



INTEGRATING PALLIATIVE CARE INTO THE PCMH-N MODEL

Psychological and Psychiatric Aspects

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Welcome

- Thank you for attending this event. Please ensure you sign in using link in chat box.
- Disclosure information can be found on this PowerPoint presentation.
- Please make sure you attend the entire session and complete the evaluation. Evaluation will be shared at the end of session and link will be included in a follow up email.
- You will receive your CME/CE Certificate after completing the evaluation.
- Deadline for evaluation is 10 business days after training.
- We will be using Active Learning Strategies to support this assessment, such as break out sessions, polling during presentations and question and answer opportunities.
- It is important that you communicate with us that the content presented is clear, understandable and useful for you.
- Please ask questions and seek clarification whenever you have a concern.
- We need for you to share your wisdom and feedback with us.



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Requirements for Completion

- Sign in and attend entire session.
- Complete evaluation. Evaluation will be shared at the end of session and link will be included in a follow up email.
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Disclosures

Speakers and Planners	Content Reviewers
Mary Beth Billie DNP, RN-BC, CCM (Speaker and Planner) No Commercial Relationships	Ruth Clark RN, BSN, MPA (Content Reviewer) No Commercial Relationships
Thomas Dahlborg, MSHSM (Planner, Reviewer, and Executive Oversight of Mi-CCSI) No Commercial Relationships	Anthony Clarke, MD (Content Reviewer) No Commercial Relationships
Ellen Fink-Samick, MSW, LCSW, CCM, CCTP, CMHIMP, CRP, DBH-C (Speaker, Planner, Author) No Commercial Relationships	Lindsay Gietzen, PhD, PA-C (Content Reviewer) No Commercial Relationships
Virginia Hosbach, RN, MSN (Planner) No Commercial Relationships	Joanna Krapes, BSN, RN (Content Reviewer) No Commercial Relationships
Frances Jackson PhD, RN, PRP (Speaker) No Commercial Relationships	Rosemary Rojas, MSN, RN (Content Reviewer) No Commercial Relationships
Harmony Kinkle, BBA (Planner) No Commercial Relationships	Janet Scovel, MBA, BSN, RN, CCM (Content Reviewer) No Commercial Relationships
Ewa Matuszewski, BA (Speaker and Planner) No Commercial Relationships	David Van Winkle, MD, MBA (Content Reviewer) No Commercial Relationships
Carol F. Robinson DNP, MS, BSN, RN, CHPN (Speaker, Planner, Author, Reviewer) No Commercial Relationships	Erin Zimny, MD (Content Reviewer) No Commercial Relationships
Robin Schreur BS, RN, CCM (Planner) No Commercial Relationships	
Pauline Virro-Nic MS, MBA, PMP (Planner) No Commercial Relationships	
Sue Vos BSN, CCN, RN (Planner) No Commercial Relationships	



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Continuing Education

Statement of Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Michigan State Medical Society (MSMS) through the joint providership of Practice Transformation Institute and MI-CCSI. Practice Transformation Institute is accredited by the MSMS to provide continuing medical education for physicians.

AMA Credit Designation Statement

Practice Transformation Institute designates this live course for a maximum of 2 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Social Work

This course is approved by the NASW-Michigan Social Work Continuing Education Collaborative Approval # 121621-01, # CE Hours approved: 2



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Presenter

Ellen Fink-Samnick MSW, LCSW, CCM,
CCTP, CRP, DBH-C
EFS Supervision Strategies, LLC

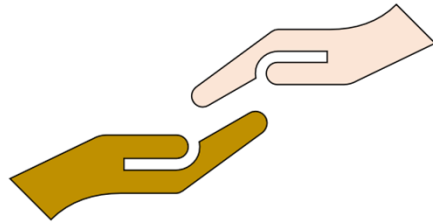


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There is no doubt.....

