



Macomb Medicus

Journal of the Macomb County Medical Society

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Macomb Medicus

Journal of the Macomb County Medical Society

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Community Health Planning Underway in Macomb County

The Healthy Macomb Advisory Committee, a group of over 25 partner organizations and local residents, has been hard at work on the next cycle of community health planning for Macomb County. Results will guide the Macomb County Health Department and its partners in improving the health of those who live, work, or play in Macomb County over the next five years. Healthy Macomb Advisory Committee members include partners from community organizations, healthcare, social services, education, and nonprofit sectors. The committee met from 2020-2023 to identify existing resources, review data on residents' health, and examine factors affecting health in Macomb County. The committee's findings are summarized in the [2022-2023 Community Health Assessment](#).

After completing the three assessments the Healthy Macomb Advisory Committee decided on three priority areas for the [2024-2028 Community Health Improvement Plan](#) (CHIP). The CHIP outlines goals and action steps for the next five years. The overarching goal of the CHIP is health equity, where all people in Macomb County have a fair and just opportunity to reach their full potential for health.

2024-2028 CHIP Priority Areas

1. Behavioral Health and Substance Use

Behavioral health includes mental health and substance use disorders. These issues were a clear priority in the community: 60% of 2022 Community Survey respondents identified mental health disorders as their top priority. Three of the top six issues identified—opioid and narcotic misuse, alcohol misuse, and suicides—are directly related to substance use.

Around 17% of people in Macomb County reported poor mental health for at least 14 days in the past month, which is slightly more than the state average. Additionally, 19% of people in Macomb County have been told that they have a depressive disorder. Unfortunately, many individuals with mental health issues resort to suicide or substance use as ways to cope. Suicide and alcohol-related mortality rates in the County are consistent with state and national averages. However, Macomb County has higher rates of overdose deaths and non-fatal drug and opioid overdoses.

Goal: Enhance the overall well-being and mental health of Macomb County community members by increasing awareness and accessibility of public health behavioral services.



Objective 1: Increase awareness of available behavioral health services in Macomb residents.

Strategy 1: By December 31, 2024, review, revise and publish behavioral health services map (BHSM).

Strategy 2: Promote and advertise BHSM through social media and marketing campaigns by December 31, 2025.

Strategy 3: Evaluate and report on BHSM and marketing campaigns by December 31, 2026.

Objective 2: By December 31, 2028, create and implement five awareness campaigns and conduct three awareness seminars in underserved communities.

Strategy 1: Work with community partners to identify, promote or create peer-to-peer support groups by December 31, 2026.

Strategy 2: Conduct mental health and substance use campaigns on social media by December 31, 2024, and annually thereafter.

Strategy 3: Partner with community agencies providing meals to seniors to provide mental health and substance use education by December 31, 2026.

Objective 3: By December 31, 2026, expand suicide prevention and mental health intervention programs offered in Spanish and Arabic.

Strategy 1: Translate available mental health materials to Spanish and Arabic by December 31, 2024.

Strategy 2: Evaluate and determine additional languages for translation of materials by December 31, 2026.

Strategy 3: Support and implement suicide and mental health intervention programs with community partners into multiple languages.

2. Social Determinants and Built Environment

According to the CDC, Social Determinants of Health (SDOH) are the "nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life."

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The 2022 Community Survey identified affordable housing and access to healthy food as priority SDOH for Macomb County, especially among vulnerable communities. One third of respondents said access to affordable housing would improve quality of life. This was 10-20% greater for persons of color, identifying as LGBTQ+, living in poverty or with a high school education or less. Nearly 50% of residents who live in rental housing reported that their housing costs exceed 30% of their monthly income.

Macomb County also has fewer grocery stores and supermarkets compared to state and national averages. 25% of Macomb County residents reported struggles accessing healthy food, with higher rates reported by persons of color, identifying as LGBTQ+, living in poverty or with a high school education or less.

Goal 1: Increase equitable access to healthy food options in the underserved populations of Macomb County.

Objective 1: By December 31, 2028, increase the food environment index from 7.5 to 8.0.

Strategy 1: Advocate for the continuation of the Universal School Meals program by December 31, 2024.

Strategy 2: Implement evidence-based nutrition programs in Macomb County with emphasis on underserved or marginalized populations.

Strategy 3: Increase the number of farmers markets that accept SNAP/EBT, WIC Project Fresh, Double up Food Bucks and/or Senior Project Fresh.

Goal 2: Increase access to safe, affordable and equitable housing in Macomb County.

Objective 1: Decrease the percentage of renters spending 30% or more of their income on housing from 48.2% to 45.0% by December 31, 2028.

Strategy 1: Support grant writing efforts to seek funding for Macomb County agencies to increase financial literacy education.

Strategy 2: Facilitate a community-led sharing of housing resources and opportunities among underserved populations.

Strategy 3: Work with coalition partners to support aging in place policies and programming for Macomb County seniors.

3. Chronic Disease and Healthy Lifestyle

The CDC defines chronic diseases as conditions that last one year or more and require ongoing medical attention, limit activities of daily living, or both. Over 80% of healthcare costs are attributed to chronic disease management. Chronic diseases such as cancer, heart disease and diabetes are the leading causes of death and disability in the County. Cancer and obesity were the leading health concerns for Macomb County residents, regardless of income, race, gender or community of residence.

To reduce the burden of chronic diseases in Macomb County, significant investments to promote healthy lifestyle behaviors are needed. Healthy lifestyle behaviors, including a balanced diet, regular exercise, consistent sleep, preventative screenings, avoiding tobacco and alcohol use and managing stress can both prevent and help manage chronic diseases. 25% of Macomb County residents report difficulty accessing healthy food, and 90% reported no leisure time activity in the last 13 days. 2022 Community Survey respondents identified access to healthy food and parks and recreation as top factors to improve their quality of life.

Goal: Reduce the prevalence of chronic diseases by promoting healthier lives through targeted interventions, prevention culture and resource support.

Objective 1: Increase awareness of and access to preventative screenings (diabetes, hypertension and cholesterol) by December 31, 2026.

Strategy 1: Leverage local trusted people and places to expand screenings for chronic disease to diverse populations through methods, languages and champions.

Strategy 2: Promote health screenings by creating culturally competent social and multimedia campaigns.

Strategy 3: Collaborate with community partners to offer health screenings to diverse and vulnerable populations.

Objective 2: By December 31, 2028, ensure that at least 50% of Macomb County adults reached through community-based chronic disease screening efforts in diverse and vulnerable populations are recommended to a health care provider.

Strategy 1: Conduct a comprehensive health care access assessment including primary care and behavioral health services.

Strategy 2: Partner with Federally Qualified Health Centers and community partners to create workshops centered on prevention of chronic disease.

Objective 3: Reduce the proportion of Macomb County adults who engage in no leisure time physical activity from 23% to 20% by December 31, 2028.

Strategy 1: Provide evidence-based programs to underserved and marginalized populations (Strong People Strong Hearts, Matter of Balance, Diabetes Prevention).

Strategy 2: Work with parks and recreation programs to update and disseminate a resource identifying low-cost physical activity opportunities for all fitness levels, ages and abilities.

Strategy 3: Advocate for passive recreation, Park Rx and trail expansion policies.

For more information on community health planning, [County Data](#) or to join CHIP workgroups, visit the [Community Health Assessment website](#). ♦

HAPPY BIRTHDAY

The MCMS would like to wish the following members a very Happy Birthday!

January

Nikhil Ambulgekar, MD
Kenneth Andrews, MD
Joshua Apple, MD
Shadi Bashour, DO
Adrian Christie, MD
Laura Dalla-Vecchia, MD
Anna Demos, MD
Fiorino DiGregorio, MD
Rudyard Dimson, MD
Tariq Elagamy, DPM
Robyn Garcia, MD
Theodore Golden, MD
Nicanor Guevarra, MD
Lawrence Handler, MD
Orest Horodysky, MD
Steven Hudock, MD
Amy Kopp, MD
Leah Ludwig, DO
Robert Moore, MD
Omokayode Osobamiro, MD
Vinay Pampati, DO
Harold Papson, MD
Sara Pulito, DO
David Reed, MD
Maria Repolski, MD
Dawn Severson, MD
Gary Shapira, MD

Laila Shehadeh, DO
Adam Thomas, DO
Leo Toomajian, DO
Charles Weingarten, MD
Helen Winkler, MD
Firas Yazigi, MD
H. Jay Zeskind, MD
John Zinkel, MD

February

Omr Abuzahrieh, MD
Edward Alpert, MD
David Benaderet, MD
Christina Blake, DO
Jose Cosio, MD
Peter Francis, MD
David Ginnebaugh, MD
William Goldstein, MD
Kristen Herman, MD
Maurilio Hernandez, MD
Eli Isaacs, MD
Harjeet Jhajj, DO
Mark Karchon, DO
Sameera Khan, MD
Mun Kim, MD
Steven Leonowicz, DO
Stephen Levy, MD

Kim Lie, MD
John Lim, MD
Michael Maceroni, DO
Dariouche Mohammadi, MD
Donald Muir, MD
Peter Nickles, MD
Sujini Palaniswamy, MD
Ronald Pierskalla, MD
Nina Rehman, DO
Jennifer Rivard, MD
Daniel Ryan, MD
Joyanta Saha, MD
Fremont Scott, DO
Geoffrey Seidel, MD
Saadia Siddiqui, MD
Kenneth Smith, MD
Steven Taormina, DO
Julie Thompson, DO
Lacey Walke, MD
Mary Watts, MD
Jer-Fu Yeh, MD
Zenon Zarewych, MD

March

Ghazwan Atto, MD
Salonas Ayad
Valda Byrd, MD

Steven Cusick, MD
Norbert Czajkowski, MD
Steven Ferrucci, MD
Rene Franco Elizondo, MD
Anna Fraymovich, MD
Valal George, MD
Mohammad Ghaffarloo, MD
Thomas Gignac, MD
Bal Gupta, MD
Violette Henein, MD
Eddie Idrees, MD
Pallavi Jasti, MD
Kathleen Joyce, MD
Shabbir Khambati, MD
Mubina Khan, MD
Arsenia Koh-Guevarra, MD
Sang Lee, MD
Ruben Legaspi, MD
Klaudia Plawny-Lebenbom, MD
Angelo Pugliesi, MD
Abdullah Rathur, DO
Jennifer Rimmke, MD
Ariston Sandoval, MD
Jagmohan Sharma, MD
Jeffrey Shuster, MD
Akemi Takekoshi, MD
Anatoly Zelikov, MD

thank
you
for Your
Generosity!



