

THE BULLETIN

March 2023 VOLUME 100, NUMBER 3

- Physician Burnout, a message from the President of GCMS



Saturday, May 20, 2023 @ 9:00AM - Mott
Community College,
Downtown Flint

GENESEE COUNTY MEDICAL SOCIETY

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THE BULLETIN is published monthly by:
The Genesee County Medical Society

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March 2023 VOLUME 100, NUMBER 3

THE BULLETIN

READ BY 96% OF GCMS MEMBERS

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Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

THE BULLETIN

Published by the Genesee County Medical Society Publication Office
4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-9923

By subscription \$60 per year. Member subscription included with Society dues. Contributions to THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 1st of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society .

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Physician Burnout

This month, the Genesee County Medical Society conducted a Town Hall meeting to discuss physician burnout. Our guest speaker was Dr. Kevin Hopkins, Primary Care Medical Director of Cleveland Clinic Community Care. He is a nationally recognized leader and speaker in the field of Caregiver burnout and ambulatory practice re-design and transformation.

There is evidence for increasing levels of burnout reported by physicians. In a webinar conducted by the AMA on 3/9/23, Dr. Jack Resneck, president of the AMA, quoted that a recent AMA, Mayo Clinic and Stanford Medicine survey reported that 63% of physicians experience symptoms of burnout in 2021 which was up from 38% from the previous year. (1) This trend is likely to have more physicians leaving the work force and increasing our ongoing physician shortage which is projected to be 124,000 physicians short by 2034.(1)

The causes of burnout are multifactorial. However, in the New England Journal of Medicine, Dr. Pamela Hartzband discussed the issue in terms of intrinsic and extrinsic motivation. (2) Physicians come into the profession with high intrinsic motivation which is impacted by autonomy, competence, and relatedness. We find ourselves in an environment where our autonomy is reduced by factors such as prior authorization delaying or denying important tests, where competence is being able to hit metrics in the Electronic Medical Record systems rather than a robust medical knowledge base, and we practice in a system that values the 15 minute visit time more than addressing the patient's problems. The system is frustrating our intrinsic motivation which is leading to increased burnout. This misalignment of health system values for profit and monitoring are leading to loss of autonomy, lack of value for competence, and decreasing our sense of relatedness to our patients due to pressures imposed by the economics of medical care. There are certainly other factors including excessive work hours, lack of sleep, depression, and anxiety. However, working in a system that is actively working against our intrinsic motivation seems to me to be the most important to address. (2)

The solution to the problem on the physician side such as exercise classes, relaxation techniques, and social hours, appear to have little impact. (2) On the system side, we need to look at how the Electronic Health Records can be realigned to reduce physician work load. Autonomy can be improved by limiting bureaucratic processes such as prior approval, and removing the monitoring of meaningless metrics. The movement should be in the direction of simplifying the administrative process and relaxing insurance regulations. (3) Evidence based pathways and metrics should be utilized and built into the system to reduce human errors monitor improvement. Autonomy may also be helped by improving flexibility such as maintaining the ability to reach patients by telemedicine. Ultimately, solutions require finding root causes and making adjustments to improve outcomes. The first step is always to understand the problem exists, followed by testing solutions, and employing the ones that work.

1. **Physician Burnout-American Medical Association**
<https://www.ama-assn.org/about/events/ama-physician-burnout-webinar>
2. **Hartzband P, Groopman J, Physician Burnout, Interrupted, N Engl J Med 2020; 382:2485- 2487**
3. **Pearl R, The 3 Causes of Physician burnout**
<https://www.forbes.com/sites/robertpearl/2019/09/09/burnout-3-causes/?sh=26b618ad6a09>



Paul Kocheril, MD

Practice Managers

April 13, 2023

9:00 a.m.

GCMS Membership Committee

TBD

Medical Society Foundation

April 19, 2023

6:00 p.m.

Board of Directors

April 25, 2023

6:00 p.m.

Legislative Liaison Meeting

May 1, 2023

8:00 a.m.

*All meetings are via Zoom unless otherwise noted

Announcement

GCMS members now entitled
to a 15% discount on automobile
and homeowners insurance.

For details, contact:

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EXECUTIVE DIRECTOR'S MESSAGE

The Genesee County Medical Society is an organization serving the medical community since 1841. The goal of GCMS has been to educate and serve physicians in the community on medical related issues, assist physician offices with medical insurance issues, and lobby in Lansing for medical legislation benefiting the medical profession and physicians.

