From: Ridley, Nancy (DHHS)
Sent: Thursday, October 01, 2015 10:24 AM
Subject: MEDIA CLIPS for 10 01 15

Michigan: Rare salmonella infected Henry Ford patients

Detroit Free Press – September 30, 2015, By Robin Erb

The salmonella that is believed to have sickened 14 patients at Henry Ford Hospital last week is the "relatively rare" strain called Salmonella Isangi, according to the state health department.

It's a strain so rare, state officials have asked the U.S. Centers for Disease Control & Prevention for more information about it, said Jim Collins, director of the communicable diseases division of the Michigan Department of Health and Human Services.

Though there are no other clusters currently reported in the state or even elsewhere in the U.S., "it's got a name, so it's not unheard of," he said. Though other types of salmonella are not uncommon, Salmonella Isangi has been reported just four times in the past five years in Michigan, he added.

Still, what that means is still unclear.

Henry Ford Hospital officials are investigating the outbreak, but have released few other details including whether a source has been identified.

Collins said hospital officials reported the cases, as mandated, to the state and are currently working with state health officials to identify the cause.

"They're looking at what procedures these people received, where they stayed at the hospital, and who their health care workers were while they were there," Collins said.

While experts say salmonella is most often food-borne, Henry Ford officials say they don't believe this outbreak is food-related.

DETROIT FREE PRESS

Henry Ford Health System to build $110M cancer center

Seven patients remained in the hospital today and had been isolated as a precaution, a statement said. The hospital did not disclose the condition of the other seven and Collins said details weren't immediately available. No new patients were identified this week, according to the hospital statement.

"Salmonella is not typically life-threatening and, in most cases, goes away in less than a week, even if untreated," the Henry Ford statement said.

DETROIT FREE PRESS

Michigan, dairy farm face off in battle over inspections, raw milk

Various strains of salmonella are estimated to cause 1 million illnesses throughout the U.S. each year, resulting in 19,000 hospitalizations and 380 deaths, according to the U.S. Centers for Disease Control & Prevention.

The infections are usually traced to raw or undercooked meat, poultry, eggs or egg products, according to the Mayo Clinic. People also can get infected by touching contaminated surfaces or even pets, then putting their fingers in their mouths.

Symptoms of infection include nausea, vomiting, abdominal cramps, diarrhea, fever, chills, headache and bloody stool.

http://www.freep.com/story/news/local/michigan/detroit/2015/09/30/salmonella-henry-ford-patients-14-cases/73082812/

Public health assessment finalized following 2010 oil spill in Calhoun, Kalamazoo counties

FOX – September 30, 2015, By Jacob Burbrink

The Michigan Department of Health and Human Services (MDHHS) has finalized a public health assessment connected to the July 2010 oil spill in Calhoun and Kalamazoo counties.

A news release from MDHHS said the public health assessment evaluated the levels of oil-related chemicals in the air following the oil spill. The assessment concluded residents are not expected to experience long-term harm to their health from breathing chemicals released into the air from the spilled oil.

People who breathed oil-related chemicals in the air from the time of the spill to August 18, 2010, reported temporary health effects including: headaches, nausea, respiratory discomfort, and eye irritation. The release said by August 18, 2010, concentrations of oil-related chemicals in the air had fallen below human health screening levels that protect the public, including vulnerable populations such as children, the elderly, and those with preexisting illnesses.

Also in the assessment, MDHHS said air monitoring near cleanup sites in 2011 and 2012 did not find oil-related chemicals in the air at concentrations exceeding the human health screening levels.

People can read the Public Health Assessment online on the MDHHS website or at the following locations:

- Marshall District Library, located at 124 W. Green St. in Marshall
- Willard Library, located at 7 W. Van Buren St. in Battle Creek
- Galesburg Memorial Library, located at 188 E. Michigan Ave. in Galesburg

http://www.fox28.com/story/30152523/2015/09/30/public-health-assessment-finalized-following-2010-oil-spill-in-calhoun-kalamazoo-counties

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Study: 2010 oil spill not having long-term health effects

WZZM – September 30, 2015

LANSING, Mich. (WZZM) -- Residents affected by the 2010 Enbridge oil spill can now breathe easy, at least according to the latest study from the Michigan Department of Health and Human Services.

The public health assessment concluded that residents who breathed in chemicals released into the air by the oil spill are not expected to experience long-term harm to their health.
In July 2010, when residents breathed in oil-related chemicals, they reported headaches, nausea, respiratory problems, and eye irritation.

A month later, concentrations of oil-related chemicals in the air had fallen to below human health screen levels.

The last air monitoring in 2012 found there were no chemicals in the air that would be harmful to humans.

