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Major Health Care Organizations Ask University of Michigan, Michigan State to Require Vaccination to Protect Students against Deadly Meningitis B

IN AUGUST, MICHIGAN'S LEADING HEALTH CARE ORGANIZATIONS ASKED ADMINISTRATORS AT THE UNIVERSITY OF MICHIGAN AND MICHIGAN STATE UNIVERSITY TO REQUIRE STUDENTS BE VACCINATED AGAINST MENINGITIS B, A DEADLY DISEASE THAT IN RECENT YEARS HAS TAKEN THE LIVES OF COLLEGE STUDENTS ACROSS THE UNITED STATES, INCLUDING HERE IN MICHIGAN. The organizations, part of the Parent Information Network, joined groups from across the Midwest, signing a formal letter delivered to administrators encouraging participation in the Big 10 Challenge, an effort to see major universities adopt the lifesaving reform. Indiana University and Purdue University this spring became the first Big 10 schools to enact Meningitis B vaccination requirements.

"Meningitis B is a deadly disease that's especially dangerous for college students, but it can be prevented," said Betty S. Chu, MD, MBA, President of the Michigan State Medical Society. "Students and young adults are among those most likely to contract meningitis B, especially in settings where students are living in close proximity to each other and sharing drinks and food. U of M and MSU should take a critical step to protect their students by requiring a simple, lifesaving vaccination."

PIN

Parent Information Network

Each year, approximately 1,000 people contract a form of meningococcal disease in the United States. Since 2013, at least 46 college campuses have reported cases of meningococcal disease. The Centers for Disease Control (CDC) has found that among those who become infected, 10 to 15 percent will die. Of those who survive, another 20 percent will suffer from permanent disabilities, such as brain damage, loss of limbs, hearing loss and/or other serious impacts to the nervous system.

There are many different groups of meningitis, but the common vaccine only protects against 4 of them. Adolescents are still at risk for the group B strain without a second, unique vaccination. Meningitis B accounts for nearly 50 percent of all meningitis cases in persons 17 to 22 years of age, according to the Centers for Disease Control.

> *"Meningitis B is a deadly disease that's especially dangerous for college students, but it can be prevented."*

Alicia Stillman has been fighting to raise awareness about Meningitis B since her daughter Emily lost her life to the disease. Emily was a 19-year-old sophomore at Kalamazoo College in 2013, when she contracted Meningitis B, the only type of meningitis not included in the common meningitis vaccine given to adolescents across the United States. She passed away hours after contracting the disease.

"My world changed forever the day I lost my daughter to meningitis," said Stillman, a Farmington Hills resident and the founder of the Emily Stillman Foundation. "There was no vaccine for Meningitis B when Emily contracted the disease, but there is now. Making the immunization a requirement for students on campus will save lives and prevent the kind of heartache my family experiences every day."

Meningitis B is spread through saliva, and nose secretions, putting college students at particular risk of contracting the disease because of the communal setting at most colleges and universities.

Symptoms of meningitis can include feeling poor, a fever, nausea and vomiting, a severe and persistent headache, a stiff neck, joint pain, confusion or other mental changes, sensitivity to light, and a red or purple skin rash in which color does not fade when pressure is applied to the skin. Symptoms can appear quickly or over several days. The Michigan Department of Health and Human Services has delivered a letter and educational information to every college and university in the state, asking them to update their school's immunization policies when it comes to Meningitis B and other vaccine-preventable diseases.

MSMS BOARD OF DIRECTORS MEET, DISCUSS LEGISLATION AND PAYER ISSUES

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

On July 20, 2018, the Michigan State Medical Society (MSMS) Board of Directors met to discuss the current legislation and payer issues. Below are some of the highlights:

LEGISLATION:

SB 826 Impose licensure on "naturopathic physicians"

Introduced by Sen. Rick Jones (R) on February 15, 2018

To impose licensure and regulation on "naturopathic physicians," with license fees, education requirements, and more. The bill defines "naturopathic" medicine as "a system of practice that is based on the natural healing capacity of individuals".

The MSMS Board of Directors voted unanimously to oppose Senate Bill 826.

HB 5223 Impose new state reporting mandate on drug companies

Introduced by Rep. Hank Vaupel (R) on November 7, 2017

To, among other things, impose a new mandate on manufacturers of prescription drugs that they must file detailed reports with a state agency on the costs associated with developing and marketing prescription drugs with a wholesale acquisition cost higher than $200 or an increase in cost of 25% or more over 5 years or 5% over the previous calendar year.

The MSMS Board of Directors voted unanimously to support House Bill 5223.

Pharmacy benefit manager transparency legislation

Likely introduction by Rep. Hank Vaupel (R) in fall 2018

Another bill anticipating introduction in the fall would require pharmacy benefit managers (PBM) to register with the state Department of Insurance and Financial Services (DIFS) and report information to DIFS related to rebates received. The legislation would also address pharmacy "gag clauses" -- contractual conditions often set forth by PBMs that prevent a pharmacist from sharing information on lower cost medications or alternative payment options with a customer.

The MSMS Board of Directors voted unanimously to support proposed pharmacy benefit manager transparency legislation.

MDPAC: The Board of Directors discussed the physicians who are running for elected offices in 2018 and the importance of physicians to run for office. It was also recommended that MSMS cultivates physician leaders who wish to run for elected office and encourage them to start at the local level to gain experience to serve in higher offices. If you are interested, please contact Christin Nohner. Please consider contributing to MDPAC today.

HEALTH CARE DELIVERY AND EDUCATION:

BCN Down Coding. Blue Care Network (BCN) is repricing claims submitted for higher level evaluation and management codes based solely on the ICD 10 code, without reviewing the medical record for the visit. MSMS has advocated changes to the appeals process, specifically in the cases when there is a difference of opinion between the treating physician and the health plan physician regarding medical necessity. MSMS met with the medical director earlier this month. BCN noted they would review their policy again.

