

THE Bulletin

AUGUST 2010 Volume 86 Number 8

MUMMIES REVEAL HEALTH INFORMATION
DOCTOR OF THE DAY IN LANSING
NOMINATING COMMITTEE REPORT
ALLIANCE PRESIDENTS MESSAGE
GCMS DEMOGRAPHICS

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Gourmet Kitchen

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England, tile flooring and large eating space with a splendid view of the wooded and rolling estate.

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The Genesee County Medical Society.

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AUGUST 2010 Volume 86 Number 8

THE Bulletin

Read by 96% of GCMS members.

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Our Vision

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

Our Mission

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

PLEASE NOTE

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

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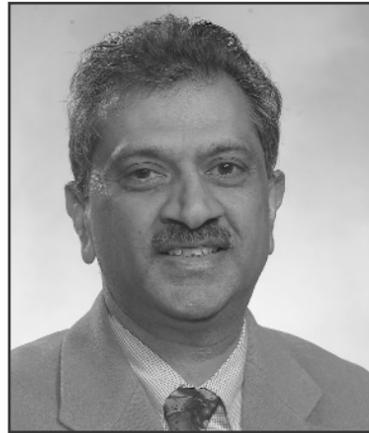
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UPCOMING MEDICARE AND MEDICAID CUTS

After much effort from county and specialty medical societies, MSMS and the AMA-among many others-President Barack Obama signed into law the "Preservation of Access to Care for Medicare Beneficiaries & Pension Relief Act of 2010," which provides a 2.2 percent Medicare fee schedule update for physician services until November 30. While we applaud this temporary halt to the cut, we must not ignore that there is still long-term work to be done on fixing the flawed SGR formula. "In December, the Medicare physician payment cut will be a whopping 23 percent, increasing to nearly 30 percent in January. Congress must end the political posturing and fix the problem: Health care for America's seniors hangs in the balance. Congress needs to fix the broken Medicare physician payment system so physicians can continue to do what they love - care for patients.

Our state is facing a huge loss of funds if federal Medicaid Assistance (FMAP) is not extended. Michigan



Venkat K. Rao, MD

will have to make yet another round of deep budget cuts to erase a \$560 million shortfall in the state budget for the 2011 fiscal year. Governor Granholm said closing the \$560 million budget gap could mean cuts of up to 30 percent in payments to physicians and other health care providers who treat 1.8 million Medicaid beneficiaries, further limiting access to quality health care. Your MSMS is fighting hard to minimize cuts to physicians and preventing diversion of Medicaid funds to general budget.

With so little money to treat so many people in need why should the state waste money on defensive medical costs. Michigan should raise the evidence standard from the current "more likely than not" to "clear and convincing" for all medical legal cases relating Medicaid care. This will eliminate a lot of defensive medicine. The saved millions of dollars could be used to cover more needy people and also will help to balance the Michigan state budget. This will improve access to care for Medicaid patients.

GCMS MEETINGS - AUGUST 2010

Recessed - Legislative Liaison @ GCMS

8/16, 12 noon - Membership Committee @ Grill of India

8/24, 5:15 p.m. - Finance Committee @ GCMSA

8/24, 6 p.m. - GCMS Board of Directors @ GCMS

8/25, 12:30 p.m. - Community & Environmental Health Committee @ TBA

8/26, 8 a.m. - Practice Managers @ GCMS

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GCMS ALLIANCE PRESIDENT'S ADDRESS - 2010-2011



I am a native of Flint (born and bred), wife of Ramotsumi Makhene, M.D., and the mother of three wonderful children. I have been a faithful member of the GCMS Alliance for ten years, and I am humbled and honored to assume its Presidency. I look forward to building upon the accomplishments of all my predecessors, and furthering the causes of Alliance.

On a personal note, I enjoy reading, cooking and entertaining family and friends. Before transitioning into the world of real estate, I was the office manager in my husband's plastic surgery practice for seventeen years, first in Nashville, then here in the Flint area. Recently, we both experienced new career moves. He joined the staff of the Detroit Medical Center in Detroit, MI. I have chosen a career path in real estate with Prudential Great Lakes Realty in Grand Blanc. This is quite different for me, but I enjoy my new colleagues and the different challenges the job presents. I love helping people, so this type of work

fits very well with my personality.

