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THE Bulletin

OCTOBER 2009 Volume 85 Number 10

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EMC SUPPORTS GCMS
MUSIC & DANCE, THE FIM
TIPS ON EMPLOYEE MANAGEMENT**

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THE Bulletin

Read by 96% of GCMS members.

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Cover Photo by Peter A. Levine, MPH Executive Director

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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IT HAS BEEN AN HONOR



John A. Waters, M.D.

Well, as hard as it is to believe, the year is almost over. It has been an honor to serve you as President. It has been a momentous year for medicine and for the Genesee County Medical Society.

Health care reform is the talk of Congress. The AMA is supportive of reform as are many. However, (as always) the devil is in the details. House Bill 3200 has many and enormous problems. Many seniors sense a trapdoor with their name on it. President Obama has not yet communicated a clear, concise plan for reform. Yet health insurance reform and malpractice reform are clearly needed. Hopefully, some moderate reforms will emerge this year.

We have been influential in the development of a resolution for health care reform by the Greater Flint Health Coalition through the great work of Dr. Soderstrom, Dr. Pierce and Dr. Reynolds. We held a town hall meeting on health care reform with Dr. Smitherman and had it televised.

We have several representatives on a health care taskforce convened by the Mayor of Flint to help deal with the changes related to the bankruptcy of General

Motors. We hope to have proposals to submit to the president yet this year. We have held a meeting with guest Dr. David Cole to inform physicians of what to expect of the automotive industry and how to deal with these changes.

Dr. Soderstrom and our representatives at MSMS and the AMA continue to push for systemic reform of the United State's malpractice model.

Among our Board members this year, Dr. Bobby Mukkamala received the AMA Leadership Award, and Dr.

AppaRao Mukkamala received the Hurley Pinnacle Award and the AMA's Nathan Davis Award.

I am very proud of all we do at GCMS. I would like to thank all the members for their support and participation. I want to thank the Board for their support and efforts to make GCMS and health care better. I am indebted to Mr. Peter Levine for his counsel and personal efforts leading the GCMS, and Marcia Gzym for the yeoman efforts to coordinate everything!

Lastly I want to thank my wife Meg for all her support while tolerating the meetings and work this year.

GCMS MEETINGS - OCTOBER 2009

10/5 - Legislative Liaison @ GCMS

10/7, 7:30 a.m. - Bulletin Committee @ GCMS

10/19, 12 Noon - Membership Committee @ Grill of India

10/22, 8 a.m. Practice Managers @ GCMS

10/27, 5:15 p.m. - Finance Committee @ GCMS

10/27, 6 p.m. - GCMS Board of Directors @ GCMS

10/28, 12:30 p.m. - Community & Environmental Health Committee @ Sagano Japanese Restaurant

EMC SUPPORTS PHYSICIANS AND PATIENTS

Author: Allen F. Turcke, MD, President

The Emergency Medical Centre is a non-profit corporation which has been in existence for over 30 years. It was affiliated with the Genesee Medical Corporation before GCMS asked to take it over, about 20 years ago. The Emergency Medical Centre has been operated as a physician-run service to physicians and their patients. It has contracts with virtually all insurance companies, provides excellent clinical care and is prudent in the use of diagnostic technologies.

EMC sees your patients quickly. The facilities have recently been refurbished. The physician staff are all local physicians with many years of experience. It provides prompt, attentive care to this community's physician's patients. It is located near public transportation. The mainstay group of physicians who do work there are in the prime of their careers.

The Emergency Medical Centre refers all patients immediately back to their primary care physician and corresponds with the primary care physician on the same day the patient is seen. EMC does not want a primary care physician to be caught by surprise if a patient calls or is examined the next day. Services are provided to vacationing physicians patients from 9 a.m. to 9 p.m.

The Emergency Medical Centre is one of only two services endorsed by the Genesee County Medical Society. The other endorsed service is PPI Communications also known as Physicians Answering Service. It is amazing so many physicians do not realize the value of these two organizations to the community and to the Genesee County Medical Society.

EMC is an urgent care center that has survived the buffeting over time of the economy and system changes. It has continued to operate while other urgent care facilities have come and gone. It will be a consistent extension of your office over the long haul. It does not operate to build an individual practice. It fosters the primary care network already in place and the Genesee County Medical Society would appreciate your support of EMC and looks forward to caring for the patients of all practices and institutions on behalf of the physicians of this community.

ERRATA

The September issue contained an article entitled "Key Things Physicians can do to Improve Patient Outcomes." It was incorrectly shown to be written by Qazi Azher, MD. Dr. Azher wrote the original draft. The actual document was written by the Genesee County Medical Society Community & Environmental Health Committee and approved by the GCMS Board for publication. Our apologies to Dr. Azher and to the Committee.

The cover of the September *Bulletin* contained the initials GFCH it should have been written GFHC standing for the Greater Flint Health Coalition. Our apologies to the Health Coalition.

PAL, Executive Editor

MUSIC AND DANCE ARE ALIVE AND WELL

On occasion the column found on this page has diverged from medically focused topics to highlight certain positive aspects of our community that are worthy of our patronage and support, such as the Flint Institute of Arts and the Flint Farmer's Market. After all, we need a break from medicine from time to time and the brouhaha over health care reform can carry on without us for at least one month. With the fall concert season already upon us, it is a great time to sing the praises of the Flint Institute of Music (FIM).



