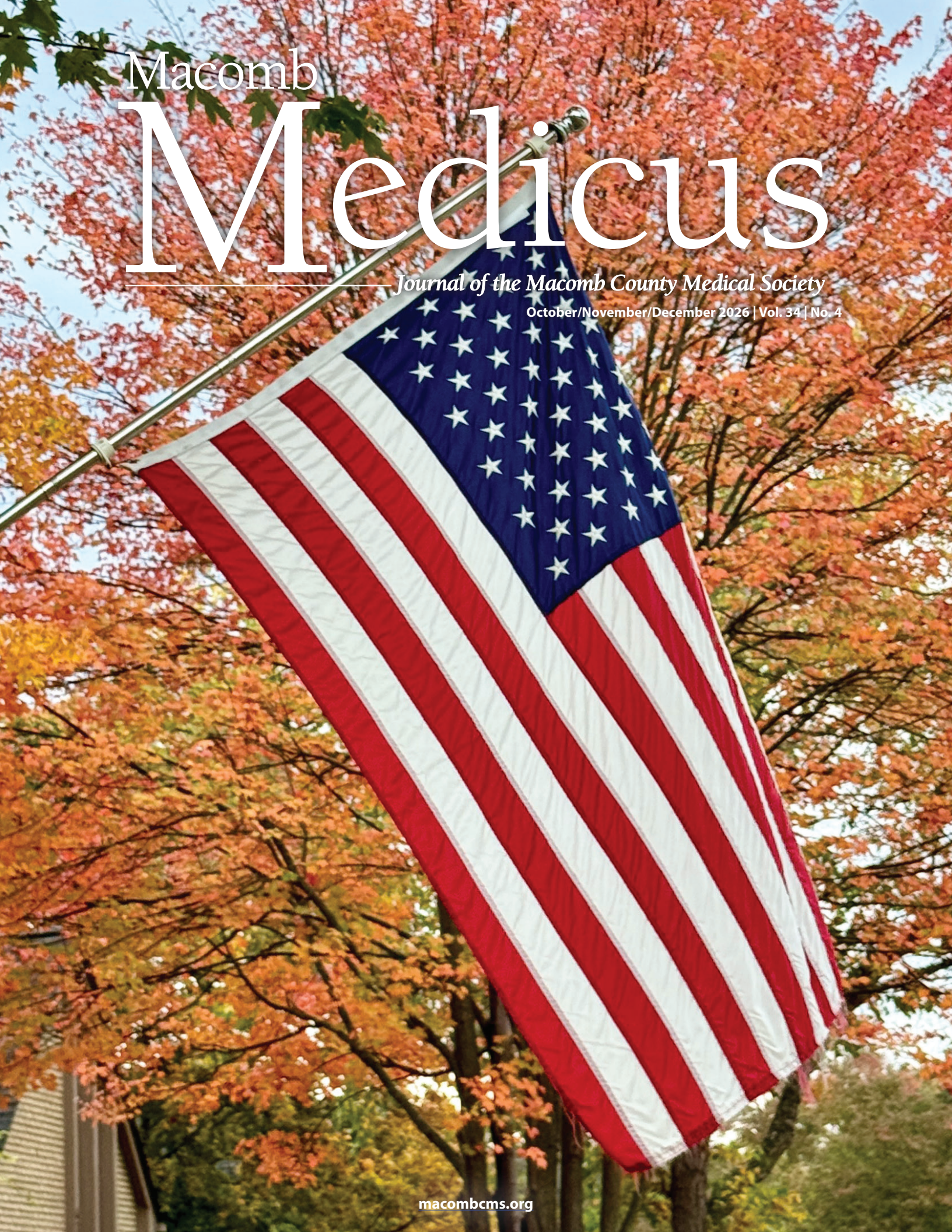


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Journal of the Macomb County Medical Society

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A Message from the MCMS President

By: Lawrence F. Handler, MD
MCMS President

As autumn arrives in Michigan and we look toward a new year, I extend my best wishes to our members and their families. As I complete my term as President of the Macomb County Medical Society, I thank you for your membership, support, and commitment to our profession.

We are entering perhaps the most momentous period in our Society's history since its founding in 1836. The Michigan State Medical Society House of Delegates recently approved a restructuring of its relationship with county societies, prompted largely by declining statewide membership. Our Society must now prepare to operate independently while maintaining opportunities to collaborate with the state organization.

As we consider our future, it is worth remembering our beginnings. The MCMS, like many medical societies in the 1800s underwent a few starts and stops. According to an article in *The Mount Clemens Monitor*, on February 24, 1903, local physicians gathered at the Mount Clemens Club to re-establish our Society, electing Dr. Philip A. Knight, MD as its President. They discussed objectives, bylaws, membership, and meetings. Remarkably, they decided against membership charges. More than 123 years later, we are again examining how best to organize and engage physicians.

Your Board of Directors has begun that work. We have engaged legal counsel to review our bylaws and organizational structure and help establish a sound foundation for independence. The Board also unanimously reduced dues in every membership category for 2027, making it easier for colleagues to join and participate.

Our next challenge is to define the priorities of an independent Macomb County Medical Society. We must stay informed about healthcare developments in our community and advocate for physicians and patients. As one of Michigan's largest counties, we have the size and potential influence to deliver meaningful benefits to members. Growing our membership will strengthen our collective voice and expand our influence politically and within the corporate healthcare community.

We must also recognize how medical practice has changed. Our Society was founded when physicians practiced almost exclusively independently; today, increasing numbers are employed by hospitals and corporate healthcare organizations. Regardless of practice setting, physicians need a strong, independent voice and collective representation difficult to achieve individually. Our Society must adapt quickly to these changes and to how physicians engage today. Members have shown less interest in traditional meetings and social gatherings. We must embrace modern communication and online engagement, focusing less on organizing in-person meetings and more on efficient ways to work together toward common priorities.

I am pleased to welcome Dr. Carolann Kinner as our incoming President. I am confident her leadership and our Board's commitment will help guide this transition.

Serving as President has been an honor. I am grateful for our members' trust and support and the opportunity to work alongside dedicated colleagues. As we enter the New Year, I encourage each of you to help shape the next chapter of the Society our predecessors began so long ago. ✦

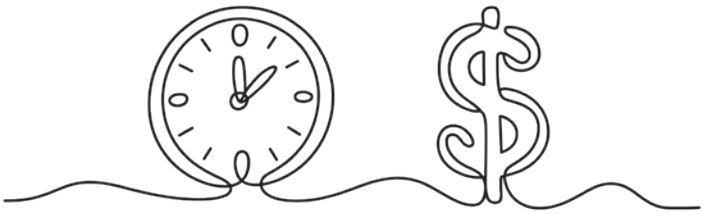
Change of Address? Let Us Know!



Please contact Heidi Leach at HLeach@macombcms.org



From apple orchards & cider mills, to breweries, festivals & family activities, Macomb County has something for everyone.



MACOMB COUNTY MEDICAL SOCIETY — YOUR LOCAL VOICE IN MEDICINE

IT'S TIME TO RENEW YOUR MCMS MEMBERSHIP

To demonstrate our commitment to members and make membership affordable for all physicians ***we have reduced our dues from $260 to just $100****.*

Why Membership Matters

Many of the issues that affect your practice are deeply local. From navigating area hospitals and health systems to managing patient access, public health concerns, and relationships with other healthcare organizations, the challenges you face impact your entire community.

MCMS membership brings physicians together to share concerns, develop local solutions, and speak with a single, cohesive voice. Our strength lies in our unity. By connecting physicians across Macomb County, we build a powerful, collective advocacy that drives meaningful change for our profession and our patients.

There are three easy ways to renew your MCMS membership:

1. Online at **www.msms.org/renew** look for your "county invoice"
2. Call MSMS Account Specialist, Christina Spitzley, at 517-336-5762
3. Print your "county invoice" from the MSMS portal and mail to: MSMS Membership Dept., PO Box 950, East Lansing, MI 48826

For just $100 a year, you can help maintain a strong, independent local physician voice that drives real change.



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.

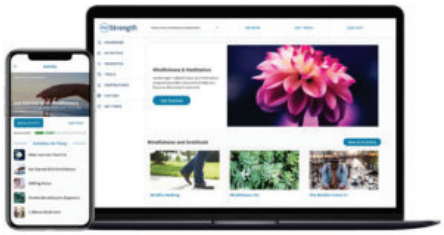
To support that effort, Macomb County Community Mental Health is proud to offer a great on-line, personalized program, My Strength.

***"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 *and enter access code* MCCMHComm *and begin your journey to stronger overhall health!

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

There is no cost to join, and it is simple to get started. Go to **www.mystrength.com**. Select "Sign Up" and enter the access code: **MCCMHComm**. Complete the Wellness Assessment *(it takes about ten minutes)* and be on your way with personalized tools and supports.