I love being a part of the Alliance. I would like to share with all of you a few things I enjoy about the men and women that I have met in my ten years with our organization.

I'll never forget attending my first President's Ball and meeting Mary Lou Mathias. She, together with Barb Pougnet and Mary McAlindon, have been loyal members of the Alliance for many years, and are among our most knowledgeable individuals about this organization. These very talented ladies are the pillars of this organization, and I call them the Jewels of The Alliance. Some physicians are also a part of our Alliance, and one of our most diligent members is Dr. Peter Thoms. He worked tirelessly on membership recruitment for at least three years. This year he has decided to resign as our Membership Chair, and we thank him for his service. I'm certain that I will be calling on him for advice.

Beth Schumacher asked questions about our cultural differences. The response was quite well-received. Other organizations are looking to us as the leaders in our community in discovering the different facts regarding cultural diversity. Beth helped us to gain a better understanding of our culturally diverse community.

I would like to share with you a few special things about my predecessor Dr. Elizabeth Jordan. She is a professional and a true friend, and I feel blessed to have been touched by her spirit. She has a very gentle but efficient way of getting things done. I was especially impressed as I watched her interaction with our speakers from Jewish Community Services. We really needed to get moving to the next portion of our program. Our speakers, however, were clearly moving a bit beyond their allotted time frame. That day, I learned a lesson in grace and patience, as Dr. Jordan allowed them the courtesy of completing their presentation without interruption. I could feel a certain polite calmness in her demeanor. She is truly a great leader and I feel honored to follow in her footsteps.

In its 74-year illustrious history, the Alliance has had many achievements. Among them are the SAVE (Stop America's Violence Everywhere) program, the anti-smoking Extinguisher Project, raising funds for the Genesee County Free Medical Clinic, and working with the GCMS in its legislative efforts for quality health care. I heartily endorse these goals, and will fully support them in the coming year. Another topic that is dear to my heart is the environment, and I will strive to bring a sharper focus to this issue. After all, good health begins with a clean environment.

We enter a New Year in our organization's calendar. The Alliance Executive Committee, consisting of Rosa Wang, Oya Agabigum, Amita Desai and my predecessor Elizabeth Jordan, will boldly lead us into the term for 2010-2011. In March 2010, a large group of our members gathered and planned a year that I hope will be filled with lots of fun, and with many fulfilling events.

I look forward to seeing you all in October at the President's Ball.

THE GAMES PEOPLE PLAY

*Gaming is the child of Avarice, the brother of Iniquity, and the father of Mischief.
George Washington (1732 - 1799)*

Michigan is a beautiful place to live. At least for most of the year. In fact the state motto is, Si quaeris peninsulam amoenam, circumspice, "If you seek a pleasant peninsula, look about you." One could also paraphrase that to say, "If you seek a place to gamble, look about you. If you like to play, you do not have to travel to Las Vegas to satisfy the urge. Michigan has about 23 casinos in operation as of last count. In addition, there are racetracks, bingo halls, and poker rooms, along with state-sponsored lottery games too numerous to mention. Online and illegal gambling fill the niche not satisfied by the legitimate franchises.



Daniel Ryan, MD

So the issue is, is there still any need or demand for more ways to piddle away one's hard earned dollars? There are those who believe that is the case.

If enough signatures had been raised, the Michigan Casino Expansion Amendment would have appeared on the ballot this November. Two separate groups are involved and are proposing casino gambling at race tracks and non-tribal casinos in Flint, Detroit, Benton Harbor, and Port Huron. They also would like to make sports betting available at casinos. A 19% wagering tax on adjusted gross receipts would supposedly go towards financing the Pure Michigan advertising campaign (apparently to lure more gamblers to our fair state), the Michigan Promise scholarship grant program, local city and county governments where the casinos are located, and the state school aid fund.

