

Macomb

# Medicus

*Journal of the Macomb County Medical Society*

April, May, June 2024 | Vol. 32 | No. 2



# Macomb Medicus

Journal of the Macomb County Medical Society

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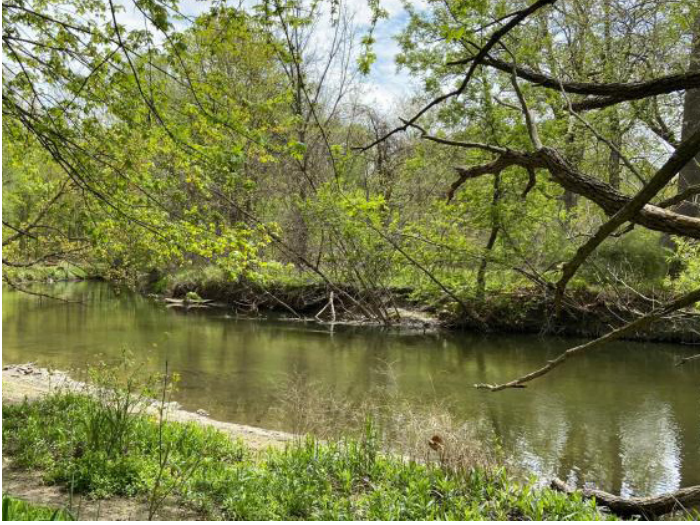
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# Spring has Sprung in Macomb County

By: Megan Ochmanek, senior communications specialist for Macomb County Planning and Economic Development



**Public art** – Macomb County has incredible pieces of public art across its 27 communities. From murals to sculptures and everything in between, you can spend an entire day (or several days!) exploring artwork throughout the county. Luckily, we've made it easy to find. Use our handy [public art map](#) and plan your next weekend out and about!

**Drinking and dining** – Explore Macomb's culinary scene by visiting one of its many restaurants, bars and eateries. For those of age, we've got fantastic [breweries](#) and [wineries](#). For folks who want to [dine on the water](#), we've got that too. And for those with a sweet tooth, our [ice cream shops](#), stands and parlors should be opening very soon!

**Golf** – Itching to hit the golf course? We've got a variety of options in Macomb County, check out our [listing of local courses](#) and start planning your next game.

**N**ow that the weather is warming, we're so ready to get out of the office and enjoy all that the season has to offer. If you agree with this sentiment, you're in luck! We've put together a quick guide on where to go and what to do in the months ahead.

This is just a taste of what Macomb County has to offer this season. Of course, there's plenty more to do and see so check out our [Make Macomb Your Home website](#). From farm markets and events to family friendly fun, we've got you covered. ♦

**Macomb County parks and trails** – Some of the greatest assets of Macomb County are its world-class recreational opportunities. Macomb is home to 32 miles of coastline along Lake St. Clair, with ample opportunities for swimming, boating, fishing, and many other ways to enjoy the water. The county also features the Clinton River and its tributaries, which host kayaking, canoe liveries, waterfront restaurants and more. And we can't leave out our parks. Macomb County is home to three state recreational facilities, as well as three Huron-Clinton Metroparks, and over 3,800 acres of municipal parks. Find more via our [outdoor activities page](#).

## GOING TO THE BEACH?

Check current conditions and status of the water at selected Macomb County beaches before you go.



## 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.

**May 6<sup>th</sup>** – In-Person, 6:30 pm, at the Westin in Southfield, [register here](#)

**September 16<sup>th</sup>** – In-Person, 6:30 pm, at the Westin in Southfield

**October 28<sup>th</sup>** – Live Virtual, 7 pm

**Anyone interested in joining the committee contact Heidi Leach at [HLeach@macombcms.org](mailto:HLeach@macombcms.org) or 810-712-2546**

## HAPPY BIRTHDAY

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

### April

Todd Adelson, DO  
Henri Bernard, MD  
Lindsay Beros, MD  
Lawrence Blaty, MD  
Leland Brown, MD  
Donald Campbell, MD  
Stephen D'Addario, MD  
Keith Defever, MD  
Paul Gradolph, MD  
Sachinder Hans, MD  
Ronald Heitmann, DO  
Davide Iacobelli, MD  
Shin Young Kang, MD  
Natesh Lingam, MD  
L. Loewenthal, MD  
Kevin Lokar, MD  
Patricia Milani, MD  
Joseph Naoum, MD  
Suraj Nighoon, MD  
Michael Noorily, MD  
Chan Kee Park, MD  
Peter Rowsell, MD  
Aaron Sabbota, MD  
Mark Segel, MD  
Manaf Seid-Arabi, MD  
Laila Shehadeh, DO  
Anne White, MD

### May

Fanar Alyas, MD  
Elie Banna, MD  
Ronald Barnett, DO  
Bradley Berger, MD  
Mark Berkowitz, MD  
Laura Clark, MD  
David Davis, MD  
Ben Fajardo, MD  
Gertrude Gregory, MD  
Farrah Hafeez, DO  
Roger Harris, DO  
Pasquale Iaderosa, MD  
Daniel Jensen, DO  
Harold Katzman, MD  
Sherezade Khambatta, DO  
Karl Kish, MD  
James Martin, DO  
Waddah Maskoun, MD  
Russell Miller, MD  
Tara Nelson, DO  
Antoun Oska, MD  
Thomas Piazza, MD  
Leonard Pollack, MD  
Chakrapani Ranganathan, MD  
Prabhaker Reddy, MD  
Belsam Saif-Kosho, DO  
Carl Sarnacki, MD  
Luay Sayed, MD

Theodore Schreiber, MD  
Lauren Sparks, DO  
Laurie Stanczak, MD  
Chad Stencel, MD  
Andrew Sulich, MD  
David Thomson, MD  
William Ventimiglia, MD  
Erika White, DO

### June

Waqas Abid, MD  
Leandro Africa, MD  
Prameela Baddigam, MD  
Ashraf Berry, MD  
Raymond Buzenski, MD  
Chaker Diab, DO  
Brian Engel, MD  
Burton Engel, MD  
Sandeep Garg, MD  
Cameron Heilbronn, MD

Sayeed Khan, MD  
Kent Krach, MD  
Kurt Ludwig, DO  
Jay Novetsky, MD  
Paul Paonessa, MD  
Joel Pelavin, MD  
Paavan Railan, MD  
Dennis Ramus, MD  
Sudarshan Reddy, MD  
Youssef Rizk, DO  
Aaron Sable, MD  
Richard Schiappacasse, MD  
Alfred Schneider, MD  
Kenneth Scott, DO  
Roshni Shah, DO  
Rajindar Sikand, MD  
Panapakkam Singaracharlu, MD  
Jixian Wu, MD  
Mark Zainea, MD

**Alan C. Parent, M.D., F.A.C.S.**

**Sarah B. Muenk-Gold, M.D.**

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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.

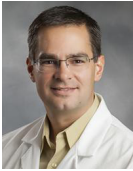
Contact Heidi Leach at [HLeach@macombcms.org](mailto:HLeach@macombcms.org) with  
newsworthy information.

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



## MEMBERSHIP REPORT

We would like to welcome the following New Members.



**Mark F. Deprez, MD**

**Pediatrics – Board Certified**

Medical School: Indiana University School of Medicine, 1996. Post Graduate Education: Beaumont Royal Oak, completed in 1999. Hospital Affiliation: Beaumont Royal Oak,

Beaumont Troy. Currently practicing at Pediatric HealthCare, 42141 Mound Rd., Ste. B, Sterling Heights, MI 48314, p. 586-254-7593, f. 586-254-7834, [www.phckids.com](http://www.phckids.com).



**Gordhan G. Diora, MD**

**Internal Medicine – Board Certified**

Medical School: Baroda Medical College (India), 1980. Post Graduate Education: Detroit Medical Center, completed in 1987. Hospital Affiliation: Ascension Macomb-Oakland, Beaumont Troy.

Currently practicing at Macomb Physicians Group, 8244 Metropolitan Pkwy., Ste. C, Sterling Heights, MI 48312, P. 586-795-4060, F. 586-795-5596, [www.macombphysicians.com](http://www.macombphysicians.com).



**Jerome E. Seid, MD**

**Hematology/Oncology, Internal Medicine – Board Certified**

Medical School: Wayne State University School of Medicine, 1987. Post Graduate Education: Northwestern University (IL); University of Michigan Medical Center, completed in 1993.

Hospital Affiliations: Ascension Macomb-Oakland, Ascension Providence, Ascension St. John. Currently practicing at Great Lakes Cancer Management Specialists, 17900 23 Mile Rd., Ste. 402, Macomb, MI 48044. P. 586-868-9090, f. 586-868-9005, [www.greatlakescms.com](http://www.greatlakescms.com).



