

THE Bulletin

July 2019 Volume 96, Number 7

**Annual
Genesee County
Medical Society
Alliance Issue**

**Final Action
Summary on GCMS
2019 Resolutions**

**Executive Director
Peter Levine Retires**

**GCMS President's
Ball Save-the-Date!**



GENESEE COUNTY MEDICAL SOCIETY
Organized Medicine's Leading Edge



Your one stop shop for all her breast health needs.

Everything your patient needs for optimal breast screening in one convenient package – 3D UltimateMamm®.

3D Mammography

Provides a better look at breast tissue by creating a circular image which can be viewed from many angles.

Breast Density

We measure the thickness of breast tissue so we can recommend the best screenings for every patient.

Risk Scoring

We ask questions to gauge the patient's overall predisposition for breast cancer using the Gail risk scoring system.

Lennon Rd, Flint | Villa Linde, Flint | Davison | Fenton | Grand Blanc
Lapeer | Novi | Royal Oak | Southgate



Genesee Area (810) 732-1919
Lapeer Area (810) 969-4700
Novi Area (248) 536-0410
Royal Oak Area (248) 543-7226
Southgate Area (734) 281-6600

ASSOCIATE EDITOR

Peter S. Thoms, MD

GCMS OFFICERS 2018-19

Ed Christy, MD
President

Asif Ishaque, MD
President Elect

Gerald Natzke, Jr, DO
Immed. Past Pres.

Qazi Azher, MD
Secretary

Ethiraj Raj, MD
Treasurer

MSMS OFFICERS 2018-19

S. Bobby Mukkamala, MD
Chair

John Waters, MD
Treasurer

DISTRICT DIRECTOR VI

S. Bobby Mukkamala, MD

DELEGATES

Qazi Azher, MD

Cathy Blight, MD

Laura Carravallah, MD

Ed Christy, MD

Pino Colone, MD

Niketa Dani, MD

Deborah Duncan, MD

Hesham Gayar, MD

John Hebert, III, MD

Rima Jibaly, MD

Nita Kulkarni, MD

Gerald Natzke, DO

Tarik Wasfie, MD

ALTERNATE DELEGATES

Khalid Ahmed, MD

Sherry Cavanagh, MD

Kiran Devisetty, MD

Asif Ishaque, MD

Sunil Kaushal, MD

Farhan Khan, MD

Rama Rao, MD

Venkat Rao, MD

Lawrence Reynolds, MD

Brenda Rogers-Grays, MD

Robert Soderstrom, MD

Amanda Winston, MD

OTHER BOARD MEMBERS

Gary Johnson, MD

EXECUTIVE DIRECTOR

Peter A. Levine, MPH

EXECUTIVE ASSISTANT

Sherry Smith

THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

Legal Advisor: Guardianships & Conservatorships	8
Practice Managers Meeting: Health Alliance Plan	10
Legislative Liaison: Committee Reviews Hot Button Legislative Issues	12
2019 - 2020 GCMSA Membership Events	14
GCMSA Officers 2019-2020	14
GCMSA Geranium Luncheon 2019	18
Michigan Delegation AMA Alliance Annual Meeting	20
Friendship Group	21
Reach out and Read	24
Eisenhower School donated books	25
Flint Water Crisis - Update	26
Flint (Lead) Registry	28
Suite A For Lease	30
Resolutions	30
GCMS Board of Directors Meeting Minutes	48
Commit to fit	50
Obituary	54

REGULARS

President's Message	4
Executive Director's Message	6
GCMS Meetings	11
Happy Birthday Doctor	15

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

Published by the Genesee County Medical Society Publication Office

4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-9923 Fax (810) 230-3737

By subscription \$60 per year. Member subscription included with Society dues. Contributions to

THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

We Welcome Our 2019 Resident Doctors!

On behalf of the Genesee County Medical Society membership body, I congratulate and welcome all the resident doctors joining the three hospitals affiliated with the Genesee County Medical Society, such as Hurley Medical Center, McLaren Flint and Genesys Regional Medical Center.

Our greatest strength is our residents. Genesee County has been fortunate in attracting talented residents who, in addition to having performed in outstanding fashion academically, have tremendous qualities as individuals.

Our teaching hospitals offer superb clinical and research training in all areas, including primary care and specialty care. These hospitals prepare residents from diverse backgrounds, and commend them for choosing to serve in the medical field with the excellence, knowledge, skills, and values that serve as the basis for the highest quality clinical practice. It is a path of lifelong learning, scholarship research, and community service.

We wish them very well, and as a Medical Society, we open our doors to assist them in achieving a successful future!



Edward Christy, MD

Save The Date

2019 GCMS/GCMSA President's Ball

Honoring Dr. Edward Christy

October 18th, 2019

6:00 o'clock in the evening

Genesys Conference & Banquet Center

Sponsorship Opportunities Available

RSVP ssmith@gcms.org

or call 810-733-9923

Prior Authorization **Roundtable** *Discussion*

MSMS 



Join the Michigan State Medical Society and the Genesee County Medical Society as we invite local lawmakers to attend our Roundtable Discussion on Prior Authorization. Physicians and elected officials will be treated to a light breakfast, as well as a stimulating discussion on the pitfalls associated with prior authorization and step therapy and the impact it has on patient care.

Monday, August 12, 2019
8:00 - 9:00 a.m.

at

Genesee County Medical Society
4438 Oakbridge Drive, Suite B | Flint, MI 488532



**RSVP to the Genesee County Medical Society at
ssmith@gcms.org or by phone at 810-733-9923**

Should you have any questions, please contact Amber Dunlop, Coordinator,
Physician Engagement, at 517-336-5781.

Thanks for the Honor

After 33 years as Executive Director of the Genesee County Medical Society, I retired on July 1, 2019. I would like the privilege of the floor. The community has changed in so many ways during my tenure.

While the Genesee County Medical Society's main purpose has always been to represent member physicians and the health of the community, we have also had some fun. Believe it or not the Medical Society used to have a golf tournament. As a non-golfer it was hilarious to watch how serious physicians could be about recreation. We had talent shows. What a blast it was to watch physicians and their families demonstrate their gifts. Each annual President's Ball has had a different theme. These events were designed to keep the medical community cohesive, and to provide some relaxation. These are all events that we held with the Genesee County Medical Society Alliance. The Alliance has always been concerned about the health of their spouses, the community, and the Medical Society. They have been a stalwart partner on so many of our activities: social, political, community service and financial. The Medical Society as a whole owes them a huge debt of gratitude.

GCMS has always been an organization which is a beacon to other organizations. The Medical Society and its members have taken brave and assertive

stances on many medical, economic, bioethics, public health, and political issues. It has formed coalitions to deliver change on chosen issues. Those issues have been related to the needs of international medical graduates, young physicians, the local environment, relationships between payers and practices, legislation, and building other organizations which reflect the goals and objectives of the Genesee County Medical Society.



Peter Levine, MPH

All physicians have benefited through the defeat of the physician tax, massive liability reforms, working with payers on prior authorization, reimbursement and certification issues. These victories represented perfect examples of the synergy and mutualism possible when organizations work together on advocacy, like MSMS and GCMS always have.

GCMS has been a trusted entity which other organizations turn to when looking for a neutral convener, and when looking for honest information provided from the physician practice perspective.

Practice managers, a group of loyal hard-working individuals, have been empowered by GCMS to better serve their practices by convening them, giving them contacts with key decision-makers in the payer and regulatory world and keeping them abreast of their wildly complex environment. What a pleasure it is to work with this group of people. They come with varying backgrounds but are totally dedicated to the practices they serve.

GCMS was a primary organization in the development of the Genesee County Free Medical Clinic, Genesee Health Plan, and the Greater Flint Health Coalition, all of which have helped serve the goals of the Medical Society, its physicians, and its patients.

In partnership with MSMS we protected our members from odious legislation that would negatively impact our members. Conversely, we aggressively supported legislation which was pro-physician and patient. We have always kept a harmonious relationship with our legislative delegation.



Your
HEALTH CARE LAW FIRM



Wachler & Associates represents healthcare providers, suppliers, and other individuals in Michigan and nationally in all areas of health care law, including:

- **Provider Contracting**
- **RAC, Medicare, Medicaid and Commercial Payor Audits**
- **Billing and Reimbursement**
- **Stark Law, Anti-Kickback Statute, and Fraud & Abuse Compliance**
- **Licensure, Staff Privilege and Credentialing**
- **Physician and Physician Group Issues**
- **Corporate and Transactional Matters**
- **Regulatory Compliance**
- **Healthcare Litigation**
- **Healthcare Investigations**
- **Fraud and False Claims Defense**
- **Provider Participation/Termination Matters**
- **HIPAA and HITECH Compliance**

WACHLER
ASSOCIATES

SERVING HEALTHCARE PROVIDERS FOR OVER 30 YEARS

248.544.0888 • wachler.com



The Medical Society has been brave. It is an organization that has taken positions that have started out as unpopular and proven out to be the right side of an issue.

Our members serve as leaders of every type of medical or health care organization in the community, the state, and even nationally.

Other staff have contributed greatly to the service that GCMS provides to its members. I have worked with some terrific executive secretaries. I especially want to thank Marcia Gzym and Sherry Smith (our current Executive Assistant). Sherry will lend her diligent hand to keep the society organized after my departure.

I wouldn't know where to start, in thanking physician leaders with whom I have worked over my time here. Some have been leaders since before I arrived on the scene, and some have stepped up on specific issues. They have given lavishly of their time and expertise for extended periods. They have served on the Board, on committees, as chairs, and as officers. I salute you all.



I can still be reached via my GCMS email address.

My compliments to GCMS as an organization, to its leaders over the years, to its members, and to the collective conscience that the organization represents. I have been honored to hold this position here for 33 of the Genesee County Medical Society's 178-year history. Thank you all.

What you need to know: Guardianships & Conservatorships

By Eric M. Froats

When an individual loses their ability to make their own decisions regarding their personal and financial affairs, Michigan law allows for the appointment of a guardian or conservator, or both, to make decisions for an individual in need. Guardianships and conservatorships are appointed through the probate court. The process and requirements for establishing a guardianship and conservatorship are similar. For a guardianship, the court first needs to establish that the individual is incapacitated. MCL 700.1105(a) defines this as an individual who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, not including minority, to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions. The court will also need to find that it's necessary that the incapacitated individual is provided care and supervision on a continuing basis. For a conservatorship, the court must find either that the individual is unable to manage property and business affairs effectively for reasons similar to those listed above or that the individual has property that will be wasted or dissipated unless proper management is provided, or money is needed for the individual's support, care, and welfare (MCL 700.5401).

conservator will have all powers over the protected individual's estate and business affairs.

Is the appointment of a guardian or conservator always necessary?

Seeking out a guardianship or conservatorship should not be the first step when someone is having difficulty in managing their personal or financial affairs. It's important to analyze the specific facts and circumstances surrounding that individual and decide on the best course of action. Things to consider would be whether the individual would benefit from a limited guardianship or conservatorship, where the guardian or conservator would only manage certain specified aspects of the individual's affairs. Also, consider whether the individual has already executed a financial or medical power of attorney that appoints someone to manage their health care or finances on their incapacity. The individual may already be receiving care from family members and

What is the difference?