The quality of care rendered for serious illness is a fundamental goal of healthcare



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Learning Objectives

- Identify tools to assess patient's behavioral health and well-being at all stages of serious illness and life-limiting care
- Apply the stages of grief
- Identify models to promote practitioner awareness of patient and family coping
- Articulate non-physical sources of patient suffering
- Describe the 5 C's of Care Considerations to guide assessment of patient self-determination and autonomy
- Identify short-term counseling interventions in treatment planning discussions

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Disclaimer

- Evidence-based articles, and books by the developer and presenter of this module are cited.
- The organization and presenters have no other conflicts of interest to declare with respect to the material covered,
- PLUS... Variations in scope of practice yield explanation



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Psychological and Psychiatric Aspects

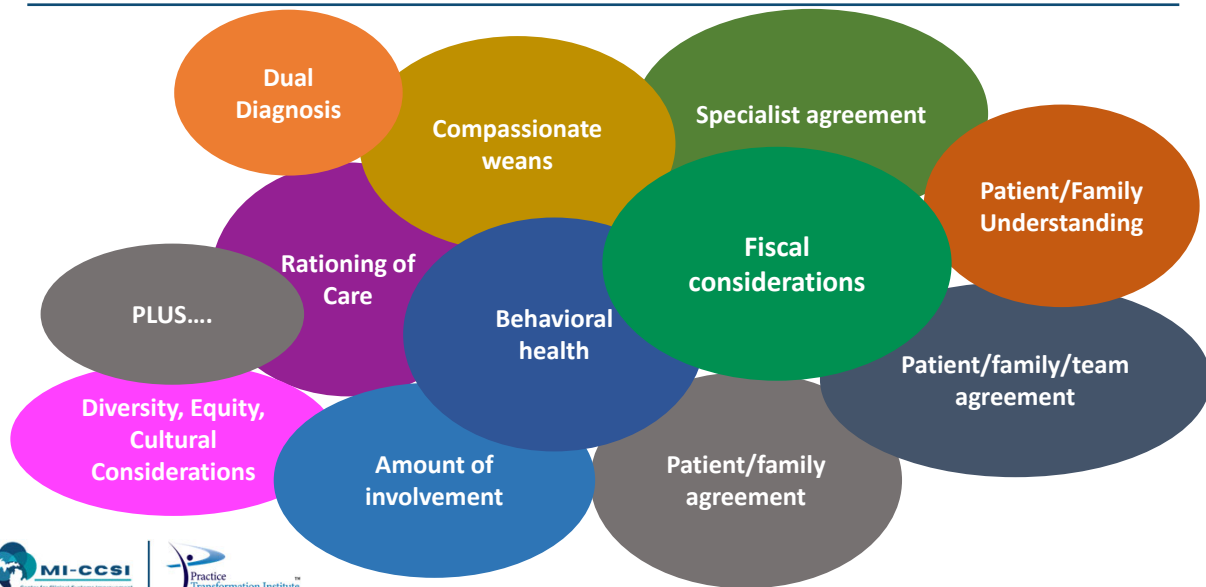
Level-Setting the Behavioral Health Landscape



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Coping with Serious Illness is Complex



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Poll

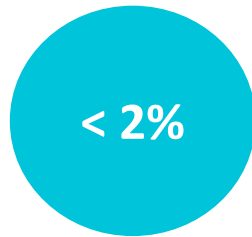
1. Which of the following best describes your approach when patients present with behavioral health issues related to their serious illnesses?
 - a. I'm not comfortable addressing them
 - b. I want to address them, but other issues are a greater priority
 - c. I want to approach them but was not taught how
 - d. I am comfortable addressing them

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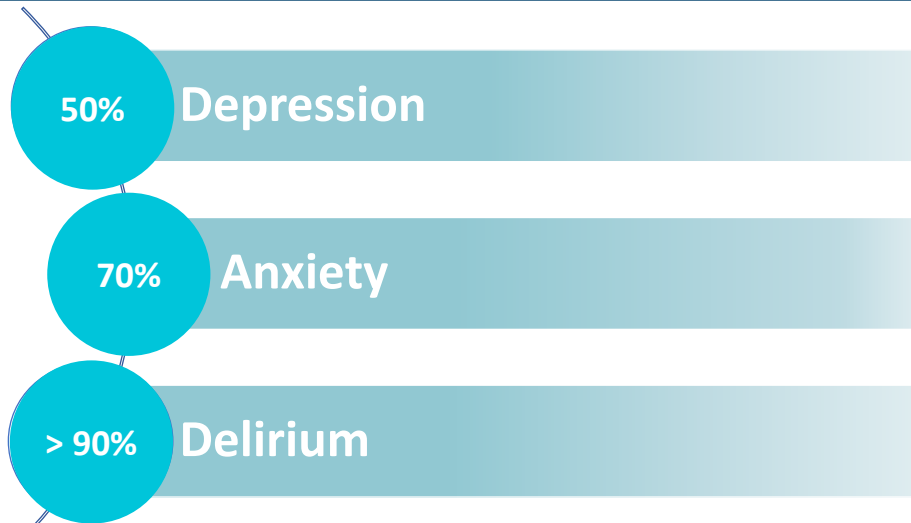
The Reality?