Daniel Ryan, MD

The FIM has the Flint Symphony Orchestra (FSO) as its most visible centerpiece, led by music director Maestro Enrique Diemecke for more than 20 years. The season opening concert on October 10th at Whiting Auditorium will feature Saul Medina performing Kopetzki's Marimba Concerto and Beethoven's fabulous Symphony # 5. On November 10th, don't miss Ralph Votopek from the MSU music faculty and Rachmaninoff's beautiful Piano Concerto # 2. The Byrd Young Artists Competition winner will be in town in January for a performance of the Reinecke Flute Concerto in D. Other concert season highlights include Holst's The Planets in March and the Flint Festival Chorus is doing The Creation by Haydn as their season ending choral work with the FSO in April. The Holiday Pops concerts in December are hugely popular and are rebroadcast several times around Christmas on PBS stations throughout the state. In the summer, the FSO stays active with four Music in the Parks concerts.

The FIM is far more than just the FSO. The Flint School of Performing Arts is the 10th largest community school for the arts in the country with 3,500 students involved in all areas of music and dance. The halls and classrooms are a whirlwind of activity with musicians, singers, and dancers of all ages and backgrounds discovering and honing their talents and dreaming of the

possibilities of where their hard work might take them. Tuition assistance and free programs are available to provide opportunities for lessons regardless of income status. The Flint Youth Theater is a theater and drama training program that has been serving the area for 50 years. It offers drama school classes year-round for kids from preschool through 12th grade.

The FIM is a nonprofit organization that depends on generous business and individual/family donors to support its myriad programs. Ticket sales provide only about one-half of the

needed revenue that affords such wide access to music, theater, and dance education and performances. Some income is derived from grants and endowments. But each year, important fund-raising events are held to make up the difference. These include a Gala dinner prior to the first FSO performance in the fall, a wine dinner and auction on November 6th, a silent and live auction fundraiser in the spring, and the Seeing Stars Benefit in February that has raised more than \$700,000 over the years to provide tuition assistance to low-income students.

The physician community in Genesee County has traditionally been an active and vital supporter of the arts, and nowhere more apparent than in support of the FIM. If you peruse the names of members in the FIM program book, you will find a great many physicians among the donors. In fact, three members of the GCMS are also board members of the FIM, Dr. Samuel Dismond, Dr. Dan Anbe, and Dr. Gary Wease. If you are not currently a member of the FIM, please consider joining many of your colleagues and their families in support of an important institution in our area that adds tremendously to the cultural fabric of the community, enhances the lives of individuals, and entertains thousands each year.

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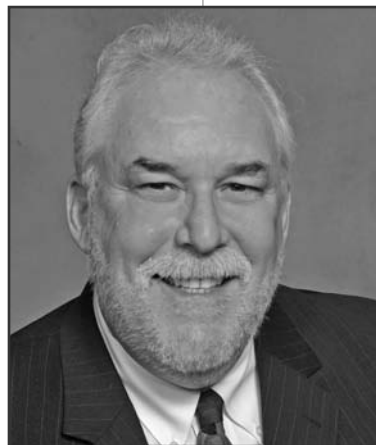
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The October issue of the *Bulletin* features the last President's message of each president. This issue contains Dr. Waters' final comments. He has written 12 very thought provoking President's messages and has done a nice job of keeping things moving forward, representing the Society, and in general proving to be a fine listener and arbiter of the sometimes disparate views of Society members. This year, the health reform debate as well as the threat of Medicaid physician taxes, scope of practice changes, a 21percent cut in Medicare physician payment, a severe downturn in the economy, the bankruptcy of General Motors, and so many other environmental stimuli have been handled with a remarkable calm and grace by Dr. Waters. Dr. Waters has become more and more involved in the Greater Flint Health Coalition activities, which has proven to be very helpful to all the physicians in the community. He sits, along with many other physicians, on a variety of committees, but has self-selected to some of the more complicated and potentially rancorous ones.

It is always sad for staff to move toward the end of a presidency. Each president that I have served has had wonderful talents, and they are all different. It is perhaps only the staff that recognizes the stresses and strains of the presidency as well as the unique perspective that each president brings to the office, sometimes the President is constrained by the fact that he or she is primarily the spokesperson for the Board, and the person that staff relies on, on a day-to-day basis.

Next month the *Bulletin* will feature a biography of Dr. Venkat Rao who is the incoming president. He will be installed at the Presidents' Ball which is held to honor the outgoing president Dr. Waters. At that point Dr. Bobby Mukkamala will become president elect. The stability of this organization is reflected in the careful selections of the Nominating Committee. Each president has a set of skills that the Nominating Committee recognizes and selects them for. The Committee has a tough job every year selecting



Peter Levine, MPH

among skilled people and doing what is best for physicians at large. My compliments to every member of every Nominating Committee. We elect our Nominating Committee in this Medical Society. They are brought about by the membership as a whole. They do good work.

