

THE Bulletin

September 2017 Volume 112, Number 42

Reflections of Medical Students

September 7th Town Hall with
CMOs of Key Payers (see pg. 5)

Please take the Legionella Survey

(Musculoskeletal) Ultrasound

ORDER A MSK

to diagnose and take your patients pain away

It's a "joint" effort with RMI!



Rotator cuff, biceps tendon:
shoulder and arm injuries

Snapping Hip:
inflamed tendon from injury or overuse

Trochanteric bursitis:
hip pain from inflammation of a fluid-filled sac near the joint

Gluteus minimus and medius tendons:
pain in the hip & upper thigh muscles

Foot and ankle tendons and ligaments:
sprained or twisted ankle

Achilles tendon:
pain in back of the calf, common with athletes

Plantar fascia:
heel pain, common in runners

Elbow tendons and ligaments:
the infamous "tennis elbow" or overuse of arm, forearm, & hand muscle

Carpal tunnel:
numbness and tingling in the hand & arm

Finger and hand tendons and ligaments:
a crushed finger, cut hand, or a rheumatoid arthritis issue

Patellar and Quadriceps tendons:
injuries in the knee, usually due to athletic activities

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- No prior authorization required

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THE Bulletin

Read by 96% of GCMS members.

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Cover Photo By John Hebert, III, MD

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

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designed and
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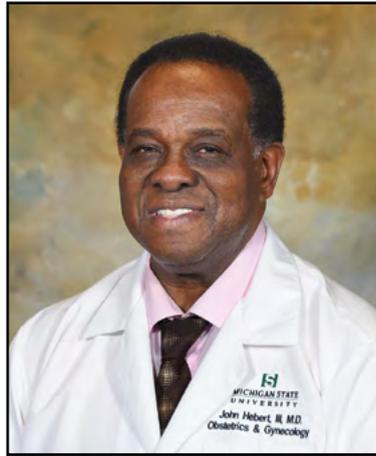
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THE RISKS OF PULLING BACK MEDICAID EXPANSION

Disparities in health care in the United States continue to exist. Factors associated with health care disparities include race, poverty, and gender. Factors contributing to racial/ethnic health care disparities include socioeconomic factors, lifestyle behaviors, social environment, racial/ethnic discrimination and access to preventive health care services. Among minorities, African Americans endure unacceptable health disparities and are most often not in a position to influence policy and actions that lead to changes that could eliminate disparities.

According to the CDC, African Americans remain the least healthy ethnic group in the United States. In looking back at the progress made toward eliminating health disparities in healthy People 2010, disparities between the African American population and the population with the best rates increased for 34 objectives. Ten of those objectives were for death rates: neonatal and postnatal deaths, adolescent deaths, firearm related deaths and homicides, diabetes related deaths, and deaths due to HIV infection, coronary heart disease, stroke and cardiovascular disease among patients with chronic kidney disease. CDC data as recently as 2013 continue to reveal that African Americans have the highest age-adjusted death rates of any ethnic group. Life expectancy at birth in the United States has increased from 1980-2014 for all, including African Americans. The gap in life expectancy between blacks and whites has decreased from 5.2 years in 1980 to 3.4 years in 2014.

My remarks on health disparities are presented as background information. I have previously commented on the debate as to whether health care is a right or privilege. The Affordable Care Act, which the Congress is working to repeal and replace, has been changing the funding of hospitals from a system based on the quantity of patients and procedures to one focused on quality



John Hebert, MD

of care. Under the Affordable Care Act, many of the responsibilities that have traditionally been those of public health were incorporated into the "Community Health Plan" of hospitals and the expansion of Medicaid. This change in the basic protocol of health care delivery offers a significant opportunity for African Americans and other under-represented minorities to insert themselves into the health care infrastructure.

Not all states have participated in the Medicaid expansion under the Affordable Care Act. This has resulted in negative consequences for access and the health status of minorities and the poor. Some states with higher percentages of African American populations are among the 17 states that have rejected Medicaid expansion. According to the Kaiser Foundation, 40% of eligible African American adults live in states rejecting Medicaid expansion. They are twofold more likely than whites to remain uninsured.

In addition, a study showed that in states not expanding Medicaid, low-income adults aged 18-64 were more likely to be African American and reside in rural areas than in states expanding Medicaid. They were also less likely to have a usual source of care and use preventive services.

The changes in health care recently approved by the House of Representatives and not passed by the Senate, have in common the major contraction of Medicaid as a funding source for providing health care. There is a consensus that if the ACA is finally repealed and replaced by the American Health Care Reform Act that up to 22 million fewer people will be insured over the next decade. Clearly, as in the past, a disproportional number of the uninsured Americans will be African American and other minorities.

The Genesee County Medical Society cordially invites you to a Quarterly Dinner Business Meeting
and a *Medical Community Town Hall* sponsored by
Health Alliance Plan and the United Way of Genesee County

September 7, 2017

*A Dialogue with the Major Payer's
Chief Medical Officers
- What Physicians Need to Know -*

Most physicians and practice managers of Genesee County have never seen such an assembly of insurance company chief medical officer's in one place. Everyone should come to this meeting to hear what is coming and to have an opportunity to dialogue with them. Regardless of the setting of your work, a physician, practice manager, your affiliations or your employment status, this is not a meeting to miss! Please invite other physicians and practice managers to this meeting!

Invited Presenters:

Marc Keshishian, MD
Senior Vice President and Chief Medical Officer
Blue Care Network

Thomas Simmer, MD
Senior Vice President and Chief Medical Officer
Blue Cross Blue Shield of Michigan

Michael Genord, MD *–unconfirmed*
Senior Vice President and Chief Medical Officer
Health Alliance Plan

Renee Miskimmin, MD
Chief Medical Officer, **Meridian Health Plan**

Taft Parsons, MD
Chief Medical Officer, **Molina**

James Forshee, MD
Senior Vice President of Medical Affairs and
Chief Medical Officer, **Priority Health**

Meeting Location:

**Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507**

Evening Schedule:

**6 pm, Registration & Social Hour
6:30 pm, Dinner
7 pm, Meeting
7:15 pm, Presentations**

Space is limited!

Please mail your reservation payment to:

*Genesee County Medical Society
4438 Oak Bridge Drive, Suite B
Flint, MI 48532*

GCMS Physicians, spouses, GCMSA, family members, practice staff and other interested professionals are encouraged to attend!

\$40.00 - GCMS Members, Spouses, Practice Managers, & Staff

\$40.00 - Genesee County Osteopathic Association Physician Members & Spouses

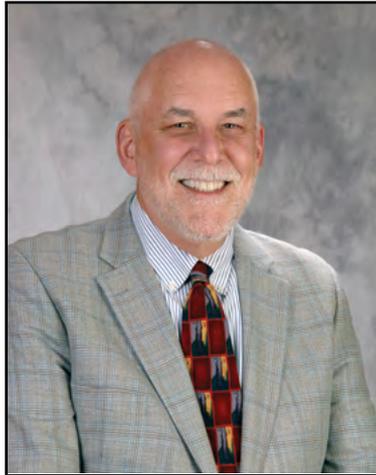
\$25.00 - Residents & Students

\$75.00 - All Non-Member Guests

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

REFLECTIONS BY STUDENTS COME TO THE SEPTEMBER 7TH TOWN HALL MEETING!