The study concluded that residents did not breath in oil-related chemicals long enough or at high enough levels to cause long-term health effects.

If you would like to read a copy of the public health assessment, you can do so at this link. It's also available at the libraries in Marshall, Battle Creek and Galesburg.

http://www.wzzm13.com/story/news/local/2015/09/30/oil-spill-health-impact-study/73117610/

Problems unlikely from breathing Kalamazoo River oil spill chemicals in 2010

WNDU – September 30, 2015

LANSING, Mich. State officials say people living near the site of an oil spill that fouled the Kalamazoo River in July 2010 probably won't have long-term health problems from breathing chemicals released into the air.

In an analysis released Wednesday, the Michigan Department of Health and Human Services says some residents who inhaled oil-related chemicals after the spill reported symptoms including headaches, nausea, breathing discomfort and eye irritation.

But the department says air monitoring in the next two years found no oil-related chemicals at dangerous concentrations. It says people did not breathe such chemicals long enough or at levels high enough to have long-term effects.

The department says its analysis doesn't apply to people who worked on cleanup of 843,000 gallons of oil from a ruptured Enbridge Inc. pipeline in Calhoun County.

http://www.wndu.com/home/headlines/Problems-unlikely-from-breathing-oil-spill-chemicals-in-2010-330129761.html

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Campbell: Unregulated prescribing authority wrong move

The Detroit News – October 1, 2015, By Fred Campbell, President, Michigan Society of Anesthesiologists

At the beginning of the summer, Gov. Rick Snyder announced the formation of a "Prescription Drug and Opioid Abuse Task Force." It was an important move and perhaps an even more important acknowledgment — Michigan is facing a prescription drug abuse crisis.

According to the Michigan Department of Health and Human Services, a record 1,533 people lost their lives to a drug overdose in Michigan in 2013 — with prescription pain killers resulting in more deaths than any other drug.

Now U.S. Attorney Barbara McQuade and law enforcement have weighed in, publicly calling out Michigan as a "drug pipeline" with pushers illegally pumping highly addictive prescription pain killers across the Midwest.

The Detroit News hit the nail on the head last week when it urged law enforcement to work with health care providers to limit prescriptions of these highly addictive opioids (Re: The Sept. 24 editorial, "Tackling Heroin Abuse").

Unfortunately, lawmakers in Lansing are poised to pass a new bill that could make this crisis much worse.

Senate Bill 320 would for the first time give full prescribing authority to 3,000 certified registered nurse anesthetists, without requiring any additional training. What's more, it would remove all physician oversight of opioid prescription by nurse anesthetists.

The Department of Health and Human Services recently reported that between 2009 and 2012, 36 percent of fatal drug overdose victims had obtained prescriptions from five or more prescribers in the year before their deaths. The more prescribers, and the less oversight, the worse the problem.

Adding 3,000 new prescribers overnight will only drive those numbers higher and exacerbate Michigan's opioid abuse crisis.

Gov. Snyder and Lt. Gov. Brian Calley are taking important steps to combat Michigan's prescription drug abuse crisis. And law enforcement is fighting back.

But just when policymakers, physicians, and drug treatment experts are picking up steam in their battle to address opioid abuse, Senate Bill 320 would make it worse.

We strongly urge lawmakers reject this dangerous legislation.

http://www.detroitnews.com/story/opinion/2015/10/01/campbell-unregulated-prescribing-authority-wrong/73123270/

Professionals learn about traumatic stress in child care

You Daily Globe – October 1, 2015, By Tom Stankard

Ironwood Township - Gogebic County was one of 12 counties chosen to participate in a secondary traumatic stress training session Monday and Tuesday at Big Powderhorn Mountain Lodge.

The Michigan Department of Health and Human Services teamed with Western Michigan University to create a trauma-informed system of care for children and their families in child welfare.

According to the MDHHS, trauma is the emotional response to an event, or series of events, that threatens or causes harm. Dr. James Henry Child Trauma Assessment Center Director at WMU said the effects of trauma can interfere with normal development and can have lasting adverse effects on children.

To educate and inform welfare professionals about traumatic stress, Henry spoke Monday about building trauma resilience case plans for children and families. Then, on Tuesday, Henry emphasized the importance of identifying and addressing secondary traumatic stress within child welfare professionals.

Approximately 40 professionals attended the training session Tuesday to watch and participate in a session.

Henry divided people into four groups according to how they deal with secondary traumatic stress. There was a physical, social, emotional and cognitive group. Henry said most people were in the physical group.

Henry said the point of the exercise was to show how secondary traumatic stress affects the workplace.

People returned to their seats and Henry gave a keynote presentation.

To begin, Henry said the first step to addressing the problem is to "name it and contain it."