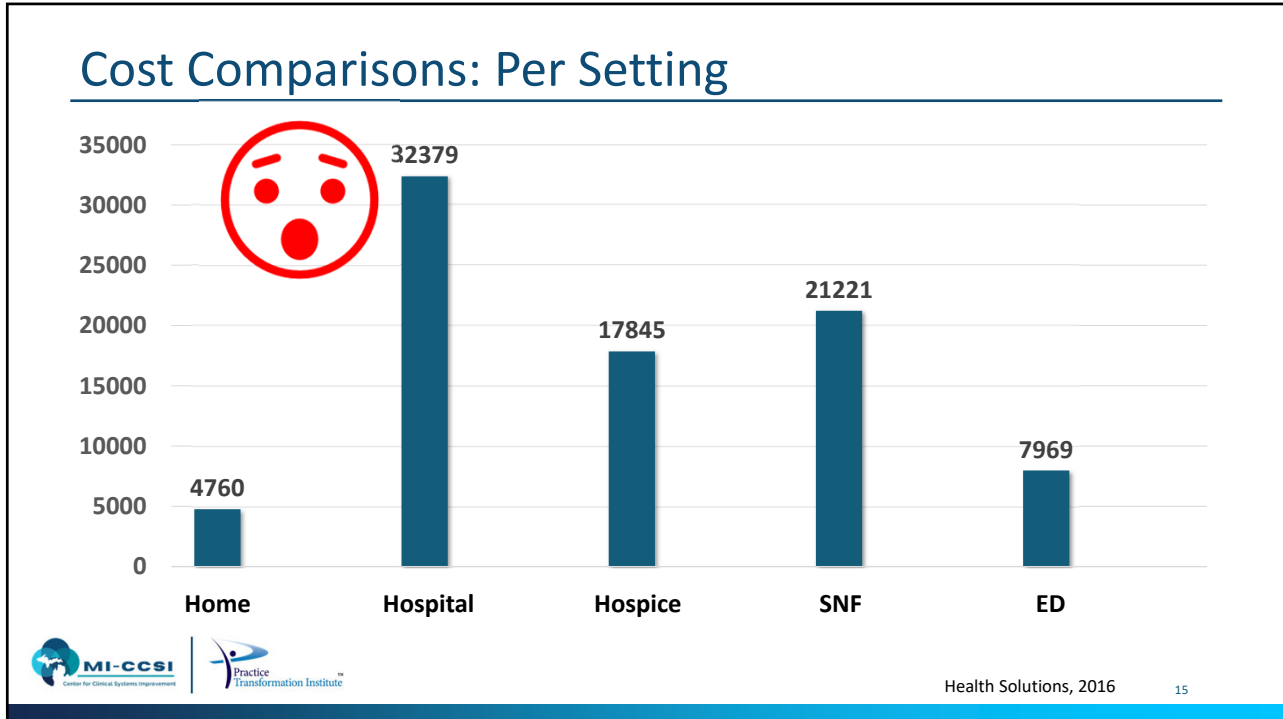
Medical schools spend little time on conversations about death, dying, and suffering

What percentage of questions on the medical boards for oncologists are devoted to end-of-life care?



Highest Incidence of Behavioral Health Issues





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Psychological and Psychiatric Aspects

Addressing Grief, Loss, and Suffering

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Poll

2. How would you rate your proficiency in managing the 5 stages of grief with patients (and their families)
 - a. Not as proficient as I would like
 - b. Somewhat proficient
 - c. Highly proficient
 - d. I knock it out of the ballpark every time



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Stage	Common Patient/Family Responses
Denial	<ul style="list-style-type: none"> • That's impossible! • It must be an error, let them run the tests again • You're lying to me • That happened to a friend of mind, and it turned out to be a big mistake
Anger	<ul style="list-style-type: none"> • Life is unfair • Everything bad happens to me • Why didn't God protect me? • I just don't want to talk about it!
Bargaining	<ul style="list-style-type: none"> • What if I.....? <ul style="list-style-type: none"> • Never lie, steal, cheat, overeat, gamble, smoke, stop drinking, etc.
Depression	<ul style="list-style-type: none"> • Why bother? I'm going to die anyway • It won't change the situation or the outcome • Why pray? Nobody is listening • I won't fit in with our friends anymore. • I'll be the only single parent at every school event! • I don't think I can manage on my own; I've never had to.
Acceptance	<ul style="list-style-type: none"> • I'm ready to move forward • I'll deal with the new norm • Let's take charge of this so it doesn't take charge of me.



