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IN THIS ISSUE

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Address changes and all communications relative to articles and advertising in Macomb Medicus should be addressed to: Editor, Macomb County Medical Society, P.O. Box 551, Lexington, MI 48450-0551.

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.

Vaping: A New Health Hazard

By: Vincente Redondo, MD

VAPING IS THE ACT OF INHALING AEROSOL EMITTED BY A VAPORIZER OR ELECTRONIC CIGARETTE. THE AEROSOL IS PRODUCED BY HEATING AN E-LIQUID, CONCENTRATE OR DRY HERB. The vaping industry has grown significantly, especially since Juul entered the market in the summer of 2017. The global e-cigarette market is expected to grow at a compound annual growth rate of 21.4% between 2019 and 2024 with a market value of $53.4 billion by 2024[1]. These products can be obtained through the Internet or physical stores and it appears that teenagers are more vulnerable to fall into its use. Particularly, it has been shown that teenagers tend to be attracted to the different kid-friendly flavors that the industry offers including fruit, mint, and candy.

Some people have the wrong concept, believing that when you vape, you are inhaling nicotine with water vapor, but that cannot be further from the truth. In fact, in addition to nicotine there are about 60 chemicals that have been identified and the problem is that we do not know the long-term effects of these substances. Additionally, studies have shown that teenagers that vape have a higher risk of switching to traditional tobacco products within 6 months. It is crucial to indicate that nicotine can affect the brain development of teenagers and young adults. Looking at statistics from the last couple of years, it appears that vaping has grown explosively among teenagers. According to preliminary results from the CDC's 2019 National Youth Tobacco Survey, 27.5% of high school students reported using an e-cigarette in the previous 30 days, up from 20.8% in 2018, and 11.7% in 2017. E-cigarette use among middle school students is also on the rise, jumping 48% percent from 2017 to 2018 to a total of 4.9% of students (or 570,000 kids) that are current e-cigarette users[2]. As these figures are based on self-reporting there is reason to believe that the number of current users is actually higher.

Some smokers of traditional tobacco products have switched to vaping thinking that this option would be less harmful to their health but studies show conflicting results. Among people who have never smoked, vaping can actually lead to nicotine addiction. Statistically the case for e-cigarettes as a cure for traditional smoking has not been proven.

A recent development has been the numerous reports of acute lung injury related to vaping. According to the CDC, as of October 15th there have been 1,479 cases including 33 deaths reported. It appears that the cases have been primarily related to products containing THC, particularly those obtained off the street. As of now there is no specific chemical that has been associated with a lung injury, but investigation of the outbreak is ongoing. There is a heterogeneous collection of pneumonitis patterns, including eosinophilic pneumonia, Acute Respiratory Distress Syndrome, lipoid pneumonia, and hypersensitivity pneumonitis. Patients being investigated for lung injury have experienced respiratory symptoms (cough, shortness of breath, or chest pain), gastrointestinal symptoms (nausea, vomiting, or diarrhea) or non-specific constitutional symptoms (fatigue, fever, or weight loss). Infection does not appear to play a role. E-cigarettes have a number of potentially toxic compounds including nicotine, ultrafine particles, heavy metals, volatile organic compounds, and carbonyls. We have to wait and see if there is a specific agent, versus the effect of combinations of chemicals, which are causing lung injuries.

Summarizing, with all the potential health hazards of vaping, we need to educate our patients, particularly the younger ones about the potential risks and particularly the unknown long-term effects. Additionally, the government should take action and some type of moratorium should be instituted, pending further research into the matter, regarding both acute and long-term health hazards of vaping. We can certainly expect push back from an industry that until recently appeared to have a very lucrative outlook.

References:

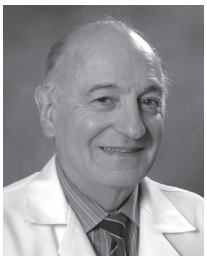
[1] VynZ Research. Global E-Cigarette Market - Analysis and Forecast (2019-2024) Industry Insights by Product (Cig-A-Like [Disposable, Rechargeable], Vaporizer [Open Tank, Closed System], Vape Mod), by Distribution Channel (Vape Shops, Supermarkets, Online, Tobacconists), Aftermarket Products (Refill, Battery & Charger).

[2] CDC 2018 National Youth Tobacco Survey (NYTS).

Editor's Note: For more information please visit the CDC's website (www.cdc.gov/lunginjury) which has an outbreak webpage with key messages and weekly updates on case counts, deaths, and resources. You can also view the "Update: Interim Guidance for Health Care Providers Evaluating and Caring for Patients with Suspected E-cigarette, or Vaping, Product Use Associated Lung Injury - United States, October 2019".

THIRTY-EIGHT CME CREDITS AVAILABLE

The 2019 Fall Education Update is here!



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

The MSMS Foundation has crafted quality CME to help you fulfill your Board of Medicine licensure requirements. There are conferences and courses to fit every physician's needs and availability - from four-day conferences, one-day sessions, and on-demand webinars, we have it all. With more than 38 AMA PRA Category 1 Credit(s)™ available in live conferences and more than 30 on-demand webinars, MSMS is your hub for CME and licensure needs.

Highlights include:

- Board of Medicine Licensure Requirements - Earn all of your requirements in one day!
- 23rd Annual Conference on Bioethics: Death in America: Current Controversies at the End of Life
- NEW On-Demand webinars on pain management, human trafficking, and medical ethics.

Download the full 2019 Fall Education Update today, or visit https://msms.org/eo for a full list of events and webinars.

ENGAGEMENT MAKES A DIFFERENCE - REMEMBERING THE PHYSICIAN TAX RALLY

It was October 2009. The weather in Lansing had turned cooler. Republicans and Democrats were still trying to navigate divided government in the state Capitol. Physicians from across the state were using their voices to change the legislative landscape over a critical bill in the House and Senate that would make a real and lasting difference for Michigan patients.

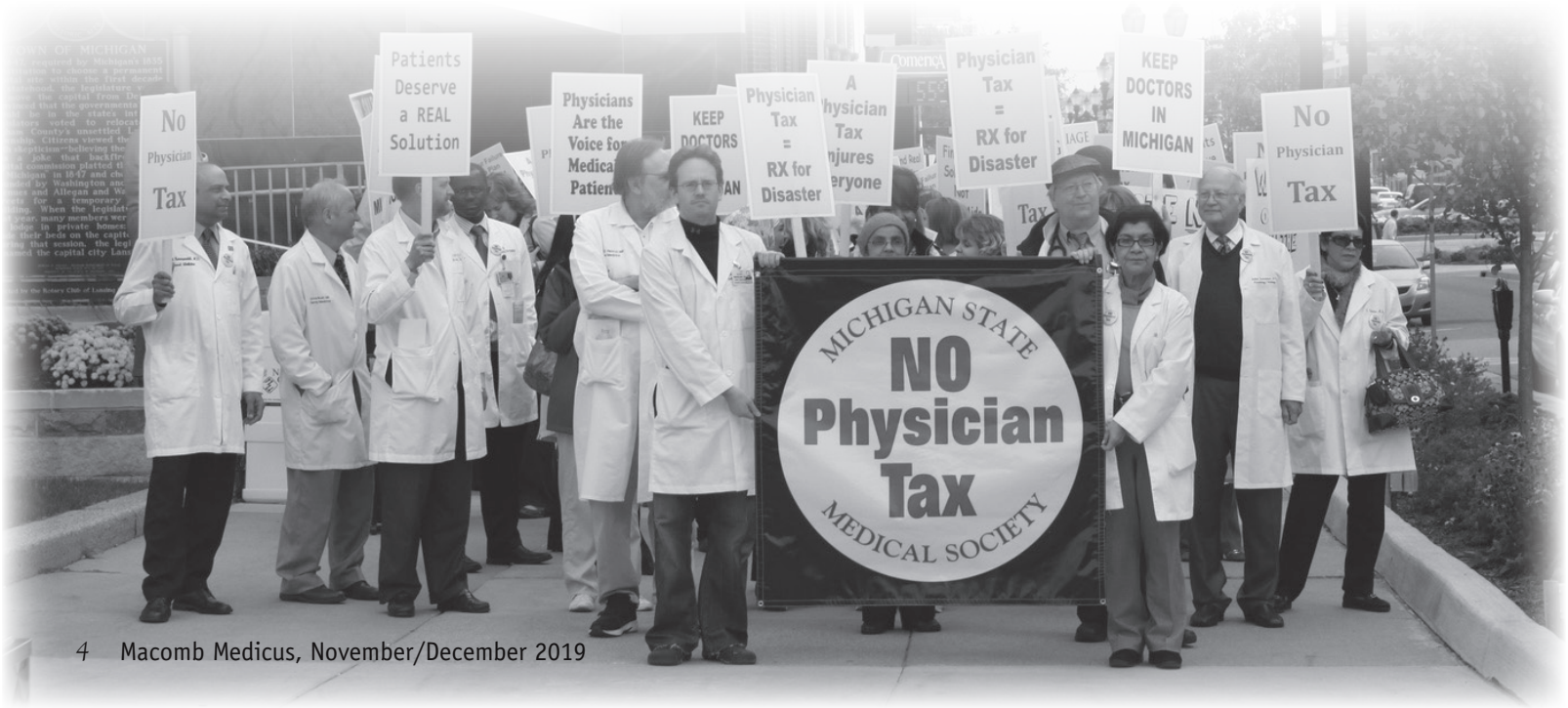
10 years ago, nearly 800 Michigan physicians arrived in Lansing for a landmark legislative battle, supported by thousands of others in districts back home. That October, they proved that when Michigan physicians stand together and speak out, they can make an incredible difference.