**Theodore L. Schreiber, MD**

**Cardiovascular Disease – Board Certified, Internal Medicine – Board Certified**

Medical School: Weill Medical College of Cornell University, 1978. Post Graduate Education: New York Presbyterian Hospital, completed

in 1984; Beaumont Royal Oak, completed in 1990. Hospital Affiliations: Ascension Macomb-Oakland, Ascension St. John, Beaumont Royal Oak, McLaren Oakland. Currently practicing at Cardiovascular Consultants, PC, 8545 Common Rd., Ste. 150, Warren, MI 48093, p. 586-573-7971, f. 586-573-4009.



## Take Charge of Your Mental Health



The health club for your mind™

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

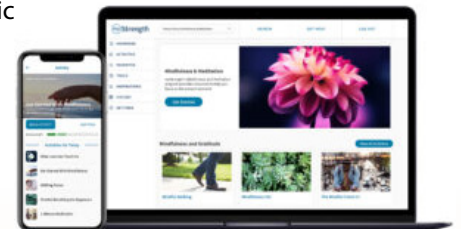
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

**“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](http://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](http://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](http://www.mystrength.com/mobile)



## Health Department

### BABY RESOURCE NETWORK OF MACOMB NEEDS YOUR HELP

The Baby Resource Network of Macomb is a local Community Action Team with a diverse group of community partners and health professionals who are working together to decrease infant mortality in Macomb County.

Led by the Macomb County Health Department, the team develops action plans for community outreach, education, and support to promote healthy pregnancies and infant safety and health.

We need your help.

We are currently conducting a very brief (1-2 minute) survey on how mothers and other individuals get information about mother, infant, and child health. Survey responses will help provide valuable guidance on how we can improve our interaction with the clients we serve. We would love to have your feedback.

[You can access the brief survey here.](#) Learn more about the [Baby Resource Network of Macomb here.](#)

### HEALTHY COMMUNITIES PROGRAM BRINGS NUTRITION EDUCATION TO LOCAL 4TH GRADERS

The Macomb County Health Department's Healthy Communities Program (HCP) kicked off the Healthy Schools, Healthy Communities (HSHC) curriculum at two local schools. Fourth graders at Dort Elementary in Roseville and Seminole Academy in Mount Clemens were the first to receive this new SNAP-Ed programming. HSHC engages kids in physical activity, food tastings and healthy habits like handwashing.



SNAP-Ed provides evidence-based nutrition education for people with limited resources. Later this year, HCP plans to launch 'Fork in the Road,' a SNAP-Ed program for older adults. HCP secured funding for these programs from the Michigan Fitness Foundation.

"Being back in the community is a great step for our program coming out of COVID-19," says Jenny Franz, HCP Program Supervisor. "SNAP-Ed funding allows health educators to provide free programming and education for our most vulnerable

populations. Engaging with the community will also help us learn more about what residents need to improve their health."

To learn more about SNAP-Ed programs at MCHD, contact HCP Program Supervisor, Jenny Franz, at [jennifer.franz@macomb.gov](mailto:jennifer.franz@macomb.gov).

### PARTNER SPOTLIGHT: MACOMB COMMUNITY ACTION (MCA)



Macomb Community Action is a caring organization dedicated to assisting families and individuals in need

within the community. They provide essential support such as food assistance, housing assistance, and help with energy bills to ensure everyone can live comfortably and securely. Their mission is to "diminish the effects of poverty by supporting and empowering individuals with inclusive and effective services that preserve dignity and promote independence."

Macomb Community Action is made up of people who want to make our community a better place for everyone. If you are interested in volunteer opportunities please contact Macomb Community Action at 586-469-7769. Your time and effort can brighten futures and nourish communities!

More information on Macomb Community Action can be [found here.](#)

### 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 ♦

Proudly presented in partnership with:



INGHAM COUNTY MEDICAL SOCIETY



# Multi-County Pain Management: Treatment Options & Legal Responsibilities

## Wednesday, May 22, 2024 Zoom Webinar from 6-9 p.m.

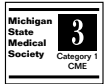
**Cost:**

No cost for MCMS Members  
(included in membership)

Nonmember physicians  
and healthcare professionals  
\$100 payable in advance  
by 5/17/24

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Join us for our inaugural multi-county educational webinar featuring experts on pain management and addiction from across the state.

Completion of this webinar fulfills LARA's 3-hour requirement in the area of pain and symptom management, including the new 1-hour minimum of controlled substance prescribing training, as well as, 3 hours towards the 8-hour MATE training requirement.

**Upon completion of the webinar, physicians and healthcare professionals should be able to:**

- Describe the use of opioids and other controlled substances
- Identify integration of treatments
- Describe the stigma of addiction
- Describe alternative treatments for pain management
- Identify ways to counsel patients on the effects and risks associated with using opioids and other controlled substances
- Describe how to utilize the Michigan Automated Prescription System (MAPS)
- Identify state and federal laws regarding prescribing and dispensing controlled substances
- Describe security features and proper disposal requirements for prescriptions

### Speakers:

#### Michael Danic, DO



Dr. Danic serves as chairman of the Department of Anesthesiology at Ascension Genesys Hospital, and medical director for the Surgery Center at Health Park. Dr. Danic co-founded Ascension Genesys Hospital's Medication Assisted Treatment for Inpatient Opioid Use Disorder program (Buprenorphine team).

#### John A. Hopper, MD



Dr. Hopper is the System Department Chair for Internal Medicine at Trinity Health Ann Arbor and Livingston Hospital. His clinical work is with IHA Recovery Medicine and IHA Hospital Medicine. He is recognized as a national expert in addiction medicine.

#### Narasimha R. Gundamraj, MD



Dr. Gundamraj is with Pain Management Centers of Lansing and practices at Sparrow Pain Management Center in Lansing. He is board certified in Anesthesiology with added qualifications in Pain Management.

**Statement of Accreditation:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Michigan State Medical Society and Ingham County Medical Society. The Michigan State Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

**AMA Credit Designation Statement:** The Michigan State Medical Society designates this live activity for a maximum of 3 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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## FOUNDATION NEWS

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### Letters of Thanks

January 24, 2024

Dear MCMS Foundation,

**Because of your kindness and generosity, a survivor's life will be changed.** Thank you for your gift of \$2,850, proceeds from your annual Holiday Sharing Card program. We appreciate your continued support. As an important part of our circle, we want you to know that your support helps provide survivors with access to free confidential services empowering them to take their life back.

Your donation helps provide Turning Point's comprehensive services including: an Emergency Shelter, Housing Programs, Trauma Advocacy and Counseling, a 24-Hour Hotline, Personal Protection Order (PPO) assistance, Legal Advocacy, a Forensic Nurse Examiner Program, First Response Advocacy, and Community Prevention and Human Trafficking Education.

**We are committed to supporting survivors on their journey of healing.** Last year Turning Point established new Housing Programs, and today we are grateful to say almost 50 families are safe, secure, and thriving without the threat of violence. Recently we have expanded our services to also support survivors of Human Trafficking, with emergency shelter, transitional housing, as well as all of our comprehensive services.

2024 marks Turning Points 44th year of providing free comprehensive services to survivors. Together with the collective generosity and support of our donors and community partners, we have been able to serve over 125,000 survivors of domestic and sexual violence.

**Know that every day survivors benefit from the great work we're doing together.** The success of our mission is possible because of your support – we are truly grateful.

**Thank you so much for your gift!**

Sincerely,

*Sharman Davenport, PhD*  
*President and CEO, Turning Point*

January 25, 2024

Dear MCMS Foundation,

On behalf of the volunteer Board of the Macomb Food Program, I want to thank you for responding to our 2023 Holiday Appeal. As a non-profit, tax-exempt organization, as outlined in Section 501(c)3 of the Internal Revenue Code, we rely on the generous support of our Macomb County neighbors and friends to support our mission.

With rising food costs, many individuals and families face hunger and food insecurity. Those same costs make it more challenging for our food pantries to meet the growing need. Every dollar of your donation will be used to purchase food to help support the network of food pantries across Macomb County. Your organization's generous donation of \$2,330 is greatly appreciated!

This past year, Macomb County food pantries served 127,148 households, an increase of 28%! Together, 2,728,638 pounds of food were distributed in 2023, but calls for additional assistance weren't always able to be met.

To keep up with the Macomb Food Program throughout the year, we invite you to follow us on Facebook or visit our website at [www.MacombFoodProgram.org](http://www.MacombFoodProgram.org) to find a list of food pantries in Macomb County.

With gratitude, we wish you and yours good health and happiness in 2024.

**We need and thank you for your support and generous donation!**

*Robert Combs, Chair*  
*Macomb Food Program Board*

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## IN MEMORIAM

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### Isidro C. Almeda, MD

April 4, 1935 – September 23, 2023

Isidro C. Almeda, M.D. passed away peacefully on September 23, 2023, at 88 years old. He will be greatly missed by his adoring wife, Adelaide (Del); his children, Carol Almeda-Morrow and Lawrence G. Almeda, Esq.; He was "Grampy" to eight grandchildren: Madeleine, "Troy", Caroline, Joseph, James, Liam, John, and Jessica.