Adapted from Kubler-Ross, 2014

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What about Ambiguous Loss?

- A broader scope of loss
- Transcends death of a loved one, including:
 - Overall health status (e.g., physical, cognitive, behavioral health)
 - Occupational status
 - Relationships



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Poll

3. How often are you exposed to Ambiguous loss faced by your patients (and families)?:
- a. Not at all
 - b. Somewhat
 - c. A great deal
 - d. All the time

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7 Themes for Serious Illness Conversations

Quality as a
priority

Sense of control

Life on hold

Need for health
system support

Being at home

Talking about
death

Competent and
caring health
professionals



Lewis et al., 2019

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Emotional Pain and Suffering

- Our goal is to reduce pain and eliminate suffering:

Pain “The 5th Vital Sign”:
A physical sensation that
something is happening
in the body

Suffering:
The state of severe
distress associated with
events that threaten the
intactness of a person



Bueno-Gomez, 2017; Cassell, 2004

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Breakout (20 minutes)

Instructions

1. In your groups, identify the discussion leader (earliest birthday in the year).
2. Reflect on your experiences with patients (and families) across the themes of:
 - Psychosocial circumstances
 - Clinical, patient, and family dynamics
 - Progression of patients/families across Kubler-Ross's 5 Stages of Coping
 - Presence of the 7 conversation themes
 - Manifestation of pain and suffering
3. Discuss the following:
 - What behavioral health symptoms (e.g., anxiety, depression, stress, increased substance use) have you identified?
 - How did those symptoms present, and
 - How did they impact care?
 - How did you address the symptoms?
 - What knowledge would have enhanced your intervention?
4. Discussion leader debriefs when the group returns from the breakout.



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Psychological and Psychiatric Aspects

Mental Health and Severe Mental Illness



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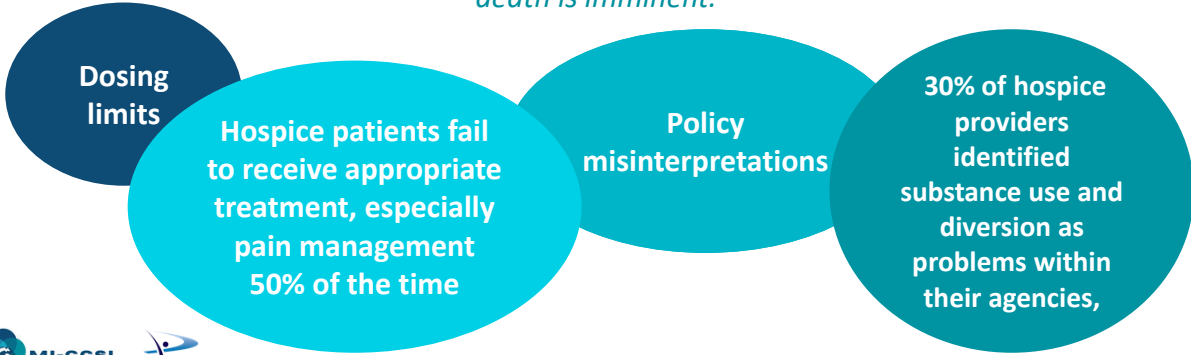
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Intersection of the Opioid Epidemic

Effective Pain Management

Increased monitoring and oversight of opioid prescriptions have led to an **unintended consequence**;

intensified suffering for patients experiencing pain, even for those persons where death is imminent.