Turning Point, Inc.
SERVICES TO END DOMESTIC & SEXUAL VIOLENCE

2023 MCMS Foundation Holiday Sharing Card Project Raised \$5,180

We would like to thank the Macomb County Medical Society members who participated in this year's Holiday Sharing Card Project. Your generous donations enabled us to raise \$2,330 for the Macomb County Food Program which feeds hungry families throughout Macomb County and \$2,850 for

Turning Point which assists victims/survivors of domestic violence, sexual assault, and human trafficking.



Tri-County Legislative Committee

We need your voice! We are looking for MCMS members who want to directly interact with local legislators and represent Macomb County on the Tri-County Legislative Committee. The committee meets quarterly with legislators from Southeast Michigan to discuss issues and legislation impacting physician practices and their patients. This committee works in conjunction with the Oakland and Wayne County Medical Societies.

February 5th – [Live Virtual, 7 pm](#)

May 6th – **In-Person, 6:30 pm, Location to be Announced**

September 16th – **In-Person, 6:30 pm, Location to be Announced**

October 28th – **Live Virtual, 7 pm**

Anyone interested in joining the committee contact Heidi Leach at

HLeach@macombcms.org or 810-712-2546.

MEMBERSHIP REPORT

We would like to welcome the following New Members.



Howard B. Adelson, DO

Ophthalmology – Board Certified

Medical School: Des Moines University College of Osteopathic Medicine (IA), 1997. Post Graduate Education: Botsford Hospital, completed in 1998; Metropolitan Health Medical Center (OH),

completed in 2001; Grand Rapids Eye Institute, completed in 2002. Hospital Affiliations: Ascension Macomb-Oakland, Beaumont Farmington Hills. Currently practicing at Adelson Eye & Laser Center, 30300 Hoover Rd., Ste. 200, Warren, MI 48093, p. 586-573-3937, f. 586-573-3951, www.adelsonyelaser.com.

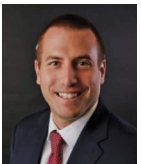


Todd A. Adelson, DO

Ophthalmology – Board Certified

Medical School: Midwestern University Chicago College of Osteopathic Medicine (IL), 2001. Post Graduate Education: Botsford Hospital, completed in 2002; Philadelphia College of Osteopathic

Medicine, completed in 2005; Rohr Eye and Laser Center, completed in 2006. Hospital Affiliations: Ascension Macomb-Oakland, Beaumont Farmington Hills. Currently practicing at Adelson Eye & Laser Center, 30300 Hoover Rd., Ste. 200, Warren, MI 48093, p. 586-573-3937, f. 586-573-3951, www.adelsonyelaser.com.



Joshua Y. Apple, MD

Ophthalmology – Board Certified

Medical School: Wayne State University School of Medicine, 2011. Post Graduate Education: Kresge Eye Institute, completed in 2015; New England Eye Center Ophthalmic Consults, completed in

2016. Currently practicing at Eastside Eye Physicians, 47100 Schoenherr Rd., Shelby Township, MI 48315, p. 586-247-2020, f. 586-247-5500, www.eastsideeye.com.

Kootaybah Al Sheikhly, MD

Internal Medicine – Board Certified

Medical School: University of Baghdad Al-Kindy College of Medicine (Iraq), 2011. Post Graduate Education: Ascension St. John Hospital, completed in 2023. Hospital Affiliations: Henry Ford Macomb, Ascension Macomb-Oakland, Ascension St. John. Currently practicing at Cardiology Associates of Michigan, 50505 Schoenherr Rd., Ste. 320, Shelby Twp., MI 48315, p. 586-580-3062, f. 586-580-3143, www.cardofmich.com.



Valda L. Byrd, MD

Pediatrics – Board Certified

Medical School: Wayne State University School of Medicine, 1980. Post Graduate Education: Children's Hospital of MI, completed in 1983. Hospital Affiliation: Children's Hospital of MI.

Currently practicing at Mali & Mali Pediatrics, 44344 Dequindre Rd., Ste. 510, Sterling Hts., MI 48314, p. 586-323-6300, f. 586-323-6331, www.malipeds.com.

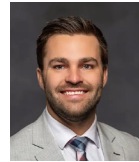


Randall R. Colvin, MD

Family Medicine – Board Certified

Medical School: St. George's University School of Medicine (Caribbean), 2011. Post Graduate Education: Ascension St. John Hospital, completed in 2014. Hospital Affiliations: Ascension

Macomb-Oakland, Ascension St. John, Henry Ford Macomb. Currently practicing at Ascension Warren Family Physicians, 11270 E. 13 Mile Rd., Ste. 4, Warren, MI 48093, p. 586-574-0630, f. 586-574-0636.



John Michael Guest, MD

Ophthalmology

Medical School: Wayne State University School of Medicine, 2019. Post Graduate Education: Beaumont Dearborn, completed in 2020; Kresge Eye Institute, completed in 2023. Hospital

Affiliation: Ascension St. John. Currently practicing at Metropolitan Eye Center, 21711 Greater Mack Ave., St. Clair Shores, MI 48080, p. 586-774-0393, f. 586-777-2214, www.metropolitaneyecenter.com.



Akhila Lattupally, MD

Pediatrics

Medical School: Gandhi Medical College (India), 2017. Post Graduate Education: Ascension St. John Hospital, completed in 2023. Currently practicing at Mali & Mali Pediatrics, 44344 Dequindre Rd., Ste.

510, Sterling Hts., MI 48314, p. 586-323-6300, f. 586-323-6331, www.malipeds.com.



Sehar N. Maruf, MD

Pediatrics

Medical School: American University of the Caribbean, 2017. Post Graduate Education: BronxCare Hospital, (NY) completed in 2021. Currently practicing at Mali & Mali Pediatrics,

44344 Dequindre Rd., Ste. 510, Sterling Hts., MI 48314, p. 586-323-6300, f. 586-323-6331, www.malipeds.com.



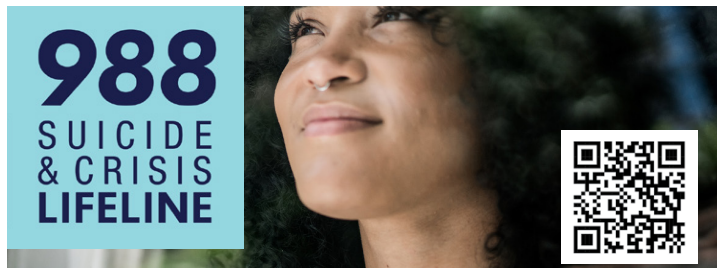
Aaron L. Sabbota, MD

General Surgery – Board Certified

Medical School: Wayne State University School of Medicine, 2013. Post Graduate Education: University of Rochester Medical Center (NY), completed in 2018; UCSF Fresno Heart and

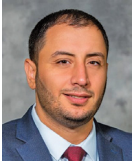
Surgical Hospital (CA), completed in 2019. Hospital Affiliation: Henry Ford Macomb, Henry Ford Detroit, Henry Ford West Bloomfield. Currently practicing at 16151 19 Mile Rd., Ste. 215, Clinton Twp., MI 48038, p. 800-436-7936

Visit us at www.macombcms.org



MEMBERSHIP REPORT

We would also like to welcome the following new members from the Greater Macomb Physician Network.



Fanar Alyas, MD

Family Medicine – Board Certified

Medical School: American University of Antigua College of Medicine (Caribbean), 2012. Post Graduate Education: Henry Ford Hospital, completed in 2018. Hospital Affiliation: Henry Ford

Wyandotte. Currently practicing at Downriver Medical Associates, 2300 Biddle Ave., Ste. 100, Wyandotte, MI 48192, p. 734-246-5705, www.downrivermedicalassociates.com.

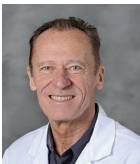


Aaron W. Cloutier, DO

Family Medicine – Board Certified

Medical School: Michigan State University College of Osteopathic Medicine, 2017. Post Graduate Education: Henry Ford Hospital, completed in 2020. Hospital Affiliation: Henry

Ford Macomb. Currently practicing at Alliance Health Shelby, 49310 Van Dyke Ave., Shelby Twp., MI 48317, p. 586-731-8900, www.alliancehealthprofessionals.com.



Frank L. Fenton, DO

Family Medicine – Board Certified

Medical School: Des Moines University College of Osteopathic Medicine (IA), 1979. Post Graduate Education: Ascension Macomb-Oakland Hospital, completed in 1981. Hospital

Affiliations: Henry Ford West Bloomfield, Trinity Oakland. Currently practicing at Alliance Health Walled Lake, 2335 S. Commerce Rd., Walled Lake, MI 48390, p. 248-624-1526, www.alliancehealthprofessionals.com.