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



Healthcare Along the Silk Road: A Physician's Journey Through Central Asia

By: Narendra D. Gohel, MD, FACS
Editor, Macomb Medicus

During a recent journey through Azerbaijan, Turkmenistan, Uzbekistan, Tajikistan, Kazakhstan, and Kyrgyzstan, I encountered magnificent architecture, ancient Silk Road cities, and warm hospitality. But as a physician, I was also curious about something less visible: what happens when ordinary people become sick?

I did not visit hospitals or conduct a formal study. Instead, I spoke informally with local guides, drivers, and residents about their experiences with illness, medical education, physicians, and the cost of care. Their accounts cannot represent entire nations, but they offered an intriguing view of six healthcare systems shaped in different ways by a shared Soviet past.

Home Remedies and the Decision to Seek Care

In Baku, Azerbaijan, several young, college-educated residents described a similar pattern: when a family member becomes ill, treatment often begins at home. People may try traditional remedies or obtain medication before consulting a physician. If symptoms persist, they seek hospital care. One guide said that recommendations from relatives and friends strongly influence the choice of doctor.

Elsewhere, a Kazakh guide recalled rubbing melted animal fat on the body as a traditional remedy. In Tajikistan, I heard about healing prayers, or dua, although our guide believed these practices were becoming less common. The coexistence of traditional and modern medicine was not surprising. Even in the United States, patients frequently try home remedies before seeking professional advice.

The Meaning of "Free" Healthcare

Government-supported healthcare remains important throughout the region, but what patients actually pay varies. In Azerbaijan, residents described treatment in government hospitals without direct charges for certain services. An Uzbek guide described payroll contributions and waiting periods for specialist visits and elective surgery. In Tajikistan, we heard that basic care and some medicines may be provided without charge.

Yet several guides also mentioned informal payments or gifts—sometimes called bakshish—to obtain more prompt attention. These were individual accounts, not evidence that such payments are universal. They raised a familiar question: does nominally free care guarantee timely, affordable access? A World Health Organization review of Kyrgyzstan, for example, documents substantial out-of-pocket spending despite a state-guaranteed benefits package.

Public and Private Practice: A Question of Trust

A recurring observation was the perception that private physicians devote more time and attention to patients. Guides in Azerbaijan and Kyrgyzstan described choosing doctors through personal recommendations, while some Azerbaijanis reportedly travel to Turkey or elsewhere for advanced treatment. In Kazakhstan, our guide said that physicians sometimes work in both government hospitals, where they encounter complex cases, and private offices, where compensation is better.

A Kyrgyz guide shared a memorable personal experience. After injuring her knee, she was examined at a government hospital, told she had a meniscal injury, and placed in a cast. She paid approximately $3. Concerned about the diagnosis, she sought a private consultation and MRI, which confirmed a meniscal tear; that visit cost approximately $30. The story was less about which physician was right than about the value patients place on reassurance and diagnostic confidence.

Guides estimated modest public-sector physician salaries, in some places comparable to teachers' earnings. Such figures were anecdotal and may vary widely, but they prompted questions about recruitment, long shifts, and the attraction of private practice or employment abroad.

Medical Education, Geography, and Culture

In Tajikistan, a guide described educational support for selected medical students in return for several years of service in underserved villages. Whether or not the precise program details have changed, the underlying challenge is universal: how can healthcare systems attract physicians to rural communities?

Cultural preferences also shape care. Our Tajik guide explained that many women prefer female physicians, particularly for maternity and gynecological care, and sometimes even for dentistry. In Kyrgyzstan, our guide described ambulance teams assessing emergencies and taking patients to hospitals appropriate to their needs—cardiac, trauma, or obstetric facilities. I understood this as a description of prehospital triage and specialty referral, not proof that emergency departments do not exist.

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Ashgabat: Magnificent Buildings, Unanswered Questions

Ashgabat, Turkmenistan's capital, was perhaps the most visually striking city of the trip. Broad avenues, monumental white buildings—many clad in marble—and a predominance of white automobiles created an almost surreal setting. Traffic seemed unusually sparse; at times the city felt like a ghost town.



Oncology center in Ashgabat, Turkmenistan. Photograph by the author, September 2026.

Among its remarkable buildings were impressive medical specialty facilities, including an oncology center. As a surgeon, I could not help wondering what lay behind the elegant façades. Were advanced diagnostic tests, cancer surgery, radiation therapy, and multidisciplinary treatment readily available? Could ordinary citizens afford them? I had not toured the facilities and could not assess their staffing, technology, clinical outcomes, or patient volumes. Quiet streets offered no reliable answer.

A Familiar Lesson Far From Home

Across these six countries, the questions people raised were strikingly familiar: Whom can I trust? How long must I wait? What will treatment cost? Where can I find a specialist? These are also the concerns of patients in the United States, despite our sophisticated technology and substantial healthcare spending.

My conversations were informal, limited, and necessarily subjective. Still, they reinforced a lesson from a lifetime in medicine: the true measure of a healthcare system is not the magnificence of its buildings, but the quality, accessibility, affordability, and humanity of the care delivered within them. The historic Silk Road carried goods and ideas across borders; the need for compassionate, trustworthy medical care crosses those borders just as surely. ✦

Author's note: *This essay reflects informal conversations and personal observations during a September 2026 trip, not a systematic evaluation of national healthcare systems.*

Selected background reference: WHO/European Observatory on Health Systems and Policies. Health Systems in Action: Kyrgyzstan (2024).

MEDICAL RECORDS OF RETIRED PHYSICIANS

Patients looking for their medical records from retired physicians frequently contact the MCMS. If you are retired or will be retiring shortly, please contact the MCMS at 810-712-2546 or email 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!

VISIT US AT
MACOMBCMS.ORG





Help kids and teens use social media more safely:

- Monitor their social media use
- Set tech time limits
- Create "tech-free" zones at home
- Encourage in-person activities
- Model healthy social media use

Health Department

MACOMB COUNTY APPOINTS DEPUTY MEDICAL EXAMINER

Macomb County is pleased to announce the appointment of Dr. John Costanza as its new deputy medical examiner. In this role, Dr. Costanza will join chief medical examiner Dr. Mary Pietrangelo to lead the Macomb County Medical Examiner's Office. In his role, Costanza will conduct timely, objective death investigations that support public safety, the criminal justice system, and surviving family members.



"Dr. Costanza's experience in forensic pathology will enhance the outstanding work already being done by Dr. Pietrangelo and the Medical Examiner's Office," said Macomb County Executive Mark Hackel. "We're fortunate to have someone of his caliber joining our team and serving the residents of Macomb County."

Costanza received his medical degree from the University of Arizona and completed a forensic pathology fellowship at the Harris County Institute of Forensic Sciences in Houston, Texas, as well as a cardiovascular and thoracic pathology fellowship at the University of Texas McGovern Medical School. He is board certified in anatomic pathology by the American Board of Pathology and is licensed to practice medicine in Michigan and Pennsylvania.

"I've been eagerly awaiting Dr. Costanza's arrival to Michigan since we first met in November 2025," said Dr. Mary Pietrangelo, chief medical examiner for the Macomb County Medical Examiner's Office. "I'm very glad he chose Macomb County. He's a welcome addition to our office and I'm looking forward to working with him as our deputy medical examiner."

"I am truly honored and excited to begin my new role as deputy medical examiner for Macomb County. Over the past week, I have thoroughly enjoyed getting to know the office and the amazing people that make it run," said Costanza. "I am loving the cooler weather and beautiful natural surroundings, which have made me feel even more excited to call this area home. I look forward to contributing to the important work of the office and serving the community in the years ahead."

CHILDREN'S SPECIAL HEALTH CARE SERVICES

The Macomb County Health Department's Children's Special Health Care Services (CSHCS) program can provide relief for families dealing with a challenging diagnosis. The program's mission is to provide support and services so families can keep children out of extended care facilities.



The CSHCS program reaches over 4,078 families that have children with over 2,700 different diagnoses from birth to 26 years of age. This includes clients over the age of 26 with Cystic Fibrosis, Sickle Cell Disease, Hemophilia and related coagulation disorders. Conditions must be severe and chronic and must involve medications with intensive treatments.

CSHCS can help participants receive medication, therapies, medical supplies, transition into the adult health care system, and assist them with billing and financial issues. Supporting families with special health care needs has been a long-standing service of local public health departments. CSHCS program staff are genuinely committed to the families they serve and are passionate about providing much needed assistance.

It's this mission that makes CSHCS an essential program - one that ensures parents with children with special health care needs are never alone when navigating the complex world of health care and insurance.

Learn more about CSHCS.

VOLUNTEER WITH THE MACOMB COUNTY HEALTH DEPARTMENT MEDICAL RESERVE CORPS

A healthier, more prepared community starts with you!



The Macomb County Health Department's Medical Reserve Corps (MCHD-MRC) enhances Macomb County's emergency preparedness by ensuring that a trained group of non-medical and medical volunteers are ready to respond to county-wide public health emergencies, large scale disasters, terrorist events, or disease outbreaks.

