

THE Bulletin

January 2015 Volume 94, Number 11

Are We Ready for 2015?

**The Key to Unlocking
Power of Attorney**

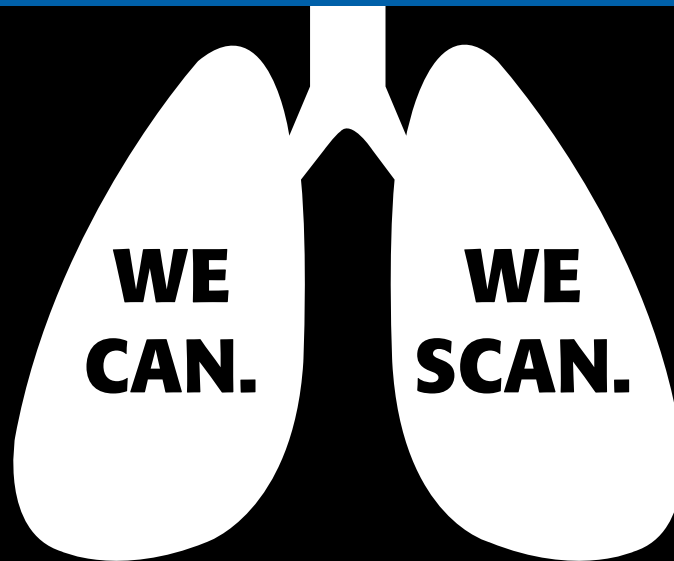
**Human Trafficking in Michigan:
What Can You Do?**

On Photography

GCMS Committees

GENESEE COUNTY MEDICAL SOCIETY
Organized Medicine's Leading Edge

CAN YOU SEE THEIR LUNGS?



TELL YOUR AT-RISK PATIENTS ABOUT OUR CT LUNG SCREENING SERVICE

Most insurance carriers (including Medicare) will provide coverage in 2015. Remind patients to contact their provider for details. CT lung screenings may have eligibility requirements for insurance coverage.

- RMI is here to serve your patients!
- Convenient evening and Saturday hours at our Lennon Road office.
- Saturdays include CT, mammography, MR, X-ray and ultrasound services.



Clearly. Better. Choice.

rmipc.net ▪ (810) 732-1919

CT screenings at three of our six locations: Lennon Rd, Flint ▪ Fenton ▪ Grand Blanc

EDITOR

Daniel J. Ryan, MD

ASSOCIATE EDITOR Peter Thoms, MD

GCMS OFFICERS 2014-15

President – Deborah Duncan, MD
President Elect – Pino Colone, MD
Immed. Past Pres. – Shafi Ahmed, MD
Secretary – Qazi Azher, MD
Treasurer – Ed Christy, MD

MSMS OFFICERS 2014-15

Treasurer – Venkat Rao, MD
Speaker – Pino Colone, MD

DELEGATES

Shafi Ahmed, MD
Qazi Azher, MD
Amitabha Banerjee, MD
Cathy Blight, MD
Laura Carravallah, MD
Edward Christy, MD
Pino Colone, MD
Deborah Duncan, MD
Hesham Gayar, MD
Mona Hardas, MD
John Hebert III, MD
Gerald Natzke, Jr., DO
Raymond Rudoni, MD
Tarik Wasfie, MD

ALTERNATE DELEGATES

Athar Baig, MD
Niketa Dani, MD
Asif Ishaque, MD
F. Michael Jaggi, DO
Rima Jibaly, MD
Farhan Khan, MD
Samasandrapalya Kiran, MD
Nita Kulkarni, MD
Sunil Kaushal, MD
Rama Rao, MD
Lawrence Reynolds, MD
Brenda Rogers-Grays, DO
Daniel Ryan, MD
Robert Soderstrom, MD
Peter Thoms, MD
Amanda Winston, MD

DISTRICT DIRECTORS VI

S. Bobby Mukkamala, MD
John Waters, MD

OTHER BOARD MEMBERS

Elmahdi Saeed, MD
Devinder Bhrany, MD
Gary Johnson, MD
James Walter, MD

Executive Director – Peter A. Levine, MPH
Executive Secretary – Sherry Smith

THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

Health Care Michigan 2015 Predictions	5
3 Resolutions For 2015	11
New Childhood Immunization Guidelines	12
Human Trafficking In Michigan: What You Can Do	16
Are We Ready For 2015?	18
Sen. Dave Robertson Meets With MSU Medical Students	19
Photography As A New Field	20
Rebuttal By Representative Gail Haines	22
Your Health Your Choice Advance Care Planning	24
Bizon Hopes To Shape Health Care Policy	29

REGULARS

President's Message	4
Editorially Speaking	6
Director's Message	8
Your \$ at work	12
Legal Advisor	14
Monthly Meetings	19
Practice Manager Meeting	26
Board of Directors Minutes	27
Happy Birthday Doctor	30
Classifieds	30

Cover photo by Dr. Cyrus Farrehi

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) 733-6260 Fax (810) 230-3737

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 5th 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.

This publication
designed and
edited by



www.natnaskypublishing.com (248) 547-9749

THE AFFORDABLE CARE ACT, YEAR 1 ONE DOCTOR'S PERSPECTIVE

Whether you like it or not, Obamacare has been in place for about a year now. Its implementation has had a relatively profound effect on my office; some good, some bad, mostly very predictable.

The most striking change brought about by the Affordable Care Act is the fact that millions more Americans now have some form of health care insurance and thereby, improved access to medical care. As a primary care physician, we are seeing an influx of new patients. Many of whom have not have not had medical care in years. As a result, these patients can be extremely complicated, time consuming and expensive. It is up to us to identify their problems, educate them on preventative medicine, update their immunizations, schedule and insure they complete routine screening tests and treat their heretofore ignored acute and chronic medical conditions. Most patients have been amazed at and grateful for the time we spend helping them through this process.

This bounty of new patients has created a huge workload for myself, my providers and my support staff. We were already busy. Now we are almost overwhelmed. Managed care contracts require us to accept new patients, but we sometimes have nowhere to put them. Because many of these patients have qualified for Medicaid, we have a large influx of Medicaid patients. This is not in and of itself a problem. We welcome them. But if other practices are refusing new Medicaid patients, it may be putting an unfair burden on those who accept them. But we remain open.

We have also had problems with referrals for these patients, especially for the Medicaid patients. Needless



Deborah Duncan, MD

to say, we gravitate toward sending all of our referrals to those specialists who will work with our Medicaid patients. Not infrequently, this will require referral to University of Michigan or Beaumont. Amazingly, we had a referral group who prescreened patients by asking, "Do you have Obamacare insurance?" Then refused to see them. Fortunately, these surgeons are not part of GCMS family. We are trying to recruit new practitioners to help with the workload. This is always difficult in Genesee County. The competition is fierce.

I believe the biggest problem with, and possible downfall of the ACA is that it does not provide for the training of new physicians to fill, not only the needs of primary care, but also our specialist ranks.

We should all work to correct this problem! GCMS and MSMS are pushing this issue hard. As always – call me if you need help. Letters regarding this issue are appreciated.

Hurley Medical Center Pediatric Oncology Unit

*The Only One of Its
Kind in Genesee,
Lapeer and
Shiawassee Counties.*

HURLEY
CHILDREN'S
HOSPITAL

hurleychildrens.com



- Cutting-edge therapeutic protocol and drugs
- Latest diagnosis and treatment options
- Real-time decisions from national experts
- Advanced diagnostic testing
- Scholarly and scientific guidance to care

Health Care Michigan Predictions for

2015

by Peter Levine for publication in Healthcare Michigan

2015 will be a year of challenges to the Affordable Care Act. The partisan challenges will create real problems for the health care industry. It is already difficult to plan for the future with the Act in place. The inevitable onslaught against Obama's signature policy will be harsh. With Republican majorities in both chambers of Congress, the votes for policies that could turn the ACA on its head are potentially there; the question now is whether the will to take such radical measures exists.

The ACA is the result a fumbling, bumbling political process that only an unwieldy policy monster can create. But, the sheer amount of energy that has gone into its implementation along with the seismic changes already made by Big Business and Big Health Care would argue against dissembling it entirely, even by the most adamant ACA opponents.

Will the rhetoric play out? I predict that the changes will not be as sweeping as some fear and others hope for. No matter how one approaches the issues of health care cost,

quality, access and resource allocation, there is no question that a remedy must be found for the rising costs, and the increasing service demands of an aging population.

That having been said, Congress' lack of action to reinstitute the Medicaid Uplift for Primary Care and other specialties could be an early indication that Republicans will come out swinging against ACA. The failure to address this issue will result in intolerably low reimbursement for physicians (below cost) and could force many physicians out of the Medicaid program (a key component of the ACA) and result in serious access-to-health-care issues.

