

THE Bulletin

SEPTEMBER 2013 Volume 90, Number 9



SPECIAL OBESITY ISSUE
SOCIAL NETWORKING ISSUES
FOR PHYSICIANS
COME TO TALENT SHOW 9/6
PRESIDENTS' BALL 11/9

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THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Dr. Cyrus Farrehi.

Our Vision

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

Our Mission

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

PLEASE NOTE

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

THE BULLETIN

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TO OUR MICHIGAN LEGISLATURE – WE CAN AND WE MUST DO BETTER!

The next few weeks are critical to the health and well being of nearly half a million Michiganders. The opportunity for our Legislature to put aside politics and do the right thing by expanding Medicaid is upon us. The ability to provide baseline medical coverage for some of our most vulnerable citizens is a critical step toward improving health care outcomes and controlling cost.

My colleagues from Michigan State Medical Society have reminded me of the importance of using a clinical story as a way to express the hardships many Michiganders face on a daily basis as it pertains to health care access, cost and at times the difficult choices individuals have to make when they have no form of coverage. Sometimes a story paints a vivid picture, so first some facts, then a story.

Every physician in the house of medicine, especially in a state such as Michigan, cares for patients who are under or uninsured. It is part of the job. Clearly some specialities are engaged more frequently than others, simply as a result of where they practice. Recently, the American College of Emergency Physicians released a report by the RAND corporation, outlining the role played by our nation's EDs in this regard:

- ED physicians account for 4% of the physician workforce.
- Eleven percent of all outpatient visits were provided in the ED.
- Twenty-eight percent of all acute care visits, of which half are Medicaid or CHIP beneficiaries, are provided in our nation's EDs.
- Two-thirds of all uninsured acute visits occur in the ED.

Now a story. Last month I picked up the chart of a 30 year old woman, chief complaint chest pain and DIB. The patient had already been to an urgent care center (which she felt she could afford even through she was uninsured) several days prior, but was not feeling better and actually thought her symptoms were worsening.



Ray Rudoni, MD

Her decision to present to the ED was her last option, as she did not have a primary care physician and was extremely scared she was having a heart attack or a blood clot in her lung.

Details of the history and physical exam are irrelevant, the point of the story surfaced when I suggested that she would need blood work, an EKG, and possibly a CT scan (up to this point all she had was course of oral antibiotics). I did my best to explain the rationale and differential diagnosis, but I was not prepared for what came next. The patient broke down in tears, stated she had no way to pay for any of the work up I suggested. She

is a student, a mother, has an apartment payment, and needed to know the total cost of what I proposed prior to consenting to any of it. Now what?

I told her I would solicit assistance from one of knowledgeable case managers in order to try and answer some of her relevant financial questions and in the meantime reinforce the importance of a complete evaluation to rule out potentially serious medical conditions.

I returned a few moments later and found the patient dressed, and wanting to leave. She apologized over and over again. It was not my medical care, it was not the staff, it was not the hospital, it was simply a choice she had to make in order to stay financially viable. Needless to say, I felt helpless, and worried about this patient and the consequences to her and her family if indeed she was experiencing a life threatening illness for which the diagnosis and management opportunities were missed due to this patient's lack of health care insurance.

This is one of many stories. They are becoming more common for us in the ED, and many physicians throughout the state. Patients should NOT have to choose between their physical well being (and that of their family) and making an apartment payment. We Can and We Must do better, the time is now! Call your legislators!

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WE CAN HELP PATIENTS HELP THEMSELVES

“Where there’s a will, there’s a won’t.”
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.

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 one 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 doctors’ 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



Daniel Ryan, MD

squeeze a bottle or tube due to arthritis. Some medications have an unpleasant taste or odor, or the pills 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. 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.

September Dinner Business Meeting
**GCMS/GCMSA ART, TALENT
AND CRAFT SHOW**

ATTENTION

GCMS and GCMSA Members with Talent
Bring all your friends, colleagues and family

Talent Show Featuring GCMS & GCMSA Members

(and Members' Practice Managers)

Join your fellow members, sponsors and guests for an evening of friendship, fun and entertainment. Sit back and relax as our gifted members entertain you with songs, dances, poetry and instrumental recitals, immediately after dinner and a short business meeting. And while you are there, don't forget to check out the artwork, jewelry, sculpture and a variety of other items made by our members on display for the evening. If you have a talent you would like to share with the group, please call ASAP.

Have a great summer!

FRIDAY, SEPTEMBER 6, 2013

Genesys Conference Center

5:30 p.m. - Socializing and viewing art

7:00 p.m. - Dinner and meeting

7:30 p.m. - Talent show

RSVP regarding participation and to reserve to attend:

Peter Levine (810) 733-9925 Cheryl Thoms (810) 732-7719

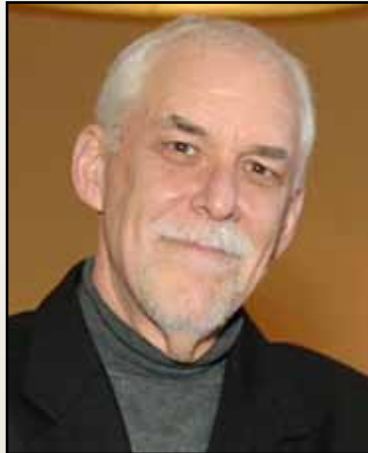
OBESITY EPIDEMIC LEVELS (WITH PERSONAL REFLECTIONS)

This issue of *The Bulletin* is very special. It contains an absolutely timely and utilitarian article on obesity in Flint and what physicians can do about it. This is a long article with a lot of vital content, a lot of links to helpful websites, and an offer of extremely helpful materials for a physician's practice.

Organizationally, the Blue Cross and Blue Shield of Michigan encourages you to use this material aggressively, and to adapt your practice to focus on obesity, perhaps even more than it currently does, because of its impact on community-wide morbidity, costs, and economic development factors for the future.

On a personal level, I can assure you that your patients want to hear from you. I have told you in previous director's messages how important reinforcement from my family and my physician were to me in my lifestyle change process. Without the help of my doctor, and other doctors with whom he had me consult, it would have been much more difficult to achieve what I have. The same is true for all of your patients, some of whom may be extremely irritated by the concept of being advised on weight issues, but ultimately they will appreciate every bit of it, especially when they realize how much better they feel with minor adjustments to their weight.

Unfortunately in Genesee County, obesity is no longer an epidemic; it is endemic. We are abnormally



Peter Levine, MPH

overweight. The self image of the community is often a reflection of our own perceptions of ourselves. Sadly, that is a perception that must change. It is up to all of us to work on it. This is an endeavor which we can pursue in practices, within our families, and by providing reinforcement among our friends.

On a personal level, if I can help in any way by talking to any of your patients, I would be happy to do it. Nick Bendall from our staff is always available to come to your office to provide training for your staff and bring materials, until the 1st of November. So take advantage of him while you can. He can be reached at nbendall@gcms.org.

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GCMS MEETINGS

– SEPTEMBER 2013 –

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

9/4 – 7:30 a.m. Bulletin Committee @ GCMS

9/24 – 5:15 p.m. Finance Committee @ GCMS

9/24 – 6 p.m. GCMS Board of Directors @ GCMS

9/25 – 12:30 p.m. Community & Environmental Health Committee @ GCMS

9/26 – 8 a.m. Practice Managers @ GCMS

SAVE THE DATES!
Talent Show and Dinner
Business Meeting 9/6/13
Presidents' Ball
11/9/13

FOR LEASE

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- 6 Exam Rooms, Fully Plumbed
- 3 Restrooms
- Break Room
- 4 General Offices
- X-Ray Area



SUITE A - MEDICAL AREA 2,786 SQ. FT.