Proponents of the measures, such as Benton Harbor Mayor Wilce Cooke, cite factors such as high unemployment, an epidemic of home foreclosures, and a general economic malaise throughout the state, especially in those cities on the list for a non-tribal casino, as the reason for increasing the number of gaming establishments. Opponents argue that Michigan already has too many casinos and other gambling opportunities. The economic panacea of casinos and lotteries predicted in the past has not paid off (pun intended) as expected. Those opposed include diverse organizations like the

Michigan Sheriffs Association, anti-gambling social and religious conservatives, local chambers of commerce, and of course, Indian tribes and the MGM Grand Casino in Detroit. Some of these folks believe that casinos are often associated with increased crime, corruption, and prostitution. They also tend to siphon business away from existing entertainment venues and restaurants. A recent Detroit Free Press Poll revealed that only 34% of those polled are in favor of casino and gambling expansion.

Pathological gambling (ludomania, from the Latin verb ludus; to play) is

basically an impulse control issue, not an actual addiction, according to the American Psychological Association. But it exhibits many features similar to a chemical addiction. Supposedly, gambling addicts have lower than normal levels of norepinephrine and make up for the deficiency from the thrill, stress, and arousal of gambling. Pathological gambling is a separate diagnosis in the DSM-IV when certain criteria are met such as pre-occupation, tolerance, withdrawal symptoms, loss of control and escape. Other symptoms include lying, engaging in illegal activities to finance gambling, chasing by gambling in an attempt to win back losses, destroying personal and professional relationships, and looking for bailouts from family, friends, or loan sources.

Help for gambling addiction is available from counseling therapy and drug treatments such as SSRI's and opiate antagonists. Peer support groups like Gamblers Anonymous offer a 12-step program similar to Alcoholics Anonymous. Casinos have self/voluntary exclusion programs that ban problem gamblers from the casino under threat of arrest.

Many people enjoy a trip to the casino or track as a form of harmless entertainment. But gaming as a source of economic salvation for Michigan is a myth and creating more venues to gamble is not in the best interests of our communities.



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CONGRESS, NEW PHYSICIANS AND ELECTIONS

Congress Fiddles While Medicare Burns

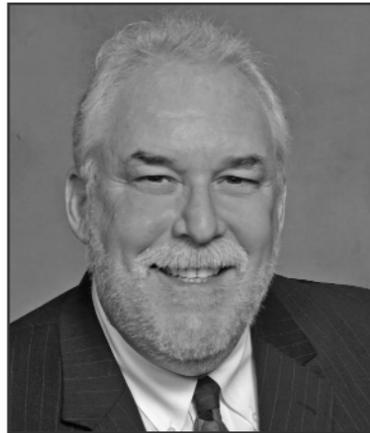
One of the truly incredible disappointments of recent years is watching the partisan rigidity of Congress which resulted in the implementation in June of 21 percent cuts to Medicare physician reimbursement. Sadly, they have proven themselves unable to lead. Conversely, Congressman Kildee, Senator Stabenow and Senator Levin, our three representatives in Washington, have been fully supportive of an SGR fix which would have averted this whole mess.

The complete SGR fix in a federal sense involves pennies in comparison to the bailouts and road repairs and stimulus money that have been spent in the last two years. The approach to the Medicare problem is pathetic. The AMA is still working on this along with MSMS and GCMS and every other responsible physician advocacy group. Stay Tuned!

Invite a New Physician to Join!

One of the great pleasures of my job is meeting with the new physicians coming to this community. They come with a passion, which is exciting and necessary.

Please take a moment and remind them of the aggressive advocacy of the Genesee County Medical and Michigan State Medical Societies provide. Invite them to join and to participate. In 1986, we were 417 Tasmanian Devils according to one of our state senators at that time. We are now over 900 Tasmanian Devils. If you are reading this, you are one of them.



Peter Levine, MPH

Primaries and Elections Will Be Wild

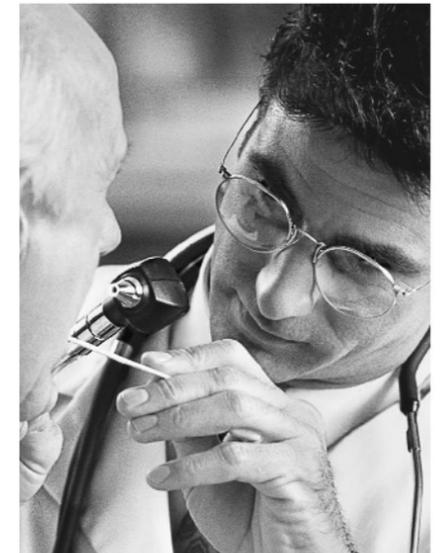
The upcoming election will represent massive changes among elected officials, at both state and the federal level. All four executive offices at the state level are up for election, Governor, Lieutenant Governor, Secretary of State, and Attorney General. Three incumbent congressmen have decided not to run again, and it is possible one Detroit-based congress person could lose in the primary. Of 15 members of Congress from Michigan, four could be new next year.