Isidro was born on April 4, 1935, in Tondo, Manila, the youngest of three siblings. An avid storyteller, he enjoyed sharing his experiences as a child living amid World War II, fleeing from their

home into the jungle, and subsequently surviving the Japanese Occupation of the Philippines.

A bright scholar and diligent learner, Isidro graduated at the top of his class at Torres High School in Manila. In 1962, he received his medical degree with a concentration in surgery from the Far Eastern University (FEU). He was also enlisted as a Captain of the Philippine Army as a medical officer. A year after his FEU graduation, Isidro and Adelaide ("Del") were married. They began their life together in Staten Island, New York, where he was a surgical resident at St. Vincent Hospital. In 1969, He completed his surgical residency at Pontiac General Hospital in Michigan.



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## IN MEMORIAM

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A skilled surgeon for over 25 years with a highly prosperous general medical practice for nearly three decades, Isidro focused his medical career on advancing the health of his patients and of his community with compassion, the utmost professionalism, and courage. He joined the Macomb County Medical Society in 1972 and was a proud Fellow of the American Academy of Family Physicians. In his semi-retiring years, he became the Medical Director of Metro East Medical Center.

Isidro was an active leader in multiple distinguished community societies. As the Co-Founder and Vice Chair of the Philippine America Community Center of Michigan, he drove the organization's building and facilities project. Isidro loved a good party. As such, during his tenures as board member for several philanthropic organizations – including the Philippine Medical Association of Michigan, the Far Eastern University Alumni Association, and the Novo Ecijano Club of Michigan – he led with joy the planning and coordination of a myriad of festive social and fundraising engagements. It is not surprising that, in aggregate, Isidro served dutifully and enthusiastically as a board of directors member for over 30 years at various charitable organizations to promote his community. A humanitarian at heart, he also found much reward in volunteering at several medical and food bank missions throughout his life.

Kind, compassionate, loving, driven, religious and brilliant man (also a bit stubborn), Isidro touched the lives of many. In his 88 years as god's servant, he made the world a better place.

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### **Fred Averbuch, MD**

April 10, 1938 – March 22, 2023

Dr. Freddie Averbuch, 84, of Naples, Florida, passed away on March 22, 2023. He is survived by his beloved and devoted wife, Lenore; his children, Michele (Ahron) Zygmant, Amy Dunn, and Jeffrey (Connie) Averbuch; grandchildren, Benjamin and Gabby Zygmant, and Joshua and Matthew Averbuch. Freddie was the beloved husband of the late Deanna Averbuch. He will be greatly missed by all his family and friends and he will never be forgotten.

Dr. Averbuch was born and schooled in Detroit, Michigan. He graduated from Mumford High School (1956), Wayne State University (1959), with a Medical degree from Wayne State University School of Medicine (1963). Freddie completed an internship at Sinai Hospital in Detroit (1964) and a four-year residency at Henry Ford Hospital, specializing in Ear, Nose, and Throat. He joined the Macomb County Medical Society in 1968.

He served in the United States Air Force based in Tachikawa, Japan as a practicing physical from 1968-1970. Upon his discharge, he continued his practice in suburban Detroit until his retirement in 1999.

Dr. Averbuch was a member of Congregation Shaarey Zedek for over 40 years and served on the Board of Directors for three years.

It is suggested that those who wish to further honor the memory of Dr. Freddie Averbuch may do so by making a contribution to: [Parkinson's Foundation of Michigan](#) or [Meals on Wheels](#) (*The Deanna Averbuch Fund - National Council of Jewish Women*).

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### **Miroslav Kollar, MD**

October 13, 1924 – February 16, 2023

Miroslav Kollar, age 98, passed away on February 16, 2023. He was the beloved husband of the late Charlotte Kollar for 65 years. He was the loving father of Peter (Anne) and the late Daniela; cherished grandfather of Brandon (Monica) and Laura (John); treasured great-grandfather of Aria, Dante, Jack and Lottie. He will be greatly missed.

Dr. Kollar was born October 13, 1924 to Martin and Angela Kollar. He received his medical degree from Comenius University Faculty of Medicine in Bratislava, Czechoslovakia in 1953. He practiced Family Medicine in Czechoslovakia until 1966 then went to Tunisia, North Africa where he practiced until 1969. He emigrated to the United States and did an Internship and Residency at Detroit Macomb Hospital Association from 1970-72. Dr. Kollar practiced Family Medicine in the Metro Detroit area from 1972-1990. He joined the Michigan State Medical Society in 1973 and the Macomb County Medical Society in 1978.

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### **Herbert D. Sherbin, MD**

May 24, 1930 - November 5, 2023

Dr. Herbert David Sherbin, 93, of West Bloomfield, passed away November 5, 2023. Beloved husband of the late Helena Sherbin. Cherished father of Dr. Vandy Sherbin, Ian Sherbin, and the late Miriam Sherbin. Proud grandfather of Sophia Pratt. Also survived by many loving relatives and friends.

Dr. Sherbin was born in Detroit, Michigan on May 24, 1930. He received his Medical degree from the University of Michigan in 1955. He completed his Internship at Harper Hospital in Detroit in 1956 and his Residency at Detroit Receiving Hospital in 1959. He served in the U.S. Army from 1959-61. Dr. Sherbin joined the Macomb County Medical Society in 1962 and practiced ophthalmology in the Metro Detroit area until his retirement in 2000.

Interment was at Adat Shalom Memorial Park. Contributions may be made to the [Jewish Hospice & Chaplaincy Network](#) or [JARC](#). ♦

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Contact Heidi Leach at [HLeach@macombcms.org](mailto:HLeach@macombcms.org) for more information

# Long COVID-19 is Linked to Chronic Pain Conditions

By: Kelly Malcom

*Therapies for pain conditions like fibromyalgia provide clues for helping those with long COVID*

**M**any patients continue to struggle in the wake of the pandemic as they grapple with ongoing symptoms triggered by COVID-19 infection, a condition commonly known as long COVID.

However, the onset of symptoms such as brain fog, fatigue, headache, and other types of pain is not unique to COVID infection, according to a new U-M study.

What's more, these patients may be helped by capitalizing on the body of research around chronic overlapping pain conditions (COPCs), such as fibromyalgia, migraine, low back pain and others.

The work, led by Rachel Bergmans, PhD, of the Department of Anesthesiology and a team from the Chronic Pain & Fatigue Research Center at Michigan Medicine, sought to identify whether long COVID was distinct from other pain syndromes and whether chronic pain conditions increased the risk of features of long COVID.

"We hypothesized we'd see an increase in pain and fatigue because it's something we've seen in the past with other infectious diseases, like the SARS outbreak in 2002," said Bergmans.

To test this, they identified health records of three subsets of patients from throughout the US: people with COVID, people with influenza, and people without an infection. They then compared the likelihood of receiving a long COVID diagnosis in people with COPCs vs. those without pain conditions.

They discovered that having a COPC increased the risk for long COVID features in each group and had a similar effect size as sex or being hospitalized for COVID, known risk factors for long COVID. Interestingly, those with influenza were even more likely than those with COVID infection to have features of long COVID. Furthermore, long COVID features were found in a little over 24% of people with COPCs even in the absence of infection.

What could be going on? Bergmans noted that a relatively recently defined type of pain known as **nociplastic pain** – pain due to heightened sensitization in the central nervous system – might help explain some of the findings.

"A big predictor of future pain is having had pain in the past," she said. "With nociplastic pain, some people have what you might call a pain setting turned up in their central nervous system. There's evidence showing that infections, trauma, and



stress can be a trigger for nociplastic pain features and related symptoms."

Nociplastic pain often co-occurs with cognitive dysfunction and other symptoms related to long COVID, she added. The good news is the existing body of evidence around the treatment of chronic pain could offer patients with long COVID a basis for management as more research into the condition continues. For example, Michigan Medicine developed a [resource for patients with post-acute sequelae of COVID-19](#), providing advice for navigating this often-misunderstood condition.

"The pandemic brought awareness to how disabling these symptoms can be and the burden they have on people's lives," said Bergmans.

Citation: "Chronic overlapping pain conditions increase the risk of long COVID features, regardless of acute COVID status." PAIN, DOI: [10.1097/j.pain.0000000000003110](https://doi.org/10.1097/j.pain.0000000000003110)

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



## Henry Ford Macomb Hospital

HENRY FORD HEALTH HELPS ADVANCE PRECISION  
MEDICINE RESEARCH IN MICHIGAN

Michiganders will continue to have the opportunity to advance medical research aimed at advancing individualized health care



through a renewed award to Henry Ford Health + Michigan State University Health Sciences from the National Institutes of Health's (NIH) *All of Us* Research Program. The award includes \$18.3 million in initial funding to support a consortium of 8 health care provider organizations with a presence in 16 states.