I would like to remind the membership that dues represent a shrinking percentage of GCMS's revenue. Our endorsed services, the Emergency Medical Centre of Flint located at Ballenger and Miller, and PPI Communications or Physicians Answering Service, which our administrative team manages on behalf of physician's, need your support. Both provide high quality service.

You can refer to the Emergency Medical Centre by putting a message on your answering machine that if it is before 9 p.m. they should go to the Emergency Medical Centre rather than the emergency room, or if you are having a busy day and cannot see everyone, send your overflow there. It accepts virtually all insurances, and is staffed by GCMS members exclusively. PPI is a very high quality answering service, which is less expensive than the competition and provides high quality documentation of your calls for your records as part of its standard activity. It can be reached by contacting Debbie Green at 810-733-9921.

Don't forget the Ball on November 7 it is sure to be a blast. The theme will be "Eye on the Future." Any help you can provide with giving us sponsorship ideas and registering early would be greatly appreciated. Space will be at a premium this year. Don't miss the best event of the year in the Greater Flint Area.

Wow! Are these Town Hall meetings fantastic. We had a whole series of them on Bioethics Issues and the Future of Health Care. The September event on the "Future of the American Automobile Industry, What Every Physician Needs to Know" is a prime example of why GCMS is a premier organization. We had internationally known speakers, great responders, tackled tough issues, and had a good time doing it with great fellowship.

Thank you all for all you do.



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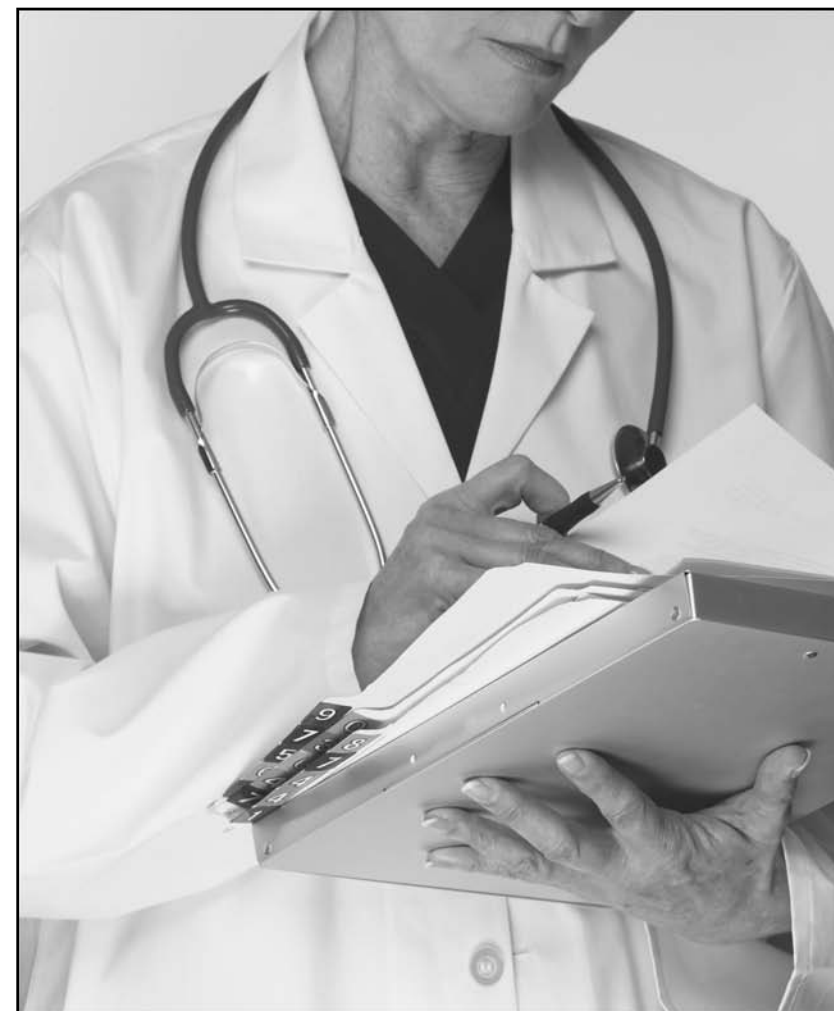


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H1N1 REFLECTIONS

We are hearing warnings about the upcoming H1N1 flu season. The H1N1 is epidemic in the Southern Hemisphere (it's winter there). The prediction is that the cases may double or triple this winter in the United States.

Hand washing is one of the most important steps to avoid getting sick and spreading germs to others. It is best to wash hands with soap and water. "Germ killing" soaps are no better than ordinary soaps. It's the 20-second scrub and rinsing that works! If soap and water are not available, use alcohol based gels (at least 60% alcohol).

When should you wash hands? Before preparing and eating foods. After going to the bathroom. After changing a diaper. Before and after tending to someone who is sick. After blowing nose, coughing or sneezing. After handling an animal. After handling garbage. Before and after treating a cut or wound.

So why do I remind physicians about hand washing?

In the 19th century, 25 percent of women in childbirth who had their babies in hospitals died of childbed fever. This was later found to be caused by *Streptococcus pyogenes*.

In 1843, Dr. Oliver Wendell Holmes advocated handwashing to prevent childbed fever. His idea was greeted with disdain by many physicians.