I am currently in my third year as Executive Director for the Medical Society. In the past year, GCMS has experienced one of the highest membership growths of any medical society in the state of Michigan. A significant reason for growth is creation of added value for our members. GCMS is consistently searching for education programs or discounted services for its membership.

March is an important month for the Genesee County Medical Society. GCMS members that have not paid their dues for MSMS/GCMS are removed from the active membership roster. The non-paid members are no longer eligible for benefits offered from GCMS or MSMS. Expired members are not eligible to attend the MSMS House of Delegates.

Membership is what provides both organizations the means to service and support Genesee County physicians. The Genesee County Medical Society has been serving Genesee County for over 182 years. GCMS has shown one of the highest growths in membership of any medical society in Michigan 2022 – 2023. A medical society that is growing from the relevance it has in the community.

Please join or renew your GCMS membership today and become a member of one of the most robust medical societies in the state. This is what allows the organization to continue supporting the physicians and their offices in the community. Take advantage of the many benefits the Medical Society has to offer for your practice.

March madness is not just for college basketball. It is March madness to join or renew your GCMS membership.

Please join or renew your membership today by contacting Heather Foster at 517-336-5719 or Email hlfoster@msms.org or contact David Hoff.

If you have an interest of becoming a Board of Directors member, please contact me directly.

David Hoff, Executive Director
executivedirector@gcms.org



DAVID HOFF, MA, CCP

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- Video Remote Interpreting (VRI)
- Conference & Event Interpreting

LUNA
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Services

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or to receive details about
this discounted service

Please contact :

ExecutiveDirector@GCMS.org



ATTENTION!



9:00 A.M.
Via Zoom

**ATTENTION: PRACTICE MANAGERS
AND OFFICE STAFF!**

**Genesee County Medical Society addresses issues of concern
for medical professionals!**

Please join GCMS and SOVITA in monthly meetings for
practice managers and office staff of *all member physicians*.

Please email executivedirector@gcms.org to RSVP,

YOU WILL RECEIVE A ZOOM INVITE

NEXT MEETING DATE:

April 13, 2023 9:00 A.M.

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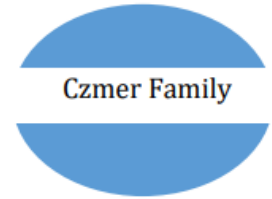
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DOING WHAT'S BEST.®



HEALING HANDS 5K RUN/WALK
to benefit The Genesee County Free Medical Clinic
Organized by
Genesee County Medical Society Alliance & Sovita Credit Union

Saturday, May 20, 2023 @ 9:00AM - Mott Community College, Downtown Flint, MI

- Starting Time: 5K Run starts at 9:00AM and 5K Walk starts at 9:01AM
Location: Mott Community College, Events Center 1401 E. Court Street, Flint, MI. Parking available at college
Course: Both events will start and finish at Mott Community College.
Facilities: Restrooms only at race site.
Registration: Entries postmarked after 5/03/23 may not guarantee your preferred T-shirt size. Packet pick-up & onsite registration will be held from 8:00-8:45 AM the morning of the run/walk at the Events Center (East side of the Mott Library)
Entry Fee: \$25 before 4/1/2023 \$30.00 after includes T-shirt
Refreshments: Post-race refreshments for your enjoyment while awaiting race results & awards presentation.
Features: Community health promotion, materials to promote health, and a few silent auction items. Theme Basket Door Prizes - must be present to win.
Race Ceremony: MC: DJ Rob from Her & I Promotions
Awards & Age Divisions: Awards to Overall and Masters male and female and top THREE finishers in each age group in each race: 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 & over.
Results: Race scored using B-Tag System & posted race day and online at www.enmotive.com
Information: HOTLINE: 810-235-7430 Website: Register online at https://healinghands.enmotive.com/events/
Pledge Form: Pledge form is located on the back of this flyer. Anyone raising \$100.00 in pledges may run or walk for free. ->



Healing Hands 5K Run/Walk to benefit the Genesee County Free Medical Clinic Entry Form
(May be photocopied)
9:00 AM Saturday: May 20, 2023

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____ E-mail _____
Phone _____ Birth Date _____ Sex: Male Female Age on race day: _____ Run Walk

B-Tags for scoring will be provided by Gault Race Management on race day. Mark if Virtual Run Walk

Circle choice of Tech T-shirt size: S M L XL XXL (add \$2.00) REGISTRATION FEE _____

MAKE CHECK PAYABLE TO: Genesee County Free Medical Clinic DONATION _____
MAIL TO: Genesee County Free Medical Clinic, 2437 Welch Blvd., Flint, MI 48504 TOTAL AMOUNT ENCLOSED _____

DISCLAIMER MUST BE SIGNED: In consideration of the acceptance of my application for the Healing Hands 5K Run/Walk, I hereby release and discharge all race participants, groups, organizers, sponsors, volunteers, officials, other affiliated parties, the USATF and its Associations (Michigan, national and other associations) connected with this event from all liability for any damages, loss or injuries including but not limited to medical expenses, whatsoever arising from my participation in this event.