In a guardianship, the guardian is appointed to make personal care decisions for the incapacitated person such as for medical treatment and living arrangements. In a conservatorship, the conservator is appointed to manage the financial affairs of the individual. In a guardianship, the person being protected is referred to as a "ward," in a conservatorship; this person is referred to as a "protected individual." It's important to know that a guardian will be able to make end of life treatment decisions for the ward such as placing a "Do Not Resuscitate" order on the individual. The



CC&G
CLINE, CLINE GRIFFIN
A PROFESSIONAL CORPORATION

Business Law • Employment Law • Insurance Defense
General Litigation • Medical Malpractice • Municipal Law
Probate, Estate and Elder Law Real Estate
Wealth Transfer • Workers' Compensation

Walter P. Griffin • Timothy H. Knecht • Jose T. Brown • J. Brian MacDonald
R. Paul Vance • Megan R. Mulder • Nancy K. Chinonis • Eric M. Froats

TRUST EXPERIENCE. COUNT ON COMMITMENT.

Attorneys at Law | Since 1928 | www.ccglawyers.com | 810.232.3141

friends who are adequately assisting them with their daily affairs. Further, it's not always necessary that both a guardian and conservator be appointed if one or the other is sufficient. Perhaps an individual needs someone to make personal care decisions but has no significant assets; in this case a guardianship may only be necessary. Alternatively, an individual may have significant assets in need of managing but otherwise is being properly cared for; in this case a conservator may only need to be appointed. It's important to consider the least restrictive means when deciding on how to best protect an individual in need.

If I'm a guardian or conservator, what do I have to do?

The duties for guardians and conservators are different but there are similar aspects. Both a guardian and conservator are considered fiduciaries, a meaning that they have a duty of trust and confidence with respect to the individual they are protecting. A guardian is primarily responsible for the ward's care, custody, comfort, maintenance, and medical care, MCL 700.5314. They also have a duty to consult and visit the ward on a regular basis. A conservator is responsible for managing the assets of the protected individual as well as keeping accurate records of their finances. Shortly after being appointed, the conservator

must report an initial inventory to the court listing all the assets and values of the protected individual. Both a guardian and conservator have ongoing duties to report to the court annually regarding the individual's current personal and financial condition. Before agreeing to be a guardian or conservator, it's important to review and understand all the duties required and be willing to comply with them.

Conclusion

Guardians and conservators are appointed by the probate court when an individual cannot make their own decisions regarding their personal and financial affairs. Remember that guardians are appointed to manage an individual's personal care decisions and conservators are appointed to manage a person's financial affairs. The appointment of a guardian or conservator is not a "one size fits all" solution for an individual needing help managing their affairs. It's important to consider the person's specific needs when taking action. If agreeing to become a guardian or conservator for someone, make sure you understand all the duties involved and be willing to comply with them. If you have questions about guardianships or conservatorships, contact Eric M. Froats, estate planning attorney, at Cline, Cline & Griffin, P.C.



We place your interests first and strive for your success and satisfaction above all.

Trust us to provide payment solutions to your payment challenges.

810.750.6822
mktg@TheRybarGroup.com
www.TheRybarGroup.com

THE
RYBAR
GROUP
HEALTHCARE FINANCIAL CONSULTANTS



Health Alliance Plan meets with Practice Managers

On June 6, 2019, a large number of GCMS practice managers gathered for their monthly meeting to hear important updates from key Health Alliance Plan (HAP) leadership and to ask questions, both new and ongoing. Present from HAP were Deborah Spencer, Shannon Weirandt, Mary Good, Peggy O'Neil, Kristine Forrest, Dawn Hartman, and Roxanne Lee.

Peggy O'Neil, along with input from Roxanne Lee, gave a presentation entitled *HAP Midwest Integration Update*. She highlighted HAP Empowered and its service area, along with the important contact information that practice managers should have on hand for claims questions, provider contracting, services and fee schedules. She also covered instructions for accessing the portal for member eligibility, benefits, authorizations, claims, remittance advices and more.

Dawn Hartman and Kristine Forrest covered a brief overview of the HCC Gap Closure Program, which is an ICD-10 diagnosis that has been reported by qualifying providers within the last three years but has not been reported within the current year. They also explained MEAT, an important acronym standing for: *Monitor* – signs and symptoms and disease process; *Evaluate* – test results, medications and patient response to treatment; *Assess/Address/Refer* – ordering test results, patient education and referrals to another provider; and *Treat/Plan* – medications, therapies, procedures and modality. Reportedly, 100% of physicians make mistakes in some

area of this imperative process. Some of the most prevalent documentation errors are:

Diabetes with hyperglycemia

Must address both components – the diabetes and the hyperglycemia. 100% of providers reviewed made this error.

Make sure notes do not contain conflicting documentation.

History of vs. current – use the correct code (biller issue vs. provider issue) According to Official Coding Guidelines; the term “history of” means the diagnosis was in the past but has now been resolved.

It does NOT exist anymore, cured. Most commonly found in CVA and Cancers.

Acute vs. chronic conditions

Found commonly with CHF and respiratory failure.

New condition specific tip sheets are located on the Provider Portal at www.hap.org.

A *Risk Adjustment HCC Documentation Tips* summary of examples was also included in the meeting packet provided by HAP. Peggy O'Neil gave an overview of this material. She covered instructions for the Provider Portal, and the ID Administrator Set Up and Manage User, pointing out specific navigational actions that practice managers should be mindful of regarding the

Online Authorizations Application and checking the status of submitted requests.

Additionally, representatives responded to practice managers questions and complaints regarding specific issues with Evicore and the snags that have been experienced from the beginning of implementation of the processing system. This has affected certain specialties, but not others. There was much discussion and exchange regarding the newly insured on Medicare. Physicians and staff are doing their best to assist the newly insured on Medicare, but they do not have all of the answers to patients' questions regarding costs not covered and confusing copays.

The practice managers listened avidly, asking pertinent and direct questions, and many relayed specific issues they are currently experiencing. No one left the meeting early. The HAP representatives expressed their appreciation to the group for their great input.



GCMS MEETINGS

JULY 2019

Legislative Liaison Committee

Recessed

Practice Managers

Recessed

Community & Environmental Health Committee

Recessed

2019 Ball Committee, TBD

Finance Committee

Recessed

Board of Directors

Recessed

Announcement

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

For details, contact:

POTTER & ROOSE

INSURANCE

810-767-8590

Providers of insurance for the GCMS & its members for 50 years.

906 Mott Foundation Bld., Flint MI 48502



The Legislative Liaison Committee Reviews Hot Button Legislative Issues

The June 3 Genesee County Medical Society Legislative Liaison Committee meeting was attended by state Reps. Sheryl Kennedy and John Cherry. Christin Nohner from MSMS, the primary presenter, present via teleconference. The meeting was chaired by Dr. Cathy Blight and attended by Drs. John Waters, Paul Lazar, Deborah Duncan, Rachel Young. Practice administrator, Gary Paavola, and Medical Society staff, Sherry Smith, were also present.

Christin Nohner provided an overview of the legislative budget. MSMS follows the budget process but gets more involved in policy issues. Typically, the budget is wrapped up around the first week of June, but Gov. Gretchen Whitmer is supporting several new proposals, some of which were well received by the legislature, and others were given much higher priority than was originally anticipated. A big piece of that puzzle is the 45-cent gas tax for roads. Until that is resolved, it is understood that the budget will be on a slow roll.

Auto no fault has seen some encouraging developments with the governor and the Legislature working on a compromise regarding education and road funding and other aspects of the budget. Gov. Whitmer would like this to be resolved by July. Rep. Cherry reported that the school aid and transportation budgets had yet to be introduced. The committee process is slow. Rep. Kennedy said

the keystone of the governor's budget is the revenue side. The governor is working behind the scenes to separate roads from K-12, which will prevent general fund dollars being used for education. Rep. Kennedy predicts that when the auto no-fault pieces are in place, the K-12 budget and the transportation budget will move through fairly quickly.

MSMS has been working through the committee process on auto no fault with the Coalition for Protection of Auto No-Fault. It has been a deliberative process. In early May, the Senate began moving a package as expected, introducing a substitute that was voted out the same week, which was expected. The House then introduced its own package, which was ultimately an improvement on the Senate bill, and included many of the adopted provisions of the Senate bill and substituted some additional consumer protections. Initially, the governor said that she had plans to veto both packages, but there were positive developments in negotiations. MSMS was relieved that the resulting fee schedule was more palatable with the varying tiers of Medicare rates based on acute care settings and how much indigent care is served by a healthcare facility or provider. The impact on hospitals is yet unforeseen. Rep. Kennedy feels that the larger democratic caucus was well-served by the result of the bipartisanship effort. The consequences of this bill will take time to reveal themselves. What is



obvious is that the current system is not working.

Surprise billing is a hot button issue both locally and nationally, but bipartisan efforts are being made to address it. The stories have been eye-opening for the legislature. Two bipartisan bills have already been introduced in the House and there is talk of one in the Senate, but MSMS has not yet been able to review them. New York has an interesting fee schedule model that has been examined and is being proposed in Michigan. The issue of surprise billing is much more complex than legislators anticipated, and bills affecting it are not likely to move quickly.

Opioid laws have not yet brought forth positive results, despite the prescribing rates, which are steadily decreasing. There are still many concerns

with the onerous nature of the law. Many are fearful that LARA is going to come after them.

E-prescribing bills for controlled substances are moving, both in the Senate and House. There are EHR complexities to address. Many physicians are not willing to accept the required costs. As a result, physicians are retiring to avoid the hassles of purchasing a \$250,000 product to comply with the law. Vendors are charging exorbitant rates.

A Special MSMS Session on Prior Authorization is scheduled for Aug. 12, at 8 AM. The next regularly scheduled meeting will be held on Oct. 7. Please contact ssmith@gcms.org or call 810-733-9923 if you would like to attend either or both meetings.



GCMSA 2019-2020, President, JoyDawn Hardman

JoyDawn was born and raised in Lapeer, Michigan. After graduating high school, she went on to earn her degree from John Carroll University in Cleveland, Ohio. She began her career in accounting and worked for nearly 10 years before transitioning to a profession in healthcare. Her health care experience is diverse and includes home health care, capital equipment, laboratory services, vaccines and pharmaceuticals. This experience has afforded her strong relationships in the medical offices, public health departments and hospital facilities within Genesee County and beyond. Her past work has provided



JoyDawn Hardman

experience into advocacy and awareness within her community through such organizations as GCMSA. She currently works for Absolute Home Health and Hospice Care as marketing director. JoyDawn has been a member of the GCMSA for seven years, including two years as treasurer, and is honored to take on the role as president. She is looking forward to doing her part in promoting the alliance mission to make a positive difference in the community through partnership with the medical society, health promotion activities and continued involvement in the legislative issues that affect the practice of medicine.