Henry Ford has led the consortium since 2017. The renewed award allows participation to continue until at least 2028. The multimillion-dollar multi-year award represents the largest NIH research grant in Henry Ford's 108-year history.

*All of Us* aims to change the one-size-fits-all approach to medicine by engaging at least one million people who reflect the diversity of the United States. Participants contribute a range of health information to help researchers accelerate findings for treatments, prevention, and diagnosis that can be more tailored to individuals. Participants who join *All of Us* can choose to receive personal health-related genetic information at no cost, that could help guide their health care journeys.

"We are proud to be leaders in this effort that is revolutionizing health care research," said Steven Kalkanis, MD, Executive Vice President and Chief Academic Officer at Henry Ford Health.

"This tremendous award from NIH is a testament to our team's passion and commitment to identifying ways to prevent and understand disease, develop new treatments, and address health care disparities for the people we serve here in Michigan and beyond."

*All of Us* participants can choose to receive health-related DNA results that provide insight into their genetic ancestry, traits, a possible risk for developing serious health conditions, and how their body might react to certain medicines. Participants have access to genetic counselors at no cost and can choose to share their health information with their providers.

"I'm looking forward to working with my doctors to use my health-related DNA research results," said Randee Bloom, a 68-year-old *All of Us* Research Program participant from West Bloomfield, Michigan.

Participants like Bloom contribute their DNA for use in a secure cloud based *All of Us* data platform, which can be accessed by registered researchers. The data participants share with the program, and ultimately researchers, does not contain a participant's name or other information that could directly identify them.

"I feel that by contributing my data to the program, I'm doing my part to help advance medical research," Bloom said.

Unlike research studies that focus on one disease or group of people, the *All of Us* dataset is being used by more than 8,000 researchers, including 125 in Michigan, to inform thousands of studies on a variety of health conditions.

"Using the *All of Us* database, researchers are discovering new methods and medicines that will benefit people from diverse backgrounds, geographies, and ancestries," said Christine Johnson, PhD, MPH, chair of Henry Ford's Department of Public Health Sciences and one of the lead scientists on the *All of Us* Research Program at Henry Ford Health.

Henry Ford leads a consortium of health care provider organizations that represent diverse communities across the United States, including Baylor Scott & White Health; Essentia Health; HealthPartners; University of Massachusetts and Reliant Medical Group; Corewell Health; St. Louis University and SSM Health; and Kaiser Permanente Northwest. The consortium has enrolled one of the program's largest and most diverse groups of participants in the nation.

"By recruiting a diverse group of participants in the program, our consortium is ensuring medical scientists can detect more uncommon or unusual variations that affect health and disease, which will be helpful for all people," said Brian K. Ahmedani, PhD, director of the Center for Health Policy & Health Services Research at Henry Ford Health and a lead scientist on the program.

Researchers at Henry Ford have [utilized the \*All of Us\* dataset in multiple studies](#), including research around the prevalence of multiple sclerosis and what demographics it affects; the prevalence of opioid use and its association with sociodemographic characteristics; and which genes are connected to hidradenitis suppurativa, a chronic and painful skin condition. The team at Henry Ford Health has also utilized the data to better understand participants' willingness to share health information with the program itself.

"We are excited to be able to continue to offer our communities an easy way to become part of a cutting-edge research

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program,” said Cathryn Peltz, PhD, one of Henry Ford’s lead scientists on the program. “It’s the chance to make a difference in not only their own health but that of future generations.”

To learn more about Henry Ford Health’s role in the program, or to participate, visit: [henryford.com/joinallofus](http://henryford.com/joinallofus).

The All of Us Research Program at Henry Ford Health is funded by the National Institutes of Health award [OT2OD036429](https://www.nih.gov/award/OT2OD036429).



## McLaren Macomb Hospital

### MCLAREN MACOMB FIRST IN MACOMB COUNTY TO OFFER ADVANCED TREATMENT FOR ENLARGED PROSTATE

McLaren Macomb has expanded its surgical capabilities with the addition of Aquablation Therapy, a treatment for men with benign prostate hyperplasia (BPH), a noncancerous enlargement of the prostate.



McLaren Macomb is the first hospital in Macomb County to offer this technology. The purchase was made possible through a generous six-figure donation by Tom Broad, president of Midwest Steel, to the McLaren Macomb Foundation.

“This is a procedure designed to enhance patients’ quality of life, while also having been shown to be safe, effective, and

efficient,” said Dr. Evan Begun, a urologist at McLaren Macomb. “Many men already living with BPH are on daily medications or still experiencing symptoms of their condition. But it is through the advanced and minimally invasive nature of this procedure that our patients can achieve lasting relief and no longer be forced to make accommodations for their condition in their everyday life.”

Using ultrasound imaging, surgeons map each patient’s unique anatomy and specific condition in order to create a plan for the procedure – targeting tissue for removal while avoiding other tissue.

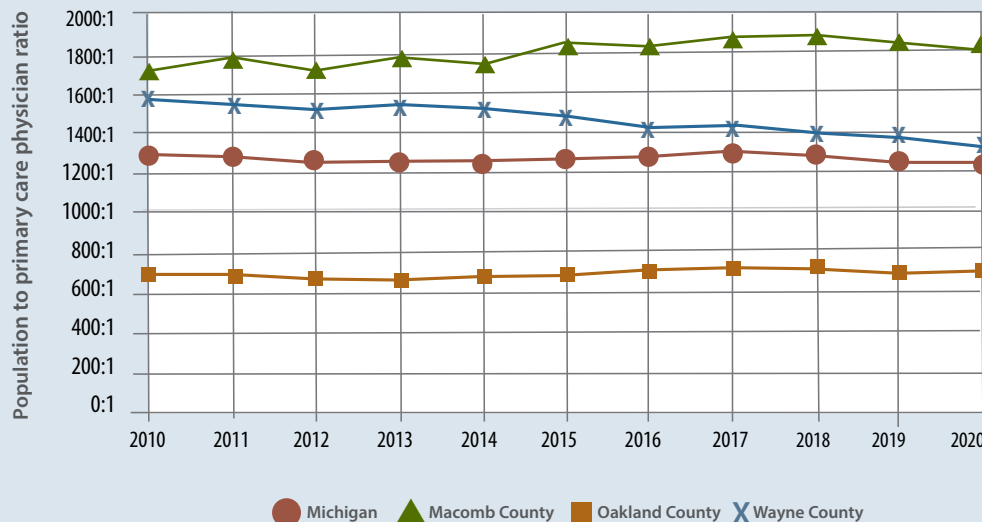
With the patient under anesthesia, a catheter is inserted into the urethra. Once in place, the high-pressure waterjet oscillates sterile saline water back and forth to remove prostate tissue and widen the channel to allow for enhanced flow during urination. The waterjet is robotically controlled to follow the ultrasound and computer-assisted mapped parameters, and a camera on the catheter allows the surgeon to monitor the procedure in real time.

Patients typically spend a night in the hospital for observation before returning home the next day, and they can return to normal activities within a few days.

In clinical trials, Aquablation Therapy demonstrated its effectiveness in providing long-term, effective relief from BPH symptoms while also maintaining a low rate of complications.

The most common benign tumor found in men, BPH affects more than 50% of men between the ages of 51 to 60. With more than 40 million men projected to reach 60 in the next 10 years, its prevalence will only increase, as will the condition’s quality-of-life-limiting symptoms.

Primary Care Physicians Trends in Macomb, Oakland & Wayne Counties





**MCLAREN MACOMB  
COMPLETES  
OPENING OF  
HARRINGTON  
MEDICAL CENTER  
WITH OUTPATIENT  
SURGERY CENTER**



McLaren Macomb has completed the opening of the Harrington Medical Center with the opening of the McLaren Macomb Outpatient Surgery Center.

Located across the street from McLaren Macomb's main campus, the three-story, 62,000-square-foot facility began its phased opening in March 2023, anchored by McLaren Macomb Health & Wellness Primary Care.

"Bringing the outpatient surgery center online will allow us and, more importantly, our community to fully realize this facility's potential," said Jim Williams, McLaren Macomb Vice President and Chief Operating Officer. "Located next to our main campus, the Harrington Medical Center has allowed us to grow and increase access to many of our frequently used services, and we are happy to now be able to deliver that convenience, efficiency, and other benefits to many common outpatient surgical procedures."

Two advanced surgical and procedural suites will be equipped with the capabilities to perform a range of general, vascular, orthopedic, podiatric, and urologic surgical procedures. The clinic will also house clinical offices for those specialty surgeons.

Upon its selection of SensusOne, which financed, designed, and constructed Harrington Medical Center, the facility broke ground in June 2021.