ATHLETE (OR PARENT, IF UNDER 18) MUST SIGN _____

Government Relations & Physician Engagement Team

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Legislative Platform & Priorities



MICHIGAN STATE MEDICAL SOCIETY



MICHIGAN STATE MEDICAL SOCIETY

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MSMS Legislative Platform & Priorities



MSMS Legislative Priorities

Key priorities of the Michigan State Medical Society (MSMS) and its 15,000 physician and medical student members are as follows:

COVID-19

The COVID-19 pandemic has taken a devastating toll on the physical and mental health of Michigan citizens, as well as the economic health of our state. Additionally, many of Michigan's medical practices are trying to regroup from financial and staffing losses and increased costs to comply with regulatory mandates. By using scientific data to help inform decision-making, MSMS is committed to working collaboratively with stakeholders to end the COVID-19 pandemic, safely re-engage all economic sectors, provide efficient and equitable vaccine distribution, and ensure practice sustainability.

Prior Authorization and Step Therapy Reform

The prior authorization process diverts valuable resources away from direct patient care, can delay the start or continuation of necessary treatment, and can negatively impact patient health outcomes. Step therapy, also known as fail first, is another practice that disrupts patient care by requiring patients to try other therapies before being approved for the treatment that their doctor originally prescribed. MSMS will work closely with the Legislature, regulators, and other stakeholders on ways to reform prior authorization and step therapy processes to ensure transparency, remove unnecessary and costly care delays, and support shared decision-making.

Team-based Care

Patients are best served by a team-based approach to care that provides the maximum amount of choice while ensuring that they benefit from the additional training and expertise that comes from having a physician on the team. A highly functioning health care team is the best way to serve patients. MSMS will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals scope of practice that may put patients at risk.

Telemedicine

Telemedicine has proven to be an effective care delivery method that ensures convenient and timely access to patients. Before the outbreak of COVID-19, insurers covered telemedicine visits to varying extents; however, there were often obstacles such as low reimbursement and restrictions on site of care. Although payers removed some of the regulatory and administrative barriers during the pandemic, these policies are now reverting to pre-pandemic times. Moving forward, payment and service parity for the use of clinically appropriate telemedicine services is critical.

Health Equity

Several events in 2020 brought to the forefront the need to prioritize advocacy addressing systemic policies and other contributing factors that deny historically marginalized groups equal and just opportunities to maximize quality of life and health outcomes. In order to improve the health of all populations, MSMS will work to advance policies that reduce disparities and improve health equity.

Graduate Medical Education (GME)

Studies repeatedly demonstrate that one of the best ways to recruit and retain physicians is via local medical schools and residency programs. GME helps fill the gap in underserved areas by providing extremely low-cost care to those most in need. Michigan has been a leader in expanding medical school class sizes to address the projected demand for physician services, it is imperative that we continue to fund GME slots to allow these future physicians to learn here in Michigan, train here in Michigan, and stay here in Michigan.

Legislative & Regulatory Platform

MSMS has long-standing positions and policies on numerous topics. Following is an overview of the top issues comprising the MSMS legislative and regulatory advocacy platform.

Insurance and Regulatory Advocacy

- Support mental health and substance use disorder parity
- Ensure appropriate access to and payment for telemedicine
- Advocate for adequate and transparent physician networks
- Reduce unnecessary administrative costs

Public Health and Prevention

- Strengthen public health infrastructure
- Support vaccine availability and oppose efforts to weaken Michigan's vaccine laws
- Improve health equity
- Ensure access to evidence-based non-opioid pain care and opioid use disorder treatment
- Reduce childhood environmental hazards
- Reduce gun violence through health screening, patient counseling and expanded access to mental health services

Professional Liability

- Preserve existing tort reforms
- Support higher negligence thresholds in medical liability cases
- Eliminate the lost opportunity doctrine
- Maintain the legislative intent and enforceability of all medical liability tort reforms

Medicaid

- Seek funding parity with Medicare
- Seek funding sources that are fair and sustainable
- Support state funding for the Healthy Michigan Plan
- Ensure access to physician-directed care