- Patient Seating Area
- Reception/Clerical Work Area
- Patient File/Storage (Sideways Sliding System)
- 6 Operatories, Fully Plumbed
- 3 Restrooms
- Break Room
- Lab Room
- 1 General Office
- X-Ray Area



Contact: James Wascha or
Renee Waswick (810) 695-6153

e-mail: jw@waschalaw.com
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Announcement

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**SAVE THE
DATE
FOR 2013**

**PRESIDENTS'
BALL ON
NOVEMBER 9**

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

Child & Adolescent Health (810) 237-7572

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

Child & Adolescent Dentistry (810) 768-7583

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The Obesity Epidemic: What Genesee County Physicians Can Do About It

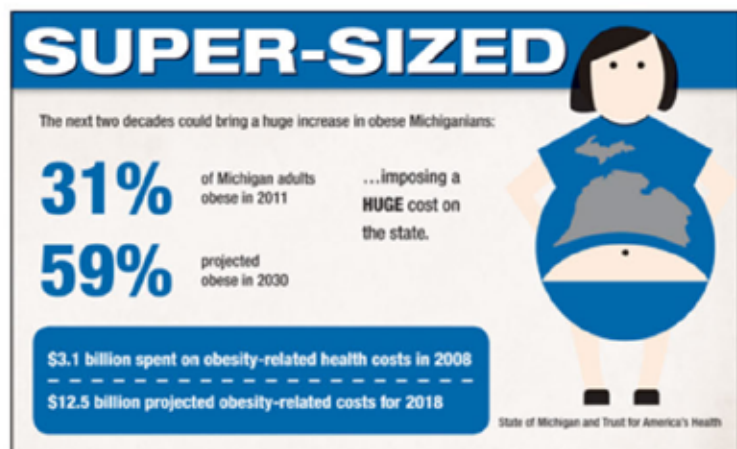
Michigan recently jumped to the fifth fattest state in the nation as the number of obese adults expanded from 30.5% to 32%, according to the annual "F as in Fat" report by the Trust for America's Health (2012). The issue is worse locally – Genesee County ranked 77th in Health Behaviors out of 82 counties in Michigan, with adult obesity at a whopping 36%, higher than both the state (32%) and national (25%) averages (County Health Rankings, Robert Wood Johnson Foundation, 2013)



while **Genesee County's combined obesity/overweight rate of residents is a staggering 71%.**

A recent study found that the average American is 41 pounds heavier than the rest of the world's average person, and while North America makes up only 6% of the world's population, it makes up one third of the world's weight due to the extreme rates of obesity and overweight (Cafferty, 2012). Children, too, have been in the spotlight as child obesity rates now affect more than 12.5 million youth (McKay, 2012). Even more shocking is that approximately 50% of people do not recognize childhood obesity as a problem, and 75% of parents with overweight or obese kids did not see their children as having a weight issue (Teegardin, 2011).

It is well documented that there are many health risks associated with being overweight and obese. The high prevalence of obesity negatively impacts the already high cost of health care in the U.S. Over the next 20 years, those extra pounds in Michigan are expected to contribute to the increase in obesity-related diagnoses including 1.4 million new cases of type 2 diabetes, 2.9 million new cases of coronary heart disease and stroke, 2.6 million new cases of high blood pressure, 1.7 new cases of arthritis, and nearly 400,000 new cases of obesity-related cancer. That translates to a 19% increase in health care costs by 2030 (Trust for America's Health, 2012).





COMMIT TO FIT!

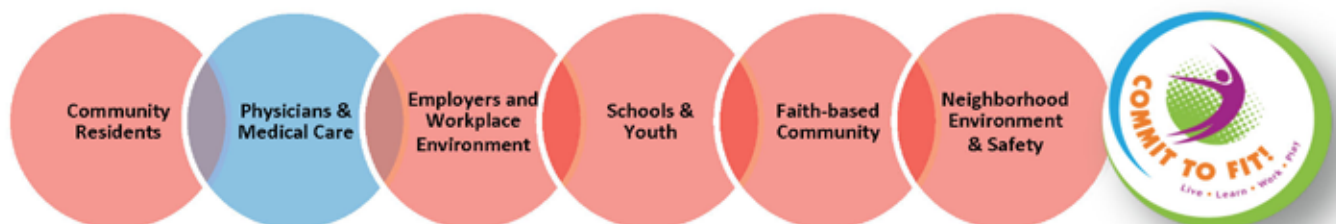
Live • Learn • Work • Play

Physicians are uniquely positioned to significantly impact the rising costs of health care linked to obesity with the opportunity to counsel their patients on healthy weight loss and weight management strategies during primary care visits, an opportunity that only a small portion of patients (29-42%) report experiencing. This area of opportunity has the potential to have a major influence on weight loss among those that are overweight/obese, as the majority of patients (75%) want their physician to play an active role in their weight management and treatment. Physician involvement in weight management has led to improved outcomes for overweight/obese patients as they are twice as likely to attempt weight loss strategies, more likely to use appropriate methods to lose weight, and more likely to successfully take off the pounds.



With increased concern for the health of the Genesee County and City of Flint population, the Greater Flint Health Coalition (GFHC) launched *Commit to Fit!* in May of 2011. A local initiative promoting active living and health behavior improvement among community residents, to-date over 130 local physician offices and 354 physicians are utilizing and displaying various *Commit to Fit!* materials, and over 50,000 Genesee County residents have been engaged in *Commit to Fit!* activities.

Commit to Fit! serves as a unique resource to physicians by offering a variety of opportunities to engage patients and office staff in improving and maintaining a healthy lifestyle, such as health promotion and education materials, an interactive website (commit2fit.com) to track and monitor patient progress related to a variety of behavioral measures, social engagement tools, free fitness classes, wellness challenges, and health improvement strategies for youth.



Provider Engagement & the *Commit to Fit!* Physician's Toolkit

The *Commit to Fit!* Physician's Toolkit is a collaborative project of the GFHC's Health Improvement Steering Committee and the Genesee County Medical Society. This resource was created as an outgrowth of both the GFHC *County Health Rankings Action Plan* and the Healthy Weight Collaborative, a national effort led by the National Initiative for Children's Healthcare Quality (NICHQ), in partnership with the Health Resources and Services Administration (HRSA) to reverse the obesity epidemic.

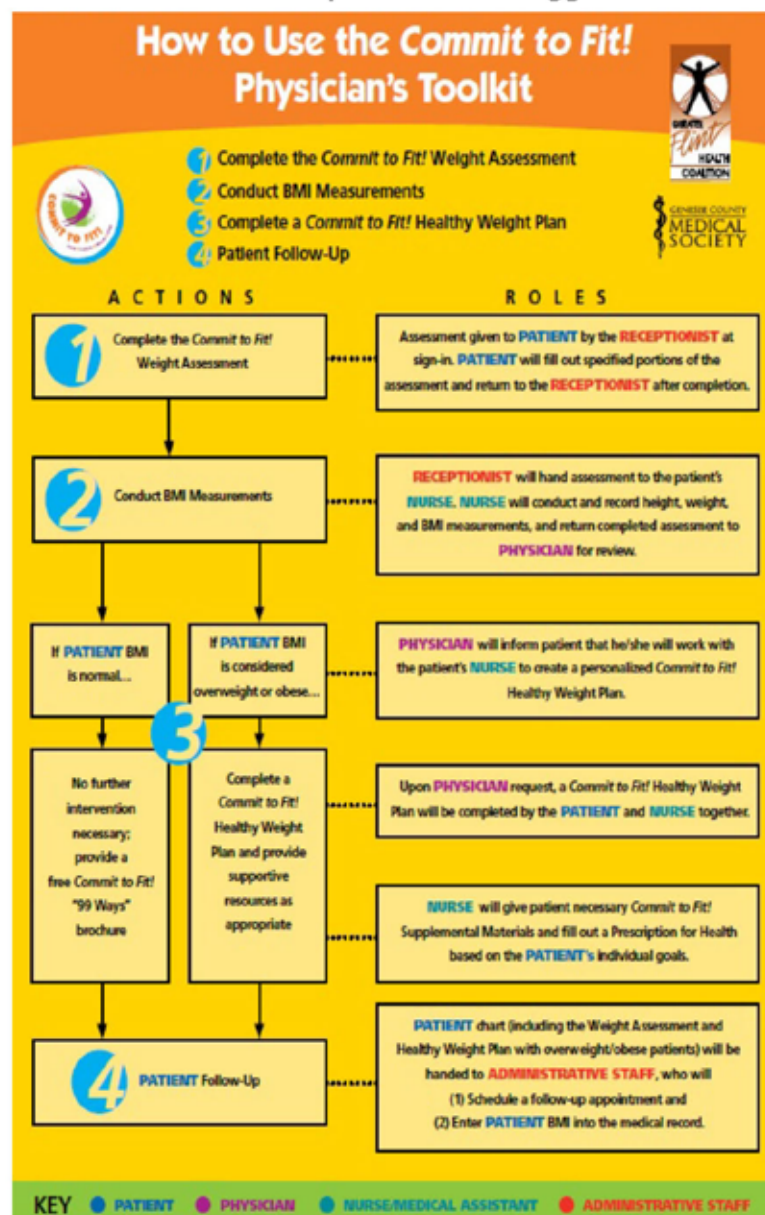


The *Commit to Fit!* Physician's Toolkit is structured to assist Genesee County physicians with improving a patient's healthy weight and related factors of physical activity and nutrition. This Toolkit offers health referral resources to patients and suggests methods to improve the physician-patient relationship. It is available for physicians throughout the county.

Toolkit Process: Overview


The *Commit to Fit!* Physician's Toolkit is designed to provide physicians with an easy to use roadmap for improving the physician-patient interaction relative to maintenance of a healthy weight by providing individualized interventions via encounter and referral tools that:

- **Assess the patient's weight;**
- **Address individual health goals, health behavior improvement, and patient follow-up referrals;**
- **Allow the physician to write prescriptions for physical activity to be tracked via *Commit to Fit!* resources that are of no cost to the patient.**



Healthy Weight Assessment

Used as an initial screening for patient health behaviors, the healthy weight assessment is distributed to patients (or caregivers) when they sign-in for their visit. The patient's responsibility is to fill out specified portions of the form to the best of their knowledge, while physician office staff will fill out the BMI Measurement portion of the assessment. Customized for both adults and children, the Healthy Weight Assessment is available in adult and children forms to suit your patient population.



