

THE Bulletin

DECEMBER 2013 Volume 90, Number 12

**THANKS TO SENATORS ROBERTSON
AND ANANICH FOR VOTING NO ON SB2**

PRESIDENTS' BALLA BLAST!

TEXTING

**MAXIMIZING REIMBURSEMENT WITH
GROUP VISITS FOR CHRONIC DISEASE**



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THE Bulletin

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FEATURE ARTICLES

<i>GCMS Ball</i>	10
<i>Dr. Rudoni Exaugural Speech</i>	12
<i>GCMS Dinner Meeting Minutes</i>	14
<i>Maximizing Reimbursement</i>	18
<i>GCMS Human Trafficking Seminar</i>	20
<i>LMU Trip Donation</i>	22
<i>GC State and Federal Elected Officials</i>	24

REGULARS

<i>President's Message</i>	4
<i>Editorially Speaking</i>	6
<i>Director's Message</i>	8
<i>Practice Managers</i>	16
<i>Legal Advisor</i>	26
<i>Board Meeting Minutes</i>	28
<i>Your \$ at Work</i>	30
<i>Monthly Meetings</i>	30
<i>Happy Birthday Doctor</i>	31
<i>Classifieds</i>	31

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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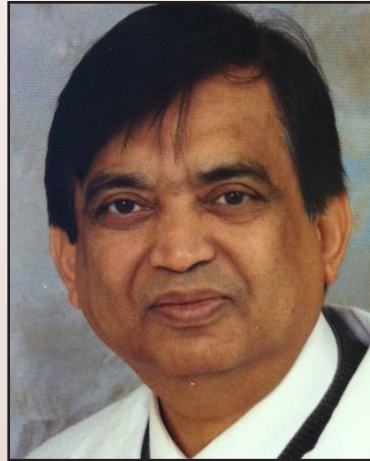
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THANKS TO SENATORS ROBERTSON AND ANANICH FOR OPPOSING SB2 NOW IT IS UP TO THE HOUSE!!

Politics can be infuriating to watch. As physicians, we are trained to recognize various pieces of data regarding a patient's condition, to which we then apply the various components of medical evidence to arrive at a diagnosis. Conversely, our legislative process requires no such basis for action. The recent action on Senate Bill 2 is a stark reminder of this reality. Senate Bill 2 is a bill introduced by Senator Mark Jansen (R-Grand Rapids) that makes significant changes to the scope of practice for Advance Practice Nurses. Some of the most notable changes in the bill, if it passes the House include:

- AN APN is responsible and accountable for diagnosis, intervention, and treatment of health or illness states, and disease management, including the use and prescription of pharmacological and non-pharmacological intervention and treatment.
- An APN is responsible for the performance of comprehensive assessments; providing physical examinations and other health assessments and screening activities; and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. Nursing care provided by a clinical nurse practitioner includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing pharmacological and non-pharmacological interventions.

It is hard to see much of a difference between physicians and advance practice nurses under the changes made by Senate Bill 2. Furthermore, the bill demands little in terms of raising the standard of training to that required of physicians. Certainly, the legislature understands that legislation should never supplant education and training. How could Senate Bill 2 have passed the Senate?



Shafi Ahmed, MD

Senate Bill 2 is the foremost legislative priority for Senator Jansen. While it is not entirely clear what his motivation is, he has indicated that his daughter is in college seeking a nursing degree and will likely pursue a career as an advance practice nurse. The Senate Republican Caucus appeared to prioritize support for their individual member as opposed focusing solely on the policy merits of the bill. Multiple amendments were added against the wishes of the sponsor, but the bill still narrowly passed by a vote of 20-18 in the Senate. One less vote and the bill would have fallen short of the necessary votes for passage. Needless to say, individual senators were under immense pressure to vote yes.

Given the internal dynamic within the Senate, it is worth noting the efforts of our elected officials. Senators Jim Ananich and Dave Robertson both voted against Senate Bill 2 and willingly chose to respect the differences in training and education between physicians and nurses. And while this choice seems obvious to us, it does not mean that we should discount the efforts of our Senators. In this instance, standing on the side of patients and physicians may not have been the politically expedient thing to do. As constituents, we need to recognize their efforts. Senator Ananich and Senator Robertson have distinguished themselves as consistent attendees at the GCMS Legislative Meetings and actively seek input from the physician community. It is important that we reciprocate our support. Take a moment to say thanks, and look for other opportunities to solidify your relationship with your Senator.

Call Senator Ananich at (517) 373-0142 and thank him for voting no on SB 2.

Call Senator Robertson at (517) 373-1636 and thank him for voting no on SB 2.

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 – and the health of those who are most vulnerable in our community – really means to you.

In the past, the Medical Society Foundation funds have been used to support specific public television programs, support of HIV programs, Reach Out and Read, Michigan State Medical Society Alliance, continuing medical education programs, Greater Flint Health Coalition, Turkish Red Crescent Society, Orissa Relief Fund, Sloan Museum's health exhibits, The Genesee County Free Medical Clinic and the Richard A. Rapport Memorial Conference Room.

Contributions can also be made in memory
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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.

THE DOCTOR-PATIENT RELATIONSHIP AND COMPLIANCE

“Where there’s a will, there’s a way.”
 –Ambrose Bierce (1842-1914)

The typical physician most likely presumes that once their patient leaves the office or the hospital with prescriptions in hand, it only follows that the medication(s) will be taken exactly as directed. The correct dose will be taken at the correct time, under the correct circumstances, and for the correct length of time. That is because the typical physician has spent the required time and energy explaining to the patient the nature of the problem, the reason for the treatment and expected results, and the possible adverse effects to be concerned about. That, of course, is the case only in fantasyland, where no patient lives and no doctor practices.

Thirty-two million Americans take three or more medications daily. Over age 65, 51% of people take five or more medications. According to the National Council for Patient Information and Education, more than half of the more than 2 billion prescriptions written each year in this country are taken incorrectly. One-third of patients take all their medication, one-third take some, and one-third never even fill the prescription. It is estimated that about a quarter of nursing home admissions are due to non-compliance with treatment regimens, and 1-in-10 hospital admissions are for the same reason. Non-compliance is linked to 125,000 deaths in the United States, but is basically a problem the world over. The New York Times describes non-compliance as “the other drug problem.”