From there, Henry went over problems concerning child welfare professionals, and discussed how it affects the workplace.

Henry said there's "tremendous turnover in child welfare."

"(Employees) come down eventually, and (they'll) come down hard," he said. "The energy and passion will go away."

The presenter said that child welfare professionals experience a role conflict.

"As we gain rapport, safety, they also make decisions that take children away temporally or forever."

In the workplace, Henry said child welfare professionals try to manage policy, paperwork and practice, but it's too much.

Henry said not being able to balance work elements causes stress in the workplace.

Henry said pain that's not addressed at the workplace creates a toxic environment.

"If we don't talk about, people get angry, and we blame," he said. "Venting is good, but constant venting is toxic."

Henry said this secondary traumatic stress can eventually shift a worker's mentality.

"It's really important that we recognize what this does," he said.

Henry said it's important to leave work-related stress where it as and not let it affect your personal life, but most aren't good at that.

"You leave it at work, but it's still in you," he said. "You leave it at work, but emotionally, it's still there. Your brain doesn't work that way because it's still in your body."

http://www.yourdailyglobe.com/story/2015/10/01/news/professionals-learn-about-traumatic-stress-in-child-care/5516.html

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Grant will help domestic violence, sex trafficking victims get vital records

MLive – September 30, 2015, By Jiquanda Johnson

GENESEE COUNTY, MI — The Genesee County Clerk's Office has partnered with local agencies to help abused people and children get vital records such as birth certificates and marriage licenses.

County Clerk John Gleason said a $12,500 grant would allow his office to provide at least 500 documents without cost to people needing help.

Gleason said the grant, from the Michigan Department of Human Services Victims of Crimes Commission, has been approved, but it has to be accepted by the Genesee County Board of Commissioners before his office may use it.

He said he expects the board to vote on the issue in the next two weeks.

The new initiative is a collaboration with the clerk's office, YWCA, Genesee County National Organization of Women and Genesee County Human Trafficking Task Force.

The clerk's office has had nearly 800 requests under a personal protection order status. Gleason said this will help make people feel more comfortable when getting the information they need to move forward.

In the end, he and the YWCA are hoping to eventually have the request processed through the YWCA to make the process easier for domestic abuse and sex trafficking victims.

"Many of them flee in the middle of the night. They flee circumstances that are horrendous, and they don't happen to have their birth certificate of their child on them," said Heidi McAra, chief executive officer of the YWCA Flint. "Or they don't have their driver's license. Or they don't have the basic identification the state or the federal government requires to obtain the assistance that these women not only need but they deserve. This grant allows us to assist them."

McAra said the YWCA serves about 400 clients a year. About half of those clients are children, she said, and at least 60 to 70 percent of the clients need some sort of vital record.

Jay Kommareddi said people typically do not think about youth who fall prey to sex trafficking needing vital records. But she said there is a need to help them get records so they may move forward in life.

"A lot of vulnerable youth, apart from women who flee situations, there are a lot of vulnerable youth, the homeless, runaways. They want to get out of a life they are engaged in on the streets. They need a birth certificate to enroll in school to access health care, to get a job to apply for a driver's license. This is extremely important. ... This is a huge step forward in empowering youth to repair their lives."

http://www.mlive.com/news/flint/index.ssf/2015/09/grant_funding_will_help_domest.html

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Snyder finally says lead in Flint water may be problem

Detroit Free Press – September 30, 2015, By Nancy Kaffer

Almost a week after news broke that more Flint kids have been lead poisoned, two weeks after state data confirmed that lead levels in Flint's water had spiked, more than a year after residents first noticed something was hinky with the water coming out of their taps, Gov. Rick Snyder has publicly acknowledged that Flint's water supply "appears" to have problems.

Publicly, because despite his office's repeated efforts to downplay the severity of the situation, an anonymous water-filter distribution to Flint residents shepherded by Snyder's office earlier this month, suggests that privately, the governor may have understood that something was amiss in this impoverished town.

It's a welcome, if weak, concession from Snyder.

Flint's decision to leave the Detroit Water and Sewerage Department and join a new water authority, and its subsequent decision to pump and locally treat water from the Flint River while the new system is under construction, were made while the city was under state oversight, led by emergency managers appointed by, and answerable to, Snyder.

Sara Wurfel, Snyder's press secretary, said Wednesday that a working group with members from the governor's office and the state departments of Health and Human Services, Treasury and Department of Environmental Quality has been meeting for months to develop a "more detailed action plan," which she expects to make public this week.

But Wurfel also insisted that elevated lead levels in Flint's water fall within federal guidelines, and thus aren't actionable. And she said that aging pipelines, which researchers say is the source of elevated lead levels in the Flint's water supply, are a problem across the state.