Commit to Fit!

Weight Assessment: Adult (18 and Over)

DEMOGRAPHICS (To be filled out by the patient)

First & Last Name:			
DOB:		Gender (Circle One):	M F
Address:			
Preferred Phone:		Home Cell Work (Circle One)	
Race/Ethnicity (Circle One):	White African American American Indian Asian Indian Japanese Chinese		
	Other (Please List):		
Language (Circle One):	English Spanish Other (Please List):		

BMI MEASUREMENT (To be filled out by the physician)

Date:	Height:	Weight:	BMI:	= weight (lb) / [height (in)] ² x 703
BMI Classification (Check One):				
	Underweight (BMI <18.5)			
	Healthy Weight (BMI 18.5-24.9)			
	Overweight (BMI 25.0-29.9)			
	Obese (BMI >30.0)			

HEALTHY BEHAVIORS ASSESSMENT (To be filled out by the patient)

How many servings of fruits and vegetables do you eat a day?			
How many times a week do you eat breakfast?			
How many times a week do you eat takeout or fast food?			
How many hours a day do you watch TV/movies or sit and play video/computer games?			
Do you have a TV in your room where you sleep?			
Do you have a computer in your room where you sleep?			
How many hours of sleep do you get per night?			
How much time a day do you spend in active play (faster breathing/sweating)?			
How many 12-ounce servings of the following do you drink a day (12 oz. = 1 can of soda or pop):			
100% Juice:	Fruit or Sports Drinks:	Soda or Punch:	
Water:	Whole or 2% Milk:	1% or Skim Milk:	
Please rate your stress level below (Circle a Number):			
0 1 2 3 4 5 6 7 8 9 10			
<i>Little or no stress</i>		<i>A great deal of stress</i>	

PHYSICIAN ADDITIONAL NOTES

Physician Signature: _____ Date: _____

Patient Signature: _____ Date: _____

www.commit2fit.com

Healthy Weight Plan

The healthy weight plan is used to assess patients' readiness to change, facilitate goal setting, and connecting patients to health resources. This plan should be completed by patients whose BMI measures at 25 or higher (which is considered overweight or obese). The Healthy Weigh Plan is customized for both adults and children to suit your patient population.

Adult Healthy Weight Plan _____ (Name)

SETTING A GOAL

Here are some things other people have decided to do for their health. I would like to set goal(s) to:

<input type="checkbox"/> Eat at least 5 servings of fruit/vegetables a day <input type="checkbox"/> Avoid sugar-sweetened beverages <input type="checkbox"/> Get at least 60 minutes of physical activity every day <input type="checkbox"/> Limit screen time (computers, video games and TV)	<input type="checkbox"/> Monitor my weight status regularly <input type="checkbox"/> Manage my stress <input type="checkbox"/> Get enough sleep <input type="checkbox"/> Other: _____
---	--

ACHIEVING MY GOAL

You can use various *Commit to Fit!* tools based on the patients identified goals. See the the "Supplemental Materials" section for a complete list of tools.

1. How important is it to me to make this change? (Circle One)
 0 1 2 3 4 5 6 7 8 9 10
Not at all important *Extremely important*
2. What might make it difficult for me to achieve my goal (what are the barriers)?

3. Steps I will take to make this change (include the what, when, how and with whom):
 - a. _____
 - b. _____
 - c. _____
 - d. _____
4. How confident am I that I can carry out this plan? (Circle One):
 0 1 2 3 4 5 6 7 8 9 10
Not at all confident *Extremely confident*
5. Information or support I might need in accomplishing my goal:

6. I will know my plan is working when:


7. I will celebrate my success by:

8. I agree to this plan of action and will review my plan and progress on _____ with _____
 by _____ (Date) _____

REFERRALS

I need more information about how to improve my health! I want to:

<input type="checkbox"/> Register as a user on www.commit2fit.com , and log onto the website daily. <input type="checkbox"/> See my primary care doctor, _____ (Name) by _____ <input type="checkbox"/> See a dietician or nutritionist to talk about healthy eating. <input type="checkbox"/> Be referred to community agencies where I can exercise. <input type="checkbox"/> See a therapist or social work to discuss my emotional and social health.	<div style="border: 1px solid black; padding: 5px; font-size: small;"> All patients should register as users on the website, as it addresses all health goals. </div>
---	---




I give my permission to forward this information about my health assessment and my plan to the health professional(s) I want to see.
 Signature of Individual: _____ Date: _____

Commit to Fit! Prescription for Health

To coincide with the Healthy Weight Plan, the **Commit to Fit! Prescription for Health** defines individual patient goals & increases patient accountability and participation.

Commit to Fit! Prescription for Health



Patient Name: _____

What To Do:

<input type="checkbox"/> Increase Physical Activity	<input type="checkbox"/> Improve My Sleep Habits
<input type="checkbox"/> Improve My Food Choices	<input type="checkbox"/> Reduce My Stress
<input type="checkbox"/> Change My Tobacco Use	<input type="checkbox"/> Other: _____

Specific Activity: _____

How Much/How Often:

How Much (In Minutes): _____

How Often: (Per Day or Week): _____

When: (Time of Day/Day of Week): _____

My Doctor And I Will Discuss My Progress In Improving These Habits On (Date): _____

Physician Signature: _____ **Date:** _____

Patients can be referred to the *Commit to Fit!* website (www.commit2fit.com) to regularly track health behaviors and measure progress at follow-up appointments. Progress reports can be printed and taken to the next medical appointment.

To support you in this Prescription for Health, the *Commit to Fit!* interactive website will help motivate you to become healthier through tracking health behaviors, participating in challenges and interacting with others that have similar health goals.

- Go to www.commit2fit.com
- Complete the registration (one-time only) and create a username and password
 - ✓ When registering, associate yourself with your business/organization group
 - ✓ If you are not associated with a business/organization/group, you may associate yourself as a "Resident"
- Once registration is complete, use the website to track your progress
 - ✓ Click on the "My Challenges" link on the left sidebar to join challenges throughout the year
 - ✓ Click on the "My Trackers" link on the left sidebar to record daily health habits using the *Commit to Fit!* Activity, Weight, Nutrition and Hydration trackers
 - ✓ Click on "Health Tips" to read about easy tips and tricks to improve health behaviors

To print tracking reports for your physician, simply click on "History" under the "Profile" tab on the left sidebar of the web page and choose "Activity History" or "Tracker History." Print off each report to bring to your next doctor's appointment.



Reimbursement for Obesity Counseling Using *Commit to Fit!* Physician's Toolkit



The following information represents physician reimbursement options when utilizing the *Commit to Fit!* Weight Assessment and Healthy Weight Plan for obesity counseling.

Medicare Coverage – CMS Guidelines for Obesity Counseling

Coverage & Services	ICD-9 Diagnostic Code	CPT/HCPCS Code	Reimbursement Amount
<ul style="list-style-type: none"> • Obesity Counseling <ul style="list-style-type: none"> ○ Face-to-Face ○ Provided by a primary care physician ○ Provided in a primary care setting ○ Minimum 15 minute sessions ○ Patient BMI \geq 30 ○ Maximum of 22 visits allocated in a 12 month period <ul style="list-style-type: none"> ▪ 1 visit per week in first month ▪ 1 visit every other week in months 2-6 • 1 visit every month for months 7-12 if patient has met the 6.6 lb. weight loss requirement in first six months 	V85.30 – V85.40 series <i>NOTE: The V85 series code for obesity must be included in a patient's diagnosis in order to use the G0477 obesity counseling code</i>	G0447 <i>NOTE: G0477 may be billed in addition to a regular E & M coded visit (in this case patient would not have a copay for these services)</i>	\$24.50

Other Medicare Coverage for Obesity Counseling

Both **Blue Cross Blue Shield of Michigan** and **HealthPlus of Michigan Medicare Plans** follow CMS guidelines and offer the same reimbursement.

Commercial Insurance Coverage for Obesity Counseling

Insurer	Specific Plan	ICD-9 Diagnostic Code	CPT/HCPCS Code	Reimbursement Amount
Blue Cross Blue Shield of Michigan	<ul style="list-style-type: none"> • <i>Commercial Plan: Coverage varies depending on group - if covered, copays may apply to services provided by out-of-network providers</i> 	Physician's office should consult BCBSM for billing and reimbursement amounts for commercial clients.		
HealthPlus of Michigan	<ul style="list-style-type: none"> • Follows CMS Guidelines– if covered, copays may apply to services provided by out-of-network providers 	V85.30 – V85.40 series	G0447	\$21.25
McLaren Health Plan	<ul style="list-style-type: none"> • Currently does not offer reimbursement for obesity counseling 	N/A	N/A	N/A

Medical Group Visits – One Way to Address Obesity’s Impact on Chronic Disease

Group Visits offer an evidence-based clinical model for treating health conditions impacted by obesity and overweight. Group visits, also known as shared medical appointments, offer one-on-one medical evaluation with a group educational session that emphasizes self-management behaviors. Typically a group visit involves 7-12 patients with a common diagnosis meeting for a 1½ to 2 hour medical appointment with a physician and medical staff. Group visits provide the perfect forum for presenting on topics such as nutrition, diet, exercise, and specialty services. Family members may attend and learn how to offer support in promoting healthy behaviors.

