



Macomb

# Medicus

*Journal of the Macomb County Medical Society*

April/May/June 2026 | Vol. 34 | No. 2



# Macomb Medicus

Journal of the Macomb County Medical Society

Toll Free 877-264-6592 | E-Mail [HLeach@macombcms.org](mailto:HLeach@macombcms.org) , [macombcms@gmail.com](mailto:macombcms@gmail.com)  
Web [www.macombcms.org](http://www.macombcms.org)

April/May/June 2026 | Vol. 34 | No. 2

**Editor**

Narendra D. Gohel, MD

**Managing Editor**

Heidi L. Leach

**Graphic Designer**

Lori Krygier

**2026 MCMS OFFICERS & DELEGATES**

**President**

Lawrence F. Handler, MD

**President-Elect**

Carolann Kinner, DO

**Treasurer & Secretary**

Daniel M. Ryan, MD

**Delegates & Alternates**

Terrence P. Brennan, MD

Narendra D. Gohel, MD

Lawrence F. Handler, MD

Jareer S. Hmoud, MD

Khaled M. Ismail, MD

Carolann Kinner, DO

Cheryl D. Lerchin, MD

Akash R. Sheth, MD

**MSMS Region 2 Director**

Daniel M. Ryan, MD

**Executive Director**

Heidi L. Leach

**In This Issue**

A Message from the MCMS President.....	3
A Message from the MCMS Executive Director .....	4
Macomb County Health Department News .....	5-6
Reportable Diseases Summary .....	7
MDHHS News .....	8-9
Members' Birthday List.....	10
Support Local Farmers Markets & Healthier Food Options.....	10
Welcome to New Members .....	11
Upcoming Events .....	12
MCMS Foundation News – Thank You Letters.....	13
Doctors Just Wanna Have Fun .....	14
Hospital News .....	15-17
Common Scams Impacting Physicians.....	18
MSMS Update .....	19
AMA News .....	20-21
Advocacy in Action.....	22
Macomb County Legislators Contact Guide.....	23

Macomb Medicus Journal is published quarterly by the Macomb County Medical Society. Winter: Jan/Feb/Mar, Spring: Apr/May/Jun, Summer: Jul/ Aug/Sep, Fall: Oct/Nov/Dec. Subscription to the Macomb Medicus is included in the society's annual membership dues.

Statements and opinions expressed in articles published in the Macomb Medicus are those of the authors and not necessarily those of the Macomb County Medical Society. Advertisements do not represent approval or recommendation of the Macomb County Medical Society.

Address changes and all communications relative to articles and advertising in the Macomb Medicus should be addressed to: Editor, Macomb County Medical Society, P.O. Box 551, Lexington, Michigan 48450-0551 or email [HLeach@macombcms.org](mailto:HLeach@macombcms.org).

All material for publication, including advertisements, must reach the Society office no later than the 10th (business) day of the month preceding the date of issue, e.g. December 10 for the Winter issue. Thank you. No portion of the Macomb Medicus may be used for publication elsewhere without permission from the publisher.



# A Message from the MCMS President

By: **Lawrence F. Handler, MD**  
MCMS President

**S**pring is finally here. For many, this season brings a sense of renewal as we transition from winter to spring—something we cherish and look forward to here in Michigan. The longer days, warmer air, and our landscapes “waking up” remind us of fresh beginnings, while also reinforcing the comforting consistency of the calendar and seasons.

While the seasons themselves remain constant, it is evident that our profession continues to undergo rapid and profound change. Regulatory demands, electronic health records, compliance requirements, and the evolving influence of hospitals, large health systems, and private equity continue to reshape the practice of medicine. These forces challenge not only our daily workflows, but also our sense of professional autonomy and identity.

At the same time, we must acknowledge the declining participation in organized medicine within our state. Membership in the Michigan State Medical Society has decreased significantly over the past two decades—from approximately 11,000 physicians to around 4,000 today. The reasons are multifactorial, including perceived value and the continued shift toward employed practice models. It is also a source of understandable frustration that many physicians benefit from advocacy and lobbying efforts without the commitment of dues-paying membership—particularly at a time when one could argue that physicians need more organized advocacy to maintain influence over the forces increasingly shaping our ability to

deliver care and to represent the needs of both physicians and our patients.

Michigan State Medical Society leadership has concluded that without meaningful change, the Society risks becoming ineffective in its core mission—and ultimately unsustainable. Among the proposals under consideration is a structural separation between the State Society and county societies. These discussions reflect a concerted effort to address current deficiencies and ensure long-term stability. Regardless of the specific outcomes, these changes will have direct implications for us at the county level.

As we approach the upcoming House of Delegates, your Macomb County Medical Society Board remains committed to thoughtful engagement, and this will be a central focus of our efforts in the months and year ahead. As Wayne Gretzky famously said, “Skate to where the puck is going, not where it has been.” This moment calls for that same mindset—anticipating change, adapting proactively, and positioning the Macomb County Medical Society for a stronger future.

Wishing you and your families continued health and a meaningful spring season. ♦

**What Physicians  
Need to Know About**

**IMMIGRATION  
ENFORCEMENT AT  
MEDICAL FACILITIES**

**KR KERR RUSSELL**  
150 YEARS OF LEGAL INNOVATION





# A Message from the MCMS Executive Director on Our Path Forward

**By: Heidi Leach**

*MCMS Executive Director*

**A**t the April 18, 2026 House of Delegates meeting, **the restructuring of the Michigan State Medical Society was approved. This includes the elimination of the dual county and state society membership requirement**, replacing the House of Delegates with an online policy forum, reduction of the MSMS Board of Directors from 36 to 13 members, and elimination of the Judicial Commission.

This was the quickest House of Delegates in its 161-year history, lasting only 2 ½ hours, including the second session, which made the restructuring changes final and effective immediately. For MCMS, this represents a significant

shift and underscores our need to prioritize membership engagement by building a strong, value-driven membership experience.

In the coming months, you will be hearing more information from us as the MCMS Board of Directors develops a new strategic plan aligned with our evolving structure and priorities. As this process continues, our focus will remain where it has always been, serving our members, protecting the strength of this society, and ensuring we operate with transparency and sound governance.

If you have questions, please feel free to reach out. I truly value hearing from you. ♦

## The Macomb County Medical Society

proudly supports the

**dedication,  
innovation, &  
lifelong commitment**

of all physicians — from training

through retirement —

standing strong as your voice in

healthcare advocacy,

professional support, and

community impact.



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



## Health Department

### MACOMB COUNTY HEALTH DEPARTMENT ACHIEVES RECOGNITION FOR EMERGENCY PREPAREDNESS

The Macomb County Health Department has been recognized by the National Association of County and City Health Officials (NACCHO) for its ability to plan for, respond to, and recover from public health emergencies. The recognition is based on the Macomb County Health Department's demonstrated capabilities by meeting the comprehensive preparedness benchmarks required by Project Public Health Ready (PPHR), a unique partnership between NACCHO and the Centers for Disease Control and Prevention.

The Macomb County Health Department joins a group of more than 550 local health departments across the country that have been distinguished for excellence in preparedness through PPHR, either individually or as part of a region. In addition, the **Macomb County Health Department is one of 12 local health departments in the State of Michigan and one of two in Southeast Michigan to achieve this distinction.** The current recognition, which runs through 2030 will mark 15 consecutive years of this achievement.

"We are proud to have been recognized by Project Public Health Ready for our high level of preparedness," said Andrew Cox, Director/Health Officer of the Macomb County Department of Health and Community Services. "We will continue to improve our ability to respond quickly and effectively to any public health crisis in Macomb County."

PPHR recognition confirms that the Macomb County Health Department has a thorough and coordinated emergency response plan in place and that staff have the training to protect the health of the community during an emergency. Local health departments recognized by PPHR undergo a rigorous evaluation by peer review to assess their ability to meet a set of national standards for public health preparedness. These standards align with federal government requirements and other national best practices.

"This honor is exceedingly well-deserved because it reflects tremendous effort, dedication, creativity, and cooperation of our entire team of emergency preparedness professionals along with our state and local partners" said Krista Willette, Director of the Macomb County Health Department. "This is important work, and the health department plays an integral role in a timely and effective response to any local or regional emergency."



"Public health preparedness planning, response, and recovery begins at the local level. Local health departments play an essential role in creating healthy, resilient communities that can respond to and recover from disasters," said Lori T. Freeman, Chief Executive Officer of NACCHO. "NACCHO commends the Macomb County Health Department for being a model of public health emergency preparedness."

For more information on the Macomb County Health Department's Emergency Preparedness program, visit <https://bit.ly/3Mltmht>. For more information on Project Public Health Ready, including recognized sites, project tools, and resources, visit <http://www.naccho.org/PPHR>.

### SUPPORTING STRONG FAMILIES AND HEALTHY BABIES

The Macomb County Health Department's Baby Resource Network of Macomb (BRNM) works to prevent infant deaths and support healthy pregnancies and babies. A key focus of the 2024–2028 work plan is improving mental, behavioral, and emotional well-being by respectfully engaging partners, fathers, and other trusted support people. When fathers and partners are involved, families are stronger and babies are healthier. BRNM helps make sure families feel supported and connected to resources when they need them.



One of the network's partners, [Compassion Pregnancy Center](#), offers free services that support and mentor men (and women) during pregnancy and for at least 24 months after birth. They provide fatherhood education, one-on-one mentoring, and practical support to help men feel confident and prepared. Support includes material goods for baby such as clothing, diapers, formula, and even larger items like cribs and car seats. Evening appointments are available as well. Their programs encourage fathers to stay involved and build strong relationships with their children.

*continued on Page 6*

continued from page 5

For more information, visit the [Baby Resource Network of Macomb](#) and [Compassion Pregnancy Center](#).