MCHD-MRC volunteers attend meetings, training, and events to prepare them to support their community before, during, and after an emergency or disaster. There is no minimum volunteer hour requirement, and you can choose the events you want to attend based on your availability.

Why Should You Volunteer?

You've worked hard in your career to master a variety of skills – in medicine, public health, safety, logistics, communications or a number of other areas. Volunteering with the MCHD-MRC is a simple and effective way to use and improve those skills, while helping to keep your family, friends and neighbors safe and healthy.

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Ready to make a difference?

Learn more about the Macomb County Medical Reserve Corps and how you can serve:

- Visit our **online MRC resources**.
- **Complete a volunteer application**.
- **Create a profile in the Michigan Volunteer Registry**.
- Email **mchd_mrc@macombgov.org** with questions or to learn more.

Your time, skills, and willingness to help can make a lasting difference. Join the Macomb County Medical Reserve Corps today and help build a stronger, healthier, more resilient community.

EMERGECY PREPAREDNESS PLAN FOR MACOMB COUNTY BUSINESSES



If you own/operate a business, emergencies can have a devastating impact especially if you're not ready for them.

After a disaster, businesses are a lifeline for the community. We count on businesses small and large to get back up and running to support community resiliency, but **over 60% of businesses say they don't have a comprehensive plan**. Businesses and organizations can protect their employees and participate in community emergency response by becoming Closed POD partners and developing **Emergency Preparedness and Continuity of Operations Plans**.



In a public health emergency such as a bioterrorism event or pandemic flu, the Health Department is tasked with providing life-saving antibiotics to the entire County population. **We can work with you to build a plan that would help us quickly get prophylactic medication to your staff, their family members, and optionally, your customers/clients**. This plan eliminates the need for you and your staff to go to a public Point of Dispensing (Open POD) site to receive this medication. Instead, your facility will be a private Point of Dispensing (Closed POD) site. You can help protect your workers, and ensure fewer disruptions to your business operations because staff know their families are taken care of.

We have worked with a number of private businesses, community organizations, and health care agencies to help them build their Closed POD Plans. To get started, follow the link below to register. A preparedness specialist will contact you to build the plan for your particular facility. There is no cost or obligation - we write the entire plan for you and handle all technical assistance. For more information contact **MCHD-EP@macombgov.org**

Closed POD Registration Form ✦

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

Health and Community Services
Health Department

Macomb County Health Department
Reportable Diseases Summary

Diseases Reported in Macomb County Residents*

Cumulative total for previous years, year-to-date total for September 2026[b]

	2026	2025	2024	2023	2022
AMEBIASIS	0	0	0	0	0
BLASTOMYCOSIS	2	2	0	1	2
BOTULISM -FOODBORNE	0	0	0	0	0
BOTULISM -INFANT	0	0	0	0	0
BRUCELLOSIS	0	1	1	0	0
CAMPYLOBACTER	92	100	86	109	91
CHICKENPOX	27	27	32	37	29
CHLAMYDIA	2,065	2,564	2,855	3,074	3,105
COCCIDIOIDOMYCOSIS	3	2	4	4	1
CREUTZFELDT JAKOB	0	1	1	1	0
CRYPTOCOCCOSIS	0	0	0	0	0
CRYPTOSPORIDIOSIS	10	3	7	14	7
CYCLOSPORIASIS	547	1	0	2	1
DENGUE FEVER	0	0	1	0	0
DIPHTHERIA	0	0	0	0	0
EHRLICHIOSIS	0	1	1	0	0
ENCEPHALITIS PRIMARY	0	1	1	0	0
ENC POST OTHER	1	6	7	2	1
FLU-LIKE DISEASE	8,266	7,848	4,054	15,579	14,973
GIARDIASIS	18	22	19	26	16
GONORRHEA	614	864	970	1,065	970
GRANULOMA INGUINALE	0	0	0	0	0
GUILLAIN-BARRE SYN.	4	11	8	9	5
H. FLU INVASIVE DISEASE	15	11	30	17	16
HEMOLYTIC UREMIC SYN.	0	0	0	0	0
HEPATITIS A	3	0	1	3	1
HEPATITIS B (ACUTE)	4	7	8	7	5
HEP B (CHRONIC)	53	72	76	80	62
HEPATITIS C (ACUTE)	2	2	9	9	13
HEP C (CHRONIC)	95	135	223	199	198
HEPATITIS D	0	0	0	0	0
HEPATITIS E	0	0	0	0	0
HISTOPLASMOSIS	4	3	6	4	4
HIV^	44	42	48	51	56
INFLUENZA	3,195	8,005	4,846	3,523	5,558
KAWASAKI SYNDROME	4	1	6	11	5
LEGIONELLOSIS	31	38	44	60	36
LISTERIOSIS	3	3	0	0	2

	2026	2025	2024	2023	2022
LYME DISEASE	31	21	11	14	11
MALARIA	1	2	1	1	2
MEASLES	2	2	1	0	0
MENINGITIS VIRAL	11	16	15	12	26
MENINGITIS BACTERIAL/BACTEREMIA					
(EXCLUDING N. MENINGITIDIS	3	6	5	4	8
MENINGOCOCCAL DISEASE	0	1	1	1	0
MPOX	1	0	1	4	41
MULTISYSTEM INFLAM. SYND.	1	1	1	3	8
MUMPS	0	0	0	2	0
NOVEL CORONAVIRUS COVID19	3,506	9,380	16,162	26,232	123,251
PERTUSSIS	10	49	91	3	2
POLIO	0	0	0	0	0
PSITTACOSIS	0	0	0	0	0
Q FEVER	1	0	0	0	0
RABIES ANIMAL	0	2	0	13	1
RABIES HUMAN	0	0	0	0	0
REYE SYNDROME	0	0	0	0	0
ROCKY MNTN SPOTTED FVR	0	0	0	0	1
RUBELLA	0	0	0	0	0
SALMONELLOSIS	80	88	70	59	65
SHIGELLOSIS	13	15	18	9	18
STEC**	13	15	13	25	22
STREP DIS, INV, GRP A	74	64	67	63	30
STREP PNEUMO, INV + DR	42	72	61	56	61
SYPHILIS CONGENITAL	4	3	5	4	2
SYPHILIS	114	175	178	232	202
TETANUS	0	0	0	0	0
TOXIC SHOCK SYNDROME	0	0	0	0	1
TUBERCULOSIS	7	13	14	16	14
TULAREMIA	0	0	0	0	0
TYPHOID FEVER	1	3	0	2	1
VIBRIOSIS	2	2	1	2	0
VISA	1	0	0	0	0
VRSA	0	0	0	0	0
WEST NILE VIRUS	5	5	6	1	1
YELLOW FEVER	0	0	0	0	0
YERSINIA ENTERITIS	4	2	3	3	1
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".

[b] 2026 total is tentative at this time.

19-October-2026

STATE'S CHIEF MEDICAL EXECUTIVE MAKES STANDING RECOMMENDATION ON RESPIRATORY VIRUS VACCINES

Continues COVID-19 vaccine standing recommendation

Chief Medical Executive Dr. Natasha Bagdasarian issued a **standing recommendation** that as of October 15, 2026, health care providers in Michigan should refer to the **respiratory virus immunization recommendations compiled by the American Medical Association**, when determining which vaccines their patients should receive and the timing for their administration for the 2026-2027 respiratory season.

The AMA's recommendations are aligned with evidence and guidance from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Vaccine Integrity Project and Infectious Diseases Society of America.

"Vaccines are the best defense against severe outcomes from COVID-19, RSV, and influenza infections. Employing these schedules will contribute to the advancement of the health of Michigan's residents and prevent severe, potentially fatal, negative outcomes during this respiratory season. I encourage health care providers, health care systems, and health care payers to remove barriers to vaccine access where possible," said Bagdasarian.

In addition, Bagdasarian noted that the COVID-19 standing recommendation issued Sept. 19, 2025, remains in effect for the 2026-2027 COVID-19 vaccine. That recommendation states, in pertinent part:

> Any person over the age of six months without contraindication who has not received a dose of a Food and Drug Administration- (FDA) approved or authorized 2025-2026 COVID-19 vaccine may be considered to have an underlying condition that puts them at high risk for evere outcomes from COVID-19 and is thus eligible to receive an age-appropriate dose.

This guidance is applicable to persons seeking the 2026-2027 COVID-19 vaccine. This recommendation should not supersede clinical judgement in decision making with individual patients.



RECREATIONAL NITROUS OXIDE MISUSE IN MICHIGAN: WHAT PROVIDERS NEED TO KNOW

Nitrous oxide misuse is a growing concern in Michigan, particularly among young adults and in larger cities and their surrounding communities. Recreational nitrous oxide products — often sold as "whippets," flavored chargers or whipped cream canisters — are widely available in smoke shops, vape stores, convenience stores and online marketplaces.

