

EXHIBIT A

**UNITED STATES BANKRUPTCY
COURT WESTERN DISTRICT OF
MICHIGAN GRAND RAPIDS**

IN THE MATTER OF:

Michigan Pain Consultants, P.C.

Debtor.

Bankruptcy Case No. 24-01571

Hon. Scott W. Dales

Chapter 11

Subchapter V

PATIENT CARE OMBUDSMAN’S SECOND REPORT

Deborah L. Fish, patient care ombudsman, appointed by order dated June 18, 2024, (Docket #34); and in accordance with Section 333 of Title 11 of the United States Bankruptcy Code (the “Code”), submits this report on the status of the quality of patient care in the Chapter 11 Sub Chapter V Case of Michigan Pain Consultants, PC, (the “Debtor”). This written report covers the period from June 28, 2024 to July 31, 2024¹. It is primarily based on an in-person conference, telephone conferences and email communications with Stacy Ward Director of Clinical Operations; telephone conferences and emails and telephone calls with Margret Talbot, Assistant Director of Clinical Operations; calls and emails with counsel for the Debtor; a review of the information I requested and confirmation of the execution of the Debtor’s transition plans and my recommendations.

¹ The First Report of the PCO was delivered in court on June 27, 2024.

BACKGROUND

The Debtor filed a petition under Chapter 11 of the Code on June 12, 2024. The Debtor, provided an interdisciplinary approach to pain care designed to optimize management of patients' pain, including the integration of medical, diagnostic, and therapeutic services, functional rehabilitation, behavioral management, and education. The Debtor focused on person-centered and holistic, enabling identification of the varied pain management needs of the individuals under its care to ensure appropriate treatment. It specialized in physical & rehabilitative medicine and interventional pain management. The Debtor provided services to manage non-surgical musculoskeletal injuries and disorders via interventional and non-interventional pain management. The goal was to provide the patient with quality, one-on-one care to improve the patient's overall well-being. The Debtor prided itself in treating the "whole person" by addressing all physical and psychological components of pain and dysfunction. The physical needs were addresses with services such as the following types of services²:

- Brachial Plexus
- Carpel Tunnel Injection
- Caudal Epidural Steroid Injection
- Celiac Plexus
- Cervical Discogram
- Cervical Epidural Steroid Injection

² All of these services were terminated upon filing.

- Cervical Facet Joint Injection
- Cervical Medial Branch Block
- Cervical Plexus Cervical Radiofrequency Ablation
- Cervical Transforaminal Epidural Steroid Injection
- Digital Nerve Radiofrequency Ablation
- Epidural Blood Patch
- Facial Nerve Block
- Femoral Nerve Block
- Ganglion impar
- Genicular Nerve Block
- Genicular Nerve Radiofrequency Ablation
- Greater Occipital Nerve Block
- Greater Trochanteric Bursa
- Hip Injection
- Ilioinguinal Nerve Block
- Intercostal Nerve Block
- Intermediate Joint
- Knee Injection
- Kyphoplasty - Lumbar
- Kyphoplasty - Thoracic
- Large Joint
- Lesser Occipital nerve Block
- Lumbar Discogram
- Lumbar Epidural Steroid Injection
- Lumbar Facet Joint Injection
- Lumbar Medial Branch Block
- Lumbar Plexus
- Lumbar Radiofrequency Ablation
- Lumbar Sympathetic Nerve Block
- Lumbar Transforaminal Epidural Steroid Injection
- Lumbar Transforaminal Nerve Block
- Occipital Nerve Block
- Percutaneous Lysis of Epidural Adhesions
- Peripheral Nerve Block
- Platelet Rich Plasma
- Posterior SI Joint Fusion
- Pudendal Nerve Block
- Pump Refill

- Radiofrequency Ilioinguinal Nerve
- Sacroiliac Joint Injection
- Sacroiliac Radiofrequency Ablation
- Sciatic Nerve Block
- SCS Insertion or Replacement of Pulse Generator
- SCS Removal of Pulse Generator
- Shoulder Injection
- Small Joint
- Sphenopalatine Ganglion Nerve Block
- Sciatic Nerve Block
- SCS Insertion or Replacement of Pulse Generator
- SCS Removal of Pulse Generator
- Shoulder Injection
- Small Joint
- Sphenopalatine Ganglion Nerve Block
- tendon Sheath
- Thoracic Epidural Steroid Injection
- Thoracic Facet Joint Injection
- Thoracic Medial Branch Block
- Thoracic Radiofrequency Ablation
- Thoracic Sympathetic Nerve Block
- Thoracic Transforaminal Epidural Steroid Injection
- Translaminar Lumbar/Sacral Epidural
- Trigeminal Nerve Block
- Trigger Point Injection, 1-2 muscles
- Trigger Point Injections, 3+ Muscles

The physical needs of the patients were also addressed with opiates and other pain management medications. Providers continued patient visits via telehealth

until July 31, 2024, at which time all patients were transitioned and or provided with a weaning dosage prescription. Additionally, the Debtor provided both physical therapy and behavioral health therapy³.

The Debtor is health care entity which serviced, on referral, from a primary care doctor, approximately 16,000 patients from the following six (6) clinic locations:

- MPC Lakeshore: 1675 E Mount Garfield Rd. STE 135, Muskegon, MI
- MPC South: 2147 Health Dr. SW Wyoming, MI
- MPC Big Rapids: 15044 220th Ave Big Rapids, MI
- MPC Holland: 844 Washington Ave STE A Holland, MI
- MPC Greenville: 6896 S Greenville Rd STE 100, Greenville MI
- MPC Heritage Point: 2060 East Paris Ave STE 200, Grand Rapids, MI

The Muskegon, Wyoming and Greenville locations closed on shortly after filing, however, the Debtor continued to see patients those patients via telehealth or if necessary, at an open clinic until July 31, 2024. Accordingly, although the location and manner of service changed at filing the quality of the care actually delivered to patients' post-petition has not changed.