## PARTNER SPOTLIGHT: INTERFAITH VOLUNTEER CAREGIVERS

Interfaith Volunteer Caregivers (IVC) is a nonprofit organization that serves older adults and people with disabilities in Macomb County. Their goal is to help people stay safe, healthy, and independent in their own homes. IVC brings community members together to help neighbors who need extra support.

IVC connects trained volunteers with people who need help with everyday tasks. Volunteers give their time to low-income seniors of any faith or background, doing the kind of things a neighbor would do, and there is no cost for the service.

Many of the people served are older adults who live alone or have limited support.

IVC Volunteers help with many important needs including:

- Rides to doctor appointments and errands
- Grocery shopping and deliveries
- Light housework and small chores
- Minor home repairs and yard work
- Friendly visits and phone calls to reduce loneliness

These services help hundreds of Macomb County residents remain in their homes instead of moving to assisted living or nursing facilities. By offering practical help and friendly support, IVC improves quality of life and reduces isolation. IVC welcomes volunteers and community partners who want to give back.

For more information on how to get involve visit <https://www.ivcinfo.org/volunteer/volunteer-opportunities>. ♦



**33%**  
of adults in Michigan are at risk for kidney disease.  
**COVID-19 could do them even more harm.**

**ASSESS YOUR RISK**

## Take Charge of Your Mental Health

**myStrength**

The health club for your mind™

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

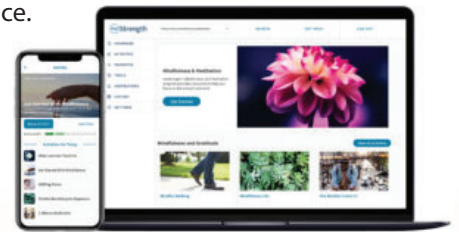
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

**“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)*



**Macomb County Health Department  
Reportable Diseases Summary**

Diseases Reported in Macomb County Residents\*

Cumulative total for previous years, year-to-date total for March 2026<sup>b</sup>

	2026	2025	2024	2023	2022		2026	2025	2024	2023	2022
AMEBIASIS	0	0	0	0	0	LYME DISEASE	1	21	11	14	11
BLASTOMYCOSIS	0	2	0	1	2	MALARIA	1	2	1	1	2
BOTULISM -FOODBORNE	0	0	0	0	0	MEASLES	0	2	1	0	0
BOTULISM -INFANT	0	0	0	0	0	MENINGITIS VIRAL	1	16	15	12	26
BRUCELLOSIS	0	1	1	0	0	MENINGITIS BACTERIAL/BACTEREMIA (EXCLUDING N. MENINGITIDIS,	0	6	5	4	8
CAMPYLOBACTER	14	100	86	109	91	MENINGOCOCCAL DISEASE	0	1	1	1	0
CHICKENPOX	2	27	32	37	29	MPOX	1	0	1	4	41
CHLAMYDIA	638	2,564	2,855	3,074	3,105	MULTISYSTEM INFLAM. SYND.	1	1	1	3	8
COCCIDIOIDOMYCOSIS	1	2	4	4	1	MUMPS	0	0	0	2	0
CREUTZFELDT JAKOB	0	1	1	1	0	NOVEL CORONAVIRUS COVID19	2,571	9,380	16,162	26,232	123,251
CRYPTOCOCCOSIS	0	0	0	0	0	PERTUSSIS	4	49	91	3	2
CRYPTOSPORIDIOSIS	0	3	7	14	7	POLIO	0	0	0	0	0
CYCLOSPORIASIS	0	1	0	2	1	PSITTACOSIS	0	0	0	0	0
DENGUE FEVER	0	0	1	0	0	Q FEVER	0	0	0	0	0
DIPHTHERIA	0	0	0	0	0	RABIES ANIMAL	0	2	0	13	1
EHRlichiosis	0	1	1	0	0	RABIES HUMAN	0	0	0	0	0
ENCEPHALITIS PRIMARY	0	1	1	0	0	REYE SYNDROME	0	0	0	0	0
ENC POST OTHER	0	6	7	2	1	ROCKY MNTN SPOTTED FVR	0	0	0	0	1
FLU-LIKE DISEASE	6,091	7,848	4,054	15,579	14,973	RUBELLA	0	0	0	0	0
GIARDIASIS	2	22	19	26	16	SALMONELLOSIS	18	88	70	59	65
GONORRHEA	186	864	970	1,065	970	SHIGELLOSIS	3	15	18	9	18
GRANULOMA INGUINALE	0	0	0	0	0	STEC**	1	15	13	25	22
GUILLAIN-BARRE SYN.	1	11	8	9	5	STREP DIS, INV, GRP A	30	64	67	63	30
H. FLU INVASIVE DISEASE	5	11	30	17	16	STREP PNEUMO, INV + DR	22	72	61	56	61
HEMOLYTIC UREMIC SYN.	0	0	0	0	0	SYPHILIS CONGENITAL	2	3	5	4	2
HEPATITIS A	2	0	1	3	1	SYPHILIS	42	175	178	232	202
HEPATITIS B (ACUTE)	2	7	8	7	5	TETANUS	0	0	0	0	0
HEP B (CHRONIC)	14	72	76	80	62	TOXIC SHOCK SYNDROME	0	0	0	0	1
HEPATITIS C (ACUTE)	2	2	9	9	13	TUBERCULOSIS	1	13	14	16	14
HEP C (CHRONIC)	27	135	223	199	198	TULAREMIA	0	0	0	0	0
HEPATITIS D	0	0	0	0	0	TYPHOID FEVER	1	3	0	2	1
HEPATITIS E	0	0	0	0	0	VIBRIOSIS	0	2	1	2	0
HISTOPLASMOSIS	1	3	6	4	4	VISA	0	0	0	0	0
HIV^	11	42	48	51	56	VRSA	0	0	0	0	0
INFLUENZA	2,337	8,005	4,846	3,523	5,558	WEST NILE VIRUS	0	5	6	1	1
KAWASAKI SYNDROME	0	1	6	11	5	YELLOW FEVER	0	0	0	0	0
LEGIONELLOSIS	3	38	44	60	36	YERSINIA ENTERITIS	3	2	3	3	1
LISTERIOSIS	0	3	0	0	2	ZIKA	0	0	0	0	0

\*Includes both Probable and Confirmed case reports.

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

^ Previously reported as "AIDS"

<sup>b</sup> 2025 total is tentative at this time.



Public Health Bulletin for Health Care Providers

From: Natasha Bagdasarian, MD, MPH, FIDSA, FACP -  
Chief Medical Executive, State of Michigan

## MEASLES IN MICHIGAN: WASHTENAW COUNTY OUTBREAK, MMR VACCINE GAPS AND KEY ACTIONS FOR PROVIDERS

As of April 15, **eight confirmed measles cases** have been identified in southeast Michigan — seven in Washtenaw County and one in Monroe County — with evidence of possible unlinked community transmission. As this situation continues to develop, impacted jurisdictions and associated guidance **may expand** as additional cases are identified.

Sustained vaccination coverage of at least 95% is required to prevent measles outbreaks. **Michigan's current MMR vaccination rates** fall significantly below that threshold. These gaps represent communities of susceptible individuals and are why outbreaks occur.

### Recommended actions:

- Monitor trends:** The website [Michigan.gov/measles](https://www.michigan.gov/measles) offers the most current case counts, exposure locations and jurisdiction-specific guidance. Stay up to date on the national measles situation, including case counts and outbreaks.
- Review protocols:** Measles testing protocols, post-exposure prophylaxis and additional management information is available in the Michigan State and Local Public Health Measles Standard Operating Procedures at [Measles Quick Resources for Health Care](#).
- Offer vaccine:** Health care providers are among the most trusted sources of health information — **your recommendation matters**. Please refer to the subsequent resources for a measles situational update and guidance on MMR recommendations, including options for early first doses in areas with possible community transmission.
- Report all suspected cases** – do not wait for laboratory confirmation.
  - [Local health department contact information](#).
  - MDHHS contact lines:
    - Immunizations Main Line: 517-335-8159.
    - After Hours: 517-335-9030.

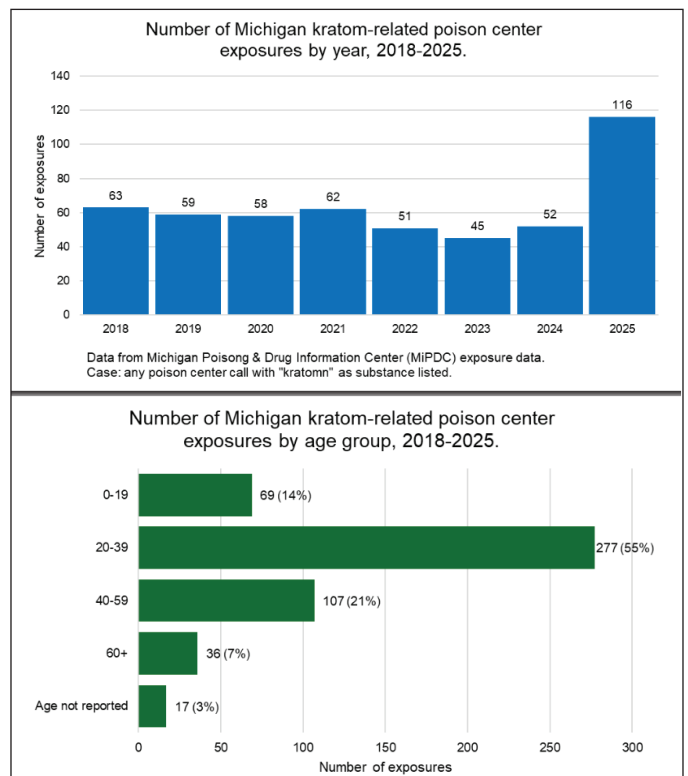
## 7-HYDROXYMITRAGYNE (7-OH)-ENHANCED KRATOM PRODUCTS: WHAT PROVIDERS NEED TO KNOW

We want to bring to your attention the rise of "**synthetic kratom**" and **concentrated 7-hydroxymitragyline (7-OH) products** (or 7-OH-enhanced kratom products) in Michigan's unregulated market, and the ongoing public health impacts.