The Greater Flint Health Coalition’s Group Visit Project has developed a number of resources to assist medical practices in implementing group visits. All resources are available online at http://www.gfhc.org/cp_diabetes_group_visit.html or by contacting the GFHC at (810) 232-2228 or gfhc@flint.org.



The **Medical Group Visit Implementation Guide** is a concise how-to manual outlining the essential process steps and information required for implementing group visits to treat any health condition. The Guide addresses patient recruitment, curriculum development, group facilitation, privacy requirements, and reimbursement.

The Group Visit Project has created a detailed **Group Visit Curriculum for the Treatment of Obesity**. This curriculum follows the Five A’s model of evidence-based behavior change counseling adopted by the United States Preventive Services Task Force (USPSTF) and required by the Centers for Medicare and Medicaid Services (CMS) for Medicare reimbursement of Intensive Behavioral Therapy for obesity. Covering a series of eight group visits, the Curriculum provides a template for the process and topics to cover with patients at each visit. The Medical Group Visits Implementation Guide is available to download at www.gfhc.org.

When obesity group visits are combined with the treatment of another chronic disease condition such as diabetes, chronic pain, or congestive heart failure, the visits may be billed utilizing the same evaluation and management (E/M) codes as traditional office visits as long as proper documentation of the visit occurs. CPT codes 99212 through 99215 are the appropriate level office codes to utilize for group visits in which the chronic disease is being addressed through E/M. These codes are supported by CMS as well as Blue Cross Blue Shield of Michigan, HealthPlus of Michigan and the Genesee Health Plan.

In absence of the treatment of a chronic condition, group visits centered strictly on obesity counseling may be billed to Medicare following the guidelines outlined on the previous page.

Where Can I Refer My Patients for Opportunities for Physical Activity?

Patient Education Materials

To facilitate healthy behaviors among patients and local residents, *Commit to Fit!* offers multiple health education tools to educate and motivate patients to be more physically active and improve their eating habits. These patient education tools include the "99 Ways to Better Health" brochure outlining simple ways to improve health that can be practiced by patients, and the 4x4 Pocket Card which acts as a reminder to patients to engage in specific health behaviors.



Commit to Fit! Offers FREE Fitness Classes to the Community

To increase the widespread practice of healthy behaviors among Genesee County/Flint residents, *Commit to Fit!* continues to offer free fitness classes to local residents multiple days per week at three different community locations.



Offered as a resource to promote learning and the consistent practice of healthier behaviors, these *Commit to Fit!* classes are specifically designed at the beginner level to help teach residents how to be active and eat healthier. Classes include Zumba Gold and Basic Yoga, and take place at Hurley Health and Fitness Center, Genesys Athletic Club, and the Riverfront Banquet Center. In the fall of 2013, the University of Michigan-Flint Recreation Center will host *Commit to Fit!* fitness classes, as well.



As *Commit to Fit!* provides these opportunities for residents to be safe and active while increasing education on how to practice healthier lifestyles, participants are only asked to complete a brief registration form at the fitness center prior to attending each class. Classes are free-of-charge to Genesee County adult (ages 18 & up) residents and employees on a first come first serve basis. To view the monthly calendars of the *Commit to Fit!* fitness classes, please visit www.commit2fit.com.



FREE *Commit to Fit!* Health Behavior Improvement Website – www.commit2fit.com – Help Your Patients Improve their Health!

The *Commit to Fit!* website serves as a free tool for individuals who live or work in Genesee County to aid them in becoming more active, eating better, and living healthier. This web-based interface assists in health behavior tracking and also functions as a health behavior improvement registry that documents behavioral progress and helps to sustain participants' health transformation. It



serves as the community's virtual "hub" for active living, good nutrition, and healthy lifestyle activities by connecting participants to community events and resources while providing a health-focused social network and support system and an array of "health tips" designed to educate users on how to become healthier, happier individuals.

Health Behavior Tracking Made Simple

Count Activities

Enter date:

Choose an activity:

Enter minutes:

(0 Steps)

The *Commit to Fit!* **Activity Tracker** allows users to track the activities they perform each day. Participants can simply choose the activity and length of time performed, and the tracker will automatically calculate the equivalent number of steps.

The **Nutrition Tracker** allows users to track the number of servings of fruits and vegetables, whole grains and other grains, lean proteins, and dairy products they consume each day.

My activity for week starting:

Trackers: Fruits and Vegetables Whole Grains and Other Grains Lean Proteins Milk

Fri, Jul 12 9 Servings

The **Hydration Tracker** allows users to track the number of servings of water they drink each day – a key to good health!

My activity for week starting:

Fri, Jul 12 8 Glasses

To allow for consistent monitoring of health behaviors, patients can easily print their health behavior reports to bring with them to office visits.

Upcoming Community-wide *Commit to Fit!* Wellness Challenges

Commit to Fit! facilitates an annual series of community-wide health and wellness challenges to encourage local residents to practice and track healthy behaviors including physical activity, nutrition, and hydration with a variety of individual and organizational incentives provided to ensure engagement and motivation. A variety of challenges are offered year-round. **These are free-of-charge to residents and physician offices are encouraged to promote them to patients and staff!**

NEXT COMMIT TO FIT! CHALLENGE OPPORTUNITIES



**REGISTER
YOUR BUSINESS
NOW!**

Physician offices and their patients are welcome to join!

October 1st - October 31st 2013

The 3rd Annual *Fall 4 Fitness Challenge* is a one month business-to-business challenge to encourage employees to represent their organizations by being physically active for at least 30 minutes a day over the challenge period. It is available to all area businesses and organizations interested in bringing wellness to the workplace and enjoying some "healthy" competition.

To register your business, complete the brief business commitment form by visiting:

<https://www.surveymonkey.com/s/F4F2013>

CHALLENGE	DATES	DESCRIPTION
	<p>A four week, individual challenge taking place:</p> <p>November 25th – December 20th 2013</p>	<p>A challenge focusing on promoting health and happiness during the holiday season through practicing various health behaviors.</p>
	<p>An eight week, individual challenge taking place:</p> <p>January 3rd - February 28th 2014</p>	<p>A challenge focusing on healthy living and community unity as participants share a common goal of healthy weight loss in the New Year.</p>

FOR MORE INFORMATION, VISIT WWW.COMMIT2FIT.COM YEAR ROUND

Where Can I Refer My Patients for Healthy Food Options? Nutrition Resources Available in the Genesee County & Flint Community

The **Flint Farmers' Market** provides the Flint and Genesee County community with a year round public market with 30 vendors inside the building; featuring several produce vendors, a meat market, poultry, breads and baked goods, cheese, a wine shop, an art gallery, a cafe, middle-eastern and Mexican groceries, and many unique gifts. The Flint Farmers' Market is located at 420 E. Boulevard Drive in downtown Flint, and is open Tuesday and Thursday 9:00 am – 5:00 pm, and Saturdays 8:00 am – 5:00 pm.

The Flint Farmers' Market provides local residents with unique opportunities to facilitate the consistent practice of healthy food behaviors. Below are some great resources for community residents and patients to take advantage of:

- **American Culinary Federation & Mott College Culinary Arts** students provide cooking demonstrations throughout the year at the Flint Farmers' Market. On Saturdays, a professional chef is on site to provide patrons with the unique opportunity to "Ask the Chef", a program designed to facilitate nutrition education to shoppers in a convenient, informal environment.
- The Flint Farmers' Market also provides space for nutrition classes, particularly for low-income families. MSU Master Gardeners are also on site at the market sharing tips and answering questions related to healthy eating every Saturday mid-April through mid-November.

For more information on events and opportunities offered through the Flint Farmers' Market, visit www.flintfarmersmarket.com.



Healthy Eating Can Be Affordable for Patients: Double Up Food Bucks Bridge Card and Other Programs Incentivize Healthier Choices

Fair Food Network's Double Up Food Bucks program provides incentives to encourage healthier choices for Supplemental Nutrition Assistance Program (SNAP) recipients, directly benefiting low-income families and local farmers.

Double Up Food Bucks allows Bridge Card patrons to double the value of their purchases (up to \$20 per market visit) at the Flint Farmers' Market, and use their rewards to obtain Michigan grown fruits or vegetables. In other words, patrons can purchase \$20 worth of healthy food and only spend \$10. Customers with a valid Bridge card with food assistance benefits can visit the Flint Farmers' Market "Friends of the Market Table" to sign up for their Double Up Food Bucks rewards cards and then vendors process the cards using wireless machines and smart phones. Double Up Food Bucks demonstrates that a small incentive can change eating habits, positively influence health and improve the economy. See www.doubleupfoodbucks.org and www.fairfoodnetwork.org for more information.