It's a lesson that's more important to remember than ever, as providers across the state begin the fight to protect their patients by reforming prior authorization and step therapy requirements, and tell their lawmakers that Health Can't Wait.

A decade ago, Lansing was considering legislation to tax physicians in order to generate $300 million in new revenue for the state's Medicaid program, but in the process, the bill would have devastated the state's health care system.

"Combined with current economic stresses, the proposed tax sends an additional negative message to every physician trained in Michigan and reduces our ability to recruit and retain sufficient physician workforce to take care of our patients," warned Nancy Schlichting, then the President and CEO of the Henry Ford Health System.

The tax would have reduced the state's ability to attract and retain physicians.



It would have forced older physicians to retire early and pushed younger physicians into other states.

It would have limited or reduced patients' access to care.

The tax would have caused layoffs for essential health care staff, including nurses, office administrators, and navigators who helped patients deal with billing and insurance issues.

Every citizen in the state was set to suffer the consequences of the physician tax, access to quality health care on the verge of diminishing.

But the battle was only beginning. In an incredible display of commitment to their patients and their practices, on October 20, 2009, the state's physician community stood up and spoke out. Doctors traveled from across Michigan to rally on the steps of the state Capitol, urging lawmakers to abandon the disastrous health care tax hike.

Back at home, countless others called their lawmakers, sent letters to their local newspapers, invited legislators to visit their offices, and spoke with the media to defend their patients.

"As America debates reforming our health care system, Lansing is working to tax it. What's wrong with this picture?" asked then-MSMS president Richard E. Smith, MD, a Detroit obstetrician/gynecologist. "This tax would hurt patients' access to doctors in communities all across our state. The State House was wrong to pass it; the State Senate will do right by stopping it."

Overwhelmed by pressure from MSMS members, and physicians from more than 30 specialty societies and county medical societies, that's exactly what they did.

The state Senate by a staggering and bipartisan 32-4 vote rejected the health care tax. They didn't do it because it was easy. They did it because doctors and providers stood up and spoke out.

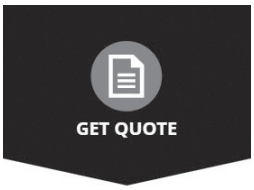
In 2019, just ten years later, Michigan physicians are embarking on another landmark effort to improve patients' access to care.

The fight to reform prior authorization and step therapy burdens, to simplify access for Michigan patients is just beginning. Helping lawmakers understand that Health Can't Wait won't be easy, and it's going to take all hands on deck.

We've done it before. Together, we can make change happen and ensure that better than ever, Michigan health care policy puts the needs of Michigan patients first.

IT'S TIME TO REVIEW YOUR HEALTH CARE COVERAGE FOR 2020

The MSMS Physicians Insurance Agency is considered the physician's single source for any kind of insurance, whether it is professional or personal.



MSMS PIA offers The Doctors Company professional liability insurance and options for business owners' and workers' compensation. MSMS members may consider policies for health, dental, vision, data breach coverage, disability, and/or life insurance. Discounts are available for professional liability and disability products with MSMS membership.

Interested in a quote? Customer service representatives are available to assist MSMS members, their families, and their employees Monday-Friday, from 8 am to 5 pm. MSMS PIA agents can visit member practices in person to provide more information; or, you may request a quote by visiting http://MSMSInsurance.org.

For more information, contact the MSMS Physicians Insurance Agency toll-free at 877-PIA-ASK-US (742-2758) or msmsagency@msms.org.

MOHAMMED ARSIWALA, MD - EXTENDING HIS SERVICE WORK TO THE ARMED FORCES

Mohammed Arsiwala, MD, is a lot of things.

He's a father, physician, philanthropist, owner of multiple businesses, and president of the Michigan State Medical Society - and that just scratches the surface.

Now, he adds lieutenant commander in the U.S. Navy to the list.

The questions "why?" and "how?" immediately come to mind, and both are easy for Doctor Arsiwala to answer.

"I'm an immigrant, but I've been in the United States for 26 years - this is my home now," Doctor Arsiwala says. "And in those 26 years, I've managed to build a very successful, wonderful life. I feel like this country has given me a lot and now I want to do my part to give back, and in my opinion there's no better way to do that than by serving my country."

That service is set to begin any day now.

Just recently given his commission, Doctor Arsiwala will soon head off to officer's boot camp in Rhode Island. Upon completion, he will begin his service, spending one weekend a month helping to

care for marines stationed here in Michigan and two to three weeks a year stationed wherever in the world the Navy needs him.

"I'm really excited to begin," Doctor Arsiwala says. "There is a desperate need for physicians to serve in the Navy right now, and I think my skill set is particularly well suited for this kind of work."

It's a skill set he's honed over 20 years of practicing medicine. Doctor Arsiwala is board certified in internal medicine and spends most days caring for patients who walk through the door at any one of the nine Michigan Urgent Care and Occupational Health clinics he owns in Southeast Michigan. Most days, Doctor Arsiwala devotes his mornings to patient care and his afternoons to administrative duties, which is no small feat considering the size of the business.

"It's grown tremendously in the past 20 years. We now have over 200 employees and serve over 100,000 patients a year in five counties throughout Southeast Michigan, and we're still growing. It's very exciting," he says.

When he's not busy with that, there's a good chance Doctor Arsiwala is working to serve those in need. Over the years, he's partnered with several organizations and initiatives throughout southeast Michigan that provide critical support for vulnerable populations in the community, including helping to start the Shepherd Hall Transition Living Program offered through Vista Maria.

Serving young women between the ages of 18 and 24 who are homeless or have recently aged out of the foster care system, Shepherd Hall provides crucial support and resources during a critical transitionary phase in a young woman's life. Women in the program are provided with an affordable apartment and are given all the help and counseling they need to enroll in college, obtain jobs and ultimately find paths to success and happiness.

"Before Shepherd Hall, these young women would just be let out into the world when they turned 18 without any support system or guidance on how to navigate adulthood, and as a result, many would fall into things like drugs and human trafficking. There was no stability. Shepherd Hall has changed that and I'm immensely proud of the success we've had with it," Doctor Arsiwala says.

And Doctor Arsiwala's service work extends well beyond metro Detroit. In 2005, he established the Help Global Foundation with the aim of working to eliminate poverty, improve health outcomes and create educational opportunity in communities in need throughout the world. Since then, Doctor Arsiwala and his team have established projects and operated medical camps in Afghanistan, India, Uganda and Haiti.