BCBSM Modifier 25. Earlier this spring, BCBSM announced a policy change that E/M services billed with Modifier 25 will pay at 80 percent when billed with a surgery on the same day by the same physician. Modifier 25 is used to indicate that a significant, separately identifiable E/M service was performed by the same physician on the day of a procedure. It unbundles the two separate services.

BCBSM's rationale for the reduction in reimbursement of the E/M service is to eliminate paying for the overlap in the E/M service and the procedure. MSMS explained the RVS Update Committee (RUC) already considered overlap when valuing the CPT codes and subsequently, removes the valuation for the overlap components. After thoughtful consideration, BCBSM determined that implementing this policy would not be appropriate based on this information.

LARC. A large stakeholder group of health care associations requested that Medicaid consider revising its funding on long-acting, reversible contraceptives (LARC) immediately post-partum. In May, they announced a new policy to establish hospital reimbursement for immediate postpartum LARC implants separate from the maternity Diagnosis Related Group (DRG) payment.

Effective for dates of service on or after October 1, 2018, separate reimbursement will be available for LARC devices when the device is provided immediately postpartum in an inpatient hospital setting prior to discharge.

BCBSM Audit Process. Blue Cross Blue Shield of Michigan (BCBSM) is aligning their audit process across the company. As a part of this restructuring, BCBSM will administer all audits for all products in the same manner except for Blue Care Network. They will utilize an external vendor to review claims data and determine outliers based on proprietary formulas. This vendor will perform the initial audit. All second level appeals will be sent directly to Physicians Review Organization, an URAC accredited Independent Review Organization. Previously, most of these audits were reviewed internally by BCBSM staff. The timeline for BCBSM implementation is later this summer.

MEMBER EXCLUSIVE: ACCESS THE MOST COMPREHENSIVE PHYSICIAN-SPECIFIC HEALTH LAW LIBRARY IN MICHIGAN

The Michigan State Medical Society (MSMS) has launched its Health Law Library. The Health Law Library is now a digital experience based on MSMS's former "Physicians Guide to Michigan Law". This information was prepared to assist physicians in learning about and understanding the many Michigan statutes and regulations which affect the practice of medicine in our state. Here you will find information on 23 broad topics, from "AIDS/HIV" to "Scope of Practice," and includes antitrust regulations, Michigan's new physician licensure laws, and the latest reporting requirements. This is a useful tool for all Michigan physicians. Bringing this piece to life digitally allows for MSMS member physicians to access this information 24/7. Consulting with an attorney on information within this guide would, collectively, cost upwards of $500,000.

Assembled by our Legal Counsel, the Health Law Library explains, in common sense language:

- Laws pertaining to health care practice in Michigan
- Health care laws at the federal level
- Legal definitions of scope of practice for physicians (MDs, DOs)
- Much, much more

This pieces has always been a valuable resource to MSMS members; and, MSMS is excited to now offer them in a more accessible way. Materials found in the Health Law Library are available to MSMS members to download free of charge. MSMS non-members and others will be required to pay a nominal fee.

Please visit www.MSMS.org/HealthLawLibrary to find the resources available to physicians and their practice. Should you have any questions about the materials provided, please contact Stacey Hettiger or 517-336-5766.

ASM 2018: EARN UP TO 25.5 AMA PRA CATEGORY 1 CREDIT(S)™

One of the best ways for Michigan physicians to learn the latest in clinical sciences and implement this knowledge into their everyday practice while earning up to 25.5 AMA PRA Category 1 Credit(s)™, is to attend MSMS Foundation's 153rd Annual Scientific Meeting (ASM). ASM will be held Wednesday through Saturday, October 24-27, at the Sheraton Detroit Novi.

"The Annual Scientific Meeting continues to grow every year," said David T. Walsworth, MD, an Ingham County primary care physician and 2018 ASM Planning Committee Chair. "This year we will offer six courses that will help attendees meet the Board of Medicine's (BOM) CME requirements for Pain and Symptom Management, Medical Ethics, and or Human Trafficking."

Top experts will present courses, such as "The CDC Guidelines and the New Michigan Opioid Guidelines", "Human Trafficking Awareness and Identification in a Health Setting", "What Would You Do? Ethical Issues in Patient Care", "An Epidemiologic Approach to Preventing Gun Violence in America Through Practice

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.*

2018 ANNUAL SCIENTIFIC MEETING

MSMS FOUNDATION

Medical Office Interventions", "Civil and Criminal Risk Mitigation in Opioid Prescribing: A Content Based Workshop", and many more.

In addition to these topics, participants also will be able to explore new developments in infectious diseases, women's health, dermatology, diabetes, and more.

You may register and access an online course listing by visiting www.MSMS.org/ASM

NEW LILLY DIABETES HELPLINE TO ASSIST PEOPLE SEEKING SOLUTIONS TO INSULIN AFFORDABILITY

As of August 1, a new dedicated helpline called the Lilly Diabetes Solution Center is assisting people who need help paying for their insulin -- such as those with lower incomes, the uninsured, and people in the deductible phase of their high-deductible insurance plans, Eli Lilly and Company (NYSE: LLY) announced on July 15. A customized suite of solutions for all Lilly insulins, including for Humalog® (insulin lispro), is being used by helpline operators to find answers that best fit the personal circumstances of patients.

Among the multiple solutions being made available through the helpline are short-term and long-term options for people with immediate needs for insulin and how people with lower incomes can access Lilly insulin through free clinics. Lilly is donating Humalog and Humulin® (insulin human injection) to three relief agencies -- Americares, Direct Relief, and Dispensary of Hope -- to supply nearly 150 free clinics across the U.S.

The helpline is a dedicated service that identifies solutions for people who have trouble affording their insulin. The solution center helpline is staffed with people who find options based upon the personal circumstances of the person in need -- including their location, type of insurance, and income level. The goal of the helpline is to ensure each person who uses Lilly insulin is matched with the best cost solution available.