At the local level, the shake-up and merging within the insurance industry will intensify, as each company jostles for position. Consolidation among physicians, hospitals, and ancillary health professionals, will also continue. The public will begin to realize that health care is starting to become less local, as more hospitals affiliate with one another under distant, consolidated leadership groups and physicians begin to become subsumed by national corporations.



Meeting the health needs of Genesee County's children

Child & Adolescent Psychiatry

- Medication Management
- Psychiatric Consultation
- Behavioral Health Counseling, Screening, Support Groups
- Prevention Activities

Child & Adolescent Health

- Pediatrics
- School-Based Clinics
- Audiology
- Nutrition Education
- Teen Wellness Center

Child & Adolescent Dentistry

- Dental Exams & Preventive Care
- Dental Treatment & Restorations
- School Screening and Sealant Program
- Infant & Toddler Oral Health Care

Services provided at no cost to low income families living in Genesee County

Mott Children's Health Center
806 Tuuri Place
Flint, Michigan 48503
(810) 767-5750
www.mottchc.org

SO DON'T TELL ME THERE'S NOTHING TO DO

"I multiplied myself by my activity."

Napoleon Bonaparte (1769 – 1821)

Welcome in another new year. Every so often this column is devoted to promoting cultural and entertainment events in our community that enhance our lives and make Genesee County a great place to live and work. For various reasons many of our medical colleagues, both GCMS members and non-members, choose not to live here. (That's a topic for another time.) However, these folks should at least know what they are missing.

Let's start at the Flint Institute of Arts. Time is running out to take in the intriguing and interactive exhibit The Art of Video Games that is attracting a large cohort of fans who might not otherwise be art museum patrons. Get there by January 18 or you will miss out on a unique artistic experience. The Friends of Modern Art sponsor a great film series in non-summer months that brings us art and/or foreign films that will never show at your local multiplex movies for the masses. Show times are Friday and Saturday at 7:30 p.m. and Sunday at 2:00 p.m. The only downside to these well-attended films is, NO POPCORN ALLOWED. How we must suffer for our art! Check the FIA website for upcoming movies.

Please consider upgrading your FIA membership to join the Reubens Society. Members enjoy three special events each year including a springtime art experience such as a museum or private collection tour, an autumn lecture and dinner at the Institute, and a gala formal holiday soiree each December. Last month, Isabel Hall was transformed into a New York style club featuring a fabulous jazz vocalist (Nicole New) accompanied by a four piece combo of very talented musicians. A great time was had by all the Reubens Society members and their guests.

A somewhat hidden gem in our town is the Music at St. Paul's Sunday afternoon concert series organized



Daniel Ryan, MD

by U of M-Flint music professor Donald Kaye. The series picks up again in January at the beautiful downtown Episcopal church, actually a small cathedral with stunning stained glass windows and an impressive pipe organ. The Northern Renaissance Ensemble performs on January 25th, Peter Stoltzfus Berton brings that fabulous church organ to life on February 22, and classical guitarist Paul Vondiziano plays on March 15. A reception following each performance allows patrons the opportunity to meet and chat with the artists. Admission is only \$10 for the 3:30 p.m. performances. Check the website at www.musicatstpaulsflint.org for more details on the entire 2014 – 2015 season that runs until June. This concert series has a loyal audience but should really be SRO each time considering the bargain price for such world class musical talent right here in downtown Flint.

The Whiting performance series is in full swing with Flint Symphony concerts each month along with traveling shows such as Cole Porter's Anything Goes in February, Shakespeare's Macbeth for one night only on March 13th, and probably the best Beatles tribute Rain in May among other events.

Even in the winter, don't miss downtown happenings including Art Walk on the second Friday and Jazz Night on the fourth Thursday each month. These nights are very popular and fun and keep downtown restaurants and watering holes very busy.

Fortunately, many members of the medical professions in this area are great supporters of the arts, music, cultural events, and innumerable charitable organizations that reach out for support. You can help make 2015 another good year by getting out and patronizing the positive things in our town. You will not regret it.

Genesee County Medical Society Dinner Business Meeting

February 5, 2014

Everything You Want to Know About PGIP! (From The BCBSM Perspective)



Location:
Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

Cost:
\$35.00 for
Physicians, Spouses,
Practice Managers,
Staff and Guests

\$25.00 for
Residents & Students

Come and hear Thomas L. Simmer, MD, Senior Vice President for Healthcare Value and Provider Affiliations and Chief Medical Officer of Blue Cross Blue Shield of Michigan, as he explains what physicians need to know about the Physician Group Incentive Program (PGIP), from the BCBSM perspective. Dr. Simmer is responsible for contracting with more than 20,000 physicians who participate in the Blue Cross traditional and PPO plans, as well as for directing medical policy for BCBSM. He is responsible for professional payment policies and programs to improve the quality, cost, and access to medical services. Under his leadership, BCBSM has implemented physician incentive programs to promote collaborative improvement programs for more consistent care for persons with chronic illnesses and more cost effective prescribing patterns. Dr. Simmer also served as Associate Program Director for the Internal Medicine Residency Program at Henry Ford Hospital.

In addition, Dr. Simmer serves as Vice Chair of the Center for Health Care Research and Transformation, an Ann Arbor based think tank on medical policy.



All physicians, spouses, family members of GCMS/GCMSA and other interested professionals are invited.

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Meeting

7:15 pm, Presentations

Kindly submit your RSVP to this meeting as soon as possible.

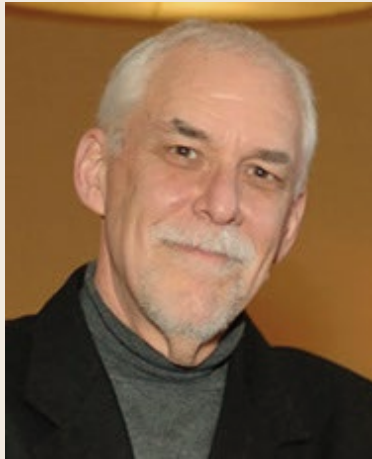
You may mail a check with your reservations to:

Genesee County Medical Society
4438 Oak Bridge Dr., Ste. B
Flint, MI 48532

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.

THIS IS AN ISSUE OF THE BULLETIN TO BE PROUD OF

Much of what GCMS does, it does quietly and effectively. The staff is fascinated by the work that it is doing. The Board is focused and really interested in professional issues and public health problems. There are many changes rapidly coming at physicians as a result of health reform. The regulatory changes, economic changes, and normal transitional phases in careers, lead to the need to work and communicate with each other and be aware of one's environment. This particular issue of The Bulletin is not remarkable in some ways. It's just really good. Three Resolutions are published. They will be sent to the House of Delegates on your behalf. Traci Kim, a local practice manager, has written a very interesting article on Medicare quality reporting programs. This is an article that really is a must read. Share it too with your practice managers. Barbara Hunyady of Cline, Cline & Griffin has prepared a short, but very concise article on The Key to Unlocking Powers of Attorney. This is an important article which will be of value to all of us, as individuals and as practicing physicians. We are reprinting a rebuttal from the Oakland Press, in which Representative Gail Haines explained her vote against Senate Bill 2, which was designed to expand advanced practice nurses' scope of practice. It is an article worth reading, keeping in mind that our local



Peter Levine, MPH

representatives and senators all supported the same

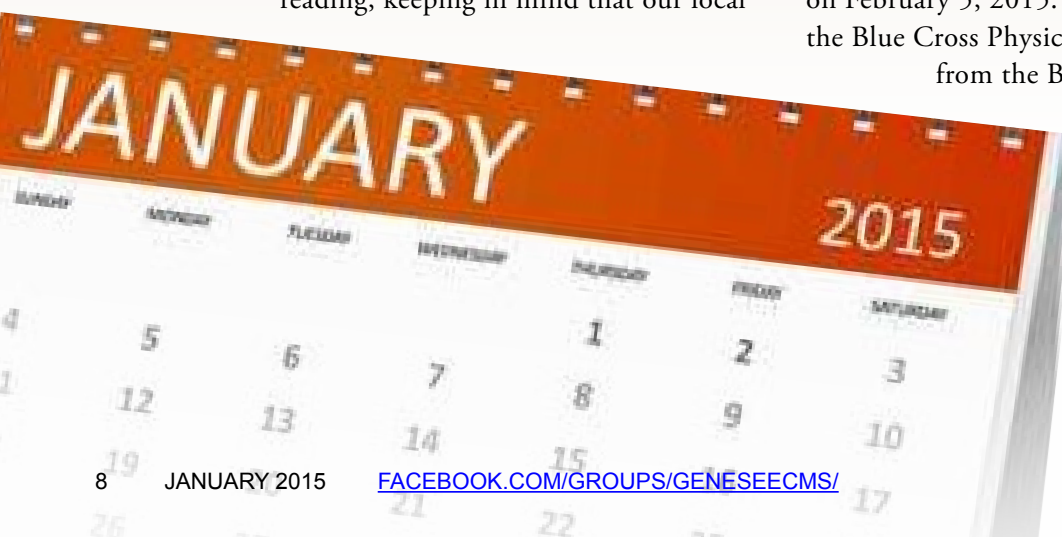
position that she holds. It explains the politics of the situation.