There are multiple factors that lead to patients not adhering to their doctor’s instructions. Chief among them is the high cost of many drugs today. Other reasons include perceived or real adverse effects, or lack of any positive effect. Sometimes there is physical difficulty with using the medication such as the inability to open or squeeze a bottle or tube due to arthritis. Some medications have an unpleasant taste or odor, or the pills



Daniel Ryan, MD

are too large to swallow easily. There is intentional non-compliance where the prescription is never filled. These patients are often convinced that they will improve on their own or that the medication is harmful in some way. Unintentional non-compliance occurs when patients do not understand the instructions or simply forget to use their medication. Of course, correct adherence to medication use is also a concern with over-the-counter drugs.

As physicians, we have a primary role in increasing the likelihood that patients will adhere to their medication and treatment plan. A relationship of trust is important so that the patient feels

that the doctor will select the most effective treatment with the fewest adverse effects. It is important to keep dosing as simple as possible while trying to avoid the problem of polypharmacy that is so prevalent, especially in the older population. Clear instructions on how to use the medication are essential but just as important is information about unwanted side effects and how to respond to them. All of the above need to be in the form of a dialogue, not a monologue. Devices such as weekly pill organizers, reminder watches and alarms, and automatic pill dispensers can be invaluable aids to adherence. Follow up calls to patients who seem more likely to have problems complying with treatment can save both doctor and patient much grief. And do not forget to document in the medical record that instructions were given and the patient at least seemed to understand.

There is a limit to how much physicians can do due to assure compliance. The patient has the ultimate responsibility for their care at home. A trusting and honest partnership between the patient and doctor can go a long way to leading to the desired treatment outcome.

“As physicians, we have so many unknowns coming our way...

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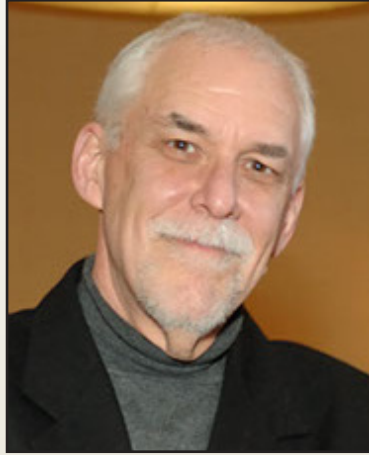
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THANKS TO SENATORS ROBERTSON AND ANANICH FOR VOTING NO ON SB2 THANKS TO THE BALL COMMITTEE FOR ITS GIFT TO THE MEDICAL COMMUNITY

There is nothing worse than watching sausage being made, except maybe watching policy being made in the political environment. Recently, the Senate narrowly passed Senate Bill 2 which will expand the scope of nursing practice if passed by the House. This is bad legislation which is based on the political need to play up to a Senator who has a family member who stands to benefit from a change in policy regardless of the impact on patients. As I write this, we are just a day before Thanksgiving. Today I am thankful that Senators Robertson and Ananich from this community saw fit to vote no on this legislation which flew in the face of good public policy. Good for them. It would have been easy to vote the other way, but they did what they think is right. They believe that the extra years of training for physicians is of value from a patient's perspective. Please take a moment to say thank you to them. Many of their peers did what they thought was expedient. They voted for a bad bill hoping that the state House would save the state from their pandering. Included in this issue of *the Bulletin* is a list of contacts for each of our state and federal legislators.

Every once in a while it hits me like a ton of bricks that this medical community is spectacular. Those of us on the inside see it with all its glory and its warts; what could be accomplished as well as what is incredible to have been accomplished. But what makes it so special is perhaps most profoundly obvious at times of crisis and times of pleasure.

So much of our time is spent figuring out how to take care of those who are unfortunately without insurance, those who are under-insured, or those who have not linked into the system in some way. This medical community has reached out to that population in fantastic ways, unreproducible in other communities. Part of it is the fact that doctors and their families intrinsically want to do things to help the community.



Peter Levine, MPH

Most understand that by doing the right thing for the community good things accrue to them, both mentally, financially and in terms of post-life rewards. I am used to the medical community being wonderful in times of crisis and need. I am not so used to the community when people are coming together for a nice time.

Those of you who missed the President's Ball missed a real blast. In looking around the room it was an absolute joy to see total racial, ethnic, specialty and hospital affiliation related diversity reflected in the room. There is inherent beauty to people who are enjoying themselves and that was certainly the case during the Ball. I can't thank enough, the committee that put that event together, not just because it's a serious fundraiser for the Medical Society and very much needed, but mainly because the gift that they give to the community is one of pleasure, a rare gift indeed.

It is also fascinating for me to see ex-Presidents come together in one place. Each President of the Medical Society is so unique. Certainly all of our members are totally unique from each other as well, but honestly, seeing the Presidents relate to crowds and relate to each other is fun for me because I know them so well. It is now becoming normal to see children of members at these events, children who are now well into their own medical careers or residents or medical students or premedical students in college. Some are children of American born parents and some are children of immigrant parents who are physicians. Perhaps the greatest gift that our members give to this community is the production of children, some of whom come back to serve this community. There were several of them at the Ball. Some were there to perform, some were there to see their parents honored, and some were there just because they wanted to be there. To them, I want to say thank you for coming.

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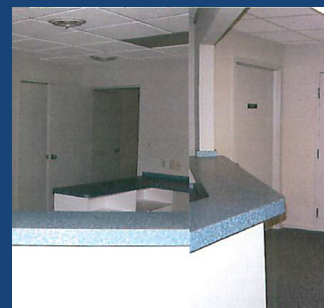
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GCMS

SOPRANO STYLE

The GCMS/GCMSA Past President's Ball was a screaming success. With "The Sopranos" as its theme, the event combined great food, music and dancing. The sold out crowd enjoyed the collegiality of the evening.

The room was decorated in red and white checks. The tables were decorated beautifully with sunflowers and asparagus-wrapped candles.

In addition to the completely upbeat environment, Arun and Anisha Nagpal performed beautifully on piano and violin.

The ball committee, chaired by Anjali Misra and JoyDawn Hardman, were feted with kudos. The committee included Maryann Almeida, Jeanette Rivera, Cheryl Thoms, Lakshmi Tummala, Maria McCann, Raquel Yapchai, Ruqsana Ahmed, and Dr. S. Bobby Mukkamala, Pete Levine and Sherri Smith.