Help is available at the Lilly Diabetes Solution Center by dialing toll free (833) 808-1234, where people can talk to representatives between the hours of 9 am and 8 pm (ET) Monday through Friday. Services will be offered in English, Spanish and several other languages.

LOCAL EFFORTS TO PUSH SUICIDE TRAINING DIRECTLY RESULTS IN NEW NATIONWIDE POLICY

To combat the growing suicide epidemic in this country, and as a direct result of the Saginaw County Medical Society's (SCMS) leadership efforts, the American Medical Association (AMA) adopted a new policy to increase awareness and physician training on suicide.

The resolution was proposed by Joan M. Cramer, SCMS Executive Director, and approved at the 2018 AMA annual meeting in Chicago in June. The suicide of a local 26-year-old lifelong friend of Cramer's son in 2017 catapulted her actions, alongside other major contributions conjointly made by SCMS physician and medical student members.

Central Michigan University College of Medicine (CMU) student members Joshua David Donkin, Taylor Boehler-Gaudard, Kathleen Duemling, Elizabeth Godfrey and physician member Anthony M. Zacharek MD worked together in response to the alarming and significant increase of suicides in Saginaw County, Michigan.

Alarmingly, 95 percent of all people who attempt suicide have visited a physician within a year according to research conducted by Brian K. Ahmedani PhD, LMSW of Henry Ford Health Systems, Detroit, MI.

"We must do everything we can to help increase awareness about the risk factors for suicide."
- Barbara L. McAneny MD, AMA President.

In response to better identify potential risk of suicide, the Henry Ford Health System started a ZEROSuicide initiative in 2001 to cut the suicide rate among its patients. The initiative has been highly successful and has maintained since the inception a remarkable 80 percent reduction in suicide among the Henry Ford Medical Group HMO membership.

This landmark decision by the AMA to support further physician training on suicidal ideation is just the start. The commitment to increased physician and patient interaction to further assess these risks and addressing the lack of access to inpatient and outpatient psychiatric care will be vital to reversing the momentum of suicide among patients long-term.

If you or any of your loved ones are struggling with suicidal thoughts, and for more information on how you or your organization can be trained in Suicide Awareness, please contact Barb Smith (barb.smith@suicideresourceandresponse.net) with the SUICIDE RESOURCE & Response Network at (989) 781-5260 or visit www.suicideresourceandresponse.net .

The SCMS is the professional association of 500+ physicians in Saginaw County, and a component of the Michigan State Medical Society.

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Henry Ford Macomb Hospital

YOUTH DIABETES PREVENTION PROGRAM PILOT STARTS IN MT. CLEMENS

Henry Ford Macomb School and Community Wellness has developed the I Choose Health program, a lifestyle intervention program for youth at risk of developing type 2 diabetes. This first-year pilot program begins this fall at Mt. Clemens Middle School and High School. I Choose Health is based on the Diabetes Prevention Program (DPP), an evidence-based diabetes intervention developed by the Centers for Disease Control and Prevention that is proven to reduce the risk of developing type 2 diabetes in adults with elevated risk for disease diagnosis by 58 percent.

"We are looking for pediatricians or providers who work with youth in the community who can help drive this lifestyle intervention for youth," said Jill Yore, manager of Henry Ford Macomb's School and Community Wellness. "We recognize how important physician health champions are to the success of the program. Referrals are limited for this pilot since patients need to attend Mt. Clemens Middle School or High School to participate at this time."

The program will be offered during the school day, at a time when students would normally be in an elective, which will help with attendance and compliance. It will focus on lifestyle changes, not just completing a curriculum. It will support youth in changing their diet, increasing physical activity and building self-efficacy. A lifestyle coach specially trained in both diabetes prevention and working with youth will lead the program. "We want to empower them to problem solve, overcome challenges and make these important changes in their life," said Yore.

For patient referrals and questions, contact Yore at (586) 263-2106 or jyore1@hfhs.org.

EMERGENCY PSYCH EVALUATION CLOSING AT HFMH-MT. CLEMENS

Henry Ford Macomb we will discontinue the Emergency Psychiatric Evaluation (EPE) portion of its contract with Macomb County Community Mental Health and will close this service at the Mt. Clemens campus, effective September 6. Please refer patients who need EPE services to the nearest ER or to the following resources:

Macomb County Community Mental Health Access Center: (586) 948-0222 or toll free (855) 996-2264

Crisis Center Helpline: (855) 927-4747

Inpatient behavioral health care at the Mt. Clemens site and direct admit processes will remain unchanged. Please contact Behavioral Health Director Jane Lozen at jlozen1@hfhs.org with any questions.

STROKE TEAM EARNS QUALITY RECOGNITION

For the sixth consecutive year, the American Heart Association and the American Stroke Association recognized Henry Ford Macomb with the Get with the Guidelines Gold Plus Achievement award and, for the second consecutive year, the Target: Stroke Honor Roll Elite award. The recognition acknowledges the hospital's continued success at providing outstanding stroke care and outcomes using the most up-to-date, evidence-based treatment guidelines. Less than 10 other programs statewide achieved this same level of recognition this year.

SUPPORT GROUP HELPS FAMILIES CARING FOR NEONATAL ABSTINENCE SYNDROME BABIES

Hopeful Hearts and is an educational and support group for pregnant women who have used opiates or narcotics during pregnancy and their families. The group offers guidance and education on what to expect when delivering a baby who is likely to experience Neonatal Abstinence Syndrome. The group meets with Henry Ford Macomb healthcare professionals including social workers, labor and delivery nurses, lactation nurses and others. Topics include prenatal care, benefits of breastfeeding, Social Services involvement, care of the neonatal with withdrawal and more. Meetings are the fourth Wednesday of each month, 1 to 2:30 pm, Henry Ford Macomb Medical Pavilion, fourth floor, rooms 4 and 5.