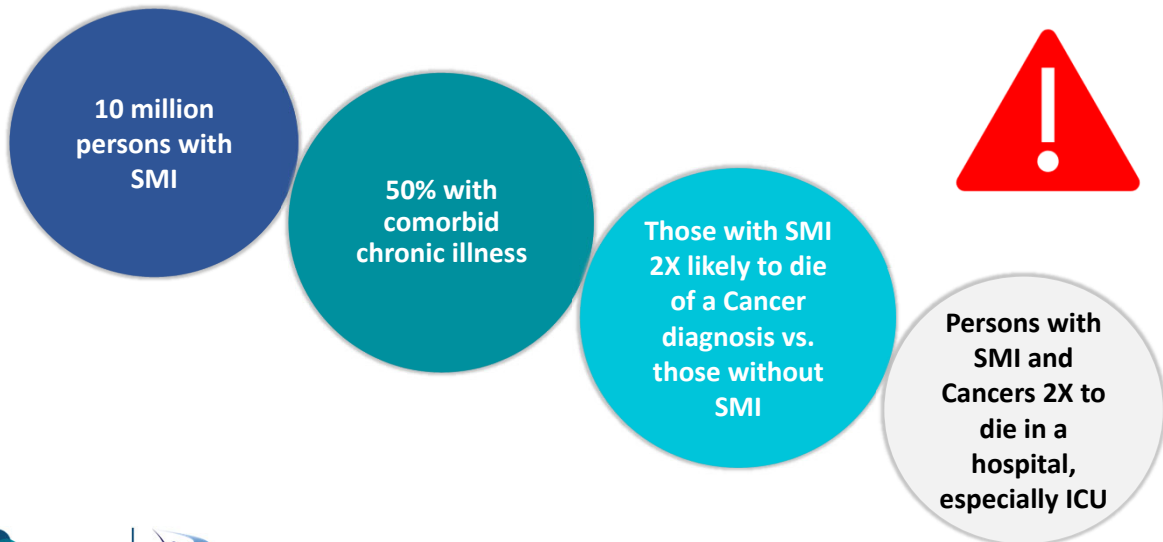


Enzinger et al., 2021; Gabbard, et al., 2018; Karlin-Smith & Elhey, 2018; OIG, 2018

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The Dual Diagnosis Quandary



Irwin, et al., 2014; Wilson, et al., 2020

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Substance Use and Serious Illness

Alcohol misuse impacts 28% of palliative care inpatients

- “People who use alcohol and other drugs and are over the age of 40 are more likely to die of a non-drug related cause than people who use substances under 40.....
- This population will therefore potentially need greater access to palliative and end of life care services”



Gabbard, et al., 2019; MacCormac, 2017; Witham et al., 2019

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Substance Use and Serious Illness

Conversations

- Talk openly with the patient and his or her family about their concerns.
 - express concern about the pattern or misuse,
 - name addiction if thought to be present,
 - empathize with the pain and distress the patient is experiencing,
 - set firm limits, and
 - commit to continue to treat pain as well as addiction
- Refer to addiction and behavioral health specialists



Gabbard et al., 2019

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Enhance Engagement: Patients with SMI & Serious Illness

Recommendations	Consideration Questions
1. Identify interprofessional team specific to patient need	<ul style="list-style-type: none"> Who accompanies patient to visit or is present during consultation? Does patient have a: <ul style="list-style-type: none"> psychiatrist, primary care provider mental health team (e.g., social worker, case manager, group home or residential manager, community-based home health) Who manages patient's medications? When available, engage psychiatrist and social worker at time of diagnosis.
2. Facilitate communication and promote illness understanding	<ul style="list-style-type: none"> Assess patient behaviors; engage from a place of acceptance vs. confrontation Affirm patient capacity to engage in decision-making about treatment and care Tailor communication to patients with cognitive deficits or more concrete thinking: <ul style="list-style-type: none"> As able, schedule added time to review and discuss recommendations, write down directions, changes Avoid use of statistics, hypothetical scenarios. Focus on individual patient in the here and now. Involve supports but speak directly to the patient. Establish a system of communication between appointments, with a point of contact to other case managers, treatment coordinators. Assure future appointments and communications engage key mental health personnel (e.g., social work, nursing, psychiatry) to provide patient opportunities to ask questions, reinforce treatment recommendations.

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Enhance Engagement: Patients with SMI & Serious Illness

Recommendations	Consideration Questions
3. Assess for common comorbidities and perform a risk assessment	<ul style="list-style-type: none"> Assess for <ul style="list-style-type: none"> depression, agitation, anxiety substance use, abuse (e.g., alcohol, illicit drugs, prescription drugs, narcotics) common medical comorbidities (e.g., chronic diseases) poor health behaviors (e.g., smoking, substance use, poor nutrition, lack of activity) basic risk of suicidal or homicidal ideation or intent, self-harm, access to firearms.
4. Consider modifications to treatment plan to promote adherence and engagement in care	<ul style="list-style-type: none"> Does patient need hospitalization (medical) for initial round of chemotherapy to minimize fears and agitation? Can patient visit infusion or radiation site to build trust and engagement in team prior to treatment? Can constant staff be assigned to build trust and comfort for patient over time? Assess/refer for other barriers to care (e.g., SDOH-related: transportation, housing, insurance)

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Psychological and Psychiatric Aspects

Tools to Drive Assessment and Intervention



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Assessment Tools for the WIN!