This issue of The Bulletin is very special. It features several reflections by MSU/CHM medical students, and also by a faculty member. Each of these reflections is completely unique and provides a look into what students are thinking about. Obviously, the long-term strategy of working with medical students in this community is to try to keep them as residents, and then to keep them as practicing physicians. The students who prepared these reflections cared enough to put their thoughts into writing. Each piece is interesting. Each one of these medical students is an individual. It is fun to get a peek into their thinking.



Peter Levine, MPH

The September 7th Town Hall General Membership Meeting is one that should not be missed. The CMOs of all the key third-party payers will be presenting on what is new and what physicians need to know. It also provides a wonderful opportunity to communicate directly with these people. The last session that we held similar to this one resulted in very positive outcomes for individuals and some groups. Please make your reservations with Sherry Smith at ssmith@gcms.org or phone 810-733-9923 to register. Invite your practice managers, your peers, and even your spouse to come! We will look forward to seeing you there.

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Issues of Serious Concern for Medical Practices!

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



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

The following topics are tentatively scheduled and subject to change

**September 28th
Presenter(s):**

“Meridian: Updates & Feedback”

Jacqueline Kirejczyk, Director of Network Development
Erica D’Ambrosio, Provider Network Development Representative

**October 26th
Presenter(s):**

“Compliance Issues and Information”

Julie Hardy, MSA, RHIA, CCS, CCS-P
Lead Physician Services Consultant, Data Integrity & Compliance
The Rybar Group

**January 25th
Presenter(s):**

“Physician & Staff Burnout”

Julie Hardy, MSA, RHIA, CCS, CCS-P
Lead Physician Services Consultant, Data Integrity & Compliance
The Rybar Group

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

PROVIDING CARE TO YOUR YOUNG PATIENTS WHILE THEY ARE IN SCHOOL

Evilia Jankowski, MSA, BSN, RN
Coordinator School Health Services Center for Countywide Programs
Genesee Intermediate School District

Did you know that you have a partner in the schools? Genesee County now has more school nurses than ever. These school nurses can be valuable partners providing care coordination to your patients while they are in school.

School can be a valuable location as a point of care. Ninety-eight percent of children attend school. They spend between 6-10 hours a day at school. School nurses are the bridge between the primary care provider and the schools, working to ensure that your young patients maintain control of their chronic health conditions.

School nurses utilize the Nursing Process, an evidence-based strategy, to identify students with chronic health conditions and provide care coordination. This care coordination includes planning for daily management of your patient's condition as well as extensive emergency planning to be sure that all staff is

trained and prepared to respond when chronic health conditions take a turn for the worse at school.

School Nurses work with you, the school staff and the student's families to provide a Circle of Support to your patient to keep them safe, in school and ready to learn. Be prepared to receive plans of care or other communications from the school nurses who are providing this care coordination to your young patients. They are part of your team, working to help your patients stay healthy and safe.

Asthma Action Plans, Seizure Action Plans, Diabetes Management Plans and Anaphylaxis Action Plans are just a few of the plans of care that you will see from School Nurses. Consider these School Nurses as an extension of your office as they seek and follow the orders you put in place for your young patients at school. Thank you for your support.

Announcement

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

For details, contact:

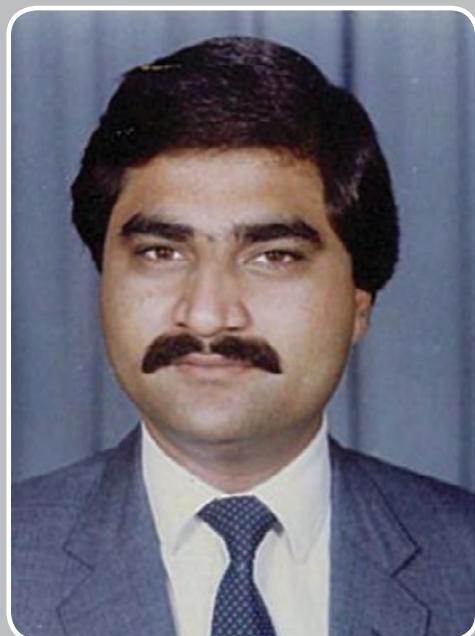
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Look for the Answer inside!

Practice Managers Participate in HAP Focus Group

In late July, approximately 20 GCMS practice managers met with senior staff from the Health Alliance Plan (HAP) to participate in a special focus group, designed to work through issues of concern for local practices.

The HAP staff thanked GCMS for its continued hosting of sessions between practice managers and the payer. They noted that the Health Alliance Plan is working hard to create substantial positive internal changes. They performed a focused exercise designed to establish the top five priorities for intervention. The feedback was provided, and the group will reconvene in approximately four months.

The September 28th practice managers session topic will be “Meridian: Updates & Feedback”. The October 26th practice managers meeting will focus on “Compliance Issues and Information”. The January practice managers meeting will focus on “Physician & Staff Burnout”.

If your practice manager is not attending these meetings and you would like them to, please contact Sherry Smith at ssmith@gcms.org, or call 810-733-9923, to add them to the list of invitees.



GREAT LAKES HEALTH CONNECT

SUMMIT SERIES Flint & Genesee County

September 14, 2017
8:30 am - 3:30 pm
Holiday Inn Flint
(Gateway Center)

GLHC is the leading provider of health information exchange services in Michigan. As a statewide, non-profit resource; GLHC facilitates the delivery of critical patient data where and when it is needed most. In 2016, GLHC began investing \$250,000 in the region to build up the health IT infrastructure.

The 2017 Summit Series is an opportunity to regionally engage, to share best practices, and to learn about the latest and greatest advancements in health information exchange and the impact it makes in various care settings in Genesee County.

All are welcome and there is no cost to attend, but advance registration is required. Complimentary buffet breakfast and lunch will be served.



Connected Community Impact

Register @ www.gl-hc.org/2017-summit-series

THE IMPORTANCE OF AN EMPLOYMENT HANDBOOK

By: Nancy K. Chinonis, Attorney at Cline, Cline & Griffin, PC.

In Michigan, there are many different documents that can outline the respective responsibilities of an employer and an employee. An employee handbook is fundamental as it provides standardization of personnel and benefit policies and prevents misunderstandings, complaints and job dissatisfaction out of misinterpretation of personnel and benefit policies by employees. Many employers make the mistake of not having an employment handbook or formal employment policies established in their practice. This can lead to misinformation, misunderstandings, and liability when procedures and or policies are not enforced in a uniform manner.

An employment handbook is an excellent tool for employers to document their expectations of employees and to avoid confusion about what can happen in various employment situations. Your employment handbook should contain important information on your practice's policies and procedures and outline the important information that employees would need to know about their workplace.

Some of the many benefits of having an employment handbook include:

1. **Legal Protection.** The most vital benefit of having an employee handbook is that it often protects companies from employees' legal claims.
1. **Time.** Documented rules and procedures in the handbook save you, your office managers, or HR Department time from explaining the same policies over to new employees joining and to others who seek clarification regarding work rules.
1. **Uniformity.** It explains expectations for everyone and mentions the consequences of violating these rules. By explaining workplace ethics and expected behavior with colleagues and the management, an employee handbook minimizes workplace disputes.
1. **Compliance.** It helps your business in complying with federal as well as state employment laws and can be a beneficial legal defense against an employee lawsuit.
1. **Policies.** It helps your company clearly describe its position with regard to discrimination, harassment, and retaliation. It can also provide information on how to report any suspected violations, including timelines for reporting and manner and method by which reports are to be made.