While kratom (*mitragyna speciosa*) is a Southeast Asian tree known for mild stimulant effects from mitragynine and trace amounts of 7-OH, modern products carrying the "kratom" label are often unregulated, significantly more potent – containing added concentrations of 7-OH – and dangerous. These high-potency products, or 7-OH-enhanced products, are rapidly displacing traditional kratom leaf-products on retail shelves, creating a false sense of safety for consumers and increasing public health risks.

We continue to see calls to the Michigan Poison and Drug Information Center (MiPDC) related to exposures from kratom-labeled products, including cases involving adverse interactions, polysubstance use and concerns about severe symptoms. These calls often involve **concentrated products containing 7-OH** or situations where labeled kratom products were used alongside other substances. According to the MiPDC, in 2025, 7-OH-enhanced kratom product exposures demonstrated **higher risk of overdose**, higher withdrawal burden, more frequent buprenorphine recommendation/administration and higher ICU utilization. **This suggests that rapid market penetration of the highly potent 7-OH-enhanced kratom products is associated with greater health care utilization and withdrawal severity.**

While the annual number of reported exposures has fluctuated over time, cases increased in 2025. Adults ages 20-39 accounted for the highest number of reported kratom-related exposures to the MiPDC, however, exposures were reported across all age groups, including 69 cases involving children.



continued from page 8



Kratom's primary psychoactive alkaloids, mitragynine and 7-OH, bind to opioid receptors. At lower doses, these products may produce stimulant-like effects. At higher doses, concentrated 7-OH products have more potent opioid-like effects. While kratom products are not approved by the Food and Drug Administration for medical

use, people report using kratom to self-manage pain, anxiety, fatigue or symptoms related to opioid withdrawal. However, regular use of 7-OH-enhanced kratom products can lead to dependence and withdrawal, overdoses resulting in seizure, other serious health events and even death. Severe events are often in relation to polysubstance use, used in combination with opioids, benzodiazepines, alcohol or other depressants.

Kratom and 7-OH products are widely available in gas stations, smoke shops, convenience stores and online marketplaces, often marketed as natural, herbal and/or legal. A commercial product's potency and composition can vary significantly. Some products, particularly extracts or "enhanced" formulations, may contain higher concentrations of 7-OH, which binds more strongly to opioid receptors and is substantially more potent than traditional leaf kratom products that people may be more familiar with.

The continued reports underscore the importance of provider awareness and clinical recognition. **We hope this bulletin serves as a reference for understanding health risks, drug interactions and clinical considerations to support screening, counseling and care for patients who may be using 7-OH-enhanced kratom products.** Thank you for your continued commitment to protecting the health and safety of Michigan residents.

### **Health risks and clinical considerations**

Regular use of 7-OH-enhanced kratom products has been shown to lead to physical dependence and reported withdrawal symptoms, such as:

- Anxiety, irritability and restlessness.
- Insomnia and fatigue.
- Gastrointestinal distress.
- Muscle aches, chills and runny nose.

Patients may increase dose or frequency to avoid withdrawal symptoms.

7-OH-enhanced kratom products can interfere with how the body processes many prescription medications. Because of this, people who use these products may experience stronger-than-expected side effects from their medications. This is particularly important for:

- Certain antidepressants and antipsychotics.
- Medications for anxiety or sleep, especially benzodiazepines.

- Some heart medications.
- Medications for pain.
- Any drug where small changes in dose can have a big effect.

Sedation and overdose risk may increase if 7-OH-enhanced kratom products are used with opioids, especially when combined with alcohol or benzodiazepines. Serious adverse events can occur, including:

- Seizures.
- Agitation, hallucinations and mood changes.
- Increased heart rate, hypertension or other cardiac symptoms.

### **What this means for clinicians**

Because 7-OH-enhanced kratom products are unregulated in Michigan, product labels may not accurately reflect contents or potency. Some products have been found to contain varied or unexpectedly high alkaloid concentrations, heavy metals and stimulants or opioid-like substances. Effects can be unpredictable, particularly with concentrated products or when combined with alcohol, opioids, benzodiazepines or other sedating medications.

MDHHS encourages health care providers to incorporate 7-OH-enhanced kratom products into routine substance use assessment and clinical care:

- **Screen routinely:** Ask patients about use of 7-OH-enhanced kratom products, including teas, powders, capsules, liquid shots or gummies.
- **Assess risk:** Document frequency, product type, dose (if known) and co-use with other substances.
- **Monitor for adverse effects:** Be alert for sedations, agitation, seizures, gastrointestinal symptoms or withdrawal.
- **Prevent overdose:** Counsel patients on the heightened risk of combining 7-OH-enhanced kratom products with opioids, alcohol and sedatives. Ensure naloxone access when possible. Naloxone can be effective with 7-OH-enhanced kratom products, but because of the unregulated nature of these products and the exact 7-OH concentrations are unknown, there is no guarantee the naloxone will be effective.
- **Educate patients:** Explain that 7-OH-enhanced kratom products are unregulated in Michigan, meaning potency and contents may not match labeling.
- **Support reduction or discontinuation:** Use nonjudgmental, patient-centered approaches. Provide symptomatic support and referrals to behavioral health or addiction medicine services when appropriate.

Providers should remain alert to clusters of adverse events potentially linked to 7-OH-enhanced kratom products or specific products. Unusual patterns may be reported through appropriate clinical and public health channels, including MiPDC and local health departments. ♦



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

**April**

- Todd Adelson, DO
Henri Bernard, MD
Lawrence Blaty, MD
Leland Brown, MD
Donald Campbell, MD
Stephen D'Addario, MD
Keith Defever, MD
Vijayalakshmi Donthireddy, MD
Judy Fontana, MD
Paul Gradolph, MD
Sachinder Hans, MD
Davide Iacobelli, MD
Shin Young Kang, MD
Amin Khan, MD
Lawrence Loewenthal, MD
Kevin Lokar, MD
Patricia Milani-Fisher, MD
Suraj Nighoon, MD
Michael Noorily, MD
Chan Kee Park, MD
Aaron Sabbota, MD
Mark Segel, MD

- Manaf Seid-Arabi, MD
Anne White, MD

**May**

- Elie Banna, MD
Brian Barbish, 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
Antwan Hall, MD
Roger Harris, DO
Pasquale Iaderosa, MD
Harpal Jande, MD
Elena Jdanova, MD
Daniel Jensen, DO
Harold Katzman, MD
Sherezade Khambatta, DO
Karl Kish, MD

- Russell Miller, MD
Kirsten Miller-Unger, MD
Tara Nelson, DO
Antoun Oaska, MD
Thomas Piazza, MD
Chakrapani Ranganathan, MD
Carl Sarnacki, MD
Luay Sayed, MD
Theodore Schreiber, MD
Chad Stencel, MD
Andrew Sulich, MD
Shobana Sundaram, MD
William Ventimiglia, MD

**June**

- Waqas Abid, MD
Leandro Africa, MD
Mariana Atanasovski, MD
Olabola Awosika, MD
Prameela Baddigam, MD
Ashraf Berry, MD
Raymond Buzenski, MD
Chaker Diab, DO

- Brian Engel, MD
Jason Hafron, MD
Cameron Heilbronn, MD
Jennifer Hichme, MD
Kenneth Kernen, MD
Sayeed Khan, MD
Kent Krach, MD
Jay Novetsky, MD
Paul Paonessa, MD
Joel Pelavin, MD
Paavan Railan, MD
Dennis Ramus, MD
Sudarshan Reddy, MD
James Relle, MD
Youssef Rizk, DO
Aaron Sable, MD
Richard Schiappacasse, MD
Alfred Schneider, MD
Theodore Tangelos, MD
Alec Wilson, MD
Jixian Wu, MD
Mark Zainea, MD

Supporting Local Farmers Markets and Healthier Food Options

Spring is finally here in Michigan. The weather is warming up, heralding something many of us look forward to, fresh local produce from the farmers market. Shopping at a farmers market goes beyond convenience. It is a direct way to support local families, farmers, and entrepreneurs. In this economy many of your patients may be struggling to afford fresh produce. Farmers markets offer healthier affordable options for your patients and their families. Many of the markets also accept SNAP/Bridge Cards and participate in the Double Up Food Bucks program.

With so many Macomb County communities' supporting local agriculture, residents have no shortage of options.



Farmers Markets in Macomb County:

- Armada Flea and Farmers Market ~ Apr. – Oct.
25381 Armada Ridge, Richmond, MI 48062
Fraser Fresh Farmers Market ~ May – Sep.
Steffens Park, 33000 Garfield Rd., Fraser, MI 48026
Frontier's Farmers Market ~ Jun. – Nov.
69475 Romeo Plank Rd., Armada, MI 48005
Kutcheys Family Market ~ Year-round
27825 Ryan Road, Warren, MI 48092

Mount Clemens Farmers Market ~ May – Nov.
141 N. River Rd., Mount Clemens MI 48043

New Baltimore Farmers Market ~ May – Oct.
Washington Street, between Main and Front Streets

Richmond Artisan and Farmers Market ~ Jun. – Oct.
69245 N. Main St., Richmond, MI 48062

Shelby Township Farmers Market ~ May – Oct.
49965 Van Dyke, Shelby Twp., MI 48317

St. Clair Shores Farmers Market ~ May – Sep.
Blossom Heath Park, 24800 Jefferson, St. Clair Shores, MI 48080

Sterling Heights Dodge Park Farmers Market ~ Jun. – Sep.
Dodge Park, 40620 Utica Road, Sterling Heights, MI 48313

City Square Street Fair
1 City Square, Warren, MI 48093

As the season begins, take time to explore a local farmers market in your community. For more information visit Macomb County Farmers Markets.