"The work we do through the HELP foundation is so gratifying and important," Doctor Arsiwala says. "We're just now finishing up building a 100-bed hospital in a very remote and dangerous part of Afghanistan. There are anywhere between 1.2 and 1.6 million people living in this region that have had no reliable access to medical care, and now that's changing. This hospital is going to make life markedly better for these people and I'm so excited for it to get up and running."

Considering all of that, the "how?" question is much more curious when considering Doctor Arsiwala's impending naval service, but the freshly commissioned lieutenant commander has a simple answer for that as well.

"When you're passionate about something, it isn't difficult to find the time and a way to do the things you love," he says.

For Doctor Arsiwala, that now includes serving his country.

"I'll do it for as long as my body allows me to do it. And I think that's going to be for a long time - I'm fit, healthy, ready and happy to serve."

GOV. WHITMER SIGNS BILL TO MITIGATE HARMFUL EFFECTS OF MEDICAID WORK REQUIREMENTS, CALLS FOR FURTHER ACTION TO PROTECT HEALTH COVERAGE

In September, Governor Gretchen Whitmer signed Senate Bill 362 into law, which will reduce the harmful impacts of Medicaid work requirements and protect Michiganders' access to quality health care.

"The Healthy Michigan Plan I worked to pass with Governor Snyder was a landmark bipartisan accomplishment, extending coverage to more than 680,000 people, increasing primary care usage, reducing dependence on emergency rooms, and strengthening our economy.

But the work requirement legislation that passed last year puts that progress at risk," said Gov. Whitmer. "The changes I signed will reduce the number of people who must jump hurdles to provide proof of what they are already doing, but there's more we must do to mitigate their harmful impact. I ask that the legislature work with me to protect coverage for thousands of Michiganders."

Michigan has the most onerous work requirements in the nation. Earlier this year, independent analysis based on Arkansas' experience suggested that as many as 183,000 people would lose coverage from Michigan's requirements.

Senate Bill 362 will help to lower this number by giving beneficiaries more time to verify compliance with the law and exempting people from reporting workforce engagement if the state can verify compliance through other available data.

In a signing statement, the governor called on the legislature to take additional steps to prevent coverage losses by enacting a provision that automatically suspends work requirements if data shows that significant numbers of Michiganders are on track to lose their health care due to the new compliance requirements.

"To my great regret, it now appears that the legislature is less interested in giving Michiganders the facts and the tools to comply with work requirements than in taking away Michiganders' health insurance," said Gov. Whitmer. "As a result, tens of thousands of Michiganders stand to lose needed health care and suffer medical and economic harms that responsible leaders could easily have avoided. I ask the legislature to work with me to prevent this outcome."

A recent study in the New England Journal of Medicine found that work requirements cause people to lose coverage and do not increase employment. The loss of health benefits caused by work requirements creates another employment barrier for many people who are trying to work, but find it difficult to do so because of a lack of supports and opportunity.

PATIENTS, DOCTORS, PROVIDERS SAY HEALTH CAN'T WAIT

Prior authorization red tape and step therapy delays care and treatment for Michigan patients

When insurance company bureaucracy gets between a physician and his or her patient, patients get sicker, health conditions worsen, and the cost of care skyrockets. That's not right. Health can't wait, and we're doing something about it.

Health Can't Wait is a coalition of patients, health care providers, and patient-support groups working together to put Michigan patients first by ending dangerous delays in patients' access to health care caused by insurance company bureaucracy, including prior authorization red tape and step therapy requirements.

The coalition is being led by more than forty patient advocacy and health care organizations, including the Michigan State Medical Society.

You can learn more about Health Can't Wait, the growing coalition, and its work online at HealthCantWait.org.

We need your help to make a difference!

Share your story at HealthCantWait.org

We want to highlight the impact of insurance company red tape, so we can help fix it. Tell your story - or those of your patients - so we can begin making the changes Michigan needs!

Talk the issues up with family, friends, and colleagues

Use your own networks - and social media - to help build awareness of this problem, and consider reaching out to your lawmaker. The team at MSMS is standing by to help you craft and share your story!

The Health Can't Wait coalition's work couldn't be more important. 94 percent of Michigan physicians report that prior authorization red tape causes delays in care for their patients. Prior authorization red tape is part of a staggering 92 percent of all care delays, and those delays can be devastating.

In fact, 78 percent of physicians trace prescription and treatment non-adherence to prior authorization delays. In other words, when red tape and bureaucracy prevents patients from timely access to the medicine and treatment they need, those patients are dramatically more likely to suffer the devastating health effects that come from nonadherence.

Henry Ford Macomb Hospital

HENRY FORD MACOMB HOSPITAL FIRST IN MICHIGAN TO USE THE ROSA KNEE ROBOT

In August, Henry Ford Macomb Hospital was the first in Michigan to use the ROSA Knee Robot when Ken Scott, DO performed total knee arthroplasty (TKA) at Henry Ford Macomb Hospital. ROSA stands for Robotic Surgical Assistant.

Following FDA clearance in February 2019, Dr. Scott traveled in March with three other Henry Ford Health System orthopedic surgeons to the Cleveland Clinic to evaluate the robot. The health system subsequently purchased six of them.

"The new technology lets me personalize the surgical plan based on the patient's individual bone and soft tissue anatomy. During surgery, it provides real time data so that I can make any needed adjustments accordingly. The robot takes out variables that we could not measure in the past. The hope is to move from an 85 to 90 percent success rate to 95 to 100 percent success rate," said Dr. Scott. "There's no guess work anymore. It's all about precision."

OPEN-HEART OPEN

On Sept. 16, Henry Ford Macomb hosted its annual Open-Heart Open golf tournament at Sycamore Hills Golf Club. The outing began many years ago as a celebration of life and a way to express appreciation to patients who have undergone heart surgery at Henry Ford Macomb. 144 golfers participated in this year's tournament, with an additional 88 people joining for lunch.

From left are Joe Tandoc, CRNA; Kathryn D'Anna, PA; Michelle Shadowens, RN; Michelle Benavente, CCP; Mrs. Hana Alnajjar, Kelly Poletis, PA; Raed Alnajjar, MD; Ryan Schmid, NP and Ryan Ramales, PA

HAPPY 100TH!

Happy 100th birthday to Else Kwiotek of Warren! Else had a pacemaker implanted last month at Henry Ford Macomb Hospital by Madar Abed, MD (left) and is a longtime heart patient of Samer Kazziha, MD. In September, the doctors stopped by Else's surprise birthday party at Polka restaurant in Troy to wish her well.

SHARE YOUR NEWSWORTHY ITEMS

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

We would like to recognize MCMS members in the "Member News" section of the Medicus. Contact Heidi Leach at macombcms@gmail.com with newsworthy information.
Publication is subject to availability of space and the discretion of the Editor.

Ascension Macomb-Oakland Hospital

NEW PATIO CREATES PEACEFUL SETTING FOR BEHAVIORAL HEALTH PATIENTS AT ASCENSION MACOMB-OAKLAND HOSPITAL

A new outdoor rooftop patio is providing a unique healing environment for Behavioral Health inpatients at Ascension Macomb-Oakland Hospital, Warren Campus. The patio opened on September 11 with a celebration honoring donors who supported the recent renovation of the Behavioral Health Unit and the patio.

Completed as the second phase of the total renovation project, the patio was created to help enhance the care environment for vulnerable behavioral health patients who tend to spend 8 to 10 days on the unit. These patients are often well enough physically but poor in spirit, and Ascension Macomb-Oakland is dedicated to meeting their unique needs.

"The Behavioral Health Unit patio fulfills the holistic care approach in a natural environment for improving mental health of our patients," said Dr. Bal Gupta, Chief of Psychiatry, Ascension Macomb-Oakland Hospital.