Anjali Misra was awarded the Presidential Citation for Lifetime Community Service for her charitable work in the United States and in India. Dr. Amitahba Banerjee was issued the most rarely presented award, President for a Day. He was cited in the award by Dr. Rudoni for nearly 30 years of service on the GCMS Board of Directors and on the delegation of the MSMS House of Delegates, his longtime co-chairmanship of the membership committee, and his service on the GCMS Peer Review Committee.

Dr. Kenneth Elmassian, President of the Michigan State Medical Society, installed Dr. Shafi Ahmed as president. Dr. Ahmed's first act was to thank Dr. Raymond Rudoni for his superb year as president.

In addition, Dr. Mohammed Saleem was approved with acclamation for the MSMS Community Service Award for his array of charitable activities. In addition,



Dr. Deborah Duncan started her term as president elect.

The assembled masses were then entertained by a game show produced by Jeanette Rivera and Dr. S. Bobby Mukkamala, which had a movie theme. The contestants competed aggressively for prizes in a game that kept people entertained and on the edge of their seats.

The decorations, created by Brady's Creations, were fantastic. The food was served in a family style yet elegant manner. As usual, Warwick Hills was spectacular, as was its staff.



Ball



Exaugural Speech by Dr. Raymond Rudoni, November 9, 2013

On behalf of the Board of Directors, our Executive Director, Pete Levine, the Genesee County Alliance and our talented Ball Committee, I would like to thank each of you for attending this year's GCMS Presidents' Ball.

It has been a privilege and honor to serve as your president this past year. I have had the opportunity to serve in many leadership roles during my career and can honestly say this has been one of the most enjoyable and fulfilling.

I have met many extremely talented people who have given of their time, expertise, patience and advice.

As one looks around the state, it is clear this Society has been and remains a leader in many areas of organized medicine. Sitting amongst us are many past, present and future physician leaders of not only our country, but our state, and even within the AMA.

As expected, this past year has delivered unprecedented change within the entire health care system, and we have only just begun to see the subsequent impact these changes will make to our practices, our hospitals and our patients.

I am proud to have had the opportunity to engage in many of these issues through my work as your president and look forward to continuing to do so at both a local and state level.

On that note, I would like to personally thank Dr. Kenneth

Elmassian, President of the MSMS, Executive Director Julie Novak, and her staff for traveling from Lansing to support this evening's event.

I must express a special thanks to Dr. Cathy Blight for her mentorship during my candidacy for Vice Speaker of the House of Delegates, a position I am excited to begin next April. Though I ran uncontested, Dr. Blight ensured I was well prepared and counseled me on the political and professionally correct format required during my candidacy for this prestigious position.

A few other important acknowledgements: Many thanks to my friends and colleagues from McLaren Flint, President and CEO Don Kooy, VPMA Dr. Jason White, Vice President of Business Development Cheryl Ellegood and a man who needs no introduction, Dr. Ed Gullekson. Your support of my presidency and our society is greatly appreciated.

My partners Drs. Paul Brown and Mike Polito are here this evening. Without the support of these guys and my entire group, taking on leadership responsibilities of this magnitude would not be possible. I am grateful for your expertise at the bedside and for allowing me the time away from the ER to serve our Medical Society.

My friend and colleague Dr. Mike Muller, one of the greatest problem solvers I have ever known, is always there to lend an ear and approach challenges from many different



angles. Thanks Mike.

To my wife, Dr. Paula Rudoni, who has supported my passion for these and many other grassroots efforts for 20 years. Thank you for your patience, your understanding and for filling the void at home during countless hours away.

Last and certainly not least, the individual I have coined the left ventricle of this organization, my newest friend, colleague and counselor, Pete Levine. Pete is credited for introducing me to many new types of music, adding a 1,000-plus miles to his truck driving me around the state to meet other county members during my vice speaker candidacy, and frankly, with expertise, and class, has maneuvered this Medical Society into a position of leadership and respect around the state. As a token of my appreciation, and in keeping with tonight's theme, I would like to present Pete with his very own collection of the entire Soprano's series, so he may enjoy the greatest made-for-television saga of all time, in the comfort of his own home. Again, I thank you for your support, your friendship and this wonderful opportunity to serve our Medical Society. We are in great hands moving forward with Dr. Shafi Ahmed as our next President.



GCMS Annual Dinner Business Meeting

November 9, 2013

MINUTES

I. Call to Order.

The meeting was called to order at 7:30 p.m. in the Warwick ballroom by Raymond Rudoni, M.D., President.

Dr. Rudoni introduced Mrs. Vibha Kaushal and Mrs. Ruqsana Ahmed, co-presidents of the GCMS Alliance. Dr. Rudoni thanked the Ball Committee, made up of Anjali Misra and JoyDawn Hardman, the co-chairs; Maryann Almeida; Jeanette Rivera; Cheryl Thoms; Lakshmi Tummala; Maria McCann; Raquel Yapchai; Ruqsana Ahmed and Dr. S. Bobby Mukkamala as well as Pete Levine and Sherri Smith. He also thanked Arun and Anish Nagpal for their beautiful piano and violin accompaniments to the evening.

Dr. Rudoni introduced and thanked the sponsors for the evening including, at the gold level, Fenton Medical Center, Genesys Regional Medical Center, Hurley Medical Center, McLaren Emergency Medicine Specialists and McLaren – Flint. At the silver level, he introduced STAT EMS. At the bronze level, he thanked Asthma, Allergy and Immunology; HealthPlus of Michigan as well as Dr. and Mrs. Michael McCann. At the copper level, he thanked Absolute Home Health Care, Complete Eye Care, Mott Children's Health Center, and SCW Agency as well as The Doctors Company. At the sponsor level, he thanked Dr. and Mrs. Prasad Kommareddi, Dr. and Mrs. Robert Soderstrom, Dr. Cathy Blight and Mr. Ed Davidson, and Dr. and Mrs. Mehmet Agabigum. He also introduced Julie Novak and Ben Louagie, Executive Director and COO of MSMS; as well as Dr. Kenneth Elmassian, MSMS President.

II. Approval of Finance Committee Report.

Motion; that the budget for fiscal year 2013-2014 be approved as presented. The motion carried.

III. Elections.

Dr. Rudoni announced the list of nominees for GCMS officer positions and for awards, noting that it was ratified at the September dinner business meeting by the membership.

Motion; that the slate of nominees be validated by acclamation. The motion carried.

Dr. Rudoni thanked each of the nominees for the work that they will be doing for the medical society and for the profession and congratulated new President Elect, Dr. Deborah Duncan.