2019 - 2020 GCMSA MEMBERSHIP EVENTS

2019-2020	PROGRAMS	VENUE
Tuesday, September 24 @ 11:00 am	International Luncheon	Home of Rumana Rashid
Friday, October 18 @ 6:00 pm	GCMS President's Ball	Genesys Banquet and Conference Center
Tuesday, November 19 @ 11:00 am	Financial Seminar, Mariam Joseph from Merrill Lynch	Location to be determined
December TBA, 2019	Children's Program	Genesee County Medical Society
Tuesday, January 28 @ 11:00 am	FIA or social event	To be determined
Tuesday, February 25 @ 11:00 am	High Tea/Coffee Hour	Location to be determined
Tuesday, March 24 @ 11:00 am	Flint Culinary Institute demonstration (tentative)	Flint Culinary Institute (tentative)
Tuesday, April 28 @ 11:00 am	Gardening Class	Gerych's in Fenton
Tuesday, May 19 @ 11:00 am	Geranium Luncheon	Warwick Hills Golf & Country Club

2019 - 2020 GCMSA BOARD MEETINGS

2019-2020 LOCATION	LOCATION
The first Tuesday of each month, September thru May, at 4 pm - GCMS office	GCMS office

HAPPY BIRTHDAY DOCTOR

JULY

Louise Desgranges, MD.....	1	Frederick VanDuyne, MD	15
Katikuti Dutt, MD.....	1	Koteswararao Vemuri, MD	15
John Hebert, III, MD.....	1	Peter Rydesky, MD	17
Tarik Wasfie, MD	1	Christopher Goltz, MD.....	19
Barina Zado, MD.....	1	Melinda Wheatley, MD	19
Abdul Moqtadir Hasnie, MD	2	Farhan Khan, MD	22
John Morrison, DO.....	2	Allen Turcke, MD	24
John Waters, MD	3	Jae Kim, MD.....	25
Glen Sullenger, MD	6	Dong Whan Oh, MD	25
Kamal Hasan, MD	7	Jon Santiago, MD	25
Purushottam Naik, MD	7	James Knaggs, MD.....	26
James Gibbons, MD.....	8	Edward Holden, MD	27
Niketa Dani, MD.....	9	David Strahle, MD.....	27
Bhadrabala Ganatra, MD	9	Eyassu Habte-Gabr, MD	28
Fikria Hassan, MD	9	Seann Willson, MD.....	28
Katie Nolen, MD	11	Robert Cross, MD.....	29
Angela Joseph, MD	14	Rachel Young, DO	31
AppaRao Mukkamala, MD.....	14		



The world needs more people who are committed enough to say YES.

Yes believes in possibility. Yes gives people a chance. Yes can turn thoughts and plans into life-changing actions. Sovita Credit Union serves Education and Healthcare Workers, their Families and their Communities.

Join today. sovitacu.org



GCMSA President's Letter, 2019-2020, JoyDawn Hardman

Thank you everyone for your kindness, your support and this opportunity. As the new president of the Genesee County Medical Society Alliance, I would like to welcome everyone to the 2019-2020 year. I am looking forward to doing my part in promoting the alliance and I am committed to making this a productive year.

I was first introduced to GCMS during my years IN a healthcare. I enjoyed the opportunity to be involved in the sponsorship of various health awareness events, the President's Ball and various ads in the bulletin or membership guide. My interest and involvement grew when Oya Agabigum called in June of 2012. At that point I became involved in the President's Ball Committee and went from that to the Healing Hands Race Committee and Treasurer of the GCMSA. When Feroza Raffee asked me to be a part of her board. I was honored, energized and committed. That brings us to now.

First, I would like to thank our immediate past president Feroza Raffee for her selfless service this past year. She dedicated her time and energy toward our common goal and she did it with grace. She surrounded herself with an executive board that was dedicated and hardworking. Together they were able to make a difference in our community through efforts such as: Doctors and Their Families (safe house), SAVE (anti-bullying), Healing Hands Race, and Reach Out and Read programs. Feroza has graciously agreed to stay on the board to continue her support of the Reach Out and Read program, which is very close to her heart.

Our officers this year include Rula Ali, who has agreed to continue as our Secretary. This role is in addition to her role as President-Elect for the Michigan State Medical Society Alliance. Her wisdom, experience and dedication are very much appreciated. Cheryl Thoms is taking on a new position for her as Treasurer. I thank her very much for accepting that position. Her experience in the alliance is priceless. Lakshmi Tummala will take over the membership duties. Though many of the committee chairs will stay on, I will continue to work with our board and past presidents to fill the remaining committee chairs.



JoyDawn Hardman

As I prepared to take on this role, I revisited the GCMSA Mission and By-Laws. The mission statement reads: "The mission of Genesee County Medical Society Alliance is to make a positive difference in the lives of Genesee County residents by promoting healthy lifestyles and education through partnerships with Genesee County Medical Society and local community organizations, as well as providing a supportive network to medical families." We have an incredible history of fulfilling our mission and more for our community, and I will work hard to help in continuing those efforts through our Health Promotion Committee.

We will continue our work with Doctors and Their Families, supporting the safe house, the children's program and continued advocacy for public awareness of the importance of vaccinations. The Healing Hands Run/Walk benefiting the Genesee County Free Medical Clinic will also continue to have our hard work and crucial support. The Reach Out and Read Program was very successful this past year and looks to be well on its way to being even better this year. This past year we were able to incorporate S.A.V.E. by handing out the anti-bullying books with each Reach Out and Read event. We will also be exploring other health promotion programs that improve public health with a special committee, as requested by several members.

GCMSA will also continue to work closely with the Michigan State Medical Society and Michigan State Medical Society Alliance's mission to advance the health of all citizens through advocacy, education and action. We will continue to collaborate with the MSMSA to advocate for improved public health and partner with MDPAC about the legislative issues that impact the practice of medicine in our community. We are very fortunate to have two of our members, Rula Ali and Beth Schumacher, on the MSMSA Board Directors. I look forward to their invaluable input. I will plan to highlight the many collaborating priorities in future Focus Newsletters, including vaccine promotion, the opioid epidemic, availability to healthcare, scope of practice, insurance reform and more that impacting our medical practices.

Cheryl Thoms, GCMSA 2019-20 Treasurer

I was born and raised here in Flint and have lived my whole life here. When I graduated Flint Southwestern High School, I went to work for the Retailer Credit Bureau.

I got married and raised a family of 5 children. Peter and I have been married for 37 years now and with combined families, now have 8 children. All are married and we have 22 grandchildren and 14 great-grandchildren. I owned a photography studio for many years but am now retired and enjoying it



Cheryl Thoms

very much. We have been blessed with the ability to travel to many places around the world and enjoy great cruises. Now we are happy to vacation in Florida for part of the winter and enjoy visiting our family.

I have been a part of the Alliance since 1982 and have held many different positions including President in 2006 - 2007. I am happy to be a part of such a great organization and will do the best of my ability to do a good job as the Treasurer this year.

Rula Ali, GCMSA Secretary, MSMSA President-Elect

Rula was born and raised in Jerusalem. Her family later moved to Michigan where she met her husband, Omar Bakr, a Cardiologist. The couple has four children. Rula is a longtime member of Genesee Count Medical Society Alliance, Michigan State Medical Society Alliance and AMA Alliance. She held various positions including GCMSA Secretary, President-Elect, President and is currently serving as Secretary and Web Master. She also held various positions on the MSMSA board



Rula Ali

including Regional Director and is currently serving as Social Media Chair and is MSMSA President-Elect.

Rula completed her law degree and is currently involved in the Mediation field. Rula enjoys walking, reading, traveling, entertaining, volunteering and feels that the best time is time you spend with family and friends.

Rula feels honored to be serving in this amazing organization.

President's Letter

CONTINUED FROM PREVIOUS PAGE

Our upcoming members events calendar is filling up nicely. I am happy to announce that Rumana Rashid will be hosting our International Luncheon on Tuesday, September 24. Thank you Rumana for your hospitality. The President's Ball has been moved to Friday, October 18 at the Genesys Banquet and Conference Center. We look forward to that evening of celebration for outgoing GCMS President Dr. Christy and incoming GCMS President Dr. Ishaque. We also have a financial seminar scheduled, a social

event at FIA, High Tea, a luncheon and demonstration at the Flint Culinary Institute, a gardening class at Gerych's and the Geranium Luncheon. A schedule of events and venues will be posted.

2019-2020 is going to be a fun and productive year. Together we will accomplish so much. I look forward to working with everyone and thank you for your continued support, membership, time and insight. I welcome your input, please feel free to contact me.



GCMSA Geranium Luncheon 2019

The annual Geranium Luncheon of the Genesee County Medical Society Alliance was held in April at the Warwick Hills Golf and Country Club. President, Feroza Raffee, welcomed the members and gave a report of her year. She concluded by thanking the various committees that worked under her leadership. Also in attendance were Pete Levine and Sherry Smith, Executive Director and Executive Assistant of the Genesee County Medical Society.

After a delicious lunch, the meeting resumed by the swearing in of the Executive Committee for 2019-2020. Past President, Maria McCann,

installed the new officers. JoyDawn Hardman, Rula Ali and Cheryl Thoms will serve as President, Secretary and Treasurer, respectively. Past President, Bobby Schoolfield, won the drawing for membership presented by Past President, Lakshmi Tummala.

The meeting concluded with Bollywood dance routines presented by Neelam Puri, Founder and Artistic Director of Bollywood Dancing, her students. Alliance members joined for some peppy dance moves enjoyed by all. As per tradition, all Past Presidents in attendance received a geranium plant as a thank you gift in appreciation of serving the organization.





ANNUAL GCMSA
Geranium Luncheon
AT WARWICK HILLS GOLF
AND COUNTRY CLUB



Welcome to the
2019 AMA Alliance
Annual Meeting



**Michigan Delegation
AMA Alliance Annual Meeting
June 8-11, 2019 - Chicago**



GCMSA Friendship Group

Our Friendship Group has been meeting since 2006 and is still going on every other month. We are always open to new members joining us for lunch at different restaurants around the area. Most members are 55 or older or retired.

We meet the third Wednesday of the even months at noon. Each attendee orders from the menu and pays for their own meal. There is no agenda, except to enjoy being together and catching up on the latest news in our lives.

If you would like to be added to our email list, please contact Cheryl Thoms at 732-7719 or by email at psclthoms@comcast.net.



Save The Date

**2019 GCMS/GCMSA
President's Ball**

Honoring Dr. Edward Christy

October 18th, 2019

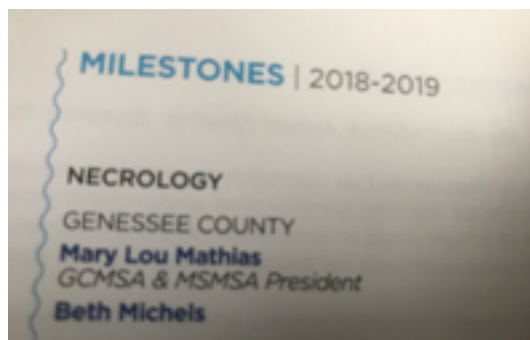
6:00 o'clock in the evening

Genesys Conference & Banquet Center

Sponsorship Opportunities Available

RSVP ssmith@gcms.org or call 810-733-9923

Michigan State Medical Society Alliance Annual Meeting April 26-27, 2019 East Lansing



Registration is Now Open



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

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

Wednesday, September 11, 2019

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

Location: To Be Determined

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

Continuing education credits available for RNs and SWs.