The Flint Farmers' Market partnered with Michigan State Extension and the Genesee Intermediate School District to combine nutritional education with supplemental SNAP benefits during the summer of 2010, which proved extremely successful and has been reintroduced at the Flint Farmers' Market ever since.

Project FRESH is a federal assistance program providing seniors and low-income parents – particularly breastfeeding mothers – with coupons to buy fresh locally grown fruits and vegetables during the Michigan growing season. Five years ago, Flint was one of the first in the state to provide Project FRESH Orientation at its farmers' market. The orientation has now grown to a five-week session, which includes over 20 partnering Genesee County social service agencies. For more information, visit www.projectfresh.msu.edu.



Summer Food Service Program is a Child Nutrition Program in the National School Lunch Program that feeds children during school vacations. There are numerous sites in Genesee County and the City of Flint. Children who are 18 years of age or younger can participate in the program. To find out where there is a meal site near you, the Michigan Department of Education has a locator map at www.mcgi.state.mi.us/schoolnutrition.

Where Can I Refer My Patients for Exercise & Other Healthy Opportunities?

There are many health and wellness resources and opportunities available to residents in Flint & Genesee County. Below is a listing of free resources available to all patients and residents in Genesee County:

- **Commit to Fit! Event Calendar:** The *Commit to Fit!* Event Calendar, found at www.commit2fit.com, is a unique feature that allows organizations and community members to post events and activities taking place in Genesee County. This is a great resource that allows patients to view local activities and events they can attend to be active and facilitate the practice of healthy behaviors.
- **Mott Children’s Health Center’s Teen Health & Wellness Center:** The Teen Wellness Center is a supervised, safe place for children and teens, age 10 to 21, to work out and learn about the benefits of healthy eating. For more information, please call Mott Children’s Health Center at (810) 767-5750, ext. 5318.
- **Safe & Active Genesee for Everyone (SAGE) Challenges:** To encourage active living, SAGE challenges individuals to walk, bike, or take the bus to a destination with their new Bike It. Walk It. Bus It. initiative. Participants can track their activity online for the chance to win prizes. To register for Bike It. Walk It. Bus It., and to view other SAGE Challenges, visit www.crim.org/activeliving/sage. Additional information regarding Crim Fitness Foundation nutrition and physical activity programs can be found at www.crim.org.
- **Genesee County Parks:** Genesee County Parks offers a wide array of free activities for children, teens, and adults including yoga, healthy cooking classes, nature programs, fishing lessons, and more. View the calendar of daily events by visiting www.geneseecountyparks.org/pages/Events.
- **Commit to Fit! Fitness Classes:** To encourage the consistent practice of healthy behaviors, *Commit to Fit!* offers Genesee County residents and employees with free weekly fitness classes held at various locations throughout the community. To view the schedule of classes, visit www.commit2fit.com.



NOTE: This list is not all inclusive. If you are aware of additional events or opportunities, please add them to the *Commit to Fit!* Event Calendar at www.commit2fit.com.

Commit to Fit! – Engaging Genesee County Schools and Youth in Healthy Behaviors and Promoting Wellness

Commit to Fit! partners have identified schools and youth programs as local populations of critical importance. *Commit to Fit!* messaging, customized school challenges, custom incentives, and an interactive health behavior tracking website, www.commit2fit.com, have all been adopted in a variety of school and youth program settings to promote the practice of healthy behaviors among area youth.



Examples of School and Youth Commit To Fit! Program Engagement

Carman-Ainsworth Middle School

Over 300 Carman-Ainsworth Middle School students participated in a *Commit to Fit!* fitness challenge in the spring of 2013, using the *Commit to Fit!* website and pedometers to track their physical activity each week.



Grand Blanc East & West Middle School

To facilitate healthy behaviors throughout the summer months, students at Grand Blanc East Middle School are participating in a *Commit to Fit!* Summer Activity Challenge to compete for prizes and incentives for completing various daily physical activity and healthy eating challenges.



St. John Vianney Catholic School

Through the assistance of a local physician, *Commit to Fit!* has worked with St. John Vianney Catholic School to promote wellness to students by providing pedometers and supporting healthy messaging throughout the school environment. Students also utilize the www.commit2fit.com website during computer class to track their health behaviors and learn more about opportunities for healthier lifestyles. School staff have also participated in *Commit to Fit!* wellness challenge programming.



These are just a few of many local examples with the help of *Commit to Fit!*, several other local schools have implemented a variety of events and activities to promote the practice of healthy behaviors including a healthy habits poster contest, walk-a-thon, fire drill walk, student television skits, monthly health tips, the implementation of a healthier lunch menu, and the removal of sugar-sweetened beverages from schools among many more. **If your family or community's school or school district is interested in developing a *Commit to Fit!* effort that can be customized to the needs and wants of the school and its student/parent population, please direct inquiries via email to commit2fit@flint.org. You can also visit www.commit2fit.com to get started today.**



Make Your Practice a “Healthy Office”

In order to support your patients in establishing healthier habits, the first place you can start is in your practice or office. Listed below are three easy steps to making your practice a “Healthy Office”.

1. Track Patient’s Body Mass Index (BMI) at EVERY VISIT and enter it into the Electronic Medical Record (EMR) system

Through the GFHC’s Healthy Weight Collaborative Project, Hamilton Community Health Network has integrated *Commit to Fit!* measures into their EMR system for primary care visits, as highlighted below in yellow. Your practice can track BMI as well using EMR systems or traditional medical records, and refer at-risk or obese patients to community resources.

Nutrition and Lifestyle

Previously entered data (in brown)

Caffeine: 2 drinks per day (data entered on: 03/26/2013)

Exercise: 1 times/week (data entered on: 03/22/2013)
Type of exercise: formal workout

Seatbelt Use (%): 50 (data entered on: 03/26/2013)

Sun Exposure: frequently (data entered on: 03/26/2013)

Include previously entered data in chart note

Caffeine use (drinks/day): 2 # of Fruits & Vegetables a day: 2 # of times eat out a day: 3
of Sugary Drinks a day: 4 # of hours on TV, computer, video games: 5 # of hours sleep a day: 5
of min of faster breathing/sweating exercise a day: 30 Exercise (times/week): 2
Type of exercise: ASDFASEF
Seatbelt use (%): 100 Sun expos: occasionally
Do you wear a bike helmet? yes

Vitals/Intake Risk Factors HPI-CCC-2 PNH-PSH-CCC FH-SH-CCC ROS-CCC
Metric PE-Age Specific-Lab Results Review Problems-CCC CPOE ASP-CCC Prescriptions Patient Instructions-CCC

Cardiovascular	Endocrine/GI/Ortho	Respiratory	Commit to Fit! Miscellaneous
<input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Blood Glucose Monitoring	<input type="checkbox"/> Asthma Ed-Referral	<input type="checkbox"/> Increase Physical Activity
<input type="checkbox"/> Precontemplative	<input type="checkbox"/> HgBA1c Monitoring	<input type="checkbox"/> Asthma Ed-Refused	<input type="checkbox"/> Limit Screen Time
<input type="checkbox"/> Contemplative-6 Months	<input type="checkbox"/> Diabetic Eye Exam	<input type="checkbox"/> Asthma Ed-Attending	<input type="checkbox"/> 8 hrs of sleep
<input type="checkbox"/> Ready to Quit-30 Days	<input type="checkbox"/> Microalbumin	<input type="checkbox"/> Asthma Ed-Completed	<input type="checkbox"/> Avoid sugary beverages
<input type="checkbox"/> Already Out	<input type="checkbox"/> Foot Care	<input type="checkbox"/> MDI Instruction	<input type="checkbox"/> More Fruits & Vego
<input type="checkbox"/> Quit-Relapse	<input type="checkbox"/> Low ES Prevention	<input type="checkbox"/> PFM Instruction	<input type="checkbox"/> Join Fitness Program
<input type="checkbox"/> Exercise	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> AMP-Reviewed	<input type="checkbox"/> Out of Work
<input type="checkbox"/> Weight Loss Rec	<input type="checkbox"/> ACE Inhibitor/ARB Rec	<input type="checkbox"/> UFI	<input type="checkbox"/> Out of School
<input type="checkbox"/> Pre-Diabetes	<input type="checkbox"/> Diabetes Education Ref	<input type="checkbox"/> Tylenol	<input type="checkbox"/> Out of Phys Ed
<input type="checkbox"/> Aspirin Rx-81 MG	<input type="checkbox"/> TLC Lipid Diet	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Return to Work
<input type="checkbox"/> Aspirin Rx-325 MG	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Throat Culture Done	<input type="checkbox"/> Conjunctivitis

2. Encourage practice staff to model healthy behaviors & participate in *Commit to Fit!* Annual Wellness Challenges



3. Display *Commit to Fit!* 4x4 Materials in EVERY ROOM – These materials will reinforce the messages many patients see throughout the community.