Lead poisoning is irreversible; children affected by it have behavioral and developmental problems. The rate of childhood lead poisoning had been declining in Flint and in the state for decades. But in some Flint ZIP codes, the percentage of lead-poisoned children has doubled since the city began to draw water from the Flint River, according to blood test results analyzed and released last week by a Hurley Medical Center researcher. A Free Press analysis of state data bolsters those findings.

Now, Snyder has conceded that "it appears that (water) lead levels could be higher or have increased," and that there are "probably things that weren't fully understood when the switch was made."

By July of this year, the administration should have known.

A memo written in July by a U.S. Environmental Protection Agency water regulations manager and leaked to the American Civil Liberties Union details post-switch problems: The water Flint once purchased from DWSD had been treated with the appropriate chemicals to make it safe, not just for human consumption, but for passage through aging infrastructure.

Because Flint didn't continue that treatment after it began pumping river water, and because the service lines that carry water through Flint's system are rife with lead and copper, those metals have leached into the city's drinking water, the EPA manager wrote: "Which is to be expected in a public water system that is not providing corrosion control treatment."

The EPA manager also questioned the methods -- endorsed by the MDEQ -- used to collect Flint water samples, specifically, advice to "pre-flush" pipes. The memo's author said that samples taken using this method would likely return results that underestimate the amount of lead in drinking water.

(When asked about the EPA memo in July, MDEQ spokesman Brad Wurfel told Michigan Radio: "Let me start here – anyone who is concerned about lead in the drinking water in Flint can relax." He went on to say that the home of the Flint resident whose son's blood-lead levels prompted the EPA's involvement was "an outlier," and that there didn't appear to be a "broad problem" with Flint River water releasing lead into drinking water.)

So, Snyder has acknowledged the problem, if in vague terms, and promised tangible assistance. When asked what the state has done so far, Snyder spokeswoman Sara Wurfel pointed to the working group and state funding for improvements to Flint's water infrastructure. The state also allowed Flint to restructure some loan payments; that freed up about $2.4 million over two years to fix immediate problems of discoloration and odor found in Flint water after the switch and more pipeline replacement.

Considering Flint's financial status, that's certainly welcome help. But none of these efforts provide an immediate response to the reported increase of lead levels in either the water system, or in Flint children's blood.

Wurfel said the city is working to gather additional data about the Flint water supply.

But I'm inclined to believe that the city's needs are more pressing.

U.S. Rep. Dan Kildee, D-Flint, asked Snyder in a Sept. 29 letter to provide state funding for lead-clearing filters for Flint residents, issue a state health advisory -- in addition to the advisories already released by Flint and Genesee County -- conduct independent, widespread water testing, and to formally request help from federal agencies.

Those would be good places to start. But not to stop.

http://www.freep.com/story/opinion/columnists/nancy-kaffer/2015/09/30/time-gov-says-lead-flint-water-may-problem/73088666/

Governor says fallout from Flint water switch wasn't fully understood

MLive - September 30, 2015, By Ron Fonger

FLINT, MI -- Gov. Rick Snyder says "There are probably things that weren't as fully understood" as they should have been before the city tapped into the Flint River for drinking water.

Snyder, speaking to reporters in Lansing Wednesday, Sept. 30, said the decision to use the river rather than buying Lake Huron water from Detroit was "made with the community" while Flint was run by a state-appointed emergency manager.

The governor made the comments after announcing the appointment of University of Michigan attorney and law professor Joan Larsen to the state Supreme Court.

Snyder said the state is examining how to address Flint's water problems, including reports of increased levels of lead in tap water. "We've been actively working that issue for a significant period of time, and we've put a lot of additional resources in more recent days towards the issue," he said.

In response to a question about whether it was a mistake to use the Flint River for water in the city, Snyder said, "In terms of a mistake, we found there are probably things that weren't as fully understood when that switch was made."

"Again, we're looking at making sure they're within safe limits according to the federal government, and I would expect us to have more to talk about this subject before the end of the week, in terms of more tangible action items, not just what we're doing, but who we're partnering with -- Flint and the federal government."

Flint is in the midst of a health advisory after a study showing a sharp rise in the percentage of Flint children with elevated blood levels was released by a Hurley Medical Center doctor last week.

The study followed water testing by Virginia Tech university, which showed much higher lead in Flint tap water than the city's own testing had revealed.

In recent days, Flint Mayor Dayne Walling has said he believes the switch to the river increased the level of lead in water. City Administrator Natasha Henderson has made overtures to the Detroit Water and Sewerage Department about reconnecting as a water customer until the Karegnondi Water Authority pipeline to Lake Huron is completed.