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

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

Complete online training modules 1-4 (**approximately 4-5 hours**)

Review the *Your Health Your Choice* advance directive

Engage in an advance care planning conversation with a friend or loved one

Register for an Upcoming ACP Facilitator Training Today!

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

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

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Training Date: _____

Training Payment (Check Box)

Check Included (payable to Greater Flint Health Coalition)

Please Invoice

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



Reach out and Read

On Friday, March 22, the Woodcroft-Eisenhower Mentoring Program (W.E. Mentoring Program) at Eisenhower Elementary School welcomed Dr. D. Elizabeth Jordan (Member of GCMSA) and President, Mrs. Feroza Raffee of the Genesee County Medical Society Alliance (GCMSA) to speak to the students about the negative effects of bullying. Bullying can have detrimental and long-term effects on children, including, but not limited to, mental health issues, substance abuse, isolation and suicide. In addition to donating "Stop Bullying" activity books and 24-piece crayon boxes for every student in the school, 320 in total, they took time out of their busy schedules to personally hand out the books and crayons to each classroom. Awesome! How honored the W. E. Program is to have had the Genesee County Medical Society Alliance come and contribute to the success, well-being and quality of life for the children at Eisenhower!



Dr. Elizabeth Jordan, Reach out and Read Chair for GCMSA, Dr. Dana Dyson Mentor/Coach for Second/Third Grade Reading, Mrs. Charity Walsh (2nd grade teacher) Mrs. Feroza Raffee, President GCMSA



Eisenhower School donated books



Eisenhower School students with books donated from the GCMSA Reach Out and Read Program in May. Velynda Makhene, Feroza Rafee are pictured with community mentors who helped the children practice their reading skills.

These are some of the Scholastic books purchased by GCMSA. GCMSA received one free book for every book purchased.





Photo by Ebony L. Stith/Flint Registry

Flint Water Crisis – Update on the Flint Registry



Editorial By Nicole Jones PhD

FLINT, Mich. – The Flint Registry is a project designed to support individuals impacted by the Flint water crisis by making sure they get connected to services and resources. The Flint Registry is inspired by many other public health registries like the World Trade Center Registry which was created after the terrorist attacks on September 11th, 2001. The

World Trade Registry started in September 2003 and is the largest registry in U.S. history to track the health effects of a disaster. Traditionally, public health registries have studied the health effects of environmental exposures or enrolled a group of people with a specific diagnosis. The main goal of Flint Registry is to connect people to services. It is designed to be voluntary confidential and secure.

Enrollees in the Flint Registry will complete a survey designed to connect them to services and collect information about the impact of the Flint water crisis on health and child development. The survey was designed with feedback from community members, Flint residents, and scientific experts. After completing the survey, service providers will directly contact participants to get them enrolled in programs.

**What is your logo all about?
Why is it a bird?**

The bird represents the Sankofa bird, a mythical African bird from the Akan tribe in Ghana. The bird is flying forward, yet looking back, and carrying an egg in its mouth. It is symbolic of always needing to move forward, but never forgetting what happened in the past, and prioritizing the young. The logo suggestion was made by a Flint resident.



Already over 1,000 people have completed their surveys and shared their story of how the Flint Water Crisis impacted them.

The Flint Registry is open to anyone who lived, worked, went to school, or daycare at an address serviced by the Flint water system from April 25, 2014 to October 15, 2015. Have you signed up? You can start the process by calling 833-Go-Flint or by completing a pre-enrollment form online at FlintRegistry.org.

Nicole Jones, PhD is the Director of the Flint Registry and an Assistant Professor in the Michigan State University Division of Public Health and Department of Pediatrics and Human Development.



**ATTENTION:
GCMS
Practice
Managers**

Issues of Serious Concern for Medical Practices!

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

GCMS Practice Manager meetings are held on the 1st Thursday of each month from 8am to 10am

The following topics are tentatively scheduled and subject to change

July 4, 2019	no meeting - enjoy your holiday and Happy Summer!
August 1, 2019 Presenter(s)	"Prior Authorization - What is Working, What is Not" Stacie Saylor, CPC, CPB Manager, Reimbursement Advocacy, Michigan State Medical Society
September 5, 2019 Presenter(s)	"McLaren Health Plan" Amy Weigandt, Network Development Coordinator Candy Gilbert, Network Development Supervisor
October 3, 2019 Presenter(s)	"What's New with MIPS" Bruce Maki, Regulatory Analyst, Project Manager M-CEITA, Center for Appropriate Care, ALTARUM, Ann Arbor
November 7, 2019 Presenter(s)	"Molina Health Plan" Nicole Salazar, Provider Service Representative Susette Bader-Sherwood, Provider Service Representative

Please email Sherry at ssmith@gcms.org or call 810-733-9923 to RSVP!

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

FLINTREGISTRY



**Get Connected.
Get Supported.
Get Counted.**

People who used Flint water from April 25, 2014 to October 15, 2015 can participate in a voluntary secure registry that will refer them to programs and other resources aimed at minimizing the effects of lead on their health, while promoting wellness and recovery.

**SIGN UP
TODAY!**

Visit

**www.flintregistry.org
or call 833-463-5468**



FLINTREGISTRY

Get Connected. Get Supported. Get Counted.

flintregistry.org

A RESOURCE FOR YOUR PATIENTS



flintregistry.org

The Flint Registry is a resource to see how the people of Flint are doing and provide support for those impacted by the water crisis. After completing a survey, individuals are referred to services that promote health and development such as education, health and nutrition programs. Support, especially for children, includes referral to Genesee Health System Neurodevelopment Center of Excellence – a new, no-cost child development assessment center.

The Flint Registry is modeled after other public health registries like the World Trade Center Disaster Registry. The Flint Registry is for anyone who was exposed to lead-contaminated water because they worked, lived, went to school, or daycare identified as an address on the Flint water system from **April 25, 2014 – October 15, 2015**, including children who were prenatally exposed. The Flint Registry is for all ages.

WHAT IS THE LOGO ALL ABOUT?



The logo represents the Sankofa bird, a mythical African bird from the Akan tribe in Ghana. The bird is flying forward, yet looking back, and carrying an egg in its mouth. It is symbolic of always needing to move forward, but never forgetting what happened in the past, and prioritizing the young. The logo suggestion was made by a Flint resident.

Want to learn more? Visit our website at flintregistry.org or call 833-GO-FLINT.



Michigan State University College of Human Medicine received funding for this work from the Centers for Disease Control and Prevention (CDC), Grant #NUE2EH001370.

4438 Oak Bridge Drive Ste A 15726LG

4438 Oak Bridge Dr, Flint, MI 48532



Listing ID:	30337937
Status:	Active
Property Type:	Office For Lease
Office Type:	Business Park
Contiguous Space:	2,879 SF
Total Available:	2,879 SF
Lease Rate:	\$12 PSF (Annual)
Base Monthly Rent:	\$2,879
Lease Type:	NNN
Nearest MSA:	Flint
County:	Genesee
Tax ID/APN:	07-21-651-009
Zoning:	GENERAL COMMERCIAL
Gross Building Area:	9,990 SF
Year Built:	1994



Overview/Comments

Linden Rd. visibility in versatile suite with 8 - 9 offices plus waiting and storage. 2,879 SF can be expanded by up to $\pm 1,500$ SF. Two private offices with large bay windows, lots of windows that open throughout. Well lit, ample parking in professional office park. Convenient location to expressways and the Linden, Miller and Corunna Rd. corridors.



More Information Online

<http://coopercom.catylist.com/listing/30337937>

QR Code

Scan this image with your mobile device:



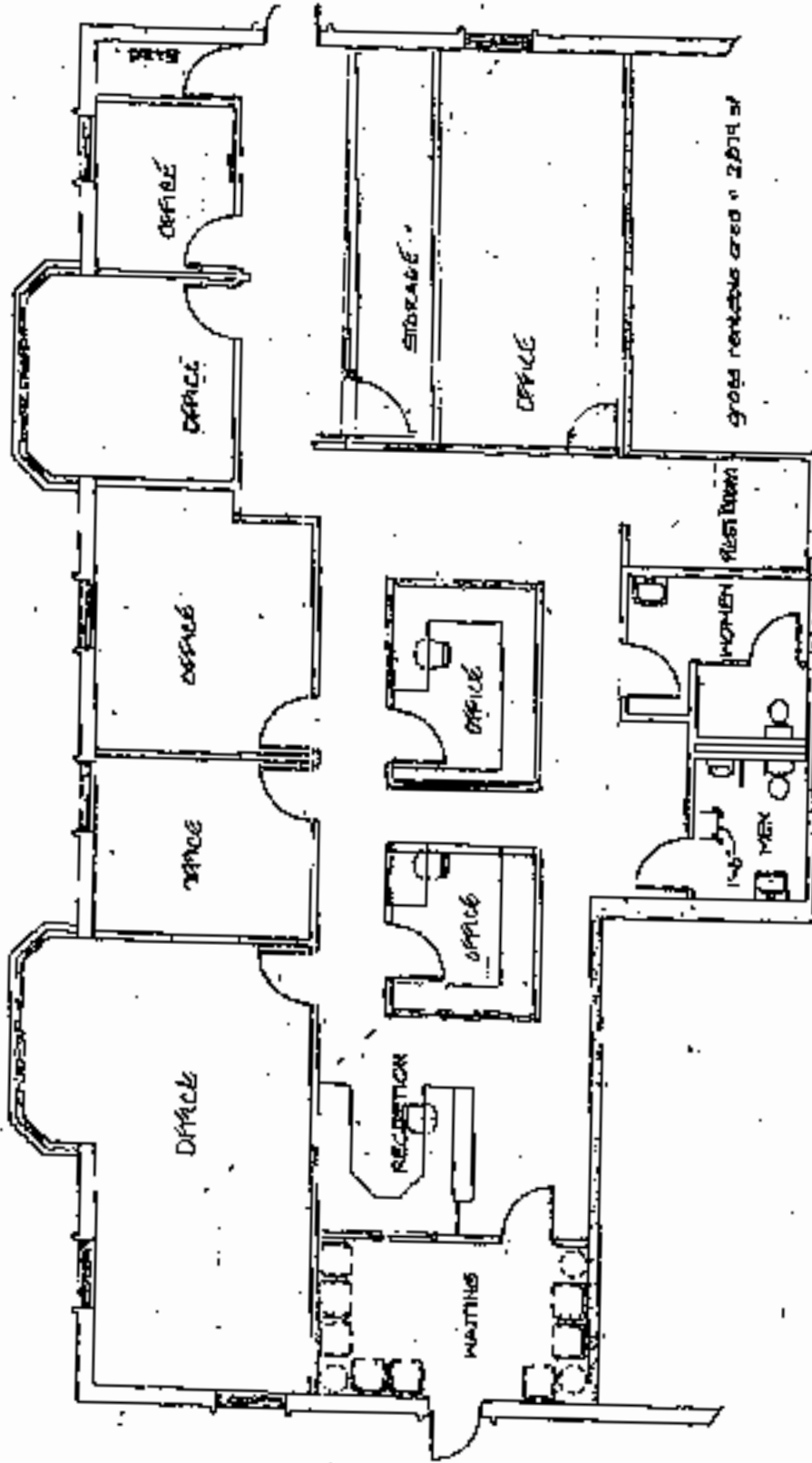
Property Contacts



Karen Cape

Cooper Commercial
810-423-3775 [M]
810-732-6000 [O]
karen@coopercom.com

N.T.S.