Frank P. Karchon, DO

Family Medicine – Board Certified

Medical School: Ohio University Heritage College of Osteopathic Medicine (OH), 1984. Post Graduate Education: Detroit Osteopathic Hospital, completed in 1985. Hospital Affiliations:

Henry Ford West Bloomfield, McLaren Oakland, Trinity Oakland. Currently practicing at Alliance Health Union Lake, 26300 Union Lake Rd., Ste. 220, Commerce Twp., MI 48382, p. 248-360-6000, f. 248-360-6040, www.alliancehealthprofessionals.com.



Steven P. Leonowicz, DO

Family Medicine – Board Certified

Medical School: Lincoln Memorial University Debusk College of Osteopathic Medicine (TN), 2020. Post Graduate Education: Henry Ford Macomb Hospital, completed in 2023. Hospital

Affiliation: Henry Ford Macomb. Currently practicing at Alliance Health Washington, 58024 Van Dyke Ave., Washington, MI 48094, p. 586-781-5535, f. 586-781-6063, www.alliancehealthprofessionals.com.



Sarhad D. Najor, MD

Internal Medicine – Board Certified, Pediatrics

Medical School: University of Medicine & Health Sciences, St. Kitts (Caribbean), 2016. Post Graduate Education: Hurley Medical Center, completed in

2021. Hospital Affiliations: Henry Ford Wyandotte, Beaumont Dearborn. Currently practicing at Downriver Medical Associates, 2300 Biddle Ave., Ste. 100, Wyandotte, MI 48192, p. 734-246-5705, www.downrivermedicalassociates.com.



Sumrine S. Raja, MD

Internal Medicine – Board Certified

Medical School: University of Toledo College of Medicine (OH), 2014. Post Graduate Education: St. Vincent Mercy Medical Center (OH), completed in 2017. Hospital Affiliation: Henry Ford

Wyandotte. Currently practicing at Downriver Medical Associates, 2300 Biddle Ave., Ste. 100, Wyandotte, MI 48192, p. 734-246-5705, www.downrivermedicalassociates.com.

Wearing a white coat
doesn't mean they're a doctor.
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Alan C. Parent, M.D., F.A.C.S.

Sarah B. Muenk-Gold, M.D.

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MACOMB FOOD PROGRAM

Provides immediate relief to those in need of food through a network of more than 70 pantry sites, hunger relief organizations, and the Fresh To You Mobile Pantry. The program supplies food at no cost to income eligible seniors and families with children throughout Macomb County. For more information visit the [Macomb Food Program website](#) or call (586) 469-6004.

RENT AND MORTGAGE ASSISTANCE

Income-eligible Macomb County residents facing eviction, foreclosure, or homelessness may be assisted in resolving their emergency. Eligibility and guidelines will vary based on available programs. For more information contact your local [Community Action Center](#) at (586) 469-6964. For residents of Warren, Roseville, Eastpointe or Centerline call (586) 759-9150.

UTILITY ASSISTANCE - ELECTRICITY, GAS

Income eligible Macomb County residents facing utility shut off may be assisted in resolving their emergency. Utility assistance may be available for electric service, natural gas service, and deliverable fuels used to heat the home. Eligibility and guidelines will vary based on available programs. For more information contact your local [Community Action Center](#) at (586) 469-6964. For residents of Warren, Roseville, Eastpointe or Centerline call (586) 759-9150.

WATER RESIDENTIAL ASSISTANCE PROGRAM (WRAP)

Eligible households are offered credits on their water and sewer bills so that they pay no more than 3% of their household's annual income for up to two years. Eligible seniors and permanently disabled persons can obtain bill credit assistance without an expiration date.

To qualify for WRAP, households must be in a community in the service area, have a combined income at or below 200% of the federal poverty level, be primarily responsible for the water or sewer bill and have to reside in the home they rent or own. For more information and to apply visit the [Macomb Community Action's website](#) or call (586) 469-6464.

TRANSPORTATION ASSISTANCE

This department provides transportation to essential medical appointments and other specific locations for eligible Macomb County residents. For more information visit [Macomb Community Action's website](#) or call (586) 469-5225.

MYRIDE2 - CONNECTING SENIORS & ADULTS WITH DISABILITIES TO RIDES

AgeWays (formerly Area Agency on Aging) MyRide2 service can help find transportation options for seniors and adults with disabilities – helping them get to the store, to doctor's appointments, or out to visit friends and family. Myride2 is a transportation concierge service that arranges transportation from start to finish. There is no charge for arranging transportation through myride2, but there may be a cost for any transportation services they use. Payments are made directly to transportation providers. For more information visit [MyRide2 website](#) or call (855) 679-4332.

Macomb County Assistance Programs for Your Patients

In this tough economy many of your patients may be struggling to meet their basic needs as well as those of their families.

There are programs available to help. Below are some resources you can direct your patients to for assistance.

HOME INJURY PREVENTION

The Home Injury Prevention Program installs devices to ensure safety and prevent falls in the homes of eligible Macomb County seniors. A home assessment determines which safety devices will be installed. Services are free but contributions are appreciated. For more information visit [Macomb Community Action's website](#) or call (586) 469-6329.

HOUSING REHABILITATION

The Housing Rehabilitation Program provides assistance to eligible homeowners to repair their homes to achieve decent, safe and sanitary housing. Assistance is provided in the form of a no-interest loan. For more information visit [Macomb Community Action's website](#) or call (586) 466-6256.

WEATHERIZATION ASSISTANCE

The Weatherization Assistance Program performs the installation of energy efficient items to conserve energy in Macomb County homes. These improvements reduce energy use and can save an average of 30% on heat and utility bills. A home energy audit determines which items will be installed. Services are free for income-eligible residents. For more information visit [Macomb Community Action's website](#) or call (586) 469-6329.

WARMING & COOLING CENTERS

There are places across Macomb County where individuals can find respite from the extreme heat and cold. For a full list visit [Macomb Community Action's website](#).

DIRECT CARE PROGRAMS – TO HELP SENIORS STAY LIVING AT HOME

Home care services help seniors and people with disabilities continue to live safely in a home setting. These services provide assistance with daily activities a senior might have trouble doing for themselves – things like bathing, dressing, meal preparation or housekeeping.

AgeWays (formerly the Area Agency on Aging) has several programs that offer direct care for Southeast Michigan families. For more information visit the [AgeWays website](#) or call (800) 852-7795.



PROGRAMS OFFERED SPECIFICALLY FOR SENIOR THROUGH MACOMB COUNTY SENIOR SERVICES

The following programs are offered to Macomb County residents age 60 or older. For more information on any of these services visit the [Macomb County Senior Services website](#) or call (586) 469-5228.

ADULT DAY CENTER

Provides daytime assistance for aging adults in need of structured activities, exercise, and supervision. The credentialed center can provide caregivers with a needed break while giving older adults a chance to socialize with their peers and remedy the isolation and loneliness many experience. For more information call (586) 469-5580.

FRIENDLY CALLER

Program volunteers reach out over the phone to connect with seniors interested in a friendly social conversation. It's an informal social call that can last anywhere from 10 minutes to 30 minutes depending on interest and natural flow of conversation.

HANDY HELPERS

Provides assistance with household maintenance tasks such as replacing light bulbs or faucets, washing windows and walls, repairing furniture, pest control, yard clean up, leaf raking, weatherizing, and more.

RESOURCE ADVOCACY

Provides consultation for seniors to assess needs, recommend services and assist with tax credits, Medicare Part D enrollment, Medicaid application process, community resources, and more.

NUTRITION ASSISTANCE

DINING SENIOR STYLE

A daily lunch program for seniors at 24 locations throughout Macomb County. Seniors are provided a well-balanced meal while also socializing with their peers.

MEALS ON WHEELS

Delivers a ready to eat meal to homebound residents no longer able to leave their homes on a regular basis without assistance or able to prepare meals.

ENSURE PLUS PROGRAM

Meals on Wheels offers cans of Ensure Plus as a supplement for Macomb County's most vulnerable homebound seniors with a prescription from their physician for Ensure Plus.

HOLIDAY MEALS ON WHEELS

Holiday meals are available for seniors who would be otherwise home alone on the holiday. A special hot lunch is freshly prepared that day, including many traditional favorites. Meal delivery is available for Easter, Thanksgiving, and Christmas.

SENIOR PROJECT FRESH COUPONS

Offers income-eligible seniors the chance to purchase fresh produce such as carrots, tomatoes, melon, and even honey. Seniors who participate will receive a \$20 coupon book to use at local farmers' markets and stands.



Health Department

HOME VISITING PROGRAM SPOTLIGHT: MATERNAL INFANT HEALTH PROGRAM

The Maternal Infant Health Program (MIHP) is for Medicaid-eligible pregnant people, infants up to 1 year old, and their families. MIHP providers help pregnant women and families with newborns understand how to stay healthy. All pregnant people, infants, and their families enrolled in MIHP have care plans developed just for them. A nurse and social worker design visits to meet the family's needs and discuss topics such as: building a strong network of support, pregnancy, labor and delivery, breastfeeding and nutrition, infant growth and development, community resources such as housing, transportation, childcare and much more! Research shows that people enrolled are less likely to deliver prematurely and have healthier pregnancies, positive birth outcomes, improved mother wellbeing and healthy infant growth development.