## MEMBERSHIP REPORT

*We would like to welcome the following New Members!*



**Mira Grace, MD**

**Family Medicine – Board Certified, Addition  
Medicine – Board Certified**

Medical School: Ross University School of Medicine (Dominica), 2011. Post Graduate Education: Riverside University Health System/University of California Riverside, completed in 2014; Trinity Health Ann Arbor Hospital. Hospital Affiliations: Trinity Health Oakland. Currently Practicing at Panagia Medical Recovery Clinic, 43191 Dalcoma Dr., Ste. 101, Clinton Twp., MI 48038, ph. 248-810-4727, [www.panagiainc.com](http://www.panagiainc.com).



**Claude C. LeRose, MD, DDS**

**Oral & Maxillofacial Surgery – Board Certified**

Medical School: Wayne State University School of Medicine, 2017; University of Michigan School of Dentistry, 2013. Post Graduate Education: Ascension St. John Hospital, completed in 2018; Ascension Macomb-Oakland Hospital, completed in 2019. Hospital Affiliations: Corewell Beaumont Royal Oak, Henry Ford Rochester, Henry Ford St. John, Henry Ford Warren. Currently practicing at Summit Oral & Maxillofacial Surgery, 15286 Wellington Center Blvd., Macomb, MI 48044, ph. 586-286-1600, fx. 586-286-8963, [www.summitfacial.com](http://www.summitfacial.com).



**MaryBeth M. Kostiuk, DO**

**Family Medicine – Board Certified**

Medical School: Michigan State University College of Osteopathic Medicine, 2017. Post Graduate Education: Henry Ford Macomb Hospital, completed in 2020. Hospital Affiliations: Henry Ford Macomb. Currently practicing at Alliance Health – Washington, 58024 Van Dyke Ave., Ste. A, Washington, MI 48094, ph. 586-781-5535, fx. 586-781-6063, [www.alliancehealthprofessionals.com](http://www.alliancehealthprofessionals.com).



**Katherine R. Roth, MD**

**Family Medicine – Board Certified**

Medical School: Wayne State University School of Medicine, 2007. Post Graduate Education: Spartanburg Regional Medical Center (SC), completed in 2010. Hospital Affiliations: Henry Ford Macomb. Currently practicing at Alliance Health – Washington, 58024 Van Dyke Ave., Ste. A, Washington, MI 48094, ph. 586-781-5535, fx. 586-781-6063, [www.alliancehealthprofessionals.com](http://www.alliancehealthprofessionals.com).



**Chad R. White, MD**

**Obstetrics & Gynecology – Board Certified**

Medical School: Wayne State University School of Medicine, 1992. Post Graduate Education: Baylor College of Medicine (TX), completed in 1992; Hutzel Women's Hospital, completed in 1996. Hospital Affiliations: Corewell Beaumont Grosse Pointe, Henry Ford St. John. Currently practicing at Comprehensive Woman's Care, 39200 Garfield Rd., Ste. B, Clinton Twp., MI 48038, ph. 586-286-6060, fx. 586-286-5055, [www.comprehensivewomanscare.com](http://www.comprehensivewomanscare.com).

### ***We Would Like to Welcome Back the Following Reinstated Members!***



**Samantha L. Cloutier, DO**

**Family Medicine – Board Certified**

Currently practicing at Alliance Health, 43421 Garfield Rd., Ste. 1, Clinton Twp., MI 48038, ph. 586-286-5500, fx. 586-286-0900, [www.alliancehealthprofessionals.com](http://www.alliancehealthprofessionals.com).



**Christopher M. Czapp, DO**

**Family Medicine – Board Certified**

Currently practicing at Alliance Health – Washington, 58024 Van Dyke Ave., Ste. A, Washington, MI 48094, ph. 586-781-5535, fx. 586-781-6063, [www.alliancehealthprofessionals.com](http://www.alliancehealthprofessionals.com).



**Abimbola M. Osobamiro, MD**

**Internal Medicine – Board Certified**

Currently practicing at Alliance Health, 133 S. Main Street, Mt. Clemens, MI 48043, ph. 586-468-1600, fx. 586-465-0329, [www.alliancehealthprofessionals.com](http://www.alliancehealthprofessionals.com).



**Sheetal Varde, DO**

**Family Medicine – Board Certified**

Currently practicing at Alliance Health - Shelby, 49310 Van Dyke Ave., Shelby Twp., MI 48317, ph. 586-731-8900, fx. 586-731-7762, [www.alliancehealthprofessionals.com](http://www.alliancehealthprofessionals.com).

### ***Congratulations on Your Retirement!***

**Jagatbhai Amin, MD** – Endocrinology

**Noori Ibrahim, MD** – Occupational Medicine

## ADVERTISE IN THE MACOMB MEDICUS!

Reach your audience with a print and digital publication.  
Your digital ad will be hyperlinked to your website.

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



### 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!



# MACOMB COUNTY ANTI-TRAFFICKING TASK FORCE

**A collaborative effort to  
eliminate human trafficking  
activities and advocate for  
survivors in Macomb County.**



**macombgov.org/MCAT**

## UPCOMING EVENTS

### **May 13 ~ Value Based Care 101: Building Foundational Literacy for Busy Clinicians**

MSMS Grand Rounds, Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit. Cost: FREE for Active members & Residents; \$25 for non-members & Emeritus/Retired/Life members. MSMS Grand Rounds, Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit. Cost: FREE for Active members & Residents; \$25 for non-members & Emeritus/Retired/Life members.

### **May 13 ~ Leadership Skills for Clinical and Non-Clinical Managers**

MSMS Practice Management Series, Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit. Cost: FREE for Active members & Residents; \$25 for non-members & Emeritus/Retired/Life members.

### **May 15 ~ Michigan License Renewal Essentials**

MSMS In-Person Meeting, 8:30 am – 4:45 pm, Holiday & Suites in Troy. Earn the mandated Michigan Board of Medicine CME all in one day! Conference fulfills: 3-hrs Pain Management, 1-hr. Controlled Substances, 3-hrs DEA MATE Act, 1-hr Medical Ethics, 3-hrs Implicit Bias. 7 AMA/PRA Category 1 CME Credits. Cost: FREE for Active, Active Emeritus, & Resident members; \$270 Retired/Emeritus/Life members; \$350 for non-members.

### **May 16 ~ May Clinical Conference: Diabetes/Obesity**

In-Person Meeting, 8:30 am – 4:30 pm, Holiday & Suites in Troy. Earn 6 AMA/PRA Category 1 Credits. Cost: FREE for MSMS Active, Active Emeritus, & Resident members; \$105 MSMS Retired/Emeritus/Life members; \$185 for non-members.

### **June 10 ~ Helping Hands - A Simulation Solution to Teaching the Hand Examination to Trainees**

MSMS Grand Rounds, Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit. Cost: FREE for Active members & Residents; \$25 for non-members & Emeritus/Retired/Life members.

### **June 10 ~ Managing Challenging Interactions - Effective Communication is Key**

MSMS Practice Management Series, Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit. Cost: FREE for Active members & Residents; \$25 for non-members & Emeritus/Retired/Life members.

### **August 12 ~ Sleep Medicine - What is Hypersomnia**

MSMS Grand Rounds, Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit. Cost: FREE for Active members & Residents; \$25 for non-members & Emeritus/Retired/Life members.

### **August 12 ~ A-Z of Value Based Care**

MSMS Practice Management Series, Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit. Cost: FREE for Active members & Residents; \$25 for non-members & Emeritus/Retired/Life members.

# Thank You Letters

January 22, 2026

Dear MCMS Foundation,

Thank you for your thoughtful gift of \$2,160, proceeds from your annual Holiday Sharing Card program. We are grateful for your continued support of our mission. Together, we are building a legacy of positive change to support survivors, while working to end violence and oppression in our communities.

**In 2026, we proudly celebrate 46 years of empowering survivors of domestic violence, sexual violence, and human trafficking.** What began as a small group of women sheltering two families in a church basement has grown into an agency serving 27,000 survivors and community members annually.

**Turning Point's comprehensive, free, and confidential services are made possible by your generosity.** Services are available to all survivors throughout their journey to live free of violence and oppression. Services including: a 24/7 Hotline, Emergency Shelter, Housing, Forensic Nurse Exams, Trauma Advocates, Counseling, Personal Protection Order support, and Community Prevention Education.

**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.

**We appreciate your continued support of our mission – thank you!**

Sincerely,

Sharman Davenport, PhD  
President and CEO, Turning Point, Inc.



January 23, 2026

Dear MCMS Foundation,

On behalf of the volunteer Board of the Macomb Food Program and the hungry children and families we serve, I want to thank you for responding to our 2025 Holiday Appeal. As a non-profit, tax-exempt organization, as outlined in Section 501c3 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. In fact, since 2021, the number of families served by local pantries has increased by 70%. **Every dollar of your \$2,300 donation will be used to purchase food to help support the Community Food Bank of Macomb County's network of food pantries across Macomb County.**

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 your members good health and happiness in 2026.

Sincerely,

Cheryl Siecinski, Chair  
Macomb Food Program Board



## 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.*



# Doctors Just Wanna Have Fun

By: **Louis Constan, MD,**

Editor of the Saginaw County Medical Society Bulletin

## *A note to my fellow doctors who try to avoid the messiness of being a doctor*

**C**yndi Lauper's "Girls just wanna have fun," is wildly popular with young women who face discrimination in a misogynistic society and who need to feel part of a supportive group.