In the 1840s, Dr. Ignaz Semmelweis observed that the mortality rate in the delivery rooms staffed by medical students was three



*Edwin M. Gullekson, MD
District VI Director*

times higher than that staffed by midwives. Students would often go from the autopsy room to the delivery room. He ordered medical students to wash their hands in chlorinated solution before going in the labor room. Mortalities decreased soon after.

Yet the colleagues of Semmelweis treated his findings with hostility. Ironically he died of *Strep pyogenes*. Maybe in those days water was hard to get and was thought associated with malaria and typhoid fever.

In the 1870s in France, one hospital was called the House of Crime because of women dying of childbed fever. One

speaker at a seminar shouted that the thing that kills women with childbed fever was doctors who carried deadly microbes from the sick to healthy women. This man was Louis Pasteur who developed the germ theory. His efforts were met with skepticism.

Today we still observe physicians going from patient to patient, often changing dressings without washing hands. In 1992 the *New England Journal of Medicine* reported handwashing rates as low as 30 percent and never over 48 percent.

Hand washing is even more important in the days of E.Coli, VRE, MRSA, and C.Diff. Not to mention *Salmonella* infections.

"Handwashing is the single most important means of preventing the spread of infection."

I will have a report from the MSMS Board after the October meeting.

GCMS HAS TWO ENDORSED SERVICES:
 THE EMERGENCY MEDICAL Centre of Flint. Please contact Joanne Pratt at 810-232-6101.
 PPI COMMUNICATIONS PHYSICIANS ANSWERING SERVICE
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Practice Managers



PRACTICE MANAGERS HEAR ABOUT HUMAN RESOURCE ISSUES

On August 27, over 40 Practice Managers met to hear a presentation by Attorneys Walter Griffin and Paul Vance on human resources issues. The issues covered included: hiring, firing, what should be documented, and other key points. Other issues covered included legal factors relating to deaf interpreters, dissemination of medical records, and many other advisory issues.

The September meeting will focus on legislative issues impacting physician offices and the red flag rules. The October meeting will focus on PQRI and pay for performance.

Future meetings after that will include:

- Communicable disease issues for the physicians office (Dr. Gary Johnson)
- OSHA and NIOSHA updates
- Blue Cross office accreditation

The Way It Was And I Loved It!

By James Martin, MD

I interned at Hurley Medical Center from 1956-1957. The demographics of medicine were very different back then. There were no women on house staff and there was one international medical graduate, Rudy Goetz from Munich Germany. We were sort of a raucous crowd. We worked hard with much longer shifts than now, but we played hard too!

Vern Urich, MD was going to marry Dr. Joe Macksood's daughter, and the night of the Spinster Party we males got a few drinks into us and into Vern! We took him for the old intern quarters at Hurley to the cast room and told him to stay quiet or we would give him 100 mg. of Demerol (he probably should have taken the Demerol!). We left his under shorts on - guess we were afraid of the plaster sticking to his pubic hair!! We then put the cast on from his toes to his chest, fashioned a big handle from the scrotal area up to his chest, called an ambulance and had them take Vern to the house where the Spinster Party was going on. They took Vern in, dropped him off in the midst of the women and left. I don't think the house staff has fun like that anymore!

I started practice July 1st, 1957 with Dr. Buck Buchanan. We decided we'd alternate weeks. Buck said "I'll take the first week." How great could a senior partner be? But, he was no fool. It turned out I was on call for every darned holiday that year!

Office calls were \$4; the same cost as a ski lift ticket. The cost of our office calls gradually went up, but always were the same as the two tickets. Now, in 2009 there is something wrong - I am getting \$65 for a rectal exam, and the tow tickets are \$98! I think I have it figured out. I've seen the Blue Cross building in Detroit, and the HealthPlus building in Flint; I see the employees running in and out like ants; were does that money come from?

In the 50s and 60s medicine was practiced between the patient and the Doctor; no 3rd party in between. People actually paid in cash and checks or would promise us something in exchange. We used to get half

a beef or apples delivered for a year. We didn't need a vegetable garden in the summer as patients kept us supplied with fresh veggies from their gardens. I still have some of my old patients bring vegetables, flowers, and an occasional bottle of Bourbon. My patient Vida didn't have much money, but she made pies to die for. I'd always "bill" her a pie when I had a dinner party. "Have it there by 6 o'clock, Vida," and she always did. Guests would see her around town the next week and tell her how good her pie was. Everyone was happy.

There were always those who were poor and just couldn't pay. At Christmas time, we'd sit, have a drink, look through accounts receivable and find those special accounts. We would send them a Christmas card with a note saying their bill had been written off.

In the early days, the ER was used for emergencies. I practiced in Fenton, and people didn't want to go all the way to Flint to the ER unless they had a real life threatening emergency. For lacerations and fractures, they came to the office. If they occurred at night, we would get up and go to the office and fix their problem.