Dr. Cyrus Farrehi has written a lovely article on photography and why it is so fascinating. Dr. Farrehi often shares with us, the photographs that he has taken, which we share with you via The Bulletin. Dr. Dan Ryan has written an article that describes a lot of things to do in Flint throughout the holidays.

Carrie Walling, a member of the Genesee County Human Trafficking Task Force, has written an op-ed for this issue of The Bulletin on Human Trafficking in Michigan: What You Can Do. If you think that this particular activity is a waste of time, you might be interested in knowing that several human trafficking cases have been identified in medical practices which had folks who attended sessions on this topic. There is a brief release on new immunization guidelines, which changes how parents can opt-out of immunizing their children. And Dr. Laura Carravallah has written an article on advance care planning that is of real import and should be of interest. Finally, we have an announcement of the next Dinner Business meeting, which will be held on February 5, 2015. That meeting will be regarding the Blue Cross Physician Group Incentive Program from the Blue Cross perspective, "What

physicians need to know." Please come and hear directly from Dr. Tom Simmer, senior VP about this program, which effects virtually everyone.

Oh my goodness, this issue is packed. What are we going to do with the February issue?





Greater Flint Health Coalition



Advance Care Planning (ACP) Project

ACP First Steps® Facilitator Certification Course

Thursday, January 29, 2015

7:30 a.m. to 4:30 p.m.

(Genesee County location to be announced)

The ACP First Steps® Facilitator Certification Course is for healthcare professionals (social workers, nurses, hospice/home care workers, parish nurses, clergy, volunteers, etc.) and lay persons wanting to be trained to guide others through the process of coming to understand, reflect on, discuss, and plan for a time when they cannot make their own medical decisions. Utilizing the Respecting Choices® curriculum and trained instructors, this course provides facilitators the skills necessary for having advance care planning discussions:

- *Understanding the importance of advance care planning and how to explain it to others;*
- *How to help people think and talk about advance care planning in an evidence-based thoughtful manner, using proven techniques;*
- *Familiarity with the requirements for completing an advance directive document and ways to help individuals get past the challenges in completing them; and*
- *Confidence in your ability to talk about advance care planning in a meaningful way.*

Prior to the course, participants must complete 5-8 hours of online training modules. Instructions for accessing the online training modules are emailed after registration has been confirmed.

Upon completion of the course, participant will be a certified Respecting Choices® First Steps® ACP facilitator.

REGISTRATION (Deadline is January 7, 2015)

Cost: \$100 for Genesee County Project partners; \$200 all others

Includes online training module prerequisite, manual, full day of training with breakfast and lunch served.

RNs and Social Workers will receive 9.4 contact hours continuing education credits through Respecting

Choices® upon completion of the online modules. Additional credits for the day long training may be available.

Name: _____

Organization: _____

Profession: _____ Title: _____

Work Address: _____

Work City/State/Zip: _____

Email: _____ Phone: _____

Payment Enclosed Payment to be mailed

Registrations may be faxed (810)232-3332, emailed YHYC@flint.org, or mailed to the Greater Flint Health Coalition, 519 S. Saginaw Street, Suite 306, Flint, Michigan 48502-1815. Checks/payments should be made payable and mailed to the Greater Flint Health Coalition.

Space is limited – Register Early

Questions? Please contact Lori Kunkel or Harmony Teske at (810)232-2228 or email YHYC@flint.org.



NEW YEAR, NEW YOU!

Healthy Weight Loss Challenge

January 1st – February 28th, 2014

CHALLENGE GOAL: Make Your New Year's Resolution a Reality!
Earn Points for Monitoring Your Healthy Weight!

HOW IT WORKS:

- Sign up by visiting the "My Challenges" page on commit2fit.com starting December 16th
- Enter your initial weight into the Weight Tracker on www.commit2fit.com
- Update your weight as frequently as possible on www.commit2fit.com – weekly is ideal!
- Participants have until February 28th to enter their final weight
- *Don't forget to use the mobile app!*



Join the MOVEment.

Visit www.commit2fit.com

And start your New Year
with a New You!



WEEKLY CHALLENGE INCENTIVES:

- All participants who enter their weight on a weekly basis will be entered into a drawing to win a weekly **gift card to the Flint Farmers' Market!**

OVERALL CHALLENGE INCENTIVES:

- Participants who enter a **base weight** by January 14th and a **final weight** by February 28th will be entered into a participation raffle for the following incentives:
 - **\$50 Gift Card to Sports Authority**
 - **Cooking Light Magazine Subscription**

WEEKLY WEIGH-INS:

The Greater Flint Health Coalition wants to make it easy for you to monitor your weight:

- **Visit our office between 9:00 a.m. – 5:00 p.m. every Tuesday and Thursday during the challenge for a FREE weigh-in:**

Greater Flint Health Coalition 519 S. Saginaw Street, Suite 306

Flint, MI 48502

Phone: (810) 232-2228

Email: commit2fit@flint.org

NOTE: Participants will be responsible for entering their weight on www.commit2fit.com following their weigh-in.

Resolution # _____

Title: Reduce Continuing Medical Education Credit Requirements for Retirees

Introduced by: Amitabha Banerjee, MD **Original Author:** Amitabha Banerjee, MD

Referred to:

House Action:

WHEREAS many physicians maintain their licenses after they retire, and

WHEREAS maintenance of that license is for purposes of familiarity and identity, and

WHEREAS many of those physicians do not practice at all, and

WHEREAS many physicians who retire continue to pay the \$150 fee for the three-year licensure renewal, and

WHEREAS there is a further requirement of 50 continuing medical education credits per year to maintain medical license, and

WHEREAS those physicians who wish to maintain their license without practicing at all are subjected us to unnecessary inconvenience and cost in procuring these 50 credits per year,

Therefore be it resolved that the administrative rules for licensure for retired physicians be amended so that physicians can maintain their license for the purpose of comfort and simple desire by paying a \$150 fee for each three-year period, and

THEREFORE BE IT FURTHER RESOLVED that the administrative rules for license be amended to reduce the CME requirements for those retired physicians who no longer practice to 30 CME credits per 3 years of licensure.

Resolution # _____

Title: Seek To Have Non-Physicians Who Perform Immunizations Correspond With Physicians

Introduced by: Cathy Blight, MD **Original Author:** Cathy Blight, MD

Referred to:

House Action:

WHEREAS pharmacies, and other entities, are performing more immunizations on patients than ever before, and

WHEREAS it is of critical import that physicians have access to the information regarding what tests are being performed, or immunizations provided to their patients, and the results of those tests, and

WHEREAS consistent with the goals of patient centered medical homes, physicians need entities to provide clinical updates to primary care physicians as would be appropriate, and

WHEREAS it is of critical import that entities determine who its patients' primary care physician is, when performing tests or giving immunizations;

THEREFORE BE IT RESOLVED that Michigan State Medical Society pursue regulatory or legislative outcomes, which would require pharmacies and other entities providing immunizations on patients of primary care physicians, to send the medical information back to those primary care physicians electronically or via fax, and to enter that data into MCIR as well.

Resolution # _____

Title: Oppose Fracking in Michigan

Introduced by: TBD **Original Author:** Gerald Natzke, DO

Referred to:

House Action:

WHEREAS The Genesee County Medical Society and Michigan State Medical Society have a long and illustrious history of protecting the public at large from environmental health hazards, and

WHEREAS the Michigan State Medical Society has adopted the policy of reverse onus, which requires proof of safety before releasing new hazards into the environment, and

WHEREAS there are health concerns associated with fracking, and

WHEREAS protection of Michigan water supplies and resources is better accomplished by prevention of contamination and environmental degradation than by incurring the cost of cleaning up contamination and restoring degraded environments after the fact,

THEREFORE BE IT RESOLVED that the Michigan State Medical Society vigorously oppose fracking in the state of Michigan until such time as it is proven to be of no health hazard to the population or the environment of the state of Michigan.