Doctors, I believe, are just a little bit like Cyndi Lauper. Deep inside, what doctors really, really want, is to just cut out all the ancillary stuff, and take care of sick people. We just "wanna practice Medicine." It doesn't matter all that much how we are in different specialties; some are employed and some are independents; some are in Academia and some are community doctors; some are men and some are women; some are young and some are not-so-young. Such differences don't matter at all when you consider just how much we are similar, how much our hopes and dreams coincide:

We never do let obstacles dissuade us from our goals. Remember the struggle just to get into medical school? Remember Organic Chemistry? Remember hours and hours with our eyes glued to the page and rear ends glued to the chair? Remember Residency; learning everything and doing everything, all the while worrying we might screw up and kill someone? Remember the unnecessary "paper" work; the agony of lawsuits; the frustration of insurance denials for necessary care? We've all met enormous obstacles and overcome them.

We believe in hard work. Qualifying to be a doctor and qualifying to stay a doctor are mentally and physically draining. We've all done that.

We are intelligent. In fact, we are very intelligent. Indeed, we may struggle, as we go through our day, to run across even one person as intelligent as we are. We operate using such a degree of raw brain-power, something we do not see very often amongst patients, staff and the public. We've all seen that.

We have a feel for sick patients. We care for them. We understand their physiological, anatomical and pathological struggles as no one else can. We've all embraced that.

We have a feeling for responsibility. We know that patients need us, and we respond, even though they don't always appreciate it. We've all experienced that.

We feel the strain of all this deep down in our bones. Being a doctor is hard. We've all suffered that.

And we get burned out regularly. You know the statistics. They are terrible. We ask ourselves why we keep doing what we do... and we just keep doing it. We live our convictions even when it costs us dearly.

Some of us stick our necks out a bit more than others. We serve on boards of Medical Societies and insurance companies, write letters to lawmakers, even step into the political arena ourselves and run for office. I applaud these special colleagues. They show the very best of medical professionalism, never "just" wanting to practice medicine.

There is such a temptation to just put a weary head in the sand and turn over our professional life to someone else...an employer of some sort such as a hospital, insurance company, political entity. Then we can just "do what we wanna do", right? But if that employer does not share our values as physicians, we open up such a can of worms. Think about those colleagues whose reputations got dragged through the mud in the national media because they accepted salaries from a hospital system with questionable insurance billing policies. There will never be a way we can focus on "just practicing medicine." Organizations that do not share our values as physicians can and do hurt us.

We doctors have so much in common, such hopes and dreams. But, at the end of the day there is no way we can be part of the great enterprise of doctoring and avoid the messiness of medical care. No way we can forget the ancillary stuff and just practice medicine. Medical practice is and will continue to be the most difficult, most tiring, most unappreciated profession that Hippocrates described almost 2,500 years ago. But I like to think that, with all those difficulties, we still find fun in what we do. Cyndi Lauper, eat your heart out. ♦

*Reprinted with permission from Louis Constan, MD, to view more of his articles for free visit [louisconstan.substack.com](http://louisconstan.substack.com).*

**"WHEREVER THE ART OF MEDICINE IS LOVED, THERE IS ALSO A LOVE OF HUMANITY."**

*Hippocrates*

## Henry Ford Macomb Hospital

### Cornerstone Medical Group Joins Henry Ford Health

As part of Henry Ford Health's ongoing commitment to increasing accessibility to quality healthcare for all its patients and community members, the organization is proud to announce that effective April 1, long-time physician partners Cornerstone Medical Group became part of the storied Henry Ford Medical Group (HFMG).



This means that more than 80 Cornerstone physicians and advanced practice providers (APPs) joined the existing 3,400 physicians, researchers and APPs who now comprise the HFMG. This new clinical partnership will allow patients to have more options when finding a care provider, while also offering current Cornerstone patients access to Henry Ford Health's expansive network. The physicians will also participate in the Mosaic Clinically Integrated Network, which unites more than 5,000 providers across 13 Michigan counties.

In this new partnership, Cornerstone Medical Group physicians became part of the Henry Ford Medical Group, employed under the Clinical Partner category, effectively expanding HFMG's pluralistic platform for continued and elevated high-value care for patients. Through the addition of these top-level physicians, Henry Ford Health will be able to build on the collective strengths of both organizations, sharing best practices and processes. As a result, patients can expect continued high-value care that improves outcomes, reduces total cost of care, and advances health equity across the communities we serve.

"This decision reflects our strong confidence in Henry Ford Health's vision and our shared commitment to clinical excellence," said Dr. Bruce Benderoff, who has served as Cornerstone's President and CEO. "It builds on what Cornerstone has achieved while expanding our ability to deliver coordinated, high-value care to the patients and communities we serve. We are excited to join the evolving physician enterprise as a Clinical Partner of Henry Ford Medical Group and participate in the Mosaic Clinically Integrated Network."

The Cornerstone Medical Group includes 25 offices across the metro Detroit area that offer family and internal medicine, pediatrics, endocrinology, hospitalist care, podiatry, and colorectal surgery. All these locations now carry the name of Henry Ford Cornerstone.

Dr. Adnan Munkarah, President, Clinical Enterprise and Chief Physician Executive of Henry Ford Health, highlighted the broader impact of the partnership on patients and physicians alike.

"This partnership reflects our mutual commitment to enhancing our nation-leading, physician-led, patient-centered care model," said Dr. Munkarah. "By welcoming Cornerstone Medical Group into both Henry Ford Medical Group and the Mosaic Clinically Integrated Network, we are expanding access, strengthening collaboration, and ensuring patients benefit from a highly connected system focused on innovation, quality, and affordability."

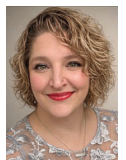
This clinical partnership highlights Henry Ford Health's desire to partner with large physician organizations while advancing a pluralistic strategy—all with the goal of strengthening an integrated, physician-led care delivery system.

### Henry Ford Health and Trillium Health Partner to Expand Behavioral Health Services in Oakland & Macomb Counties

In a major step toward expanding behavioral healthcare access in eastern Oakland and western Macomb counties, Henry Ford Health will be transferring its Madison Heights hospital to Trillium Health Care Management, which plans to transform the space into a state-of-the-art inpatient behavioral health facility. Detroit-based Henry Ford Health will continue to operate and staff the Madison Heights emergency department as a stand-alone site, ensuring continued round-the-clock emergency medical care for the community.

As early as this spring, Warren based Trillium will assume ownership of the facility at 27351 Dequindre Road and begin extensive renovations to convert the site into a high-tech, best-in-class, 75-bed inpatient behavioral health hospital. According to the National Alliance on Mental Illness, more than 3.6 million Michiganders live in a community without enough mental health professionals. The new facility, which has not yet been named, will provide crucial inpatient psychiatric care and services and address a growing and urgent demand for behavioral health services across the region. Renovation is expected to take about a year.

"We are grateful to Henry Ford Health for recognizing the crucial need for expanded inpatient mental healthcare, and for trusting us to be the right partners in this transition," said Aaryn Ebner, Chief Administrative Officer with Trillium. "This investment allows us to add much-needed inpatient beds now, with plans to grow to more than 100 inpatient beds in the near future. Alongside a fully renovated facility, we're also developing partial-day and outpatient mental health programs to strengthen the full continuum of behavioral healthcare, ensuring patients receive comprehensive, high-quality care at every stage of treatment."



Under this partnership, Trillium will own, operate and staff the new behavioral health facility. The organization will lease back the emergency department to Henry Ford Health, which will seamlessly continue emergency care with its own physicians,

*continued on page 16*

continued from page 15

nurses and other medical providers. Henry Ford Health's remaining inpatient and surgical services will be transitioned from Madison Heights to Henry Ford Warren Hospital, just five miles away. Madison Heights team members will transfer to other Henry Ford Health locations.

"Our commitment to providing the right care in the right place at the right time has never been stronger," said Denise Brooks-Williams, Executive Vice President and Chief Operating Officer, Henry Ford Health. "We are thrilled to have found the ideal partner to deliver the inpatient behavioral health-care our community needs. We remain dedicated to providing industry-leading emergency care in Madison Heights and ensuring our resources system-wide make the biggest impact on our patients."



Trillium will share more details on the behavioral health facility in the months ahead. For more information on Trillium, visit [www.trilliumbehavioral.com](http://www.trilliumbehavioral.com). ♦



**McLaren Macomb Hospital**

**McLaren Stroke Network Recognized at International Conference**

The McLaren Stroke Network team, while attending the International Stroke Conference 2026 in New Orleans, were recognized and honored by the American Heart Association/American Stroke Association.



Providing 24/7/365 stroke care throughout the state, hospitals within the McLaren Stroke Network had previously earned the organization's Get With The Guidelines recognitions for their proficiency in care provided to stroke patients, including early stroke detection, timely use of clot-busting medications, assessment and the speed of restoring brain function in advanced stroke procedures.

Congratulations to those who made this achievement possible:

- Dr. Aniel Majjhoo (Neurosciences Medical Director), Dr. Bharath Naravetla (Telemedicine Director), Dr. Mahmoud Rayes (Endovascular Lab Director), Dr. Abhishek Singh (Interventional Neurologist), Julie Snyder (Director of Neurosciences), and the teams at McLaren Stroke Network hospitals and their coordinators:
  - Connie LaPoint (McLaren Flint)
  - Catherine Carrier (McLaren Macomb)
  - Nicole Murray (McLaren Northern Michigan)
  - Grace Rodriguez (McLaren Bay Region)

- Ann Wallace (McLaren Greater Lansing)
- Brianne Cameron (McLaren Port Huron)
- Jacque Raymond (McLaren Oakland and McLaren Lapeer Region)
- Cassandra Lambert (McLaren Central Michigan)

**McLaren Macomb Opens \$1.2M Renovated, Enhanced Cardiac Cath Lab**

McLaren Macomb, part of statewide McLaren Health Care and its McLaren Heart & Vascular Institute, following a \$1.2 million investment, has completed and opened a thoroughly renovated and upgraded cardiac catheterization lab.