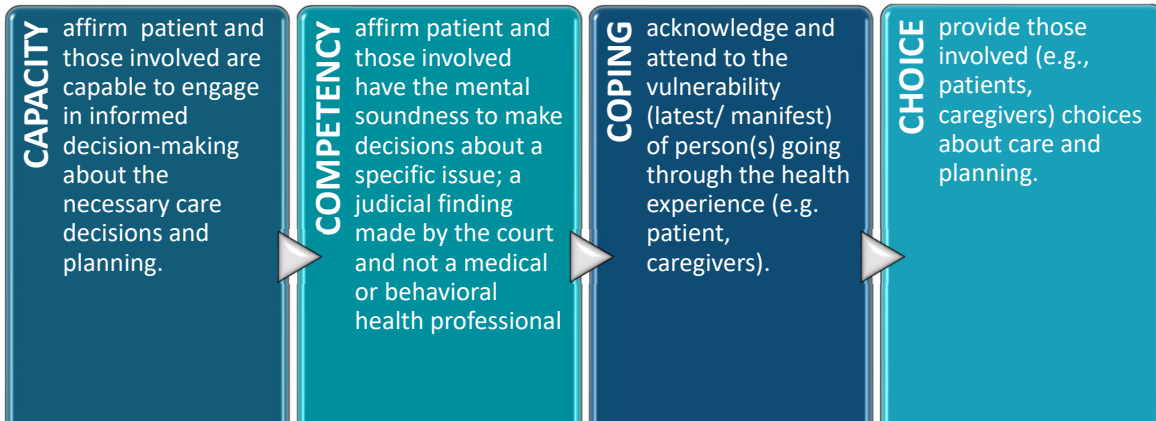
- AUDIT-C**: At-risk alcohol screen
- BDI**: Beck Depression Inventory
- CAGE**: Questions for Alcohol Use
- DASS-21**: Depression, Anxiety, Stress Scale
- ESAS**: Edmonton Symptom Assessment Scale
- GAD-7**: General Anxiety Disorder
- HADS**: Hospital Anxiety/Depression Scale
- PHQ-2 and 9**: Patient Health Questionnaire (2 or 9)



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The 5 C's of Care Considerations©



COMMUNICATION



Fink-Samnack, 2020

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Capacity vs. Competence?

Capacity

- A *person's ability* to make informed decisions, and provide informed consent
- Attention to:
 - Comprehension
 - Free-choice
 - Reliability (or consistency)

Competence

- A *legal rendering* determining:
 - Capability of a person to act on his or her own behalf, or
 - Have the mental capacity to participate in legal proceedings or transactions (e.g., business, medical decisions)
- Determined by a judge



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Capacity or Autonomy?

Autonomy

The rights of a patient to make decisions about his or her own care, **without** the provider trying to influence the final decision

Among a professional's grandest challenge is respect for patient autonomy and self-determination; This concept is about what the patient wants as opposed to where we, the well-intended professional wants the patient to be....

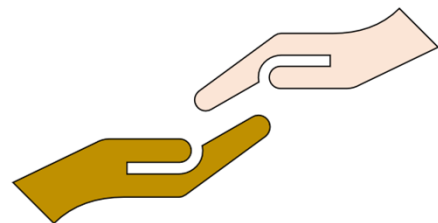


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Coping

- Verbal and non-verbal (behavioral) presentation of the person in response to a situation
 - Latent
 - Manifest
- Unique to the patient, caregiver, circumstance



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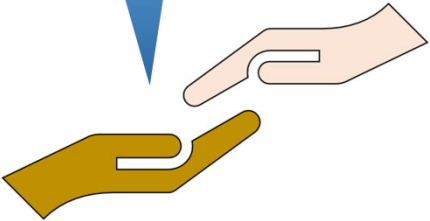
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Partner With Patients & Families

Towards Coping

- Introduce yourself
- Do a temperature check of the space
- Express empathy
- Acknowledge the patient/family reality
 - Being overwhelmed
 - Emotions
- Be genuine
- Affirm understanding
- Stay present until the conversation ends

Do not react to the patient or family, but instead seek to respond with empathy and compassion