Flint has struggled to treat Flint River water since ending purchases of Lake Huron water from Detroit in April 2014.

Snyder said Wednesday that he assisted in delivering 1,500 water filters in Flint last month not because he believed water required filtering, but because he wanted to help "nonprofits and others in terms of hopefully providing some items that people would perceive as helpful and give them more confidence and comfort in their water supply."

"I thought it was the right thing to do, to try to help people in some constructive way, and that was a positive step forward by working with people to help find those filters we did, and that may be part of this continuing process," Snyder said. "Again, making sure, though, people understand what the lead levels are, what's safe and not safe levels, and how to manage that in thoughtful way."

Officials with the Concerned Pastors for Social Action told The Flint Journal-MLive this week that the filters were given to them to distribute under the condition that the pastors not reveal the state's involvement in the distribution.

Dave Murray, a spokesman for Snyder, said there may have been a misunderstanding between representatives of the governor's office and the pastors.

"We asked the pastors to respect the wishes of the (anonymous) donor. We told the group that we were not necessarily looking for credit," Murray said in an email.

State officials responsible for overseeing the city water system have defended Flint water as meeting all requirements of the Safe Drinking Water Act.

http://www.mlive.com/news/flint/index.ssf/2015/09/snyder_says_he_helped_bring_wa.html

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On their back, in a crib, alone

C & G Newspapers – September 30, 2015, By Cari DeLamielleure-Scott

METRO DETROIT — Every three days, a baby in Michigan dies from an unsafe sleep environment.

September is Safe Sleep Awareness Month, and initial data for 2015 indicates that the number of infants who are believed to have died because of suffocation is increasing, according to the Michigan Department of Health and Human Services.

In 2013, 142 babies in the state died because they were in unsafe sleeping places. Of those 142, approximately half were attributed to accidental suffocation and strangulation in bed, or ASSIB, said Dr. Irvin Kappy, service chief of pediatrics at Henry Ford West Bloomfield Hospital.

Though 2013 is the most recent year for which there is final data, preliminary data in 2014 and 2015 shows that the number of deaths has increased, according to a press release from the state of Michigan.

“Having a new baby can be an exhausting time for families. I urge parents to follow American Academy of Pediatrics guidelines,” Chief Medical Executive for the MDHHS Dr. Eden Wells said in a press release. “Babies should be placed on their backs in their own safe space, such as in a crib, bassinet or pack-and-play in the room where the parent sleeps, without blankets or stuffed animals.”

Kappy said he still comes across parents who, out of convenience, will lay an infant down next to them on the bed, thinking the infant will be safe. Nursing mothers, because of exhaustion, will do this, he added. However, the infant is not safe in these instances. Parents or siblings can accidentally roll onto the infant, or infants can turn over on their stomach and suffocate.

"It's always a horrible tragedy when an infant dies from suffocation or unexplained infant death, and this is for the most part preventable nowadays," Kappy said. "These recommendations are just so important. It's so tragic they're at times ignored."

Kappy said newborns should sleep on hard surfaces, and he recommends they be placed in a bassinet or a crib next to the bed. Infants should room share — different from bed sharing — during the first few weeks or months of their lives.

Infants should not sleep on soft surfaces such as beds or couches, and parents should avoid placing soft objects — pillows, stuffed animals, bumpers and blankets — in the crib or bassinet. In lieu of blankets, infants can be placed in sleep sacks, Kappy said.

According to the March of Dimes, sudden infant death syndrome, or SIDS — the unexplained death of a baby younger than 1 year old — is the leading cause of death in babies between 1 month and 1 year old, and most cases happen in babies 2-4 months old. Ninety percent of deaths occur before 6 months of age, Kappy said.

Since the American Academy of Pediatrics launched the Back to Sleep Campaign in 2003, Kappy said, the number of SIDS deaths has declined by over 50 percent in any country that has instituted the campaign.

"The reason for it is that it has decreased suffocation of infants lying on unsafe sleep surfaces," Kappy said.

Infants are more likely to die from SIDS if they sleep on their stomach or on their side, sleep on pillows or soft surfaces, wear too many clothes or sleep in a room that is too hot, or bed share.

The American Pediatric Association recommends that infants be given a pacifier at nap and bedtime to help reduce the risk of SIDS, and breast-feeding may also help reduce the risk. The AAP does not, however, recommend using special mattresses or wedges marketed to reduce a baby's risk of SIDS.

http://www.candgnews.com/news/their-back-crib-alone-86576

The HEAT is on: Battling health care fraud

Grand Rapids Business Journal – September 30, 2015, By Joe Rossi

Detroit oncologist made headlines when his diagnosis and treatment of cancer patients was brought to question. The problem? In many instances, the patients were intentionally misdiagnosed and consequently underwent chemotherapy treatments they didn't need.