A specialized procedure room, cath labs house advanced imaging technology, providing clinical teams with high-quality images to support the diagnosis and treatment of a range of cardiovascular conditions, including the emergency intervention of patients experiencing a heart attack.

Through the addition of the latest advanced imaging platform, the enhanced cath lab will have the expanded capabilities that will allow providers to perform vascular procedures as well as cardiac procedures.

Additionally, the 'low dose' imaging unit exposes the patient and clinical teams to less radiation while still providing high-quality images.

"Heart disease remains one of the leading health challenges facing our community," said Dr. M. Blair DeYoung, McLaren Macomb Chief of Cardiology and Medical Director of the Cardiac Catheterization Laboratories. "With this new cath lab, we are strengthening our ability to respond quickly, diagnose accurately, treat patients with advanced, minimally invasive procedures that save lives and improve quality of life."

Focusing on the diagnosis and care of conditions affecting the heart, its valves, or arteries outside the heart, the cardiac cath lab uses minimally invasive techniques under imaging guidance to perform stenting, angioplasty, valve replacement, and ablations, among other common procedures.

**McLaren Health Care Launches First-of-its-Kind AI-Powered Cardiovascular Screening in Michigan**

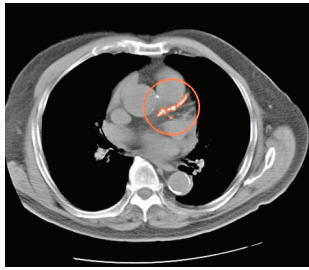
McLaren Health Care and its McLaren Heart & Vascular Institute have launched a first-of-its-kind cardiovascular screening program in Michigan to strengthen and expand its ability to identify patients' risk for heart disease earlier and connect them with timely, appropriate care.

Launched in partnership with Bunkerhill Health and its AI-powered Carebricks platform, the program applies its technology to

continued on page 17

continued from page 16

patients' clinical data already available to McLaren through those patients' routine chest CT scans previously performed for other medical reasons.



The platform's FDA-cleared clinical algorithms detect and measure incidental coronary artery calcium (iCAC) and incidental aortic valve calcium (iAVC), indicators for the presence and development of coronary heart disease and aortic stenosis, common forms of heart disease that worsen over time if left untreated. McLaren has already launched the process of scanning routine chest CTs from the past 12 months, and early results have yielded remarkable findings.

McLaren is the first Michigan health system — and one of just five in the nation — to deploy AI-powered aortic valve calcium detection on routine chest CT scans. Bunkerhill's AVC algorithm is the first FDA-cleared solution for detecting and evaluating aortic valve calcium in routine chest CTs.

"Launching this innovative, AI-powered cardiovascular screening program further reflects our commitment to preventive, data-driven care, especially at a time when heart disease remains the leading cause of death and a growing public health crisis," said Dr. Samer Kazziha, Chief Medical Director of the McLaren Heart & Vascular Institute. "By using the clinical information already available to us, this program enables us to identify patients who may benefit from earlier follow-up, often before symptoms appear, and ensures they are connected to the right care at the right time — helping to close critical gaps in detection, improving those patients' long-term outcomes and overall quality of life."

Previously, to determine their risk for heart disease, patients would often require specialized cardiac CT imaging scans and a time-consuming review by a clinician, which has limited the wide availability of a dedicated screening program. As a result,

many opportunities to detect heart disease earlier and begin preventive care have been largely missed.

With iCAC and iAVC, McLaren can now identify these risks using routine chest CT scans ordered for unrelated medical reasons, including lung cancer screening or the evaluation of an infection, among others. These types of scans are ordered much more frequently than specialized cardiac CTs.

This approach allows McLaren to promptly identify and notify more patients for timely follow-up and preventive care without requiring additional and specialized tests or imaging.

Similar dedicated screening programs are currently being performed at select health systems around the country, including the Mayo Clinic, Cleveland Clinic, West Virginia University Medicine, and the University of Texas Medical Branch, among others.

Learn more about cardiac care services at McLaren Health Care at [mclaren.org](http://mclaren.org). ♦



**Supporting all  
physicians - from  
training - through  
retirement!**

# Common Scams Impacting Physicians

**P**hysicians and other health care practitioners are increasingly at risk of being targeted by scams, including impersonation scams where criminals pose as law enforcement or government officials to extort money or steal medical or personal information. It is important to remain vigilant to protect yourself, your patients, and your practice. Below are some common scams we have been alerted to.

## Michigan Board of Medicine Suspicious License Activity

A scammer claiming to be from the Michigan Board of Medicine called a physician, identified themselves, provided an identification number, and stated that there was concern about activity under the physician's professional license.

- **Important:** *Neither the Michigan Department of Licensing and Regulatory Affairs, nor the Boards of Medicine or Osteopathic Medicine and Surgery, will contact licensees by phone.*

## Michigan Department of Licensing and Regulatory Affairs Scam Alert

The Michigan Department of Licensing and Regulatory Affairs (LARA) has identified fraudulent emails impersonating LARA officials. These emails may reference "Action Required – LARA Enforcement Notice #83700" and request signatures or confidential information.

- Do NOT click links or share personal data.
- Be cautious of emails that create urgency or request confidential actions.
- Verify communications via official channels:  
[Michigan.gov/LARA](https://michigan.gov/LARA)
- If you suspect fraud, report it immediately to  
<mailto:LARA-Safety@michigan.gov>

Please note: This email address should NOT be used to submit a complaint, to inquire about the status of your license or certificate, to report a payment issue, or to report fraud involving another department. Messages that do not involve LARA-related fraud issues will not receive a response from [LARA-Safety@michigan.gov](mailto:LARA-Safety@michigan.gov). For information on matters not involving fraud, please visit [LARA's Contact Us page](#).

- **Important:** *LARA will never ask you to provide your credit card numbers or other personal information over the phone, by text, email, or letter. Please visit their [IT Security & Data Protection page](#) for more information on how to identify scams and report suspicious activity.*

## Letters Threatening Suspension of Professional License or Report to Regulators

In the state of Washington, a fraud ring was preying on physicians and health care practitioners. The scammers sent letters pretending to be officials or agents from the Washington Medical Commission, the Drug Enforcement Administration,



and state Department of Health and indicating that the physician or practitioner was in trouble with regulators or the law and may be in danger of discipline or loss of license. The scam involved the use of personal information in an attempt to feign legitimacy in order to exploit the recipients for money or information to execute scams on others.

- **Important:** *If you receive a communication making accusations and threats, asking you to pay money, demanding personal information like a bank account or social security number, and/or threatening to restrict your privileges or report you to regulators, do not immediately respond to the contact listed. Instead, contact LARA's Bureau of Professional Licensing at 517-241-0199 [Press 3 when prompted] to confirm whether the communication is a scam.*

## Fraudulent Tax Filings and Identity Theft

Unfortunately, the incidence of fraudulent tax filings continues to grow and Michigan physicians are not immune. The Internal Revenue Service (IRS) encourages you "to be alert to possible tax-related identity theft if you receive a notice from the IRS or learn from your tax professional that:

- More than one tax return was filed for you;
- You owe additional tax, have a refund offset or have had collection actions taken against you for a year you did not file a tax return;
- IRS records indicate you received more wages than you actually earned or
- Your state or federal benefits were reduced or cancelled because the agency received information reporting an income change."

Visit the [IRS Identity Theft Central](#) for more information on how to prevent and report tax-related identity theft.

- **Important:** *This IRS will never send direct messages via social media and will not text you unless you have given them permission to do so. Additionally, the IRS will never call to demand payment now, threaten arrest or inform you of a refund. Visit the IRS website, [Report fake IRS, Treasury or tax-related emails and messages](#), to learn how to report suspicious IRS, Treasury and tax-related emails, texts, social media accounts, phone calls and letters. ♦*



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

### MEET MSMS'S NEW PRESIDENT: PHILLIP G. WISE, MD, FACS

MSMS is proud to introduce Phillip G. Wise, MD, FACS, a Grand Rapids urologist, as its new President. Doctor Wise brings extensive leadership experience and a deep commitment to organized medicine, having previously served four terms as Speaker and four as Vice Speaker of the MSMS House of Delegates.



In his inaugural address, Doctor Wise outlined key priorities for the year ahead, including protecting the patient-physician relationship, supporting practice sustainability, and strengthening MSMS membership.

"As your former Speaker of the House, I know the power of a unified voice. We are a diverse society, representing every specialty from every corner of Michigan, but when we speak as one, everyone listens."

Doctor Wise emphasized the importance of physician-led care and the need for reimbursement that reflects today's health-care realities.

A dedicated leader within the physician community, Doctor Wise is a current member and past president of the Kent County Medical Society. He is also a member of the American Medical Association and a Fellow of the American College of Surgeons.

MSMS looks forward to Doctor Wise's leadership as he begins his term as President.

### MAY 15 MEDICAL LICENSE RENEWAL ESSENTIALS CONFERENCE

Join the MSMS Foundation on Friday, May 15, 2026, 8:30 am – 4:45 pm, at the Holiday Inn & Suites in Troy, for a streamlined, one-day CME event designed to satisfy your state licensing requirements.



Earn 7 AMA PRA Category 1 Credits™ while enjoying a change of pace from the clinic. This on-site course is specifically curated to cover Michigan's most critical compliance areas, ensuring you walk away fully up-to-date.