We had no cell phones. They weren't invented yet! Buck liked to "Raccoon" hunt - (for those that have never heard of this, it's done at night, with dogs and flash lights). At that time, we did obstetrics and had to be reached for deliveries and other medical emergencies also. So, we called the farmer where we were going hunting and told him we would be giving our answering service his phone number in case they needed us. If he got a call, he was to honk the horn three short blasts three times. We got honked a lot; not only hunting but fishing, too. I delivered more than one baby with my galoshes (buckled up snow boots) on when I was "called" in from ice fishing!!

All things that look good are not necessarily good. When Blue Cross came out, it looked great - they paid hospital bills. The County Medical Society meetings were, held one a month, were always very well attended - almost all the doctors would come. Dr. Hiscock got up at one of those meetings and said, "This Blue Cross

thing may not be as good as it looks. This is going to expand and get between the patient and the doctor, and there will be others join into this game. We will be the losers in the long run." With your pocket full of money, no one could look ahead. He was a prophet, but like many prophets, no one listened. Today, I spend as much time with pre-certification insurance forms as I do with hands on patient care; and I don't see this trend changing (once again, look at the Blue Cross and HealthPlus buildings).

The 1950" to 1970's, even into the 1980's saw the lawyers making their living doing wills, contracts, and trying to keep people out of jail. The universities kept cranking out scores of lawyers. At the same time, a change was taking place in the thinking of the public; "It's not my responsibility, it's not my fault!" Well, wouldn't you know, a guy named LEE heard this and

on TV you began to see - "Call LEE Free" - and they came in droves! In this country, the plaintiff doesn't have to put up any money, even if they lose.

Why hasn't Congress done something about this? Well, you really don't want to hurt one of your fraternal brothers; and Congress is 85% lawyers, so we lose! We are all too busy to mount any kind of resistance to the HMO insurance or try to get tort reform. These large entities will have no trouble pushing us in the direction they want until the system is really broken. Congress reacts only to emergencies, and we aren't one quite yet! We are divided up into little groups now.

So, I am luckier than most of you who read this article. I'm going to be 80 and will retire in April. I wish you all luck with the HMO's, the Insurance Companies - and now the Government. You'll need it!!!



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Genesee County Medical Society

Board of Directors Meeting – June 23, 2009

MINUTES

Motion:

That the Year-to-Date Budget report be approved as presented. The Motion Carried.

Motion:

That a dues increase not be pursued at this time. The Motion Carried.

Motion:

That all member physicians be provided with information on obtaining sponsorship and advertising for the Society, accompanied by a letter encouraging them to do so. The Motion Carried.

Motion:

That sponsors be allowed an opportunity to speak briefly at General Membership meetings. The Motion Carried.

Motion:

That business meeting registrations cover the cost of dinner currently \$30 for members and Alliance members with students and residents charged \$20. Non-members would be charged \$50 per person. The Motion Carried.

Motion:

All Board members, members, non-member physicians, local PO's, health related organizations, employers be encouraged to utilize EMC and PPI as it is in their best interest. The Motion Carried.

Motion:

That a committee of the Board be created to address the issue of creating revenue streams for PPI and EMC, and that issue be referred to the Membership Committee with involved key physicians from organizations that are not using PPI and EMC. The Motion Carried.

Motion:

That the Genesee County Medical Society Alliance be asked to raise funds for the Genesee County Medical Society. The Motion Carried.

Motion:

To develop a long term strategy to support GCMS via a combination of major donations, minor donations, sponsors, advertisers, legacy and other donations to support the Society long term, with the involvement of the Medical Society Alliance. The Motion Carried.

Motion:

Inform the Alliance that there cannot be revenue sharing for 2009 or 2010 beyond the provision of the \$1,500 budgeted allocation. The Motion Carried.

Motion:

That the long term goal of the Society be to raise sufficient monies among its members to pay off the building and possibly endow other key activities. The Motion Carried.

Motion:

That the Greater Flint Health Coalition Access document be approved as presented. The Motion Carried.

Motion:

That the following requests for membership be approved.

Requesting Membership:

Mazen Najjar, MD
Faisal Ahmad, MD

William E. Naill, MD
Jamal Hammoud, MD

Requesting Reinstatement:

May Ghalib, MD

The Motion Carried.

Motion:

That the document entitled "Key Things Physician's can do to Improve Patient Outcome" be approved for publication in the GCMS Bulletin. The Motion Carried with one vote in opposition.

Motion:

That Drs. Jagdish Shah, Michael Boucree, Tarik Wasfie, Suresh Anné, Shafi Ahmed and Michael Jaggi be renominated as Delegates, and that Drs. Paul Lazar and Raymond Rudoni be moved from Alternate Delegate to Delegate. The Motion Carried.

Motion:

That Drs. Peter Thoms, Gerald Natzke, Gail Cookingham, and Hemant Thawani be renominated as Alternate Delegates and that Drs. Rima Jibaly, Samasandrapalya Kiran, Mona Hardas, and Nita Kulkarni be nominated for their first term as Alternate Delegates. The Motion Carried.

Motion:

That Dr. Jagdish Shah be renominated as secretary. The Motion Carried.

Motion:

That Drs. Hesham Gayar and John Waters be renominated for a two-year term to the Finance Committee. The Motion Carried.

Motion:

That all International Medical Graduate Delegates be renominated with the exception of Dr. Ali Esfahani, who is resigning, and Dr. Venkat Peram, who did not renew his membership. The Motion Carried.