Dr. Rudoni then thanked several retiring GCMS board members. They included Drs. Apparao Mukkamala, Suresh Anne, Jagdish Shah, Abd Alghanem, and Jawad Shah. He noted that several of those board members have served on the GCMS board and with MSMS and the AMA for over 30 years.

IV. Awards.

Dr. Rudoni invited Mrs. Anjali Misra to the podium and presented her with the GCMS Presidential Citation for Lifetime Community Service. He noted that she has been involved with her temple and several charities in the United States and in India, and has issued challenges for charitable support, leading with her will and her pocketbook.



Next, Dr. Rudoni invited Dr. Amitahba Banerjee to the podium to receive GCMS's most rarely issued award, President for a Day. He noted that it represents a career of involvement and leadership in the Genesee County Medical Society. He thanked Dr. Banerjee for his continuing board involvement over an unbroken period since 1984, as well as his co-chairmanship of the membership committee. He also noted that Dr. Banerjee served on the GCMS Peer Review Committee and has been a delegate to the MSMS House of Delegates for approximately 30 years. He also has served as the Chair of the International Medical Graduate Section of the Michigan State Medical Society.

V. Installation of New President, Shafi Ahmed, M.D.

Dr. Rudoni called Dr. Kenneth Elmassian, President of the Michigan State Medical Society, to the podium. Dr. Elmassian issued the affirmation of presidential oath to Shafi Ahmed and presented him with the gravel. Dr. Ahmed thanked all present for their trust in him (Dr. Ahmed's comments are included in this issue of The Bulletin).

Dr. Ahmed then presented a gravel holder and contributions to the Medical Society Foundation to Dr. Rudoni in honor of his exciting year as president.

Dr. Rudoni presented a synopsis of his feelings about the year and thanked many of those present for their work on behalf of the profession and their patients.

VI. Adjournment.

No further business appearing, the meeting was adjourned at 8:30 p.m.



PRACTICE MANAGERS

Meet on Stage 2 Meaningful Use

Practice Managers met to hear from MSMS's Dara Barrera about Stage 2 Meaningful Use.

The presentation was well attended and productive. The question and answer period was also lively.

The January presentation will be on HIPAA Security Compliance.

Practices are encouraged to get reservations in as soon as possible because demand will be very high for this meeting.

Please contact Sherry Smith at ssmith@gcms.org.



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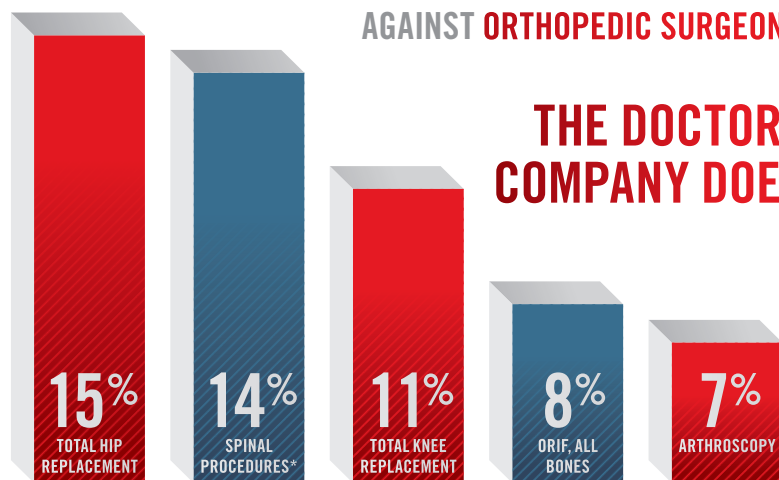
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Maximizing Reimbursement with Group Visits for Chronic Disease

*Paul Lazar, M.D.,
Co-Chair, Greater Flint Health Coalition Group Visit Project*

Medical group visits, also known as shared medical appointments, are a great way for physicians to overcome the limitations of traditional medical office visits. Group visits have been demonstrated to improve the health of the population, enhance the patient experience of care and increase physician satisfaction while controlling costs.

Group visits typically involve 8-12 patients with a common diagnosis meeting for a 1½ to 2 hour medical appointment with a physician and medical staff. Just as in a typical office appointment, patients are provided a one-on-one medical exam, an individual diagnosis is confirmed and the opportunity to ask questions in private is provided. Patients may invite adult family members to attend the group visit with them. Guest experts may be scheduled to present on topics such as nutrition, diet, exercise, and specialty services.

Some physicians are reluctant to offer group visits because they are concerned about reimbursement. Group visits are reimbursed utilizing the same evaluation and management (E & M) codes as traditional office visits. The same industry-standard coding rules and standards of medical record documentation apply.

The Centers for Medicare and Medicaid Services (as well as Blue Cross Blue Shield of Michigan, HealthPlus of Michigan, and the Genesee Health Plan locally) have identified CPT codes 99212 through 99215 as the appropriate level office visit codes to utilize for group visits. 99213 and 99214 are the CPT codes most commonly assigned to diabetes group visit encounters.

In order for a Level 4 CPT code to be billed, three general components must be addressed with the patient:

1. HISTORY – documentation of the chief complaint is needed along with four or more descriptive elements: location, quality, severity, duration, timing, context, modifying factors, and/or associated symptoms
2. EXAM – as part of a group visit, patients are examined for various symptoms and conditions associated with their condition/disease. In the case of diabetes, these include examination of the feet and eyes in addition to HbA1c and LDL screenings.
3. MEDICAL DECISION MAKING – For this component two of three of the following three areas must be satisfied: (a) diagnosis including management options for the patient, (b) data required to make a clinical recommendation for condition management, and (c) risk associated with presenting condition, management options, or recommended diagnostic procedures.

A sample diabetes group visit progress note which ensures that all components necessary for a Level 4 CPT code are met provided each item is completed is available online. [Click here.](#)

For further information regarding group visit reimbursement refer to the Medical Group Visit Implementation Guide or Diabetes Group Visit Replication Manual online. [Click here.](#)

Announcement

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

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MEDICAL RECORDS DID YOU KNOW?

If a patient has provided you with a written request for their medical records, you are required to provide the records within 30 days of the written request (or within 60 days if the record is stored off-site).

Pursuant to the Michigan Medical Records Access Act, you may charge a fee for the records. For 2013, the maximum charges are:

- An initial fee of \$23.32 per request for a copy of the records.
- \$1.16 per page for the first 20 pages
 - \$.58 per page for pages 21-50
 - \$.23 per page for pages 51+

MSMS updated their "Medical Records Guide for Physician Practices" in July 2013.