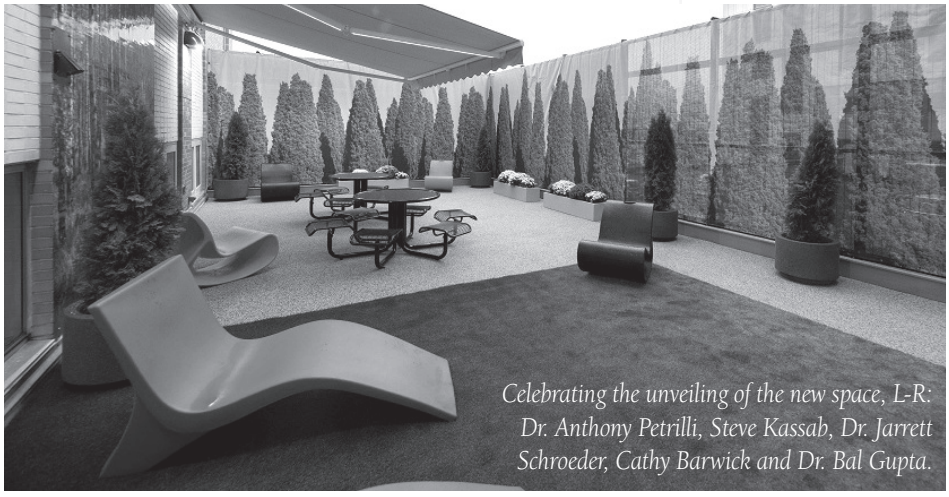
The patio was funded almost entirely by philanthropy including a lead gift from Stephen Kassab and his family. Steve is a longtime supporter of the hospital and owner of Kasco, Inc. The project had a special place in his heart because of the care his brother Louis received on the Behavioral Health Unit many years ago. In addition, Dr. Gupta and his wife Madhu made a generous gift for the project. Dr. Gupta was also instrumental in securing a substantial donation from the medical staff. Along with other donors, Dr. Suresh Aggarwal made a generous gift in memory of her late husband Dr. Verinder Aggarwal, a former Ascension Macomb-Oakland Hospital physician.

Below: The park-themed patio features bench seating, flowers and greenery, and it provides patients with more access to sunlight, fresh air and opportunities to engage in horticulture and group therapy.

AQUATIC THERAPY TEAM MAKES POOL SAFETY A TOP PRIORITY

Aquatic therapy refers to treatments and exercises performed in water for relaxation, fitness, physical rehabilitation and other therapeutic benefits. A qualified aquatic therapist provides constant attendance to a person receiving treatment in a heated therapy pool. The staff at Ascension Macomb-Oakland's Warren PT/NRS just completed its annual pool safety competency of using the back board to assist someone out of the pool should an emergency require this action. This therapy pool is one of only two in Ascension Michigan.

Pictured, L-R: Andrea Vacante, Cam Mills, Michele Zaverzence-Venettis, Dave Czupinski, Yvonnie Rippe, Andrea Degenore, Lenka Schoen, Jan Ruf, Nichole Scherbarth, Kathy Boehm, Lori Susin, Laurie Poirer, Sarah Mertz, and in front is Kate Vitale. Not pictured: Michelle Marlowe.



Celebrating the unveiling of the new space, L-R: Dr. Anthony Petrilli, Steve Kassab, Dr. Jarrett Schroeder, Cathy Barwick and Dr. Bal Gupta.

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 23, 2019 at the Sheraton Detroit in Novi.

SURJIT S. BHASIN, MD - INTERNAL MEDICINE
Graduated from All India Institute of Medical Science in 1969

SACHINDER S. HANS, MD - VASCULAR SURGERY, GENERAL SURGERY & SURGICAL CRITICAL CARE
Government Medical College of Patiala (India) in 1969

ROBERT K. MOORE, MD - CARDIOVASCULAR DISEASES & INTERNAL MEDICINE
Graduated from Wayne State University School of Medicine in 1969

ANDREW S. OGAWA, MD - OPHTHALMOLOGY
Graduate from University of Michigan Medical School in 1969

CHAN KEE PARK, MD - OBSTETRICS & GYNECOLOGY
Graduated from Yonsei University College of Medicine (South Korea) in 1969

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 which will be held April 25 - 26, 2020 at The Henry Autograph Collection in Dearborn.

Anyone interested in running for a position on the MCMS Board please contact Heidi Leach at macombcms@gmail.com.

UPCOMING EVENTS

NOVEMBER 1 MSMS conference "A Day of Board of Medicine Renewal Requirements". Earn the new mandated Michigan Board of Medicine CME all in one day. Holiday Inn in Ann Arbor, 9 am - 2:45 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/eo

NOVEMBER 2 MSMS 23rd Annual Conference on Bioethics, at the Holiday Inn in Ann Arbor, 9 am - 4 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/eo.

NOVEMBER 10-12 Henry Ford "The Eye & The Chip" World Research Congress, at The Henry Hotel in Dearborn. Available Credits: 21.5 AMA/PRA Category 1 Credits. For more information or to register visit https://hfhs.eventsair.com/HenryFordCEPortal/hfhs/cmereg/Coursedetail/21226.

NOVEMBER 16 Symposium on "Telemedicine-Cloud: Innovations in Healthcare and Medical Education", at the Jack Ryan, MD Auditorium, Ascension Macomb-Oakland Hospital in Warren, 8:30 am - 12 pm. This symposium is hosted by TelemedEdu, USA, Inc. The symposium is free however, registration is mandatory. To register please send an email with your name and affiliation to support@telemededu.org.

NOVEMBER 22 Beaumont conference "Neurology for Primary Care Partners". This conference is geared toward primary care physicians. The key objectives are to help the primary care provider identify neurological symptoms and treatment options. Troy Marriott, 7:30 am - 5 pm. Credits: 7.5 AMA/PRA Category 1 Credits. For more information or to register visit https://beaumont.cloud-cme.com/neuropcp2019.

DECEMBER 11 MCMS Annual Meeting, Ike's Restaurant in Sterling Heights, 6:30 pm Dinner and Program.

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 by visiting https://connect.msms.org/Education-Events/On-Demand-Webinars

Some of the Free On Demand Webinars offered:

* Health Care Providers' Role in Screening and Counseling for Interpersonal and Domestic Violence: Dilemmas and Opportunities
* In Search of Joy in Practice: Innovations in Patient Centered Care
* Legalities and Practicalities of HIT - Cyber Security: Issues and Liability Coverage
* Legalities and Practicalities of HIT - Engaging Patients on Their Own Turf: Using Websites and Social Media
* Medical Necessity Tips on Documentation to Prove it
* Opioid Town Hall
* Pain and Symptom Management, New - Tapering Off Opioids
* Section 1557: Anti-Discrimination Obligations
* Sexual Misconduct - Prevention & Reporting
* Tips and Tricks on Working Rejections

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 so that we can keep you informed!

Change of Address? Let us know! Call 877-264-6592 or Email us macombcms@gmail.com any changes.

Symposium in Telemedicine-cloud

INNOVATIONS IN HEALTHCARE AND MEDICAL EDUCATION

DATE:

SATURDAY, NOVEMBER 16, 2019

TIME:

8:30 AM - 12:00 NOON

PLACE:

Jack Ryan, MD Auditorium, Ascension-Macomb-Oakland Hospital, Warren Campus, 11800 East Twelve Mile Road, Warren, MI 48093

Registration is mandatory. Please send e-mail to support@telemededu.org with your name and affiliation. There is no registration fee.

Invocation: Reverend Sister Jacquie Wetherholt, CSJ

TOPIC AND SPEAKER:

Making Telemedicine Work in Healthcare: What is the Value Proposition?