Term limits will cause a massive change of faces in the state legislature. Over half of the State Representatives and Senators will be new in 2011. All five of the state representatives from Genesee County are up for reelection. Two of them are term-limited. That means at least a 40 percent turnover. In the Senate, State Senator Deb Cherry is term limited. Several people are running to replace her. This is a great time to make friends and influence candidates, via fundraisers, as well as "meet and greets". We will be sending you e-mails about these events and hope you will participate. We would also appreciate it if you would take the initiative to host or sponsor some of these events.

Come to the general membership meeting on September 9, which will feature MSMS President Daniel Michael, MD updating us on MSMS's legislative agenda and the upcoming election. Please register as soon as you can. I look forward to seeing you all on the campaign trail.

ACHIEVEMENT: GETTING YOUR REVENUE CYCLE TO FOLLOW DOCTOR'S ORDERS

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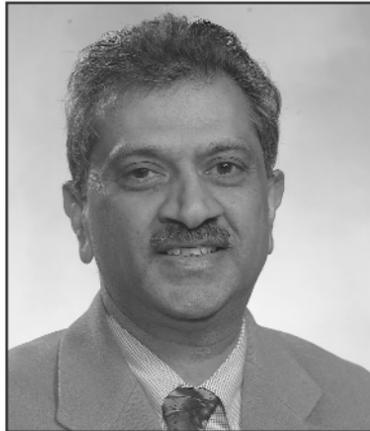
YOUR VOICE MATTERS IN HEALTH CARE POLICY; MSMS OFFERS A GOLDEN OPPORTUNITY TO MAKE IT HEARD

It is easy to wonder how one physician's voice can be heard in the midst of all the noise at the state and national levels about complex policy issues such as health care reform, Medicare, and Medicaid. I am reminding you of one effective way to be heard on matters of health care policy: the MSMS-MDPAC "Doctor of the Day" program.

This program provides physicians, residents, medical students, MSMS Alliance members, and Michigan Medical Group Management Association members with the opportunity to help effect change in the halls of state government.

Not only does the "Doctor of the Day" program give participants a chance to come to Lansing and experience the legislative process in action, but it also provides an opportunity for participants to meet directly with state legislators.

I recently participated as a "Doctor of the Day" for the first time. I cannot emphasize enough how important and worthwhile it is for all of us to step up and participate in legislative advocacy, for the sake of our patients and our profession. Sure, it is time spent away from patients for most of us, but it is time well spent.



*Venkat Rao, MD
District VI Director*

During my visit to Lansing, I was able to meet with Rep. Richard Hammel (D-Flushing), Rep. Richard LeBlanc (D-Westland), Sen. Mike Nofs (R-Battle Creek), Sen. Randy Richardville (R-Monroe), and Rep. Paul Scott (R-Grand Blanc). They took the time to hear what I had to say about the importance of tort reform and Medicaid funding/access, they asked thoughtful questions, and they appreciated my presence. In short, my participation mattered.

No matter how they end up voting, lawmakers do remember those who take time to make their voices heard in person.

As physicians, we have a golden opportunity-and an obligation-to meet with our legislators, build relationships with them, educate them about health care issues, and speak up for our patients and our profession. Term limits make this even more crucial.

I strongly encourage you to make time to travel to Lansing for the day through the "Doctor of the Day" program, either by yourself or with a group. The more of us who do this, the greater our voice.

For more information or to sign up, contact Joshua Richmond at MSMS at 517-336-5788 or jrichmond@msms.org. To join MDPAC visit www.mdpac.org.



Genesee County Medical Society Dinner Business Meeting Thursday, September 16, 2010

A Town Hall Meeting
on

MSMS'S LEGISLATIVE PRIORITIES AND AN ELECTION UPDATE

Dr. Dan Michael, MSMS President

Come ready for a discussion!