Post *Commit to Fit!* 4x4 Materials throughout your office!



Pass out *Commit to Fit!* 4x4 brochures to staff and patients for simple ways to be active and eat healthy!



Encourage staff to use the *Commit to Fit!* website (www.commit2fit.com) to view health tips and track their health behaviors!



GENE-4 Final.Draft.Article.080613ar



Commit to Fit! Fitness Classes

Commit to Fit! is offering free fitness classes to all individuals who live or work in Genesee County/Flint. All participants will need to check-in prior to attending each class to complete a brief registration form. See back side for fitness center location details.

SEPTEMBER 2013 SCHEDULE OF CLASSES

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SEPTEMBER, 2013	1	2	3	4 Zumba Gold (Beginner) GAC 5:30 p.m.	5 Basic Yoga HHFC 6:45 p.m.	6	7
	8	9 Drums Alive UM-Flint Rec 5:30 p.m.	10	11 Zumba Gold (Beginner) GAC 5:30 p.m.	12 Basic Yoga HHFC 6:45 p.m.	13	14
	15	16 Drums Alive UM-Flint Rec 5:30 p.m.	17	18 Zumba Gold (Beginner) GAC 5:30 p.m.	19 Basic Yoga HHFC 6:45 p.m.	20	21
	22	23 Drums Alive UM-Flint Rec 5:30 p.m.	24	25 Zumba Gold (Beginner) GAC 5:30 p.m.	26 Basic Yoga HHFC 6:45 p.m.	27	28
	29	30 Drums Alive UM-Flint Rec 5:30 p.m.					

Participants will be required to complete a brief registration process at the fitness centers' front desk prior to participating in each class. If you have questions please email commit2fit@flint.org.

CLASSES ARE FREE-OF-CHARGE TO RESIDENTS, HOWEVER, ARE ONLY AVAILABLE TO ADULTS (AGES 18 & UP) AND ARE FIRST COME FIRST SERVE SO ARRIVE EARLY!!! SEE BACK SIDE FOR ADDITIONAL INFORMATION!!!



Commit to Fit! Fitness Classes FITNESS CENTER LOCATION INFORMATION

Participants will be required to complete a brief registration process at the fitness centers' front desk prior to participating in each class. Please email commit2fit@flint.org with questions.



Fitness Center	Location
Hurley Health & Fitness Center (HHFC)	4500 South Saginaw Street Flint, MI 48507 (810) 262-2222
Genesys Athletic Club (GAC)	801 Health Park Boulevard Grand Blanc Township, MI 48439 (810) 606-7300
University of Michigan – Flint Recreation Center (UM-Flint Rec)	401 Mill St. 303 E. Kearsley St. Flint, MI 48502 (810) 762-3300

For updated monthly calendars of the *Commit to Fit!* Fitness Classes, please visit:



Healthcare Reform Impact



*Is your practice
on the
right path?*

Are you ready for “play or pay” under the health care act? Although it has been postponed until 2015, it is not too early to start considering how the Patient Protection and Affordable Care Act may apply to your practice.

With nearly 80 years of experience serving the medical industry, Lewis & Knopf knows what to listen for when called upon by medical practices. Our goal is to help you handle the upcoming changes with ease and make the moves necessary to ensure your practice stays competitive in today’s transitional market.

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Commit to Fit! Toolkit Materials

ORDER FORM

Thank you for your interest to help spread the *Commit to Fit!* movement throughout Flint and Genesee County. Additional hard copy quantities of the materials shown in this kit are available and electronic versions will be available in the "Commit to Fit! Materials" section of the commit2fit.com website. These materials are available free-of-charge to Genesee County organizations. Please indicate your order below.

"99 WAYS" BROCHURE

This is the campaign's primary print piece providing 99 practical ways to think about living a healthier and more active lifestyle.

Quantity

RACK CARD

This piece provides an overview of the *Commit to Fit!* campaign's key messages and can be distributed in a number of ways.

Quantity

BILLS STUFFER

For distribution with payroll, invoices, newsletters or letters.

Quantity

PRESCRIPTION PAD

This prescription for health pad addresses individual health goals and "prescribes" healthy activities, and can also refer individuals or patients to www.commit2fit.com as a follow-up.

Quantity

4x4 POCKET CARD

This small card acts as a reminder to practice the 4 healthy behaviors and 4 healthy measures supported by *Commit to Fit!*

Quantity

4x4 STATIC CLING

This static cling poster can be displayed on any wall or window throughout your organization to promote the 4 healthy behaviors and 4 healthy measures supported by *Commit to Fit!*

Quantity

POSTERS

Use these posters to promote the *Commit to Fit!* message, where appropriate, within your organization and community.

***We are Committed
To Getting You Fit. Are You?***

Quantity

Join the MOVEMENT!

Quantity

***Eat Smart,
Re-Think Your Drink***

Quantity

Step It Up on the Stairs

Quantity

NOTE: In addition to these resources, *Commit to Fit!* also offers a Physician's Toolkit, a Smoke-Free Toolkit and signage, and resources specifically for schools and children (see backside for details). If you are interested in obtaining these, please contact the Greater Flint Health Coalition directly at gfhc@flint.org.

DELIVERY INFORMATION

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please return this form to:

Greater Flint Health Coalition

519 S. Saginaw Street, Suite 306 Flint, MI 48502-1802

Email: commit2fit@flint.org

Phone: 810.232.2228 Fax: 810.232.3532



Commit to Fit! Toolkit Materials



ORDER FORM

Below are additional *Commit to Fit!* materials available free-of-charge to Genesee County organizations. Please indicate your order below.

Physician's Toolkit

The *Commit to Fit!* Physician's Toolkit is a resource designed to improve patient weight and related factors of physical activity and nutrition. This Toolkit offers health referral resources to patients and suggests methods to improve the physician-patient relationship. Contained in this toolkit are the *Commit to Fit!* Weight Assessment: Adult and Child, Healthy Weight Plan: Adult and Child, *Commit to Fit!* Prescription Pad, and Supplemental Materials Order Form. It is available free-of-charge to physicians working in Genesee County.

Quantity



SMOKE-FREE SIGNAGE

As one component of smoke-free policy implementation, signage can assist in promoting and enforcing a smoke-free workplace with employees, clients, and visitors of your organization. All smoke-free signage is free-of-charge for businesses and organizations located in Genesee County.

EXTERNAL SIGNAGE:

This is a Smoke-Free Facility

Quantity



EXTERNAL SIGNAGE:

Welcome to Our Smoke-Free Campus

Quantity



INTERNAL SIGNAGE:

This Business is Smoke-Free

Quantity



INTERNAL SIGNAGE:

This Establishment is Smoke-Free

Quantity



Genesee County Medical Society Board of Directors Meeting

June 25, 2013 - MINUTES

I. Call to Order:

The meeting was called to order at 6 p.m. by Raymond Rudoni, M.D., President. Dr. Rudoni introduced Mrs. Ruqsana Ahmed, Co-President of the Genesee County Medical Society Alliance, and Dr. Amanda Winston, a brand new resident.

II. Review of Minutes:

Motion: That the Board of Directors meeting minutes of May 28, 2013 be approved as presented. The Motion Carried.



III. Reports:

A) Alliance Report:

Mrs. Ahmed, Co-President of the Genesee County Medical Society Alliance, reviewed a list of new officers, board members and the programs for the year. She reviewed the upcoming planned activities of the alliance which will include a picnic on August 18 from 12 until 4, the talent show on September 6, and the ball on November 9.

B) Finance Committee Report:

Budget-to-Actual report for the period ending May 31, 2013.

Motion: That the Budget-to-Actual report for the period ending May 31, 2013, be approved as presented. The Motion Carried.

C) Legislative Update:

Dr. Cathy Blight reported that the meeting of the Legislative Liaison Committee will take place in October. The committee did meet on June 3, 2013, and spent a significant amount of time reviewing pending legislation including scope of practice, Medicaid expansion and patient right-to-know legislation. In addition, expedited partner treatment was discussed.

Conversation with the Governor: Dr. Blight reported that a significant number of board members are planning to attend the Conversation with the Governor on Medicaid Expansion.

D) Community and Environmental Health Committee Report:

Motion: That the Genesee County Medical Society Board of Directors send a letter to the three hospitals in Genesee County, requesting that they consider avoiding the use of chemical scents in closed areas, such as bathrooms, in an effort to avoid haptention-related toxicity reactions, some of which can be fatal. The Motion Carried.

Motion: That the GCMS Board of Directors use the conference room to lecture the public on the 14 things the public needs to know to avoid morbidity and mortality. The Motion Carried.



G) District Director's Report:

Drs. John Waters and S. Bobby Mukkamala reported on the current status of nurse practitioner and Medicaid expansion legislation.