Referrals for participation in the MIHP program can be made [here](#). To learn more about MIHP call 586-465-8429 or email HomeVisiting@macombgov.org

COMMUNICABLE DISEASE SURVEILLANCE

[The Communicable Disease and Surveillance program](#) at the Macomb County Health Department plays a vital role in monitoring and reporting infectious disease in our communities and beyond. The program relies on the timely reporting of both diagnosed and suspected communicable diseases by physicians, health care providers, schools and laboratories. There are currently **79 reportable diseases in Michigan**. When a healthcare provider in Macomb County identifies a patient with any of the reportable conditions, they are required to report the diagnosis to MCHD to help monitor the health of the community and provide preventive actions as necessary. The cooperation and prompt required reporting by physicians, laboratory scientists, infection preventionists, schools and other providers allows for timely action by local and state public health personnel. Some of the benefits of this teamwork include:

- Identification of outbreaks and epidemics
- Enabling preventive measures and/or education
- Successful targeting of prevention programs, identification of care needs, and efficient use of resources
- Evaluation of the success of long-term control efforts

SAFEGUARDING HEALTH AND COMMUNITY WELL-BEING

The Macomb County Health Department's [Emergency Preparedness \(EP\) program](#) has an important role in creating plans to keep people safe during natural disasters, disease outbreaks, and other health emergencies. EP partners with businesses, healthcare agencies, and others to plan how to provide medical supplies to the public when needed. EP also connects with the community at local events, such as the Senior Fun Fest, where they give out starter emergency kits and information about how to prepare for emergencies. Emergency Preparedness, along with our [Medical Reserve Corps \(MRC\)](#), provides information to the youth and seniors about preparing for emergencies. If you want to help protect the health and safety of Macomb County, you can [join the Medical Reserve Corps \(MRC\)](#). They train volunteers to be prepared to assist the county during health emergencies.



BABY RESOURCE NETWORK OF MACOMB

Did you know that the Macomb County Health Department hosts a coalition called the [Baby Resource Network of Macomb](#) (BRNM)? The mission of the coalition is "to prevent infant deaths through collaboration with community partners by providing education and resources to support healthy pregnancies and healthy babies."

The BRNM aims to empower pregnant people and caregivers with the knowledge they need to navigate the crucial phases of pregnancy and infancy. Through insightful workshops, helpful and supportive resources, and hands-on training, the network fosters informed decision-making that lays the foundation for healthy pregnancies and thriving babies.



If you, your organization, church, or neighborhood group would benefit from education regarding access to resources to support improved parenting, or would like to partner with BRNM, send an email to babyresourcenetwork@macombgov.org. Learn more about the [BRNM here](#).

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS) IS EXPANDING ELIGIBILITY TO AGE 26

This coverage expansion helps extend health care services during a critical life stage. "One of the goals of this program nationally is to help clients transition from pediatric care to the adult health care system," said Karla Anderson, Macomb

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County CSHCS Program Supervisor. While sickle cell disease, hemophilia, and cystic fibrosis are eligible for lifetime coverage, all other conditions were previously only covered until age 21. Anderson estimates that [Macomb County CSHCS](#) could add 1,400 to 1,600 clients next year. CSHCS provides access to specialty medical care for more than 3,200 clients and families in Macomb County. This includes providers, medications, medical equipment, therapies, and other supportive services for over 2,700 qualifying diagnoses. Families with or without health insurance can join, and eligibility is not based on income.

The Michigan Department of Health & Human Services (MDHHS) expects that system updates for the expansion could take up to six months. Once complete, young adults aged 21-26 will be able to apply or renew. To avoid lapses, MDHHS will back-date coverage to October 1, 2023 for clients eligible on that date. For more information on the Macomb County CSHCS Program or expanded coverage, call 586-466-6855 or see a list of [FAQs from MDHHS](#). ♦

WORRIED ABOUT THE COST OF SHOTS?



Children can get VFC vaccine at no cost if they are less than 19 years of age AND one of the following:

MEDICAID-ELIGIBLE

UNINSURED

UNDERINSURED

AMERICAN INDIAN OR ALASKA NATIVE

WHERE CAN I GET VFC VACCINE?

Ask your healthcare provider if they are a VFC provider or contact your Local Health Department: www.Mi.gov/LHDmap.

COULD THERE BE OTHER COSTS?

There is no cost for the vaccine itself. There may be an office visit fee and/or a fee to give each shot. However, **you will not be denied if you cannot afford the fee per shot.**

Take Charge of Your Mental Health



Achieving and maintaining mental wellness is the foundation for keeping the entire body healthy.

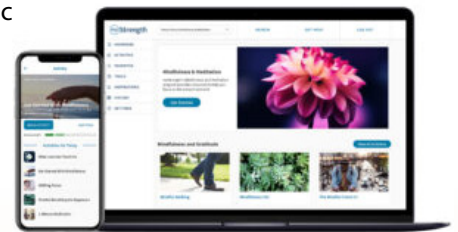
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

“The health club for your mind,” MyStrength provides programs and support for many types of emotional and physical challenges, including:

- Reducing stress
- Improving sleep
- Managing depression
- Managing anxiety
- Mindfulness & meditation
- Balancing intense emotions
- Pregnancy & early parenting
- Managing chronic pain

MyStrength offers daily tips for the mind, body and spirit, and:

- Is Safe, Secure, and Confidential—Your privacy is our top priority, and MyStrength maintains the highest level of security available to create a completely confidential and safe environment.
- Has Proven Resources—based on the latest research and professional advice from best-selling authors.
- Is Packed with Tools — MyStrength offers many resources to improve mental health, with the latest research and professional advice



It's easy to get started; Go to mystrength.com and enter access code **MCCMHComm and begin your journey to stronger overall health!**

MyStrength has helped many people across the country from the comfort and privacy of their homes.

There is no cost to join, and it is simple to get started.

Go to www.mystrength.com. Select “Sign Up” and enter the access code: **MCCMHComm**. Complete the Wellness Assessment (*it takes about ten minutes*) and be on your way with personalized tools and supports.

Go Mobile! Using the access code, get the myStrength app for IOS and Android devices at www.mystrength.com/mobile

More Physician Inbox Messages, Higher Patient Satisfaction?

By: Georgia Garvey, Contributing AMA News Writer

Over the past decade, physicians have had to spend increasing amounts of time on electronic inboxes and health records, an issue that only intensified after the start of the pandemic.

It's work that's typically unpaid and done before and after clinic, even on nights and weekends during what Lisa S. Rotenstein, MD, and many others refer to as "pajama time."

Although that EHR inbox work can be exhausting, it also appears to be valuable to patients, according to a new study co-written by Dr. Rotenstein. She is medical director of ambulatory quality and safety at the University of California, San Francisco, Health, and also directs the Brigham and Women's Hospital and Physicians Foundation Center for Physician Experience.

Published in the *Journal of General Internal Medicine*, [a study of 133 primary care physicians](#) shows that the more time that they spent corresponding with patients in electronic inboxes, the more likely those patients reported being to recommend their doctor.

For the study, conducted among primary care doctors at the Brigham and Women's Hospital, Dr. Rotenstein and her colleagues found that women physicians received 42% more patient medical advice request inbox messages per patient each year when compared with their male counterparts.

For women doctors, greater yearly message volume and time spent in the electronic inbox per patient were associated with more than double the odds of a higher likelihood-to-recommend score. Taking longer to respond to messages from patients, by contrast, was linked with lower odds that patients would recommend their primary care doctor.

Studies have previously found that women physicians spend more time, and an increasingly large amount of time, on EHR work. It's also been shown that women physicians get more electronic messages.

"We know that time spent on the electronic health record and on the electronic inbox is actually associated with better quality of care, in some circumstances," she said.

A piece of the burnout puzzle

Dr. Rotenstein said the recent study's findings are important in considering the problem of physician burnout.

"We know that physicians are spending time on the electronic health record and on patient care after hours, on weekends, in

times that cut into their ability to recharge and have time with their families, and that all leads to burnout," she said. "Where this study fits in is that it tells us that the solution is not just to cut back on that time spent on the electronic inbox, because particularly for female PCPs, our patients appreciate this electronic communication and maybe they even expect it."



There are ways to cut the burden of electronic inbox communications, though, according to Dr. Rotenstein. She said some e-inbox communications can be handled by other members of the patient's care team and don't require a physician's time.

Dr. Rotenstein added that health care organizations should help set expectations regarding e-inbox communications, and those discussions shouldn't be handled by individual physicians—particularly women, who might be seen in a negative light by their patients for setting boundaries.

Patients need to understand that "there are things that are really well-suited for" electronic communication, she said, "and then there are some topics that are just really complex and so they may not be the right thing for a patient message."

Time to pay for inbox care?

Another key, according to Dr. Rotenstein, is that the time spent on electronic inbox communication needs to be considered patient-care time and paid for appropriately. That means, she argued, reworking the current payment model that emphasizes visits.

"The work of primary care is really increasing, and our patients value relationship-based, longitudinal, easy-to-access care," she said. "The real opportunity lies in thinking about how we pay for the primary care of 2023."

The study was funded as part of the AMA Electronic Health Record Use Research Grant Program, which was launched in 2019 to identify patterns in EHR use that may detract from patient care. The AMA has awarded more than \$2 million in grants to 26 organizations over the years to study a variety of EHR-use topics. ♦

Henry Ford Macomb Hospital

HENRY FORD HEALTH, ASCENSION MICHIGAN AGREE TO JOINT VENTURE

Henry Ford Health and Ascension Michigan have signed an agreement to enter a joint venture that will bring together Ascension's southeast Michigan and Genesys healthcare facilities and assets with Henry Ford's. This will allow both organizations to advance the health of the communities they serve and improve outcomes, access and equity for all by establishing an integrated network focused on population health and community initiatives that support the region's most vulnerable populations, as well as innovation, academic medicine, and advanced, complex care.

The combined organization would employ approximately 50,000 team members at more than 550 sites of care across our region.