Please contact the GCMS at 810-733-9923 or email Pete Levine, Executive Director at plevine@gcms.org to request a copy, or visit www.msms.org and choose Health Care Delivery to view the Guide in its entirety.

This information is one of the many invaluable benefits you receive with your MSMS and GCMS membership!

GCMS Hosts Human Trafficking Task Force and Co-Sponsors Seminar on Human Trafficking: What Health Care Professionals Need to Know

In late November a major seminar was held for physicians and other health care professionals to learn about human trafficking, its signs and symptoms and how to report it. One-hundred seventy professionals attended along with the local news media and several legislators. The session was followed by a press conference designed to increase awareness of the 18 bills in the Michigan Senate designed to make trafficking of humans more difficult in this state. Senators Judy Emmons, Dave Robertson and Jim Ananich were present along with Representatives Joe Graves and Phil Phelps. The slides which follow have protocols for care and key contacts for reporting. GCMS hosts the monthly meetings of the Genesee County Human Trafficking Task Force.



Genesee County Human Trafficking Task Force



HUMAN TRAFFICKING VICTIM TREATMENT PROTOCOL

- Interview victim by themselves in a separate, safe area
- Use a trusted or hospital interpreter (not patient's companion)
- Ask the key questions
- Activate Child Protection Services (if patient is a minor)
- Perform a complete physical exam
 - Document, document, document
 - Photograph injuries if possible (maintain HIPAA privacy)
- Treat all medical conditions
- Obtain the following STAT consults:
 - Social work
 - Psychiatry

IMPORTANT CONTACT INFORMATION

Local Law Enforcement

State Police

If you SUSPECT that you have encountered a victim of trafficking-please call ICE at 1-866-DHS-2ICE

The National Human Trafficking Resource Center at 1-888-373-7888

DHS Central Intake- 1-855-444-3911

LOCAL FEDERAL AGENTS

Brenda Jeanetta

313-580-0068 (cell)

Special Agent, FBI, Human Trafficking

Cara Rose

313-598-8182 (cell)

Special Agent, Homeland Security, Special Investigations

James Klawitter

313-580-0319 (cell)

Special Agent, Homeland Security, Special Investigations



Human Trafficking Awareness Presentation

Web links:

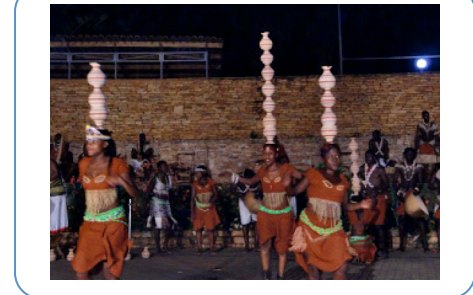
http://www.mlive.com/news/flint/index.ssf/2013/11/lawmakers_health_care_professi.html

<http://www.abc12.com/story/24028679/health-care-professionals-learn-signs-of-human-trafficking>

Since 2004, MSU's College of Human Medicine has been actively involved in the community through the Leadership in Medicine for the Underserved program (LMU). The LMU program has been based in the city of Flint since 2011 and we have been dedicated to becoming physicians equipped to serve underserved populations. In the past year, we have worked in local elementary schools, developed a community needs assessment, and met with local community agencies to learn about the various resources available for the patients we serve. This January and February, we will be taking our work to the international level by becoming involved with the Foundation for the International Medical Relief of Children (FIMRC). We will be splitting into groups and going to Uganda, Peru, Nicaragua, and Dominican Republic/Haiti to provide health education, clinical, and community outreach, encourage primary prevention of diseases, as well as provide to local clinics with medical supplies.



Today we ask for your assistance as we prepare for our upcoming venture around the world. We graciously welcome all financial contributions, as well as gifts of supplies, both medical and general. This year we are hoping to set an LMU record by raising over \$12,000 as a group! **100% of your monetary donations will go toward community projects and the purchase of medications, medical and dental supplies for patients and families in need.**



Click on the following links to donate and learn more about our program:

LMU Program: <http://lmu.msufame.msu.edu/index.php>
2013 International Experiences: <http://msuchmlmu.blogspot.com>
Donate: <http://lmu.msufame.msu.edu/donate.php>

For more information and to send supplies:

Carolina Martinez/Kathy Assiff
Attn: LMU Program
1 Hurley Plaza – 7W MSUCHM
Flint, MI 48503

OR:

Rae Schnuth, PhD
Director, Leadership in Medicine for the Underserved
College of Human Medicine
Michigan State University
East Fee Hall
965 Fee Road, Room A106
East Lansing, MI 48824
Phone: [517.355.0264](tel:517.355.0264) Fax: [517.355.0342](tel:517.355.0342)
Email: schnuth@msu.edu

Supplies Needed:

Antibiotics (for respiratory, GI, UTI infections, skin)
Anti-fungals (for yeast, nail, and skin fungal infections)
Anti-diarrheals
Anti-parasitics
Anti-inflammatory (ibuprofen, naproxen, acetaminophen)
Glucometers and Strips
Lancets
HIV Testing Kits
Analgesics
Multi-vitamins (for adults and children)
Iron supplements
Bronchodilators (puff)
Nebulizers
Decongestants
Art supplies, small and large zip lock bags
Sterile and Non-Sterile Gloves (all sizes)



Leslie L. Lemieux, JR, MD

Longtime member of the Genesee County Medical Society, Leslie L. Lemieux, Jr. MD passed away on 11/12/13. Dr. Lemieux was born in 1927 in Flint. He served in the Navy from 1945-46 and Graduated from Alma College in 1949 and then received his MD from Western University School of Medicine in 1954. His private practice was located in Flint from 1955-93. In 1973 he was appointed Assistant Clinical Professor of Internal Medicine by Michigan State University College of Human Medicine. He had privileges at Genesee Memorial Hospital and St. Joseph Hospital. He is survived by his wife Linda and two daughters, Linda and Leslie, and three step children, Richard and Harold Utley and Mary Linda Webster.