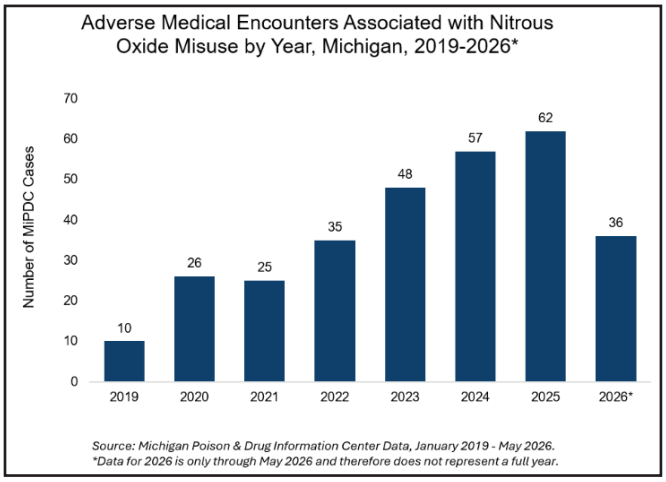
While nitrous oxide is commonly used safely in medical and dental settings, repeated or heavy recreational use can lead to serious health effects, including neurologic symptoms, mental health concerns and other medical complications. Because these products are often marketed as legal or low risk, many people may not fully understand the potential harms associated with misuse.

Data from the **Michigan Poison and Drug Information Center** (MiPDC) suggests a sharp increase in adverse medical encounters associated with **nitrous oxide misuse** in recent years.

Recognizing nitrous oxide misuse can be challenging. Patients may not think to report use, and symptoms can develop gradually over time. Clinicians may not recognize non-specific neurological or psychiatric symptoms as related to potential nitrous oxide use. Increasing awareness among clinicians, health care providers, parents, caregivers and community partners is important to helping identify concerns earlier and reducing harm.

Epidemiology of nitrous oxide misuse

From 2019 through 2023, 144 poison center cases, 132 emergency department visits and 192 emergency medical services (EMS) responses involving nitrous oxide were identified in Michigan. More recently, from January 2024 through May 14, 2026, MiPDC identified 112 poison center cases involving intentional recreational nitrous oxide misuse causing injury. Case encounters increased from 35 in 2024 to 47 in 2025, with 30 cases already reported by mid-May 2026 — meaning more than 60% of the previous year's total had already been reached in less than half the year.

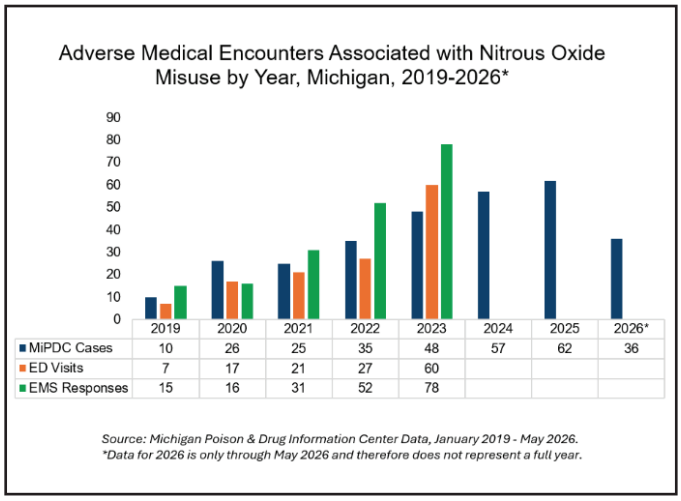


Nitrous oxide events occurred most frequently among people ages 20 through 39 and primarily in urban and suburban communities. Of the 112 identified cases, 99 individuals

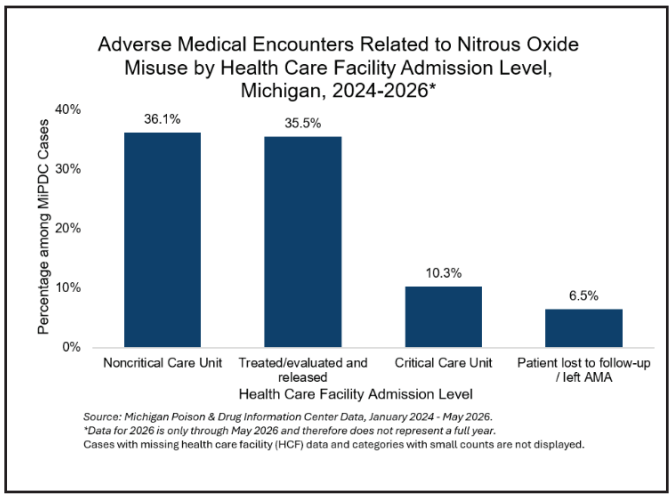
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presented to a hospital, including 38 hospital admissions and 10 ICU admissions. Nearly half of all reported cases resulted in medically significant outcomes. The most commonly reported effects were neurologic in nature, including numbness, peripheral neuropathy, muscle weakness and gait instability.



Among EMS responses involving nitrous oxide, 14 fatalities were identified, including three suspected suicides. Polysubstance involvement occurred in approximately 30% of poison center cases, most commonly involving benzodiazepines, cannabis/THC and alcohol. Commonly reported clinical effects included tachycardia, neurologic symptoms and numbness.



What this means for clinicians

There is currently no reliable screening test for nitrous oxide misuse. Diagnosis often depends on patient history and recognition of common symptoms. MDHHS encourages providers to incorporate nitrous oxide into routine substance use assessments and patient education.

- **Screen routinely**. Patients may not think of nitrous oxide as a drug or may not disclose use unless asked directly.
  - Patients may use slang terms rather than "nitrous oxide" when describing use, including "whippets," "NOS," "Galaxy Gas" or flavored chargers.
  - Include inhalants and recreational gases in substance-use screening.
  - Ask where and how products are being obtained.
- **Consider nitrous oxide in unexplained neurological symptoms**. Nitrous oxide misuse can contribute to neurologic symptoms that may initially appear unrelated to substance use.
  - Ask about nitrous oxide use in patients with numbness, tingling or weakness.
  - Consider use in patients reporting balance issues or difficulty walking.
  - Be aware that symptoms may develop gradually over time.
- **Assess for polysubstance use**. Nitrous oxide is often used alongside other substances, increasing health and safety risks.
  - Ask about alcohol, cannabis, benzodiazepines and other drug use.
  - Discuss overdose and impairment risks associated with combined use.
  - Monitor for sedation, confusion or other signs of intoxication.
- **Support early intervention**. Patients may view nitrous oxide as low risk because products are sold openly in stores and online.
  - Use non-judgmental language when discussing use.
  - Educate patients on potential neurologic and mental health risks.
  - Encourage patients to seek care if symptoms develop.
- **Educate patients and caregivers**. Awareness remains low among patients, parents and caregivers.
  - Explain that repeated use can cause serious health effects.
  - Explain that nitrous oxide use should be stopped immediately if neurological or psychological symptoms occur. Reinforce that legal or retail products are not necessarily safe.
  - Share prevention messaging with adolescents and young adults when appropriate.
- **Encourage safer use practices**. Some individuals may continue to use nitrous oxide despite known risks. Providers can help reduce harm through practical, non-judgemental safety messaging.
  - Encourage individuals not to use nitrous oxide alone or before driving.
  - Discuss the increased risks associated with repeated or heavy use, especially alongside alcohol or other substances.
  - Connect patients to harm reduction services and community resources available in Michigan. ✦



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

OCTOBER

Howard Adelson, DO
Roberto Barretto, MD
Kenneth Cervone, MD
Randall Colvin, MD
Victor Corondan, MD
Jay Eastman, MD
Melissa Fischer, MD
Robert Fishman, MD
Steven Fite, MD
Amit Garg, MD
James Giliberto, DO
John Habicht, MD
Bijaya Hans, MD
Timothy Horrigan, MD
Syed Husain, MD
Khaled Ismail, MD
Sotirios Kalliantasis, DO
Kristen Kenny, DO
Steven Kotsonis, DO
Jeanette Marchand-Mateyak, MD
Robert Mendelson, MD
Mark Mishack, MD
Gerald Mullan, MD
Adam Rubin, MD
Milton Simmons, MD
Cheryl Sobocinski, MD
Anil Thomas, MD
Kenneth Tucker, MD
Isaac Turner, MD
Sheetal Varde, DO

NOVEMBER

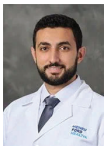
Wassim Bazzi, MD
Yousef Bishai, MD
Amy Cardellio, DO
Eddie El-Yussif, DO
Allison Engel, MD
Michael Fozo, MD
Gunateet Goswami, MD
Mouhammed Joumaa, MD
Joseph Kaiser, DO
Stacy Ker, DO
Akhila Lattupally, MD
Candice Mansoor, MD
Shiva Maralani, MD
Lillian Marzouq, MD
Gregory Oldford, MD
Heather Orkwis, DO
Malati Patel, MD
Susan Radtke, MD
Chada Reddy, MD
Samer Saqqa, DO
Jerome Seid, MD
Brian Seifman, MD
Jack Shartsis, MD
Gail Soo Hoo-Williams, MD
Sevak Valijan, MD
Kenneth Weinberger, MD
Stanley Wolfe, MD

DECEMBER

David Altman, MD
Lenise Banse, MD
James Bookout, MD
Terrence Brennan, MD
Bruce Carl, MD
Matthew Edwards, DO
Jessica Ezell, DO
Pamela Georgeson, DO
Sheldon Gonte, MD
Eileen Hopman, MD
Nasir Husain, MD
Ghaith Ibrahim, MD
Ajith Kadakol, MD
Mun Kim, MD
Christina Leo, DO
Nada Macaron, MD
Daniel Macek, MD
Daniel Malach, MD
Vittorio Morreale, MD
Rajika Munasinghe, MD
Andrew Ogawa, MD
Benedict Pellerito, MD
S. Bhimsen Rao, MD
Mouhamad Rihawi, MD
Adam Rourke, DO
Paul Sweda, MD
Ethel Villanueva, MD
David Weingarden, MD

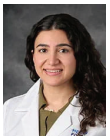
We Would Like to Welcome the Following New Members.