If your practice does not have a written employment handbook, you should contact an experienced employment attorney to draft and customize an employment handbook that is relevant to your practice. Once you have an employment handbook, every few years you should have your employment attorney review the handbook to make sure that the policies, procedures, and definitions within the handbook are up to date with the state and federal laws applicable to your practice. The relatively small cost of having an employment handbook drafted and periodically reviewed is an investment in your practice to guard against the potential liability that can be created when an employee files an employment related lawsuit, charge, or complaint.

If you have questions regarding information contained within this article, or if you would like to have an employee handbook drafted or reviewed for your office, please contact Nancy Chinonis, attorney at Cline, Cline & Griffin, PC, nchinonis@ccglawyers.com, (810) 232-3141.

CLASSIFIEDS

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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 Mon, Wed: 10am-9pm, Tue, Thur, Fri, Sat: 12pm-9pm, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

Contact Pete Levine at 810-733-9925.

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LEARNING CENTER REGISTRATION PAGE ISSUE

WPS GHA Learning Center course registration page is experiencing technical difficulties. When you enter information the font is white on a white background, please verify that the information is entered correctly by highlighting each field as though you were going to copy the information. We are working to get this fixed and apologize for any inconvenience.

WPS Government Health Administrators

WPS GHA has transitioned to a NEW REGISTRATION system. Live events are available on WPS GHA's Learning Center at <https://wpsgha.litmos.com/online-courses>

All on-demand courses have been moved to the WPS GHA's Learning Center at <https://wpsgha.litmos.com/>

The new learning center requires each person to have a unique log in, this log in can be created at <http://wpsghalearningcenter.com>

For any questions, please contact surveymail@wpsic.com

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4438 Oak Bridge Dr., Suite B - Flint, MI 48532-5467
(810) 733-9923 - Fax: (810) 230-3737 - www.gcms.org

Dear members of the Genesee County Medical Society,

I would like to invite you to participate in a research study conducted as part of our partnership with Wayne State University. This partnership aims to reduce the incidence of Legionnaires' disease as well as related hospitalizations and deaths. An element of this research study is to administer a Legionnaires' disease focused survey to the physician community. It is important for us to better understand current practices related to the clinical diagnosis and treatment of Legionnaires' disease. As such, this survey will identify the knowledge, attitudes and clinical practices regarding this illness from physicians across all specialties. The results of this study will be used to develop educational and prevention strategies that help reduce mortality due to *Legionella pneumophila* infection.

The survey contains 13 questions and will take no longer than five minutes to complete. Survey participants are eligible to receive one of ten \$25 gift certificates at the point of study completion. You can access the survey by clicking the link below. We also invite you to review the attached information sheet regarding the project before taking the survey.

Recently, you were sent a copy of the Legionella Guidelines for Clinicians updated this year. Please review these guidelines and keep for your future reference.

Thank you for your commitment to the health of this community.

Survey link: https://waynestate.az1.qualtrics.com/jfe/form/SV_4G8tNvJT3VeGfvn

Sincerely yours,

John Hebert, MD
President

Organized Medicine's Leading Edge

Mission - Leadership, advocacy, and service on behalf of its members and their patients.

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.

Research Information Sheet

Title of Study: *FACHEP Phase II Extension: Legionellosis-focused clinician evaluation and outreach*

Principal Investigator (PI): Dr. Paul Kilgore
Department of Pharmacy Practice
Wayne State University
313-577-1215

Funding Source: State of Michigan

Purpose:

You are being asked to be in a research study to assess current knowledge and practices concerning Legionellosis in Genesee and Wayne County because you are a health-care provider in one of these areas. This study is being conducted by Wayne State University faculty and staff in Genesee and Wayne County. The estimated number of study participants enrolled across all sites is 1300.

The purpose of this study is to help citizens and health-care providers reduce the risk of Legionellosis and its incidence in Genesee and Wayne County. Over the past few years the number of Legionnaire's disease (LD) cases has dramatically increased in Michigan. As the number of LD cases continues to rise, it is important that we continue to develop preventive strategies to decrease risk of LD. We will evaluate the status of physicians' knowledge, attitudes, and practices in regards to recent outbreaks of Legionellosis and their use of the Legionellosis Guidelines for Clinicians and Laboratories. We will increase awareness of symptoms and risk factors associated with Legionellosis, work with health service providers to identify potential cases, and raise awareness on the importance of serogroup identification to better inform patient-clinician conversations in Genesee and Wayne County.

Study Procedures

If you take part in the study, you will be asked to complete a short 5-minute survey. Although it is not mandatory for you to participate, you will be asked to fill out a survey with questions pertaining to the Legionellosis Guidelines for Clinicians and Laboratories. It is not mandatory to have received or have read these guidelines to participate.

Benefits

Information from this study may benefit other people (society) now and in the future.

Risks

By taking part in this study, you may experience the following risks:

- Breach in confidentiality

To minimize this social risk, surveys will be deidentified using codes. The master list of these identifiers will be kept by select key personnel, encrypted, and kept separate from the survey responses. The identifiers will not be linked to survey responses and will be destroyed upon study completion.

Costs

There will be no costs to you for participation in this research study.

Submission/Revision Date: 04/18/2017
Protocol Version #: 2

Page 1 of 2

Form Date: 04/2015

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Page 1 of 2

Protocol Version #: 2

Form Date: 04/2015

Compensation

For taking part in this research study you will be eligible to receive one of 10 \$25.00 store gift cards to compensate for your time and inconvenience.

Confidentiality:

You will be identified in the research records by a code name or number.

Voluntary Participation /Withdrawal:

Taking part in this study is voluntary. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with Wayne State University or its affiliates.

Questions

If you have any questions about this study now or in the future, you may contact Dr. Paul Kilgore or one of research team members at the following phone number 313-577-1215. If you have questions or concerns about your rights as a research participant, the Chair of the Institutional Review Board can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call the Wayne State Research Subject Advocate at (313) 577-1628 to discuss problems, obtain information, or offer input.

Participation

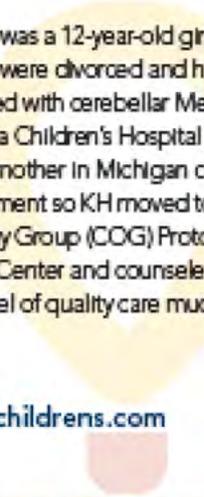
By completing the survey, you are agreeing to participate in this study.

The data that you provide may be collected and used by Qualtrics as per its privacy agreement.