Physician Supply and Training

- Increase graduate medical education funding at state level
- Minimize burden of medical school debt

Insurance Contracting Reform

- Limit retroactive audit timeframes
- Support adequate disclosure of fee screens
- Support appeals process that includes independent reviews

Scope of Practice

- Support physician-led, team-based health care
- Support education over legislation as the means of increasing scope of practice
- Oppose independent prescriptive authority by non-physicians
- Support patient right-to-know/health professional credentials disclosure

For more information about MSMS legislative advocacy, please contact:

- Josiah Kissling, Senior Director, State and Federal Government Relations, at jkissling@msms.org
- Scott Kempa, Manager, State and Federal Government Relations, at skempa@msms.org
- Kate Dorsey, Manager, State and Federal Government Relations, at kdorsey@msms.org



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University of Michigan - Flint



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Crim Fitness Foundation



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Ascension Genesys Athletic Club



Click [HERE](#) for intense & moderate workout videos!

YMCA - 360



Visit ymca360.org for fitness classes of all ages!

Arthritis Foundation



Click [HERE](#) for arthritis exercises!



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TO REGISTER FOR A PROGRAM VISIT WWW.SURVEYMONKEY.COM/R/C2FPROGRAMS, EMAIL COMMIT2FIT@FLINT.ORG, OR CALL 810-232-2228



COOKING WITH KIDS

This program focuses on teaching Flint families to make healthy food choices! Classes include healthy recipes, nutrition education games, physical activity, and more! Classes are held at the Flint Children's Museum where kids can come play for free!



THE LEARNING KITCHEN

A six-week adult nutrition program where participants learn about balancing and planning healthy meals, stretching food dollars to maximize nutrition, shopping strategies, and cooking techniques. This program is currently hosted virtually via Zoom and at local community centers.



FRESH CONVERSATIONS

A senior-based nutrition education program designed to support healthy aging and independence. Gather with other Genesee County Residents aged 60 and older to discuss current nutrition and health topics, taste low-cost healthy recipes, and discover new ways to stay active and independent. This program is currently hosted virtually and at local senior centers.



WALK WITH EASE

Whether you need relief from arthritis pain or just want to be active, the Arthritis Foundation's six week Walk with Ease course combines self-paced walks with information about related topics. This program allows participants to work on their own at their own pace to increase their physical activity. Group and self-led programs available.

Visit www.commit2fit.com   

Fresh Conversations and the Learning Kitchen are funded in whole or in part by the USDA's Supplemental Nutrition Assistance Program Education through the Michigan Department of Health and Human Services and the Michigan Fitness Foundation. This institution is an equal opportunity provider.



 **CLICK HERE**


For Daily Genesee County Covid-19 Numbers

 **COVID-19 Summary for Genesee County, Michigan**

[Coronavirus \(COVID-19\) Data Dashboard for Genesee County](#)

 **CLICK HERE**

For Reporting



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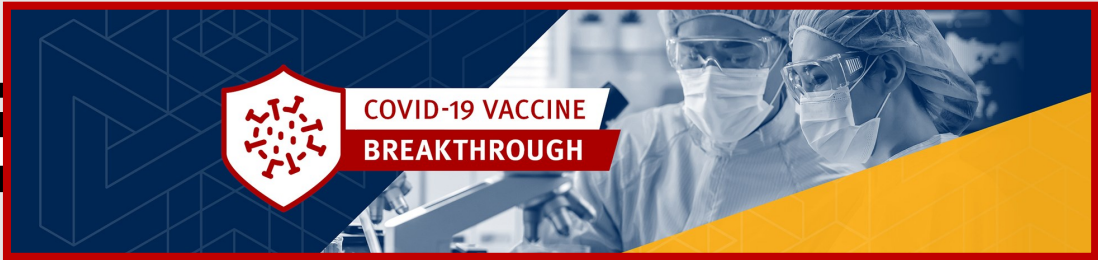
Do you need to report a laboratory-confirmed positive COVID-19 case?