Omar B. Alneser, MD



Internal Medicine – Residency
Medical School: University of Damascus Faculty of Medicine (Syria), 2023. Currently practicing at Henry Ford Macomb Hospital.

Lena Anwar Said Daddoo, MD



Internal Medicine – Residency
Medical School: University of Baghdad College of Medicine (Iraq). Currently practicing at Henry Ford St. John Hospital.

Justin M. Ealba, MD

Radiology
Medical School: Wayne State University School of Medicine, 2020. Post Graduate Education: Henry Ford Detroit Hospital, completed in 2025; Medical College of Wisconsin, completed in 2026. Hospital Affiliations: Henry Ford Macomb, Henry Ford Detroit, Henry Ford West Bloomfield. Currently practicing at Henry Ford Macomb, 15855 19 Mile Rd., Clinton Twp., MI 48038, ph. 586-263-2415.

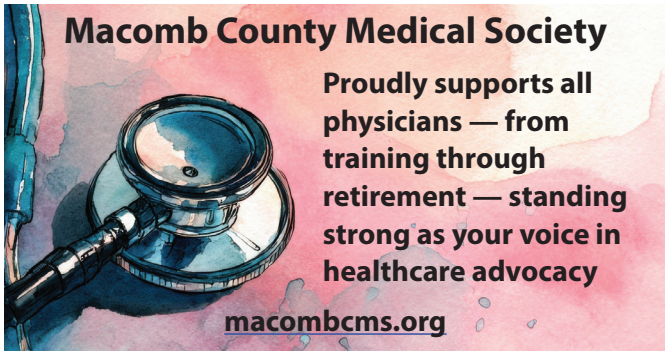
Kristen A. Kenny, DO

Internal Medicine – Board Certified Medical School: Michigan State University College of Osteopathic Medicine, 2018. Post Graduate Education: Ascension Macomb-Oakland Hospital, completed in 2021. Hospital Affiliations: Henry Ford Warren. Currently practicing at Henry Ford Internal Medicine – Macomb Professional Building, 11855 E. 12 Mile Rd., Ste. 200B, Warren, MI 48093, ph. 586-582-6630.

Paul A. Zlojutro, MD



Ophthalmology – Board Certified
Medical School: Wayne State University School of Medicine, 2020. Post Graduate Education: Corewell Health Dearborn Hospital, completed in 2021; Kresge Eye Institute, completed in 2024. Hospital Affiliations: Corewell Beaumont University, Corewell Beaumont Troy. Currently practicing at Simone Eye Center, 29245 Ryan Rd., Ste. 100, Warren, MI 48092, ph. 586-558-2981, fx. 586-558-8838, www.simoneeyecenter.com.



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 for more information

Macomb County Medical Society Foundation's 2026 Holiday Sharing Card Project

Dear Macomb County Medical Society Members,

For this year's Holiday Sharing Card Project, you can choose to contribute to either or both of our selected local charities. With recent cuts to safety net programs, the need in Macomb County has never been greater—making your generosity more vital than ever. We hope you will join us in supporting those in need across our community. The Macomb County Medical Society Foundation is a 501(c)(3) non-profit charitable organization, as it pays for all costs associated with this project; **your donation is 100% tax deductible**.

Macomb Food Program *serves people in need of food through the Community Food Bank of Macomb County's 60 pantry distribution sites and its "Fresh to You" Mobile Pantry. Since 2021, the number of families served by local food pantries has increased by 70% and the need continues to grow. Every dollar donated stays in Macomb County and is used to feed hungry families, children, veterans, the elderly, and the disabled throughout the County.*

Turning Point Shelter *is Macomb County's only comprehensive agency supporting survivors of domestic violence, sexual assault, and human trafficking. They provide a 24-hour crisis hotline, emergency shelter, Forensic Nurse Examiner Program, legal advocacy, prevention education, support groups and counseling services that help thousands of women and their children.*

We will be sending holiday cards to all Macomb County Medical Society members with a list of this year's Holiday Sharing Card donors inside. If you would like to have your name included as a donor, please complete the form below and **return it along with your check to the Macomb County Medical Society office no later than December 5, 2026.**

If you have any questions, please contact the MCMS office at HLeach@macombcms.org or call 810-712-2546.

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*Form and payment must be **returned by December 5th***

Name(s) to appear on holiday card _____

Address _____

Phone _____ Email _____

$_____ Contribution to Food Program

$_____ Contribution to Turning Point

Please make check payable to: Macomb County Medical Society FDN

Return to: Macomb County Medical Society FDN, PO Box 551, Lexington, MI 48450-0551

The Macomb County Medical Society FDN is a 501(c)(3) non-profit charitable organization sponsored by the Macomb County Medical Society. As the Foundation pays for all costs associated with this project, **your donation is 100% tax deductible**. Macomb County Medical Society FDN Tax ID # 38-3180176.

New Survey Finds Practice Conditions are Driving Physician Distress

The Physicians Foundation released findings from its **2026 Survey of America's Physicians, How Practice Conditions Shape Physician Wellbeing**, examining differences in wellbeing by employment setting, gender, age, and geography.

Conducted with Medscape in August 2026 among 1,000 physicians, the survey found that nearly six in 10 physicians (58%) experienced debilitating stress in the past year, with notable differences across physician populations—underscoring that distress is shaped not only by individual experience but also by the conditions in which physicians practice.

Among the findings:

- 67% of employed physicians experienced inappropriate feelings of anger, tearfulness, or anxiety in the past year, compared with 54% of independent physicians.
- 34% of employed physicians cite organizational policies, productivity expectations, or internal pressures that limit clinical autonomy as a contributor to distress—more than twice the share of independent physicians (13%).
- Only 23% of female physicians report either a great deal of or complete control over expected patient volume, compared with 36% of male physicians.

The top 5 contributors of physician distress among affected physicians are:

- **Most physicians (61%)** report excessive workload, staffing shortages, or insufficient time with patients.
- **42% of physicians** report administrative burdens including prior authorization, documentation, and other insurance requirements.
- **Four in ten physicians (41%)** report difficulty balancing work with family, caregiving, personal health, or financial responsibilities.
- **More than one in four physicians (28%)** report organizational policies, productivity expectations, or internal pressures that limit clinical autonomy.
- **22% of physicians** report financial pressure affecting practice, compensation, or job stability.

"Physician wellbeing is a reflection of the conditions in which physicians are asked to practice medicine," said Gary Price, MD, president of The Physicians Foundation. "We have made important progress in reducing barriers to mental health care, but these findings show that we must also address the workplace conditions that contribute to distress in the first place. That means creating practice environments that support physicians' wellbeing, preserve meaningful autonomy, and ensure they feel valued throughout their careers."



The path forward requires proactive, system-level action to protect physician wellbeing, reduce the risk of tragic outcomes, and sustain a healthy, effective healthcare workforce. Together, The Physicians Foundation and the Dr. Lorna Breen Foundation are calling on healthcare leaders and stakeholders to advance systemic solutions that reduce administrative burden, ensure physicians can access mental health care without fear of professional repercussions, and foster workplace cultures where seeking help is supported rather than stigmatized.

Explore the full survey findings here.

Creating a Culture of Wellbeing

Despite progress in reducing barriers to mental health care, significant challenges remain. More than one-third of physicians say their workplace culture does not prioritize physician well-being, while 71% say stigma surrounding mental health and seeking mental health care persists within the profession.