RESOLUTIONS

HEALTH CARE PROVIDERS:

NEW CHILDHOOD IMMUNIZATION GUIDELINES WILL MEAN HEALTHIER, SAFER MICHIGAN

Physician, nurse and health care leaders from across Michigan issued the following joint statement in support of new childhood immunization guidelines developed by the Snyder Administration and approved today by the Legislature's Joint Committee on Administrative Rules:

“Childhood immunizations protect our kids from dangerous infectious diseases such as measles, mumps and whooping cough, but more and more Michigan kids are at risk as non-medical exemption rates rise and immunization rates fall. In fact, Michigan unfortunately boasts the nation's 4th highest rate of vaccination exemptions. This puts everyone at risk.

“Today's update to state regulations regarding immunizations is about information and education and ensuring parents have enough of both as they make critical health decisions that impact their families and communities. Families choosing not to immunize their children will still be able to do so, but they will be

supported with a consistent, detailed assessment of the personal and public health implications of their choices. We commend the Snyder Administration, state Senator Jim Marleau, and lawmakers for their leadership on this essential issue and for making this important update to state rules.”

The Michigan Academy of Family Physicians, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Chapter of the American Academy of Pediatrics, the Michigan Association of School Nurses, the Michigan Council for Maternal and Child Health, the School Community Health Alliance of Michigan, the Michigan Association of Health Plans, and the Michigan Association for Local Public Health are working together to protect Michigan children by increasing immunization rates and immunization awareness across the state.

YOUR \$\$\$ AT WORK

- MSMS, with the support of GCMS and other County Societies effectively blocked Senate Bill 2
- GCMS has actively advised several physicians on practice and regulatory issues
- GCMS has directly represented the physicians of the county in multiple Health Coalition settings
- GCMS has represented physicians in Genesee County in multiple community-based settings
- GCMS has submitted 3 Resolutions to the MSMS House of Delegates
- GCMS and MSMS are working together, along with other counties to more effectively recruit new and former members
- GCMS wishes every member and Alliance member Happy Holidays

Protecting Michigan Children & Educating Parents: Strengthening Michigan's Immunization Requirements

Protect Our Children

Let's keep them healthy.

Childhood immunizations protect our kids from dangerous infectious diseases like measles, mumps, rubella and more.

Because of their developing immune systems and exposure in settings like school and daycare, children and infants are especially vulnerable to vaccine-preventable diseases.

Protect Michigan

Time to reduce outbreaks.

Michigan's high non-medical exemption rates mean the state could risk outbreaks in diseases like diphtheria, measles, mumps, pertussis, polio, rubella, smallpox and more.

In just one Traverse City school this fall, over **150 children** have contracted pertussis. The outbreak was attributable to the fact that 17% of the school's kindergartners were not immunized --more than **3 times the state average**.

Educate Parents

Knowledge is power.

On December 11, 2014, the Joint Committee on Administrative Rules approved a change to Michigan's childhood immunization standards.

The change requires parents of school-aged children who seek a "philosophical exemption" to immunization requirements to have their waiver certified by their local health department.

While individuals may still choose and obtain a waiver for any reason, the new rule will lead to better education about the safety and effectiveness of immunizations, encouraging informed decisions.

By the Numbers

Michigan parents are among the most likely in the nation to avoid getting their children immunized.

Michigan has the **4th** highest non-medical exemption rate in the nation, with **5.3%** of parents simply choosing not to immunize their children.

Michigan is **one of only 4** states in the nation with a non-medical exemption rate over **5%**. Only Idaho, Vermont and Oregon have higher non-medical exemption rates.

Waiver rates vary widely by county in Michigan from **1.3% - 30.7%**.

10 counties had policies in place last year where informed consent was used as a tool to educate individuals. The average exemption rate for those counties was **3.3%**.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Michigan Chapter



THE KEY TO UNLOCKING POWERS OF ATTORNEY

By: *Barbara J. Hunyady, Esq.*

How many times have you been asked by your patient's children, spouse, or other relative for a letter of competence/ incompetence, capacity/ incapacity, or any other variation? Most often, this occurs when your patient's Financial Power of Attorney or their Medical Power of Attorney a/k/a Health Care Patient Advocate need to unlock their authority so they can act. The question for many doctors is: What do they actually need from me?

Financial Power of Attorney: This is a document typically prepared by your patient's attorney where your patient names individuals to step into their shoes to handle all of their finances if the patient is unable to do so. Health Care Patient Advocate: This is a document where your patient names individuals to make medical and placement decisions if they are unable to do so for themselves. Most often, their documents include language such as, "upon

my ability to conduct my own affairs as evidenced by statements from two (2) medical doctors, I hereby appoint _____ . . ."

This means that in order for many people to act as the power of attorney or patient advocate for someone, they are going to come to you for the letter mentioned above. Once you prepare the letter for your patient, that individual will be providing copies of your letter to any necessary banks, credit unions, mortgage companies, credit cards, other doctor, nursing home, or AFC along with the document from the attorney so that they can take over making the decisions and accessing accounts.

The biggest two complaints I hear from clients receiving doctors letters are: (1) when the doctor's letter is too specific and (2) when the letter states who should be in charge of the patient. For example, a doctor's letter is too specific when it states:

My patient Jane Doe is unable to make her medical decisions. OR

My patient Jane Doe has dementia and Alzheimer's.

The problem with the first statement is that it only says that the patient cannot make her medical decisions. This has nothing to do with financial affairs. Therefore, while it may unlock the medical power of attorney, it will do nothing for the financial power of attorney. Therefore, banks and other financial institutions will not give access based on this letter. Likewise, simply stating a patient's diagnosis does not equate with the patient's ability to conduct their affairs. This will not unlock either power of attorney for finances or medical.

I have also had clients receive letters from doctors stating who should be in charge of the patient's affairs. This can also cause problems. For example, one letter stated:

TRUST EXPERIENCE. COUNT ON COMMITMENT.



Corporate | Business Law | Real Estate | Wills & Trusts
Probate | Family Law | Licensing | Litigation | Mediation
Personal Injury | Malpractice | Criminal Defense

Walter P. Griffin | Timothy H. Knecht | Jose' T. Brown
J. Brian MacDonald | Jonathan M. Hartman | R. Paul Vance | Barbara J. Hunyady

Attorneys at Law | Since 1928 | www.cgclawyers.com | 810.232.3141

LEGAL ADVISOR

I am in agreement with my patient's durable power of attorney. It is my understanding my patient's daughter Suzie Q holds all legal rights for medical, legal and financial decision making. Due to the patient's impairments, she is considered a vulnerable adult.

While this doctor was trying to be helpful, once again it does not clearly state the patient's inability to manage their affairs. This letter adds a second layer of problems because it names who should act. First, it is not appropriate for the doctor to state who should make legal and medical decisions for their patient. Second, what happens if Suzie Q becomes hospitalized or dies? Now the family has your letter naming Suzie Q and no one else. Most likely the patient's power of attorney has a secondary person to fill in for Suzie Q, but it is unlikely that the financial or medical providers will honor the doctor's letter naming Suzie Q.

The moral of the story is that if you send out letters similar to those above, you can expect subsequent phone calls requesting you prepare a different letter. These calls will come from frustrated family members who have been arguing with the bank or some other provider, they are

frantically trying to get affairs in order, they have been turned away and sent back to you.

The solution: less is more. If it is your opinion that your patient can make their own decisions, then write a letter such as:

____ Patient ____ is a patient of mine. It is my professional opinion that he/she is competent and has the capacity to conduct his/her own affairs concerning his/her medical and financial matters.

If it is your opinion that your patient cannot make their own decisions, then write a letter such as:

____ Patient ____ is a patient of mine. It is my professional opinion that he/she is not competent and does not have the capacity or ability to conduct his/her own affairs concerning his/her medical and financial matters.

While these are only samples of suggested language, they may help simplify your response to this type of request. Any letter prepared must meet the accuracy of the doctor's opinion concerning the patient. If you have any questions, please contact the author at bhunyady@ccglawyers.com or 810-232-3141.

ELITE MEDICAL BILLING SPECIALISTS



OUR
20th
YEAR

Serving Michigan's Health Care Community Since 1994

Working Together With You to Maximize the Financial Health of Your Practice

Services Tailored to Your Specific Needs:

- Full Billing Services
- ICD-10 Consulting
- Business Planning
- Electronic Health Records
- Credentialing Services
- Accounts Receivable Recovery Services
- Flexible Practice Management Software Options

All Medical Specialties Welcome

PH: 248-478-5234 • FAX: 248-478-5307

www.elitemedicalbill.com

We Are Your Medical Reimbursement Specialists

Human Trafficking in Michigan: What You Can Do

“The idea that some lives matter less is the root of all that is wrong with the world.”