For questions or a supply of promotional flyers, call (586) 263-2727. This group is offered by Sacred Heart Rehabilitation Center in cooperation with Henry Ford Macomb.

FOUR-LEGGED SAFETY PATROL

The newest member of Henry Ford Macomb Hospitals' security team is Oscar, a one-year-old pure-bred German Shepherd. Oscar's primary function is as a security dog, adding a layer of safety to deter aggressive behavior, de-escalate confrontations and help to calm patients or visitors who become agitated. He serves double duty as a pet therapy dog. He and his handler, security officer Ryan Ashton, are also trained in explosive detection.

Ascension St. John Macomb-Oakland Hospital

ASCENSION MACOMB-OAKLAND HOSPITAL, MADISON HEIGHTS ACHIEVES TRAUMA DESIGNATION

The Michigan Department of Health and Human Services has verified and designated Ascension Macomb-Oakland Hospital, Madison Heights, as a Level IV Trauma facility, an integral member of the state-wide Trauma System.

To receive the trauma center designation, a hospital is required to have 24-hour availability of a team consisting of specially trained healthcare providers who have expertise in the care of severely injured patients.

"The designation ensures that our hospital will continue to provide the level of care we have historically delivered to the community, as well as providing expert trauma care to severely injured patients," explains Tony Bonfiglio, MD, Trauma Medical Director. "Trauma patients will get life-saving care quickly, including evaluation and diagnostic testing, and stabilizing critical patients who may require transfer to a higher-level healthcare facility, such as Ascension St. John Hospital, a Level 1 Trauma Center."

"The Level IV Trauma Center designation is a great achievement for the hospital and reflects months of our staff's hard work, dedication and training," said Trauma Program Coordinator Mark A. Ladetto, RN.

Celebrating Ascension Macomb-Oakland Hospital, Madison Heights, Level IV Trauma designation are, l-r: Donna Emch, Dr. Bruce Wallace, Dr. Elizabeth Larive, Mark Ladetto, Sandy Simon and Dr. Tony Bonfiglio.

THERE'S A NEW NAME AROUND TOWN: ASCENSION

On June 1, the hospitals formerly known as St. John Providence adopted a new name: Ascension. The Southeast Michigan hospitals are among the first in the country to adopt the new unified Ascension brand, naming and logo. Over the next several months signage will be updated at all locations (hospitals, ambulatory/health centers and physician offices). Here are the new hospital names:

OLD	NEW
Brighton Center for Recovery	Ascension Brighton Center for Recovery
Providence-Providence Park Hospital, Novi and Southfield Campuses	Ascension Providence Hospital, Novi and Southfield Campuses
St. John Hospital & Medical Center	Ascension St. John Hospital
St. John Macomb-Oakland Hospital	Ascension Macomb-Oakland Hospital, Madison Heights and Warren Campuses
St. John River District Hospital	Ascension River District Hospital

TOPPING OFF AND BLESSING OF HANDS

Associates, physicians and friends of Ascension Macomb-Oakland Hospital, Warren, gathered in May on the front lawn of the hospital to celebrate the $48 million hospital addition currently under construction. All were encouraged to sign a large beam that was later hoisted onto the new building frame as a "topping off." The program included congratulatory remarks from Warren Mayor Jim Fouts and Macomb County Executive Mack Hackel, who both praised the site as "Macomb County's hospital." Prayers were presented for all involved: those who build, for caregivers, for patients, and for those who lead. Bishop Don Hanchon from the Archdiocese of Detroit delivered a final blessing, and Hospital President Terry Hamilton invited all participants to take part in a blessing of hands. A beautiful and reverent program, and a lovely day!

Celebrating the milestone of the Ascension Macomb-Oakland Hospital tower project are, l-r: Lead Chaplain Leon Roman, Warren Mayor Jim Fouts, Bishop Don Hanchon, Macomb County Executive Mark Hackel, Foundation President Scott Smith and Ascension Macomb-Oakland President Terry Hamilton.

ASCENSION MACOMB-OAKLAND HOSPITAL USING A UNIQUE DEVICE TO TREAT PATIENTS WITH EMBOLISMS

Ascension Macomb-Oakland Hospital is using a unique minimally invasive device to treat patients with potentially deadly pulmonary embolisms. The device, known as the FlowTriever, was recently approved by the U.S. Food and Drug Administration (FDA). It is the first thrombectomy device cleared by the FDA for the treatment of pulmonary embolisms. Approval was based on recently released results from the FlowTriever Pulmonary Embolectomy (FLARE) Clinical Study, which included 106 patients at 18 sites in the United States.

The FlowTriever allows for the non-surgical removal of blood clots from the pulmonary arteries without the use of thrombolytic drugs and the risk of bleeding complications. The device uses a specially designed catheter that is fed into the site of the clot and is designed to pull the clot from the pulmonary artery, allowing blood to flow freely.

This device is an important breakthrough for patients with pulmonary embolisms as it can reduce the risk of bleeding complications, according to Herman Kado, MD, cardiologist at Ascension Macomb-Oakland Hospital, who is one of the first doctors in Michigan to treat patients using FlowTreiver.

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Medical Records of Retired Physicians

Patients looking for their medical records from retired physicians frequently contact the MCMS. If you are retired or will be retiring shortly, please contact the MCMS at 810-387-0364 or email mcms@msms.org and let us know how patients can retrieve their records. If the records have been destroyed, please inform us of that also so we can note our database accordingly. Thank you!