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

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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

As of 11/16/2013 State and Federal Elected Officials From Genesee County

STATE REPRESENTATIVES

GENERAL NUMBER: (517) 373-0135

48th District – Pam Faris – D

(517) 373-7557
N897 House Office Building
P.O. Box 30014
Lansing, MI 48909-7514
FAX: (517) 373-5953
pamfaris@house.mi.gov

34th District – Woodrow Stanley – D

(517) 373-8808
N798 House Office Building
P.O. Box 30014
Lansing, MI 48909-7514
FAX: (517) 373-5997
woodrowstanley@house.mi.gov

49th District – Phil Phelps

(517) 373-7515
N898 House Office Building
P.O. Box 30014
Lansing, MI 48909-7514
FAX: (517) 373-5817
repphelps@house.mi.gov

50th District – Charles Smiley – D

(517) 373-3906
N899 House Office Building
P.O. Box 30014
Lansing, MI 48909-7514
FAX: (517) 373-5812
charlessmiley@house.mi.gov

51st District – Joseph Graves – R

(517) 373-1780
S-985 House Office Building
P.O. Box 30014
Lansing, MI 48909-7514
FAX: (517) 373-5810
josephgraves@house.mi.gov

GOVERNOR AND LT. GOVERNOR

Governor Rick Snyder – R

(517) 373-3400
(517) 335-7858 (Constituent Services)
State Capitol, P.O. Box 30013, Lansing, MI 48909
FAX: (517) 335-6867
www.michigan.gov/gov

Lt. Governor Brian Calley – R

(517) 373-3800
P.O. Box 30013, Lansing, MI 48909
Brian.calley@michigan.gov

U. S. REPRESENTATIVES

9th Congressional District – Congressman

Dale E. Kildee – D

(202) 225-3611
2107 Rayburn House Office Bldg., Washington, DC 20515
FAX: (202) 225-6393
Flint Office: (810) 239-1437, Fax: (810) 239-1439
432 N. Saginaw Street, Suite 410
Flint, MI 48502
<http://www.house.gov/writerep>

U.S. SENATORS

Senator Carl Levin – D

(202) 224-6221
U.S. Senate
269 Russell Senate Office Bldg.
Washington, DC 20510-2202
FAX: (202) 224-1388
Saginaw Office: (989) 754-2494, Fax: (989) 754-2920
515 N. Washington Avenue, Suite 402
Saginaw, MI 48607
<http://levin.senate.gov/index.cfm>

Senator Debbie Stabenow – D

(202) 224-4822
133 Hart Senate Office Building
Washington, DC 20510
FAX: (202) 228-2066
Flint Office: (810) 720-4172, Fax: (810) 720-4178
432 N. Saginaw St, Suite 301
Flint, MI 48502
<http://stabenow.senate.gov/email.cfm>



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

Child & Adolescent Health (810) 237-7572

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

Child & Adolescent Dentistry (810) 768-7583

- Dental Exams & Preventive Care
- Dental Treatment & Restorations
- School Screening and Sealant Program
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This is a classic urgent care, much like family practice.

Hours of operation:

12-9 pm, 7 days a week, closed on major holidays

Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

Contact Joyce Ash at 810-232-2710 or Pete Levine at 810-733-9925.

TEXTING WHILE TREATING - PATIENTS ARE 'HORRIFIED'

By: Barbara J. Hunyady

Earlier this year, Michigan law made it a civil infraction to text-message while driving. We have all seen the media attention and advertisements focused on how dangerous it is to be performing such a task as driving, while under the distraction of using a cell phone. Keep in mind, we allow our 16-year-old children to drive vehicles. With this activity we consider our teenagers capable of performing, our law does not allow any driver to text while driving... Now consider the rigorous requirements in place for one to become a doctor. Considering the heightened level of attention that is required to treat a patient versus driving a car, it should only follow that it would be all the more dangerous to practice medicine while under the distraction of a cell phone. Imagine a jury's reaction today if they learned that during the documented time of a surgical procedure, that surgeon's phone records show he or she received and responded to a text message, took a phone call, or opened an e-mail.

Over the last couple of years, the term "distracted doctoring" was coined and the discussion has primarily been discussed in terms of patient safety. There have been reports about doctors making personal phone calls, text messaging, facebooking, tweeting, ebaying and surfing the internet while treating patients. The debate on the use of devices during treatment has graced

the pages of *New York Times*, medical journals, countless blogs and news reports. Concerns about mobile devices during treatment include infection control, electromagnetic interference with equipment, and distraction. This article takes a look at the legal perspective and possible outcomes if you were to find yourself as a defendant in a medical malpractice lawsuit.

If involved in a lawsuit, you face the possibility of eight members of the public, the jury, deciding your case. Review of the online comments to these articles provides alarming insight into the general public's view of doctors using their electronic devices while providing treatment. One patient reported being "appalled" to find out his doctors had personal conversations with co-workers or listened to music during medical procedures. Another patient questioned why she was required to turn her cell phone off in the hospital if doctors leave theirs on and answer calls. One patient had an upcoming procedure scheduled, was horrified by the news report about distracted doctoring, and planned to specifically request her doctor not allow cell phones, Nooks, or tablets in the room. Another patient believed a law should be passed to ban all personal devices from the operating room.

Meanwhile, the medical community points out that these devices are sometimes used to

contact a specialist to assist with the current patient, conduct medical research, and handle emergencies. It has also been argued that any distraction from cell phones pales in comparison to the distraction resulting from the required documentation and computer entries the medical professionals have to complete. While these arguments may have merit, the public's perception of what should be happening during their medical treatment must be considered. They are the ones who sit on the juries and decide cases. The arguments supporting use of the devices may fall on deaf ears if an attorney can prove during trial that the doctor's cell phone was used to send a personal text, access email or make a tweet, during a procedure where a patient had a poor outcome or did not survive.

When a doctor is involved in a lawsuit, there are rules which govern what information each attorney can request or subpoena from the other party. However, these rules do not provide much protection because Michigan is considered to allow "open and broad" discovery. The Michigan Court Rule itself permits "discovery regarding any matter, not privileged, which is relevant to the subject matter involved in the pending action ... [or] appears reasonably calculated to lead to the discovery of admissible evidence." MCR 2.302(B).

Under these rules, the attorney for a patient could request the personal



cell phone records of the physician and even request the physician's mobile devices themselves for analysis. Your attorney could object to such a request, but it would be up to the judge to decide. There is no doubt that the judge does have authority to order a party to turn over his or

her personal electronic devices for analysis. By the same token, if the device is requested and subsequently destroyed to prevent access, sanctions and penalties could be assessed for destruction of evidence.