-Dr. Paul Farmer

The idea of human rights has powerfully captured the imagination of people all around the world. At its simplest, human rights are the rights that we all share just by nature of being born a human being, and they include the things that we need to live a life of dignity.

Human trafficking is a form of modern day slavery in which some people profit from the control and exploitation of others. It is a human rights violation and a criminal act. Human trafficking denies the most vulnerable among us their dignity by compelling human beings to labor or engage in commercial sex acts by means of force, fraud or coercion. Sex trafficking, labor trafficking and debt bondage are the most widespread forms of exploitation.

Victims of trafficking come from diverse backgrounds and span all demographics – they may be foreigners but many are American citizens – members of our very own community. Victims are of all ages, races, genders, ethnicities, religions, cultures, nationalities, sexual orientation and socio-economic status. What all victims have in common is their vulnerability. Women and girls are disproportionately the victims of trafficking because they are disproportionately affected by poverty, lack of access to education, chronic unemployment and lack economic opportunities. In the United States, trafficking victims tend to be younger and disproportionately members of minority groups for these same reasons. Runaway and homeless young people, and victims of domestic violence, sexual assault or social discrimination are frequently targeted by traffickers who exploit their vulnerability by promising them a better life.

It is true that human trafficking – whether for labor or sex – is an international problem, but it is also a serious problem right here in Michigan. Victims of



**By Carrie
Booth Walling**

trafficking are exploited in rural, urban and suburban communities. Trafficking happens in our neighborhoods and along our state highways. It happens in Genesee County.

The Genesee County Human Trafficking Task Force (GCHTTF) was formed in April 2013. Its members are individuals, agencies and organizations that encounter victims of trafficking in their work, and advocates, educators and service clubs. The Public Awareness and Community Outreach Committee of

the GCHTTF has 3 goals: 1) to increase community awareness about the problem of human trafficking, 2) to identify victims and direct them to service providers who can help them recover and rebuild; and 3) to promote legislation that prosecutes perpetrators and protects victims.

You can help! Over the past year the Public Awareness Committee has provided 25 presentations to community leaders, resource providers, civic organizations and groups who are likely to encounter victims in their work. As healthcare providers, you are on the frontlines. We can train you to identify victims, who to contact if you suspect a case of trafficking and introduce you to direct service providers who can provide victims with resources (counseling, housing, health care, education, job training and a variety of rehabilitative services).

Carrie Booth Walling is an Assistant Professor of Political Science at Albion College, specializing in human rights. She is a member of the Public Awareness Committee of the GCHTTF and a member of the Michigan Human Trafficking Task Force. She is also the spouse of Flint Mayor Dayne Walling.

Next Steps:

- 1) To get help or to report suspected trafficking, call the 24 hour National Human Trafficking hotline at 1888-373-7888 or text BeFree 233733.
- 2) Display the hotline number in places where victims and those at risk might find it (women's restrooms are a great location)
- 3) Contact Jayashree Kommareddi, Chair of the Public Awareness Committee at jaykommareddi@gmail.com to request an educational event, or training for your workplace, membership organization or professional association.
- 4) Attend awareness events hosted by the Genesee County Medical Society and the Genesee County Human Trafficking Task Force and check out the GCHTTF Facebook page at www.facebook.com/GCHTTF.
- 5) Get more information about human trafficking from the National Human Trafficking Resource Center website: traffickingresourcecenter.org or the Michigan Human Trafficking Task Force website at: <http://cj.msu.edu/programs/human-trafficking/>
- 6) Webinars on child sex trafficking are offered by Children's Healthcare of Atlanta. Doctors can get AMA approved, category 1 CME credits. Go to www.choa.org/scwebinars for more information.

GCMS MEETINGS

— January 2015 —

Legislative Liaison Committee
Recessed for January

Human Trafficking Private
Dinner Session 1/6
6pm, GCMS Office

Bulletin Committee, 1/7
7:30am, GCMS Office

C-Section Task Force, 1/15
6pm, GCMS Office

Practice Managers, 1/22
8am, GCMS Office

Fundraising Committee, 1/22
6pm, GCMS Office

Finance Committee, 1/27
5:15pm, GCMS Office

Board of Directors, 1/27
6pm, GCMS Office

Community & Environmental
Health Committee, 1/28
12:30pm, GCMS Office

LOOKING AHEAD...

General Membership Dinner
Business Meeting
February 5, 2015
6pm, Flint Golf Club

Are We Ready for 2015?

Perspective on Medicare Quality Reporting Programs

With 2015 right around the corner, now more than ever it is easy to feel like a small fish in a big sea of regulations. The joy of practicing medicine that stems from the patient-physician relationship is being stripped away with the influx of mandatory quality reporting initiatives. Anyone engaging in PQRS, Meaningful Use and other quality programs understands we are at the mercy of definitions of quality as drafted by those outside of our practices. There is nothing wrong with continuous quality improvement, and internal clinical quality improvement has long been a cornerstone of health care regardless of federal requirements. However, we are in a unique transition that risks jeopardizing the patient experience in health care, as well as the viability of our practices.

A recent Medical Group Management Association (MGMA) survey documents how frustrated physicians group practices across the country are feeling about current Medicare quality reporting programs. While these results may not be surprising, they do provide a sense of camaraderie that can reinforce how important our local, state and national organizations are in supporting our practices.

The October 2014 survey garnered responses from more than 1,000 medical groups comprised of more than 48,000 physicians nationwide. MGMA conveyed that unsuccessful reporting of Medicare Part B quality reporting programs in 2015 (PQRS, Meaningful use EHR and Value-Based Payment Modifier) will result in a potential 11% payment penalty for physicians in future years. The survey revealed four main themes in the survey responses: practices already engage in quality improvement; Medicare's quality reporting programs do not enhance quality of care; Medicare quality reporting programs negatively impact practice resources; and practices are concerned for 2015.

Here are a few of the findings from the survey MGMA Physician Practice Assessment: Medicare Quality Reporting Programs Survey Report.

- 77% of respondents reported their practices use evidence-based clinical protocols to ensure high quality patient care, regardless of federal requirements.
- 85% of respondents said Medicare's quality reporting programs have had a negative impact on clinician



Traci J. Kim, MA, CMPE
Administrator
Complete Eye Care

productivity (only 12% said that these programs have had a positive impact on clinical-decision-making).

- 76% said Medicare's quality reporting programs have had a negative, or a significantly negative, impact on practice resources.

- Practice efficiency, support staff time, and clinician morale have all been negatively impacted in more than 84% of practices surveyed.

- 81% of respondents reported they are very, or extremely, concerned with the regulatory complexity of programs heading into 2015.

For those who successfully reported on Meaningful Use at the outset, they will receive up to \$44,000 to help offset the costs of implementation, however now that we are facing steep penalties for not participating, it will be even more difficult for practices to comply.

The good news is there are significant resources available through GCMS, MSMS, MGMA and our various specialist organizations. If practice managers are not fully engaged with support from these organizations, they are missing opportunities and are surely making their workload more difficult for quality reporting. Many of these organizations are lobbying on our behalf to simplify quality reporting initiatives and reduce the redundancy in measures. I, for one, am grateful for the resources they have provided and will continue to support any efforts to help us move toward a care delivery system that provides high quality, efficient and equitable care for all of our patients. Independently we are each small fish, but together we can harness the power in our numbers and in the amazing talent and ingenuity of our profession.

Ms. Kim is practice administrator for Complete Eye Care in Flint. She holds a Masters Degree in Health Communication from Michigan State University and is a Board-Certified Medical Practice Executive with MGMA. She also teaches "Cultural Competence in Healthcare" at UMFlint. She can be contacted at traci@completeeyecare.com

Citation for this article: MGMA. MGMA Physician Practice Assessment: Medicare Quality Reporting Programs - October 2014 Study. Englewood, CO, October 27, 2014. Retrieved from www.mgma.org

Senator Dave Robertson meets with Michigan State University medical students and MSMS





Photography

as a New Field

by Dr. Cyrus Farrehi

Photography as an art or craft is no longer the same as we grew up with and continues to renew itself at an amazing rate. The simple act of composing a scene and clicking the camera is now only 20% of the task. The rest is editing of the captured data on the screen of a computer as a digital dark room using a variety of software of which Photoshop is the most famous. The essentials include: proper labeling, grouping and storage so each image can be found later; optimizing the size, border, quality and fidelity; managing colors (a huge task); and at the end sharing the results whether by e-mail, Internet, print or newspaper. All of this must be done well and quickly, as there is so much to do.