Motion:

That Dr. Nita Kulkarni be re-nominated as Delegate and Dr. Sunita Tummala be nominated as Alternate Delegate for a one-year term to the Young Physicians Section. The Motion Carried.

Motion:

That Dr. Edwin Gullekson be nominated for the Presidential Citation Award for his lifetime community service including his service to his church, the Sexual Abuse Clinic, the Free Clinic, and other services. The Motion Carried.

Motion:

That Dr. S. Bobby Mukkamala be nominated President Elect of the Genesee County Medical Society. The Motion Carried.

Motion:

That the Genesee County Medical Society Board of Directors communicate its support for US House Bill 1427 to the American Medical Association and Michigan State Medical Society, our federal legislative delegation. House Resolution 1427 would create a pathway for the FDA to approve generic biologics. The Motion Carried.

Practical Tips on Employee Management

By: R. Paul Vance, Esq., Cline, Cline & Griffin, P.C.

In any office-based practice you will be faced with a myriad of issues unrelated to the practice of medicine. Oftentimes the most prevalent issues which arise concern the discipline or termination of employees. With this in mind, I have comprised a few practical tips to consider in managing your office-based practice as it relates to employees.

Whether you have one employee or 20, most of you are probably aware that in Michigan all employees are presumed to be at-will employees unless there is an agreement stating otherwise. The general rule is that a contract for employment for an indefinite period is terminable at the will of either party. Thus, there is presumption in Michigan that absent an agreement or contract to the contrary, an employee may be dismissed for a good reason, a bad reason, or for no reason, as long as the employee is not terminated for an illegal reason. On the other hand, if an employee has a contract for employment for a definite period of time or an agreement the employee may only be terminated for good or just-cause, he or she is considered a just cause employee.

Not surprisingly, there are exceptions to the at-will employment doctrine. Most notably, when verbal or written statements from an employer gave the employee a legitimate expectation that he or she could be discharged for just cause only. The most common exceptions are created when there may be language in an employee manual which would lead one to believe they could only be terminated for a good reason or where promises of continued employment have been made verbally by management. Therefore, it is important to take practical steps to ensure employees are aware of their employment status and have acknowledged and agreed to the same.

The first step in putting an employee on notice that he or she is employed at the will of the employer is to put a disclaimer on the employment application which provides that the applicant has acknowledge that if hired, he or she is aware they may be terminated by the employer at any time, for any reason, without liability. It is also recommended that the employer's at-will policy not only be clearly stated on the application for employment but also on any offers of employment. In

addition, it is strongly recommended that the employee handbook or manual contain express language putting the employee on notice that he or she is employed at the will of the employer. It is also prudent of the employer to obtain a signed acknowledgement or agreement from the employee acknowledging they are aware they are an at-will employee who may be terminated at any time, for any reason.

Even though an employer has an at-will employment policy, most employers still do not discharge their employees absent a good reason. The following is a non-exhaustive list of criteria used to determine whether just cause exists for termination or other discipline:

- If the employee violated a work rule, is the work rule reasonable?
- Did the employee receive clear and unambiguous notice of the work rule?
- If the employee was terminated or disciplined for continually violating work rules, was the employee given warnings for similar conduct?
- If the employee was terminated or disciplined for poor performance, was the employee ever put on notice or warned of his or her performance?
- Was there a timely and thorough investigation?
- Whether terminated or disciplined for a violation of a work rule or poor performance, was there equal treatment and consistent enforcement of the employer's rules, policies and procedures?
- Was the employee treated fairly in comparison to similarly situated employees (i.e. where other employees terminated or disciplined for the same reasons)?

Employers should keep the above criteria in mind whenever an employee is disciplined or terminated. It will ensure the employee was treated reasonably, equally and fairly.

When making decisions regarding employee discipline or termination it is essential to ensure that any prior warnings, discipline or investigations are noted in the employee's personnel file. Accurate and timely documentation in an employee's personnel file is imperative because an employee has an absolute right to request and receive their personnel file to see what is in it.

Michigan has a long established statute which applies to all Michigan employers having four or more

employees. MCLA 423.501 et seq. The statute is more commonly known as the Bullard-Plawecki Employee Right to Know Act. It defines the term "personnel records" broadly to include any record that identifies the employee and is related to employment. The Act provides for employee access to personnel records, specifies what must be included, what must be excluded, and what can be disclosed to third parties.

The following is a list of what should be kept in an employee's personnel file:

- Any record which identifies the employee and which is, has, or may be used for that employee's employment qualifications, promotion, transfer, additional compensation, or disciplinary action.
- Within 6 months of its making, any other record

"concerning an occurrence or fact about an employee" kept by an executive, administrative or professional employee, even if kept in that person's sole possession and not intended for access by others. This preserves the employer's right to use such a record in a judicial or administrative proceeding.

- Any written statement by the employee expressing disagreement with information in his or her file.

Yet, not every piece of paper which mentions an employee should be kept in their personnel file. In fact, the following documents are expressly prohibited:





- Employee references, if the identity of the person making the reference would be disclosed.
- Staff planning materials relating to more than one employee, such as salary increases, bonus plans, promotion plans, and job assignments.
- Personal information about an individual other than the employee.
- An employer must also keep a


separate record relating to any criminal investigation of an employee.