You may be thinking that a cell phone analysis during a lawsuit is far-fetched. However, in this day and age it is not uncommon for attorneys to hire computer experts to analyze data on computers, cell phones, notebooks, iPads, and other electronic devices in preparation of trial. These experts often are able to provide a report tracking your every move and recover deleted information. In addition to phone records, your devices could be the gravy train an opposing attorney rides to cast you as an uncaring doctor, disinterested and distracted from your patient. Remember,

whether you or someone else is using your device during an appointment or procedure with a patient, you are the owner and will be the one who has to explain its use.

In Denver, a medical malpractice case was brought against a neurosurgeon where the surgeon talking on his cell phone with a hands-free headset device was used against him. Dr. Pete Papadakos, an anesthesiologist in New York, has publicly criticized doctors for using devices in the OR and reported he has seen doctors using Amazon, Gmail, and "all sorts of shopping." Some attorneys have placed advertisements encouraging patients who have been harmed as a result of distracted doctoring to contact them to discuss filing a lawsuit.

Whatever validity may lent to the doctor's side of the debate, in the

legal arena, the risk of creating electronic footprints during your treatment of patients is too great. This is not to say that you should fear all of your cell phone activity could be used against you, but to focus on use during treatment. The next time you or someone uses your phone while you are with a patient, stop

and think about how that would look and how it could be used against you. Do yourself a favor by committing to using your electronic devices during patient appointments only if it is directly related to that treatment or for emergencies. If these devices must used during a procedure, you need to have a habitual practice of designating another individual to answer and respond to emergencies only in a manner that will not distract you. This will aid in reducing any negative impact if your records are used against you in a lawsuit. If you have any questions or concerns about use of your devices in your practice, please contact the author at bhunyady@ccglawyers.com or 810-232-3141.

Genesee County Medical Society Board of Directors Meeting

October 22, 2013 - MINUTES

Present: Drs. Brenda Rodgers-Grays; Raymond Rudoni, Shafi Ahmed, Ed Christy, Jagdish Shah, Bobby Mukkamala, Lawrence Reynolds, Gary Johnson, Paul Lazar, Rima Jibaly, Robert Soderstrom, Cathy Blight, Bobby Mukkamala, Nita Kulkarni, Tarik Wasfie, Dan Ryan, Qazi Azher, Laura Carravallah, Hesham Gayar, Amitahba Banerjee, Nikita Dani, Farhan Khan. Guests included Drs. Faisal Niazi, Junaid Farooq and Mahmoud Shaqfeh. Jonathan Hartman, Pete Levine.

MOTION; That the Board of Directors minutes of September 24, 2013 be approved with the inclusion of Dr. Blight who was in attendance and the correction of names of residents, Drs. Esther Kisseih and Rao Rashid Moshtaq. The Motion Carried

MOTION; that the budget-to-actual report for the period ending September 3, 2013 be approved as presented. The motion carried.

MOTION; that, in order to avoid pay cuts to staff, the 2013-14 budget proposed be accepted with short and long term interventions planned by the board. The motion carried.

Motion; that a short term mandatory assessment of \$50 to every member be mailed to reduce pressure on the budget. The motion carried.

MOTION; that a fundraising group be appointed by Drs. Ahmed and Rudoni to look at dues issues as well as fundraising. The motion carried.

MOTION; to reinstate the committee to look at past ideas for long term solutions to financial problems. The motion carried.

MOTION; that the 2013-14 budget be readjusted based on the recommendations of the board of directors to double the membership maintenance fee to \$200 and add a short term assessment of \$50 and create a budget which reflects those changes and, if possible, to reinstate salaries. The motion carried.

Dr. Cathy Blight reviewed several pieces of legislation which the Legislative Liaison Committee communicated preferences about with the legislative delegation. She also reported that Dr. S. Bobby Mukkamala had testified against Senate Bill 180. Dr. Rudoni noted that there was a "white coat rally" to support the gross negligence bill.

Drs. Mukkamala and Waters reported that MSMS is seeking nominees to the Board of Medicine.

Dr. John Waters reported that the advanced directives project and the child health access project are moving forward aggressively.

Drs. Amitahba Banerjee and S. Bobby Mukkamala reviewed a memo sent to the board in July indicating the need for help from Board members regarding membership recruitment and retention. They noted that, as of this date, GCMS is

34 members short of retaining its second district director. The Board reviewed the list of dropped members for the past three years as well as a document entitled, “Seven Reasons to Join GCMS.”

Josh Richmond, MSMS Director of Membership and Political Fundraising, noted that help is needed from the Board to generate memberships. If each board member was to go out and get a couple of new members, it would solve GCMS’s membership issues.

CONSENSUS; that Josh Richmond identify how many McLaren and Hurley residents GCMS does not have so that they can be divided up among board members.

CONSENSUS; to focus appeal on anesthesiologists.

CONSENSUS; that any communication with nonmembers focus on single business tax, tort reform and the doctor tax.

CONSENSUS; that the membership retention and recruitment focus be placed on ethnic associations to generate memberships.

CONSENSUS; that the board focus on first year residents.

Dr. Rudoni offered to sponsor ER residents at Genesys. He will invite them to join and to come to a meeting and provide them with opportunities to get involved. Dr. Qazi Azher offered to sponsor four residents.

CONSENSUS; that residents be pursued and sponsored on a first come, first served basis until we get to 34.

CONSENSUS; that a Cultural Center event be held for first year residents and senior residents during the summer.

CONSENSUS; that primary care physicians be asked to put pressure on people that they refer to to join.

CONSENSUS; that a list of nonmembers be generated by specialty.

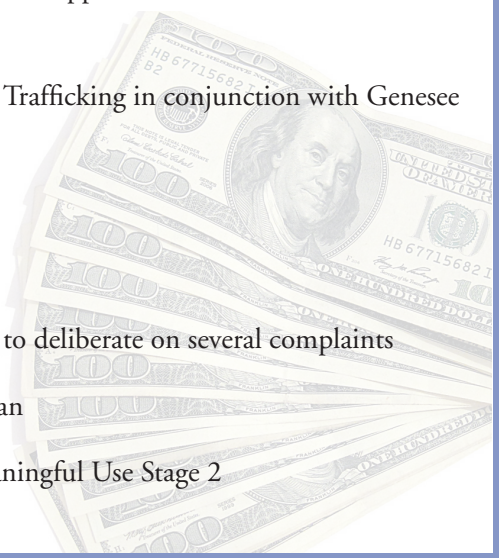
CONSENSUS; that every month GCMS publish a list of specialists who are members and ask at the head of the title, “Is your sub-specialist a member?”