Click the button to email the Communicable Disease team at GCHD-CD@gchd.us or call (810) 257-1017

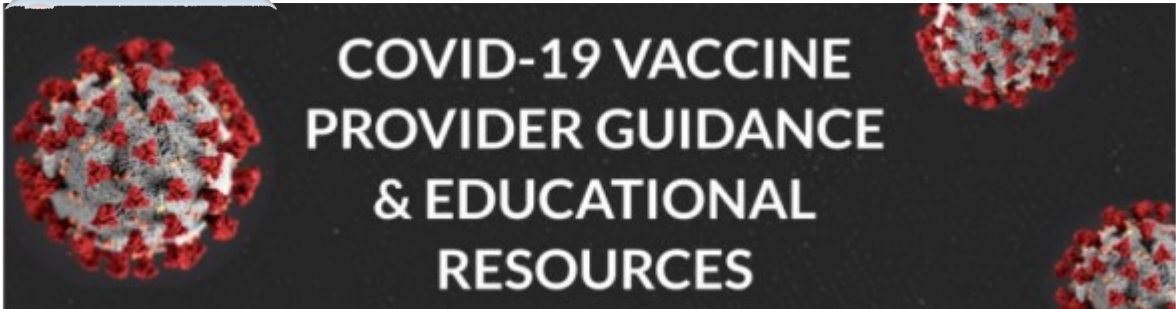
 **CLICK HERE**

For State of Michigan Covid-19 Information





 [CLICK HERE](#)



COVID-19 VACCINE

The COVID-19 pandemic demonstrates how diseases without vaccines can devastate economic and public health. Vaccines have reduced and, in some cases, eliminated many diseases. In the U.S., there is currently no approved vaccine to prevent COVID-19. MDHHS is working with the CDC and Michigan stakeholders to prepare and plan for when the vaccine is available. The initial draft of our state's plan is now available and will be updated often in the coming months. Visit regularly for the most recent information on the COVID-19 vaccine and Michigan's preparations.

[COVID-19 VACCINE PLAN](#)

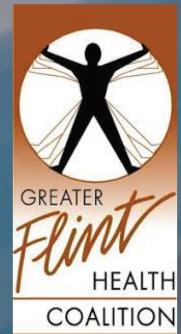
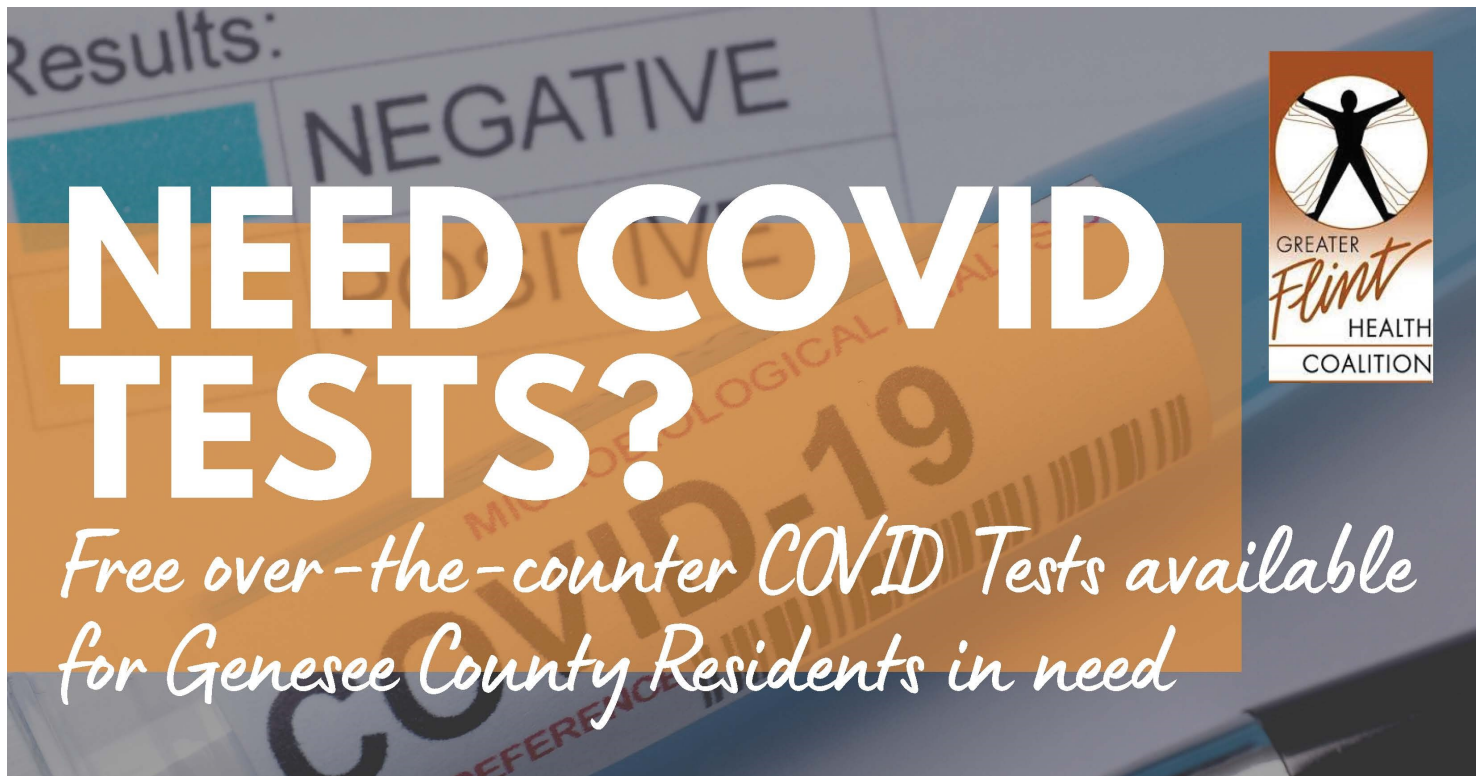
 [CLICK HERE](#)