I) AMA House of Delegates Update:

Drs. Cathy Blight, Pino Colone, S. Bobby Mukkamala and Venkat Rao provided an update on the recent AMA House of Delegates. It was noted that Michigan was very successful with its resolutions and election. Obesity was declared a disease. The University of Michigan got a one million dollar grant from the AMA for innovation. Dr. Mukkamala was reelected to the Council on Science and Dr. Nita Kulkarni is now the alternate delegate from the American College of Obstetrics and Gynecologists.

J) Nominating Committee Report:

Dr. Farhan Khan reviewed the Nominating Committee Report.

Motion: That Drs. Tarik Wasfie, Shafi Ahmed, Paul Lazar, Raymond Rudoni, Laura Carravallah and Mona Hardas be re-nominated as delegates to the Michigan State Medical Society House of Delegates and to the GCMS Board of Directors. The Motion Carried.

Motion: That Dr. Gerald Natzke be elevated to the position of delegate, to take the place of Dr. Jagdish Shah who is retiring from the Board of Directors. The Motion Carried.

Motion: That Drs. Robert Soderstrom, Peter Thoms, F. Michael Jaggi, Rima Jibaly, S. Kiran, Nita Kulkarni, Niketa Dani, Farhan Khan, Brenda Rogers-Grays and Venu Vadlamudi be re-nominated as alternate delegates and that Drs. Andrew Duda, Amanda Winston, Athar Bajj and Asif Ishaque be nominated as alternate delegates. The Motion Carried.

Motion: That Drs. Deborah Duncan and John Waters be re-nominated as members of the GCMS Finance Committee for two-year terms. The Motion Carried.

Motion: That Dr. Lawrence Reynolds be nominated to fill the unexpired Finance Committee term of Dr. AppaRao Mukkamala. The Motion Carried.

Motion: That Dr. Qazi Azher be nominated to fill the unexpired secretary term of Dr. Jagdish Shah who is retiring from the board. The Motion Carried.

Motion: That Dr. Edward Christy be nominated as Treasurer. The Motion Carried.

Continued.

Genesee County Medical Society Board of Directors Meeting

Motion: That the entire slate of international medical graduates be re-nominated, with the exception of Dr. AppaRao Mukkamala who has retired from MSMS activities. The Motion Carried.

Motion: That Drs. Nateen Mahotra and A.J. Srivastava be nominated as delegate and alternate delegate to the MSMS Young Physician Section. The Motion Carried.

Motion: That Anjali Misra be nominated for the Presidential Citation for her myriad charitable activities. The Motion Carried.

Motion: That Dr. Amitabha Banerjee be nominated President for a Day. The Motion Carried.

Motion: That the MSMS Community Service Award be given to Dr. Mohamed Saleem for his activities on behalf of the medically indigent and prison residents. The Motion Carried.

Motion: That Dr. Deborah Duncan be nominated President Elect. The Motion Carried.

Dr. Khan was congratulated on the great work of his committee.

IV. New Business:

1. Peter Levine reported that the MSMS House of Delegates resolution final disposition report is available via www.msms.org.
2. Nicholas Bendle provided a "Commit to Fit" update.
3. Dr. Laura Carravallah noted a spike in HIV infections for male teens who are transsexual. They are reluctant to see doctors because of sensitivity issues. Doctors who are friendly to these issues can contact Dr. Carravallah.
4. Dr. Peter Thoms stated at the Genesee County Osteopathic Association has a new president. He suggested a contact with Dr. Bonita Wang to invite the Osteopathic Association board to attend GCMS board meetings to observe and participate.
5. Dr. Amanda Winston reported that the Flintstones Challenge 5K Run/Walk was a major success and issued the Genesee County Medical Society a plaque thanking the society for its work on behalf of the event.

V. Adjournment:

No further business appearing, the meeting was adjourned a 7:30 p.m.



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,
to Kee Ja Kang, 8511 Hidden Forest Court, Grand Blanc, MI 48439.

For questions or more information, please call Kee at (810) 603-1020.

USE OF SOCIAL MEDIA BY PHYSICIANS PROCEED WITH CAUTION:

By: R. Paul Vance

The term “social media” is used to describe various different Internet driven media applications that connect individuals for the purposes of social interaction. Social media allows individuals and companies to create, share, and exchange information and ideas in virtual communities and networks.

Originally created in the mid 1990s, social media networks began to explode between 2004-2010. Today, social media networks continue to grow. Some of the most popular social networking sites include Facebook, MySpace, Twitter, YouTube and LinkedIn. According to recently released statistics, monthly active users of Facebook have passed 1.1 billion. Twitter has approximately 288 million monthly active users, and LinkedIn has over 200 million. YouTube reports that over 6 billion hours of videos are watched every month.

The increasing popularity of social networking sites has created a whole new set of legal and ethical concerns. In the realm of the medical profession, use of social media may place physicians and their practice at risk of discrimination claims, invasion of privacy lawsuits and breaches of confidentiality. Not to mention, oftentimes use of social media and social networking can impact a physician’s reputation and standing in the community.

Due to the above concerns, in 2010, the American Medical

Association adopted non-binding “guidelines” for physicians’ use of social media. As stated by AMA Board Member Mary Anne McCaffree, MD, “using social media can help physicians create a professional presence online, express their personal views and foster relationships; but it can also create new challenges for the patient-physician relationship.” With this in mind, the AMA’s social media policy outlines a number of considerations physicians should weigh when building or maintaining an online presence. In Opinion 9.124, the AMA outlined six specific areas of concern for physicians’ use of social networking:

(a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.

(b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content

posted about them by others, is accurate and appropriate.

(c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just as they would in any other context.

(d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.

(e) When physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

(f) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession.

Although the AMA guidelines are not particularly groundbreaking, they do provide some basic rules of thumb to consider, and best practices when engaging in social networking or

using social media.

More recently, the American College of Physicians, in conjunction with the Federation of State Medical Boards, released a position paper, published online in the *Annals of Internal Medicine*, which addresses the benefits and drawbacks of social media use and online interactions by physicians. As recognized by the ACP position paper, policies on the uses of social media and education concerning the ethical and professional use of social media are “critical to maintaining a respectful and safe environment for patients, the public, and physicians.” The ACP position paper encourages physicians to take a proactive approach to social media use by routinely performing surveillance and maintaining strict privacy policies. Other notable recommendations from the ACP position paper include:

- Physicians should keep separate professional and personal social media sites.
- Physicians should not “friend” or contact patients through personal social media.
- Physicians should not use text messaging for medical interactions even with an established patient except with extreme caution and consent by the patient.
- Email or other electronic communications should only be used by physicians within an established patient-physician relationship and with patient consent.
- Situations in which a physician is approached through social media or other electronic means for clinical advice in the absence of a patient-physician relationship

should be handled with judgment and usually should be addressed with encouragement that the individual schedule an office visit or, in the case of an urgent matter, go to the nearest emergency department.

- Pause before posting.
- Be sure to responsibly post material and actively police your online content. A pro-active approach to a physician’s online reputation is imperative.

Because social media continues to

grow, the legal and ethical concerns which arise from social networking will likely remain fluid. Nonetheless, the guidelines and recommendations as set forth by the American Medical Association and American College of Physicians can serve as helpful tools when using social media personally or professionally. If you would like to develop a detailed social media policy for your practice, please contact the author at p Vance@ccglawyers.com or 810-232-3141.

TRUST EXPERIENCE. COUNT ON COMMITMENT.



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A Publication of the Genesee County Health Department Overseas Travel

Overseas travel requires planning. Unfortunately, not every traveler plans for appropriate immunizations before beginning their journey. The Center for Disease Control and Prevention (CDC) has many excellent resources available for both travelers and clinicians. Clinicians can quickly identify the appropriate vaccinations using the CDC's travel website www.cdc.gov/travel. Based on the travel destination, physicians can identify the appropriate immunization recommendations for their patients.

Appropriate immunization is vitally important for preventing the spread of disease here in the United States. So far this year, there have been two confirmed cases of measles in Michigan. Both cases involved 9 month old children who traveled overseas with their parents. One child visited Pakistan the other child the United Kingdom. Last spring, a group of missionaries from Genesee County visited Guatemala and many returned with Hepatitis A. Physician recommendations to their patients regarding appropriate travel immunizations can assist in preventing disease from returning to our community with these travelers.

The CDC website also provides travel notices, identifying countries with specific health concerns. Currently, there are 26,000 confirmed cases of Rubella in Poland and 8,500 confirmed cases of Rubella in Japan.¹ There have been four cases of polio reported in Somalia and 2 polio cases confirmed in Kenya.¹ Cases of respiratory illness caused by Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been identified in multiple countries. While the CDC does not recommend that anyone change their travel plans because of these cases of MERS, they recommend

that U. S. travelers to countries in or near the Arabian Peninsula monitor their health and see a doctor right away if they develop fever and symptoms of lower respiratory illness, such as cough or shortness of breath. They should tell the doctor about their recent travel.¹

The Genesee County Health Department encourages physicians to discuss travel history with their patients as part of their patient encounter. Should a vaccine preventable disease be diagnosed, it is critical that appropriate confirmatory testing be done. The Genesee County Health Department can provide guidance for appropriate testing and assistance in procuring appropriate testing materials and services.