UPCOMING EVENTS

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

OCTOBER 24-27 MSMS Annual Scientific Meeting at the Sheraton Detroit Novi. For more information or to register visit www.msms.org/asm

OCTOBER 25 2018 CareerEXPO, Sheraton Detroit Novi, 5 pm - 8 pm. For more information or to register visit www.msms.org/asm

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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* Legalities and Practicalities of HIT - Engaging Patients on Their Own Turf: Using Websites and Social Media
* MACRA Webinar Series: Technology Survival Tips to Tackle MACRA
* Pain and Symptom Management, Part 8 -- 2018 Prescribing Legislation
* Pain and Symptom Management, Part 9 -- Balancing Pain Treatment and Legal Responsibilities
* Section 1557: Anti-Discrimination Obligations
* Understanding and Preventing Identity Theft in Your Practice

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THE SECRETS BEHIND THIS PHYSICIAN-ONLY ACO'S SUCCESS

By: Andis Robeznieks, Senior Staff Writer, AMA Wire

Florida's thriving physician-owned and operated Palm Beach Accountable Care Organization (PBACO) is a vivid example of how local entrepreneurial efforts can still succeed in an era of troubling corporate consolidation.

Self-financed by physicians in independent practices, PBACO generated the second-highest Medicare savings totals for three straight years before taking over the top spot in 2016. And it did that while registering high scores in quality and patient satisfaction measures that continue to rise.

PBACO leaders credit their success to hard work and commitment to basic principles of primary care-driven coordinated services.

Chief Operating Officer David Klebonis notes that prevention and chronic disease management are PBACO's specialties and the majority Medicare ACO quality metrics fall into those categories. This helped PBACO achieve a 99.32 percent quality score for 2016.

"The independent physician model is just ideal for value-based payment programs," Klebonis said. "We want to spread the word so that other independent physicians are encouraged to unite and succeed."

Quality has become good business

PBACO has saved the Medicare Trust Fund more than $211.1 million over four years, of which it kept more than $101.2 million, investing 15 percent in its infrastructure and distributing 85 percent among its physician members.

"It certainly looks like a viable business model," Klebonis said. "Doctors' startup costs were able to get a 100 percent return on investment over three years."

The work PBACO did to create a financially sustainable quality health care delivery system was summarized in a 2014 JAMA Viewpoint article written by Brookings Institution physician researchers.

"They have implemented systematic improvements in the care transitions for their patients, seeking notifications about emergency department visits, admissions and discharges, in some cases directly to the smartphone of the physician," the authors wrote. "They have worked with nursing homes and home health agencies to set new expectations for improved communications and coordination, invested in increased patient outreach to ensure increased uptake of wellness and care transition encounters, and provided regular feedback of use patterns to physicians."

Michael Sinclair, MD, who chairs the PBACO Board of Managing Members, put it another way:

"We don't put out fires - we prevent them"

He added that PBACO's 275 primary care physicians and 175 specialists have "emotional and financial skin in the game."

"We want this to work," Dr. Sinclair said, adding that, if a patient calls after hours, PBACO physicians don't say, "Go to the ER." They say, "Let's solve this problem together."

Making annual visit well worth it

Another key ingredient to PBACO's success has been effective use of the annual Medicare wellness visit. About 10 percent of its 30,804 assigned beneficiaries had one in 2013. But this grew to 60 percent for the 51,150 beneficiaries PBACO covered in 2017.

Dr. Sinclair described the wellness visit as producing a "worksheet" for the year from which a care plan can be developed. Rebecca Prostko, MD, a member of the PBACO Medical Committee, noted that there is time in a wellness visit to do things like make a risk assessment for falls.

Otherwise, she said, patients generally don't get asked these questions until they are in the hospital recovering from a fall.

Dr. Prostko also noted that being part of the ACO allows for group reporting, which makes administrative tasks related to the Medicare Quality Payment Program less burdensome.

Klebonis also noted that CMS has been "a listening stakeholder." This includes holding free webinars and other educational offerings while keeping the QPP "malleable" and responsive to feedback.

He adds that there has been too much focus on failing ACOs and not enough on the successful efforts - most of which have been physician led.

"Other primary care physicians should not be apprehensive to start their own ACOs," Klebonis said.

5 REASONS PHYSICIANS ARE LESS LIKELY TO SEEK SUPPORT

By: Sara Berg, Senior Staff Writer, AMA Wire

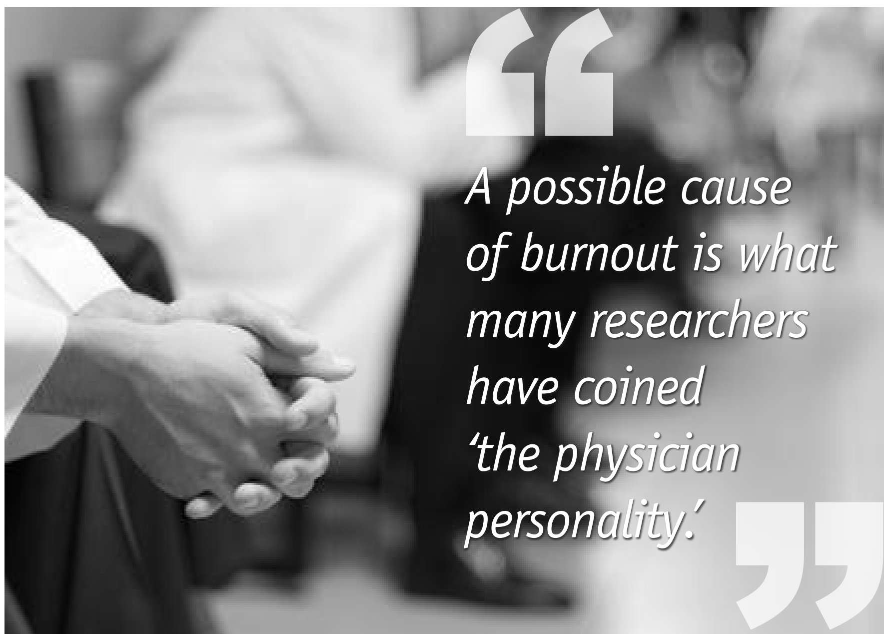
Physician well-being is increasingly recognized as the fourth goal that joins the "triple aim" of improving care quality and patient experience while lowering health costs. Yet more than half of physicians still experience burnout.