HURLEY MEDICAL CENTER PEDIATRIC ONCOLOGY UNIT

Coordinated Care, Close to Home

KH was a 12-year-old girl living in Ontario, Canada with her father. Her parents were divorced and her mother moved to Pinconning, Michigan. KH was diagnosed with cerebellar Medulloblastoma in 2011. She received her brain radiation at Victoria Children's Hospital and needed to start chemotherapy. It was agreed that her mother in Michigan could provide the most supportive care throughout her treatment so KH moved to Pinconning. She was registered on the Children's Oncology Group (COG) Protocol and that is how she came to be treated at Hurley Medical Center and counseled periodically by a child psychologist. KH received the same level of quality care much closer to her new home.



hurleychildrens.com



UNCOVERING HIDDEN BIAS

Kakarala RR, MD, MS;1 Sud P, MD1; Wahab A, MD11
Department of Internal Medicine, McLaren Flint, Flint, MI, USA



Absan Wahab

RESIDENT - DR. W

Ms. B was an asthmatic and diabetic patient who I met at the free clinic. She complained of difficulty breathing. She had multiple exacerbations of asthma resulting from allergy to cats in her home. I could not understand why she didn't get rid of them. Ms. B didn't seem to grasp my instructions regarding glucose monitoring or

insulin. Her diabetic numbers

were awful. We were at cross purposes. I concluded that she was health illiterate and was non-compliant.

Dr. K, my attending, listened to my presentation, and sensed my frustration. We re-entered the room together. Dr. K began asking the patient probing questions regarding her goals, values and barriers. To my surprise, her line of questioning did not begin with asthma or diabetes. It appeared as though the patient was being emotionally disrobed. She lived with her daughter who had 12 cats... I began to see her through a different lens, beyond the context of her disease and felt humbled to discover the innumerable barriers that she faced. To my chagrin, I realized that I had been quick to judge and label her as being "non-compliant."

Doctors can become bitter if they are unable to understand what their patients are going through. They may inadvertently say things that jeopardize patients' morale and shatter their self-confidence. I vowed that when dealing with a 'difficult' patient I will ask myself, "Am I judging my patient?" Hopefully, self-awareness will

help me become a better physician who cares for his patients with respect and dignity.

ATTENDING - DR. K

I prided myself on being unbiased in my interactions with patients. I value the unique bond that physicians form with patients, a relationship that deepens with time, enriching the lives of



Radhika Kakarala

both. While that satisfaction and bonding is clearly easy with "compliant patients," it is a challenge with "non-compliant patients." My inherent interest in motivating patients to be in the driver's seat of their health care usually had me working harder than my patients.

Taking too much ownership for patient change took an emotional toll on me. Their failure to improve their health became my failure.



Parul Sud, MD

CLINIC DIRECTOR- DR. S

Practicing physicians experience the feeling of being held hostage to quality report cards. Being held accountable to quality metrics- a perfect A1C or pristine lipid profile- results in frustration. When patients have perfect numbers

we assume credit for it. If metrics are imperfect, we allocate blame to the patient. Unaware of this occult bias, we stereotype and label our patients as non-adherent; in our minds non-adherence evolves into a character flaw.

DR.K

My motivation and passion for the medical profession gradually started to erode as non-clinical tasks escalated and time spent in patient care and interaction became collateralized. This imbalance between what fulfilled me and what I was doing lead to burnout. I finally understood what "disengagement and emotional exhaustion" meant.

I withdrew and dedicated time in, self-reflection, self-care, and self-compassion. I sought training as a health and wellness coach. With increasing skills to conduct patient-centered interviewing, (versus physician-centered interviewing), I rediscovered enhanced relationship with patients. My patients were now in the driver's seat and achieving better outcomes. Feeling replenished, I found myself emerging out of that dark space and enjoy being a doctor again.

DR.K 'COACH'

The resident presented Mrs. B as a "non-compliant" patient with "poor health literacy." My purpose was to understand why she was trapped in this self-destructive

cycle. When I entered the room, my focus was simply to listen to her story.

The patient was poor and lived with her daughter who owned many cats. She knew she was allergic to cats, but was afraid to create a rift with her daughter and risk becoming homeless. She did not check her blood sugars because it was painful. Surprisingly, she was aware of target diabetic metrics and the importance of checking peak flows. She was clearly not health illiterate.

Armed with a better understanding of her perspective, we sought to promote her self-efficacy in making health related decisions. She agreed to dial down the depth of the lancet, monitor her blood sugars and use insulin regularly. Mercer and Reynolds describe clinical empathy as an ability to “ (a) understand the patient’s situation, perspective, and feelings (and their attached meanings); (b) to communicate the understanding and check its accuracy; (c) to act on that understanding with the patient in a helpful (therapeutic) way.”¹

Coaching empowered me to become patient centered, to identify barriers and root cause of patients’ failure to manage their diseases. Precepting enthusiastic medical residents and students has become rewarding. I strive to remain mindful about when to step back and give residents’ autonomy in their role as the patient’s “doctor” and when to intervene to provide mentorship.

I often wonder whether my learners are benefitting from my role-modeling of patient-centered interviewing. “Aha” moment, like the one experienced by Dr. W solidifies my belief that I am making a difference.

CLINIC DIRECTOR- DR. S

Students enter medicine with great aspirations and true altruism. Desire to alleviate suffering is repeatedly echoed in their personal statements. Studies have shown that empathy is at its peak in the preclinical years, but begins to decline in clinical years.² Cynicism, burn out, and decline in professionalism may ensue.³

Literature in health care disparities and unconscious bias suggest tools such as self-affirmation to prevent burnout. As the paradigm shifts, educators need to learn and teach patient centered interviewing and shared decision making. Coaching stimulated self-reflection appeared to have impacted our resident’s attitude, and possible future behavior. These skills should be part of the armamentarium of tools in stemming the decline in empathy and professionalism. This should be equally weighted in medical education as is scientific discovery.

Postscript: At a 3 month follow up our patient’s A1C improved from 10.1% to 7.5 %, and peak flows doubled from baseline. We attributed this success to motivational interviewing and empathic care.

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"Say What, Dr?" is a book recently written by Ted and Naomi Reynolds, who worked as physician’s transcribers for many years. GCMS will periodically share these enjoyable "lapses" dictated into medical records. This is simply published in fun.

“The review of the system is...overwhelming!”

“The patient is in no acute distress, other than he is 85 years old.”

“She had some problems speaking (She was slurring her words worse than I am.)”

“Although he is hungry he has no appetite for food.”

“Patient says his coughing is a pain in the butt.”

“Severe back pain in the abdomen...”

“Patient said he had two bowel movements last night, although he was not completely certain because he stopped counting.”

“He lives with his wife, but otherwise denies any vomiting.”

Please Not Me

Maseray Kamara, Class of 2018, MD Candidate, MSU CHM
Originally published in in-Training March 2017

“Please not me,” I pray earnestly. Not me. Not me. I don’t want to become the medical student-turned-resident-turned-physician who loses empathy. The one who loses compassion. The one who takes lives and near-death experiences for granted, who quickly learns, as an ER attending once bluntly stated, that “everyone’s a liar.” Not me.

I entered the medical profession to care for people, for real people with complex medical and superimposed social issues. I entered this profession to help, to be a beacon of hope, to listen to those who feel they’ve been shrieking into a dank, dark, unresponsive abyss.

Please not me. I don’t want to lose my heart but, just as equally, I don’t want to lose my sanity. Is it possible



Kamara_Maseray

to remain committed to the profession, to remain passionate and compassionate? At times, why do those around me, my professional idols, demonstrate otherwise? Am I naive for believing I should care? That I can continue caring this passionately?

Not me. Naive or not, I am on a mission to ensure that this will not be me. I am committed to dedicating my life to both reflection and self-care to combat the staged attack on my empathy. I believe it doesn’t have to be. The sheer optimism in me is committed to making a deliberate and conscious effort against it. This will not be me.