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Partner Step	Recommended Statements	Fink-Samnck, 2021
Introduce self	<ul style="list-style-type: none"> • “Hello, I’m _____, the ___ for the unit. Have you worked with a.....before? I like to check on the experiences of those I work with • Here are some of the things I focus on. 	
Temperature check	<ul style="list-style-type: none"> • “Hello, how are things going today?” • “You shared how upsetting things were the last time we talked. How is it today?” • What questions do you have? How can I help? 	
Express empathy	<ul style="list-style-type: none"> • Sit in silence with the patient or family, allow them to begin the conversation • Use verbal, plus non-verbal gestures to convey understanding, acknowledgment. 	
Acknowledge patient/family reality	<ul style="list-style-type: none"> • “So much is happening, I can’t imagine it’s like for everyone. How is it for you today?” • Other patients and families have shared how overwhelming the (diagnosis, decision making, coping, adjusting) is. How can I make it easier for you? • I’ve worked with other patients and families in similar situations; everyone responds differently. What is it like for you? • Patients/families often share they feel out of control. What one thing can I do today to give you control? • How about if I just sit with you for a bit quietly. We can talk if you want but don’t have to. 	
Be genuine	<p>DON’T SAY I UNDERSTAND: Consider:</p> <ul style="list-style-type: none"> • How might I feel if this were my parent, spouse, partner, child et al.? • Am I in touch with my own personal feelings. 	
Affirm understanding	<ul style="list-style-type: none"> • I want to make sure I understand.... <ul style="list-style-type: none"> • What you are saying • How you’re feeling • What further questions you have. • Here is what I heard you say, but tell me if I got that right. 	
Stay present	Whether virtual or in-person, avoid distractions (e.g., other conversations, looking at digital devices (e.g., phones, tablets)	

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Use of Empathic Listening

- Assure a private and comfortable environment for discussions
- Acknowledge patient (family's) perspective and feelings
- Pay close attention to body language
- Let patient (and family) guide conversations, and
- Wait for others to speak
- Be encouraging, supportive
- Seek to clarify



(Fink-Samnick, 2020) 39

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Choice

- Provide patients, caregivers, and stakeholders options and alternatives specific to their care, treatment and necessary planning, resources.
- What does this mean to you and your organization?
 - Do you provide a list of resources?
 - If so, who defines what's included?
 - As relevant, are star ratings explained and websites provided?

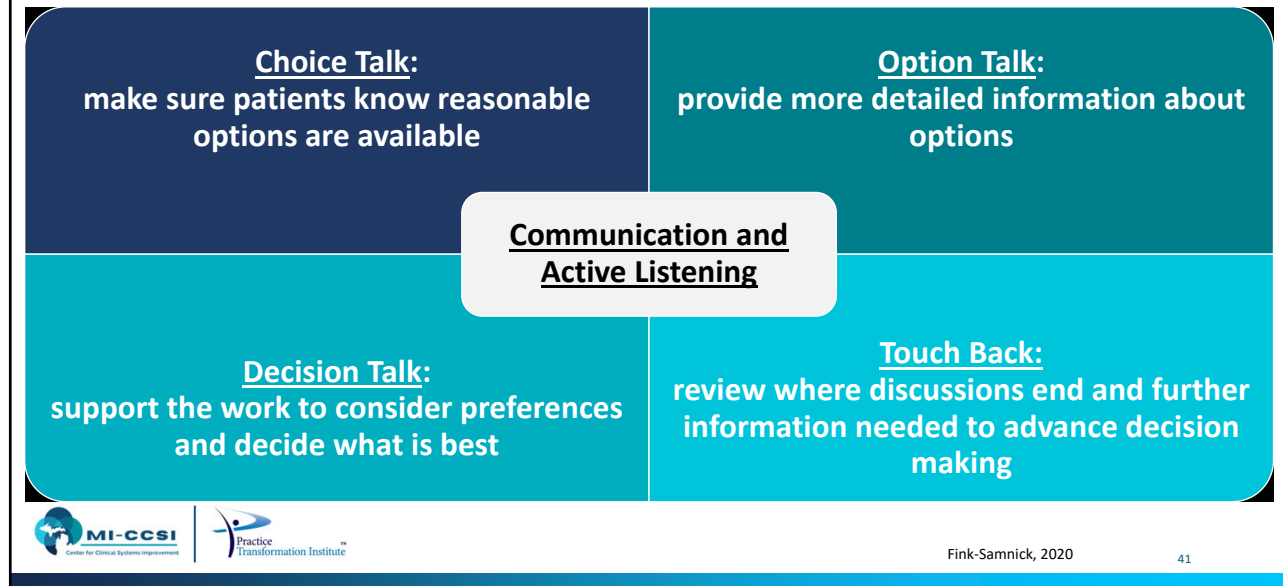
**Choice is
always a
primary
patient right**