Ascension Michigan's acute care hospitals that are included in the partnership are: Ascension Genesys Hospital; **Ascension Macomb-Oakland Hospital, Warren and Madison Heights Campuses**; Ascension Providence Hospital, Novi and Southfield Campuses; Ascension Providence Rochester Hospital; Ascension River District Hospital; and Ascension St. John Hospital. All the acute care hospitals' related sites of care will also be included, as well as Ascension Brighton Center for Recovery. All of Henry Ford's acute care hospitals and other care facilities and assets, including Health Alliance Plan, will be included in the partnership.

The expanded organization, slated to be branded Henry Ford Health, will remain headquartered in Detroit. It would be led by President and CEO Bob Riney and governed by a Board of Directors representative of both organizations. Both organizations are committed to working to maintain the Catholic identity of the Ascension Michigan facilities included in the partnership. Conversations on the future state of the Catholic identity of these facilities are ongoing.

Through a fully integrated healthcare delivery network, the joint venture would deliver exceptional performance in quality, safety, and service. This joint venture is also designed to expand opportunities for healthcare providers, including significantly enhanced patient-centered care delivery models and improved care coordination through interconnectivity between patients, providers, and care management functions.



The organizations are in the process of submitting the agreement to state and federal regulatory agencies for review and hope the transaction will close by summer 2024.

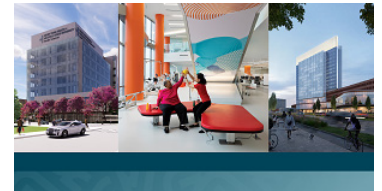
GILBERT FAMILY FOUNDATION CONTRIBUTES NEARLY \$375 MILLION IN PARTNERSHIP WITH HENRY FORD HEALTH TO BRING SHIRLEY RYAN ABILITYLAB TO DETROIT AND CREATE THE NICK GILBERT NEUROFIBROMATOSIS RESEARCH INSTITUTE

The Gilbert Family Foundation (GFF), Henry Ford Health and Shirley Ryan AbilityLab announced a historic partnership to bring a 72-bed state-of-the-art physical medicine and rehabilitation facility to Detroit. The facility will be managed by Shirley Ryan AbilityLab, and will become part of Henry Ford Health's campus expansion. The Gilbert Family Foundation also announced the creation of the Nick Gilbert Neurofibromatosis Research Institute, bringing a revolutionary neurofibromatosis research institute to Detroit in partnership with Henry Ford Health + Michigan State University Health Sciences. Both of these partnerships will cement Detroit as a leader in innovative, personalized medical care and research.

The construction and operation of these two initiatives will cost an estimated \$439 million over 10 years. To bring the projects to life, the Gilbert Family Foundation will contribute nearly \$375 million in grant funding.

Shirley Ryan AbilityLab at Henry Ford Health

Chicago-based Shirley Ryan AbilityLab, recognized by U.S. News & World Report as the best rehabilitation hospital in the country for an unprecedented 33 consecutive years, will bring more than 70 years of leadership in rehabilitation care and science to the 72-bed, 125,000-square-foot facility. It will occupy three floors of the new Henry Ford Hospital patient tower planned for the corner of West Grand Boulevard and the John C. Lodge Freeway in Detroit.



The overall construction for the space will cost \$179 million, with \$119 million coming from the Gilbert Family Foundation and \$60 million being financed by Henry Ford Health. It is expected to open in 2029. The Gilbert Family Foundation will also establish a \$10 million fund that will increase access to rehabilitation care for low-income Detroit residents who have limited or no insurance coverage.

The rehabilitation facility will provide inpatient care for those recovering from a stroke, traumatic brain injury, spinal cord injury and other conditions. Shirley Ryan AbilityLab treats more patients for these conditions than any other single rehabilitation hospital in the nation.

In addition to the Detroit-based facility, Henry Ford Health and Shirley Ryan AbilityLab are also planning to expand their partnership to other Henry Ford inpatient rehabilitation facilities across metro Detroit, **including units at its Macomb and Wyandotte hospitals.**

Nick Gilbert Neurofibromatosis Research Institute (NGNRI)

Neurofibromatosis is a genetic disease that causes tumors to grow on nerve pathways anywhere in the body. According to the Children’s Tumor Foundation, NF affects one in every 2,000 births throughout the world, and estimates that 4 million people worldwide are living with some form of NF, which can be either inherited or be the result of a spontaneous change in a gene.

The Nick Gilbert Neurofibromatosis Research Institute will collaborate with research institutions and researchers from around the world to create novel disease models using organoid technology and other research methodologies. These organoids or “mini organs in a dish” allow researchers to rapidly test potential drug treatments to see the positive and negative impacts of those potential treatments on healthy and unhealthy tissue. The nature of this technology will also allow for more personalized healthcare for Henry Ford Health and NF patients.

This new institute will be housed within Henry Ford Health + Michigan State University’s new research building on Henry Ford Health’s east campus, which is set to open in 2027. The construction of this part of the overall new facility is expected to cost \$50 million and will be funded by the Gilbert Family Foundation. Additionally, GFF has committed \$190 million over ten years to support operations and research. ♦



McLaren Macomb Hospital

RECOMMITTING TO WOMEN’S HEALTH

In November, the US Centers for Disease Control and Prevention reported an increase in the country’s infant mortality rate for the first time in 20 years.



Michigan was one of the many states that individually experienced an increase, rising to 6.5 from 6.2 for every 1,000 births.

With birthing centers located throughout the state, McLaren Health Care and Dr. Brian Tesler, the system’s Chief Medical Director of Women’s Health, are in the position to take direct action to address that troubling trend.

Bringing together clinical leadership, physicians, and labor and delivery teams from McLaren birthing centers across the state, Dr. Tesler, along with McLaren Health Care Executive Vice President and Chief Clinical Officer Dr. Justin Klamerus, led a day-long, actionable symposium aimed at examining the causes of infant mortality in order to address those specific factors and improve Michigan’s birthing environment.

“Healthy mothers make healthy babies,” Dr. Tesler said. “That right there is our starting point—increasing access to mothers and getting the level of prenatal care they need. Hardwiring this process of getting expectant mothers under our care early on in their pregnancies and with regularity will allow us as care teams to thoroughly evaluate and address any needs.”

Dr. Tesler continued, “It was distressing to read that report, knowing the real-life impact this issue has on so many women and their families. That was all the motivation we needed to rededicate ourselves and launch this focused initiative to reverse the trend.”

MCLAREN MACOMB CARDIOLOGISTS REACH HEART PROCEDURE MILESTONES



Cardiologists with McLaren Macomb, part of statewide McLaren Health Care and the first Macomb County hospital to offer the WATCHMAN device, achieved a performance milestone by implanting its 100th WATCHMAN in 2023.

Measurably lowering the risk for stroke in patients living with non-valvular atrial fibrillation, McLaren Macomb performed its first WATCHMAN implant in 2020. The Dec. 13 procedure also marked the program’s 250th device implant, making McLaren Macomb the area’s most proficient WATCHMAN team.

“This past year has effectively demonstrated the need for this device while also highlighting its ability to lower patients’ risk for a life-threatening condition, proficiently improving their quality of life,” said Dr. Jay Mohan, interventional cardiologist with McLaren Macomb and a WATCHMAN implanter. “This is a procedure that makes a significant impact on the lives of our patients. It is thanks to the skill and talent of our whole team

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that we were able to achieve these milestones and enhance the lives of all our patients."

Performed in the cardiac catheterization labs in the hospital's Mat Gaberty Heart Center, WATCHMAN closes off the left atrial appendage, a small, non-vital opening in the heart's left atrium muscle wall. For patients with non-valvular atrial fibrillation, blood can pool in this appendage, increasing the chances of clots forming and travel to the brain through the blood stream, potentially causing a life-threatening ischemic stroke.

WATCHMAN safely and effectively seals the opening to the appendage, not allowing blood to pool and clot. This can allow patients on long-term anticoagulation therapy to cease use of the blood thinning medication, which can carry its own risks for complications.

The device is implanted via a catheter inserted into the groin and tunneled to the heart and the left atrial appendage for deployment. The device demonstrated strong evidence during FDA trials that it can be both safely implanted and significantly reduce stroke in eligible patients.

Patients with atrial fibrillation live with a greater risk for stroke. The non-valvular form of atrial fibrillation is caused by conditions such as high blood pressure or an overactive thyroid rather than a faulty heart valve. Blood thinning medications help prevent the formation of stroke-causing blood clots in patients' blood streams.

Atrial fibrillation, affecting more than five million people in the United States, is the most common cardiac arrhythmia, with 20 percent of all strokes occurring in patients with atrial fibrillation.

Learn more about the comprehensive heart care offered at McLaren Macomb at www.mclaren.org/macombheart. ♦



FREE CME with MSMS' on Demand Webinars
Available at www.msms.org/Education

Grand Rounds Webinar Series:

[Advanced Minimally Invasive Treatments for Back Pain](#)

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[Gravity of Licensing Disciplinary Actions](#)

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[LGBTQ Health in MI: An Overview of Efforts to Improve Care & Reduce Health Disparities](#)

[Licensing App, Renewal and CME Requirements](#)

[Medical Management for Obesity in Adult Patients](#)

[Point of Care Testing & Provider Performed Microscopy: Meeting CLIA Requirements](#)

[Post-Exertional Malaise](#)

[Surviving Litigation](#)

[Trauma Informed Leadership](#)

[Tripledemic \(Flu, RSV, COVID\)](#)

Practice Management Webinar Series:

[Ask the Experts – Legal Panel](#)

[Complaints, Grievances, Quality Improvement...OH MY!](#)

[Correct Submission of Chronic Care Management and Depression Screening](#)

[Cyber Security - The 10 Things You Need to Know to be Secure](#)

[Embezzlement: How to Protect Your Practice](#)

[Employee Management in the COVID Era](#)

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[New Changes to the Prior Authorization Process](#)

[Office Billing Policies and Procedures for No Surprises](#)

[Patient No Show Policy](#)

[Payer Panel](#)



Winter Fun in Macomb County!