It Takes a City to Train a Medical Student

Mehwish Sajid, Third Year Medical Student, MSU College of Human Medicine

If it takes a village to raise a child, then it takes an entire city to train a medical student. Flint, Michigan opened its arms to me, and more than 50 new third year medical students, in the midst of its biggest public health crisis. Flint is not only a resilient city, but it’s also home to some of the most compassionate, dedicated, and intelligent doctors to span between Hurley, McLaren, and Genesys hospitals. When I first moved to Flint, I was fresh out of the haze of studying for the USMLE Step 1 and had begun to lose sight of what led me to medical school. It wasn’t until I rotated through these Genesee County hospitals with their dynamic and skilled physicians, that I was reminded of why I wanted to pursue a career in medicine.

This past year I completed six rotations at three different hospitals and learned countless lessons that I will carry with me as a future physician. My pediatric attending physicians at Hurley were the first to show me how to ease a worried parent’s mind about their child’s stay in the intensive care unit. The McLaren internal medicine residents and attendings taught me that no matter how long your patient census is, there is always time to answer questions and ensure your patient feels seen and heard. The OBGYN residents at Hurley supervised me as I delivered a baby on my own during my night float shift. The McLaren family medicine



Mehwish Sajid

residents demonstrated, first hand, how to give back to the community when we worked together to complete sports physicals for over 400 special needs children at the Elmer Knopf Learning Center.

There are so many more individuals who have influenced my medical journey thus far and encouraged me to persevere through the late nights and early mornings. Of these are most notably, my parents. As immigrants from Pakistan, they modeled for my sisters and me how to practice resilience every day. They taught us how to deal with failures instead of being defined by them. My parents also raised me to be grateful for every learning opportunity and generous in sharing the knowledge we’ve gained.

Looking back now, as I begin the final part of my medical school journey, I am truly grateful to have been trained by the physicians of Flint, Michigan. Most importantly, I am forever appreciative to its patient population. Thank you for allowing a medical student to be present during some of the most challenging days of your lives. Thank you for allowing me to learn and share in your patience and courage. I will never forget where I initiated my clinical training because this city will forever be one I call home.

They said, 'Third year is better,' but it wasn't nearly good enough

Rohit Abraham, Michigan State University | MD 2019, Harvard University | MPH 2018

Everyone says that medical school gets better, especially third year. The traditional four-year curriculum covers basic science in the classroom for the first two years. Then suddenly, the third year plunges us into clinical rotations in the hospital, where we've all dreamed of working for so long. Third year is when we transition from learning how to be scientists; we finally learn how to become doctors—except for one critical, necessary piece.

Like my non-medical friends who have really been living life, third year should finally have allowed me to say the same. After all, I've delivered babies, consoled surgical patients before going under anesthesia, successfully convinced people to quit smoking...I've even had the chance to tell a man he had brain cancer—and then be there to help him process that for hours. For most people, these probably sound like experiences of a lifetime.

Don't get me wrong. I've felt deeply humbled and privileged to share these vulnerable moments with people who trusted me, a complete stranger. Regardless, these experiences simply could not make up for my despair at all the things I couldn't do. My patients' medical problems were inextricably intertwined with preventable social problems, which my superiors all too often dismissed as “beyond our scope.” This drove me up the wall because, in my previous career, seeing every problem as within my locus of control was the key to success.

For context, before medical school, I was first a Detroit Public School Teacher. I taught ninth-grade biology in a low-income neighborhood school, where the average ACT score was 12 (fifth percentile). Perhaps fueled by a then-naïve vision for a better society, I trained for this role through Teach For America. While nothing could have prepared me for this challenge, my amazing kiddos and I connected and taught each other more than we thought possible. My strongest relationships formed outside the classroom with students whom I helped to overcome social barriers—like lack of transportation, imminent homelessness, and functional illiteracy—which were precisely the same social determinants of health deemed “out of scope” in the third year of medical school.

I entered medicine with a specific calling: to do my part to reverse the trajectory of America's decreasing lifespan. After a year on the wards, I still hold myself firmly to this mission. But instead of adding productive



Rohit Abraham

years to life, my third year focused almost entirely on suffering patients who narrowly escaped death: heart attacks caused by unsustainable food systems, combative psychiatric patients medicated to mask failing social welfare, and diabetic amputations that unacceptably should have been prevented decades ago by public education and behavior change.

During my entire third year, I repeated to myself, “This just isn't good enough. We can do better.” At some point, I realized that medical training in its current form will never be enough.

To bridge this gap, I count myself fortunate for the opportunity to pursue a Master of Public Health (MPH) degree between my third and fourth years. This additional training will provide missing skills I've needed to advocate for my patients by addressing their social barriers at the intersection of public policy, community development, and education—the upstream “cures” to nearly all of their disease.

But I shouldn't have to get “extra” training; every medical student should be taught this by default. Just as our Hippocratic Oath obligated us to learn diagnosis and management of disease, it also bestowed a social responsibility upon us to prevent disease through evidence-based policy reforms that “do no harm.”

As many medical schools experiment with new curricula, I challenge them to graduate physicians capable of seeing the bigger picture, beyond the scope of our individual hospitals and private offices. We need community-engaged physicians proficient at collaborating on legislative bills, at conducting targeted health interventions, and at protecting each of our unique patient populations through large-scale health promotion.

If we simultaneously pay for the most expensive care and the worst health outcomes in the developed world, then we are clearly “doing [a lot of] harm.” Now more than ever, it is imperative that our medical schools teach us concrete skills to stand up for what we already know is right, inside and outside the hospital. Only then can we shift toward a reality where everyone has access to excellent health—regardless of their ZIP code.

The Clinics We Don't Talk About

Megan Masten, Third Year Medical Student, MSU College of Human Medicine

Clinics that provide abortion services aren't the kind of clinics that tend to get brought up in everyday conversation, even within the medical community. These clinics face stigmatization, and misconceptions about abortions, abortion clinics, and the women who use them. Whether you are well versed about abortion procedures already or have never really thought about abortion, the bottom line is this: women will continue to have abortions whether it is legal or not. If the medical community doesn't provide abortions in a safe, legal, and accessible way, women will find other options to get their needs met – the repercussions for this are incredibly serious and cannot be overstated. By no means can I speak for everyone's experience at abortion clinics everywhere – but I can talk about my own experience at the type of clinic that people don't often talk about, that hopefully will shed light on some of these misconceptions.

As a medical student, I was shocked to find out that abortion is not often discussed in American medical schools. Few medical students learn about abortion procedures in their classes through school – if they want to learn about abortion, it will be on their own time. Many doctors who specialize in obstetrics and gynecology don't learn how to perform elective abortions in their residency programs or in practice, and many wouldn't perform elective abortions, regardless. The fact that many physicians don't learn how to provide an incredibly common, necessary, and legal procedure is kind of like a gastroenterologist not learning how to do colonoscopies – it doesn't make sense to me.