As of June 28, 2024 two of the three remaining clinics were closed and all Providers continued to see patients via telehealth and, if necessary, in person at

³ Physical Therapy continued until June 21,2024 and behavioral therapy continued until July 31, 2024

Heritage Pointe, the remaining clinic until Jul 31, 2024. As of June 28, 2024, the Heritage Pointe location also closed for in-person patient visits except for pump patients. Pump patients continued to be seen in person until they were all transitioned to new providers. Going forward, in the event of an emergency, Dr Lewis is available for patients via telehealth or if necessary, in person at the Heritage Point location through the end of August 31, 2024.

PATIENT CONCERNS ADDRESSED

The PCO addressed the following patient concerns with the Debtor:

- Issues relating to notice of closure.
- Issues related to the transitioning of patients to new providers.
- Issues relating to patient support options and identification of alternative providers.
- How will the elderly or non-tech patients be communicated with and what additional support, if any, will they be given.
- Where and when can the patients be seen and treated prior to closure.
- What formal notification will go out to patients, what will it say and when will it be sent.
- Is there or will there be a backlog of medical records requests and, if so, how will the backlog be address or how will it be prevented.

- Who will or how will the immediate needs of patients be met, especially the high acuity (pump) patients.
- Long term storage of medical records.
- Current access to medical records.

The Debtor addressed all of these concerns and more in its transition plan, a copy of which is attached hereto as Exhibit 2. The transition plan details what the Debtor has done to assist and transition patients, provide for patient needs and information on patient medical records. In indicated in the transition plan, the Debtor notified the primary care physicians offices and new patients with appointments prior to the bankruptcy filing. This allowed the primary care physicians (“PCP”) to be prepared for an influx of calls.⁴ This allowed patients to reconnect easier with their PCP to obtain a new referral. Simultaneously, the Debtor contacted new patients who had yet to be seen and then all patients with upcoming appointments via, text, email. If the patient could not be reached via text or email then the staff called the patient to alert them of the closure and to reschedule them for a telehealth visit or in person visit at another location. The Debtor continued this approach until all of the patients with scheduled appointments were notified, seen or relocated to a new provider. The PCO monitored the

⁴ Patients are under the care of their primary care physician and needed a new referral from the PCP for their new provider.

transition of the patients and the plan by requesting and reviewing copies of the patient letter, notice blasts, referring provider notice, the transitions of care statement list (which is a list of patients transitioned) and by discussing the transitions and recommending some modifications along the way.

AREAS OF ADDITIONAL REVIEW

Listed below are some of the areas generally reviewed with management.

- **Licensing**: I confirmed that all licensed staff held valid licenses in the State of Michigan and that the licensees were and are covered by malpractice insurance.
- **Staffing**: The Debtor reports that staffing is sufficient to properly respond to patient needs. I recommended that the debtor regularly evaluate the transition staff to determine if the medical records staff, phone answering staff and appointment staff were sufficient at the time to address patient needs. The Debtor laid off staff on a weekly basis to reduce costs. Thus far, the Debtor has managed to balance the fine line in reducing staff without affecting patient care. I confirmed on a weekly basis the number of patients transitioned and the staffing.
- **Patient Assistance**: The patients were sent a letter that contained information about alternative provider listings or clinic options with the contact

information for each of the provider. Also, the Debtor has posted and will continue to post information about the doctors' new locations on its web-site.

- Supplies: The Debtor does not have any reported supply or vendors issues other than issues with the billing company, which did not have a direct impact on the patients.
- Equipment: The Debtor has equipment but it was not "in service" post-petition. Accordingly, there is no need to report on maintenance schedules and confirmation of maintenance performed.
- Security: Debtor did not have security issues prepetition and has had no reported security issues post-petition.
- HIPPA: Debtor is HIPPA compliant. PCO reviewed letter each employee was required to sign to work from home.
- Medical Records: The Debtor maintains an electronic medical record system and signed a contract with Morgan Record Management for the current and long-term storage of Medical Records. The letter sent to patients detailed how each patient could obtain copies of their medical records, the Debtors web-site also provides information on Morgan Record Management. Additionally, the Debtors in house staff is responding to physician offices and patient requests for 1-2 years of records. I will confirm and report on the long-term storage of medical records in my next report.

- Patient complaints: There have only been two patient complaints, each complaint was timely and properly resolved by the Debtor.

CONCLUSION

Pursuant to Section 333 (b) (3) the quality of patient care provided to patients of the debtor has been maintained during the transition and closure process and the care was not and is not being materially compromised. As noted above, the Debtor discontinued providing certain services to patients which is unavoidable in a liquidating case. However, this Debtor transitioned those patients with notice to the patient, the PCP and follow up appointments until the patient established a new provider or was able to be seen by the patients PCP. At this point, the Debtor is no longer delivering services to its patient population, however, the Debtor has staff available through the end of the month for any patient emergencies.

The Debtor has been responsive to my calls, requests for information, emails and has provided access to employees. Finally, I will instruct the Debtor to post a copy of this report on the web-site and in plain sight at the remaining clinic location.

/S/Deborah L. Fish
Patient Care Ombudsman

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Dated: August 5, 2024

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