"The steady decline in mental health care stigma over the past four years demonstrates that systemic changes, like eliminating intrusive mental health questions on licensure and credentialing applications, are making a meaningful difference," said Corey Feist, CEO and Co-Founder of the **Dr. Lorna Breen Foundation**. "At the same time, policy reform is just the first step. True cultural and systemic transformation takes time and continuous commitment. We must keep building on this momentum to ensure this progress translates into supportive workplace environments where every health worker feels valued and supported." ✦

About The Physicians Foundation

The Physicians Foundation is a public charity seeking to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. As the U.S. health care system continues to evolve, The Physicians Foundation is steadfast in strengthening the physician-patient relationship, supporting medical practices' sustainability and helping physicians navigate the changing health care system. The Physicians Foundation pursues its mission through research, education and innovative grant making that improves physician wellbeing, strengthens physician leadership, addresses drivers of health and lifts physician perspectives. For more information, visit www.physiciansfoundation.org.

HENRY FORD HEALTH

Henry Ford Macomb Hospital



Henry Ford Health Invests Record $1.6 Billion in People and Communities Across Michigan

Driven by its longstanding and deep-seated commitment to improving the complete health and wellbeing of its neighbors, Henry Ford Health invested a record $1.6 billion into the communities it serves in 2025, including $1.1 billion in **uncompensated care**, which helps ensure people can access high-quality healthcare regardless of their ability to pay.

Some of that impactful community investment continues to include:

- Offering **free, potentially life-saving heart screenings** to more than 1,600 Michiganders in a single day at our **Healthy Heart event** across nine locations, including sites in Wayne, Oakland, **Macomb**, Genesee and Jackson counties.
- Deploying the **mobile mammography unit** into neighborhoods in Wayne, Oakland and **Macomb** counties, so uninsured and under-insured women can receive the important care they need.
- Providing more than 25,000 bottles of donated breast milk to babies in need in and out of the hospital setting in 2026 so far. Based in Jackson since 2023 and serving families across the state, **our donor milk bank is the first of its kind in the region** and is on track to accept more than half a million ounces of donated milk in early 2027.
- Partnering with Habitat for Humanity for a program called **Stay Home Safe**, which provides **home modifications that help seniors avoid falls**, improve safety and remain independent.
- Mentoring hundreds of Detroit-area high school students as they explore careers in surgery and **awarding 25 $1,000 paid summer internships** to high school students who get paired with physicians.
- And so much more.

To further highlight and tell the story of these widespread community efforts that reach far beyond the bedside, Henry Ford Health created a downloadable report that can be viewed at **www.henryford.com/communityimpact**. There, you can learn more about the system's commitment to community and view additional community investment information as it becomes available.

More than 14,000 Volunteers Help Shape the Future of Cancer Prevention

More than 14,000 people enrolled through Henry Ford Health are helping researchers learn why cancer develops and how it may be prevented by participating in the National Cancer Institute's Connect for Cancer Prevention Study. Their involvement has made Henry Ford Health the third-leading enrollment site among participating health systems nationwide.

The achievement comes as Connect surpasses 100,000 participants nationally, marking the halfway point toward its goal of enrolling 200,000 people across the United States. Recruitment for the study began in late 2021.

Connect is one of the nation's largest cancer prevention research efforts, following adults with no history of cancer to better understand why cancer develops and how it may be prevented. The study is enrolling people between the ages of 30 and 70 years old. Participants complete health surveys, provide access to medical records, and contribute blood, urine and saliva samples collected over time. Researchers use these data to examine how genetics, lifestyle, environmental exposures, and other factors influence cancer risk.

Unlike many studies focused on a single disease or treatment, Connect was designed as a long-term scientific resource. By combining electronic health records, survey responses and biospecimens, researchers can investigate cancer causes, prevention strategies and opportunities for earlier detection.

"Participation in studies like Connect is essential to accelerating progress in cancer prevention, detection and treatment for future generations," said Steven Kalkanis, MD, Executive Vice President of Henry Ford Health, CEO of Henry Ford Hospital and CEO of the Henry Ford Medical Group.

Participants from across southeast Michigan have played a critical role in helping Connect reach its national enrollment milestone. Their involvement helps ensure the study includes perspectives from a region with substantial racial, ethnic, socioeconomic and geographic diversity, including African American, Arab American, rural and urban communities.

"A study of this scale is most valuable when the participants reflect the people in the population the researchers ultimately hope will benefit from the study results," said Benjamin A. Rybicki, PhD, Associate Director of Research for Henry Ford Cancer and Henry Ford Health's lead investigator for the Connect for Cancer Prevention Study.

People interested in learning more about the Connect for Cancer Prevention Study can visit **cancer.gov/connectstudy**. ✦

McLaren

McLaren Macomb Hospital

McLaren Macomb Relocates, Expands Breast Center

McLaren Macomb opened its expanded McLaren Macomb Breast Center in June. Relocated from the hospital's main campus, the center's new location — 21550 Harrington Street, Suite 200, adjacent to the Harrington Medical Center — will provide access to advanced breast imaging, risk assessment, and diagnostic services at a location designed to offer enhanced patient experience through convenience and increased access to advanced diagnostics.

"The relocated and renovated Breast Center reflects McLaren Macomb's longstanding commitment to expanding access to advanced, compassionate care for women throughout Macomb County," said Tracey Franovich, President and CEO of McLaren Macomb. "Through advanced technology, highly specialized providers, and coordinated services in one convenient location, we are creating an environment that supports early detection, timely diagnosis, and a more personalized experience for every patient we serve."

The center's relocation also brings an expansion of specialized services and technology, including the Automated Breast Ultrasound System (ABUS) for the early detection of breast cancer in patients with dense breast tissue, a Hologic Upright Stereotactic Mammograph Unit, a 3D platform to identify and mark small targets for biopsy in the early diagnosis of breast cancer; and the Mammotome magnetic seed implantation system for tumor marking, providing greater flexibility in scheduling follow-up surgery.

By bringing diagnostic testing and biopsy services together into one comprehensive office, the McLaren Macomb Breast Center has taken steps to streamline the patient experience while maintaining timely, coordinated care, bolstering McLaren Macomb's ability to deliver efficient care in an outpatient setting.

A contribution was made to the McLaren Macomb Breast Center in memory of Barbara K. Dromke, who was a board member of the Milner Hotels Foundation, a local grant-making foundation, and served as the organization's president during its operational years.

Patients will continue to benefit from the center's multidisciplinary approach that includes breast imaging radiologists, surgeons, and a comprehensive tumor board, along with seamless integration with Karmanos Cancer Institute treatment options such as radiation oncology, medical oncology, and clinical trials.

To learn more about all services offered at the McLaren Macomb Breast Center, visit **mclaren.org/macombbreastcenter**.

McLaren Macomb Hospital Recognized by U.S. News & World Report for High-Performing Care

McLaren Macomb earned multiple recognitions in the 2026-27 U.S. News & World Report Best Hospitals ratings. The annual ratings are designed to help patients and families make informed decisions about where to seek care. U.S. News evaluates hospitals using measures such as outcomes, patient experience and other care-related factors, and awards High Performing ratings to hospitals that demonstrate strong performance in specific common procedures and conditions.

The recognition reflects the clinical expertise, collaboration and commitment of care teams serving communities. McLaren Macomb Hospital was recognized as High Performing in two procedures and conditions:

- Abdominal Aortic Aneurysm Repair
- Stroke

McLaren Stroke Network Nationally Recognized for Care Proficiency

The McLaren Stroke Network, has again earned national recognition for the exceptional care delivered across its network of hospitals. Through the McLaren Stroke Network, emergency and neurology care teams across the span of the system follow established protocols designed to quickly — though efficiently and thoroughly — identify stroke symptoms and confirm the diagnosis through advanced imaging, and connect patients with stroke specialists for timely treatment decisions.

The American Heart Association/American Stroke Association recognized several McLaren Stroke Network hospital-based programs with its Get With The Guidelines® – Stroke distinctions, reflecting those programs' consistent adherence to the latest evidence-based care guidelines and their commitment to improving patient outcomes.

McLaren Macomb

- Get With The Guidelines® – Stroke GOLD PLUS
- Target: Stroke Honor Roll Elite Plus
- Target: Type 2 Diabetes Honor Roll
- Advanced Therapy

"Since the McLaren Stroke Network was established in 2015, we have worked hard to build a tremendous statewide team dedicated to being on the front line of stroke care and providing patients with advanced treatment when they need it most," said Dr. Aniel Majjhoo, interventional neurologist and medical director of the McLaren Stroke Network. "These recognitions validate the skill, commitment, and collaboration of our teams, and they reinforce the essential role the McLaren Stroke Network provides our communities." ✦

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:

AAFP · American Academy of Pediatrics · AMA American Medical Association · Vaccine Integrity Project · ACOG American College of Obstetricians & Gynecologists · IDSA

	Influenza (flu)	Respiratory syncytial virus (RSV)	COVID-19
Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy if 32-36 weeks pregnant, given between September 1 and March 1	Annual updated COVID-19 vaccine
Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
Older Adults 65+ years	Annual flu vaccine for all adults, enhanced flu vaccine (high dose, adjuvanted, recombinant, or mRNA) for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages≥18 years and for those ages <18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥6 months
Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine

Scan here to access additional helpful vaccine and immunization resources at **www.SpreadTheFacts.org**

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Michigan's Aging Brains Need More Protection, Poll Shows

By: Kara Gavin



Michiganders over age 50 want to prevent dementia, but many don't know everyday actions are very important for preserving brain health.