Beyond the understandable emotional distress an improper diagnosis can place on an individual and their family, the erroneously filed claims and payment sought from Medicare and Medicaid also wreaked havoc on your finances and mine. Fortunately, the federal government has grown wise to some of these abuses and is coming after doctors — like Dr. Farid Fata of Michigan Hematology Oncology Centers across the metro Detroit area — who bill for treatments that are not medically needed. Such enforcement against medical wrongdoing has been introduced in the form of HEAT, or the Health Care Fraud Prevention and Enforcement Action Team.

Established in 2009, HEAT brings together attorneys and investigators from the U.S. Department of Justice and Department of Health and Human Services to fight Medicare and Medicaid fraud. In nine metropolitan areas, including Detroit, HEAT's Medicare Fraud Strike Force is investigating fraud cases and bringing offenders to justice.

Prosecuting such cases is difficult and often doesn't happen without the assistance of people from the inside — former and/or current employees of health care providers who can no longer stomach billing for services that are never provided or done so without need. Inside informers, commonly referred to as whistleblowers, provide the documentation that serves as the basis of the prosecution. These cases, however, are not possible without federal laws

that provide protection for whistleblowers. Unlike most court cases where the records are available for public inspection, whistleblower cases are sealed by the U.S. District Court to allow the government adequate time to review and investigate fraud allegations. An employee cannot be retaliated against under the False Claims Act, which can result in the employee being reinstated to his or her job in addition to double the lost pay and benefits.

While the case of Dr. Farid Fata has grabbed headlines, the fraudulent activity is often times subtler — taking form in the practice of up-coding. Medical up-coding occurs when a patient seeks medical help for a specific reason — anywhere from a cold to a sprain — and the doctor bills for a longer period of time or for additional treatment than what actually took place.

While too many health care fraud cases in this country still go without persecution, the work of HEAT is making a difference. Because of the strike force's enforcement efforts, more than 1,400 people have been prosecuted for Medicare fraud, totaling more than $4.8 billion since 2007 — including a one-time case in 2011 where $530 million in fraud was reported. Anyone suspecting Medicare fraud — whether at a doctor's office, in a home health care setting or at a hospital — should not hesitate to contact an attorney experienced in dealing with such cases. Prosecution of these cases can and will benefit us all.

http://www.grbj.com/blogs/13-law/post/83435-the-heat-is-on-battling-health-care-fraud

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Eastern participates in flu vaccine competition

The Eastern Echo – September 30, 2015, By Meghan Koglin

Eastern Michigan University is participating in state-wide challenge against the flu.

The challenge, issued by the Michigan Department of Human Services, is an effort to vaccinate more college students against the flu.

Eastern students who have received the flu vaccine this fall — on campus or in the community — may report their vaccination through surveymonkey.

The overall winners will be announced in April 2016, and awards will be given to whomever had the most students receive flu vaccinations.

Snow Health Center will be hosting clinics for students, faculty and staff to receive vaccinations. The next clinic is on Wednesday from 11 a.m. to 1 p.m. in 205 Marshall.

Students with EMU student insurance or Blue Cross Blue Shield of Michigan are able to receive the vaccination for free. The cost is $30 for other students.

Students who are uninsured or underinsured can receive free vaccines thanks to a grant recently given to University Health Services by Alana's Foundation. Free vaccines will be only be available until funds run out.

http://www.easternecho.com/article/2015/09/eastern-participates-in-flu-vaccine-competition

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Cash assistance program highlighted

Three Rivers Commercial-News – September 30, 2015, By Elena Hines

CENTREVILLE — The goal of the St. Joseph County Department of Health and Human Services cash assistance — Family Independence Program (FIP) is to assist families toward self-sufficiency, which is best accomplished by adults being

employed, securing court-ordered child support for each child where appropriate, providing life skills training for those needing it including minor and teen parents, and ensuring that all children have access to medical care.

Family Independence Manager Tom Ayers and Family Independence Specialist Holly Chiddister addressed the county's DHHS board during their meeting Tuesday to share with them a little more about the program

"We really emphasize it is temporary assistance," Ayers said. "For people who are motivated, it is a good program."

New requirements have been instituted — that there is a 30-day waiting period for new clients during which they discuss with DHHS personnel barriers to employment and try to find ways to remove them. They have three weeks to meet the requirements; if they miss any of them, cash assistance is denied. They then must job search for 30 hours (after exceeding that they must perform community service). Michigan Works! offers help with resume building, interviewing techniques and more.

http://www.threeriversnews.com/articles/2015/09/30/news/local_news/doc560be848e2609159527939.txt

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Michigan Native Latest West Nile Virus Casualty

Daily Times Gazette – October 1, 2015

Michigan- An 81-year-old woman died after contracting the West Nile virus. This was confirmed by the Michigan Department of Health and Human Services. The unnamed woman who happens to be a native of Oakland County marked the first West Nile virus death of the year in the state.