Along with primary care, McLaren specialty services extend to:

- McLaren Macomb Heart Rhythm Treatment Center
- McLaren Macomb Center for Pain Management
- McLaren Macomb Neurology
- Lab services
- Diagnostic imaging (X-ray, ultrasound, CT, and MRI)

Several independent practices provide urology, podiatry, and endocrinology services. A retail pharmacy also occupies the ground floor.

Harrington Medical Center is located at 21510 Harrington Boulevard in Clinton Township, with the McLaren Macomb Outpatient Surgery Center located in Suite 300.

Learn more about the services within McLaren Macomb Harrington Medical Center at [www.mclaren.org/harrington-MOB](http://www.mclaren.org/harrington-MOB). ↗



**FREE CME with MSMS' on Demand Webinars**  
*Available at [www.msms.org/Education](http://www.msms.org/Education)*

**Grand Rounds Webinar Series:**

[Chronic Care Management and Health Equity](#)

[Cognitive Dysfunction in HIV and Alzheimer's](#)

[DEA MATE Act Training](#)

[Extreme Risk Protection Order Act - "Red Flag Law"](#)

[Gravity of Licensing Disciplinary Actions](#)

[Harm Reduction in Practice and Policy Strategies](#)

[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](#)

[Navigating Opioid Prescribing in Michigan](#)

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

[Surviving Litigation](#)

[Trauma Informed Leadership](#)

**Practice Management Webinar Series:**

[Ask the Experts – Legal Panel](#)

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

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

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[Evaluation & Management Services, Efficient Compliant Documentation](#)

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

[Medical Records Basics](#)

[Patient No Show Policy](#)

[Payer Panel](#)

[Telehealth Update](#)



**MEDICAL RECORDS OF RETIRED PHYSICIANS**

Patients looking for their medical records from retired physicians frequently contact the MCMS. If you are retired or will be retiring shortly, please contact the MCMS at 877-264-6592 or email [HLeach@macombcms.org](mailto:HLeach@macombcms.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!

**Ending the HIV Epidemic Takes all of Us**

**Clinician Actions to Stop HIV Together**



**EXPLORE**

New HIV screening tools to incorporate routine HIV screening in your practice.

**LEARN**

How PrEP can be a key tool in your patient's HIV prevention plan.



**INITIATE**

Conversations with your patients about HIV Treatment as Prevention.

**DELIVER**

Patient-centered HIV screening, prevention, and care to people of all gender identities.



**MDHHS Launches "MIPrep.MIChoice" Campaign to Prevent Spread of HIV and Share Prevention Information**

The MDHHS is launching a campaign targeted at sharing information to Michigan residents about [pre-exposure prophylaxis](#) (PrEP) which can prevent the spread of HIV. This initiative, titled "[MIPrep. MIChoice.](#)" shines a spotlight on authentic stories from real people across Michigan who use PrEP to prevent the spread of HIV.

"PrEP is a medication that, when taken as prescribed, helps prevent a person from getting HIV," said Dr. Natasha Bagdasarian, chief medical executive. "Taking PrEP can reduce the chance of getting HIV by up to 99% for sexual encounters and 74% for injection drug use. PrEP can be taken as a daily pill or a bi-monthly injection."

The campaign highlights nine individuals from diverse backgrounds who share their own reasons for using PrEP. Each personal story represents a step towards ending the stigma around HIV and promoting a healthier future for all.

Although in recent years MDHHS has seen increases in PrEP utilization, **Michigan currently ranks 41st in the nation in terms of PrEP coverage** based on Centers for Disease Control and Prevention estimates providing a significant opportunity to improve coverage. Between 2013 and 2022, the estimated number of PrEP users grew from 136 to 7,290 with most of the growth among white men ages 25 to 44.

Black and Latino communities have been affected significantly by HIV with new diagnosis rates nine times higher for Black residents than white residents, and Latinos diagnosed at three times the rate of white residents. PrEP utilization in these communities remains far lower than among whites for a number of reasons including stigma, low perception of risk, medical mistrust, lack of awareness about PrEP and insurance status. The "MIPrep. MIChoice." campaign will work to close these gaps; people from these communities who have chosen to take PrEP are featured in the campaign.

Most insurance plans cover PrEP, and [programs are available](#) for those who don't have coverage.

To learn more about PrEP and the "MIPrep. MIChoice." campaign, visit [Michigan.gov/MIPrep](http://Michigan.gov/MIPrep).

**MDHHS We Treat Hep C Initiative Results in More than 5,000 Medicaid Beneficiaries Being Treated to Date**

*Three-year contract extension with AbbVie to treat Hepatitis C announced*

To continue efforts to eliminate hepatitis C (HCV) in Michigan, the MDHHS is announcing a three-year contract extension with





AbbVie, the manufacturer of the chronic HCV direct-acting antiviral Mavyret® through the [We Treat Hep C Initiative](#).

## It's Time to Eliminate Hepatitis C



MDHHS launched the We Treat Hep C Initiative April 1, 2021, with the goal of eliminating HCV by increasing access to HCV curative treatment for Michigan Medicaid and Healthy Michigan Plan beneficiaries at little to no cost. Treatment with Mavyret® does not require prior authorization and more than 5,000 Medicaid beneficiaries have been treated for HCV through the We Treat Hep C Initiative.

MDHHS and its partners are dedicated to actively engaging with community partners to ensure residents are linked to HCV testing, treatment and supportive services to eliminate HCV in Michigan. Additionally, a prescriber does not have to specialize in treating HCV and medication recipients no longer have sobriety requirements which allows more people to have access to treatment.

To support clinicians with HCV disease management and treatment, MDHHS has partnered with Wayne State University's [Midwest AIDS Training and Education Center](#) to provide free case-based discussions, curricula and trainings. In addition, MDHHS has partnered with Henry Ford Health System to maintain a free [HCV clinical consultation line to provide peer-to-peer advice to clinicians](#) evaluating and treating their patients for HCV.

To help connect people living with HCV to a treatment provider, MDHHS developed a [Hepatitis C Treatment Provider Map and Directory](#), which is a listing of clinicians with HCV treatment experience. While not a complete list of all HCV treatment providers in the state, it serves as a valuable resource for individuals seeking clinicians who treat HCV.

For more information, visit the [We Treat Hep C webpage](#).

## Covering Nutrition Services In Michigan's Medicaid Program

The MDHHS is continuing to prioritize addressing health-related social needs in its Medicaid program. Soon, Medicaid health plans will be able to pay for certain kinds of food and nutrition services that have been shown to improve health.

### What are in lieu of services (ILOS)?

Starting on October 1, 2024, Medicaid Health Plans participating in the Medicaid and Healthy Michigan Plan will be encouraged to offer ILOS that address Medicaid members' food and nutrition-related needs. MDHHS will identify a limited set of food and nutrition-related ILOS – such as medically tailored meals – that the Medicaid Health Plans will be able to offer to address eligible enrollee's health-related social needs. Enrollees can choose to use these services and importantly, a Medicaid Health Plan cannot restrict enrollees access to a covered health care service based on the enrollee's use of ILOS.

### Why food and nutrition services?

In 2020, nearly two million people in Michigan experienced hunger, and statewide healthcare costs associated with food insecurity totaled approximately \$1.8 billion annually.<sup>1</sup> MDHHS is committed to reducing food insecurity, improving health, and promoting health equity by enhancing access to nutritious food.<sup>2</sup>

### ILOS Explained

**Definition:** ILOS are services the state deems to be medically appropriate and cost effective when provided as substitutes to other services and settings covered in a state's Medicaid program.

**Goal:** Promote availability of services to meet enrollee needs, improve health and reduce the future need for medical services.

**Services Included:** The federal government gives states the flexibility to define a set of services. MDHHS will develop a list of approved nutrition-focused services and other guidance developed with input from community partners.

### What role do community partners play?

Partnership with communities across the state will be critical to ensuring ILOS are successful. Community partners offer valuable insights into local needs and cultural considerations, and capacity to deliver different nutrition-focused services. MDHHS also anticipates that community partners will help identify individuals who may be eligible for these food and nutrition services and help deliver nutrition service(s) directly.

### Next steps

MDHHS looks forward to collaborating with community partners on this important new effort, including deciding which services to approve. **MDHHS will be sharing more information in the coming months about how to get involved.** To receive updates on the ILOS, please subscribe to the listserv by emailing [MDHHS-EngageMedicaid@michigan.gov](mailto:MDHHS-EngageMedicaid@michigan.gov).

<sup>1</sup> [Food Security Council Final Report, 2022](#)

<sup>2</sup> Addressing food insecurity is a focus area in the 2022 – 2024 SDOH Strategy and was identified in the [2023 – 2027 Strategic Priorities](#).