GROSS RENTABLE AREA = 2,871 SF



NEW WORK PLAN
SCALE 1/8" = 1'-0"
PAGE 3, 2008

FOR ILLIENASIE

**MICHIGAN STATE MEDICAL SOCIETY
MEDICAL STUDENT SECTION**

RESOLUTION #15-19

INTRODUCED BY: Rohit Abraham, MSS Member, Genesee County Medical Society
Miriam Rienstra Bareman, MSS Member, Kent County Medical Society
Nonie Arora, MSS Member, Washtenaw County Medical Society
Emma Frost, MSS Member, Kent County Medical Society
Tabitha Moses, MSS Member, Wayne County Medical Society
Sandra Dettmann, President-elect, Kent County Medical Society
Enrique Rodriguez-Fhon, MSS Member, Ingham County Medical Society
Sameen Ansari, MSS Member, Oakland County Medical Society
**Supported by the Genesee County Medical Society Delegation

SUBJECT: Repeal of Prior Authorization for Medication-assisted Treatment in Addiction Medicine

HOUSE ACTION: Approved

fThe opioid epidemic has been declared a national public health emergency with a growing number of Michigan residents dying from illicit heroin and fentanyl overdoses, despite an overall decrease in opioid prescriptions from 2016-2017^{1,2}; and Whereas, Medication-assisted treatment (MAT) combined with psychosocial therapy is the evidence-based, gold standard treatment for opioid use disorder (OUD) and reduces rates of illicit drug use, overdoses, infectious disease transmission, and crime^{3,4,5,6}; and

Whereas, National healthcare stakeholders and experts agree that MAT is unequivocally necessary to maintain recovery and prevent unnecessary deaths in the context of OUD^{7,8,9}; and

Whereas, MAT has been associated with decreased health system expenditure and utilization in the Medicaid population, including but not limited to hospital admissions and emergency department visits¹⁰; and

Whereas, 87% of Michigan patients in need of addiction treatment services do not have access to treatment¹¹; and

Whereas, Many insurance companies require prior authorization for coverage of “high-risk” prescriptions, including common MAT formulations;¹² and

Whereas, 42% of patients on commercial health insurance must endure burdensome prior authorization before becoming eligible to receive MAT, as averaged across several major cities across the nation¹³; and

Whereas, A recent study showed Medicaid prior authorization to be linked with lower odds of MAT utilization among addiction treatment programs;¹⁴

Whereas, MAT prescribers consider prior authorization, limited insurance reimbursement, and expensive addiction medicine education as major barriers to care, requiring valuable time and resources that create delays and lack of access to life-saving medications;¹⁵ and

Whereas, Current MSMS policy (Res54-17) supports “Medicaid payment coverage for the medical management and treatment of all substance use disorders;”¹⁶ and

Whereas, Several major private payers, including Anthem, and Cigna, no longer require prior authorization for MAT in all their plans across the nation¹⁶; and

Whereas, Recent state legislation and regulation in Minnesota, New York, and Pennsylvania has reduced or eliminated prior authorization for MAT with increased access to life-saving treatment^{18,19,20}; therefore be it

RESOLVED, That our MSMS work with statewide stakeholders to advocate for the elimination of insurance-related access barriers, including prior authorization requirements, to all forms of medication-assisted treatment.

AUTHOR’S ESTIMATED FISCAL NOTE, if applicable: \$_____ (Leave blank)

DATE RECEIVED:

REFERENCES:

The White House. The President’s Commission on combating drug addiction and the opioid crisis 2017. https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf. Accessed January 17, 2019.

Kaiser Family Foundation. State health facts: Opioid overdose deaths by type of opioid 2017. <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-type-of-opioid/>. Accessed January 17, 2019.

The Pew Charitable Trusts. The case for medication-assisted treatment: MAT can help people with opioid use disorders but few



Medical Society Foundation

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

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

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

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

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

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

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

Mail your donations to:
Medical Society Foundation
4438 Oak Bridge Drive, Suite B
Flint, MI 48532-5467

have treatment 2017. <https://www.pewtrusts.org/-/media/assets/2017/02/thecasemedicationassistedtreatment.pdf>. Accessed January 17, 2019.

Tsui JI, Evans JL, Lum PJ, Hahn JA, Page K. Association of opioid agonist therapy with lower incidence of hepatitis C virus infection in young adult injection drug users. *JAMA Internal Medicine*, 2014;174(12), 1974-1981.

French MT, Zarkin GA, Hubbard RL, Rachal JV. The effects of time in drug abuse treatment and employment on posttreatment drug use and criminal activity. *The American Journal of Drug and Alcohol Abuse*, 1993;19(1),19-33.

Merrill J, Alterman A, Cacciola J, Rutherford M. Prior treatment history and its impact on criminal recidivism. *Journal of Substance Abuse Treatment*, 1999;17(4),313-319.

National Institute on Drug Abuse. Effective treatments for opioid addiction 2016. <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>. Accessed January 17, 2019.

National Institute on Drug Abuse. America's addiction to opioids: Heroin and prescription drug abuse 2014. <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2014/americas-addiction-to-opioids-heroin-prescription-drug-abuse>. Accessed January 17, 2019.

US Department of Health and Human Services. Facing addiction in America: The Surgeon General's spotlight on opioids 2018. https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf Accessed January 17, 2019.

Mohlman MK, Tanzman B, Finison K, Pinette M, Jones C. Impact of medication-assisted treatment for opioid addiction on Medicaid expenditures and health services utilization rates in Vermont. *Journal of Substance Abuse Treatment*, 2016;67,9-14.

The Foundation for AIDS Research. Opioid and health indicators database: Michigan opioid epidemic. <http://opioid.amfar.org/MI>. Accessed January 17, 2019.

Keast SL, Kim H, Deyo RA, et al. Effects of a prior authorization policy for extended-release/long-acting opioids on utilization and outcomes in a state Medicaid program. *Addiction*. 2018;113:1651-1660. doi:10.1111/add.14248.

Urban Institute. Coverage of Substance-use disorder treatments in marketplace plans in six cities. <https://www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf>. Accessed January 17, 2019.

Andrews CM, Abraham AJ, Grogan CM, Westlake MA, Pollack HA, Friedmann PD. Impact of Medicaid restrictions on availability of buprenorphine in addiction treatment programs. *American Journal of Public Health*. 2019;e1-e3. doi:10.2105/AJPH.2018.304856.

Andraka-Christou B, Capone MJ. A qualitative study comparing physician-reported barriers to treating addiction using buprenorphine and extended-release naltrexone in US office-based practices. *International Journal of Drug Policy*. 2018;54:9-17. doi:10.1016/j.drugpo.2017.11.021.

Michigan State Medical Society. Policy manual: Official policies of the Michigan State Medical Society 2018. https://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/2018%20MSMS%20Policy%20Manual.pdf?ver=2018-12-11-112410-523. Accessed January 17, 2019.

Levin, A. Anthem ends prior authorization for opioid treatment. *Psychiatric News*, 2017, doi:10.1016/S0002-9343(00)00545-3. Accessed January 17, 2019.

Minnesota Public Radio News. State eliminates hurdle for medicine to treat opioid dependency. <https://www.mprnews.org/story/2018/09/07/state-eliminates-hurdle-for-medicine-to-treat-opioid-dependency>. Accessed January 17, 2019.

American Academy of Family Physicians. Pennsylvania moves to cut administrative burden on MAT 2018. <https://www.aafp.org/news/government-medicine/20181120pennpriorauth.html>. Accessed January 17, 2019.

USA Today. Anthem to change opioid treatment policy under deal with NY regulators. <https://www.usatoday.com/story/news/politics/2017/01/19/anthem-change-opioid-treatment-policy-under-deal-ny-regulators/96771566/>. Accessed January 17, 2019.

Relevant MSMS Policy:

Addiction a Disease
MSMS consider drug intoxication and addiction as diseases. (Prior to 1990)

Hospital Treatment
Hospitals should provide treatment and rehabilitation facilities for substance abuse. (Res43-90A)
– Amended 1993
– Edited 1998

Pharmacy: Cooperation to Insure Patient Medication Safety

MSMS works with the Michigan Pharmacists Association to assure patient safety, confidentiality, and continuity of care. (Res88-93A)

Medicaid Substance Use Disorder Coverage

MSMS supports Medicaid payment coverage for the medical management and treatment of all substance use disorders. (Res54-17)

Michigan's Prescription Drug Monitoring Program

MSMS supports education to encourage physicians and other health care providers to check the Michigan Automated Prescription System (MAPS) when prescribing controlled substances. However, MSMS opposes mandatory MAPS checking by physicians absent clinical suspicion of substance abuse or nefarious intent. (Res46-16 and Res50-16)

TITLE: Requiring Teaching about Consent in Sex Education Curriculum

INTRODUCED BY: Laura Carravallah, MD, for the Genesee County Delegation

ORIGINAL AUTHORS: Megan Kechner, Danielle Sethi, Danielle Wilson

House Action: Amended

Whereas, one in five women (25.5 million) experienced completed or attempted rape during her lifetime, 43.6% of women have experienced some form of contact sexual violence in their lifetime, 37% of women have reported unwanted sexual contact in her lifetime, 43.2% of female victims report rape victimization prior to 18 years old, and one in four women who are victims of sexual violence, physical violence, and/or stalking by an intimate partner first experienced violence by that partner prior to 18 years old¹, and

Whereas, 24.8% (27.6 million) men have experienced some form of contact sexual violence in their lifetime, one in fourteen men was made to penetrate someone else at a point in their life, with 66.5% of these incidences first experienced prior to 25 years old, one out of five men reported unwanted sexual contact in his lifetime, and 51.3% males first experienced completed or attempted rape prior to 18 years old¹, and

Whereas, the CDC recommends efforts in education to prevent sexual violence¹, and

Whereas, only eight states in the United States (not including Michigan) require consent to be addressed in school sex education curriculum², and

Whereas, sex education in these eight states emphasize “the characteristics of the emotional, physical and psychological aspects of a healthy relationship” and use language that stresses consent, such as “mutually monogamous relationships”², and

Whereas, Maryland passed a bill “Requiring a county board of education to provide age-appropriate instruction on the meaning of “consent” which is defined as the unambiguous and voluntary agreement between all participants in each physical act within the course of interpersonal relationships, including respect for personal boundaries; and requiring the county board to provide age-appropriate instruction on the meaning of “consent” as part of the Family Life and Human Sexuality curriculum”³, and

Whereas, the basics of consent include that consent is freely given, reversible, informed, enthusiastic, and specific⁴, and

Whereas, consent is given on the basis of relevant and appropriate information, by someone with mature powers of judgement, and the conditions which are regarded as invalidating an act of consent are coercion and fraud⁵, and

Whereas, comprehensive sexual education must include a focus on the inclusion of consent and the development of positive, healthy relationships, including prevention of and response to sexual violence², and

Whereas, the current Michigan legislation 380.1507b for sexual education curriculum includes teaching students how to say “no” to unwanted sexual advances, but does not include explicitly teaching students about consent⁶, and

Whereas, the Michigan House of Representatives and Senate heard proposed bills, introduced in 2015, requiring affirmative consent to be included in Michigan school sex education (House Bill 4903, Senate Bill 512)^{7,8}. These bills were reworded and introduced again in 2017 (House Bill 5734, Senate Bill 620)^{9,10}, but have not yet passed, and

Whereas, AMA Policy H-170.968 “supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent”¹¹, however, this policy does not incorporate affirmative consent in its requirements; therefore be it

RESOLVED: That MSMS expand existing MSMS Resolution 11-18 that consent be taught in schools as part of sex and health education in Michigan for all grade levels that receive sex and health education in the curriculum. This should include the definition of consent as the unambiguous and voluntary agreement between all participants in each physical act within the course of interpersonal relationships, including respect for personal boundaries. Age-appropriate training on how to give and withhold consent should also be provided to all children.