Nearly all Michiganders age 50 and over say it's very important to keep their brains healthy as they grow older, a new poll finds. But less than half (47%) of middle-aged and older Michiganders know that everyday actions can be very important for reducing their future risk of dementia. And half or less practice at least one of four key habits daily or most days that can protect their brain health as they age.

The poll comes at a time when research clearly shows connections between dementia risk and lifestyle factors such as what people eat and drink; how much sleep, social interaction, and mental and physical activity they get; and how well they manage their cholesterol, weight and hearing loss.

The findings come from the **Michigan Poll on Healthy Aging**, based at the University of Michigan Institute for Healthcare Policy and Innovation. A **full poll report** and **interactive data dashboard** are available.

Michigan adults aged 50 and over were less likely than their national counterparts to believe that lifestyle factors are very important in maintaining brain health. In all, 70% of them said so, compared with 76% of people in the same age range in other states.

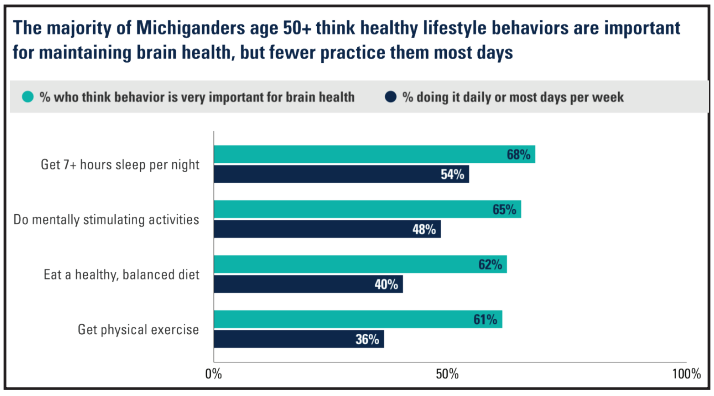
"Greater public education regarding brain health, building on efforts like the Alzheimer's Association's **10 Healthy Habits for Your Brain** initiative, could go a long way in encouraging middle-to-older age adults in Michigan to develop healthy habits that reduce their risk of cognitive decline," said Scott Roberts, PhD, Associate Director of the National Poll on Healthy Aging and a Professor at the University of Michigan School of Public Health. "At the same time, it's also important to educate older adults to be wary of 'too good to be true' products such as nutritional supplements now being marketed to preserve brain health," he said.

Roberts and the rest of the poll team worked with the Alzheimer's Association to collect and analyze data for the organization's **recent national report** on brain health in America. That national survey, which assessed knowledge of brain-protecting activities among people age 40 and up, informed the annual update of the organization's influential **Alzheimer's Disease Facts and Figures** report.

The Michigan-specific poll surveyed people age 50 and up, the focus population for the ongoing Michigan Poll on Healthy Aging funded by the Michigan Health Endowment Fund and Michigan Medicine, U-M's academic medical center.

Key Lifestyle Factors for Brain Health

The survey listed 15 health and lifestyle factors commonly associated with lower dementia risk, and asked respondents to rate how important each is in maintaining brain health.



The percentage of older adults rating each one as very important to brain health varied widely:

- 80% for preventing head injury
- 71% for managing stress, not smoking and treating depression
- 70% for controlling blood pressure
- 58% for limiting alcohol
- 57% for maintaining a healthy weight
- 54% for managing cholesterol
- 53% for addressing hearing loss

According to the Alzheimer's Association's Michigan chapter, 11% of people over 65 in Michigan have Alzheimer's disease or another form of dementia. Their family and friends provide more than 680 million hours of unpaid care for them every year.

The Role of Health Care Professionals

Preventing dementia, or delaying it as long as possible, through lifestyle changes in midlife and earlier, is crucial, says poll director Jeffrey Kullgren, MD, MS, MPH, Associate Professor of Internal Medicine at the U-M Medical School and a primary care physician at the VA Ann Arbor Healthcare System.

continued on page 19

continued from page 18

"Health care providers across our state, and our nation, could do much more to help our patients understand the link between the lifestyle choices they make today and their future brain health," he said. "Our state's adult population has high rates of risk factors for dementia, and we need to work together to address them at every age."

Most older Michiganders said they would want to learn more about brain health from their health care provider. But these conversations aren't common: just 23% had discussed the topic with their provider.

Among Michiganders age 65 and over, 30% have had a cognitive screening test in the past year, which can help identify early stages of dementia. While universal cognitive screening for all people over age 65 has not been recommended by all national organizations, simple cognitive testing can be done as part of a regular checkup, especially if someone is concerned about their memory or thinking ability, or a loved one has expressed concern.

New prescription medications designed to slow decline in the early stages of cognitive impairment have been approved by the United States Food and Drug Administration in recent years. So have blood tests for biomarkers of Alzheimer's disease (e.g., amyloid, tau) that can help aid in diagnosis and early detection.

However, there is no cure for dementia at any stage, making prevention crucial. ✦

The Michigan Poll on Healthy Aging includes data from 1,293 Michigan adults age 50 to 93 from the NORC AmeriSpeak panel and supplemental non-probability panel participants, who were compared to 2,808 non-Michigan adults age 50 to 98. The survey was administered online and via phone in January 2026.

*This article was originally published on **Michigan Medicine's** website.*



UPCOMING EVENTS

November 11 ~ Regulatory Wrap-up and 2027 Outlook
MSMS Practice Management Series, Live Webinar, 1 pm – 2 pm, 1 AMA/PRA Category 1 CME Credit. Cost: free for MSMS members, $25 for non-members.

November 12 ~ Free Regional Tuberculosis Infection (TBI) ECHO Course
The Global Tuberculosis Institute is partnering with the Brown University ECHO Hub and health departments across the Northeast to offer free virtual Regional Tuberculosis Infection (TBI) ECHO Courses designed for primary care teams. Cost: Free, 12:15 pm – 1:15 pm, 1 AMA/PRA Category 1 CME Credit.

November 12 ~ Scientific Meeting: Otolaryngology/Allergy
In-Person meeting presented by MI Otolaryngologic Society, 9 am – 4:30 pm, at the Four Points by Sheraton in Novi. Earn 6 AMA/PRA Category 1 Credits. Cost: free for MSMS members, $150 for non-members.

November 13 ~ Michigan License Renewal Essentials
MSMS In-Person Meeting, 8:30 am – 4:45 pm, at Four Points by Sheraton in Novi. Earn 7 AMA/PRA Category 1 CME Credits. Cost: free for MSMS members, $350 for non-members.

November 14 ~ 33rd Cancer Care Symposium: Head/Neck and Brain Cancers
In-Person meeting presented by St. Clair County Medical Society, McLaren Port Huron & Lake Huron Medical Center, 9 am – 1 pm, at McMorran Place in Port Huron. Earn 4 AMA/PRA Category 1 CME Credits. Cost: **FREE for MCMS members**. Registration required by Nov. 4, email Christine Cross **christine@sccmedicalsociety.com** and identify yourself as an MCMS member.

November 14 ~ MSMS 30th Annual Conference on BioethicsEthics: Navigating Ethical Challenges in an Increasingly Divided Society
Hybrid Conference (In-Person/Virtual), 8:30 am – 3 pm, at Four Points by Sheraton in Novi. Earn 5.5 AMA/PRA Category 1 Credits. Cost: free for MSMS members, $100 for non-members.

December 9 ~ Hearing Loss - Early Detection and Intervention
MSMS Grand Rounds, Live Webinar, 12 pm – 12:45 pm, .75 AMA/PRA Category 1 CME Credit. Cost: free for MSMS members, $25 for non-members.

December 10 ~ Free Regional Tuberculosis Infection (TBI) ECHO Course
The Global Tuberculosis Institute is partnering with the Brown University ECHO Hub and health departments across the Northeast to offer free virtual Regional Tuberculosis Infection (TBI) ECHO Courses designed for primary care teams. Cost: Free, 12:15 pm – 1:15 pm, 1 AMA/PRA Category 1 CME Credit.

New Death Certificate Requirements and Impact on Physicians



Earlier this year, House Bills **4077** and **4078** were signed into law (Public Acts 3 and 4 of 2026, respectively), modernizing and streamlining Michigan's death certificate certification and filing process. Their aim is to reduce administrative burden, define the legal responsibility for attending physicians and medical examiners, and support grieving families.

On or before March 16, 2027, physicians are required to submit medical certifications of death using a secure, web-based system provided by the Michigan Department of Health and Human Services (MDHHS). **The Michigan Electronic Death Registration System (EDRS)** allows funeral homes, medical certifiers, medical examiners, and registrars' offices to complete death certificates online more securely, quickly, and with fewer errors than with paper filing, 24 hours a day. To use the EDRS, physicians must:

1. **Complete the required training** (available online at no charge).
2. Access the system online, which requires an internet browser and internet connection.
3. **Have a MiLogin Business account**.