It appears the same traits that help physicians excel at their profession are likely to make them experience burnout. And while health systems and medical practices aim to improve well-being, many doctors don't seek physician burnout treatment.

Here are five reasons physicians are less likely to seek treatment for burnout.

Fear of licensure problems

Physicians encourage patients to share concerns about depression, anxiety or other mental health conditions, yet are



less likely to seek help themselves due to stigma. This is often because physicians are concerned that having a history of mental illness could make it harder for them to obtain licensure.

An October 2017 study published in Mayo Clinic Proceedings found that physicians working in a state where the initial or renewal application probes too broadly about mental health history were 20 percent likelier to be reluctant about seeking help. Overall, about 40 percent of physicians reported reluctance to seek formal medical care for treatment of a mental health condition.

To improve physician access to mental health care, the AMA recently adopted policy to:

Encourage state licensing boards to require disclosure of physical or mental health conditions only when a physician is suffering from any condition that currently impairs his or her judgment or that would otherwise adversely affect his or her ability to practice medicine in a competent, ethical and professional manner, or when the physician presents a public health danger.

The "physician personality"

A possible cause of burnout is what many researchers have coined the "physician personality," suggested Tait Shanafelt, MD, at the 2016 AMA Interim Meeting. According to those researchers, the characteristics that define many doctors are doubt, guilt and an exaggerated sense of personal responsibility. These same qualities, said Dr. Shanafelt, also make a good physician because it leads doctors "to be thorough, committed, leaving no stone unturned, to always be thinking about Mrs. Jones and 'What else I could do? What am I missing?'"

"The qualities that make people good physicians are a double-edged sword," he said. "It's those who are most dedicated to their work who are at greatest risk to be most consumed by it."

Programmed to cope alone

Over the past few decades, physicians have experienced busier schedules, higher productivity expectations and more time spent documenting, which means less time to interact with other physicians.

As a result, physicians tend to handle stress alone and don't reach out because they fear looking like a weak or subpar doctor. Interacting with other physicians has always been part of the fabric of the profession, said Dr. Shanafelt, an essential part of what binds doctors together and makes the profession great.

A survival mentality

Throughout residency, said Dr. Shanafelt, there is a survival mentality. "I've just got to make it through," physicians think. "Things will get better when I'm done with residency."

However, physicians continue to perpetuate that same framework throughout their entire careers. For example, he said, one study found that 37 percent of physicians reported looking forward to retirement as an effective strategy for well-being. This is a physician's survival mentality of work now, then retire and get a personal life.

Self-doubt, imposter syndrome

Physicians often defer pleasure by being reluctant to give themselves credit for their abilities and accolades. There is a level of self-doubt that permeates any physician and exceeds that of most other people. Many are waiting to be discovered as the fraud they think they are, so they stay quiet about their doubts and insecurities.

The AMA offers online CME on physician burnout that helps doctors redesign their medical practices to minimize stress and improve job satisfaction.

HOW AI IS DRIVING NEW MEDICAL FRONTIER FOR PHYSICIAN TRAINING

By: Tanya Albert Henry, Contributing Writer, AMA Wire

A handful of medical students at Duke University School of Medicine are getting ready to embed themselves this fall on cutting-edge AI projects that are harnessing data science and machine learning to find ways to improve clinical care.

They will become the fourth group of MD candidates to join the Duke Institute for Health Innovation (DIHI) during their third year of medical school as part of a program that aims to bring together clinical, quantitative and data expertise to create technology that will enhance how physicians provide care.

Although the program is not branded as an augmented intelligence (AI) program, the work the students are doing is part of the emerging field and it is preparing medical students to think about data and technology in ways previous generations did not and to understand how technology can be leveraged to improve care.

"In the past, a lot of technology was developed outside of health care and then applied in the health care setting. We are an innovation group within health care and we are bringing health care expertise in as part of the design," said Mark Sendak, MD, DIHI's Population Health & Data Science Lead who first took an interest in harnessing technology for medical innovations when he was a medical student at Duke. "We are training future leaders."

Helping predict sepsis

Students work on a primary project and a secondary project and are expected to write papers, give presentations to the health system leadership and at conferences. They also attend fireside chats to see how other MDs have gone on to use data and technology in their careers.

In the program's three years, medical students' work is getting noticed. One student was on the team and authored a paper that showed how a machine-learning project that used predictor variables commonly found in electronic health records could be used to help predict sepsis in hospital patients, on average, five hours before patients met the clinical sepsis definition.

Another student is getting ready to stay on for an additional year because she, along with Duke's surgical department, felt that the solution developed during the past year was so valuable that continuing the efforts could accelerate science and innovation while greatly enhancing her learning experience at Duke.

As a part of her research project, she created a model with 38 billion data points to take a comprehensive look at every invasive procedure performed at Duke. This prototype is further helping the Duke surgeons explore a spectrum of innovations, from identifying predictors for surgical site infections to designing efficient workflows for operating rooms.

At the 2018 AMA Annual Meeting, the AMA House of Delegates adopted new policy on AI that seeks greater physician involvement in the burgeoning field of AI to ensure it reshapes care in a positive direction. Delegates also directed the AMA to "encourage education for patients, physicians, medical students, other health care professionals and health administrators to promote greater understanding of the promise and limitations of health care AI."

PHYSICIANS CONTEND WITH AFTERMATH OF MASS-CASUALTY EVENTS

By: Sara Berg, Senior Staff Writer, AMA Wire

When mass casualty incidents (MCI) occur, attention rightly is paid to those injured or killed. Yet physicians and other health professionals providing care during MCIs also often experience trauma in the events' aftermath.