Dale C. Alverson, MD, *Strategic Telehealth Consultation, University of New Mexico Center for Telehealth, Albuquerque, NM*

Emerging Science and Technology for Medicine

Gregory A. Auner, PhD, *Professor, Department of Surgery and Biomedical Engineering, Wayne State University, School of Medicine, Detroit, MI*

Genesis of Telehealth in Healthcare Transformations

Charles R. Doarn, MBA, *Editor-in-Chief, Telemedicine and e-Health Journal, MPH Program Director, Division of Public Health Sciences, Director, Center for Telemedicine and e-Health, College of Medicine, University of Cincinnati, Cincinnati, OH*

Telemedicine and Stroke

Bharath Naravetla, MD, *Neurosurgeon, Medical Director of Telehealth, McLaren Healthcare, Flint, MI, Karmanos Cancer Institute, Detroit, MI*

Artificial Intelligence in Healthcare

Ezekiel J. Emanuel, MD, PhD, *Professor, Perelman School of Medicine, Professor Department of Healthcare Management, Wharton School, University of Pennsylvania, Philadelphia, PA*

Telemedicine in Healthcare and Medical Education

George J. Shade, Jr., MD, *Dean of Clinical Sciences, University of Medicine and Health Sciences, New York, NY, Senior Vice President and Chief Medical Officer, Detroit Community Health Connection, Detroit, MI*

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CYBERSECURITY AWARENESS
TOP THREE
SCAMS REPORTED:
IDENTITY THEFT,
IMPOSTER SCAMS,
& DEBT COLLECTION
SCAMS

CYBERSECURITY AWARENESS

OCTOBER WAS NATIONAL CYBERSECURITY AWARENESS MONTH, AND THIS YEAR'S FOCUS WAS ON TAKING PROACTIVE STEPS TO ENHANCE CYBERSECURITY AT HOME AND IN THE WORKPLACE. SO, WHAT BETTER TIME TO TAKE A CLOSER LOOK AT THE GREATEST THREATS FACING PROVIDERS AND WHAT YOU CAN DO TO **AVOID BECOMING A VICTIM** BY PROTECTING YOURSELF AND YOUR PRACTICE!

ACCORDING TO THE FTC, THE TOP THREE SCAMS REPORTED IN 2018 WERE **IDENTITY THEFT, IMPOSTER SCAMS,** AND **DEBT COLLECTION SCAMS.**[1] THE FOLLOWING ARE TYPICAL EXAMPLES OF WHAT COMPANIES FACE ON A REGULAR BASIS:

SCENARIO 1:

Recently, a practice received a call (purportedly) from a health care organization seeking to "confirm" some bank account information, which the practice provided. A few days later, the practice was contacted by a national bank indicating that two accounts in the practice's name would be closed due to insufficient funds. Notably, though, the practice did not have any accounts with that bank. In working with the bank, the practice determined that these accounts were set up only a few days prior, around the same time the health care organization called.

SCENARIO 2:

Late on a Friday afternoon, "Betty" an assistant to the company president, "Joe," received a phone call from a pleasant man calling himself "Don." Don asked to speak with Joe, claiming that he and Joe were friends. When Joe wasn't available, Don asked for Betty's name, which she provided. Don said he would call back the next week and told Betty to have a great weekend.

Don spent the weekend searching out Betty's social-media profiles, where he found that she recently attended Joe's son's wedding. Don downloaded some of the wedding pictures, at which time he embedded a virus into the digital images. On Monday, Don sent Betty a friendly email - "Betty, it was nice speaking with you on Friday. I forgot to mention that I attended Joe's son's wedding. I got some great photos. Maybe you're in one. Please let Joe know that I will call him later this week."

By the time Joe had a chance to tell Betty that he didn't know anyone named Don, it was too late. Betty opened the wedding photos, and Don had full access to the company systems. Within a few hours, Don had locked down the system and demanded a substantial payment for the access codes.

In each scenario, the company fell victim to a vishing (voice-phishing) scam - a common type of social engineering that is becoming more sophisticated and brazen. Thankfully, the issue

in Scenario 1 was quickly resolved, but not all victims can say the same. Ransomware attacks like the one in Scenario 2 can result (and have resulted) in practices shuttering their doors. In April of this year, for example, a practice in Southwest Michigan closed after falling victim to a ransomware attack by hackers who prevented the practice from accessing patient medical records and other information needed to operate the practice.[2]

Although the types of scams and the targeted results may differ, pay close attention to what the attacks in the two scenarios above have in common: neither could have been accomplished without someone on the "inside," even if that person was unaware of their role. Indeed, attacks that are purely technical - i.e., where a "hacker" breaks through external security measures - are somewhat rare and are curtailed by keeping IT security systems updated and properly configured.

So what can your practice do to avoid becoming a victim of a cyber-attack?

1. Train personnel on cybersecurity awareness;
2. Ensure that your practice has updated cybersecurity and data-privacy policies, including your policies for regulatory compliance;
3. Ensure that your practice's IT infrastructure is properly updated and configured; and
4. Train personnel on cybersecurity awareness (yes, I said that twice!).

1. TRAIN PERSONNEL ON CYBERSECURITY AWARENESS

I can't emphasize enough how important this is. Almost every IT professional will tell you that an organization's greatest vulnerability is its own users. Sometimes intentionally but usually as the victim of a scam, authorized users allow cyber-criminals to bypass technological security measures with ease. The only way to effectively reduce this risk is to conduct regular, organization-wide training. Until that happens, though, the US Department of Homeland Security provides the following suggestions:

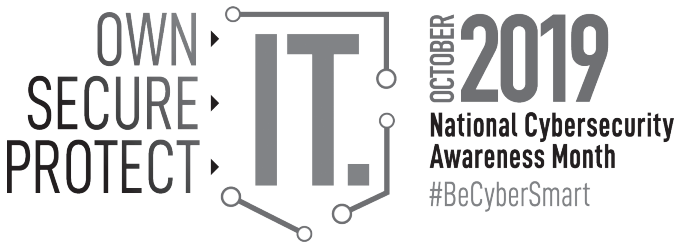
Play hard to get with strangers. Links in email and online posts are often the way cybercriminals compromise your computer. If you're unsure who an email is from - even if the details appear accurate - do not respond, and do not click on any links or attachments found in that email. Be cautious of generic greetings such as "Hello Bank Customer," as these are often signs of phishing attempts. If you are concerned about the legitimacy of an email, call the company directly.

Think before you act. Be wary of communications that implore you to act immediately. Many phishing emails attempt to create a sense of urgency, causing the recipient to fear their account or information is in jeopardy. If you receive a suspicious email that appears to be from someone you know, reach out to that person directly on a separate secure platform. If the email comes from an organization but still looks "phishy," reach out to them via customer service to verify the communication.

Protect your personal information. If people contacting you have key details from your life - your job title, multiple email addresses, full name, and more that you may have published online somewhere - they can attempt a direct spear-phishing attack on you. Cyber criminals can also use social engineering with these details to try to manipulate you into skipping normal security protocols.

Double your login protection. Enable multi-factor authentication (MFA) to ensure that the only person who has access to your account is you. Use it for email, banking, social media, and any other service that requires logging in. If MFA is an option, enable it by using a trusted mobile device, such as your smartphone, an authenticator app, or a secure token - a small physical device that can hook onto your key ring.

Shake up your password protocol. According to NIST guidance, you should consider using the longest password or passphrase permissible. Get creative and customize your standard password for different sites, which can prevent cyber criminals from gaining access to these accounts and protect you in the event of a breach. Use



password managers to generate and remember different, complex passwords for each of your accounts.

Stay Protected While Connected. The bottom line is that whenever you're online, you're vulnerable. If devices on your network are compromised for any reason, or if hackers break through an encrypted firewall, someone could be eavesdropping on you - even in your own home on encrypted Wi-Fi.[3]

2. UPDATE YOUR CYBERSECURITY AND DATA PRIVACY POLICIES AND PROCEDURES

Everyone reading this article knows that nearly every heath care provider is required to comply with HIPAA's standards for the exchange, privacy, and security of health information. But when was the last time you looked at your internal polices and safeguards? And have you considered whether the information you store is subject to any other data-privacy laws or regulations? Moreover, are you prepared to respond in the event of a cyber-"incident?" And do you have appropriate cyber-insurance coverage? How would your practice respond to an email compromise or a data breach?