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Shared Decision-making: The Four Talk Model



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Patient-Inclusive Shared Decision-Making

- If a time comes when you are too sick to make your wishes known re: care, whom do you want to make decisions on your behalf?
- Have you put that decision in writing?
 - If yes, the professional needs to obtain a copy of the advance directive.
 - If no, the professional needs to work with the patient to complete the appropriate advance directives.
- Do you have worries or concerns about a specific person trying to step in to make decisions for you?
 - If yes, have you discussed these concerns with that person?
 - Have you discussed this with your chosen healthcare surrogate or decision maker?
- Under privacy rules, I can generally share information directly relevant to your care with your family and friends only if I have your permission to do so.
 - What information, if any, do you like me to share with _____ re: your illness, condition, or care?
 - What information, if any, do you not want me to share with _____ re: your illness, condition, or care?
- What else is important for me to know about you, or your healthcare choices?

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Rosa et al., 2020 42

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Communication Underlies Each Consideration

It's not what we say but how we say it

- Verbal
- Non-verbal
- Diversity, equity, & inclusion (DEI)
- Factor in situation complexity
- Health literacy
- Language proficiency



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Dignity Therapy Model

- Brief, individualized therapy approach
- Relieves psycho-emotional distress
- Provides opportunities to reflect on key areas of importance and value:
 - The patient
 - Family members
 - Other involved parties
- Enhances patient control



Martinez et al., 2017

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The 9 Dignity Questions

1. Tell me about your life, particularly the parts you remember most, or view as most important?
2. What specific things do you want your family to know or remember about you?
3. What important roles have you played in life?
4. What are your most important accomplishments?
5. What things do you feel need to be said to your loved ones?
6. What hopes and dreams do you have for your loved ones?
7. What advice do you want to pass along to others?
8. What works or instructions would you like to offer your family to help them prepare for the future?
9. What else would you like to be included in this permanent record?



Martinez et al., 2017

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Don't Forget To Take Care of You

- Remember to "Take 10"
- Accept support from colleagues
- Use the resources



We must attend to our own human condition to best care for the human condition of others

-E. Fink-Samnick



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Recap of Learning Objectives

- Identify tools to assess patient's behavioral health and well-being at all stages of serious illness and life-limiting care
- Apply the stages of grief
- Identify models to promote practitioner awareness of patient and family coping
- Articulate non-physical sources of patient suffering
- Describe the 5 C's of Care Considerations to guide assessment of patient self-determination and autonomy
- Identify short-term counseling interventions in treatment planning discussions



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Questions?

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Thank you

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Development Team

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- Thomas Dahlborg, MSHSM – Executive Director
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- Ellen Fink-Samnack, MSW, LCSW, CCM, CCTP, CMHIMP, CRP, DBH-C
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- Carol F. Robinson, DNP, MS, BSN, RN, CHPN®

Content Evaluators

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ Ruth Clark, RN, BSN, MPA
<i>Integrated Health Partners</i> ▪ Anthony Clarke, MD – Family Medicine
<i>Health Centers Detroit</i> ▪ Lindsay Gietzen, PhD, PA-C
<i>Oakland University School of Health Sciences</i> ▪ Joanna Krapes, BSN, RN
<i>Blue Cross Blue Shield of Michigan</i> | <ul style="list-style-type: none"> ▪ Ewa Matuszewski
<i>Medical Network One</i> ▪ Rosemary Rojas, MSN, RN
<i>Blue Cross Blue Shield of Michigan</i> ▪ Janet Scovel, MBA, BSN, RN, CCM
<i>Priority Health</i> ▪ David Van Winkle, MD, MBA – Family Medicine ▪ Erin Zimny, MD – Emergency Medicine/Hospice and Palliative Care
<i>Henry Ford Health System</i> |
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<i>Detroit Integrated Health</i> ▪ Elizabeth Haberkorn, MSN, FNP, BC
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<i>Beaumont Family Medicine – Sterling Heights</i> ▪ Erin Zimny, MD
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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