRYPTOSPORIDIOSIS	8	6	10	1	9
CYCLOSPORIASIS	1	12	2	0	1
DENGUE FEVER	0	0	1	1	0
DIPHTHERIA	0	0	0	0	0
EHRLICHIOSIS	0	0	3	0	1
ENCEPHALITIS PRIMARY	2	4	1	2	3
ENC POST OTHER	1	1	1	1	2
FLU-LIKE DISEASE	16,433	28,172	21,747	27,943	28,824
GIARDIASIS	7	20	23	17	21
GONORRHEA	781	946	801	522	477
GRANULOMA INGUINALE	0	0	0	0	0
GUILLAIN-BARRE SYN.	5	9	10	4	6
HEMOLYTIC UREMIC SYN.	0	0	0	0	0
HEPATITIS A	30	201	9	5	4
HEPATITIS B (ACUTE)	4	5	9	6	7
HEP B (CHRONIC)	87	108	110	125	136
HEPATITIS C (ACUTE)	24	49	31	16	15
HEP C (CHRONIC)	679	898	931	673	693
HEPATITIS D	1	0	0	0	0
HEPATITIS E	1	0	0	0	0
H. FLU INVASIVE DISEASE	7	21	14	11	9
HISTOPLASMOSIS	2	0	5	5	2
HIV^	62	69	57	64	55
INFLUENZA	7,255	4,136	2,164	1,143	831
KAWASAKI SYNDROME	3	5	5	10	5

	2018	2017	2016	2015	2014
LEGIONELLOSIS	66	56	34	25	24
LISTERIOSIS	2	3	1	1	1
LYME DISEASE	7	5	3	5	1
MALARIA	1	2	2	2	1
MEASLES	0	1	0	0	0
MENINGITIS VIRAL	40	44	43	60	44
MENINGITIS BACTERIAL/BACTEREMIA *(EXCLUDING N. MENINGITIDIS)*	14	11	9	10	8
MENINGOCOCCAL DISEASE	0	0	1	1	1
MUMPS	1	3	2	0	2
PERTUSSIS	38	81	37	35	83
POLIO	0	0	0	0	0
PSITTACOSIS	0	0	0	0	0
Q FEVER	0	0	0	0	0
RABIES ANIMAL	4	2	1	1	3
RABIES HUMAN	0	0	0	0	0
REYE SYNDROME	0	0	0	0	0
ROCKY MNTN SPOTTED FVR	2	0	1	0	0
RUBELLA	0	0	0	0	0
SALMONELLOSIS	63	75	78	82	75
SHIGELLOSIS	0	46	50	22	9
STEC**	15	10	7	9	11
STREP DIS, INV, GRP A	37	32	31	27	26
STREP PNEUMO, INV + DR	41	45	55	52	45
SYPHILIS	97	84	79	108	77
SYPHILIS CONGENITAL	0	1	0	2	0
TETANUS	0	0	0	0	0
TOXIC SHOCK SYNDROME	1	0	0	1	1
TUBERCULOSIS	2	10	11	6	11
TULAREMIA	0	0	0	0	0
TYPHOID FEVER	0	0	0	1	1
VIBRIOSIS	2	0	1	0	0
VISA	0	1	0	0	1
WEST NILE VIRUS	8	7	2	4	0
YELLOW FEVER	0	0	0	0	0
ZIKA	0	0	4	0	0

*Includes both Probable and Confirmed case reports.

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

17-Oct-18

^ Previously reported as "AIDS"

Macomb County Medical Society Foundation
2018 Holiday Sharing Card Project

For this year's Holiday Sharing Card Project we are giving you the option of contributing to either or both of the following two local charities. We know that you receive several donation requests, but we hope that you will help those in need in your community. The MCMS Foundation is a 501(c)(3) non-profit charitable organization, as it pays for all costs associated with this project, **your donation is 100% tax deductible**. The MCMS Foundation's Tax ID number is 38-3180176.

Macomb County Food Program *serves people in need of food through its 50 pantry distribution sites. Last year, they were able to provide nearly 3 million meals to those in need. 100% of every dollar donated is used to purchase food to feed hungry families, children, the elderly and disabled throughout Macomb County.*

TURNING POINT INC.

Turning Point Shelter *assists victims/survivors of domestic violence, sexual assault, and homelessness. They provide a 24-hour crisis hotline, emergency shelter, Forensic Nurse Examiner Program, legal advocacy, support groups and counseling services that help thousands of women and their children.*

We will be sending cards to all MCMS members with a list inside of this year's Holiday Sharing Card participants. If you would like to have your name included as a donor, please complete the form below and return it along with your check to the MCMS Office no later than December 10, 2018.

If you have, any questions please contact the MCMS office at 810-387-0364 or Email macombcms@gmail.com.

Form and payment must be returned ***by December 10th***

Name(s) to appear on holiday card ______________________________

Address ______________________________

____

Phone ______________________________ Email ______________________________

$______________________
Contribution to Food Program

TURNING POINT INC.

$______________________
Contribution to Turning Point

Please make checks payable to: ***MCMS Foundation***

Return form to: MCMS Foundation, PO Box 551, Lexington, MI 48450-0551

The MCMS Foundation is a 501(c)(3) non-profit charitable organization sponsored by the Macomb County Medical Society. As the MCMS Foundation pays for all costs associated with this project, **your donation is 100% tax deductible**. The MCMS Foundation Tax ID # 38-3180176.