You might spend a full evening on a single photo and then wake up the next day to do more with it, or erase some earlier changes. It can be overwhelming, but to me it is a delight and opens a new world of growth and progress, a world where the end is too far to see and farther yet as I continue learning. Performing miracles is not an exaggeration considering the limitations we faced in the past. For people my age, acquiring the much-needed computer skills that accompany this art form is an added bonus.

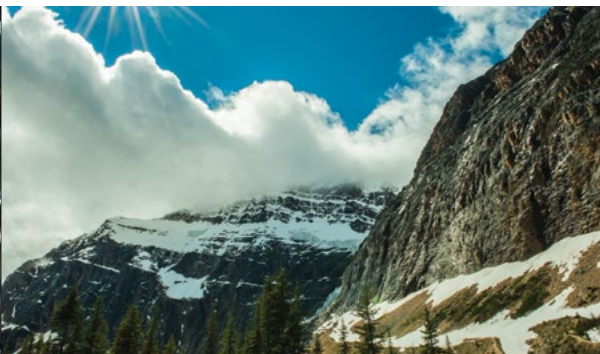
Physicians have a proclivity to take pictures. The field of photography, as distant as it may be from medicine, and as totally changed as it is, still carries many similarities with treating a patient and lacks some of the frustrations. It suits the temperament and habits of a physician. Here are some of the common features: you witness an immediate result from the intervention; a favorable outcome is not automatic and is a judgment shared by others; good has the potential of becoming better with no limits; discovery of what is wrong has to precede the steps for correction with a potential for error at every step; there

is always a risk of mistakes in judgment or execution; your creative touch does come through despite the complexities; and great care is needed not to harm. Isn't that familiar? There is one great and welcome distinction: editing can be reversed in part or in whole.

In the end, trying to record and preserve a fleeting moment (as all is in life), a face, or an unbelievable image is worth some effort. Touching the grandeur of nature, the flow of history in your family, or noting the variety and extent of beauty, or the vastness of creation gives a deep sense of pleasure and permanence.

The College of Arts and Sciences at UM-Flint and other local schools have applicable courses, so has the Internet. There are helpful videos on YouTube and elsewhere. Remember to practice as you proceed. Here are a few hints to consider if you want to take a plunge:

Take photography as a new field not one that you partly know. Before all else, learn the vernacular. Look at the glossary in the back before reading the first page. The new terms are easy to learn; the old and familiar, however, may become a source of mis-comprehension or a trap by having a precise definition or a limited scope. Words like hue, tone, tinge and contrast are good examples. Be aware of the difference between two similar words like copy and duplicate. The whole thing can get to be hard if you let it, but is worth the fun and the accomplishment you feel when you are done. It is more than having taken a picture and sent it to be developed. You control the outcome in your own darkroom and give it your recognizable mark.





The following rebuttal by Representative Gail Haines to an op-ed piece in the Oakland Press is a perfect description of why Senate Bill 2 (a Bill designed to expand APN scope of practice) failed. All of the state representatives were subjected to the same pressures. She is not one of our representatives, but she has done such a good job of explaining the situation that I felt it is worth publishing. MSMS and your GCMS leaders and many of you, were brilliant in communicating with our legislative delegation. They heard us and supported our position. For those of you who want to know the skinny on why this Bill failed, read on. This is an example of how the tiers of organized medicine work together on your behalf.

Pete Levine, MPH

GCMS Executive Director

Compromise is Key and Nurse Practitioner's Weren't Willing To Do So

By Gail Haines, State Representative for Michigan's 43rd District, Special to Digital First Media

It was claimed recently by a guest columnist in The Oakland Press that I was not willing to listen to the nurse practitioners across the state and do my job representing my district. That is simply not true. I take my job as a representative very seriously and to be accused otherwise is an insult to the work my colleagues and I have done in the Legislature the past six years.

Senate Bill 2 was introduced last year and the reality of the legislative process is that laws are not created overnight. That is a blessing of the democratic system we operate in. We are able to discuss and have input on issues instead of forcing through bills without the public even hearing about them.

Compromise best appeals to all sides of a particular issue, and more often than not, needs to be made so that the best policy gets implemented. The op-ed writer failed to acknowledge that advance practice registered nurses were not the only ones to be affected by the changes being made in Senate Bill 2. Physicians would be affected, too, as would patients statewide. The APRNs were not willing to compromise on an integral part of the bill which is necessary for the legislative process to continue.

There is no question that nurse practitioners are extremely well educated and an important component of the state's medical system. I would think most doctors would agree that balancing patient needs would be extremely difficult or near

impossible without their help. That is not the problem. The problem is that the APRNs lobbying for Senate Bill 2's passage are asking to have an expanded scope of practice, similar to what MDs and DOs have.

That expansion without a collaborative agreement with a physician is dangerous for patients. Physician's average anywhere from 12,000 to 16,000 patient hours during their training compared to the 500–720 hours nurse practitioners are required to have. That is not to say patients do not get great quality of care with a nurse practitioner, but it is something to be considered when giving nurse practitioners the same abilities as an MD or DO without any established collaborative agreement with a physician.

Quality patient care is always of the utmost importance and the predicted shortage of physicians in coming years, especially in rural areas, is not something that is being overlooked. But it is not unreasonable to think that even with potential shortages, a collaboration between an APRN and a physician would be beneficial for all parties most importantly the patients.

All that I asked was for this group to work together to create a collaborative agreement between APRNs and physicians. I have said it before and I will say it again: the legislative process was designed to invite compromise. Any party that comes to the table unwilling to work together on solutions creates a barrier to solutions that work for everyone.



If you or someone you know would like to advertise in The Bulletin please contact Sherry Smith at ssmith@gcms.org or call (810) 733-9923.

Announcement

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

For details, contact:

POTTER & ROOSE INSURANCE

810-767-8590

Providers of insurance for the GCMS & its members for 50 years.

906 Mott Foundation Bld., Flint MI 48502

We place your interests first and strive for your success and satisfaction above all.

Trust us to provide payment solutions to your payment challenges.

810.750.6822
mktg@TheRybarGroup.com
www.TheRybarGroup.com

THE
RYBAR
GROUP

HEALTHCARE FINANCIAL CONSULTANTS

GREATER FLINT HEALTH COALITION
Your Health Your Choice
Advance Care Planning (ACP)
PROJECT FRAMEWORK FOR PHYSICIAN ROLE

By Laura Carravallah, MD, GCMS Representative on the GFHC Advance Care Planning Task Force, and Lori Kunkle, MPH, GFHC.

The Greater Flint Health Coalition, in partnership with its member organizations including Genesee County's three hospital systems (Genesys Health System, Hurley Medical Center, and McLaren Flint) and your Genesee County Medical Society, is implementing the Your Health Your Choice Advance Care Planning (ACP) Project.

This project is designed to create a systematic approach to advance care planning in Genesee County so that the process for planning and the completion of an advance directive becomes the norm for all adult residents in our community. The Your Health Your Choice ACP Project is utilizing the worldwide best practice model for advance care planning – Gundersen Lutheran Medical Center's Respecting Choices® Program. In Gundersen's home community of Lacrosse, Wisconsin 96% of the adults who die have an advance directive. This model has been used by the State of Minnesota and by all of Australia with similar results. Current medical record reviews of patients dying in Genesee County's three hospitals indicate only 28% have an advance directive document.

The Respecting Choices® Program is an innovative model which takes a somewhat unconventional approach to end-of-life decision-making. It first delineates the patient's view of acceptable neurological and functional outcomes, and subsequently medical providers work to collaboratively craft medical interventions which are most likely to achieve these outcomes. It is a very practical patient-centered approach which often deflects conversation from premature discussions of specific medical interventions, about which patients often are poorly informed. Instead, it promotes a clear understanding of the patient's values and goals, shares this information with loved ones and health care personnel, and then leads to a logical discussion of the medical plans which will best meet these values and goals.

As we are all aware, advance care planning ideally is undertaken when patients are healthy and can speak for themselves. Patients are encouraged to have conversations with their families and other loved ones on their goals, values, and wishes. This increases the likelihood that

they will receive medical care which works towards these goals, and it also helps to prevent the suffering many family members experience after second-guessing medical decisions that they made on behalf of a patient. Physicians may promote this "First Step" to advance care planning by initiating early conversations with their patients about the value and need for advance care planning.