## State Agencies Collaborate to Help Protect Children from Unintentional Firearm Injuries

*Free Gun Locks Available at MDHHS Offices Statewide*

The Michigan State Police (MSP) and Michigan Department of Health and Human Services (MDHHS) announced they are partnering together to protect children from unsecured firearms. Using \$500,000 in state funding appropriated in the FY24 MSP budget, the MSP facilitated the purchase of 75,000 cable-style gun locks from Project ChildSafe that will be available for free at MDHHS county offices and some local health departments while supplies last. All MDHHS offices should have gun locks available no later than June.

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In 2020, firearms injuries became the number one cause of death for children in the United States and Michigan, surpassing motor vehicle deaths and those caused by other injuries.



“We are partnering with Michigan State Police, local MDHHS offices and our local health departments, to help prevent these tragedies and keep Michigan children and families safe from firearm violence,” said Elizabeth Hertel, MDHHS director. “Our department is devoted to improving the safety and well-being of Michigan children, as outlined in our Keep Kids Safe Action Agenda, and actions such as implementing gun locks are going to make a difference when it comes to prevention efforts around firearm safety.” “Under Michigan’s newly enacted Safe Storage (Child Access Prevention) Law, individuals can be held criminally responsible for improperly storing or

leaving unattended a firearm where a minor is present or likely to be present if the minor obtains the firearm,” said Col. James F. Grady II, director of the MSP. “Because this law seeks to prevent injuries and deaths, we want to make safe storage as easy and accessible as possible so in addition to obtaining a gun lock from many police agencies, Michiganders can now also come into a MDHHS office to pick one up, no questions asked.”

Michigan residents can visit their [local MDHHS office](#) to request one of the free gun locks while supplies last, and they can also check with their [local health department](#), some of which will have gun locks available. MDHHS staff who make home visits will also be able to access gun locks if a client has a need or wants to request one.

Free gun locks can also be obtained through [Project ChildSafe](#) police partners across the state.

Gun lock installation instructions are included within the product’s packaging and available on the [Project ChildSafe website](#). ♦

UPCOMING EVENTS

**[May 6 ~ Tri-County Physician & Legislator Forum](#)**

*In-person meeting, 6:30 pm, Westin Southfield in Southfield. Physician members from Macomb, Oakland & Wayne counties will meet with local legislators. Don't miss this opportunity to have your voice heard and be part of the conversation that shapes the future of healthcare in our state.*

**[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.*

**[May 22 ~ Pain Management Treatment Options and Legal Responsibilities](#)**

*Multi County Medical Society Live Webinar, 6 pm – 9 pm, 3 AMA/PRA Category 1 CME Credits. This conference fulfills LARA's requirements for Pain Management. Cost: free for MCMS members, \$100 non-members. [Register here.](#)*

**[May 31 ~ Henry Ford Health's 2nd Annual Detroit Headache & Facial Pain Symposium](#)**

*In-Person Meeting, Henry Ford Hospital, Buerki Auditorium in Detroit, 8 am – 3:30 pm, 6.25 AMA/PRA Category 1 CME Credits.*

**[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.*

**[June 24 ~ Implicit Bias Training](#)**

*MSMS Monday Night Medicine, Live Virtual, 5:30 pm – 8:30 pm, 3 AMA/PRA Category 1 CME Credits. This conference fulfills three hours of LARA's requirement for implicit bias training. Cost: \$140 members, \$190 non-members, free for student/resident members.*

**[July 10 ~ Pulmonary Medicine \(E&M and Procedures\)](#)**

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

**[August 14 ~ The Case for Trust: Activate the 8 Pillars of Trust to Mitigate Burn Out](#)**

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

**[September 11 ~ From Pills to Pathology: Navigating the Wild World of Drug-Induced Liver Mishaps](#)**

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

**[September 23 ~ Implicit Boas Training](#)**

*MSMS Monday Night Medicine, Live Virtual, 5:30 pm – 8:30 pm, 3 AMA/PRA Category 1 CME Credits. This conference fulfills three hours of LARA's requirement for implicit bias training. Cost: \$140 members, \$190 non-members, free for student/resident members.*

**[November 8 ~ A Day of Board of Medicine Renewal Requirements](#)**

*MSMS In-Person Meeting, 8:30 am – 4:15 pm, Double Tree by Hilton in Ann Arbor. Conference fulfills: 3-hrs DEA MATE Act, 3-hrs Pain Management, 1-hr Medical Ethics, 3-hrs Implicit Bias. 7 AMA/PRA Category 1 CME Credits. Cost: \$270 members, \$350 non-members, \$180 retirees, free for student/resident members.*

**[December 9 ~ Implicit Bias Training](#)**

*MSMS Monday Night Medicine, Live Virtual, 5:30 pm – 8:30 pm, 3 AMA/PRA Category 1 CME Credits. This conference fulfills three hours of LARA's requirement for implicit bias training. Cost: \$140 members, \$190 non-members, free for student/resident members.*





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

**ST. JOHN ASCENSION CONTRACT NEGOTIATIONS HIGHLIGHT URGENT NEED FOR CPOM VIOLATION CRACKDOWN**



The following is a public statement from Tom George, MD, CEO of MSMS, in response to ongoing negotiations between members of the Greater Detroit Association of Emergency Physicians and St. John Emergency Services—a group managed by TeamHealth, a private physician and hospital management company based in Tennessee.

“Amidst the ongoing negotiations and potential strike at Ascension St. John Hospital, the Michigan State Medical Society underscores the critical need for vigilant enforcement of Corporate Practice of Medicine (CPOM) laws. The situation at St. John Ascension serves as a stark reminder of the broader challenges posed by unlicensed, for-profit entities encroaching on medical decision-making in the pursuit of profit—a course of action that only serves to undermine and ultimately jeopardize quality patient care.

“We are encouraged by Senator Gary Peters’ investigation into the involvement of private equity in the management of hospital emergency departments and the potential impact that may have on the quality of patient care. The hearings and inquiries initiated by Senator Peters’ office highlights the need for urgency in addressing CPOM violations that jeopardize patient care and wellbeing.

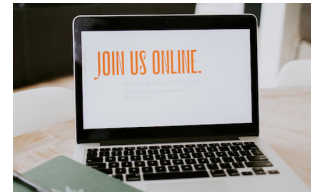
“As an organization, the health and well-being of Michigan’s patients will always be our paramount concern. Upholding the Corporate Practice of Medicine Doctrine to ensure Michigan’s patients are safeguarded from practices that prioritize profits over healthcare quality must remain a top priority in healthcare practices and systems across Michigan. We look forward to working collaboratively with the Attorney General’s office and our legislative leaders to ensure that holds true for the sake and safety of Michigan’s patients.”

**MSMS OFFERS MORE THAN 90 ON-DEMAND WEBINARS INCLUDING YOUR LARA AND DEA MATE ACT REQUIREMENTS**

You can watch and learn at your convenience. Topics include, but are not limited to:

- A Day of Board of Medicine Renewal Requirements 2023 *Fulfills LARA’s requirement for three hours of pain and symptom management (meets the new one hour minimum of controlled substance prescribing training), one hour of medical ethics and three hours of implicit bias.*

- Pain and Symptom Management, and Balancing Pain Treatment and Legal Responsibilities *Fulfills LARA’s requirement for three hours of pain and symptom management (meets the new one hour minimum of controlled substance prescribing training).*
- Implicit Bias Training: Reducing Unconscious Bias – an Imperative (RUBI) *One, two and three hour options.*
- Implicit Bias Training: Combating Institutional Bias: Unconscious Bias & Microaggressions in Medicine
- DEA MATE Act Training - 5 part series
- Human Trafficking
- Medical Ethics – 12 topics to choose from
- Grand Rounds
- Practice Management



[For a full listing and to register click here](#)

**STATE PHYSICIAN LEADERS JOIN IN OPPOSITION TO LEGISLATIVE PLAN TO WEAKEN PATIENT CARE TEAMS**

The following is a statement from MSMS, in response to the March 20th legislative hearing on Senate Bill 279.

“Michigan physicians and the organizations that represent them stand together in our concern about the potential consequences of Senate Bill 279.

“When we replace physician-led healthcare teams with non-physician-led teams, as would happen under Senate Bill 279, corporations benefit at the expense of patients. While



expanding healthcare access is vital, we must always focus first on patient safety and responsible medication use.

“Every day, patients entrust their lives to healthcare professionals, and it is our commitment to transparency, ethical conduct, and putting patients’ well-being first that earns and maintains their trust. In Michigan, families rely on healthcare teams equipped with the rigorous training and expertise required to provide appropriate treatment for illnesses and injuries. Senate Bill 279 undermines this trust and makes policy promises it simply cannot fulfill.

“For the good of Michigan patients, physicians across Michigan urge lawmakers to oppose Senate Bill 279.”