In the event of a data breach or system compromise, you may have a legal obligation under both state and federal law to report the event to regulators and patients, and if so, you must do so on a timely basis. Responding to such an incident with the assistance of counsel is vital, but planning for your response in advance is equally important. While it's easy to take the "it-will-never-happen-to-me" approach, sitting down with a data-privacy professional to discuss your practice's risks and exposure and to plan for a future breach will provide substantial peace of mind.

3. UPDATE AND CONFIGURE YOUR IT INFRASTRUCTURE

Do you remember that firewall your neighbor's son helped you install at your office back in 2008? The hacker looking to steal your patient's data thanks you for your purchase and highly recommends that product. If it's been more than a year or so since your last IT audit, you should engage a technology firm experienced in health care security to review your system for vulnerabilities. While it's tempting to avoid such a review in light of the potential cost, the cost of a breach will far exceed the cost of the review, particularly if you don't have an appropriate disaster-recovery plan in place. Moreover, HIPAA requires you to maintain "reasonable and appropriate administrative, technical, and physical safeguards" for protecting electronic protected health information, or "e-PHI," which necessarily includes keeping your technical safeguards up to date.

Unfortunately, the cybersecurity game of cat-and-mouse will continue for the foreseeable future, and practices like yours need to be able to spot the threats and be prepared to respond.

References

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[2] J. Drees, Michigan medical practice to close after refusing to pay ransom to hackers, April 1, 2019, available at https://www.beckershospitalreview.com/cybersecurity/michigan-medical-practice-to-close-after-refusing-to-pay-ransom-to-hackers.html.

[3] Identity Theft and Internet Scams, US Department of Homeland Security, available at https://niccs.us-cert.gov/sites/default/files/documents/pdf/ncsam_identitytheftandinternetscams_508.pdf?trackDocs=ncsam_identitytheftandinternetscams_508.pdf.; Phishing, US Department of Homeland Security, available at https://niccs.us-cert.gov/sites/default/files/documents/pdf/ncsam_phishing_508.pdf?trackDocs=ncsam_phishing_508.pdf.

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TELEHEALTH IS BOOMING, BUT WHO ARE THE POWER USERS?

Andis Robeznieks, Senior AMA News Writer

Growth in telehealth is being fueled by nonhospital-based health care providers, with urban areas outpacing rural regions although explosive expansion of services was seen in both sectors, according to a recent analysis of insurance claims data on telehealth trends.

The report, "A Multilayered Analysis of Telehealth, How This Emerging Venue of Care is Affecting the Healthcare Landscape," uses data drawn from claim lines - the separate procedures listed within a claim - and was conducted by Fair Health, a New York nonprofit that operates a vast database of commercial and Medicare claims.

So, who's using telehealth the most? Here's what the Fair Health report shows.

Younger people. From 2014 to 2018, patients between 31 and 40 years old were most associated with telehealth overall, accounting for 21% of all telehealth claim lines.

Women. Nearly two-thirds of all telehealth claim lines (65%) were associated with female patients. But for telehealth visits related to a hospital discharge, women had only a slight majority, with 53% of such claim lines.

This is consistent with other research finding that women are more likely than men to visit physicians and use health care services. One category where the ratio was flipped was for patients having an in-person follow-up visit within 15 days of a telehealth diagnosis for an alcohol-related disorder. For this one, males were the majority, with 57%.

People coming home from the hospital in urban areas. Claim lines for discharge-related telehealth claim lines rose more in rural than urban areas between 2014 and 2018, seeing an increase of 407%, though that still amounts to just 0.025% of all rural medical claim lines.

Patients with acute respiratory infections or mood disorders. Acute upper respiratory infections were the No. 1 reason individuals sought treatment from for nonhospital-based telehealth in 2018, accounting for 16% of all such telehealth visits. Mood disorders were the No. 2 reason patients sought such telehealth treatment, account for 6% of these kinds of claims.

Overall, the Fair Health report breaks down telehealth into these four types:

- Nonhospital-based telehealth, which accounted for 84% of telehealth claim lines in 2018, up from 52% in 2014.
- Discharge telehealth visits, which accounted for 13% of telehealth claim lines in 2018, compared with 35% in 2014.
- Telehealth consultations, which accounted for 3% of telehealth claim lines in 2018, down from 13% in 2014.
- Emergency department or inpatient telehealth visits, which accounted for fewer than 1% of telehealth claim lines in both years – despite a 16% growth in use between 2017 and 2018.

Telemental health services snapshot

Meanwhile, a snapshot of psychiatrists who provide telemental care appears in a JAMA Psychiatry research letter.

Studying a random sample of 20% of the Medicare telemental fee-for-service claims generated between 2014 and 2016, researchers calculated that 5.4% of the psychiatrists who provided care were responsible for more than 377,000 telemental visits.

Just over 40% of that group provided 100 or more of these visits. And psychiatrists in rural states more likely to provide such services, with 24.2% doing so in North Dakota, compared with just 0.1% of psychiatrists in Massachusetts.

An AMA-led telehealth study published in The New England Journal of Medicine explores policy trends and key priorities in telehealth adoption, specifically on how physicians use telehealth and the benefits to patients.

DISCOVER THE TOP 5 MHEALTH APPS LANDING NIH RESEARCH GRANTS

Andis Robeznieks, Senior AMA News Writer

The rising use of mobile health (mHealth) apps is witnessing comparable growth in federal funding of mHealth research, which could reflect high hopes for their potential health benefits.

Annual National Institutes of Health (NIH) funding for developing, testing and implementing mHealth interventions grew almost 135% to $39.4 million, from $16.8 million between 2014 and 2018, while the number of grants rose almost 87% to 112 from 60. This information comes from a study, "Specialized Smartphone Intervention Apps: Review of 2014 to 2018 NIH Funded Grants," published in July in JMIR mHealth and uHealth.

"Funded grants represent the state of the science and therefore are expected to anticipate the progression of research in the near future," wrote study authors William B. Hansen, PhD, with Prevention Strategies LLC, and Lawrence M. Scheier, PhD, with LARS Research Institute.

"The increase in numbers of grants funded between 2014 and 2018 attests to the belief in the potential for smartphone technology to be useful in health promotion and disease prevention," the authors of the study added.

The AMA is committed to making technology and digital health solutions are an asset and not a burden. To this end, guidelines for mHealth apps concerning privacy, security, operability, usability and content have been developed by Xcertia, a nonprofit founded by the AMA and other major players in health care and technology.

Hansen and Scheier combed through grant abstracts for studies funded by 21 NIH agencies and found 1,524 that addressed mHealth and the use of a mobile device or smartphone. They identified 397 that included the use of an intervention app, and divided these into 13 health-strategy categories with the top five being:

- Monitoring and feedback - 192 apps.
- Skills training - 85 apps.
- Education and information - 85 apps.
- Cognitive and behavioral therapies - 68 apps.
- Facilitating, reminding and referring - 60 apps.

The 397 grants totaled $138.1 million in the five years studied. The average amount for funded applications was just more than $345,000.

The top funding agencies were:

- National Institute on Aging - 76 grants totaling $25.5 million.
- National Cancer Institute (NCI) - 46 grants totaling $16.4 million
- National Institute for Mental Health - 41 grants totaling $15.5 million

The study describes monitoring and feedback as a broad catch-all for apps collecting activity, biological, vital-sign and self-reported data, often collected from wearables or implanted sensors.

Such data could help ensure proper diagnosis and treatment and may provide a "clear benefit to the clinician who intends to understand how the patient responds or acts when not present in the clinic," the study says.

The other value is that it keeps clinical staff, patients and nonclinical caregivers current on the patient's condition and medication adherence, the authors wrote.

Skills-training apps often focus on pain, anxiety, stress and emotion management while developing decision-making, goal-setting and communication skills, according to the report.

Gaming mostly boosts other strategies

Despite the attention given to augmented intelligence (AI) - often dubbed "artificial intelligence" in popular culture - and to gamification, these two categories of smartphone apps were only Nos. 7 and 8 in NIH funding.