The Committee believes that the asks in the original resolution is included in existing MSMS and AMA policy. The Committee believes that it is important to include consent in sex education training, but it is outside the medical professions purvey to mandate K-12 curriculum. _____

RELEVANT MSMS POLICY:

STATEMENT ON SEX EDUCATION

The primary responsibility for family life education is in the home. At local option and discretion there should be complementary family life and sex education programs in the schools at all levels. Such programs should 1) be part of an overall health education program; 2) be presented in a manner commensurate with the maturation level of the students; 3) have professionally developed curricula; 4) include ample involvement of parents and other concerned members of the community; and 5) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training. (Prior to 1990)

1Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

2Shapiro, S. and Brown, C. (2018) Sex Education Standards Across the States. Center for American Progress. <https://cdn.americanprogress.org/content/uploads/2018/05/08062819/SexEducation.pdf>

3Maryland House Bill 251

<https://legiscan.com/MD/text/HB251/id/1798254/Maryland-2018-HB251-Chaptered.pdf>

4Planned Parenthood <https://www.plannedparenthood.org/learn/sex-and-relationships/sexual-consent>

5Steutel, J. & Spiecker, B. (2004) Sex education, state policy and the principle of mutual consent, Sex Education, 4:1, 49-62. <https://www.tandfonline.com/doi/abs/10.1080/1468181042000176533>

6Michigan Legislature Sex Ed Curriculum.

[http://www.legislature.mi.gov/\(S\(el1qoz03jhbculma5g5o5vki\)\)/mileg.aspx?page=GetObject&objectname=mcl-380-1507b](http://www.legislature.mi.gov/(S(el1qoz03jhbculma5g5o5vki))/mileg.aspx?page=GetObject&objectname=mcl-380-1507b)

7Michigan House Bill 4903

<http://www.legislature.mi.gov/documents/2015-2016/billintroduced/House/htm/2015-HIB-4903.htm>

8Michigan Senate Bill 512

<https://www.legislature.mi.gov/documents/2015-2016/billintroduced/Senate/pdf/2015-SIB-0512.pdf>

9Michigan Senate Bill 620.

<http://www.legislature.mi.gov/documents/2017-2018/billintroduced/Senate/pdf/2017-SIB-0620.pdf>

10Michigan House Bill 5734

<http://www.legislature.mi.gov/documents/2017-2018/billintroduced/House/htm/2018-HIB-5734.htm>

11AMA Policy H-170.968.

<https://policysearch.ama-assn.org/policyfinder/detail/sexual%20education?uri=%2FAMADoc%2FHOD.xml-0-993.xml>

TITLE: Tattooing of Eyes

INTRODUCED BY: Cathy Blight, MD, on behalf of the Genesee County Medical Society Delegation

ORIGINAL AUTHOR: John Waters, MD

HOUSE ACTION: DISAPPROVED

Whereas, tattooing of the white of the eye does occur for cosmetic reasons, and

Whereas, the American Academy of Ophthalmology has declared eye tattooing to be an unsafe practice, and

Whereas, risks of eye tattoos include decreased vision or complete blindness; infection from injection or ink; potential loss of the eye; sensitivity to light; feeling like something is in your eye, and

Whereas, there are several states considering a ban on tattooing of the whites of one's eyes, therefore be it

Resolved, that the Michigan State Medical Society pursue a legislative ban on tattooing of eyes in the State of Michigan, and be it further

Resolved, that the Michigan State Medical Society encourage the American Medical Association to pursue a federal ban on eye tattoos.

TITLE: Promote Recycling in Michigan

INTRODUCED BY: Laura Carravallah, MD, for the Genesee County Delegation

ORIGINAL AUTHORS: Jacqueline Mercado, Adrianna Jackson, Rachel Santay, Alex Mikhail, Mustafa Mohamed

REFERRED TO: Genesee County Medical Society

HOUSE ACTION: AMENDED

Whereas MSMS Policy states MSMS supports recycling materials whenever possible and purchasing recycled products¹, and

Whereas over 40% of municipal solid waste in Michigan could be recycled using standard, curbside recycling², and

Whereas in 2013, only two of every three Michigan residents had access to curbside recycling or a convenient drop-off facility, and many residents living in Northern Michigan or the Upper Peninsula had no such access³, and

Whereas in December 2018, former Governor Snyder signed Senate Bill 601 into law, allocating roughly \$24 million a year toward recycling and landfill oversight in Michigan, in order to improve the recycling rate^{4,5}, but no new studies have been conducted to measure any increase in recycling rate, and

Whereas, the recycling rate in Michigan is likely well below the national average because of a lack of public awareness and lack of convenient access to recycling, and

Whereas, Resource Recycling Systems, the consulting firm specializing in recycling that prepared the 2015 report on recycling in Michigan, has suggested that public education around recycling is “probably the most important (factor) for keeping a quality system (of recycling) going” ⁶, and

Whereas, increasing recycling rates will mitigate the environmental impact of the disposal of municipal solid waste, by avoiding the use of landfills and thus reducing greenhouse gas emissions, such as methane, and “reduce air and water pollution associated with making new products from raw materials”⁷, and

Whereas, 25.5% of all solid waste in Michigan’s landfills came from out-of-state sources in fiscal year 2016⁸, likely due to Michigan’s low landfill tipping fee of \$0.36/ton, attracting other states and Canada to dump their trash in Michigan⁹, and

Whereas, landfills also negatively impact the neighborhoods around them, through increased noise, odors, and possible groundwater and air pollution¹⁰, and 18 of the 89 Superfund sites in Michigan are former landfills¹¹, and

Whereas, residents living near landfills are at risk for adverse health effects including but not limited to low birth weight, birth defects and cancers¹², and

Whereas, numerous studies have demonstrated an association between environmental waste exposure and increased rates of spontaneous abortions, stillbirths, intrauterine growth restriction and premature births¹³; therefore be it

RESOLVED: That MSMS support legislation allocating resources to promote recycling in the state of Michigan including advertising curbside recycling and local recycling centers, and be it further:

RESOLVED: That MSMS support legislation to increase the Michigan landfill tipping fee to discourage the use of landfills by neighboring states and countries in order to preserve the quality of Michigan’s environment for years to come.

The Committee supports the spirit of this resolution and MSMS’s current policy regarding recycling but as there are laws in place to address the author’s objectives, there is no need for further action.

REFERENCES

Official Policies of the Michigan State Medical Society. [msms.org. https://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/2018%20MSMS%20Policy%20Manual.pdf?ver=2018-12-11-112410-523](https://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/2018%20MSMS%20Policy%20Manual.pdf?ver=2018-12-11-112410-523), Published December 11, 2018. Accessed February 4, 2019.

Economic Impact Potential and Characterization of Municipal Solid Waste in Michigan 2016. Michigan.org. https://www.michigan.gov/documents/deq/480236-14_WMSBF_waste_characterization_report_521920_7.PDF. Published 2016. Accessed February 24, 2019.

Measuring Recycling in the State of Michigan. Michiganrecycles.org. <http://www.michiganrecycles.org/wp-content/uploads/2018/01/MRIP2Objective1ReportFinal.pdf>. Published May 2015. Accessed February 4, 2019.

VanHulle L, Malewitz J. Michigan lawmakers dole out \$1B in wee hours, lame-duck spending spree. Petoskeynews.com. https://www.petoskeynews.com/michigan-lawmakers-dole-out-b-in-wee-hours-lame-duck/article_3f1c2c8c-1469-529b-b967-4147cd2927ec.html. Published December 24, 2018. Accessed February 4, 2019.

Act No. 618. Legislature.mi.gov. <http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2018-PA-0618.pdf>. Published December 28, 2018. Accessed February 4, 2019.

Williams, R. Flint does have a recycling program, but not a lot of people use it. Michiganradio.org. <http://www.michiganradio.org/post/flint-does-have-recycling-program-not-lot-people-use-it>. Published January 28, 2016. Accessed February 4, 2019.

Municipal Solid Waste Generation, Recycling, and Disposal in the United States: Facts and Figures for 2010. Epa.gov. <https://archive.epa.gov/epawaste/nonhaz/municipal/web/pdf/>

msw_2010_factsheet.pdf. Published November 2011. Accessed February 24, 2019.

Report of Solid Waste Landfilled in Michigan. Michigan.gov. https://www.michigan.gov/documents/deq/SolidWasteAnnualReport_-_Fiscal_Year_2017_FINAL_612551_7.pdf. Published January 31, 2018. Accessed February 24, 2019.

Renewing Michigan's Environment. Michigan.gov. https://www.michigan.gov/documents/snyder/Renew.Michigans.Environment.proposal.infographic_612463_7.pdf. Accessed February 24, 2019.

Matheny, Keith. Canadian trash again filling Michigan landfills. Freep.com. <https://www.freep.com/story/news/local/michigan/2018/02/19/canadian-garbage-michigan-landfills-solid-waste/337837002>. Published February 19, 2018. Accessed February 24, 2019.

Superfund. Epa.gov. <https://www.epa.gov/superfund/search-superfund-sites-where-you-live>. Accessed February 24, 2019.

Vrijheid, M. "Health effects of residence near hazardous waste landfill sites: a review of epidemiologic literature" Environmental health perspectives vol. 108 Suppl 1,Suppl 1 (2000): 101-12.

Kihal-Talantikite, W. (2017). Systematic literature review of reproductive outcome associated with residential proximity to polluted sites. International journal of health geographics, 16(1), 20.

2018 Senate Bill 943: Increase landfill "tipping fee" tax. Michiganvotes.org.<https://www.michiganvotes.org/2018-SB-943>. Published April 2018. Accessed February 24, 2019.