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## NEW MOMENTUM FOR INVESTMENT TO ADDRESS WORSENING FAMILY DOCTOR SHORTAGE

A recent article in Crain's Grand Rapids brings attention to the worsening shortage of family physicians and the efforts of the Michigan Academy of Family Physicians and the state's medical schools to address the issue. They are calling for increased funding to tackle the critical shortage of primary care physicians in Michigan. Despite a rise in the number of family medicine residency positions nationally, the percentage of unfilled slots in primary care has also grown, indicating a concerning trend.



Dr. Kristi VanDerKolk from Western Michigan University Homer Stryker M.D. School of Medicine emphasized the urgent need for investment in primary care to address the shortage, highlighting the importance of support from federal and state governments as well as payers.

Factors contributing to the decline in medical students choosing primary care include administrative burdens, inadequate insurance reimbursement, and an undervaluation of family physicians. Dr. Beena Nagappala, president of the Michigan Academy of Family Physicians, stressed the importance of increased investment to combat this crisis and expand access to care.

Financial considerations, such as lower median compensation for primary care physicians compared to specialists, also influence students' career choices. Dr. Aron Sousa from Michigan State University College of Human Medicine highlighted the impact of debt burden on students' decisions.

The Michigan State University College of Human Medicine has made efforts to promote primary care, with nearly half of its graduates choosing residencies in this field. However, the need for continued investment remains crucial.

The Michigan Academy of Family Physicians supports the MIDOCs program, which incentivizes graduates to serve residencies and practice in underserved areas in exchange for financial assistance. Advocates urge for increased funding to expand the program and retain medical professionals within the state.

In response to the worsening shortage, advocates are calling for the MIDOCs appropriation to be raised to \$10.9 million, along with additional one-time investments to increase loan repayments for existing medical residents. This investment is crucial to address the growing demand for primary care physicians and ensure access to healthcare for Michigan residents.

## PHYSICIANS BENEFIT FROM INVOLVEMENT IN PRO

Matthew T. Allswede, MD, an Ingham County obstetrician and gynecologist and Medical Director of Physicians Review

Organization, Inc. (PRO), believes that many of his colleagues would benefit by becoming part of this peer review team. Doctor Allswede has been a member of MSMS since 1993 and a peer reviewer for PRO since 1994 before becoming PRO's medical director in 1998.



"The benefits are twofold: as a reviewer, you gain a better understanding of the review process and the need for appropriate documentation," he explained, "and you also play a part in maintaining the high standards of our profession. It is much more desirable to have physicians – rather than a third party – reviewing other physicians."

PRO handles external peer reviews based on requests primarily from insurance companies and hospitals. Insurance company reviews may address medical necessity, appropriateness of service or setting, quality of clinical care, presence of pre-existing conditions, and determinations of experimental and investigational exclusions. Hospitals might request external peer review when:

- They want to evaluate liability risk in certain cases
- A patient complains about a staff member
- Departmental consensus regarding a physician's performance cannot be reached
- Appropriate expertise is not available within the system
- An appropriately qualified peer without conflict is not available within the system
- New technology or a new procedure is being used

Doctor Allswede, who has three decades of experience in peer review with PRO, debunked a common misconception among physicians that PRO is responsible for rejecting insurance claims. "PRO does not approve or reject claims. Cases referred to PRO are being appealed after previously being denied by the payer. They are rejected before they get to the review process," he explained. "PRO reviewers are advocates of quality health care, which sometimes means the denials are overturned and sometimes they are maintained."

**He reminds MSMS members that PRO currently is seeking reviewers in the following specialties: cardiology, dermatology, ear nose & throat, hematology/oncology, neurological surgery, neurology, pain medicine, physical medicine & rehabilitation, plastic surgery, radiology, sleep medicine, and urology.** Applicants must be board certified in their specialties, be in active practice, possess at least five years of clinical experience, retain current licensure without sanctions, and possess a willingness to give each case thoughtful consideration.

To apply to become a reviewer, complete the online application at <https://www.physiciansreview.org/>. For more information about PRO, send a message to [padmin@physiciansreview.org](mailto:padmin@physiciansreview.org). ♦



# Researchers Discover Urine Based Test to Detect Head and Neck Cancer

By: Anna Megdell

*At home test can detect tumor DNA fragments in urine samples, providing a non-invasive alternative to traditional blood-based biomarker tests*

**R**esearchers from the University of Michigan Health Rogel Cancer Center have created a urine-based test that detects pieces of DNA fragments released by head and neck tumors. The test could potentially facilitate early detection of this cancer type, which currently does not have a reliable screening method.

Human papillomavirus (HPV) is widely recognized for causing cervical cancer but is increasingly found to cause cancers in the mouth, throat and other head and neck regions.

Early detection is critical because detecting a cancer at an earlier stage can lead to better outcomes for patients.

## **Small size**

Using whole genome sequencing, the Rogel group showed that cell-free DNA fragments released by tumor cells, which are passed on from the bloodstream into urine through the kidneys, are predominantly ultrashort, with fewer than 50 base pairs. Given their small size, these fragments are likely to be missed using conventional urine or blood based liquid biopsy tests in detecting circulating tumor DNA (ctDNA).

The research was led by Muneesh Tewari, MD, PhD, professor of hematology and oncology, J. Chad Brenner, PhD, associate professor of otolaryngology-head and neck surgery, and Paul L. Swiecicki, MD, associate medical director for the Oncology Clinical Trials Support Unit at Rogel. Initial results are published in [JCI Insight](#).

"In this study we provide evidence to support the hypothesis that conventional assays do not detect ultrashort fragments found in urine, since they are designed to target longer DNA fragments. Our team used an unconventional approach to develop a urine test for HPV-positive head and neck cancer ctDNA detection," said study co-first author and research specialist Chandan Bhambhani, PhD.

## **Mail-in test**

Still in the discovery phase, this mail-in test has already been distributed for research purposes to patients within a hundred-plus miles from Ann Arbor, allowing scientists to gather significant data on the efficacy of the at-home kit.

Participants collect a urine sample and have it shipped back to the U-M laboratory, where the testing can be done to detect the presence or absence of head and neck cancer.



"One of the most remarkable outcomes of this study is that the test that has been developed has detected cancer recurrences far earlier than would typically happen based on clinical imaging. As such, these promising results have given us the confidence to broaden the scope of the study, seeking to expand distribution even further," said Brenner, co-senior author of the study.

## **Other cancers**

While initial studies have focused on head and neck cancer, the paper also describes a new method that could be applied to expand the test to detect other cancers as well. For example, the authors show that the test can detect ctDNA in the urine of patients with breast cancer and acute myeloid leukemia. This suggests new opportunities to also study the application of urine-based testing for these additional cancers.

"Many people are not aware that urine carries information about many different cancer types, although it is made in the kidneys. Our findings about the difference in ctDNA fragment sizes and the test we developed for HPV-positive head and neck cancer detection provide crucial information on how urine-based diagnostic assays can be developed for different cancers," Bhambhani said.

"Further, these types of tests are likely to have a much higher compliance in patients requiring follow-up testing post treatment, due to the convenience of self-collection of samples, when compared to blood-based assays."

Citation: "ctDNA transiting into urine is ultrashort and facilitates noninvasive liquid biopsy of HPV+ oropharyngeal cancer," JCI Insight. DOI: [doi.org/10.1172/jci.insight.177759](https://doi.org/10.1172/jci.insight.177759).

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



## MICHIGAN STATE MEDICAL SOCIETY AND AMA PARTNER TO PROMOTE NEW MEDICAID COVERAGE FOR HOME BLOOD PRESSURE DEVICES

Medicaid coverage in Michigan has been expanded to include self-measured blood pressure (SMBP) devices and clinical services, a move aimed at enhancing patient access and improving patient outcomes related to cardiovascular disease. The AMA has long supported increased insurance coverage of SMBP equipment and services due to the significant positive impact on the treatment and diagnosis of hypertension.



The AMA and Michigan State Medical Society (MSMS) are working together to inform physicians about these new Medicaid benefits and to encourage the utilization of SMBP for patients covered by Medicaid.

The AMA's Improving Health Outcomes has long maintained an ambitious goal to improve hypertension control for 5 million patients. To achieve this objective, the AMA actively seeks partnerships with medical societies and organizations to eliminate barriers to care. Recognizing the critical role of SMBP devices in managing blood pressure, the AMA has frequently partnered with state medical associations to expand insurance coverage and ensure more comprehensive access to these devices and related clinical services.

Physicians interested in exploring the details of Michigan Medicaid policy regarding SMBP benefits can refer to the [AMA website](#). A comprehensive guide on prescribing [SMBP for Michigan Medicaid patients is available](#) (PDF). This marks a significant step forward in advancing health care access and quality for Michigan residents covered by Medicaid.

## FROM RADIOLOGY TO THE EXAM ROOM, AI IS MAKING ITS MARK

By: Marc Zarefsky, Contributing AMA News Writer

Questions abound regarding augmented intelligence (AI) – often called artificial intelligence – in seemingly every industry. How will it be implemented? How will it be regulated? Should it even be used in the first place?