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

\$30 - GCMS Members & Spouses (per person) \$20 - Hospital Residents and Students
\$50 - Non-Members \$30 - Member Practice Managers

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6 p.m. Registration and Social Hour
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7 p.m. Meeting
7:15 p.m. Presentations

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LEGISLATIVE LIAISON COMMITTEE MEETS ON SGR AND STATE BUDGET

The Legislative Liaison Committee met with State Rep. Lee Gonzales, and State Senators Deb Cherry and John Gleason, as well as Congressional and legislative staff. The Committee reviewed the state budget. It was reported that the Physician Tax is dead. The House and Senate cannot agree on physician Medicaid reimbursement rates.

Physician Apology Legislation was discussed, as well as SB1303, which would create an exemption in the Michigan Business Tax for vaccines, biologicals or pharmaceuticals dispensed in a physician's office.

Senator Gleason noted that he is working with GCMS members on an extension of the statute of limitation for sexual assault. The potential SGR cut and the lack of a fix of Medicare physician reimbursement was discussed with the congressional staff.

The Community will not meet during the months of July, August and September. Congressman Kildee will provide his annual congressional update.

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I will be attending the September 15th Diabetes Group Visit Physician Dinner Meeting.

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YOUR \$\$\$ AT WORK

- § GCMS met with legislators regarding Medicaid budget and Doctor Tax
- § GCMS communicated with members of US House and Senate in support of SGR fix and in opposition to 21% Medicare cut
- § GCMS helped two physicians with insurance company credentialing problem
- § GCMS helped local practice with Medicare certification
- § GCMS helped local practice with major reimbursement problem with third-party payer
- § GCMS worked with insurance company to approve payment for Group Medical Appointments (to increase physician reimbursement and improve patient outcomes)
- § GCMS met several new members
- § GCMS oriented political candidates to medical issues
- § GCMS worked with a third-party payor on enhancing physician reimbursement for specific after hours activities
- § GCMS shepherded the Greater Flint Health Coalition Prompt Payment Task Force Position Paper through the Health Coalition Board approval process
- § GCMS established physician retention and recruitment components to the Greater Flint Health Coalitions top three request list presented to the auto czar of the Obama administration
- § GCMS continues to aggressively pursue changes to the tort system in an effort to reduce cost and heartache to the medical community



TO BE MISSED

Dr. Walter Z. Rundles, Jr.



Longtime GCMS member Walter Z. Rundles, Jr., MD, passed away at the age of 89, on June 7, 2010. Dr. Rundles was a longtime resident of Flint, having graduated from Flint Central High School. He served in the US Navy. He was a graduate of the University of Michigan and did his residency in ophthalmology. Dr. Rundles was past president of the Genesee County Medical Society, Michigan State Medical Society and a past board member of the YMCA.

Genesee County Medical Society Board of Directors Meeting – May 25, 2010

MINUTES

Motion:

That the Board of Directors of the Genesee County Medical Society approve having the Genesee County Medical Society become a member of the Healthy Kids, Healthy Michigan Coalition and participate in coalition activities with no financial commitment. The Motion Carried.

Motion:

That all requests for membership be approved as presented:
McLaren Resident Requesting Membership:
Mehvish Jawaid, MD

Requesting Reinstatement:

Sami E Asmar, MD Patrick Chang, MD
The Motion Carried.

Motion:

That Dr. Cyrus Farrehi be sent a letter for his years of service as a Delegate, Board Member, and President of the Genesee County Medical Society. The Motion Carried.

Motion:

That Drs. Daniel Ryan and Sreen Mannam be moved from Alternate Delegate to Delegate, and that Drs. Pino Colone, Amitabha Banerjee, Abd Alghanem, John Waters, Hesham Gayar, Cathy Blight, Edward Christy, and John Hebert III be renominated as Delegates. The Motion Carried.

Motion:

That Dr. Elmahdi Saeed be sent a letter thanking him for his years of service as an Alternate Delegate from the Genesee County Medical Society. The Motion Carried.