All employers should also be aware that before disclosing an employee's personnel file to a third party, they should have the employee sign a consent for its release and waive any written notice requirements. However, where the disclosure is ordered in a legal action or is requested by a government agency, no consent or notice is required and the employer should produce the personnel file as requested.


Dealing with employees can be an arduous task. However, it is hoped this article has provided some insight in order for your office practice to reduce the risk of employment related litigation.

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YOUR \$\$\$ AT WORK

- § GCMS responded to member needs by holding a Practice Managers session on hiring practices
- § GCMS continued providing updates to members and responses to legislators on National Health Reform
- § GCMS communicated constantly with the GCMS Legislative Delegation on state budget issues, as well as concerns about a proposed physician tax
- § GCMS helped one physicians family with a visa issue
- § GCMS provided membership of the Society with materials on sponsorship of the Society activities and advertising in the Society communication vehicles to help support GCMS and GCMS operations and to keep dues at the same level that they have been at for over 18 years
- § GCMS provided information to several national print media outlets on health reform, state budget issues, and other topics
- § GCMS article published in Modern Physician and Health Care Weekly Review on the Genesee County generated and MSMS supported Michigan Patient Compensation Act (no-fault medical liability)
- § GCMS worked with GCMS Alliance to plan Presidents' Ball scheduled for November 7, 2009 at Warwick Hills Golf & Country Club



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Fax: 810-230-0715

Dr. Seedahmed received his medical degree from the University of Khartoum, FAC of Medicine, Khartoum, Sudan in 1999. He did his residency at the University of Utah Medical Center and Hurley Medical Center. Dr. Seedahmed is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

John Blamoun, MD

Pulmonary/Critical Care
Pulmonary Associates, PC
G-3252 Beecher Rd., Flint, MI 48532
Ph: 810-230-6800
Fax: 810-230-0715

Dr. Blamoun received his medical degree from the

University of Cairo, FAC of Medicine, Cairo, Egypt in 1998. He did his residency at A. Einstein College M-Yeshiva, Seton Hall University School of Graduate Medical Education, and Mt. Sinai School of Medicine. Dr. Blamoun is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

Parrish Sadeghi, MD

Dermatology
Walter Barkey, MD, PLLC
2256 W. Hill, Flint, MI 48507
Ph: 810-249-7546
Fax: 810-244-3376

Dr. Sadeghi received her medical degree from UCLA, Los Angeles, CA in 1999. She did her residency at Cleveland Clinic Foundation, Cleveland, OH. Dr. Sadeghi is Board Certified in Dermatology. Dr. Sadeghi is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

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Saturday, October 10, 2009

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**** ACCEPTABLE MATERIALS include:** Old household pesticides, herbicides, solvents, paint thinners, aerosol cans, oil-based paint, motor oil, mercury, batteries, corrosives, old prescriptions, fluorescent light bulbs. We will also be accepting up to six (6) car/tractor tires (no tractor or semi tires) at all locations. They must be off the rim! We will also be accepting e-waste; Television sets, computer monitors, laptops, printers, copiers, DVD/VCR players, fax machines, cell phones, video cameras, stereo equipment.

**** MATERIALS NOT ACCEPTED include:** Explosive and radioactive materials, medical waste, commercial and industrial wastes, Console TV's, and latex paint.

TWO LOCATIONS: All sites will be open from 10:00 am - 2:00 pm

1. Flint East - Water Service Center - 3310 E. Court Street; Opposite Consumer's Energy between Center and Dort. Take I-69 to either Center or Dort exit, go north to Court Street.

2. Carman-Ainsworth High School - 1300 N. Linden Rd Flint, MI 48532. Enter off Linden Rd, east side of Linden Rd north of Calkins Rd. and south of Beecher Rd. (approximately 1.5 miles north of Corunna Rd.)



**Washington Update with
Congressman Dale Kildee**

On August 19, 2009 a large group of physicians, Alliance members and Practice Managers met with Congressman Dale Kildee, and two of his staff members Callie Coffman and Richard Malone. Congressman Kildee noted that his first meeting with GCMS to provide updates was held in 1965. In his opinion House Bill 3200, which would reform the American Health Care System, will have a profound impact on the United States. He noted that the AMA supports HR3200, and in his opinion no one knows more about medicine than physicians. It is incumbent upon the physician community to remain part of the reform process. The 21 percent cut in Medicare physician fees has been blocked. HB3200 focuses on primary care via improved reimbursement and expanded training. All specialties are expected to have their fees cut except possibly cardiology and oncology. The public option issue is still in play.

Dr. Blight reminded the Committee that the President came to the AMA first to lay out his plan. She also explained the pragmatic side of the AMA position in support of HB3200. It was also noted by Dr. Blight that liability is a huge issue with physicians and the president has said that he will not support caps. She presented Congressman Kildee with a copy of GCMS initiated and MSMS developed legislation which would allow the creation of a non-tort based patient focused compensation system. She recommended that he review it and consider it for introduction.