Physicians are also reminded that the State of Michigan has a list of reportable conditions. These conditions must be reported to the Genesee County Health Department, many within 24 hours of the diagnosis. (A list of these conditions follows.) By working together, we can protect Genesee County residents from communicable disease exposures. Our motto is better life through better health.

The purpose of this quarterly newsletter is to inform the community and health care providers in Genesee County about disease trends in the County. We welcome any comments or questions. Contact:

*Suzanne Cupal, MPH, Epidemiologist, at
(810) 768-7970, or email*

scupal@gchd.us

Visit our website at

<http://www.gchd.us>

Genesee County Health Department
Mark Valacak, MPH, Health Officer • Gary K. Johnson, MD, MPH,
Medical Director
630 S. Saginaw Street, Suite 4, Flint, MI 48502

¹CDC Travel website

REPORTABLE DISEASES IN MICHIGAN - 2013

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours (unless otherwise noted) if the agent is identified by clinical diagnosis, direct examination, culture, serology, molecular techniques or histopathology.

**Acquired Immunodeficiency Syndrome (AIDS)
Anaplasma phagocytophilum (Anaplasmosis)
Arboviral encephalitis, neuro- and non-neuroinvasive
California serogroup, Eastern Equine, Powassan
St. Louis, Western Equine, West Nile
Babesia microti (Babesiosis)
Bacillus anthracis (Anthrax)
Blastomyces dermatitidis (Blastomycosis)
Bordetella pertussis (Pertussis)
Borrelia burgdorferi (Lyme Disease)
Brucella species
Burkholderia mallei (Glanders)
Burkholderia pseudomallei (Meliodiosis)
Campylobacter species
Chlamydia trachomatis (Trachoma, Genital infections, LGV)
Chlamydophila psittaci (Psittacosis)
Clostridium botulinum (Botulism)
Clostridium tetani (Tetanus)
Coccidioides immitis (Coccidioidomycosis)
Corynebacterium diphtheriae (Diphtheria)
Coxiella burnetii (Q Fever)
Cryptosporidium species
Cyclospora species
Dengue virus
Ehrlichia species
Encephalitis, viral or unspecified
Entamoeba histolytica (Amebiasis)
† Escherichia coli, O157:H7 and all other shiga toxin positive serotypes
Francisella tularensis (Tularemia)
Giardia species
*Guillain-Barre Syndrome
Haemophilus ducreyi (Chancroid)
Haemophilus influenzae, sterile sites only; submit isolates for serotyping for patients <15 years of age
Hantavirus
Hemolytic Uremic Syndrome (HUS)
Hepatitis, viral
Hepatitis A virus, (Anti-HAV IgM)
Hepatitis B virus, (HBsAg), especially in pregnant women
Hepatitis C virus, (Anti-HCV, RNA, RIBA, genotype)
Hepatitis D virus, (HDsAg, anti-HDV IgM)
Hepatitis E virus, (Anti-HEV IgM)
Histoplasma capsulatum (Histoplasmosis)
**HIV, (Confirmed positive HIV diagnostic serology and detection tests; CD4 counts/percents and all viral loads on people already known to be infected; and all perinatal exposures)
Influenza virus (Weekly aggregate counts)
Pediatric mortality, report individual cases
Novel Influenza viruses, report individual cases
*Kawasaki Disease
Legionella species

Leptospira species
Listeria monocytogenes
Measles virus (Measles/Rubeola)
Meningitis: bacterial, viral, fungal, and parasitic
Mumps virus
Mycobacterium leprae (Leprosy or Hansen's disease)
‡ Mycobacterium tuberculosis complex (Tuberculosis)
Neisseria gonorrhoeae (Gonorrhoea)
Neisseria meningitidis, sterile sites (Meningococcal Disease)
Orthopox viruses (including: Smallpox, Monkeypox)
Plasmodium species (Malaria)
Poliovirus
Prion disease (Including: CJD)
Rabies virus
*Rheumatic fever
Rickettsia species (Spotted Fever and Typhus Group)
Rubella virus
Salmonella species
Salmonella typhi (Typhoid Fever)
Severe Acute Respiratory Syndrome (SARS)
Shigella species
Staphylococcus aureus, (MRSA), outbreaks only
Staphylococcus aureus, vancomycin intermediate/resistant (VISA/VRSA)
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
*Toxic Shock Syndrome (non-Streptococcal)
Treponema pallidum (Syphilis)
Trichinella spiralis (Trichinellosis)
Varicella (Chickenpox)
Vibriosis (Cholera)
Vibrio cholera, V. parahaemolyticus, V. vulnificus,
Photobacterium damsela subsp. Damsela, or Grimontia hollisae
Viral Hemorrhagic Fever
Yellow fever virus
Yersinia enterocolitica (Yersiniosis)
Yersinia pestis (Plague)

Note: Also report the unusual occurrence, outbreak or epidemic of any disease or condition including healthcare-associated infections.

LEGEND

Blue Bold Text = An isolate, diagnostic specimen, or serum sample, where appropriate, must be submitted to MDCH or other laboratory designated by MDCH.

† An isolate, if available, or the non-culture positive broth and/or stool specimen must be submitted to MDCH laboratory

‡ All preliminary tuberculosis test results are to be reported to appropriate local health department and isolates submitted to MDCH laboratory.

* Reporting within 3 days is required.

** Reporting within 7 days is required.

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111

September Dinner Business Meeting
**GCMS/GCMSA ART, TALENT
AND CRAFT SHOW**

ATTENTION

GCMS and GCMSA Members with Talent
Bring all your friends, colleagues and family

Talent Show Featuring GCMS & GCMSA Members
(and Members' Practice Managers)

Join your fellow members, sponsors and guests for an evening of friendship, fun and entertainment. Sit back and relax as our gifted members entertain you with songs, dances, poetry and instrumental recitals, immediately after dinner and a short business meeting. And while you are there, don't forget to check out the artwork, jewelry, sculpture and a variety of other items made by our members on display for the evening. If you have a talent you would like to share with the group, please call ASAP.

Have a great summer!

FRIDAY, SEPTEMBER 6, 2013

Genesys Conference Center

5:30 p.m. - Socializing and viewing art

7:00 p.m. - Dinner and meeting

7:30 p.m. - Talent show

RSVP regarding participation and to reserve to attend:

Peter Levine (810) 733-9925 Cheryl Thoms (810) 732-7719

HAPPY BIRTHDAY DOCTOR

SEPTEMBER

Aruna Anne	1	Ishwar Dass	13	John Carr	24
Pratap Aravapalli	1	Neelam Dutt	13	Jyothsna Talluri	24
John Chahbazi	1	John Love	13	Terry Krznarich	25
Vani Manyam	1	Kelvin Callaway	13	Benjamin Ramirez	25
Brian Shapiro	1	Norman Walter	13	Mahesh Sharman	25
Doris Suci	1	Rommel Aquino	13	Hung Ming Chu	26
Eugene Becker	3	Leroy Johnson	13	Burt Parliament	26
Christopher Papp	3	John Doyle	16	Keith Heslinger	27
Douglas Congdon	4	James Kure	16	Paul Dake	27
Ramotsumi Makhene	4	David Diskin	18	Eugene Chardoul	28
Bonita Wang	4	Michael Beer	18	Sergio Ponze	28
Damayanthi Pandrangji	5	Albert Macksood	18	Rosario Villareal	28
Alexander Chan	6	Theodore Fellenbaum	18	Raad Al-Khour	28
Joyce Fahrner	7	Mohamad Monir		Manoharan Eustace	29
Linda Lawrence	7	Khouani III	19	Barry Miller	29
Joseph Kingsbury	8	Pongchayut Surapipith	20	Peter Moody	29
Richard McMurray	9	Michele Kreft	21	Nkechi Onwuzurike	29
Robert Soderstrom	9	Saqib Ahmad	22	Stephen Kalstein	30
Richard Kovan	10	Donald Robinson	22	Robert Molnar	30
Marjorie Otero	10	Joon Park	23	Ahmad Abdel-Halim	30
Scott Garner	11	George West	23	Kenneth Steibel	30
Gary Weber	11				

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Small office located by front door of Genesee County Medical Society suite. Great exposure for businesses seeking visibility with physicians. Conference room availability possible. Office size 100 sq. ft. at \$12 per sq. ft. triple-net. Additional office space available. Contact Pete Levine at (810) 733-9925 for details.

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.

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



**SAVE THE
DATE
FOR 2013**

**PRESIDENTS'
BALL ON
NOVEMBER 9**



**MICHIGAN STATE
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!