According to the Centers for Disease Control and Prevention (CDC), 47 U.S. states on the District of Columbia had reported the West Nile virus in people, birds or mosquitoes since Jan.1, 2015. There are 877 cases in people that had been reported to the CDC and 43 already died not including the latest Michigan death. 61 percent of those are classified as neuroinvasive disease, like encephalitis or meningitis. While 3 percent were classified as non-neuroinvasive disease.

George Miller, director of Oakland County Department of Health and Human Services told Fox 2 Detroit that it's a tragic reminder of how severe West Nile virus can be, especially for adults over 50 who are at greater risk for severe illness. They strongly encourage residents to protect themselves and family members from mosquitoes even as fall season is about to start.

Being bitten by an infected mosquito, could lead to contracting West Nile virus. People who are over 60 years ole and individuals who are immuno suppressed are at higher risk of contracting the virus according to CDC.

There is no known treatment for this virus neither pain relievers nor vaccine to prevent against infection. As protective measures, the CDC advises the residents to use insect repellents, wear long sleeves shirts and pants, limit outdoor activity from dusk to dawn when mosquitoes are most active and maintain window and door screens.

http://www.dailytimesgazette.com/michigan-native-latest-west-nile-virus-casualty/28949/

State rep: DHHS should track foster kids' credit

Lansing State Journal – October 1, 2015, By Justin A. Hinkley

LANSING — TeLesha Monroe didn't know her identity had been stolen until, as part of a program to transition from foster care to independence, she was denied a bank account because of her bad credit.

She'd never had a bank account or any credit cards. Someone had opened an account in her name and written fraudulent checks.

"I still don't know if that's been cleared up," the 21-year-old Dearborn Heights woman told a state House panel on Wednesday, urging the lawmakers to pass a bill that would require the state Department of Health & Human Services to monitor foster kids' credit.

Multiple advocates told the House Family, Children & Seniors Committee on Wednesday that the foster care system exposes kids' personal information, including Social Security numbers, to dozens of people, from biological and foster families to caseworkers and the courts. Many kids don't find out their identity has been stolen until they reach adulthood and try to start a new life, only to be thwarted by bad credit that costs them loans, jobs and more.

The panel heard about 90 minutes of testimony Wednesday on House Bill 4022, sponsored by state Rep. Robert Kosowski, D-Westland. Committee members heard about the scope of the problem — Angela Aufdemberge, president and CEO of the nonprofit Vista Maria, said she once worked with a 10-year-old whose identity was used to obtain a mortgage — and about the department's current efforts to tackle credit problems and the difficulties the state would face in doing more.

The committee did not vote on the bill Wednesday.

DHHS already monitors credit activity for foster kids 14 and older to comply with federal law. Janet Kaley, education and youth services manager for the department, told the committee a DHHS central office staffer runs between 50 and 60 credit checks per month on foster kids 14 to 18 years old and finds about two problems every month. For foster kids older than 18, central office and local caseworkers handle credit issues.

But "we don't have those resources" to run checks for foster kids younger than 14, she said. Kosowski's bill would require DHHS caseworkers to pull credit reports on all foster care children once a year and to report any problems to the judge handling the child's case. The committee also is considering a substitute to the bill that would limit DHHS's responsibility to kids 14 or older.

Bruce Noll, a DHHS legislative services employee, told lawmakers it would require at least 1.5 new full-time-equivalent employees to handle the added checks. There could be other costs to taxpayers because the credit reporting agencies currently run the checks for free, but might charge the state for a larger workload.

Noll noted foster kids who are adopted receive a new Social Security number, which would help protect their identities. But many advocates told the committee 14 was too late, especially because unraveling identity theft can take many stressful years.

Aufdemberge, the Vista Maria chief, said it was the state's job to "to remove those roadblocks because they already have so many mountains to climb."

Some committee members seemed to support the advocates' call for a broader bill.

"It sounds like balls are dropped all over the place in terms of going after the criminal element, here," said state Rep. Jim Runestad, R-White Lake, who advocated for DHHS to report credit findings to the Michigan State Police. "My only concern is that this doesn't go far enough."

Ray Holman, legislative liaison for the United Auto Workers Local 6000, the union representing foster care workers, said his group would support the bill. His only concern was about how any changes would affect caseworkers in the field, who he said are already overburdened with high caseloads and paperwork requirements.

"It's important and we support it," Holman said, "but it highlights the fact that state departments are still not appropriately staffed."