Motion:

That Drs. Deborah Duncan and Jawad Shah be nominated for a first term as Alternate Delegate and that Drs. Lawrence Reynolds, Laura Carravallah and Qazi Azher be renominated as Alternate Delegates. The Motion Carried.

Motion:

That Dr. Shafi Ahmed be renominated as GCMS Treasurer. The Motion Carried.

Motion:

That Drs. AppaRao Mukkamala and Suresh Anné be renominated for the Finance Committee. The Motion Carried.

Motion:

That Drs. Mustafa Akpinar and Jawahar Tummala be sent thank you notes for their years of service to the International Medical Graduates Section. The Motion Carried.

Motion:

That Drs. Hytham Fadl and Jawad Shah be added to the International Medical Graduates Section. The Motion Carried.

Motion:

That Dr. Michael Kia be nominated as Delegate to the MSMS Young Physicians Section and Dr. Sunita Tummala be renominated as Alternate Delegate to the Young Physician Section. The Motion Carried.

Motion:

That Dr. Norman Carter be given the Presidential Citation for his work in the creation of the Children's Sexual Abuse Clinic serving as a pioneer in the Emergency Services of Hurley Medical Center for his work in Mott Children's Health Center and his indigent service in general. The Motion Carried.

Motion:

That Drs. Gregory Casey and Carlo Dall'Olmo be nominated for the MSMS Community Service Award for their overseas charitable activities, Dr. Dall'Olmo serving Iraq and Afghanistan wounded armed service individuals and Dr. Gregory Casey for his work in Haiti following the massive earthquake. The Motion Carried.

Motion:

That Dr. Brian Nolan be nominated as GCMS President Elect. The Motion Carried.



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The Fascinating Demographics of the Genesee County Medical Society

This is the first of what will be an episodic series of articles showing the demographics of the Genesee County Medical Society. It is well known that Genesee County is an ethnically diverse community. It is fascinating to look at the numbers. Using MSMS's data system (and with much appreciation to Kathy Hagen of the Michigan State Medical Society staff, who ran the numbers for us) the following data has emerged.

Of the 884 GCMS members on record as of May 31, 2010, 442 attended medical school outside of the United States. That figure includes US citizens and foreign born individuals who attended medical school outside of the United States. Of the physicians from whom MSMS has a birth country as part of their application, a listing follows:

PHYSICIANS BORN IN –

United States	316	Ghana	1	Nigeria	2
Canada	9	Greece	1	Pakistan	14
Afghanistan	1	Hong Kong	1	Panama	1
Argentina	2	Iceland	1	Peru	3
Austria	2	India	132	Philippines	22
Bangladesh	2	Indonesia	2	Poland	4
Brazil	3	Iran	7	Romania	6
Burma	1	Iraq	9	Saudi Arabia	1
Sri Lanka (Ceylon)	3	Israel	1	South Africa	3
China	5	Jordan	4	Sudan	10
Colombia	3	Kenya	1	Syria	17
Cuba	3	South Korea	11	Tanzania	3
Egypt	13	Kuwait	1	Turkey	4
England	3	Lebanon	5	Uganda	2
Ethiopia	1	Libya	1	Vietnam	1
Fiji	1	Mexico	3		
Germany	2	Netherlands	1		

This represents 645 of the 884 members. 239 members do not list a birth country.

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GCMS/MSMS NEW MEMBER APPLICATIONS

New Part-time Member:

Rajini Aravapalli, MD

Nitin G. Malhotra, MD

Vascular Surgery
Michigan Vascular Center
5020 W. Bristol Rd.
Flint, MI 48507
Ph: 810-732-1620
Fax: 810-732-8559
Dr. Malhotra received his medical degree the University of Toledo College of Medicine, Toledo, OH in 2003. He is Board Certified in Vascular Surgery. Dr. Malhotra is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

Aliya K. Kohler, MD

Family Practice
Holly Family Medicine
2595 Genesys Pkwy.
Flint, MI 48439
Ph: 810-606-6230
Fax: 810-606-7084
Dr. Kohler received her medical degree from Sind Medical College, University of Karachi, Karachi, Pakistan in 1992. Dr. Kohler is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