I decided to set up an externship at an abortion clinic in an urban underserved area in the Midwest to get some actual experience with the procedure. There are myths out there that abortion providers and the staff who work at clinics are bad people, and that clinics themselves are terrifying. The clinic I shadowed at could not have been farther from that description. The clinic looked like a normal health clinic in terms of the rooms and layout, but there were rows of framed political buttons saying things like "PRO-FAITH, PRO-FAMILY, PRO-CHOICE" and "REPRODUCTIVE FREEDOM FIGHTER." In many ways, this clinic felt much more welcoming and pro-women than any other health clinic I've seen. The clinic was family owned and has been passed down from mother to daughter. The staff who work there were kind, friendly, and incredibly non-judgmental. The clinic provided not



Megan Masten

only abortions, but also prenatal care and any other gynecological service that women might need. There was only one physician who provided abortions in this area, which meant they continued coming to work far past the age that most retire, because there just wasn't another physician to take over.

This physician provided abortions because when they were in medical school, abortions were illegal. They saw women hemorrhage, become infertile, or even die

because of unsafe procedures. They saw women who were raped by the unqualified people who gave them an illegal and unsafe abortion. When abortion is legal, medical students seem more apathetic about it. When students don't see firsthand all the harm that comes from unsafe procedures, they don't realize how important it is to keep abortion safe, legal, and accessible.

The women who come to the clinic for abortions are responsible, thoughtful, and smart. Most of the women I saw come in were young and nervous about the procedure. I luckily had the opportunity to connect with many of them. I got to hold a lot of hands and have powerful conversations. One young woman explained everything to me—why she was coming in, how she is in school and working full time caring for a daughter by herself, and how it would be so unfair to her and her daughter if she had another baby. I got to tell her that she was being responsible; I don't think she had heard that from someone in the medical field before. I saw that although women might be nervous about the procedure, they are very sure in their decision, and they have very well thought out and understandable reasons for requiring an abortion. Meeting women, hearing their stories, and seeing their resilience is exactly why I believe so much in women and helping them get the access to the care they need and deserve.

To me, the most powerful part of medicine is that you can be present with someone at a vulnerable time in their life, and you can help to make that experience a little less difficult. By being kind to women, having some empathy for what they are going through, and listening to them, you can make a huge difference in someone's experience.

If every person could have the experience I did, I think some of the misconceptions about abortion might dissipate. People might better understand what a careful and difficult decision it is to decide to get an abortion, and they would understand that it is a respectable and responsible option. Again, women know what they need,

and if the medical community doesn't provide it in a safe and accessible way, women will find other ways to get their needs met.

Shadowing at an abortion clinic affirmed a lot for me. I saw firsthand the need and shortage of providers. Being present for these procedures was incredibly meaningful and helpful, and I realized that reproductive access is one of the most underserved parts of medicine. Although I am passionate about reproductive rights, it doesn't make it an easy field to enter. The doctors I shadowed has never told their loved ones that they provide abortions. The woman who owns the clinic can't have her house or car under her name or else anti-choicers would find her outside of work. When I tell people I am interested in reproductive rights, I often get reminded of providers who have been murdered by anti-choicers.

Even though there are barriers to medical students and residents getting trained in abortion services and learning

about patients who need this procedure, I have hopes that things will improve. There are a lot of things medical students can do to get involved – they can get involved with Medical Students for Choice, shadow an abortion provider, and advocate for better abortion education in their curriculum. One of the biggest things I urge everyone to do is to talk about abortion at a normal volume – don't whisper "abortion" and act like it's a topic to be ashamed of. We can support women who have had abortions, support healthcare workers who want to become abortion providers, and thank your local providers for their service. We can talk about reproductive rights in whatever capacity we feel safe and comfortable discussing it, and we can vote for political candidates that won't limit women's options. I hope that more medical students will seek out information about abortion services, and find out for themselves the clinics we don't talk about are worth talking about after all.

Flint Through the Windshield

Rohit Nallani, MD Candidate 2019, Medical Partners in Public Health Program, MSU College of Human Medicine

Driving through the streets of Flint, it's impossible to miss the abundance of run down homes and buildings, scrap yards, unkempt sidewalks and roads, liquor stores, and overpriced gas stations. However, I had the chance to go on the Windshield Tour through Flint with some fellow classmates in the Medical Partners in Public Health and Leadership in Medicine for the Underserved programs at MSU's College of Human Medicine. Instead of sitting in a lecture hall for our weekly session, my public health certificate colleagues and I joined with our LMU colleagues to pursue a broader understanding of the Flint community. As we explored the greater Flint area with tour guides explaining the history and reasons for the state of Flint today, I garnered feelings of humility, hope, and motivation.

On the tour, it was also easy to notice the general lack of grocery stores, access to nutritious and cheap food, and schools. The discouraging part of seeing all this was hearing that these areas once used to be booming and lively with families that relied on jobs at General Motors to make a living. Once these left, the median incomes dropped significantly from once being one of the highest per capita. People moved out to the townships and surrounding suburbs and now today, a large proportion of those living in these areas are minorities, like so many low-income areas across this nation. Everyone around the country recognizes Flint for the cruelty of the Water Crisis, but this community has been plagued by problems for several decades.



Rohit Nallani

Having served in a school in Northeast Detroit, I could understand how detrimental this environment can be for children and families. Living in "constant survival mode," as our tour guide stated, avoiding drugs and violence while also trying to put food on the table, makes it difficult for any family to send their children to school and for any kid to focus on education. Flint has a surplus of human capital hiding in its forgotten neighborhoods, and it's the responsibility of those more fortunate to identify and foster this resource.

The need for this perspective on this city stems from what one of our guides stated: "we are blessed to have a strong medical system." And, as a future medical professional, I am blessed to be doing my clinical training in this city. And I am motivated to help this city in any way possible. Understanding the community allows me to cater to their needs, rather than coming in with my preconceived notions of what those may be. But this understanding is a process, one that takes multiple efforts of working and interacting with the locals. My colleagues and I must strive to improve the conditions for Flintonians and others like them around the country, whether it be directly through medicine or through community involvement and service, educational outreach, or research. The environment one lives in tremendously impacts their health, and it should be a physician's duty to learn and adapt their practice to address that influence.

The Hebert's 家族 go to



China



YOUR \$\$\$ AT WORK

- GCMS continued its series of sessions for practice managers providing interfaces with third-party payers
- GCMS hosted a special Focus Group meeting with practice managers and the Health Alliance Plan.
- GCMS continued to meet with multiple levels of government regarding public health issues
- GCMS has on several occasions, helped to correct communications problems between individual patients and member practices
- GCMS attended various orientation sessions with medical residents and medical students to encourage involvement
- GCMS continues to represent physicians of Genesee County in venues of import

The Genesee County Medical Society cordially invites you to
a Quarterly Dinner Business Meeting
and a *Medical Community Town Hall* sponsored by
Health Alliance Plan and the United Way of Genesee County

September 7, 2017

A Dialogue with the Major Payer's Chief Medical Officers - What Physicians Need to Know -

Most physicians and practice managers of Genesee County have never seen such an assembly of insurance company chief medical officer's in one place. Everyone should come to this meeting to hear what is coming and to have an opportunity to dialogue with them . Regardless of the setting of your work, a physician, practice manager, your affiliations or your employment status, this is not a meeting to miss! Please invite other physicians and practice managers to this meeting!

GCMS Physicians, spouses, GCMSA, family members, practice staff and other interested professionals are encouraged to attend!