As a volunteer first responder at ground zero on Sept. 11, Michael Karch, MD, an orthopedic surgeon in Mammoth Lakes, California, was compelled to help but came away from the experience feeling grossly unprepared to deliver effective assistance during an MCI and deal with its aftermath.

"We're all going to be very enthused and ready to jump in when this happens to us, but we never want to let our enthusiasm overshadow our lack of knowledge," Dr. Karch told a recent gathering of physicians. "We never want our lack of knowledge cause undue harm."

Dr. Karch said that proper training, staying within protocol and taking appropriate steps in the aftermath can help physicians handle the toll of MCIs.

Hospitals have ramped up their preparation for MCIs, but don't address the emotional toll and exposure their employees face dealing with everyday gun-violence situations.

In the aftermath, physicians may experience secondary trauma, especially if it is a man-made event such as the shooting at the Mandalay Bay Resort and Casino in Las Vegas or the Pulse Nightclub in Orlando. To better prepare for incidents like these and to minimize physician burnout in the aftermath, Dr. Karch shared a few tips.

Do only what is needed

Mass casualty incidents are not for everyone, but that doesn't mean physicians. It's about the patients. Certain patients will not survive the incident. If physicians understand the critical indications ahead of time, they can become more resilient and objective to the situation.

"If you're untrained, all three parts of your brain will freeze like a rabbit on a January day," said Dr. Karch. "Ninety percent of us have auditory exclusion. We become deaf in a mass casualty incident or in combat. Everything goes silent like a movie."

"If we don't practice, it's going to come," he said. "We have to practice. We have to practice again and then we have to do it again and again and again."

During an MCI, critical thinking often goes out the window. This is where training is important.

"We need to train ourselves not to look at the big, the bad, the ugly of the horrible things that a hurricane or shooting can do to a human, but rather train ourselves to

start and stay within protocols," said Dr. Karch. "Stay within the protocol and you will avoid mistakes. Deviate outside of the protocol, you will make mistakes and you'll lie awake at night."

"We have to avoid this compulsive urge to help everyone with every resource that we have. Do no harm. Have the knowledge beforehand," added Dr. Karch, who spoke during an educational session at the 2018 AMA Annual Meeting in Chicago.

Take appropriate steps after an event

Adapting to situations is important, especially when it comes to school shootings. When these incidents occur, physicians need to take appropriate steps in the aftermath.

"When and if a mass-casualty incident occurs, you will be expected to do superhuman things," said Dr. Karch. "[Society] will expect you to do this at a high level performance and they will scrutinize you, very highly. There's probably no other profession on Earth, with the exception of the combat-ready military, where that is the expectation."

Physicians should become self-aware. Being able to look at one's experiences and identify triggers is crucial to overcoming an MCI. And while eliminating stressors is nearly impossible, physicians can try manage them more effectively by getting enough sleep, eating well, exercising regularly, and engaging in mindfulness meditation, Dr. Karch said.

Lastly, he urged physicians to practice self-compassion. That generous approach allows you to treat yourself with the same level of care that you would treat a friend or patient.

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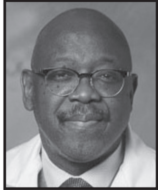

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CALL FOR OFFICER NOMINATIONS

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.

May 30, 2018 MCMS Membership Meeting

WE HAD A GREAT TURN OUT FOR THE MAY 30TH MEMBERSHIP MEETING AT IKE'S RESTAURANT IN STERLING HEIGHTS. Several member and non-member physicians attended to hear Daniel J. Schulte, JD, legal counsel for MSMS and MOA present an "Overview of the New Opioid Prescribing Laws". Mr. Schulte also spent a considerable amount of time answering questions from the audience.

Speaker Dan Schulte, JD

MCMS President Dan Ryan, MD

Distracting Devices in Healthcare: Malpractice Implications

By: Shelley Rizzo, MSN, CPHRM, Patient Safety Risk Manager II, The Doctors Company

DIGITAL DISTRACTION IN HEALTHCARE IS EMERGING AS A GREAT THREAT TO PATIENT SAFETY AND PHYSICIAN WELL-BEING.[1] THIS PHENOMENON INVOLVES THE HABITUAL USE OF PERSONAL ELECTRONIC DEVICES BY HEALTHCARE PROVIDERS FOR NONCLINICAL PURPOSES DURING APPOINTMENTS AND PROCEDURES.[2] SOME CALL IT "DISTRACTED DOCTORING."

But the threat might more aptly be called "distracted practice," as it impacts all healthcare workers and staff. Personal electronic devices can create a digital distraction so engaging that it consumes awareness, potentially preventing healthcare providers from focusing on the primary task at hand -- caring for and interacting with patients. And the consequences can be devastating.

Distraction can be both a symptom of and a contributor to healthcare provider stress and burnout. As a symptom of burnout, digital distraction is a way to escape a stressful environment. As a contributor to burnout, digital distraction impedes human interaction because of the sheer volume of data demanding our attention.

For most healthcare providers, distractions and interruptions are considered part of the job; it is the nature of their work. If we consider healthcare distraction on a continuum, on one end are distractions related to clinical care (e.g., answering team member questions or responding to surgical equipment alarms). On the other end of the continuum are distractions unrelated to clinical care (e.g., making personal phone calls, sending personal text messages, checking social media sites, playing games, or searching airline flights).

From a litigation perspective, the distinction between distractions related to clinical care and those unrelated to clinical care is important. In a medical malpractice claim where there is an allegation that an adverse event was caused by distracted practice, a distraction caused by a clinical-care-related activity may be found to be within the standard of care and is, therefore, often defensible. But where it can be shown that the distraction was caused by non-patient matters, the plaintiff's attorney will certainly use that against the defendant. In these situations, the defendant's medical care may not even enter the equation, because during eDiscovery the metadata (i.e., cell phone records, scouring findings from hard drives) serves as the "expert witness." Even if the defendant's clinical care was within the standard, the fact that there are cell phone records indicating that the healthcare provider was surfing the Internet or checking personal e-mail may imply distraction and could potentially supersede all other evidence.