TITLE: Safe Consumption Sites for Opioids with Safe Injection Practices for Recreational Drugs

INTRODUCED BY: Laura Carravallah, MD, for the Genesee County Delegation

ORIGINAL AUTHORS: Micah Brainerd, Dalia Duzdar, Ali Haque

HOUSE ACTION: AMENDED

Whereas, the number of opioid prescriptions in Genesee County ranks as the 10th highest in all of Michigan with 536,570 prescriptions written in 2017.¹

Whereas, Michigan ranked 10th for the most opioid death rates in the nation with 18.5 deaths per 100,000 people in 2016. The number of deaths increased from the previous year by 37%. In 2015, the number of opioid deaths in Michigan has surpassed the number of motor vehicle fatalities or gun fatalities in Michigan.^{2,3}

Whereas, the total number of overdoses resulting in death in Genesee County was 137 in 2016. Of those 137, 87% of those deaths were due to opioid overdose in 2016. In only 10 years the total number of overdose deaths has increased by seven-fold and deaths due to opioid overdose have increased over twenty fold.⁴

Whereas, the national number of deaths for opioid deaths per 100,000 is 18 for males and 8.5 for females in 2016. In terms of race, the number of deaths per 100,000 is 15.1 for white people, 10 for Black people, 9 for Native American, and 1.5 for Asian/ Pacific Islanders. In terms of age, the number of deaths per 100,000 is 9.3 for people 15-24 years old, 25.9 for people 25-34 years old, 24.1 for people 35-44 years old, 21.2 for people 45-54 years old, 15.2 for people 55-64 years old, and 4.2 for people 65-74 years old.³

Whereas Michigan's number of deaths for opioid deaths is 1230 for males and 760 for females in 2015. In terms of race, the number of deaths is 1,052 for white people, 181 for Black people, and 49 for Hispanic people. In terms of age, the number of deaths is 20 for people 17 or under, 340 for people 18-25, 780 for people 26-35 years old, 650 for people 36-45 years old, 780 for people 46-55 years old, 450 for people 56-65 years old, and 65 for people 66-75 years old.^{1,5}

Whereas, safer consumption sites show statistically significant decreases in overdose deaths and infectious disease transmission amongst persons who use intravenous substances ensuring increased safety at the individual level.⁶⁻¹¹

Whereas, safer consumption sites show statistically significant decreases in public drug injection, improper disposal of syringes and injection-related litter, and injection-drug-use related crimes conferring improved safety at the community level.^{6, 12-14}

Whereas, the only legally sanctioned safe consumption space in North America located in Vancouver, Canada showed a \$6 million-dollar annual savings associated with HIV infection diversion alone.¹⁵

Whereas, impact studies within the U.S. show a significant cost savings associated with using safe consumption spaces as a harm reduction tool versus standard reactive care.¹⁶

Whereas, the State of Indiana implemented needle exchange sites through the means of the State Health Department, by creating a master manual document for information on basic education into harm reduction, service delivery options,

training and technical support, staffing, safety and security, service delivery, overdose prevention, etc.^{17,18}

Whereas, the State of Indiana calculated the cost of HCV treatment to be near \$60,000 for 12 weeks of treatment per patient, HIV-lifetime treatment to be hundreds of thousands of dollars per patient, an increase in opioid related deaths from drug overdoses with direct correlation to the HIV/HCV co-infection outbreaks, and needle exchange services leading to an approximate 80% decrease in infectious disease transmission within Lawrence County.¹⁸

Whereas, the first safe consumption site in Philadelphia, PA provided via a non-profit organization, Safehouse, has a civil lawsuit pending with the United States of America as the plaintiff.¹⁹

Whereas, San Francisco, New York, Seattle, Denver, and Boston have also considered the use of a safe consumption site as the means of a harm reduction tool versus just reactive care.¹⁹

RESOLVED: That MSMS supports and shall advocate for: (1) the use of government funding in Michigan by clean syringe access programs for the purchase of syringes, needles and other equipment needed for safe consumption of opioids; and be it further

RESOLVED: That MSMS advocate for the completion of a government funded cost-benefit impact analysis to determine the effectiveness of safe consumption sites as a means of harm reduction; and be it further

RESOLVED: That MSMS advocate widespread education on: (1) safe injection practices for those who use injectable substances to decrease the rate of transmission of infectious diseases such as HIV or HCV; and, (2) stigma related to drug use for organizations that will inevitably be involved in the care of patients who use injectable **substances**.

The Committee supported the intent of the resolution. The Committee amended the resolution as much of the deleted Resolved clauses are already existing AMA policy.

References:

1. Mack, Julie. (2018). *Trend of Opioid Prescriptions in Your Michigan County*. Retrieved from MLive.
2. Michigan Department of Human Health and Human Services. (2017). *Michigan Has More Annual Opioid Prescriptions than Residents*. Retrieved from MLive.
3. CDC. (2016) *US Opioid Death Statistics*. Retrieved from CDC.
4. Mack, Julie. (2018) *Look Up the Number of Drug Overdoses Deaths in Each Michigan County*. Retrieved from Cloud Database.
5. State Health Facts. (2017) *Opioid Overdose Deaths by Race/ Ethnicity*. Retrieved from KFF.org.
6. AIDS United, Project United. (2018). *Bringing Safer Consumption Spaces to the United States*. Retrieved from aidsunited.org/resources
7. Potier, C., et. al. (2014). Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, 48-68.
8. Hagan, H., Pouget, E. R., and Des Jarlais, D. C. (2011). A Systematic Review and Meta-Analysis of Interventions to prevent Hepatitis C Virus Infection in People who Inject Drugs. *The Journal of Infectious Disease*, 204(1), 74-83.
9. Hagan, H., et. al. (2001). Sharing of Drug Preparation Equipment as a Risk Factor for Hepatitis C. *American Journal of Public Health*, 91(1), 42-46.
10. Milloy, M. J., et. al. (2008). Non-fatal overdose among a cohort of active injection drug users recruited from a supervised injection facility. *American Journal of Drug and Alcohol Abuse*, 34(4), 499-509.
11. Dolan, K., et. al. (2000). Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia. *Drug and Alcohol Review*, 19, 337-346.
12. Beletsky, L., et. al. (2011). The roles of law, client race, and program visibility in shaping police interference with the operation of US syringe exchange programs. *Addiction*, 106(2), 357-365.
13. Wood, E., et. al. (2006). Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility. *American Journal of Public Health*, 96(5), 770-773.
14. Wolf, J. L., et. al. (2003). Drug consumption facilities in the Netherlands. *Journal of Drug Issues*, 33(3), 649-661.
15. Anderson, M. A., and Boyd, N. (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy*, 21(1), 70-76.

16. Irwin, A., *et. al.* (2017). Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility. *Harm Reduction Journal*, 14(1), 29.
17. Chapman, E. L., *et. al.* (2017). Syringe Services & Harm Reduction Program Manual for Local Health Departments. *Indiana State Department of Health*. Retrieved from: <https://www.in.gov/isdh/files/Guidance%20Document%20-%202017%20Update%20-%20209-12-17-EC.pdf>.
18. Russell, J. (2018). Public health officials applaud needle-exchange programs, but critics remain. *Indianapolis Business Journal*. Retrieved from: <https://www.ibj.com/articles/69145-public-health-officials-applaud-needle-exchange-programs-but-critics-remain>.
19. Goodnough, A. (2019, Feb. 6). Safe Injection Site for Opioid Users Faces Trump Administration Crack-down. *The New York Times*. Retrieved from: <https://www.nytimes.com/2019/02/06/health/safe-injection-opioids-overdose.html>.



Save The Date
2019 GCMS/GCMSA
President's Ball
Honoring
Dr. Edward Christy
October 18th, 2019
6:00 o'clock in the evening
Genesys Conference & Banquet
Center
 Sponsorship Opportunities Available
RSVP ssmith@gcms.org
or call 810-733-9923

TITLE: Promote Recycling in Michigan

INTRODUCED BY: Laura Carravallah, MD, for the Genesee County Delegation

ORIGINAL AUTHORS: Jacqueline Mercado, Adrianna Jackson, Rachel Santay, Alex Mikhail, Mustafa Mohamed

REFERRED TO: Genesee County Medical Society

HOUSE ACTION: AMENDED

Whereas MSMS Policy states MSMS supports recycling materials whenever possible and purchasing recycled products¹, and

Whereas over 40% of municipal solid waste in Michigan could be recycled using standard, curbside recycling², and

Whereas in 2013, only two of every three Michigan residents had access to curbside recycling or a convenient drop-off facility, and many residents living in Northern Michigan or the Upper Peninsula had no such access³, and

Whereas in December 2018, former Governor Snyder signed Senate Bill 601 into law, allocating roughly \$24 million a year toward recycling and landfill oversight in Michigan, in order to improve the recycling rate^{4,5}, but no new studies have been conducted to measure any increase in recycling rate, and

Whereas, the recycling rate in Michigan is likely well below the national average because of a lack of public awareness and lack of convenient access to recycling, and

Whereas, Resource Recycling Systems, the consulting firm specializing in recycling that prepared the 2015 report on recycling in Michigan, has suggested that public education around recycling is “probably the most important (factor) for keeping a quality system (of recycling) going”⁶, and

Whereas, increasing recycling rates will mitigate the environmental impact of the disposal of municipal solid waste, by avoiding the use of landfills and thus reducing greenhouse gas emissions, such as methane, and “reduce air and water pollution associated with making new products from raw materials”⁷, and

Whereas, 25.5% of all solid waste in Michigan’s landfills came from out-of-state sources in fiscal year 2016⁸, likely due to Michigan’s low landfill tipping fee of \$0.36/ton, attracting other states and Canada to dump their trash in Michigan⁹, and

Whereas, landfills also negatively impact the neighborhoods around them, through increased noise, odors, and possible groundwater and air pollution¹⁰, and 18 of the 89 Superfund sites in Michigan are former landfills¹¹, and

Whereas, residents living near landfills are at risk for adverse health effects including but not limited to low birth weight, birth defects and cancers¹², and

Whereas, numerous studies have demonstrated an association between environmental waste exposure and increased rates of spontaneous abortions, stillbirths, intrauterine growth restriction and premature births¹³; therefore be it

RESOLVED: That MSMS support legislation allocating resources to promote recycling in the state of Michigan including advertising curbside recycling and local recycling centers, and be it further:

RESOLVED: That MSMS support legislation to increase the Michigan landfill tipping fee to discourage the use of landfills by neighboring states and countries in order to preserve the quality of Michigan’s environment for years to come.

The Committee supports the spirit of this resolution and MSMS’s current policy regarding recycling but as there are laws in place to address the author’s objectives, there is no need for further action.

REFERENCES

1. Official Policies of the Michigan State Medical Society. msms.org. https://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/2018%20MSMS%20Policy%20Manual.pdf?ver=2018-12-11-112410-523, Published December 11, 2018. Accessed February 4, 2019.
2. Economic Impact Potential and Characterization of Municipal Solid Waste in Michigan 2016. Michigan.org. https://www.michigan.gov/documents/deq/480236-14_WMSBF_waste_characterization_report_521920_7.PDF. Published 2016. Accessed February 24, 2019.
3. Measuring Recycling in the State of Michigan. Michiganrecycles.org. <http://www.michiganrecycles.org/wp-content/uploads/2018/01/MRIP2Objective1ReportFinal.pdf>. Published May 2015. Accessed February 4, 2019.
4. VanHulle L, Malewitz J. Michigan lawmakers dole out \$1B in wee hours, lame-duck spending spree. Petoskeynews.com. https://www.petoskeynews.com/michigan-lawmakers-dole-out-b-in-wee-hours-lame-duck/article_3f1c2c8c-1469-529b-b967-4147cd2927ec.html. Published December 24, 2018. Accessed February 4, 2019.