Real Time Opioid Overdose Data Improves Safety Response From Community

By: Patricia DeLacey

The usability of this web-based platform prompts expansion to new applications for firearm injury response.

Opioid overdose deaths have grown ten-fold in Michigan since 2000, and the opioid epidemic continues to be a major public health crisis impacting thousands of Michiganders and their loved ones.

To improve coordinated community response to opioid overdoses, University of Michigan researchers are placing near-real time data in the hands of public health and safety officers.

[The Michigan System for Opioid Overdose Surveillance](#) was created in 2016 in response to the opioid crisis through a partnership between the University of Michigan Injury Prevention Center and the Michigan High Intensity Drug Trafficking Areas.

The system is housed within Michigan Medicine but has involved collaboration and/or funding from the high intensity drug trafficking areas, the Michigan Department of Health and Human Services, and other local health departments since its inception.

Before the overdose surveillance system, public health and safety officers often relied on reports from the Centers for Disease Control or state health department, which usually meant the data used for current opioid overdose response was from at least a year before and there was little empirical basis for informing near-term overdose response activities.

To remedy this, the system was developed to provide near real-time data on fatal and non-fatal opioid overdoses in Michigan along with demographic briefs.

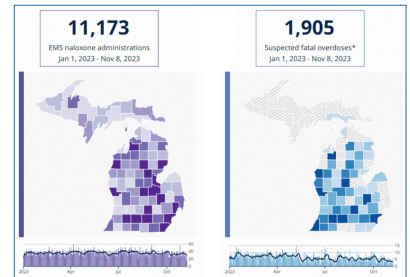
The dashboard offers two varying levels of data access with basic information for the public and more detailed information available for public health and safety officers.

For the suspected non-fatal overdoses, data comes from Emergency Medical Service reports on cases where naloxone – a medication used for the emergency treatment of known or suspected opioid overdose – was administered.

In the suspected fatal cases, data comes from medical examiners before toxicology reports confirm the cause of death.

“Our non-fatal data coverage is statewide and the mortality data reports now cover about 60 counties and about 90% of the state’s population,” said Jason Goldstick, Ph.D., an associate professor of emergency medicine at Michigan Medicine.

Between 2019 and 2023, the Injury Prevention Center conducted four qualitative studies with the City of Detroit, Washtenaw County, Kent County and Genesee County which involved gathering feedback from



community stakeholders involved in overdose response and prevention directly on how to tailor the dashboard to their needs, and how those data can be used to eliminate barriers and facilitate coordinated community response.

“After locating local stakeholders, we provided a SOS login as well as weekly reports to let them get a sense of how the dashboard functions and how they can use it for their goals,” said Keara Sullivan, M.P.H., project manager for SOS, about the design on those qualitative studies.

The researchers followed up with one-on-one interviews and focus groups to ask for feedback and pinpoint what about the platform was useful.

“The feedback tends to be positive,” said Sullivan. “Easy to operate is the number one positive feedback that we receive.”

The future

The system’s dashboard is now holding steady as it covers much of the state, says Goldstick, but the project team does strive to add medical examiners from small rural counties not yet reporting data.

The dashboard model has been so successful that it’s expanding to other public health and safety applications.

“[The Institute for Firearm Injury Prevention](#) at the University of Michigan is working on a surveillance system modeled after SOS that will focus on firearm injuries in the state,” said Goldstick.

This dashboard, which is currently still in a prototype phase, will have a greater focus on intent, distinguishing between self-harm and interpersonal violence.

The Michigan System for Opioid Overdose Surveillance model is even crossing state lines as the Injury Prevention Center is partnering with the Medical College of Wisconsin on a project

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to create similar injury and opioid overdose surveillance dashboards.

The user testimonials speak for themselves on how near real-time opioid overdose information has impacted coordinated community response.

"I shared the [Michigan System for Opioid Overdose Surveillance] with our [teams], and it generated a lot of discussion of where we could focus our energy around harm reduction," said one outreach organization.

"The numbers have been going up. We need to start seeing them come down, and it's the responsibility of all of us. We all have a role to play," said a local public health department. ♦

Additional resources

The [Michigan Safer Opioid Prescribing Toolkit](#) provides Michigan providers with up to date resources, guidelines and strategies for managing acute and chronic pain.

[This article was originally posted on the Michigan Medicine News website.](#)

MSMS UPDATE



By: Daniel M. Ryan, MD, MSMS Region 2 Director

FIVE REASONS TO RENEW YOUR MEMBERSHIP WITH THE MICHIGAN STATE MEDICAL SOCIETY IN 2024

As a physician, you understand better than anyone that health care is changing. Two things remain that will never change: Your patients need you and your profession needs you.

Whether it is pushing for legislation to lower your exposure to medical liability, offering the best CME in the state, advocating for universal access to health care, or a whole host of other initiatives, MSMS always has your interests in mind.

As you can see, your membership helps drive the strongest physician organization in Michigan, but we cannot do it without you.

Below are the top 5 reasons to renew your membership with MSMS today!

Exclusive access to the Michigan Doctors' Political Action Committee

Physician engagement is essential to the success of a pro-medicine legislature. Current and potential lawmakers want and need to hear from professionals in the field of medicine.

Top of the Line Continuing Medical Education Created by Physicians for Physicians

The Michigan State Medical Society offers a variety of programs designed to provide continuing education in a cost-effective, learner-centered way. Our program portfolio features timely and helpful information geared toward physicians and their health care teams to assist practices in delivering high-quality care in today's constantly changing health care environment.

Billing and Coding Support

MSMS members qualify for free reimbursement assistance. With more than 20 years' experience, Stacie J. Saylor, CPC, CPB, is the

MSMS Reimbursement Advocate who has direct contacts with every health plan in Michigan. Helping thousands of MSMS member physicians, Stacie has helped to recover as little as \$30, and as much as \$50,000.

Extensive Access to Member Only Resources

From our Ask Our Lawyer support program to our Medigram weekly e-newsletter, MSMS offers dozens of resources to help you in practice whether as a solo physician or employed physician, we have resources that can help make your life easier.

A Community of Physicians Who Experiences Similar Challenges and Wins

Each year MSMS holds its House of Delegates Meeting, the official policy making event for MSMS and its members. Here physician leaders and members of MSMS from across the state gather to determine the governing resolutions for the society. Resolutions are submitted by physicians, discussed by committees, and ultimately brought to the House of Delegates floor for a vote. Here they can be adopted as part of the MSMS policy, pushed to our national representatives for changes at the American Medical Association level or drive the work that the association does on a yearly basis.

Renew your 2024 MSMS Membership Today!

Renew online at: [MSMS.org/Renew](https://www.msms.org/Renew)

Contact your MSMS Account Specialist at: Membership@msms.org or call 517-336-5716

MSMS ENCOURAGES INVESTIGATION INTO VIOLATIONS OF MICHIGAN'S CPOM LAWS



A Message from MSMS CEO Tom George, MD

The Corporate Practice of Medicine (CPOM) is a well-established, and unfortunately, growing problem here in Michigan and across the country.

Michigan, like many other states, has a CPOM doctrine specifically intended to protect the public by prohibiting unlicensed, for-profit businesses from practicing medicine here in our state. The problem is these laws are poorly enforced, and as a result, for-profit entities have taken

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advantage. Through a series of deceptive legal loopholes and shell corporations, equity investors are increasingly circumventing Michigan law and putting the health and well-being of Michigan's patients in jeopardy in the process.

It's a practice that must come to a stop. And in an effort to help facilitate its cessation, the Michigan State Medical Society has written Michigan Attorney General Dana Nessel requesting a formal investigation into what we believe are widespread violations of Michigan's prohibition on CPOM. ([Read the full letter here.](#)) We are not alone in these concerns. Also signing the letter were the Michigan College of Emergency Physicians, Michigan Dermatological Society, Michigan Orthopaedic Society, Michigan Radiological Society, Michigan Society of Hematology & Oncology, and Michigan Society of Anesthesiologists.

In making our request, MSMS referenced the growing research on this vital issue and related abuses both nationally and here in Michigan, with mounting evidence clearly indicating that CPOM only results in high costs, harm to patients and physicians, and a weakened health care system.

As a medical society, we remain committed to the belief that financial motives should never supersede a physician's autonomy to make life saving medical decisions in the best interest of the patient. Thankfully, there are some legal tools in place to protect practitioners and patients from a health care system that puts profits above patient care, but they must be enforced. Our hope is that the Attorney General and her department will take the appropriate legal steps in response to our request for an investigation and immediately seek to enforce Michigan's CPOM Doctrine.

SCOPE OF PRACTICE UPDATE

As you know SOP expansion is a way to undermine physician-led care. Currently there are bills in the state legislature that would allow nurse practitioners (NPs) to practice independently ([SB 279](#)), and bills to change the name of physician assistants to physician associates ([HB 5116](#)). Additional legislation to expand the SOP of psychologists, physical therapists, optometrists, and other allied health professionals may be forthcoming.



MSMS Board members lobby MI Senators

MSMS has fought these battles before and we are familiar with the proponents' arguments. Regardless of their field, they will say they have sufficient training ("as much or more as physicians"), will increase access to care and lower costs, and that their legislation will benefit the people of Michigan. These claims are false, and our task is to set the record straight!

What has changed since the last time these issues were debated is that we now have stronger, better evidence to refute these claims. Recent peer reviewed studies demonstrate that removing physician oversight of health care teams leads to overprescribing and over testing, increases costs, and does not improve access to care. You can find a one-page summary of our talking points with links to the relevant studies [at this link](#).