For Stephen Parodi, MD, the answer to that last question – as it relates to health care – is easy.

“AI is going to be significantly transformative. It already is with-

in our clinical practices,” said Dr. Parodi, an infectious diseases physician and executive vice president for The Permanente Medical Group, which is a member of the AMA Health System Program that provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

In a recent episode of “AMA Update,” Dr. Parodi discussed his optimism toward AI, as well as his concerns about its health care implementations.

### What AI does – and doesn't do

Dr. Parodi is able to speak favorably about using AI in health care settings because he's seen its value firsthand at The Permanente Medical Group, which uses AI for advanced alerts – both inside and outside the hospital – to provide warnings for at-risk patients. The medical group also has leveraged AI in radiology to help detect cancer, specifically breast cancer.

“What's important is that it's not AI acting on its own,” Dr. Parodi said. “It's really augmenting our practice. ... It's not replacing a radiologist. It's enhancing their ability to provide an accurate diagnosis.”

Several months ago, the group introduced an ambient AI system that listens to clinical visits, captures patient-physician interactions, and then generates a note about the visit. Early indicators show the system could reduce documentation time for physicians and other health professionals by between one and two hours per day – a massive time savings.

However, that example hints at some of the questions that still need to be addressed regarding AI in health care.

“It raises questions around privacy, acceptance, and what from a regulatory standpoint is required to make sure there's accurate documentation and coding,” Dr. Parodi said. “It's not as simple as just introducing it into the milieu.”

To help AI meet its full potential to advance clinical care and improve clinician well-being, the AMA has developed new advocacy principles that build on current AI policy. [These new principles](#) (PDF) address the development, deployment and use of health care AI.

Learn more with the AMA about the [emerging landscape of augmented intelligence in health care](#) (PDF).

### Physicians are pivotal to success

While Dr. Parodi has seen benefits of AI in health care, he worries about the technology's impact on health equity.

“How are we going to make sure that it's equitably used, that we don't have inadvertent redlining of patients?” he asked. “We want to make sure that we don't introduce unintended biases into our practice.”

To do that, Dr. Parodi believes processes need to be introduced to flag and correct inequities as part of a larger governance policy. That review process is a critical role he believes physicians can – and should – play moving forward.



Another major question Dr. Parodi still has is about how AI will be regulated. Not only does he say we need to understand which federal agencies will be addressing AI, but he wants to know if they will interact with physicians and get input about AI implementation.

His hope is that physicians, practices and health systems exploring AI adoption will discuss the operational as well as ethical considerations of its implementation.

As with so many examples when it comes to AI, Dr. Parodi believes success will ultimately come down to communication.

“This is not just an IT thing,” he said. “This is about how we actually practice. You need the people who are involved with the actual clinical care [and] the people who are involved with back-end operations coming together, just as we would with any other initiative.”

## HOW PHYSICIANS CAN BETTER MEET VETERANS’ MENTAL HEALTH NEEDS

By: *Tanya Albert Henry, Contributing AMA News Writer*

With more than 18 million veterans in the U.S., it is important for physicians to understand this patient population and its unique needs, especially when it comes to properly caring for veterans’ mental health, according to psychiatrist David Oslin, MD.



For the Veterans Health Administration (VHA), suicide prevention is the No. 1 clinical priority, said Dr. Oslin, who serves as vice chair for veterans health at the Cpl. Michael J. Crescenzo Veterans Affairs Medical Center in Philadelphia and the Perelman School of Medicine at the University of Pennsylvania. Veterans’ suicide rate is 1.5 times higher than the general population. And, sadly, statistics show that veterans who get care in the community have a higher suicide rate than veterans who receive care through Veterans Health Administration facilities.

“It’s not a criticism of our community partners – it’s just the facts, first. But it’s also, I think, a reflection of sometimes the disconnected care that veterans get in the community and we would love to take care of more of those veterans and get them into our system,” Dr. Oslin said during an AMA webinar hosted by the Behavioral Health Integration (BHI) Collaborative.

When compared with the general population, veterans have higher rates of other mental health conditions too. For example, 12.1% of VHA patients experience post-traumatic stress disorder (PTSD), versus 6.8% of the general population. Meanwhile, 7.1% have alcohol-use disorder, compared with 6.4% among all patients, and 4.4% experience a drug-use disorder versus 2.7% in the general population.

In the webinar, Dr. Oslin explored key considerations community physicians should undertake when working with veterans to address their mental health concerns and shared interventions

and helpful tips on how to engage patients who may be resistant to seeking treatment.

### Preventing suicide

With 175 hospitals, 1,165 stand-alone outpatient care sites and 300 stand-alone centers that specifically address mental health needs, the VHA has the most comprehensive mental health program in the country. Services include helping homeless veterans and vocational rehabilitation, as well.

Dr. Oslin encouraged community physicians to use it.

“We really do soup-to-nuts mental health care and psychosocial services,” he said. “Get to know us, particularly if you serve a number of veterans in your practice.”

For example, calling the 988 Suicide and Crisis Lifeline and pressing “1” links veterans or family members in crisis to help geared toward their needs. Those answering the calls can see the veterans’ charts, eligibilities and know how to connect them to the VA. The hotline resource can also assist physicians trying to help veterans, Dr. Oslin said.

The Veterans Comprehensive Prevention, Access to Care and Treatment (COMPACT) Act of 2020 requires the VA to directly furnish, pay for or reimburse care for emergent suicide care at VA and non-VA facilities for those who are in an acute suicide crisis.

### Unique needs beyond mental health

Data shows that veterans also are more likely to have higher rates of some medical conditions that are not related to mental and behavioral health. Hypertension, high cholesterol, heart disease and arthritis are all higher in the veteran population when compared to the general population, said Dr. Oslin, executive director of the Cohen Military Family Clinic at the University of Pennsylvania.

### Making veterans feel comfortable

Instead of asking if someone is a veteran, ask them: “Have you ever served in the U.S. Armed Forces?”

Then, follow up by asking questions such as:

- What did you do?
- What was your job category?
- How did you serve?
- Where did you serve?
- Were you married or did you have a significant other while in the service?

Dr. Oslin said it’s important for physicians to know that veterans’ spouses and children also feel the stress that the service member is going through and can have similar needs to the veteran. He said learning how to be culturally competent with veterans will go a long way in making them and their families feel comfortable.

Learn more with the AMA about mental health and [veterans’ health resources for physicians and other health professionals](#). ♦

The February 5<sup>th</sup> virtual meeting of the Tri-County Legislative Committee was well attended by both legislators and physicians from Macomb, Oakland, and Wayne counties. Robust discussions were had concerning issues facing practices in Southeast Michigan. Some of the top issues from the physician roundtable:

**Scope of Practice** – SB279 Nurse Practitioners was discussed at length. Senator Veronica Klinefelt who sits on the Health Policy Committee said there are several Scope of Practice bills floating around right now including Nurse Anesthetists, Optometrists, Physical Therapists, and Psychologists.

**Telehealth Parity** – Representative Natalie Price discussed a package of bills (HBs 4131, 4213, 4579 & 4580) that will codify telehealth access, payment parity, and patient protections. Including limitations on the ability of health plans to dictate site specific visit requirements and protections for physicians from out-of-state telehealth providers. The bills have passed the House and were referred to the Senate Health Policy Committee.

**Auto No Fault** – The lack of prompt payment is a continuing issue for physicians. Some mentioned it taking up to a year to receive payment. MSMS' representative noted that the original bill did not "have the teeth" needed to ensure prompt payment and that MSMS is working on fixing this.

**Reproductive Health** – Physicians were concerned with not just access to birth control but the cost of it. Representative Natalie Price encouraged the physicians to forward specific asks, especially those regarding access to contraception, to her so she can be an effective champion for this cause. MSMS staff stated that it supports affordable health care, and regarding access, MSMS has a longstanding policy supporting over the counter access to birth control and will continue to support this.

Additionally, the legislators discussed this being an election year for the House of Representatives and the difficulties presented by redistricting. It was noted that much of the legislators' time going forward will be focused on the budget and campaigning.

If you are interested in joining the Legislative Committee please contact Heidi Leach at [HLeach@macombcms.org](mailto:HLeach@macombcms.org). ♦

Visit us at [www.macombcms.org](http://www.macombcms.org)



**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

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# 2024 Macomb County Legislator Contact Guide

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Donavan McKinney (D), District 14

Denise Mentzer (D), District 61

### House – Family, Children & Seniors

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Doug Wozniak (R), District 59

### House – Insurance

Joseph Aragona (R), District 60

### House – Regulatory Reform

Joseph Aragona (R), District 60

### Senate – Appropriations

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### Senate – Regulatory Affairs

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Michael Webber (R), District 9

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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](http://www.macombcms.org).

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