Hansen and Scheier wrote that gamification was used in both active and "stealth" learning where users gain new cognitive skills while playing a game. But this strategy was mostly coupled with other strategies to "augment participant engagement."

Tech advancements spur mHealth use

"It is conceivable," they explained, that the funding growth "is due primarily to the increased technology capability that mobile and smartphones offer, their broad reach, ease of use by potential users, flexibility, and increasing ease of app programming."

These technological advances include

higher-resolution digital imaging, connectivity to cloud computing that allows for transmission of medical information that is compliant with data-privacy regulations, and the coupling of "lab-on-a-chip technology" that permits biochemical analysis of blood, saliva, sweat or urine. Furthermore, they note that information privacy was highly attractive to app users.

WHY PUTTING PRICES IN EHRS WILL HELP DOCTORS KEEP COSTS IN CHECK

Andis Robeznieks, Senior AMA News Writer

Navigating today's health care system can be like wheeling a shopping cart through a store and not knowing how much the items you've selected cost until you get to the cash register. But one way to improve transparency while simultaneously strengthening the patient-physician relationship would be to include prescription-drug prices in electronic health records, according to a recent JAMA Viewpoints column.

"In an era of rising costs, the role of the physician in promoting cost-consciousness must increase," states the essay, co-written by Brian J. Miller, MD, MPH, with MedStar Georgetown University Hospital; Jennifer M. Slota, with Northwestern University Feinberg School of Medicine's Center for Healthcare Studies; and AMA Board of Trustee Chair Jesse M. Ehrenfeld, MD, MPH, with the Vanderbilt University School of Medicine.

"Prices may be either relative or absolute," the authors added. "Ideally, prices should be meaningful and actionable."

The column cites 30 years of research showing that fewer expensive diagnostic tests are ordered when physicians know the costs associated with them.

"Cost-consciousness represents the next evolution of 21st-century medical practice, promoting physicians and patients together as leaders of positive change," the authors wrote, adding that "displaying price information in EHRs could mark the next step in the transformation of the practice of medicine."

"Physicians may find the inclusion of yet more information in the EHR frustrating.

The authors suggested that the inclusion of prices, either "absolute or relative," could be a vendor requirement for EHR-product certification leading to a new generation of EHRs that include prices for drugs, tests, surgical procedures and physician visits.

Prompting the price conversation

The authors also acknowledged a potential downside of adding drug-price data to the EHR.

"Physicians may find the inclusion of yet more information in the EHR frustrating, so there could be unintended consequences of adding cost information," they wrote. "Regardless, stimulating dialogue by providing physicians and patients with pricing information at the point of service makes intuitive sense."

Rewards would include facilitating physicians' role as stewards of health care resources and strengthening the bond they have with their patients.

"Navigating an administratively complex care delivery system in the setting of severe and chronic illness is overwhelming," the essay states. "Expanding the role of the physician as a guide for and steward of the patient's health care financial resources is a natural deepening of the patient-physician relationship."

At a recent AMA Annual Meeting, the delegates adopted policy stating the AMA will collaborate with other stakeholders to:

- Explore the current availability and accessibility of EHR, pharmacy and payer functionalities that enable integration of price, insurance coverage, formulary tier and drug utilization-management policies, and patient-cost information at the point of care.
- Explore what barriers exist to this functionality or access.
- Explore what is currently being done to address these barriers.
- Develop and implement a strategic plan for improving the availability and accessibility of real-time prescription cost information at the point of care.

The policy stemmed from an AMA Board of Trustees report that noted that having price information at the point of prescribing could be a deciding factor in which treatment options are pursued.

"The AMA recognizes that physicians can enhance patient-centered care by balancing costs and the potential for patient adherence to prescriptions in their decision-making related to maximizing health outcomes and quality of care for patients," the report states. "Improving drug price transparency would increase patient and physician awareness of the overall costs associated with different prescription drug treatment options and ultimately facilitate better-informed, shared treatment decisions that could help reduce prescription drug spending."

The report also mentions TruthInRx, the

AMA grassroots campaign that has been collecting patients' stories about the negative impact of high prescription-drug prices.

AMA PRESIDENT: ALL HANDS-ON DECK IN FIGHT TO ACHIEVE HEALTH EQUITY

Brendan Murphy, AMA News Writer

The pages of America's history are indelibly marked by the stains of racism, segregation and exclusion, and the AMA's own organizational history is no exception. Now the AMA is engaged in a serious, sustained effort to achieve health equity - optimal health for all patients.

In a speech before the National Medical Association's (NMA) House of Delegates, AMA President Patrice A. Harris, MD, MA, acknowledged the AMA's past prejudices.

"A century ago, the American Medical Association was restricted to whites only," Dr. Harris said during her speech to the NMA, which represents the interests of more than 30,000 black physicians and the patients they serve. "And far too often we have turned a blind eye to the struggle for equality and justice in the African American community."

In 2008, the AMA unequivocally apologized for its past behavior.

Any apology for those past injustices, Dr. Harris said, is insufficient. Still, they must be acknowledged and offer fuel as physicians look to help fix a health care system that is littered with gaps in quality and access across lines of color, ethnicity, income, disability, gender and more.

"We must continue to confront in an honest way, and sometimes in uncomfortable ways, those mistakes that told African American physicians that they were not welcome in medicine and may well have contributed to some of the health disparities we still face today," Dr. Harris said. "The next step in righting those wrongs is the AMA's new commitment to health equity. We are focused on health equity in a new, comprehensive way, with increased resources and increased attention at the very top."

Seeking quality care for all

At the AMA's 2018 Annual Meeting, Dr. Harris became the first black woman elected to the Association's highest office. That same week, the AMA's House of Delegates adopted policy that set health equity, defined as optimal health for all, as a goal for a U.S. health system.

In her NMA address, Dr. Harris offered some insight on what the AMA is doing to meet the challenge: creating the Association's new Center for Health Equity and hiring Aletha Maybank, MD, MPH, to run it. A pediatrician who is board certified in preventive medicine and public health, Dr. Maybank and the Center for Health Equity "will embed health equity across our organization so that it influences our practice, process, innovation, organizational performance and outcome," Dr. Harris said.

"The stakes could not be higher," she added. Research shows that African Americans and patients from other marginalized communities suffer higher rates of chronic diseases, such as diabetes, asthma and high blood pressure and are likelier to self-report only "fair" or "poor" overall health status. These patients also are more likely to be uninsured or underinsured.

Working together to make progress

Dr. Harris called for collaborative efforts between the AMA and the NMA to take a multifaceted approach to tackling health inequities.

She highlighted AMA members who are active in both AMA Minority Affairs Section (MAS) leadership and the NMA. Among them: Niva Lubin-Johnson, MD; Edith Mitchell, MD; Leonard Weather, MD; Sandra Gadson, MD; and Michael Knight, MD, who recently was elected to a position in which he works as a liaison between the two organizations.

One recent example of how collaboration can lead to results is the work done by physicians who are active in both the NMA and MAS in helping to adopt AMA policy that addressed transgender violence, which has disproportionally affected trans women of color.

In what she called an "urgent time for

health care in America," Dr. Harris said physicians, particularly those involved in organizations like the NMA and AMA, have a responsibility to spearhead change.

"Physicians don't run away from problems," she said. "We run towards them. That is our role and that is the responsibility of everyone who joins organized medicine seeking to make a difference."