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Jordan Espiritu, MD
Daniel Gutteridge, MD
Pramod Kalagara, MD
Ayman Khafai, MD
Vanessa Pauig, MD
Clayton Perry Jr., MD
Odessa Marie Ramos, MD
LeKeysha Robinson-Royster, MD
Tesfaye Anteneh, MD
Kalyan Uppaluri, MD

Hurley Residents:

Amro Alsaid, MD
Goitom Asgedom, MD
Gelareh Ateh, MD

Shailesh Basani, MD
Aamir Bashir, MD
Asif Bhimani, MD
Ibrahim Dahbour, MD
Myriam Edwards-Miller, MD
Bajha Haseer Ilias, MD
Mayuri Jagirdar, MD
Hina Javaid, MD
Abraham Madany, MD
Rodwan Mahfouz, MD
Praneet Nanori, MD
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The Following: SLATE OF NOMINEES FOR GCMS OFFICES 2009-2010, was presented to the Board of Directors on June 23 for approval and published for members review in the August Bulletin:

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TREASURER: Shafi Ahmed, MD

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Edward Christy, MD	Pino Colone, MD	Hesham Gayar, MD
John Hebert, III, MD	Sreen Mannam, MD	Daniel Ryan, MD
John Waters, MD		

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Lawrence Reynolds, MD	Jawad Shah, MD	

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AppaRao Mukkamala, MD Suresh Anné, MD

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Qazi Azher, MD	Amitabha Banerjee, MD	Rao Botta, MD
Edward Christy, MD	Hytham Fadl, MD	Hesham Gayar, MD
Ayman Haidar, MD	Mona Hardas, MD	Asif Ishaque, MD
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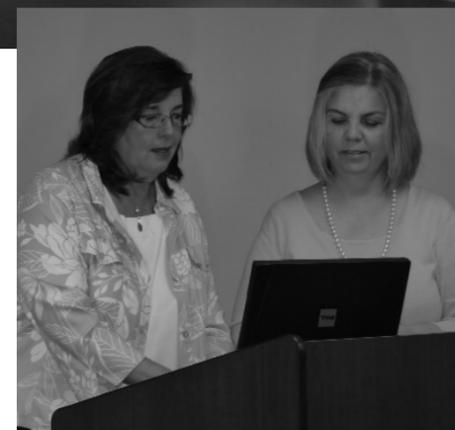
Norman Carter, MD

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Gregory Casey, MD Carlo Dall'Olmo, MD

**ATTENTION:
GCMS Members**

If you are interested in having access to the "Members Only" section on the GCMS.org website please call or email your password to Marcia at mgzym@gcms.org or call 733-9923. Thank you.



PRACTICE MANAGERS MEET WITH GENESSEE HEALTH PLAN

The June meeting of Practice Managers we featured Colleen Sproul of HealthPlus of Michigan and Linda Hamacher, Executive Director of the Genesee Health Plan. The topic was "How to Maximize Your Relationship with Genesee Health Plan" and what is new at the Genesee Health Plan. The turnout was large with lots of new faces.

The August 26 session will be on PQRI with Jill Young. The September meeting will revolve around collections with a "to be determined" speaker.

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“Just-Dawn”

By Sue Lauber

“Do you pronounce your name 'Douen',” asked Eman, our Egyptian guide? “No, it's Dawn, just Dawn,” was the reply. Dawn Sturk, and her friend Candy Hall, were travelling with Paul and myself on a two-week tour throughout Egypt last April.

“Just-Dawn” Sturk is the Director of Radiography at Hurley Medical Center and has a vast knowledge of mummies. Not the kind of mummies of unraveling bandages, zombie-like walking creatures like Klaris, the guardian of the Tomb of Princess Ara, but rather authentic ancient mummies tucked away in the Atacama Desert in the Andes foothills near Ilo, Peru.

Each summer, for the past nine years, Sturk has traveled to various locations in Peru with ten x-ray students for a two-week period to study and x-ray ancient mummies from the Chirabaya civilization, that lived over 1,000 years ago, pre-dating the Incas. “X rays provide us with a snapshot of what life was like when they were alive--the diseases they had, the type of work they did, etc.,” says Sturk. Work at the center has been featured in programs by the Discovery Channel and National Geographic.