The insurance industry is finally starting to take note of the SOP fight as more data has become available on cost increases. In the past, the health insurance lobby has often supported, or at least been ambivalent to SOP expansion, in the mistaken belief that it would reduce health care spending. Now insurers are starting to wake up and re-evaluate their positions based on this new evidence.

The new studies also suggest why some leaders in the hospital community frequently support SOP expansion. Knowing that independent practice by non-physicians will increase the volume of tests and imaging studies, hospital systems may see this as helping their bottom lines.

We are making headway – but now is not a time for complacency! We were able to hold off a hearing on SB 279 last fall, but we must continue to engage with our colleagues, and our legislators. Even if your specialty or practice does not seem immediately at risk, please step up and join with your fellow physicians in this fight!

There are three things you can do:

1. [Contact your own legislators](#) and review the [talking points](#) with them.
2. Participate in your county medical society legislative meetings.
3. Donate to MDPAC.

If we continue to work together, we will prevail in retaining physician-led care for the citizens of Michigan. ♦



1 in 8 Older Adults Use Cannabis Products, Suggesting Need to Screen for Risks

By: Kara Gavin

Increased use by people over 50 since the pandemic and state-level legalization seen in study, with especially high use found in those who also engage in unsafe levels of alcohol use

More older Americans use cannabis now than before the pandemic, with 12% saying they've consumed a THC-containing substance in the past year and 4% saying they do so multiple times a week, according to a study of people aged 50 to 80.

Those who drink alcohol at risky levels have a much higher rate of cannabis use.

The findings, published in the journal *Cannabis and Cannabinoid Research* by a team from the University of Michigan's Institute for Healthcare Policy and Innovation, suggest a need for more education and screening of older adults for cannabis-related risks.

"As the stress of the pandemic and the increased legalization of cannabis by states converged, our findings suggest cannabis use increased among older adults nationally.

"Older adults represent a vulnerable age group for cannabis use due to interactions with medications, risky driving, cannabis-related mental health impacts and increased possibility of falls and memory issues," said Anne Fernandez, PhD, an addiction psychologist in the U-M Addiction Center and Department of Psychiatry who led the study.

The data in the study come from the National Poll on Healthy Aging, which IHPI runs with funding from AARP and Michigan Medicine, U-M's academic medical center.

The national poll of 2,023 older adults was taken in January 2021, nine months into the official pandemic declaration and just as the first COVID-19 vaccines were being made available to the groups at the highest risk.

The 12% overall past-year use of cannabis seen in the new study is higher than the 9.5% seen in 2019 by other researchers pre-pandemic, and far higher than the 3% seen in another study in 2006, when only 12 states had passed medical cannabis laws.

The NPHA in 2017 found that 6% of older adults had used cannabis for medical purposes.

In the new study, in addition to the 4% who said they use cannabis products four or more times a week, another 5% said they use cannabis once a month or less.

The poll question asked about use of any product containing THC, the main psychoactive component of cannabis -- including edibles -- and used multiple common names for cannabis.

It did not differentiate between medical and recreational use of cannabis.

Older adults who said they were unemployed, those who said they were unmarried and had no partner, and those who said they drank alcohol were more likely to say they used cannabis.

Fernandez notes an especially concerning finding: those whose alcohol use was high enough to cause physical and psychological harms were nearly eight times as likely to say they had used cannabis in the past year.

But even those with low risk alcohol drinking patterns were more than twice as likely to say they had used cannabis in the past year.

This group of dual-substance users is one that doctors and public health officials should pay special attention to, she said.

"Other research has shown that using both alcohol and cannabis increases the chance that a person will drive while impaired," she explained.

"They are also more likely to have physical and mental health issues, including substance use disorders. Screening for alcohol use, cannabis use, and other drug use could help more people get counseling and reduce their risk and risk to others."

While there were no statistical differences among older adults by age, health or mental health status, income or education, those who said they had Hispanic backgrounds were less likely than non-Hispanic older adults to say they used cannabis.

Fernandez says this is consistent with other research showing lower cannabis use in the Latino community.

She advises any older adult who chooses to use cannabis products for any reason to be open with their health care provider about it, especially if they also drink alcohol or take certain medications.

Physicians, nurse practitioners and pharmacists can advise if any medications a person is taking might interact with cannabis, including ones for insomnia, depression and anxiety, opioid-containing pain medications, seizure medications, and blood thinners.

Paper cited: "Prevalence and Frequency of Cannabis Use Among Adults Ages 50–80 in the United States", *Cannabis and Cannabinoid Research*. DOI: [10.1089/can.2023.0056](https://doi.org/10.1089/can.2023.0056)

[This article was originally posted on the Michigan Medicine News website.](#)



CDC: PHYSICIANS “THE LYNCHPIN” FOR BOOSTING LOW VACCINATION RATES

By: Jennifer Lubell, Contributing AMA News Writer

The Centers for Disease Control and Prevention (CDC) has issued a [Health Alert Network Health Advisory](#) on low vaccination rates against influenza, COVID-19 and RSV (respiratory syncytial virus).

The “low vaccination rates, coupled with ongoing increases in national and international respiratory disease activity caused by multiple pathogens, including influenza viruses, SARS-CoV-2 (the virus that causes COVID-19), and RSV, could lead to more severe disease and increased health care capacity strain in the coming weeks,” says the advisory, which includes conversation guides, scripts and other tools for physicians and other health professionals to address the various reasons why patients forgo these essential vaccines.

Doubts about safety and effectiveness of vaccines, vaccine fatigue and time constraints are common reasons for low uptake. But in some cases, it’s because physicians aren’t bringing the subject up with their patients.

Doctors in particular “are the lynchpin” to patients getting vaccinated, said Mandy Cohen, MD, MPH, director of the CDC. As one of the most trusted sources for patients, physicians can reframe conversations to encourage uptake, she said.

Physicians, for example, can remind patients that the U.S. has distributed over 700 million doses of the COVID-19 vaccine.

“Yes, it is new but is one of the most looked at and studied vaccines that we’ve had in history,” said Dr. Cohen, who joined Demetre Daskalakis, MD, MPH, acting director of CDC’s National Center for Immunization and Respiratory Disease, for a fireside chat on the respiratory virus season.

Sandra Fryhofer, MD, the AMA’s liaison to the CDC Advisory Committee on Immunization Practices and immediate past chair of the AMA Board of Trustees, moderated this event. It was sponsored by the AMA and Project Firstline, a national collaborative led by the CDC that provides infection-control training and education to front-line health care workers and public health personnel, and hosted on the AMA Ed Hub™.

Respiratory virus cases are going up ...

Combined trajectories on flu, COVID-19 and RSV aren’t that reassuring, although RSV is showing signs of a peak following six to eight weeks of rising infections.

Flu season started just before Thanksgiving and has been rapidly accelerating. COVID-19, however, is yielding the most

cases, hospitalizations, and deaths week after week. “We all wish we could leave COVID in the rearview mirror, but it is still here with us. We need to make sure that we are continuing to take it very seriously,” said Dr. Cohen.



... But vaccine uptake is low

Seven million fewer flu vaccines were administered to adults in 2023 compared with 2022. Only 16% of adults have gotten the updated COVID-19 vaccine. The new RSV vaccine for adults 60 and over only has an uptake rate of 15–16%.

Reasons for low uptake vary among the different vaccines.

With COVID-19, it’s a question of trust. CDC survey data reveals that unknown serious side effects (18%) is the top concern, followed by vaccine effectiveness. For the flu vaccine, the majority (27%) said they hadn’t had the time to schedule an appointment. But for RSV, 29% said their physician never recommended any action. 13% said the RSV vaccine was too new.

An opportunity for a conversation

The voice of the physician matters so much in whether folks decide to get vaccinated, said Dr. Cohen. With flu and COVID-19 cases on an upward trajectory, “we have an ability to impact those two curves here in particular,” she added.

The CDC has created [evidence-based conversation guides](#) that physicians can use to address patient questions and concerns. Part of this strategy is approach, said Dr. Cohen.

Instead of asking a patient whether they want to get a flu shot during a visit, physicians instead can say, “Hey, you’re due for your flu or your COVID vaccine today. I’ve gotten them and I recommend them for you too,” noted Dr. Cohen. If patients are unsure about getting a vaccine, the physician can walk them through the evidence-based reasons for getting a vaccine, assuring them that side effects are usually mild and temporary.

For patients who keep forgetting to schedule their shot, the CDC has new tools for reminder languages physicians can use via patient portal or by text.

Persistence is also key, noted Dr. Daskalakis. Success may not happen during the first interaction. But if you don’t succeed on the first round, then “try, try again,” he urged. Transparent communication and putting vaccination on the agenda may lead to success on the second or third try.

See a [complete list of resources](#) highlighted during the fireside chat, and stay updated by [visiting the AMA COVID-19 resource center for physicians](#).

TIME FOR NEW IDEAS TO ADDRESS RISING DRUG SHORTAGES

By: Kevin B. O'Reilly, Senior AMA News Editor

As drug shortages continue to worsen and negatively affect patient care across the U.S., the AMA has adopted policy to strengthen its ongoing efforts to address this growing public health crisis.

The AMA's recently adopted policy supports diversifying drug manufacturing and supply chains and stabilizing the generic drug market, as well as opposing practices such as pharmacy benefits manager formulary restrictions that worsen drug shortages. According to statistics from the American Society of Health-System Pharmacists, a spike in new drug shortages in 2022 has led to the highest levels of drug shortages in the U.S. since 2014.



“Drug shortages are the highest we’ve seen in a decade, making it more and more difficult for patients and physicians across the country to get necessary medications,” said AMA Immediate Past President Jack Resneck Jr., MD.