DHHS said in its latest legislative report that state workers handle 6,704 foster care cases and private providers handle 5,901. There are more than 700 DHHS foster care workers.

http://www.lansingstatejournal.com/story/news/local/capitol/2015/10/01/state-rep-dhhs-track-foster-kids-credit/73114328/

Immunizations rates for area seniors above national average

Cadillac News – October 1, 2015

National headlines claim that older adults are falling short in vaccination rates.

As rates for children steadily rise, those for older adults getting flu, pneumonia, tetanus or shingles shots "have stayed stubbornly flat and trail national goals ... leaving millions of older adults at risk of dying ... or being hospitalized."

Local health officials believe that those statistics are not accurate due to what they refer to as "reporting glitches." In addition, 2015 statistics for adult immunization rates in Wexford, Missaukee, Osceola and Lake counties show rates above the national averages.

"We are doing well here," said Dr. Jennifer E. Morse, M.D., who is medical director of the Central Michigan District, Mid-Michigan District, and District No. 10 health departments. "We have an issue about (rates) — it's an issue of reporting versus those actually getting the vaccines."

In Michigan, vaccination statistics are gathered from the Michigan Care Improvement Registry, where providers are required by law to report all immunizations given to children and youth since 1993. In addition, "... all adult vaccinations are 'strongly encouraged' to be entered into the registry."

According to the Michigan Department of Community Health, 88.5 percent of adults get flu vaccines from pharmacies. Not all of them enter the data into the registry.

"Sometimes it looks like adults have not had their vaccines, but they are not in the MCIR," said Robin Walicky, District Health Department No.10 vaccination coordinator. "The large pharmacies are just now putting in the data. This is a reporting issue. We are actually doing a very good job here providing vaccines for seniors."

"It's been a learning curve for the providers of vaccines, including pharmacies," added Morse. "It's no benefit for them (to enter data), but it helps the state."

Flu

This year, flu shots will be more effective than last year, according to Morse, with Walicki adding that health department nurses are busy setting up clinics at senior centers, churches and businesses.

"The flu mutates, which is why we need a new vaccine every year," Morse said. "Most years, it doesn't change much, so we have a 60 to 90 percent efficacy. Last year, there was a significant drift in the virus, and it was less effective. Now, we have that strain in the vaccine, so we expect to have good protection."

This year, most flu vaccines will include four strains, two for virus group A and two of virus group B.

Tetanus-diptheria-pertussis (Tdap)

Walicki reported that the tetanus booster for senior adults that includes diphtheria and pertussis has been promoted and received well.

"The OB-GYNs are getting the word out that if a woman is pregnant, the whole family needs to be updated." she said. "It's a successful campaign."

Nationwide, 11.9 percent of adults 65 and older have received the Tdap. The Wexford County rate is 50.1 percent; Osceola County, 52.8 percent; Missaukee County, 41.6 percent; and Lake County, 36.9 percent.

Shingles

Adults 60 and over need a vaccine to reduce the risk of getting shingles, also known as zoster.

"I had a patient that had shingles on her face and it infected her eye," Morse said. "She was left blind in that eye. Some cases cause extreme discomfort and scarring. It's good to get attention when it first starts to minimize it."

Nationwide, 18 to 24 percent of seniors have received the zoster shot. The rate in Wexford County is 30.5 percent; Osceola County, 31 percent; Missaukee County, 25.9 percent; and Lake County, 17 percent.

Pneumonia

There are new recommendations for pneumonia vaccines. Everyone 65 and older should start with a PCV13 that protects against 13 kinds of pneumonia. Then, one year later, get a PPSV with protection against 23 strains.

Nationwide, 59.7 percent of senior adults have received the PPSV. The rate in Wexford County is 57 percent; Osceola County, 47.4 percent; Missaukee County, 48.4 percent; and Lake County, 34.8 percent.

Area vaccination data as of June 30, 2015, from the County Quarterly Immunization Report Cards at Michigan.gov.

What you need to know:

Immune systems weaken over time, puting older adults at risk for certain diseases. The Center for Disease Control recommends these vaccinations for seniors: flu, pneumonia, shingles and Tetanus-Diptheria-Pertussis (TDap.) www.cdc.gov/vaccines/adults/rec-vac

To get a flu shot, call your physician, local health department or use the Health Map Vaccine Finder at: flushot.healthmap.org to find the closest vaccination clinics.

In Wexford County, call the health department at (231) 775-9942; in Missaukee County, call (231) 839-7167; in Lake County, call (231- 745-4463; and in Osceloa County, call (231)832-5532.

http://www.cadillacnews.com/news_story/?story_id=1829373&year=2015&issue=20151001