The Your Health Your Choice ACP Project recognizes that it takes time for a patient to sort out what their acceptable outcomes may be. The ACP Project has trained and certified advance care planning facilitators in the Respecting Choices® model for physicians to refer their patients to deliberate on their acceptable end-of-life outcomes. This FREE process is available to all patients in the county. The facilitators have developed skills to elicit patients' values and beliefs on what is important to them. They also assist patients in determining the appropriate surrogate (patient advocate) to speak on their behalf when they are not able. After the patients have met with the facilitators, they are encouraged to bring the advance directive document back to their physicians for discussion. This document has been accepted by all of three of the medical centers in Genesee County and fulfills legal requirements. As these documents are finalized, they are being uploaded into the Michigan Health Connect system so that they will be available in all venues when they are needed.

While the Genesee County community has started implementation the First Steps® phase of the Respecting Choices® Program in



which healthy patients over the age of 55 years old are encouraged to engage in planning, physicians may have patients in the later stages of chronic disease (Next Steps® phase) or expected to die within the following 12 months (Last Steps® phase) – or even imminently. The Respecting Choices® Program and paradigm may still be utilized for these patients. In the hospital setting, facilitators are available to help the patient elucidate their preferences and wishes. In the instance where the medical situation is urgent or a facilitator is not available, physicians may wish to consider the following framework for advance care planning:

- 1) Inquire of the patient and/or family members their understanding of the patient's illness/condition;
- 2) Determine and discuss the medical details of the patient's current condition;
- 3) Ask what outcomes are the most important to the patient;
- 4) Inquire how the patient is feeling now and, if in a period of exacerbation, how they were doing before the recent worsening;
- 5) Identify who will speak for the patient (only) if they cannot speak for themselves;
- 6) Inquire what the patient would want them to say on their behalf;
- 7) Discuss what outcomes the patient would find acceptable;
- 8) Discuss prognosis or life expectancy; and
- 9) Determine, based upon the information provided, what medical interventions are appropriate.

The American Medical Association guideline for Do Not (Attempt) Resuscitate(ion) orders recommends that resuscitation or other aggressive measures not be attempted if:

- 1) the intervention is medically futile;
- 2) quality of life is currently unbearable for the patient; and

3) quality of life would be unbearable after the intervention.

The first condition is a medical judgment, the second two are dependent on the patient's perception of quality of life. The discussions around patient preferences are particularly vital when the last two conditions listed are being considered.

The Your Health Your Choice ACP Project continues to work towards establishing a standard, community-wide advance care planning system in Genesee County that focuses on affording residents early access to the advance care planning process. Providers will be educated to engage patients in advance care planning on an ongoing basis, referring them to support systems and following up with them as necessary. In the future, as the State of Michigan sorts out the legal issues surrounding Michigan Physician Orders for Scope of Treatment (MI-POST – a system that would allow pre-written orders for care to transfer across all care venues), the ACP Project will help to develop the necessary infrastructure for quick implementation of this Last Steps® advance care planning phase.

Further information, including the Advance Directive document, patient information brochures on the planning process and common specific medical interventions (CPR, ventilators, feeding tubes), and contact information for facilitators can be downloaded from: <http://www.yourhealthyourchoice.org>



The Hernia EXPERTS

Fully effective treatment with less pain and faster recovery at the Hurley Hernia Center of Excellence, the only one in the region.

Dr. Michael McCann Director of Hurley Hernia Center of Excellence
Dr. John Carr, Dr. Kenneth Wilson

HURLEY MEDICAL CENTER | **Hernia Center of Excellence**

1.855.5.HERNIA
hurleymc.com/hernia

Issues Of Serious Concern For Medical Practices!

*Don't let your practice manager
miss these important meetings!*

January 22, 2015

Topic & Focus:

To Be Determined



Held 4th Thursday
of each month from
8am to 10am.

Genesee County Medical Society
Rapport Conference Room
4438 Oak Bridge Drive, Suite B
Flint, MI 48532

Light breakfast available
(coffee, tea, fruit cups, granola bars)

Genesee County Medical Society
Board of Directors
October 28, 2014 - Minutes

I. Call to Order:

The meeting was called to order at 6:10pm in the Rapport Conference Room by Shafi Ahmed, MD, President.

II. Review of Minutes:

Motion: That the minutes of the September 23, 2014 Board of Directors meeting be approved as presented. The motion carried.

III. Reports:

A. Alliance Report

On behalf of Ruqsana Ahmed, President of GCMS Alliance, Peter Levine reported that on October 21, 2014 a human trafficking session was held as a General Membership Meeting of the GCMSA.

B. Finance Report

Motion: that the budget-to-actual report for the period ending September 30, 2014 be approved as presented. The motion carried.

C. Membership

Peter Levine reported that 108 NPD's still exist as of October 23, 2014, about half of them are residents.

Dr. Pino Colone explained the new MSMS Bylaws changes, which creates an active emeritus and an emeritus category. The active emeritus member is allowed to vote and counts toward Delegates and Board seats. They will be asked to pay something equivalent to dues. The emeritus status member is not allowed to vote, nor do they count toward Delegates and Board seats.

D. Legislative Liaison

Dr. Cathy Blight reported that the Legislative Liaison Committee had met earlier in the month. She noted that key issues discussed, were Senate Bill 2, no-fault auto insurance, and the upcoming elections. She also provided an overview of MDPAC endorsed candidates.

Directive: Staff was directed to do an email blast, containing the MDPAC endorsements.

Motion: That the Metropolitan Transit Authority ballot proposal and the parks millage be included with the MDPAC email, noting that the Board of Directors has approved support of those two proposals in the county elections.

E. Community & Environmental Health

Dr. Gary Johnson reviewed two draft Resolutions for consideration by the Board of Directors. The first was entitled Seek to Have Pharmacies Correspond with Physicians.

Consensus: that the Resolution should be re-titled Seek to Have Non-Physicians Who Perform Immunizations and Testing on Patients to Correspond with Physicians and to revise the Resolution to reflect that title change.

Genesee County Medical Society Board of Directors

October 28, 2014 - Minutes

The second draft Resolution was regarding Fracking in Michigan.

Consensus: that the Fracking Resolution be cut down dramatically to say “whereas there are health concerns and environmental concerns regarding fracking, and whereas the Michigan State Medical Society has adopted the reverse onus policy, therefore be it resolved that the Michigan State Medical Society vigorously oppose fracking in the state of Michigan until such time as it is proven to be of no health hazard to the population or the environment of the state of Michigan”.

Both Resolutions are to be brought back

Motion: that a letter be sent to Planet Fitness in Davison, noting that the Medical Society has concerns about the health safety of tanning beds.

F. Greater Flint Health Coalition Update

Board members provided brief updates regarding the Cost & Resource Planning and the Board of Directors meetings of the GFHC.

G. President’s Report

Dr. Ahmed reported reviewed the Blue Cross response to Dr. Ahmed’s letter regarding the adoption of Medicare’s Advance Beneficiary Notice policy. He noted that the issue has been completely and amicably resolved.

IV. New Business:

A. House of Delegates Revised Agenda

Dr. Pino Colone, Speaker of the MSMS House, explained the new House of Delegates agenda, which will involve no Friday meetings.

B. Last Board Meeting for Dr. Paul Lazar

Dr. Paul Lazar reported that he is unable to continue on the Board of Directors, and must resign with great regret. He has enjoyed his time on the Board, and really appreciates its service to the community. Dr. Ahmed thanked Dr. Lazar for his service, and noted that the regret that the Board feels about him ending his time on the Board. Dr. Lazar thanked the Board for its work.

C. Comments by Dr. Blight

Dr. Cathy Blight thanked Dr. Shafi Ahmed for his presidency, his great service and his energy. She noted that Dr. Ahmed did a wonderful job, and thanked him on behalf of the Board of Directors.

VI. Adjournment:

No further business appearing, the meeting was adjourned at 8:45pm.

Respectfully submitted,

Peter Levine, MPH
Executive Director

BIZON HOPES TO SHAPE HEALTH CARE POLICY FROM INSIDE LEGISLATURE

Republican Rep.-elect Dr. John BIZON still remembers the lines he repeated when he went from legislative office to legislative office as the president of the Michigan State Medical Society.

“Hi, my name is John Bizon and I represent 16,000 Michigan physicians,” he would tell lawmakers.

He thought that 16,000 number may buy him some credibility. But lawmakers would often respond, Bizon remembers, by saying, “Let me chat with Roger and let me get back with you.”

That Roger is Sen. Roger KAHN (R-Saginaw). He’s not only a cardiologist, but also a senator, one of lawmakers’ own, and his colleagues look to Kahn for leadership on health care issues.

The experience made Bizon realize that if he wanted to get serious about health care policy, he needed to roll up his sleeves and run for the Legislature himself. And that’s exactly what Bizon did this year.