“The nation’s drug supply shouldn’t be in constant turmoil because there aren’t enough manufacturers, or the profit margin is too thin to incentivize production,” Dr. Resneck added. “We must continue to push for actions to mitigate drug shortages that will help ensure the drug supply chain is more resilient and adaptable so our patients can get the medications they need when they need them.”

Aimed at combating these drug shortages, the policy was informed by an AMA Council on Science and Public Health report that examined three root causes for drug shortages: the evolving prescribing landscape, modern challenges of advertising and patient demand, and the economics and fragility of generic drug manufacturing. The report also noted that drug shortages can be the result of factors such as decades-long policy choices causing a decline in domestic manufacturing, production quotas, and severe weather.

With a limited number of generic drug manufacturers, the majority of which are located overseas, any disruption to the marketplace can result in a multi-month-long shortage. The report outlines potential solutions, including exploring nonprofit or government-owned generic drug manufacturing.

At the most recent AMA Interim Meeting, the House of Delegates adopted new policy to:

- Support activities which may lead to the stabilization of the generic drug market by nonprofit or public entities. Stabilization of the market may include, but is not limited to, activities such as government-operated manufacturing of generic drugs, the manufacturing or purchasing of the required active pharmaceutical ingredients, or fill-finish. Nonprofit or public entities should prioritize instances of generic drugs that are actively, at-risk of, or have a history of being, in shortage, and for which these activities would decrease reliance on a small number of manufacturers outside the United States.
- Encourage government entities to stabilize the generic drug supply market by piloting innovative incentive models for private companies which do not create artificial shortages for the purposes of obtaining said incentives.

Delegates also amended existing policy to:

- Support innovative approaches for diversifying the generic drug manufacturing base to move away from single-site manufacturing, increasing redundancy, and maintaining a minimum number of manufacturers for essential medicines.
- Support the public availability of FDA facility inspection reports to allow purchasers to better assess supply-chain risk.
- Oppose the practice of preferring drugs in shortage on approved pharmacy formularies when similarly effective drugs, in patient-appropriate formulations, are available in adequate supply yet otherwise excluded from formularies or coverage plans.
- Continue to monitor proposed methodologies for and the implications of a buffer supply model for the purposes of reducing drug shortages and will report its findings as necessary. ♦

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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 HLeach@macombcms.org with newsworthy information.

Publication is subject to availability of space and the discretion of the Editor.

UPCOMING EVENTS

[February 5 ~ Tri-County Legislative Committee](#)

Live Virtual Meeting, 7 pm. Physician members from Macomb, Oakland & Wayne counties will meet with legislators from Southeast Michigan. Anyone interested in engaging directly with legislators contact Heidi Leach at HLeach@macombcms.org.

[February 14 ~ Chronic Care Management and Health Equity](#)

MSMS Grand Rounds, FREE Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit.

[February 14 ~ Telehealth Update](#)

MSMS Practice Management Series, FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.

[March 13 ~ Michigan's Auto No-Fault Reform: Impact and Update](#)

MSMS Grand Rounds, FREE Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit.

[March 13 ~ Pulmonary Medicine \(E&M and Procedures\)](#)

MSMS Practice Management Series, FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.

[March 18 ~ MSMS History of Medicine: Michigan's Malarial Past](#)

FREE Live Webinar, 7 pm – 8 pm. Dr. Carl Doud, Director of Midland County Mosquito Control will discuss the history of malaria in Michigan and efforts to reduce the mosquito burden. This event is free but registration is required. [Click here to register.](#)

[April 10 ~ High-Threshold Buprenorphine Treatment Practices](#)

MSMS Grand Rounds, FREE Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit.

[April 10 ~ The Basics of Diagnosis Coding - Do You Really Know It?](#)

MSMS Practice Management Series, FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.

[May 6 ~ Tri-County Legislative Committee](#)

In-person meeting, 6:30 pm, location to be determined. Physician members from Macomb, Oakland & Wayne counties will meet with local legislators. Anyone interested in joining the Legislative Committee contact Heidi Leach at HLeach@macombcms.org.

[May 8 ~ Enhancing Access to Specialty Care: the Henry Ford Health Experience](#)

MSMS Grand Rounds, FREE Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit.

[May 8 ~ Internet Safety for Mobile Devices](#)

MSMS Practice Management Series, FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.

[May 11 ~ MSMS House of Delegates](#)

In-person meeting at the Crown Plaza Lansing West.

[June 12 ~ What Does Value Mean in Health Equity](#)

MSMS Grand Rounds, FREE Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit.

[June 12 ~ HHS-OIG's Battle Against Health Care Fraud](#)

MSMS Practice Management Series, FREE Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit.



ACTIVATE YOUR POLITICAL VOICE

The Michigan Doctors' Political Action Committee (MDPAC) is the political arm of the Michigan State Medical Society. MDPAC supports pro-medicine candidates running for the State legislature, Michigan Supreme Court and other statewide positions. Join today!

CME Requirements for Licensure



Every three years physicians are required to complete the following continuing education for license renewal.

150 hr. Continuing Medical Education

75 hr. of which must be Category 1 CME credits for MDs
60 hr. of which must be Category 1 CME credits for DOs

3 hr. Pain & Symptom Management

with 1 hr. Controlled Substance Prescribing

1 hr. Medical Ethics

2 hr. Implicit Bias for renewals June 1, 2023 – May 31, 2024

3 hr. Implicit Bias for renewals after June 1, 2024

Separate from CME

One time – training for Identifying Human Trafficking Victims

One time – training for Opioids & Controlled Substances Awareness for Prescribers

One time – the Medication Access and Training Expansion (MATE) Act, requires DEA registered prescribers to have 8 hrs. training in opioid use disorders

LEGISLATIVE UPDATE

In the coming election year of 2024, the entire Michigan State House faces re-election. However, prior to this, special elections are required to fill two open House seats (one of which is District 13 in Macomb) left vacant by Representatives who were elected Mayors of their respective cities. Adding a layer of complexity, the House districts affected by a recent court decision deeming them unconstitutional must undergo redrawing before any elections can proceed.

The following is a list of current priorities that we will be monitoring for the next year.

Prior Authorization and Step Therapy

- Governor Whitmer signed legislation in 2022 to regulate the prior authorization process. The reform establishes [uniform timelines and procedures](#) for insurance companies.
- Efforts also focus on reforming step therapy processes, with specific provisions outlined in [House Bill 5339](#).

Scope of Practice

- Continued opposition to [Senate Bill 279](#), allowing nurse practitioners to practice independently without physician supervision.
- Support for [House Bill 4472](#), promoting physician-led health care teams, outlining specific responsibilities and collaboration.
- Opposition to [House Bill 5116](#), which attempts to change titles for physician assistants and addresses several other issues in the behavioral health space.
- Advocating for health care professional title transparency legislation modeled after [Indiana's recently passed law](#) in this area.

Reimbursement Efforts

- Engaging in discussions to address stagnant physician reimbursement in Medicaid, Worker's Compensation Insurance, and No-Fault Auto Insurance.
- Successful advocacy led to a 7.5% increase in Medicaid payments for primary care services in 2022/2023.

Liability Reforms

- Actively working to preserve existing tort reforms and retain long standing legislative intent.
- Monitoring challenges to tort laws in the Michigan court system, including a case before the Michigan Supreme Court (Daher v. Prime Healthcare Services-Garden City, LLC).

Corporate Practice of Medicine (CPOM)

- MSMS Board actively addresses violations of Michigan law banning CPOM. MSMS, along with a number of physician groups crafted a [letter to the Attorney General](#) urging

enforcement of the CPOM Doctrine to protect physicians, medical team members, and patients.

- We will continue to emphasize the importance of transparency in private equity and investment in medical care to ensure healthcare is provided in the best interest of patients.

Prescription Drug Affordability Board (PDAB)

- MSMS submitted a card of support for [Senate Bills 483, 484, and 485](#) which create the "Prescription Drug Cost and Affordability Review Act" in Michigan.
- The bills establish a board to review and set upper price limits for high-cost prescription drugs in Michigan, as well as a stakeholder council to serve in an advisory role to the PDAB.
- The bills were approved by the Senate and sent to the House, where they were referred to the House Committee on Insurance and Financial Services and await further action.

Auto No-Fault

- MSMS provided written testimony in support of [Senate Bills 530 and 531](#) which would make adjustments to the limits on attendant care, a fee schedule at 250% of Medicare, reform the utilization review requirements, and create a new fee schedule for services that do not have a Medicare code.
- The bills were approved in the Senate and transmitted to the House, where they have been referred to the Committee on Insurance and Financial Services and await further action.

Health Data Utility

- [House Bill 5283](#) would facilitate the creation of a health data utility in Michigan to enhance patient care, support public health initiatives, and realize cost savings for Michigan residents.
- [House Bill 5284](#) would utilize the Insurance Provider Assessment Act (IPAA) as a long-term, durable funding source, rather than the MDHHS General Fund budget.
- MSMS is in support of the bills and has offered suggestions to further improve them. We are in talks with the sponsors and will continue to monitor. ♦



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2024 Macomb County Legislator Contact Guide

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Macomb Medicus Journal of the Macomb County Medical Society



The Macomb Medicus is the official quarterly journal of the Macomb County Medical Society. It is a full-color glossy magazine published both electronically and in hard copy format. It is a valued news source for our 600 plus physician members of all specialties and their staff throughout Macomb County. In addition to members the Macomb Medicus is sent to hospital executives, Michigan State Medical Society staff, other county medical society staff, and healthcare related businesses/organizations in Macomb County. The Macomb Medicus is read by an impressive cross section of the healthcare community and is electronically available on our website at www.macombcms.org.

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