\$40.00 - GCMS Members, Spouses, Practice Managers, & Staff
\$40.00 - Genesee County Osteopathic Association Physician Members & Spouses
\$25.00 - Residents & Students
\$75.00 - All Non-Member Guests

Invited Presenters:

Marc Keshishian, MD
Senior Vice President and Chief Medical Officer
Blue Care Network

Thomas Simmer, MD
Senior Vice President and Chief Medical Officer
Blue Cross Blue Shield of Michigan

Michael Genord, MD –*unconfirmed*
Senior Vice President and Chief Medical Officer
Health Alliance Plan

Renee Miskimmin, MD
Chief Medical Officer, **Meridian Health Plan**

Taft Parsons, MD
Chief Medical Officer, **Molina**

James Forshee, MD
Senior Vice President of Medical Affairs and
Chief Medical Officer, **Priority Health**

Meeting Location:

Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

Evening Schedule:

pm, Registration & Social Hour
6:30 pm, Dinner
7 pm, Meeting
7:15 pm, Presentations

Space is limited!

Please mail your reservation payment to:
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Email Sherry at ssmith@gcms.org to register your attendance or call **810-733-9923** for more information.



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Lawrence Irish, MD

Dr. Lawrence Irish passed away on July 21 from a heart attack.

Born in rural Illinois, he grew up on a farm and attended a one room schoolhouse before entering high school. He attended the University of Illinois for undergraduate and medical school educations. He was selected for a special Congressional Scholarship that helped him pay for his education, as his family could not afford to send him to college.

He enlisted as a lieutenant, and doctor in the US Navy during the Korean War and afterward completed a residency in Radiology and raised 4 children in Flint. Dr. Irish served the Flint community for over 30 years as a Radiologist at Hurley Hospital and was a Clinical Professor of Radiology for Michigan State University. Having graduated from medical school in 1952, Dr. Irish was honored as a 50-Year Awardee at the 2002 MSMS House of Delegates, and was a longstanding member of the Genesee County Medical Society for 58 years.

Among his fondest pastimes were fox hunting in Metamora, playing tennis on his home court and traveling extensively. In the later years, he and Edie moved to Reno to be closer to family.

Dr. Irish is survived by his wife of 64 years, Edie Irish.



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GCMS MEETINGS

— September 2017 —

Legislative Liaison Committee - Recessed

2017 Ball Committee, TBD

12:00pm, GCMS Office

MSF Fundraising Committee, TBD

6:00pm, GCMS Office

Finance Committee, 9/26

5:15pm, GCMS Office

Board of Directors, 9/26

6:00pm, GCMS Office

Community & Environmental Health Committee, late Sept. 9/27

12:30pm, GCMS Office

Practice Managers, 9/28

8:00am, GCMS Office

Save the Date! 2017 GCMS/GCMSA

President's Ball, 11/18

6:00pm, Genesys Conference
& Banquet Center

Did you recognize...

Farhan Khan, MD



HAPPY BIRTHDAY DOCTOR

SEPTEMBER

Aruna Anne, MD	1	John Doyle, MD	16
Pratap Aravapalli, MD.....	1	James Kure, MD.....	16
Ahm Huq, MD	1	Albert Macksood, MD	18
Brian Shapiro, MD.....	1	Michael Beer, MD.....	18
Ramotsumi Makhene, MD.....	4	Pongchayut Surapipith, MD.....	20
Douglas Congdon, DO	4	Donald Scholten, MD.....	22
Bonita Wang, DO	4	Donald Robinson, MD	22
Damayanthi Pandrangi, MD	5	Saqib Ahmad, MD	22
Anish Bansal, MD	5	Benjamin Ramirez, MD	25
Sierra Cuthpert, DO	5	Terry Krznarich, MD.....	25
Alexander Chan, MD	6	Michael Gedwill, DO.....	25
Joyce Fahrner, MD	7	Burt Parliament, MD	26
Linda Lawrence, MD	7	Keith Heslinger, MD.....	27
Mohamed Satti, MD	7	Eugene Chardoul, MD	28
Joseph Kingsbury, DO.....	8	Rosario Villareal, MD.....	28
Richard McMurray, MD.....	9	Sergio Ponze, MD	28
Robert Soderstrom, MD.....	9	Raad Al-Khour, MD	28
Yannis Paulus, MD	9	Peter Moody, MD	29
Scott Garner, MD	11	Manoharan Eustace, MD.....	29
Ishwar Dass, MD	13	Nkechi Onwuzurike, MD	29
Leroy Johnson, MD.....	13	Stephen Kalstein, MD	30
Norman Walter, MD	13	Robert Molnar, MD	30



Advance Care Planning Project
presents:

Code Status & Quality-of-Life Conversations

Wednesday, September 27, 2017 | 12:15 p.m. - 4:15 p.m.

Location: To Be Determined. Central Location in the Greater Flint Area

The course is **free** to interested individuals who provide healthcare or senior services within the Flint/Genesee County community. Forum information is valuable for: physician practices; nursing home, home care, hospice, and senior center staff; and leaders of the faith-based community. Lunch will be provided at no cost.

The following topics will be covered:

- How **Advance Directives** work in the hospital setting
- Michigan law regarding **Advance Directives**
- Challenges in **Code Status** discussion
- Discussing **Tube Feeding** and **Breathing Machines**
- The ACP Project: Engaging everyone in **Advance Care Planning**
- Addressing **Family Conflict**

Register Today! Enrollment is Limited.

To register for this informational course, simply fill-out the information below, and return to:

Greater Flint Health Coalition
519 S. Saginaw Street, Suite 306
Flint, MI 48502
Fax: (810) 232-3332 or Email: gfhc@flint.org

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Registration is Now Open!

Questions? Contact Jenn Sesti at the Greater Flint Health Coalition
(810) 232-2228 or jsesti@flint.org.



Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the underserved, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.

To make a gift, simply use these words:

In your Trust, *"Grantor directs Trustee to distribute __% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation"*

In your Will, *"I give, devise and bequeath __% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation"*

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.



Don't Forget!
Donations are tax deductible!

Please feel free to contact Peter Levine, Executive Director at 810-733-9925 or plevine@gcms.org.

Registration is Now Open



Advance Care Planning (ACP) Project *Respecting Choices*® ACP Courses

ACP Facilitator Training Course – Register early to complete pre-requisites

Wednesday, October 18, 2017

8:00 a.m. - 5:00 p.m.

Location: To Be Determined. Central Location in the Greater Flint Area

This training course provides participants with a thorough understanding of Genesee County's ACP infrastructure, as well as the skill set and knowledge to assist others with facilitating an advance care planning conversation and completing the *Your Health Your Choice* advance directive. Attendance is recommended for those who work directly with patients or families and will be assisting them with advance care planning and the completion of an advance directive. Upon course completion, participants will be certified as a *First Steps*® ACP Facilitator. Continuing education credits available for RNs and SWs.

The cost for the ACP Facilitator Training Course is \$175. Payment to the Greater Flint Health Coalition must be paid in full prior to attending the training.

Participants will have to complete several prerequisites prior to attending the training:

- Complete online training modules (**approximately 4-5 hours**)
- Complete the *Your Health Your Choice* advance directive
- Engage in an advance care planning conversation with a friend or loved one

Register for an Upcoming ACP Facilitator Training Today!