WHERE DOES THE MONEY GO?

- The Fund for Better Health provides grants to support community - based public health service projects in areas such as substance abuse prevention, violence prevention and healthy lifestyles.
- The Development Fund is an unrestricted fund that allows the AMA Foundation to respond quickly to issues as they arise or provide support in areas of greatest need.
- The Scholars Fund distributes approximately \$500,000 annually in tuition assistance to medical students across the country. Gifts to this fund can be designated to specific U.S. medical schools

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• AMA Foundation Holiday Greeting 2009 •

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For questions or more information, please call Kee at (810) 603-0201.

In Memory

DR. WALKER passed away on Wednesday, August 19, 2009 at Genesys Hospice Care Center in Goodrich. Dr. Walker was in the U.S. Air Force, as a First Lieutenant flying F-86's, during the Korean War. He served on several Boards of Directors, including St. Joseph Hospital and Genesys Medical Center. Dr. Walker had been a member of the Genesee County Medical Society since 1963. He is survived by: his wife Liz Walker and seven children.



HAROLD DUMAS, MD passed away on Wednesday, August 5, 2009. Dr. Dumas served his country in the United States Navy, where he was a swimming instructor. He was an avid sports fan and enjoyed fishing, and hunting. He has been a member of the Genesee County Medical Society since 1973. He is survived by his wife: Joyce Dumas and several children.

Announcement

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**November
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GCMS ALLIANCE OCTOBER

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11 a.m. at Blackstone Pub and Grill

Take a short walking tour of downtown Flint with a guide from the Downtown Development Authority. We will then have a chance to ask questions.

At noon we will have lunch at Blackstone's. Order from the menu.

RSVP to Mary Ryan: (810) 235-3415 or Anita Mannam: amannam@sbcglobal.net

New!!!!!!!

Semaj Brown is facilitating a group for those of us who would like some encouragement working our way to better health and fitness. This group will form with your expertise and ideas. We can make this anything we want it to be!!!! Many of us are suffering the stress and tension of being in a physician family, the financial downturn of the current times, or other problems. Sign up so that we can pool our ideas on how to release stress, lose weight or maintain our expected BMI. Even if you do not need help, please give suggestions or lend your expertise in exercise, diet, relaxation techniques and anything else that will contribute to the wellness of the group. Call Semaj at (810) 733-0345 (or email me at DElizJ@aol.com), and leave a message stating your name and the best way and time to reach you.

We look forward to hearing from you soon!

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CONTINUING MEDICAL EDUCATION SEMINAR

Overview of Geriatric Medicine

Wednesday, October 28, 2009 — 7:30 a.m. – 1:00 p.m.

COURSE DIRECTOR

Veena Panthangi, M.D.

Department of Family Medicine
St. John Hospital and Medical Center, Detroit, Michigan

SYMPOSIUM

Causes and Prevention of Falls

Kanwardeep Singh, M.D.

Staff Physician
St. John Hospital and Medical Center, Detroit, Michigan

Wound Care in the Elderly

Homa Hasnain, M.D., WCC

Staff Physician
St. John Hospital and Medical Center, Detroit, Michigan

Urinary Incontinence in Elderly

Anupam Suneja, M.D., MPH

Assistant Professor of Medicine
Wayne State University School of Medicine, Detroit, Michigan

Physiology of Aging

Dennis C. Packey, D.O.

Internal Medicine CAQ – Geriatric Medicine
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Walter Barkey	2	Jeanne Hicks	14
Mohammad Amin	2	Berton Mathias	14
George Predeteanu	4	Naraharisetty Rao	14
Bhargavi Raiji	4	Amitabha Banerjee	15
Randolph Schumacher	4	Tai Kang	15
Miguel Perez-Pascual	5	Krishna Shah	15
Lewis Twigg	5	John Dobson	16
Alicia Alimboyoguen	6	Sunil Kaushal	16
William Macksood	6	Mohammed Syed	16
Anthony Parillo	6	Burhan Tajour	16
Sandra Shortt	6	Frederick Bruening	18
Ahmed Arif	7	S Peter Almeida	19
Donald Hardman	7	Musa Haffajee	19
Meketa Schlega	7	Wayne Kinning	19
James Wagner	7	Richard Lundeen	20
Henry Mendoza	8	Vernon Urich	20
Jack Price	8	Allan Ebert	20
Nilufer Sumer	8	Giovanni Digiannantonio	21
Jack Nettleton	9	Adrienne Kimler	21
Abdul Hassan	10	Alex Solik	21
Prasad Kommareddi	10	Walter Cukrowski	22
Chandulal Malde	10	Duane Bailey	23
Behrouz Moghtassed	10	Billie Lewis	24
Lee Perry	10	Hugh Grover	24
Kavita Rajkotia	11	Robert Yochim	26
David Barbour	11	Edgardo Balde	27
Robert Weber	11	Vincente Carino	27
Minh Luong	12	Christopher Conlin	27
John Lusk	12	Christopher Cukrowski	28
M. Kenny Luong	12	Kevin Gaffney	29
Prajesh Patel	12	Daniel Ryan	29
Maneesh Lall	13	James Brown	31
Jerome Kasle	13		

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