The Agenda at a glance:

- Pain & Symptom Management (3 Hours): Satisfies the LARA requirement, the one-time controlled substance prescribing training, and 3 hours of the DEA MATE Act training.

- Medical Ethics (1 Hour): A focused session on current ethical standards.
- Implicit Bias Training (3 Hours): A comprehensive session to meet state licensure mandates.

Beyond the credits, this event is a chance to reconnect with your peers and recharge away from the daily grind (continental breakfast and a boxed lunch included).

Member Perk: Registration is FREE for all active MSMS Members! To register, [click here](#).

### PHYSICIAN ORGANIZATION LEADERS MEET WITH DIFS DIRECTOR ON KEY ISSUES

Anita Fox, Director of the Michigan Department of Insurance and Financial Services (DIFS) covered a wide range of issues impacting both physicians and the patients they serve, including insurance oversight, prior authorization, and policy changes affecting access to care. She provided valuable insight into how DIFS works to balance strong consumer protections with fair and effective regulation of insurers, with a focus on ensuring that coverage decisions are transparent, consistent, and compliant with state and federal requirements.



A key focus of the discussion was patients' right to an independent review when coverage is denied. Director Fox emphasized the critical role physicians play in helping patients understand and access this process, which allows for an impartial external evaluation of certain insurance denials. She encouraged physicians to educate their patients about this right and to support them in navigating what can often be a complex and time-sensitive process.

In addition, Director Fox outlined the formal complaint process available through DIFS, explaining how both patients and providers can raise concerns about insurance practices. She described how complaints are reviewed, investigated, and tracked, and how this information helps inform broader regulatory actions. The discussion also explored utilization review requirements, including expectations for insurers when making medical necessity determinations, and how DIFS enforces these standards to ensure accountability and protect patient access to appropriate care.

For more information on DIFS: Call 877-999-6442 Mon. - Fri. 8 am to 5 pm

Auto insurance complaints: Call 833-275-3437 Mon. - Fri. 8 am to 5 pm

Additional resources:

- [Filing a Complaint with DIFS](#)
- [Appealing a Decision Made by Your Health Insurer](#)
- [Michigan's Auto Insurance Utilization Review](#) ♦



## CY 2027 MEDICARE ADVANTAGE FINAL RULE: WHAT PHYSICIANS NEED TO KNOW

The Centers for Medicare & Medicaid Services (CMS) released the [CY 2027 Medicare Advantage and Part D final rule](#) alongside the annual rate announcement, delivering a mixed set of outcomes for physicians.

CMS finalized the exclusion of unlinked chart review records from risk score calculations—a change that helps ensure Medicare Advantage plan payments reflect actual patient encounters rather than disconnected documentation. CMS also adopted 120-day continuity of care protections for dual-eligible beneficiaries passively enrolled into integrated D-SNPs, a provision the AMA championed to prevent dangerous gaps in treatment.



On the payment side, the final rule delivered a 2.48% average payment increase—significantly higher than the 0.09% initially proposed—driven largely by CMS' decision to retain the current risk adjustment model for an additional year. While this outcome stabilizes plan revenue in the near term, the AMA continues to advocate for a payment system grounded in clinically valid diagnoses tied to care actually delivered, rather than one sustained by coding intensity.

At the same time, the final rule weakens several mechanisms for holding plans accountable for providing timely, equitable care. The Health Equity Index reward was not implemented for 2027, eliminating a financial incentive for plans to invest in improving outcomes for socially at-risk populations. CMS also finalized the removal of utilization management committee requirements, including the annual health equity analysis of prior authorization practices, despite AMA opposition. Additionally, CMS removed 11 Star Ratings measures that had evaluated plan operations—including appeals processing, complaint handling and customer service—while retaining clinically focused measures that depend heavily on physician performance, effectively shifting the balance of accountability away from plans and toward physicians. These are areas where the AMA will continue pressing for stronger plan oversight in future rulemaking cycles.

CMS also codified criteria identifying physicians in the top 25th percentile relative to specialty peers as opioid "outlier" prescribers, with persistent outliers reported to Part D plan sponsors—a framework the AMA opposed as likely to chill appropriate prescribing and restrict patient access to pain treatment. While CMS declined to withdraw the provision, it did adopt the [AMA's recommendation](#) to exclude patients receiving palliative or end-of-life care from outlier calculations,

protecting physicians who manage complex pain needs from unwarranted scrutiny.

## PHYSICIANS SCORE MAJOR WIN WITH CMS CLAIMS ELECTRONIC ATTACHMENTS RULE

CMS' [final rule on claims attachments](#) reflects the AMA's successful and sustained advocacy to standardize electronic attachments for claims. In comments on the proposed rule, the AMA pushed CMS to focus attachment standards narrowly on claims and to reject adding new prior authorization or documentation requirements, ensuring the rule delivers real relief for physicians rather than new complexity. This is a tangible win for doctors because it moves practices away from inefficient manual processes like fax, mail, and payer portals for claim documentation submission and embraces a consistent electronic approach that reduces administrative burden and workflow disruption.

The rule also includes sufficient implementation time for practices and EHR developers, a single and predictable electronic signature standard, and flexibility that allows EHR innovation to improve communication with payers. Together, these changes save physicians time and money and advance progress toward end-to-end electronic workflows from the first patient interaction through claims submission. The AMA will continue pressing CMS to build on these wins by extending standardized electronic workflows to appeals and other remaining manual processes.

## AMA ANALYSIS REVEALS SHIFTS IN HOW PHYSICIANS HAVE BEEN COMPENSATED OVER THE PAST DECADE

A new [Policy Research Perspective](#) based on the nationally representative AMA Physician Practice Benchmark Survey examines how physicians were compensated by their practices over the past decade. The findings reveal a significant move toward blended compensation models, with the percentage of physicians compensated by two or more methods increasing from 51% in 2014 to 60.8% in 2024. These blended models typically combine salary-based approaches with bonuses and/or productivity-based incentives, suggesting most physicians now benefit from the stability of a salary while maintaining the potential upside of their productivity. The report also examines differences across physician employment status, gender, specialty and practice type. Please visit the [AMA website](#) for more research based on the Benchmark Survey.

## SURVEY SHOWS NEED TO REBUILD TRUST IN EVIDENCE-BASED HEALTH INFORMATION

[New survey findings](#) from the Annenberg Public Policy Center highlight a widening trust gap in the nation's health information landscape and underscore the importance of trusted medical voices grounded in science.

*continued on page 21*

continued from page 20

The survey found that physicians and medical organizations remain among the most trusted sources of public health information, with about 73% of Americans expressing confidence in the AMA. The findings come at a time when confidence in federal health agencies has unfortunately declined, even as Americans continue to rely heavily on physicians and medical experts for credible, evidence-based information about health and disease prevention.

“Trust is the foundation of effective health care and public health,” said AMA CEO John Whyte, MD, MPH. “In a challenging information environment, patients need clear, evidence-based guidance they can rely on. **Physicians and medical organizations have a responsibility to help rebuild trust by communicating what the science shows and putting patients’ health first.** Health information is everywhere today, but its accuracy is harder than ever to determine. The AMA is dedicated to helping patients cut through the clutter and elevate the valid over the viral. Accurate, trustworthy information saves lives.”

The AMA continues to advocate for science-driven health policy and clear communication grounded in the best available evidence to support patients and physicians. The AMA recognizes the need for a strong public health system that can foster and sustain a healthier future for everyone across our nation.

## AI USAGE AMONG DOCTORS DOUBLES AS CONFIDENCE IN TECHNOLOGY GROWS



New research from the American Medical Association’s Center for Digital Health and AI shows that physicians’ adoption of augmented intelligence (AI) continues to grow as confidence builds in the technology’s clinical advantages.

An annual survey since 2023, the [\*Physician Survey on Augmented Intelligence\*](#) assesses adoption, perceptions, and anticipated impacts of AI in medical practice. The 2026 results found more than four in five physicians (81%) use AI in their practices, more than double the 2023 rate (38%). Physicians are cautiously optimistic about the promise of AI—including its potential to combat burnout—but they also have concern about patients using the technology to interpret complicated results without the assistance of a physician.

“AI has quickly become part of everyday medical practice. Physicians see real promise in its ability to support clinical decisions and cut down on administrative burden. But as this technology advances, **it is critical that augmented intelligence be designed to enhance—not replace—physicians.**”

said AMA CEO John Whyte, MD, MPH. “For doctors to trust and use these tools, they must be safe, effective, and used responsibly so they truly improve patient care. The AMA will continue leading this work so physicians help shape how AI is integrated into medicine.”

The work of the [AMA’s Center for Digital Health and AI](#) continues to support physician leadership in shaping, guiding, and implementing technologies transforming medicine. ♦

## 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.

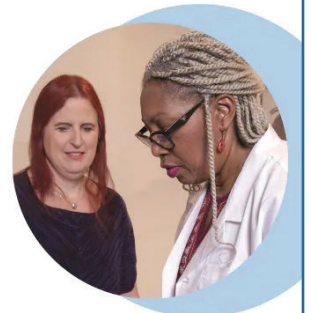


### INITIATE

Conversations with your patients about HIV Treatment as Prevention.

### DELIVER

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



[www.cdc.gov/HIVNexus](http://www.cdc.gov/HIVNexus)



**Exercise Your Voice!**

Physician engagement is essential to the success of a pro-medicine legislature. Join us in fighting for legislation that helps physicians practice medicine without interference from over regulation and protects patients with decisions made by doctors not politicians.

Lawmakers need and want to hear from professionals in the field of medicine!