> *"Distraction can be both a symptom of and a contributor to healthcare provider stress and burnout."*

Two new CME courses from The Doctors Company, How Healthcare Leaders Can Reduce Risks of Distracted Practice in Their Organization and The Risks of Distracted Practice in the Perioperative Area, address addiction to personal electronic devices and provide strategies that individuals and organizations can use to minimize the patient safety risks associated with distractions from these devices.

Find these courses and explore our extensive catalog of complimentary CME and CE activities at http://www.thedoctors.com/patient-safety/education-and-cme/ondemand/.

References

1. Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age - https://www.amazon.com/Distracted-Doctoring-Returning-Patient-Centered-Digital/dp/331948706X

2. Treat, Don't Tweet: The Dangerous Rise of Social Media in the Operating Room - https://psmag.com/social-justice/treat-dont-tweet-dangerous-rise-social-media-operating-room-79061

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

Source: The Doctors Company

Macomb County Health Department
Reportable Diseases Summary

Diseases Reported in Macomb County Residents*

Cumulative total for previous years; year-to-date total for July, 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	62	120	96	79	86
CHICKENPOX	21	31	33	32	88
CHLAMYDIA	2,034	3,598	3,185	2,736	2,474
COCCIDIOIDOMYCOSIS	1	2	2	2	7
CREUTZFELDT JAKOB	0	2	2	2	2
CRYPTOCOCCOSIS	1	1	1	1	2
CRYPTOSPORIDIOSIS	2	6	10	1	9
CYCLOSPORIASIS	0	12	2	0	1
DENGUE FEVER	0	0	1	1	0
DIPHTHERIA	0	0	0	0	0
EHRLICHIOSIS	0	0	3	0	1
ENCEPHALITIS PRIMARY	2	4	1	2	3
ENC POST OTHER	1	1	1	1	2
FLU-LIKE DISEASE	16,420	28,172	21,747	27,943	28,824
GIARDIASIS	3	20	23	17	21
GONORRHEA	559	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	28	201	9	5	4
HEPATITIS B (ACUTE)	4	5	9	6	7
HEP B (CHRONIC)	67	108	110	125	136
HEPATITIS C (ACUTE)	10	49	31	16	15
HEP C (CHRONIC)	549	898	931	673	693
HEPATITIS D	1	0	0	0	0
HEPATITIS E	1	0	0	0	0
H. FLU INVASIVE DISEASE	4	21	14	11	9
HISTOPLASMOSIS	0	0	5	5	2
HIV^	31	69	57	64	55
INFLUENZA	7,244	4,136	2,164	1,143	831
KAWASAKI SYNDROME	3	5	5	10	5

	2018	2017	2016	2015	2014
LEGIONELLOSIS	31	56	34	25	24
LISTERIOSIS	1	3	1	1	1
LYME DISEASE	4	5	3	5	1
MALARIA	0	2	2	2	1
MEASLES	0	1	0	0	0
MENINGITIS VIRAL	25	44	43	60	44
MENINGITIS BACTERIAL/BACTEREMIA *(EXCLUDING N. MENINGITIDIS)*	9	11	9	10	8
MENINGOCOCCAL DISEASE	0	0	1	1	1
MUMPS	1	3	2	0	2
PERTUSSIS	23	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	1	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	42	75	78	82	75
SHIGELLOSIS	0	46	50	22	9
STEC**	8	10	7	9	11
STREP DIS, INV, GRP A	32	32	31	27	26
STREP PNEUMO, INV + DR	32	45	55	52	45
SYPHILIS	65	84	79	108	77
SYPHILIS CONGENITAL	0	1	0	2	0
TETANUS	0	0	0	0	0
TOXIC SHOCK SYNDROME	0	0	0	1	1
TUBERCULOSIS	3	10	11	6	11
TULAREMIA	0	0	0	0	0
TYPHOID FEVER	0	0	0	1	1
VIBRIOSIS	0	0	1	0	0
VISA	0	1	0	0	1
WEST NILE VIRUS	0	7	2	4	0
YELLOW FEVER	0	0	0	0	0
ZIKA	0	0	4	0	0

*Includes both Probable and Confirmed case reports.

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

^ Previously reported as "AIDS"

1-Aug-18

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517-336-5762

State and County Medical Society Membership Application

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

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

Please PRINT or TYPE

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

HOME ADDRESS, CITY & ZIP ______________________________ ____________ Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP ______________________________ ____________ Area Code & Telephone Number

PRACTICE NAME ______________________________ ____________ Office Fax Number

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

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

Maiden Name ______________________ Spouse's Name ______________________

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

EDUCATION (please complete or attach CV)

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

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	**SPECIALTY**	**COMPLETION DATE**

License: MI # ______________ Date Issued ______________ ECFMG # ______________

License held in other states/countries (list states or countries) ______________________

PROFESSIONAL DATA Present Type of Practice (check appropriately):

OFFICE BASED: ☐ Solo ☐ Hospital Based ☐ Teaching ☐ Research ☐ Government
☐ Group Practice Name ______________ ☐ Other (specify) ______________

Specialty ______________________ Subspecialty ______________________

Board Certifications (list specialties & dates) ______________________

Present Hospital Appointments (list dates) ______________________

Teaching Appointments (list dates) ______________________

Previous Medical Society Membership (list dates) ______________________

Specialty Society Memberships ______________________

Within the last five years, have you been convicted of a felony crime?.................................... ☐ Yes ☐ No If YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?..................................... ☐ Yes ☐ No If YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?.. ☐ Yes ☐ No If YES, please provide full information.

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

Signature ______________________________ Date ____________

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

4/09