[COVID-19 VACCINE RESOURCES](#)

[IMMUNIZATIONS DURING COVID-19](#)

[CDC FAQs](#)

[PROVIDER GUIDANCE & EDUCATION](#)



NEED COVID TESTS?

Free over-the-counter COVID Tests available for Genesee County Residents in need

CAN'T FIND A TEST IN-STORE? WE CAN HELP!

If you are a community-based organization with clients in need, contact Genesee CHAP to receive a bulk delivery of tests.

Are you a resident, a school, or medical practice? If so, make a referral to CHAP to receive a free COVID-19 OTC test, delivered within 24 hours.

Free COVID-19 tests available for all who need one. Limit 6 per household.

Make a Referral to Genesee CHAP

- Call 810-953-2427
- Utilize the Community Referral Platform
- Fax Genesee CHAP Referral Form
- Visit gfhc.org/CHAPreferrals



Request "OTC COVID-19 Test" and note "Urgent". Genesee CHAP will deliver test(s) to the individual's home within 24 hours.



USING & REPORTING SELF-TESTS | COVID-19 |

1

Follow instructions very carefully.



2

Use the QR code below for more information about self-testing and how-to videos.



3

If your results are positive

Report results to GCHD at www.gchd.us or click [here](#).

Isolate yourself from others for 5 days following symptom onset (if symptomatic) or positive test result (if asymptomatic).

Tell your close contacts that they may have been exposed to COVID-19.

Call GCHD at 810-344-4800 if you are unable to use online resources.



4



If you are at an increased risk of becoming very sick, treatment maybe be available. Contact your health care provider right away if your test result is positive.



www.cdc.gov/covidtesting

CS324605-L 02/08/22

Your Membership at Work

- ♦ GCMS hosts monthly Practice Manager's meeting discussing complicated insurance issues in round table discussions with various insurance companies. If you find on-going insurance issues, please reach out to GCMS staff at executivedirector@gcms.org and we can connect that insurance company representative with our hard working Practice Managers.
- ♦ GCMS staff helped Genesee County residents with contacts, resources and explanations.
- ♦ GCMS Membership Committee has collaborated and has a plan in place to reach out to and meet with various practices in Genesee County. If you have colleagues that are not yet GCMS members, please connect with them! **** A flyer of GCMS benefits can be provided to you.





What doctors wish patients knew about falling U.S. life expectancy

For the second year in a row, life expectancy in the U.S. declined—this time to the lowest level since 1996.

That marks a disturbing turn from the historical trend. In 1900, U.S. life expectancy was 47 years, and by 2019 it hit 79. But in 2020, life expectancy fell to 77 and dropped further to 76.4 in 2021, according to [a report from the Centers for Disease Control and Prevention](#).

This alarming trend is clearly not an anomaly and is primarily due to heart disease, cancer, COVID-19 and the ongoing drug-overdose epidemic. Heart disease remains the leading cause of death, followed by cancer and COVID-19, which accounted for about 60% of the decline in life expectancy. Meanwhile, overdose deaths—which account for more than one-third of all accidental deaths in the United States—have risen five-fold over the past two decades.

The AMA's [What Doctors Wish Patients Knew](#)[™] series provides physicians with a platform to share what they want patients to understand about today's health care headlines, especially throughout the COVID-19 pandemic.

In this installment, three physicians took time to discuss what patients need to know about declining U.S. life expectancy. They are:

[Sandra Fryhofer, MD](#), an Atlanta general internist and chair of the [AMA Board of Trustees](#). Dr. Fryhofer also serves as the AMA's liaison to the CDC's Advisory Committee on Immunization Practices (ACIP) and is a member of ACIP's COVID-19 Vaccine Work Group.