Registration is quick and easy. To register for an ACP training course, simply fill-out the information below, include payment (checks may be made payable to the Greater Flint Health Coalition), and return to:

**Greater Flint Health Coalition
519 S. Saginaw Street, Suite 306
Flint, MI 48502**

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Training Date: _____

Training Payment (Check Box)

- Check Included (payable to Greater Flint Health Coalition)
- Please Invoice

**Questions? Contact Jenn Sesti at the Greater Flint Health Coalition
(810) 232-2228 or gfhc@flint.org.**



ADV-8D9 ACP.facilitator.training.101817.jenn



September 2017 Fitness Calendar

FREE! Commit to Fit! Class Schedule

Commit to Fit offers fitness classes at **no cost** to all individuals who live or work in Flint and Genesee County. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details. [Click HERE to Access the](#)

Nutrition Education & Resources Calendar

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SEPTEMBER 2017	4 Labor Day!	5 Enhance Fitness Flint Farmers' Market 10:00 a.m. Splash Bash U of M-Flint Rec Center 11:00 am Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am	6 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Forest Township Senior Center 12:30-1:30pm Zumba Gold (Beginner) GAC 5:30 p.m.	7 Enhance Fitness Flint Farmers' Market 10:00 a.m. Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am Enhance Fitness Hamilton Health Network 2:30-3:30pm Basic Yoga IHFC 6:45 p.m.	8 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Swartz Creek Senior Center 11am-12pm
	11 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Senior Stretch YMCA Downtown 10:00 Aqua Fitness U of M-Flint Rec Center 5:30-6:30 pm	12 Enhance Fitness Flint Farmers' Market 10:00 a.m. Splash Bash U of M-Flint Rec Center 11:00 am Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am	13 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Forest Township Senior Center 12:30-1:30pm Zumba Gold GAC 5:30 p.m.	14 Enhance Fitness Flint Farmers' Market 10:00 a.m. Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am Basic Yoga IHFC 6:45 p.m.	15 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Swartz Creek Senior Center 11am-12pm
	18 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Senior Stretch YMCA Downtown 10:00 a.m. Aqua Fitness U of M-Flint 5:30pm	19 Enhance Fitness Flint Farmers' Market 10:00 a.m. Splash Bash U of M-Flint Rec Center 11:00 am Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am	20 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Forest Township Senior Center 12:30-1:30pm Zumba Gold (Beginner) GAC 5:30 p.m.	21 Enhance Fitness Flint Farmers' Market 10:00 a.m. Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am Basic Yoga IHFC 6:45 p.m.	22 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Swartz Creek Senior Center 11am-12pm
	25 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Senior Stretch YMCA Downtown- 10:00 Aqua Fitness U of M-Flint Rec Center 5:30-6:30 pm	26 Enhance Fitness Flint Farmers' Market 10:00 a.m. Splash Bash U of M-Flint Rec Center 11:00 am Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am	27 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Forest Township Senior Center 12:30-1:30pm Zumba Gold (Beginner) GAC 5:30 p.m.	28 Enhance Fitness Flint Farmers' Market 10:00 a.m. Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am Basic Yoga IHFC 6:45 p.m.	29 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Arthritis Foundation Exercise Program Swartz Creek Senior Center 11am-12pm Fall 4 Fitness Kickoff! 12-1:30 Flint Farmers Market

MIC-6C3 September.Fitness.Class.Calendar.071817.HB

September 2017 Fitness Calendar

FREE! Commit to Fit! Class Schedule

Class Descriptions & Locations

Basic Yoga (1 hour)

This class is a balanced flow of postures designed to build stamina, strength, and flexibility while promoting weight loss and general stress relief.

Insight Health & Fitness Center (IHFC)

Formerly Hurley Health & Fitness Center
4500 S. Saginaw St
Flint, MI 48507
(810) 893-6489



Enhance Fitness (1 hour) – A fun, energizing class geared toward improving overall functioning and well-being. Improve your cardiovascular fitness, strength, flexibility and balance!

Hamilton Health Network

2900 N Saginaw St., Flint, MI 48505

Senior Stretch (1 hour) - This class will help improve overall strength and flexibility. The class is led by a certified senior fitness instructor who will guide you through the exercises at your own pace. This class is perfect for all ability levels.

YMCA Downtown Flint

411 E. 3rd Street
Flint, MI 48503
(810) 232-9622



Fall 4 Fitness Kickoff & Challenge!

The 2017 Fall 4 Fitness Challenge is a one-month physical activity challenge that encourages employees to represent their organizations by being physically active. It is available to all area businesses, organizations, and community groups interested in bringing wellness to the workplace and competing with other organizations.

CHALLENGE GOAL: 1,000 Minutes in October!

Log on to commit2fit.com. You can sign up anytime! Earn points for being active! The goal is easy – just 35 minutes of physical activity a day. Begin tracking your activity and you are automatically entered into the challenge. Remember: All activity counts! Participate in free fitness classes, work together daily with your team members, and track all your physical activity to be eligible to win both organizational and individual incentives. For individuals who reach the challenge goal of 1,000 minutes of physical activity, incentives will include \$2,000 in cash prizes, wearable fitness devices, memberships to local fitness centers, gift certificates, and more!

MIC-6C3 September.Fitness.Class.Calendar.071817.HB

Aquafitness/Splash Bash- An invigorating water workout. Ideal for all fitness levels. No swimming required

University of Michigan-Flint Rec Center

401 Mill Street, Flint, MI 48502
(810) 762-3441



Enhance Fitness (1 hour) – A fun, energizing class geared toward improving overall functioning and well-being. Improve your cardiovascular fitness, strength, flexibility and balance!

TIMES & LOCATIONS:

Hasselbring Senior Center

1002 Home Ave. Flint, MI
(810) 766-7128 Mon, Weds, & Fri 9-10 am



Flint Farmers' Market- Tuesdays &

Thursdays 10:00-11:00 am

300 E. First St Flint, MI

(810) 232-1399



Zumba Gold (1 hour) - A less intense version of the classic Zumba. This class offers fun music to keep the excitement high while keeping the impact low.

Genesys Athletic Club (GAC)

801 Health Park Blvd
Grand Blanc, MI 48439



Arthritis Foundation Exercise Program (1 hour) A low-impact physical activity program proven to reduce pain and decrease stiffness. The routines include gentle range-of-motion exercises that are suitable for every fitness level!

Grand Blanc Senior Center:

Tuesday & Thursdays 10am – 11am

Swartz Creek Senior Center:

Fridays 11am – 12pm



Forest Township Senior Center:

Wednesdays 12:30pm–1:30pm



GENESEE COUNTY PARKS
Get away. Right away.

Questions?
Email
commit2fit@flint.org



faith care UNITE heart NOW
connect family give HELP
support SHARING community FRIEND
HOPE abundance community FRIEND
inspire COMPASSION GIFT
humanity PEACE
vision THANK YOU blessings
kindness LOVE unconditional
purpose DONATE

Medical Society Foundation

Consider a donation to the Medical Society Foundation for all of your holiday giving. What a wonderful way of expressing your holiday sentiments while supporting important health related causes.

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time that you tell others how much their health – really means to you.

The Medical Society Foundation funds have been used to support the charitable activities of the Genesee County Medical Society.

Contributions can also be made in memory of an individual or to honor someone.

For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact Peter A. Levine, MPH at (810) 733-9925 or at plevine@gcms.org.

Medical Society Foundation Mission Statement: The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.

Mail your donations to:

**Medical Society Foundation
4438 Oak Bridge Drive, Suite B
Flint, MI 48532-5467**

Join
GCMS/MSMS