Administrative staff can assist with entering information. **View step-by-step EDRS instructions**.

In addition to providing a secure, user-friendly, web-based environment that supports online collaboration, from the creation of records to the production of certified copies, Michigan's EDRS is intended to help minimize red tape and expedite essential tasks. A web-based system offers increased security, decreased errors, and more efficient reporting than filing on paper. Ideally, physicians should experience significantly reduced paperwork and administrative hurdles, thereby enabling them to certify deaths within the 48 hours required by law more efficiently and securely. The streamlined process is designed to ease physicians' workload and ensure families receive timely access to necessary documents for burial, estate planning, and insurance purposes.

Jeff Duncan, PhD, State Registrar and Director, Division for Vital Records and Health Statistics, MDHHS, has written an article, **Updates to the Medical Professional's Role in Death Registration**, about the importance of the Michigan EDRS and key changes to the amended statute. Timely knowledge of cause of death data assists in the identification of and response to deadly outbreaks of disease. Having recent and frequently updated information on the rates and demographic breakdown of causes of death allows for more responsive health program planning and policy implementation. Physicians can help in this public health effort by writing accurate cause of death statements and using EDRS to file death records.

If you have additional questions, you can reach out directly to Dr. Duncan at **duncanj11@michigan.gov**. ✦

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Contact Heidi Leach at HLeach@macombcms.org for more information

Macomb Medicus
Journal of the Macomb County Medical Society

SHARE YOUR NEWSWORTHY ITEMS!

Have you or a MCMS colleague been elected to a position *(specialty society, hospital, community based program, etc.)* or honored for your volunteer service within the community or abroad? Let us know. We would like to recognize MCMS members in the "Member News" section of the Medicus.

Contact Heidi Leach at HLeach@macombcms.org with newsworthy information.

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

Mental Health Parity Index: Making Mental Health Parity Visible—and Actionable

The Mental Health Parity Index (MHPI) is a first-of-its-kind, open-access tool that uses real-time, insurer-reported data to reveal where mental health and substance use disorder care falls behind physical healthcare—and where change is possible.

County by county, plan by plan, the MHPI shows where access breaks down, how payment disparities persist and what it will take to close the gap.

What the data makes clear

The findings are clear: access to mental health and substance use disorder care continues to lag behind physical healthcare.

- Patients in 43 states and the District of Columbia may have more difficulty finding in-network mental health and substance use disorder care.
- 7 in 10 counties show similar local access gaps.
- In 49 states and the District of Columbia, payment for outpatient mental health and substance use disorder treatment is lower than for outpatient physical healthcare.
- Across the four largest commercial insurance networks, those payment rates are 5% to 34% lower on average.

The result: many patients may be forced to seek out-of-network care, raising their costs and creating additional barriers to treatment.



Built for accountability—and sustainable solutions

Launched by The Kennedy Forum with leading partners including the AMA, the MHPI equips insurers, employers, policymakers, clinicians and advocates with the transparency needed to turn parity from a promise into a sustainable reality.

In fact, some plans and counties are getting it right, and the MHPI shows how—as well as where others can partner with the AMA and others to drive much needed conversations about improving access to high quality mental health and substance use disorder care for patients.

Tell your story

Share your experience. Demand parity that works for the patients you care for. Together, we can help end discrimination and ensure more people get the care they need. Your voice matters!

AMA Urges CMS to Stay the Course on Electronic Prior Authorization

The AMA sent a letter to CMS Administrator Mehmet Oz, MD, MBA, urging the agency to maintain the Jan. 1, 2027, timeline for electronic prior authorization (ePA) and reject requests for broad enforcement discretion during 2027. The AMA warned that delaying enforcement could slow development, testing and deployment of ePA, leaving physician practices dependent on faxes, phone calls, payer portals and repeated data entry while patients continue to wait for medically necessary care.

The AMA urged CMS not only to hold stakeholders to the Jan. 1 deadline, but also to ensure they are taking the steps necessary for successful implementation. Health plans must make accurate, current prior authorization and documentation requirements available through required application programming interfaces and ensure those connections function reliably; health systems and EHR vendors should give physicians advance notice of implementation timelines and planned functionality, provide education and training, offer technical and implementation support, and clearly communicate what fallback processes to expect and where to report technical or workflow problems.

These steps are particularly important given the continued burden of prior authorization. **The AMA's 2025 prior authorization survey** found that 95% of physicians report that prior authorization delays access to necessary care, 26% report that it has led to a serious adverse event for a patient in their care, and physicians and their staff spend an average of 13 hours each week completing prior authorizations. ePA can help address this burden by replacing fragmented, manual processes with integrated electronic workflows that allow physicians to identify requirements, submit documentation, and receive decisions more efficiently—and the AMA will continue pressing for timely implementation while supporting physicians as they prepare for the transition to ePA.

AMA, State Societies Back Patients First Act

The AMA and state medical societies representing physicians from all 50 states and the District of Columbia expressed strong support for the bipartisan **Patients First Act (H.R. 9693)**, legislation that would make long-term structural reforms to Medicare physician payment and help protect patients' access to care.

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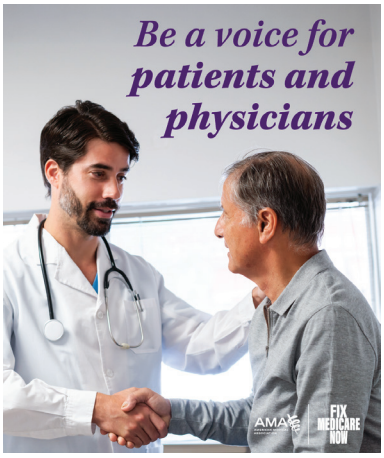
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"For decades, physicians have been asked to do more with a Medicare payment system that does not keep pace with the cost of providing care," said AMA President Willie Underwood III, MD, MSc, MPH. "Over the course of time, what began as a physician payment challenge transformed into a significant patient access problem. When practices cannot sustain themselves, patients have a harder time finding and keeping the physicians they need. The unified support for this bill across all 50 states and DC is a testament to the critical need to fix our broken system."

The letter states that, when adjusted for inflation in practice costs, Medicare physician payment has fallen by 33 percent since 2001—an unsustainable trajectory that is undermining physician practices and putting patient access to care at risk. Physicians remain the only Medicare provider type without an annual payment update tied to inflation, leaving them to absorb rising practice costs year after year. This chronic underpayment is hitting small, rural, and independent practices especially hard, forcing many to consolidate, scale back services, or limit the number of Medicare patients they can treat.

The Patients First Act would address those challenges through four core reforms long sought by organized medicine: permanent inflation-based payment updates tied to the Medicare Economic Index, modernization of budget neutrality policies, a simpler clinician-driven quality program to replace the current Merit-based Incentive Payment System, and continued meaningful incentives for participation in alternative payment models.

The AMA and the state medical societies urged lawmakers to join as cosponsors and advance the legislation through the legislative process. Access **FixMedicareNow.org** to learn more about the physician Medicare payment issue and take action to ensure continued patient access to high-quality care. ✦





ADVOCACY IN ACTION

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!

Update on the status of some key bills of interest to physicians:

House Bill 4399 – MCMS Opposes – would allow nurse practitioners to practice medicine without physician supervision. The bill was approved by the House Health Policy Committee but is being held in the Rules Committee, where it would require a vote before moving to the House floor.

House Bill 5313 – MCMS Supports – would reduce the required number of hours of continuing medical education (CME) and modernize disciplinary processes. The bill was unanimously approved by the House Health Policy Committee and referred to the House Rules Committee. A final version is being negotiated with the Department of Licensing and Regulatory Affairs.

House Bill 5522 – MCMS Opposes – would allow physician assistants to practice medicine without a practice agreement with a physician. It was referred to the House Health Policy Committee, where it awaits further consideration.

House Bill 6326 – MCMS Supports – would require transparency around healthcare professionals' titles and credentials. The bill was recently introduced and referred to the House Health Policy Committee, where it awaits further consideration.

Update on BCBSM Incident-to Billing Policy

Significant advocacy has resulted in several concessions from BCBSM related to flexibility in timing to keep practices financially stable until VBR is able to be achieved by Advanced Practice Providers.

With the first phase of the policy now in effect, practices should:

- Identify all practitioners whose services are currently billed incident-to and determine which practitioners are eligible for direct BCBSM/BCN enrollment
- Verify that modifier SA is being appropriately reported on applicable claims
- Consider the potential reimbursement implications of continuing to bill eligible practitioners incident-to, including the loss of VBR on claims submitted with modifier SA versus direct billing

Anyone interested in joining the MCMS Legislative Committee please contact Heidi Leach.

2026 Macomb County Legislator Contact Guide



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Macomb Medicus Journal *of the Macomb County Medical Society*



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