[Bobby Mukkamala, MD](#), an otolaryngologist in Flint, Michigan, and immediate past chair of the AMA Board of Trustees. Dr. Mukkamala is also chair of the [AMA Substance Use and Pain Care Task Force](#).

Charles Wilmer, MD, an interventional cardiologist at Piedmont Heart Institute in Atlanta and an alternate delegate in the [AMA House of Delegates](#) for the Medical Association of Georgia.

People are dying younger

“What's interesting is you would expect it to be all older people who died,” Dr. Wilmer said. “If you look at infant mortality, it didn't change at all. If you looked at people less than 25 years old, the mortality only went up 2.5%.”

For those “65 or older, their mortality was higher, it increased by 20%. What's interesting is the 25- to 35-year-old group increased 24% and the 35- to 44-year-old group increased the most,” he said.

The decline in life expectancy isn't just about shaving years off older adults. It's also about more people dying younger, which was seen “with COVID and accidents, one-third of which are from overdose,” Dr. Mukkamala said.

While people 65 or older are at risk of severe outcomes from COVID-19, that population has higher vaccination rates than younger adults. As a result, we've seen people under the age of 65 dying from COVID-19. Overdose deaths are less likely in those over the age of 65, they are most common among those 25–54 years old.

Overdose “can be the cause of death as well, but it's not something that is particular to the elderly,” he said, noting that overdose deaths are “even more alarming—that it's not something that's taking years off the end of our life. It's taking people out of life in their younger years.”



Several factors led to the decline

“The decline in life expectancy was thought to be due mostly to COVID-19. Suicides, homicides, chronic liver disease and cirrhosis all went up,” Dr. Wilmer said. “There’s been a lot more [drinking, a lot more alcohol](#), less socialization and more liquor being consumed.”

“Liver disease bumped influenza and pneumonia to be one of the top 10 causes of mortality for the first time. And then unintentional injuries including overdose,” he said. “So, there are a number of things that led to this decreased life expectancy.”

“The second thing is that when you have pandemics, the access to health care drops. So, the person has a worse diet, it’s more difficult for them to get their medicines and they’re less focused on taking their medicines,” Dr. Wilmer said. On top of that, “they sleep more poorly, they [eat ultraprocessed foods](#) that have a lot of sodium that leads to higher blood pressure. And then [of course there’s loneliness](#).”

Overdose deaths are at a record high

“Overdoses are one-third of all the accidental deaths. In the last 20 years, this has gone up five times,” Dr. Wilmer said. “We have got to come up with a better plan for preventing overdoses.”

“The American Medical Association has [been working on this for many years](#) and initially the focus was internally focused, looking at physicians and our prescribing habits. We learned a lot from that introspection,” said Dr. Mukkamala. “That first phase was looking internally and saying: What can we change about our prescribing habits so there’s not so much narcotic out there?”

“And we did those things. The amount of prescribing that physicians have done for opioids has dropped by almost 50% in the past several years. Yet we are at a record number of deaths associated with overdoses,” he said. “That’s what made us realize that the next chapter in the history of substance-use disorder and opioid-related deaths in this country isn’t coming from exam rooms and operating rooms.

“It’s coming from out there in our communities because of illicit fentanyl and heroin that’s driving the record number of deaths,” Dr. Mukkamala added. “That’s why we’re seeing a decrease in life expectancy and that younger segment of the community that’s having a record number of deaths associated with illicit drugs.”

Access to naloxone isn’t enough

[Over-the-counter access](#) to the opioid-overdose antidote naloxone is “one critical piece of the solution, not the saving grace of everything related to substance-use disorder and the record number of deaths,” said Dr. Mukkamala. “But certainly, the more naloxone that’s available, the more lives we can save.”

“What we also see from those who work with patients with substance-use disorder is that naloxone is an intervention that saves their life at the very end of that behavior,” he said. “It doesn’t solve the underlying problem that led to that critical moment.

“And if they still have a substance-use disorder, they’re still going to use after that. So the danger in that isolated event is oftentimes not enough to stop them,” Dr. Mukkamala added. “Treating them with naloxone is one element of the solution, but dealing with their underlying mental health issues, getting them treatment, getting them on something like buprenorphine can help before it gets worse.”