A PATIENT ASKS TO PRAY WITH YOU: HOW TO RESPOND

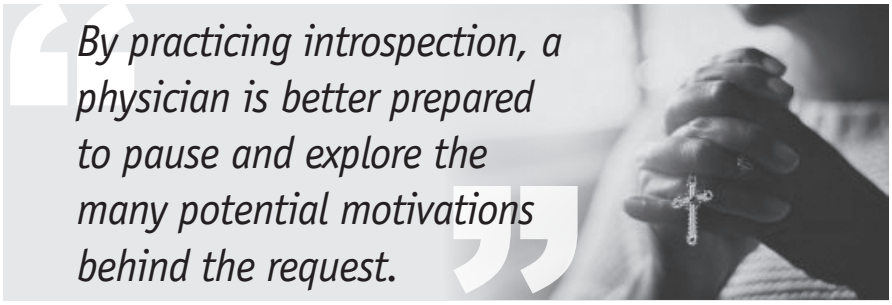
Timothy M. Smith, Senior AMA News Writer

A patient's request for prayer can leave a physician feeling flummoxed, worried that they could say the wrong thing. But such a request might simply reflect a patient's anxiety about their clinical circumstances or a desire to better connect with their caregiver. Three physician experts suggest how to prepare emotionally for such a request and offer strategies for responding in ways that strengthen the relationship.

Following are highlights from an article published in the AMA Journal of Ethics® (@JournalofEthics) by April R. Christensen, MD, and Tara E. Cook, MD, palliative care fellows and clinical instructors of medicine in the Section of Palliative Care and Medical Ethics, and Robert M. Arnold, MD, distinguished service professor of medicine, in the Division of General Internal Medicine in the Department of Medicine at the University of Pittsburgh Medical Center.

Using a hypothetical case of a patient who is a devout Catholic and a surgeon who identifies as a secular Jew and an atheist, the authors explore a nuanced way for physicians to deal with patient requests for prayer, beginning with understanding one's own thoughts and emotions.

"A physician's capacity for understanding requires introspection," the authors wrote. "By practicing introspection, a physician is better prepared to pause and explore the many potential motivations behind the request."



They suggest doing five things before responding:

Understand your discomfort. Would accommodating the request force you to reveal more about your personal life than you are comfortable with? Could you be worried about upsetting the patient if you have different beliefs? Are you not religious? Does a request for prayer make you feel your authority and training are being challenged?

Think about your response(s) ahead of time. Anticipatory self-reflection can help you have more considered responses, the authors noted. "In addition, self-reflection has several demonstrated benefits for physicians, including increasing insight into personal feelings, increasing capacity for empathy and enhancing the ability to differentiate between a patient's and a physician's needs," they wrote.

Pause to acknowledge your feelings. Following a request for prayer, an intentional pause can help you process your initial reaction and prevent emotions from clouding your understanding of the request. Slow the conversation down so you can better understand where the patient is coming from and remain true to your core beliefs.

Inquire about the questions and emotions underlying the request. The patient could simply be scared or feel alone or out of control about their situation. On the other hand, a patient might want to know more about your own spirituality. To better understand this, the authors suggested saying, "I see that it's important for me to be here with you; tell me more."

Reflect the patient's concerns. As you learn more about the reasons for the patient's request, acknowledge their feelings. Doing so does not require you to have the same religious beliefs. Repeating or summarizing what the patient says simply tells them that you are listening and helps them feel understood.

The authors also highlight two principles to guide your responses: Never lie about your religious beliefs and promote trust in the relationship.

"Trust forms the cornerstone of the patient-physician relationship and is particularly important for views that are central to one's belief system, like religion," they wrote, adding that building trust "means reaffirming one's dedication to the patient's well-being and staying present."

Medical Records of Retired Physicians

Patients looking for their medical records from retired physicians frequently contact the MCMS. If you are retired or will be retiring shortly, please contact the MCMS at 877-264-6592 or email macombcms@gmail.com and let us know how patients can retrieve their records. If the records have been destroyed, please inform us of that also so we can note our database accordingly. *Thank you!*

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, 2019

	2019	2018	2017	2016	2015
AMEBIASIS	1	0	0	1	0
BLASTOMYCOSIS	0	0	0	1	0
BOTULISM (FOODBORNE)	0	0	0	0	0
BOTULISM (INFANT)	0	0	0	0	0
BRUCELLOSIS	0	0	0	0	0
CAMPYLOBACTER	117	138	120	96	79
CHICKENPOX	50	41	31	33	32
CHLAMYDIA	2,340	3,586	3,598	3,185	2,736
COCCIDIOIDOMYCOSIS	1	4	2	2	2
CREUTZFELDT JAKOB	0	2	2	2	2
CRYPTOCOCCOSIS	1	4	1	1	1
CRYPTOSPORIDIOSIS	4	12	6	10	1
CYCLOSPORIASIS	1	1	12	2	0
DENGUE FEVER	1	0	0	1	1
DIPHTHERIA	0	0	0	0	0
EHRLICHIOSIS	0	0	0	3	0
ENCEPHALITIS PRIMARY	2	2	4	1	2
ENC POST OTHER	3	2	1	1	1
FLU-LIKE DISEASE	15,580	23,444	28,172	21,747	27,943
GIARDIASIS	17	9	20	23	17
GONORRHEA	816	1,093	946	801	522
GRANULOMA INGUINALE	0	0	0	0	0
GUILLAIN-BARRE SYN.	8	10	9	10	4
H. FLU INVASIVE DISEASE	10	11	21	14	11
HEMOLYTIC UREMIC SYN.	0	0	0	0	0
HEPATITIS A	2	33	201	9	5
HEPATITIS B (ACUTE)	3	5	5	9	6
HEP B (CHRONIC)	78	102	108	110	125
HEPATITIS C (ACUTE)	20	31	49	31	16
HEP C (CHRONIC)	417	857	898	931	673
HEPATITIS D	0	1	0	0	0
HEPATITIS E	0	1	0	0	0
HISTOPLASMOSIS	3	3	0	5	5
HIV^	43	75	69	57	64
INFLUENZA	4,042	7,570	4,136	2,164	1,143
KAWASAKI SYNDROME	2	3	5	5	10

	2019	2018	2017	2016	2015
LEGIONELLOSIS	47	102	56	34	25
LISTERIOSIS	2	3	3	1	1
LYME DISEASE	6	8	5	3	5
MALARIA	0	2	2	2	2
MEASLES	0	0	1	0	0
MENINGITIS VIRAL	32	61	44	43	60
MENINGITIS BACTERIAL/BACTEREMIA *(EXCLUDING N. MENINGITIDIS)*	4	18	11	9	10
MENINGOCOCCAL DISEASE	0	0	0	1	1
MUMPS	1	2	3	2	0
PERTUSSIS	17	48	81	37	35
POLIO	0	0	0	0	0
PSITTACOSIS	0	0	0	0	0
Q FEVER	0	0	0	0	0
RABIES ANIMAL	1	4	2	1	1
RABIES HUMAN	0	0	0	0	0
REYE SYNDROME	0	0	0	0	0
ROCKY MNTN SPOTTED FVR	0	2	0	1	0
RUBELLA	0	0	0	0	0
SALMONELLOSIS	48	82	75	78	82
SHIGELLOSIS	16	10	46	50	22
STEC**	8	24	10	7	9
STREP DIS, INV, GRP A	31	47	32	31	27
STREP PNEUMO, INV + DR	52	54	45	55	52
SYPHILIS	70	145	84	79	108
SYPHILIS CONGENITAL	0	3	1	0	2
TETANUS	0	0	0	0	0
TOXIC SHOCK SYNDROME	1	1	0	0	1
TUBERCULOSIS	2	5	10	11	6
TULAREMIA	0	0	0	0	0
TYPHOID FEVER	2	0	0	0	1
VIBRIOSIS	0	2	0	1	0
VISA	0	2	1	0	0
WEST NILE VIRUS	1	11	7	2	4
YELLOW FEVER	0	0	0	0	0
ZIKA	0	0	0	4	0

*Includes both Probable and Confirmed case reports.

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

18-Oct-19

^ Previously reported as "AIDS"

November/December 2019
Index of Display Advertisers

Macomb County Medical Society Foundation
2019 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 and its new "Fresh to You" Mobile Pantry. 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 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, 2019.

If you have, any questions please contact the MCMS office at macombcms@gmail.com or call 877-264-6592.

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

Name(s) to appear on holiday card ______________________________

Address ______________________________

____

Phone ____________________ Email ____________________

$____________ Contribution to Food Program

$____________ 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.