Our first stop in Egypt was the Royal Mummy Room at The Cairo Museum, a separate, temperature-controlled room on the second floor that houses 11 royal mummies. Mummification was a specialized art and was only offered to persons of wealth or high political importance, such as Pharaohs and high priests. Egyptians, as well as other ancient civilizations believed in life after death, mummifying those who had died to guarantee the soul passage into the next life. The most celebrated mummy in the room was the legendary Ramses II, also known as Ramses the Great. His mummy is over 3,000 years old. As we gazed into the glass coffin we could see his linen wrapped chrysalis. A small, brown, desiccated head was bared. We saw the facial features of high cheek bones, hooked nose, yellowish teeth amid his shrivelled lips, a strong jaw and wisps of faded red brittle hair atop his scalp. His fingernails were undamaged. Looking at this well-preserved mummy was astonishing. I asked Just Dawn what she thought. “I think Peruvian mummies are better preserved than Egyptian mummies.” I was taken

aback to hear this, after all Egyptian mummies were the most famous mummies in the world!

“What really sets Egyptian and Peruvian mummies apart is how they are preserved. In Peru, the Chirabaya mummies that I work with are preserved by their natural surroundings of freezing temperatures, dry, windy mountain air and low acid soil. The nitrates in the soil aid with the natural mummification. With these mummies' organs still intact, we can study what their diet was and what illnesses they had, where Egyptian mummies are embalmed, deliberately dried out, with most organs removed,” explains Sturk.

“When we excavate a burial site in the Atacama Desert, we usually find the Chirabayan mummy sitting up-right in the fetal position still wrapped with the wool textile and rope they were originally buried in. Their skin and hair are still intact. The quality of the preservation is superb, better than what I saw with the royal mummies of Egypt.”

“Every Chirabayan who died was mummified, including children, new-borns and fetuses; mummification was not reserved for those only of high rank or status as was the custom in Egypt. Chirabayans were buried in stone pits, where wealthy Egyptian mummies were buried in elaborate tombs.”

“Chirabaya children are buried only a foot or so beneath the surface. Some children and fetuses are buried in ceramic pots. It blew my mind when I saw a display in Aswan's Nubian Museum of a similar burial process used in the pre-history era for the common people of Egypt. I wondered how two civilizations that are continents apart came up with the same idea?”

“When we excavate a Chirabaya mummy, we clean it then store it until it is x-rayed. X-raying does much less harm to the remains compared to unwrapping the mummies and examining them with tools. Also, by x-raying the remains, a pathologist, can specify what the exact cause of death might have been for the individual. You can see the mummies, bones, teeth and insides. Every picture reveals important clues and reveals a story. Our x-ray equipment, which is veterinary equipment, is carried to the site by the students. We rig up a stand to place the



heavy machine on. We transform a bathroom into a darkroom and the students learn to hand develop the film. Film is donated by Kodak and we have to purchase the chemistry in Peru. We tore down one of our darkrooms at Pachacamac and found we had been sharing the room with a nest of scorpions. It is always an adventure.”

In 2005, Sturk had the privilege of x-raying the Egyptian mummies housed at the Field Museum in Chicago. Equipment was donated and they used digital radiography rather than having to worry about developing film. They discovered that an animal mummy was actually a fake and it was featured in National Geographic.

Sturk has x-rayed over 400 mummies and is still counting. She hopes to return to Peru this next year with her friend, Dr. Kathleen Forgey who is also a radiographer and physical anthropologist.

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HEALTHPLUS SPEAKS TO PRACTICE MANAGERS



Practice Managers met on May 27, 2010 to discuss how to maximize their practices' relationship with HealthPlus, maximize reimbursement and new insurance codes. The faculty was Jennifer Grennell, Director of Provider Relations at HealthPlus and Diane Bradford, Provider Network Educator from HealthPlus.

The June 24 session of the Practice Managers focused on Genesee Health Plan and will feature Linda Hamacher of Genesee Health Plan, and Colleen Sproul, HealthPlus, Director of Community Programs.

The group will recess in July. On August 26, Jill Young will be presenting on PQRI.

Following presentations, Pete Levine asked for input from Practice Managers on preexisting condition issues with third-party payers, and mentioned Diabetes Group Medical Appointment opportunities, which are now reimbursable. The September Practice Managers session will revolve around collection issues.

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