**Oppose HB 5522 and Protect Michigan's Effective PA Practice Model**

Lawmakers in Lansing are advancing [HB 5522](#) — a bill that would allow physician assistants (PAs) to practice independently, without a written practice agreement with a physician.

Supporters argue this will improve access to care. But Michigan's current PA written agreement model is already working. It provides **flexibility** for physician-led teams while ensuring appropriate oversight, **collaborative decision-making** and **clear accountability**. It allows PAs to practice to the full extent of their training—while maintaining the physician involvement that protects patients when care becomes complex.

Removing structured physician collaboration does not create more doctors, nor does it meaningfully expand specialty access in rural or underserved areas. Michigan patients deserve coordinated, physician-led care supported by skilled PAs—not policies that remove safeguards that are already working.

[Contact your legislators today to send a pre-written email and urge them to vote NO on HB 5522.](#)

**Tell Your Representative to Vote YES on HB 5313!**

Michigan physicians are subject to some of the highest CME requirements in the country. [HB 5313](#) represents a thoughtful and necessary update to Michigan's health licensing system, modernizing an outdated regulatory structure while preserving rigorous professional expectations and accountability. At a time when Michigan faces ongoing challenges with physician recruitment and retention, reducing excessive administrative demands is an important step toward maintaining access to timely, high-quality care for patients across our state.

**If you are spending too much time and money meeting excessive CME requirements, now is the time to act.**

[Contact your legislators and urge them to support HB 5313](#) to strengthen Michigan's physician workforce and allow them to devote more time to patient care while maintaining strong oversight and public trust.

**Oppose HB 4399 – Independent Practice of NPs**

Lawmakers are advancing HB 4399 — a bill that removes physicians from care teams and allows nurse practitioners to practice without a doctor's supervision. Supporters claim it will fix access issues and lower costs. But in states that passed similar

laws, care hasn't gotten faster or cheaper — it's just gotten more fragmented.

Instead of investing in real solutions, HB 4399 doubles down on shortcuts that weaken oversight and put Michigan patients at risk. When physicians are removed from care teams, patients are more likely to face delays, repeat visits, and higher out-of-pocket costs — especially when care gets complex.

Michigan's health care system is already stretched too thin. This bill will only make things worse. Michigan patients deserve real solutions — not policies that make it harder to see a doctor.

[Contact your legislator today to send a pre-written email and demand they vote NO on HB 4399.](#) ✦

**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!

**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**

**3 hr. Implicit Bias**

**Additional Requirements**

- 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

## MICHIGAN SENATE

**Sen. Stephanie Chang (D)**

Senate District 3

[SenSChang@senate.michigan.gov](mailto:SenSChang@senate.michigan.gov)

(517) 373-7346

**Sen. Kevin Hertel (D)**

Senate District 12

[SenKHertel@senate.michigan.gov](mailto:SenKHertel@senate.michigan.gov)

(517) 373-7315

**Sen. Ruth Johnson (R)**

Senate District 24

[SenRJohnson@senate.michigan.gov](mailto:SenRJohnson@senate.michigan.gov)

(517) 373-1636

**Sen. Veronica Klinefelt (D)**

Senate District 11

[SenVKlinefelt@senate.michigan.gov](mailto:SenVKlinefelt@senate.michigan.gov)

(517) 373-7670

**Sen. Daniel Lauwers (R)**

Senate District 25

[SenDLauwers@senate.michigan.gov](mailto:SenDLauwers@senate.michigan.gov)

(517) 373-7708

**Sen. Michael Webber (R)**

Senate District 9

[SenMWebber@senate.michigan.gov](mailto:SenMWebber@senate.michigan.gov)

(517) 373-0994

**Sen. Paul Wojno (D)**

Senate District 10

[SenPWojno@senate.michigan.gov](mailto:SenPWojno@senate.michigan.gov)

(517) 373-8360

# 2026 Macomb County Legislator Contact Guide



## MICHIGAN HOUSE

**Rep. Joseph Aragona (R)**

House District 60

[JosephAragona@house.mi.gov](mailto:JosephAragona@house.mi.gov)

(517) 373-1785

**Rep. Jay DeBoyer (R)**

House District 63

[JayDeBoyer@house.mi.gov](mailto:JayDeBoyer@house.mi.gov)

(517) 373-1787

**Rep. Kimberly Edwards (D)**

House District 12

[KimberlyEdwards@house.mi.gov](mailto:KimberlyEdwards@house.mi.gov)

(517) 373-0852

**Rep. Jaime Greene (R)**

House District 65

[JaimeGreene@house.mi.gov](mailto:JaimeGreene@house.mi.gov)

(517) 373-1775

**Rep. Thomas Kuhn (R)**

House District 57

[TomKuhn@house.mi.gov](mailto:TomKuhn@house.mi.gov)

(517) 373-1706

**Rep. Mike McFall (D)**

House District 14

[MikeMcFall@house.mi.gov](mailto:MikeMcFall@house.mi.gov)

(517) 373-0140

**Rep. Donovan McKinney (D)**

House District 11

[DonavanMcKinney@house.mi.gov](mailto:DonavanMcKinney@house.mi.gov)

(517) 373-0849

**Rep. Denise Mentzer (D)**

House District 61

[DeniseMentzer@house.mi.gov](mailto:DeniseMentzer@house.mi.gov)

(517) 373-1774

**Rep. Ron Robinson (R)**

House District 58

[RonRobinson@house.mi.gov](mailto:RonRobinson@house.mi.gov)

(517) 373-1794

**Rep. Josh Schriver (R)**

House District 66

[JoshSchriver@house.mi.gov](mailto:JoshSchriver@house.mi.gov)

(517) 373-0839

**Rep. Alicia St. Germaine (R)**

House District 62

[AliciaStGermaine@house.mi.gov](mailto:AliciaStGermaine@house.mi.gov)

(517) 373-0555

**Rep. Douglas Wozniak (R)**

House District 59

[DouglasWozniak@house.mi.gov](mailto:DouglasWozniak@house.mi.gov)

(517) 373-0832

**Rep. Mai Xiong (D)**

House District 13

[MaiXiong@house.mi.gov](mailto:MaiXiong@house.mi.gov)

(517) 373-0845

## COMMITTEES

### House – Appropriations

Kimberly Edwards (D), District 12

Thomas Kuhn (R), District 57

Donavan McKinney (D), District 14

### House – Appropriations Subcommittee

**LARA, Insurance & Financial Services**

Donavan McKinney (D), District 14 –

Vice Chair

### House – Appropriations Subcommittee

**Public Health**

Tom Kuhn (R), District 57 - Vice Chair

### House – Appropriations Subcommittee

**Medicaid & Behavioral Health**

Tom Kuhn (R), District 57

### House – Families & Veterans

Doug Wozniak (R), District 59

Mai Xiong, (D), District 13

### House – Health Policy

Alicia St. Germaine (R), District 62

### House – Insurance

Joseph Aragona (R), District 60

### Senate – Appropriations

Kevin Hertel (D), District 12

Veronica Klinefelt (D), District 11

### Senate – Health Policy

Kevin Hertel (D), District 12

Veronica Klinefelt (D), District 11

Michael Webber (R), District 9

Paul Wojno (D), District 10

### Senate – Regulatory Affairs

Kevin Hertel (D), District 12

Dan Lauwers (R), District 25

Michael Webber (R), District 9

Paul Wojno (D), District 10

## 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).

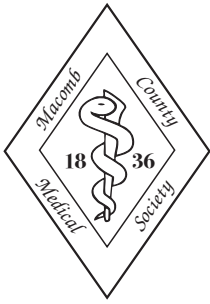
**FREE Hotlink to Your Website & Free Advertising Design!**

**For advertising rates and information, please contact:**

Heidi Leach, Executive Director & Managing Editor  
Macomb County Medical Society, PO Box 551, 810-712-2546

[HLeach@macombcms.org](mailto:HLeach@macombcms.org) | [www.macombcms.org](http://www.macombcms.org)

Publication Dates: 1st Quarter / Winter Feb. 1 | 2nd Quarter / Spring May 1 | 3rd Quarter / Summer Aug. 1 | 4th Quarter / Fall Nov. 1



Macomb County Medical Society  
P.O. Box 551  
Lexington, Michigan 48450-0551

PRESORTED  
STANDARD  
U.S. POSTAGE  
PAID  
LANSING, MI  
PERMIT NO. 689

# SCM SURGERY CENTER OF MICHIGAN

## Where Physicians and Patients Come First



### Bring Your Cases Today. Explore Ownership Tomorrow.

The Surgery Center of Michigan (SCM) is a fully accredited ambulatory surgery center offering physicians a modern, efficient, and patient-focused environment.

### Why Choose SCM?

- Two State-of-the-Art ORs + Procedure Suite
- Carl Zeiss Microscopes & Bausch & Lomb Stellaris Systems
- Femto Laser & ORA Systems
- Vaser & Renuvion for Advanced Body Sculpting
- Lumenis CO<sub>2</sub> Laser for Skin Rejuvenation
- Staffed CRNAs
- AAAHC Accreditation
- Favorable Block Time Availability
- Streamlined Scheduling & Lower Overhead than Hospitals
- Convenient Sterling Heights Location

### Ownership Opportunities Available

Join a growing group of physicians who are not only optimizing their surgical practice but also building long-term value.

- Attractive entry for ophthalmologists, plastic & cosmetic surgeons, and other specialists
- Flexible ownership structures designed for physician success
- A chance to invest in your future and your patients' experience

#### Contact Us Today

Schedule a tour, bring your cases, or discuss ownership opportunities:

**Jennifer Bednarchik**

📞 586-254-1770 ✉️ [jennifer.b@vimichigan.com](mailto:jennifer.b@vimichigan.com)

#### Surgery Center of Michigan

Conveniently located off Hall Road in Sterling Heights