“Otherwise, they treat you as a lobbyist,” Bizon said of trying to influence policy from the outside. “Otherwise, they treat you as a visitor rather than a subject matter expert.”

He added, “They were all very respectful. They were all very nice. But I don’t think I had the clout of a Dr. Roger Kahn, and he was looked to as being the expert from a legislative standpoint.”

With Kahn termed out of the Legislature, the health care “expert” role could be filled by Bizon next session.

Bizon, of Battle Creek, who’s been a doctor for about 37 years, won a competitive Republican primary to become the party’s nominee in the open 62nd House District this summer.

Then, in the general election, he beat out Democrat Andy HELMBOLDT, a Battle Creek city commissioner, to flip the 62nd District from Democratic to Republican hands.

Term-limited Rep. Kate SEGAL (D-Battle Creek) currently represents the district.

In an interview today, Bizon said he felt called to run for the House this year to serve his community. It’s a feeling he’s experienced before.

Bizon said earlier in his life he felt called to become a doctor and he felt called to become a military officer.



He was born in Detroit and raised in Allen Park. He attended medical school at Wayne State University and benefited from the military health professions scholarship program.

The Air Force soon asked him to help care for pilots. He served in San Antonio, the Upper Peninsula and Philippines. He was in the military for about 11 years.

Eventually, Bizon and his family moved back to Michigan, where Dr. Joe SCHWARZ, of Battle Creek, asked Bizon to join his practice.

Schwarz, who would go on to serve in Congress, had been elected to the State Senate around the time Bizon returned.

By the time Bizon launched his campaign for this House this year, he had practiced medicine in Battle Creek for about 25 years. That work helped bolster Bizon’s campaign. And he also got help from Schwarz.

“He’s a man of great integrity, great knowledge and many skills,” Schwarz said of Bizon in an ad. “We need a guy, like John Bizon, my friend John Bizon in the Michigan Legislature.”

Bizon called Schwarz an “amazing guy” with a wealth of experience.

“I only hope I can be nearly as good as Joe is,” Bizon said.

As a member of the Legislature, Bizon wants to improve the health care system and the education system.

On health care, he said the current system lacks transparency, accountability and competition. He said the nation is spending 20 percent of its gross domestic product on health care.

In the near future, Bizon said it’s possible that the federal government will realize it can’t afford the Medicaid program and will consider making block Medicaid grants to states without strings attached. The state should be preparing for that possibility, he said.

Continued on page 30

Continued from page 29

“If we can get Medicaid right for the state of Michigan, we would have a process by which we could get Medicare right for this country and health care right for this country,” he said.

As for education, Bizon noted that according to statistics, 24 percent of the ninth-graders in his home county of Calhoun won't graduate from high school. In other places it's worse than that. In Detroit, he said, 79 percent of ninth-graders won't graduate, he said.

“How can you say we have a decent education system when 80 percent of the kids aren't even graduating from that system?” Bizon asked.

Bizon and his wife, Debbie, have four children and four grandchildren.

One of his hobbies is woodworking and he's actually crafted each of his grandchildren a cradle. Bizon also likes to bicycle for fun.

Of his children, two actually became physicians themselves, following in their father's footsteps.

Bizon said the thing he likes most about being a doctor is helping people.

“I find there is just something sacred about the doctor-patient relationship,” he said. “You're going in there, it's one on one, you and the patient against the world.”

CLASSIFIEDS

READY TO MOVE IN 4,500 SQ. FT.

Custom designed physician office. Available for rent or purchase in Stone Bridge office complex off Linden Rd. across from Genesee County Medical Society. New roof and heating/cooling. **Contact 810-610-0965**

PHYSICIANS NEEDED

at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. **Contact Pete Levine at 810-733-9925.**

AUTOCLAVE NEEDED

by not-for-profit urgent care center. Please contact Brenda at bcraft@gcms.org or call (810) 232-2710.

Check Out Our Website www.gcms.org

HAPPY BIRTHDAY DOCTOR

JANUARY

Robert Ormond, MD	1	Patrick Chang, MD	11	Mahmoud Shaqfeh, MD	21
Khalid Ahmed, MD	1	Syed Ahmed, MD	12	Frederick Sherrin, MD	23
Muhammad Almansour, MD	1	Jagdish Bhagat, MD	12	Amina Chaudhary, MD	23
Martin Lapa, DO	1	Epifania Aranas, MD	13	Alpesh Korant, MD	24
Mousa Mohamed, MD	1	Ramesh Chheda, MD	13	Alan Morgan, MD	25
Elmahdi Saeed, MD	1	Philip Hardy, MD	13	Gali Subbareddy, MD	25
Eric Zimmerman, DO	1	Balvant Ganatra, MD	14	Roderick Smith, MD	25
Abdelmajid Jondy, MD	1	Samuel Dismond, MD	14	Paul Karr, Jr., MD	26
Saif Ullah, MD	1	Ajay Srivastava, MD	14	Cyrus Farrehi, MD	26
Faisal Mawri, MD	2	Boleslaw Pietruszka, MD	15	Rodolfo UyHam, MD	27
Carlton Dettman, MD	2	Robert Cleary, Jr., MD	15	Jagdish Mirchandani, MD	27
Jason Evans, MD	3	Gary Roome, MD	15	George Politis, MD	28
Leena Jindal, DO	4	Ravinder Singala, MD	15	Nancy Kursik, MD	28
Manjit Grewal, MD	5	Nil Barua, MD	15	Geeta Rode, MD	28
Cathy Chen, MD	5	J. Rajkumer Pandyan, MD	16	Eranio Malto, MD	28
Dorothy Mikat, MD	5	Josetta Tharippeal, MD	16	Ghanem Almounajed, MD	29
Faisal Niazi, MD	5	Sohaib Elsayed, MD	16	Joel Beene, MD	29
Mark Mattingly, MD	6	Brad Sweda, MD	17	Ronald Coriasso, DO	29
William Melton, MD	6	Leena Iqbal, MD	19	Anant Patel, MD	29
Atif Abdalla, MD	8	Serena Zgiy, MD	19	Parul Sud, MD	29
Celso Samaniego, MD	9	Silvia Gomez-Seoane, MD	19	Shourya Tadisina, MD	29
Vickie Mello, DO	9	Heedong Park, MD	20	Joseph Armovit, DO	30
Shafi Ahmed, MD	10	Miriva Magar, MD	21	Ahmad Kaddurah, MD	30
George Greidinger, MD	10	Harris Dabideen, MD	21	Daniel Zelko, MD	31



WE WANT YOU FOR THE LEGISLATIVE LIAISON COMMITTEE!

**Young physicians - are you looking for
interchange with your legislators?**

**Seasoned physicians - would you like to help
bring GCMS and MSMS positions to the forefront?**

Become involved in the GCMS Legislative Liaison Committee!

Be a part of an elite group of communicators who meet
with our elected officials.

You are invited to engage in conversation with your legislators on the first
Monday of each month at 8:00am in the Rapport Conference Room at
the GCMS office.

You may contact Pete Levine at plevine@gcms.org or call **810.733.9925**,
if you would like to participate.

This is a valuable opportunity; don't let it go to waste!



Join MSMS online at www.joinmsms.org

State & County Medical Society Membership Application

120 W. Saginaw Street • East Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762 • Fax: 517-336-5797

Application Code:

[Application Code input field]

- I am in my 1st year of practice post-residency.
I am in my 2nd year of practice post-residency.
I am in my 3rd year of practice post-residency.
I have moved into Michigan, and this is my first year practicing in the state.
I work 20 hours or less per week.
I am currently in active military duty.
I am in full-active practice.

Male Female

First (legal) Name: Middle Name: Last Name: MD DO

Nickname or Preferred Form of Legal Name: Maiden Name (if applicable):

Job Title:

W Phone: W Fax: H Phone: H Fax:

Cell: Email:

Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: State: Zip:

Home Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: State: Zip:

Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

Birth Date: Birth Country: MI Medical License #: ME #:

Medical School: Graduation Year: ECFMG # (if applicable):

Residency Program: Program Completion Year:

Fellowship Program: Program Completion Year:

Hospital Affiliation:

Primary Specialty: Board Certified: Yes No

Secondary Specialty: Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: Spouse's Last Name:

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

Within the last five years, have you been convicted of a felony crime?: Yes No If "yes", please provide full information:

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?: Yes No If "yes", please provide full information:

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?: Yes No If "yes", please provide full information:

I agree to support the County Medical Society Constitution and Bylaws, the Michigan State Medical Society Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature: Date:

County Medical Society Use Only
Reviewed and Approved by

[Signature line for County Medical Society]

When completed, please mail to MSMS or Fax to (517) 336-5797. Thank you!