Heart disease is still a leading cause

“There are multiple factors that lead to [heart disease](#): hypertension, [high blood pressure](#), [high cholesterol](#), diabetes and smoking,” said Dr. Mukkamala. “These are all factors that can lead to heart disease and why we’re still seeing that at such a high level is because all of these factors are at high levels.”

“At the AMA, we’ve really made an effort to deal with some of those precursors. It’s great to save somebody’s life when they get chest pain ... but it would be more wonderful to prevent them from that crisis,” he said. That’s “because we can’t save everybody in that moment, but we sure can reduce the number of people who end up in that crisis situation by [making sure that if somebody has prediabetes](#), that we alert them of that long before they have any symptoms of diabetes.”

“And same thing with hypertension. How great would that be to alert somebody? Stage one hypertension doesn’t usually cause symptoms, but we can find it,” said Dr. Mukkamala. “It’s no different than getting checked for prostate cancer or getting a pap smear for a gynecologic exam. These screening interventions help to find disease before it causes a bigger problem.”

“There has not only been significant change in care for diabetes and blood pressure, but there’s also been much improvement in cholesterol and lipid management,” said Dr. Wilmer. This has “brought down the heart disease mortality and risk.”

Misinformation has run rampant

Throughout the COVID-19 pandemic, “politics have also come into play as vaccines and masking become political hot buttons and misinformation spread through social media platforms became rampant,” Dr. Fryhofer said, acknowledging that “people are tired of the pandemic.”

“We in the U.S. have access to vaccines. We have access to COVID therapeutics, but our life expectancy is among the lowest of wealthy countries,” falling by 2.7 years from 2019 to 2021, she said. “Political polarization and misinformation likely play a role.”

We have the resources for change

While “COVID-19 has now gone from pandemic to endemic, we are at a different place than we were in January 2020,” she said. “We now have vaccines. There is now hybrid immunity from infection and vaccination—two exposures to the spike protein from the vaccination or infections provide some degree of protection.

“But read the fine print—only if you survive infection,” Dr. Fryhofer said, emphasizing that “the new bivalent Omicron booster is effective. It works against current circulating strains including XBB.1.5, but more people need to get it.”

“COVID-19 is not gone. It’s still here and the virus is evolving. We don’t know which variant is next but for the one that’s currently circulating, this bivalent vaccine has your back,” Dr. Fryhofer.



Cancer is still so prevalent

“It’s a devastating disease and we’re getting better at treating it. We’re getting better at detecting it, but it’s still so prevalent,” said Dr. Mukkamala. “It’s not that we’re getting worse at the treatment of cancer. It’s just such a prevalent disease that the number is going to be high for a long time to come.”

“And that’s why we are still focused—just like with these other diseases—at finding it early with appropriate preventive screening measures,” he added. “[Colon cancer](#) and [breast cancer](#) are right at the top of that list, and these are all things that we can screen for so that we can detect them early before they become more symptomatic, dangerous and advanced.”

Screenings for cancer have fallen

“The other part that’s a little bit more difficult is people didn’t come in for routine cancer screenings during the pandemic,” Dr. Wilmer said. “So, all of a sudden, now patients are showing up a year, two years later with more advanced cancers as well as more cancers that could have been stopped earlier.”

“Breast and lung cancer screenings have dropped since the pandemic began, which could likely translate into delayed cancer diagnosis and an increase in cancer deaths,” Dr. Fryhofer said. Unfortunately, “breast and lung cancer screenings haven’t bounced back after a pandemic pause.”

“A recent [study in JAMA Network Open](#) suggests decreases in cancer screenings seen early in the pandemic have not resolved,” she said, noting that lung scans dropped 24% in the first pandemic year and 14% in the second. For breast-cancer screening, there were 17% fewer mammograms in the first year and 4% fewer in the second.

Don’t panic, but don’t ignore it

Knowing that life expectancy in the U.S. has declined is “not a reason to panic, but something that shouldn’t be ignored,” Dr. Mukkamala said. “Changing the way we take care of ourselves and our loved ones is going to be an important outcome.”

There is “no reason to panic about it, but it shouldn’t be ignored otherwise we end up with more than a two-year trend of a downward life expectancy,” he said. “It’s only through effort—not by luck—that we will go in the right direction again.”

GHS Intensive Crisis Stabilization Services for Children and Young Adults



The GHS Children's Intensive Crisis Stabilization Team (ICSS) provides mobile crisis stabilization services, 7 days a week between 8:00am and 7:00pm to all children, youth, and young adults (ages 0-21) who reside in Genesee County. Calls during other hours are helped by our Crisis Line mental health professionals.

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