The board of directors agreed to sponsor residents as follows:

Dr. Ray Rudoni agreed to sponsor ER residents at Genesys (the intern class). Dr. Shafi Ahmed agreed to sponsor four residents. Dr. Jagdish Shah agreed to sponsor two residents. Dr. Edward Christy agreed to sponsor ten residents. Dr. Lawrence Reynolds agreed to sponsor five residents in family practice at Genesys. Dr. Paul Lazar agreed to sponsor five family medicine residents. Dr. Nikita Dani agreed to sponsor four residents. Dr. Qazi Azher agreed to sponsor four residents (check attached). Dr. Dan Ryan to sponsor four residents. Dr. Nita Kulkarni agreed to sponsor six ob residents and will talk to Dr. Hardas to ask her to counsel ob residents. Dr. Hesham Gayar agreed to four family medicine residents if any are left out. Dr. John Waters agreed to sponsor four residents, two in ophthalmology. Dr. Amitahba Banerjee agreed to sponsor two residents. Dr. S. Bobby Mukkamala agreed to sponsor three ENT residents. Dr. Gary John agreed to sponsor one resident. Dr. Robert Soderstrom agreed to sponsor four residents.

Dr. Rudoni reminded everyone of the upcoming ball and encouraged people to sign up. He also reported that at the next board meeting there would be several new board members. He also thanked Dr. Jagdish Shah for his over 30 years of board membership, and noted that Drs. Mukkamala, Jawad Shah, Anne will be no longer on the board next year. He noted that collectively these individuals represent decades of service to the profession and to their patients.

YOUR \$\$\$ AT WORK

- S** GCMS and GCMSA leaders and members worked hard with MSMS in opposition to Senate Bill 2 which would expand scope of nursing practice
 - S** GCMS coordinated PR and media coverage for seminar on Human Trafficking in conjunction with Genesee County Human Trafficking Task Force
 - S** GCMS worked with MSMS to encourage Congress to fix SGR
 - S** The Presidents Ball was held
 - S** GCMS Mediation subcommittee of its Peer Review Committee met to deliberate on several complaints
 - S** GCMS referred complaints against non-members to State of Michigan
 - S** GCMS held a large meeting for members' practice managers on Meaningful Use Stage 2
- 

GCMS MEETINGS

– DECEMBER 2013 –

Recessed – 8 a.m. Legislative Liaison Committee @ GCMS

Recessed – 5:15 p.m. Finance Committee @ GCMS

Recessed – 6 p.m. GCMS Board of Directors @ GCMS

**Recessed – 12:30 p.m. Community & Environmental
Health Committee @ GCMS**

Recessed – 8 a.m. Practice Managers @ GCMS

HAPPY BIRTHDAY DOCTOR

DECEMBER

Piyush Patel Jr	1	Lily Lim	10	Siavosh Varjavandi	22
Samiullah Sayyid	1	Ureddi Mullangi	11	Gail Cookingham	22
Gary Wease	1	Frank White	11	Peter McLeod	23
Sridhar Rao	3	Randy Hicks	12	Sukamal Saha	23
Basim Towfiq	3	Zheng-Ping Guo	12	Russell Becker	23
Sumathi Mukkamala	4	Yogesh Jagirdar	12	Abd Alghanem	25
Paul Lauber	5	Tejal Joseph	12	Edgardo Paguio	26
Randall Sturm	5	Ahmed Hamoda	13	Mohammad Ashraf	27
Eduardo Reyes	6	John Martin	14	Robert Michels	27
Mohamed Mansour	6	Edward Stack	17	David Dobies	28
Miriam Pellerito	7	Nimrod Golovoy	17	Saqib Hasan	28
Imran Shafique	7	F Dale Roth	18	Haesook Kim	28
Vaibhav Sahni	7	Gagandeep Singh	18	David Eilender	29
Abner Espinosa	8	Jack Benkert	19	Evelyn Del Rosario	30
Stephen DeFriez	8	Samasandrapalya Kiran	20	Leon Friedman	30
Mary Marshall	9	Elna Saah	20	Paul Schroeder	30
William Nail	9	Rao Botta	22		

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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

9:30am – 9pm, 7 days a week, closed on major holidays
Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

Contact Pete Levine at 810-733-9925.



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.

GENESEE COUNTY MEDICAL SOCIETY ALLIANCE

• AMA Foundation Holiday Greeting 2013 •

Contributor(s) _____

Amount of Contribution \$ _____

Address _____

DESIGNATED FUND:

Scholars Fund _____

(Medical School Name, City, State)

Fund for Better Health _____

Development Fund _____

Mail your completed form, along with check payable to The AMA Foundation,
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MEDICAL SOCIETY**
120 W. Saginaw, Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762

**State and County Medical Society
Membership Application**

**GENESEE COUNTY
MEDICAL SOCIETY**
4438 Oak Bridge Dr., Suite B
Flint, MI 48532
810-733-9923



Please PRINT or TYPE

FULL NAME _____ MD or DO (Circle One)
Last First Middle Initial

HOME ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

PRACTICE NAME _____
Office Fax Number

EMAIL ADDRESS _____ For mailing, please use (check one): Office address Home address

BIOGRAPHICAL DATA Sex: Male Female Birth Place _____ Date of Birth _____
Month Day Year

Maiden Name _____ Spouse's Name _____

Languages Spoken _____

Government Service (check one): Military National Health Service Beginning Date _____ Completion Date _____

EDUCATION (please complete or attach CV)

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED	
			Beginning	Ending
College/University _____	_____	_____	_____	_____
Medical School _____	_____	_____	_____	_____

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE
_____	_____	_____
_____	_____	_____

License: MI # _____ Date Issued _____ ECFMG # _____

License held in other states/countries (list states or countries) _____

PROFESSIONAL DATA

Present Type of Practice (check appropriately):

OFFICE BASED: Solo Hospital Based Teaching Research Government
 Group Practice Name _____ Other (specify) _____

Specialty(ies) _____

Board Certifications (list specialties & dates) _____

Present Hospital Appointments (list dates) _____

Practice History _____

Previous Medical Society Membership (list dates) _____

Specialty Society Memberships _____

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

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

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

I agree to support the GENESEE COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date _____

WHEN COMPLETED, please mail to MSMS or Genesee County Medical Society, or FAX to 517-336-5797. THANK YOU!