5. Act No. 618. Legislature.mi.gov. <http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2018-PA-0618.pdf>. Published December 28, 2018. Accessed February 4, 2019.
6. Williams, R. Flint does have a recycling program, but not a lot of people use it. Michiganradio.org. <http://www.michiganradio.org/post/flint-does-have-recycling-program-not-lot-people-use-it>. Published January 28, 2016. Accessed February 4, 2019.
7. Municipal Solid Waste Generation, Recycling, and Disposal in the United States: Facts and Figures for 2010. Epa.gov. https://archive.epa.gov/epawaste/nonhaz/municipal/web/pdf/msw_2010_factsheet.pdf. Published November 2011. Accessed February 24, 2019.
8. Report of Solid Waste Landfilled in Michigan. Michigan.gov. https://www.michigan.gov/documents/deq/SolidWasteAnnualReport_-_Fiscal_Year_2017_FINAL_612551_7.pdf. Published January 31, 2018. Accessed February 24, 2019.
9. Renewing Michigan's Environment. Michigan.gov. https://www.michigan.gov/documents/snyder/Renew.Michigans.Environment.proposal.infographic_612463_7.pdf. Accessed February 24, 2019.
10. Matheny, Keith. Canadian trash again filling Michigan landfills. Freep.com. <https://www.freep.com/story/news/local/michigan/2018/02/19/canadian-garbage-michigan-landfills-solid-waste/337837002>. Published February 19, 2018. Accessed February 24, 2019.
11. Superfund. Epa.gov. <https://www.epa.gov/superfund/search-superfund-sites-where-you-live>. Accessed February 24, 2019.
12. Vrijheid, M. "Health effects of residence near hazardous waste landfill sites: a review of epidemiologic literature" *Environmental health perspectives* vol. 108 Suppl 1, Suppl 1 (2000): 101-12.
13. Kihal-Talantikite, W. (2017). Systematic literature review of reproductive outcome associated with residential proximity to polluted sites. *International journal of health geographics*, 16(1), 20.
14. 2018 Senate Bill 943: Increase landfill "tipping fee" tax. Michiganvotes.org. <https://www.michiganvotes.org/2018-SB-943>. Published April 2018. Accessed February 24, 2019.

RESOLUTION

TITLE: Requiring the use of plain language in written consent forms

INTRODUCED BY: Laura Carravallah, MD, for the Genesee County Delegation

ORIGINAL AUTHORS: Rachel Santay

HOUSE ACTION: AMENDED

Whereas, the 2003 National Assessment of Adult Literacy, the first and only national assessment of adult literacy in the United States, found that more than a third of U.S. adults had basic, or below basic, health literacy skills, meaning they may struggle to give two reasons why someone with certain symptoms might have a certain test, even when they used information from a clearly written, accurate pamphlet¹, and

Whereas, only 12% had proficient health literacy, and the majority of adults, 53%, had intermediate literacy skills, meaning they would be able to read instructions on a prescription label, and determine what time they could take medication^{2,3}, and

Whereas, health literacy was found to increase with additional education, but "44 percent of high school graduates and 12 percent of college graduates had below basic or basic health literacy"², and 51% of adults 65 or older had below basic or basic health literacy skills, compared to 31-35% of those under 65², and

Whereas, more recent studies have shown that the average reading level of written research consent forms and discharge summaries are a 10th grade level or greater^{4,5,6}, and invasive procedure consent forms, used in daily clinical practice, had a 15th grade reading level⁷, and

Whereas, this disconnect between reading level and health literacy of patients and the inappropriately high reading level of consent forms has been present for decades⁸, and

Whereas, the American Medical Association's Code of Ethics states that patients "have the right to receive information

Easy Ways to Donate to the Medical Society Foundation:

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

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

To make a gift, simply use these words:

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

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

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

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



**Don't
Forget!
Donations
are tax
deductible!**

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

and ask questions about recommended treatments so that they can make well-considered decisions about care,” and physicians have the responsibility to assess their ability to understand relevant medical information when obtaining informed consent⁹, and “the patient’s right of self-decision can be effectively exercised only if the patient possesses enough information to enable an informed choice,”¹⁰ and

Whereas, the disparity between the reading level of consent forms and their intended audience constitutes a breach in informed consent, given that patients often hesitate to say they do not understand what providers tell them, feel uncomfortable asking for more of a provider’s time, and there is often a gap between patients’ perception of their understanding and their actual understanding of their medical situation^{11,12,13,14,15} and

Whereas, the CDC and NIH endorse the use of plain language in written documents, defined as “grammatically correct language that includes complete sentence structure and accurate word usage”¹⁶ and described by guidelines in the Federal Plain Writing Act of 2010¹⁷, in order to promote understanding of health information by all patients, regardless of literacy level^{18,19};

Whereas, current AMA policy on health literacy (Health Literacy H-160.931), recommends that “all healthcare institutions adopt a health literacy policy with the primary goal of enhancing provider communication and educational approaches to the patient visit”²⁰;

Whereas, despite these CDC and NIH endorsements of plain language use in healthcare, and its support in AMA policy, plain language has not been universally implemented; therefore be it

RESOLVED: That the Michigan State Medical Society supports the American Medical Association policy number Health Literacy H-160.931 and Readability of Medical Notice of Privacy Practices H-190.958.

The Committee believed the current American Medical Association (AMA) policy addresses the authors original intentions; therefore, MSMS support of the AMA’s policy would meet the purpose of the resolution.

RELEVANT MSMS POLICY:

Medication Information 2006 (49-06A): <https://www.msms.org/hodresolutions/2006/49.pdf>

RESOLVED: That MSMS support the concept that the Food and Drug Administration (FDA) should require the manufacturers of all medications to develop and publish an appropriate FDA approved patient information brochures, written in plain, spoken language, listing the risks and benefits of each medications and that this brochure will be given to the patient with their prescription; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek appropriate rules from the FDA and/or legislation that would require the manufacturers of all medications to develop and publish an appropriate FDA approved patient information brochure, written in plain, spoken language, listing the risks and benefits of each medication and require that pharmacies give the appropriate FDA approved information brochure when medications are dispensed.

Improving Patients’ Understanding of Prescription Medication 2009 (80-09A): <https://www.msms.org/hodresolutions/2009/80.pdf>

RESOLVED: That MSMS encourage physicians to include, as appropriate, 39 the purpose or indication for the medication in the “Sig” portion of prescriptions 40 they write to help improve patient safety, understanding, and compliance unless 41 the patient objects to having this information on the label.

¹ https://publichealth.gwu.edu/departments/healthpolicy/CHPR/downloads/LowHealthLiteracyReport10_4_07.pdf

² <https://health.gov/communication/literacy/issuebrief/>

³ <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5915809>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5351029>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5245984>

⁷ <https://ascpt.onlinelibrary.wiley.com/doi/pdf/10.1111/cts.12364>

⁸ <https://www.ncbi.nlm.nih.gov/pubmed/11651140>

⁹ <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/code-of-medical-ethics-chapter-2.pdf>

¹⁰ <https://journalofethics.ama-assn.org/article/ama-code-medical-ethics-opinions-informing-patients/2012-07>

¹¹ https://muse.jhu.edu/article/206208/pdf?casa_token=kzpOmYgeLSEAAAAA:5C9Zf1azR20HuYXkl40s7XQuhSmbE8YyDtnzA_g2KY-OB-YuK2_z5oyoX4pEN5Ew-XveYqJK

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3086818/>

¹³ <http://spectrum.diabetesjournals.org/content/23/4/220>

¹⁴ <https://www.nytimes.com/2009/04/02/health/02chen.html>

¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3836871>

¹⁶ <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/plain-language>

¹⁷ <https://www.plainlanguage.gov/guidelines/>

¹⁸ <https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html>

¹⁹ https://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

²⁰ <https://policysearch.ama-assn.org/policyfinder/detail/health%20literacy?uri=%2FAMADoc%2FHOD.xml-0-746.xml>

²¹ <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html>

Final Action Summary on GCMS 2019 Resolutions

15-19	Approved	“Repeal of Prior Authorization for Medication-assisted Treatment in Addiction Medicine”
16-19	Amended	“Requiring Teaching about Consent in Sex Education Curriculum”
18-19	Disapproved	“Tattooing of Eyes”
24-19	Amended	“Promote Recycling in Michigan”
25-19	Amended	“Safe Consumption Sites for Opioids with Safe Injection Practices for Recreational Drugs”
26-19	Amended	“Requiring the use of plain language in written consent forms”

Save the Date
2019 GCMS/GCMSA President’s Ball
Honoring Dr. Edward Christy
October 18th, 2019
6:00 o’clock in the evening
Genesys Conference & Banquet Center
Sponsorship Opportunities Available
RSVP ssmith@gcms.org or call 810-733-9923

FLINTREGISTRY



Get Connected.
Get Supported.
Get Counted.

People who used Flint water from April 25, 2014 to October 15, 2015 can participate in a voluntary secure registry that will refer them to programs and other resources aimed at minimizing the effects of lead on their health, while promoting wellness and recovery.

**SIGN UP
TODAY!**

Visit

**www.flintregistry.org
or call 833-463-5468**



FLINTREGISTRY

Get Connected. Get Supported. Get Counted.

flintregistry.org

A RESOURCE FOR YOUR PATIENTS



flintregistry.org

The Flint Registry is a resource to see how the people of Flint are doing and provide support for those impacted by the water crisis. After completing a survey, individuals are referred to services that promote health and development such as education, health and nutrition programs. Support, especially for children, includes referral to Genesee Health System Neurodevelopment Center of Excellence – a new, no-cost child development assessment center.

The Flint Registry is modeled after other public health registries like the World Trade Center Disaster Registry. The Flint Registry is for anyone who was exposed to lead-contaminated water because they worked, lived, went to school, or daycare identified as an address on the Flint water system from **April 25, 2014 – October 15, 2015**, including children who were prenatally exposed. The Flint Registry is for all ages.

WHAT IS THE LOGO ALL ABOUT?



The logo represents the Sankofa bird, a mythical African bird from the Akan tribe in Ghana. The bird is flying forward, yet looking back, and carrying an egg in its mouth. It is symbolic of always needing to move forward, but never forgetting what happened in the past, and prioritizing the young. The logo suggestion was made by a Flint resident.

Want to learn more? Visit our website at flintregistry.org or call 833-GO-FLINT.



Michigan State University College of Human Medicine received funding for this work from the Centers for Disease Control and Prevention (CDC), Grant #NUE2EH001370.

Genesee County Medical Society
Board of Directors
March 26, 2019 Minutes

I. Call to Order

The meeting was called to order in the Rapport Conference Room at 6:00 pm, by Ed Christy, MD, President.

I. Review of Minutes

Motion: that the minutes of the February 26, 2019, Board of Directors meeting be approved as presented. The motion carried.

II. Reports

A) Finance

The Board went into Executive Session:

Upon reconvening, the following motion was made.

Motion: that the Finance Committee meet to develop structural options for the Medical Society including short-term options and long-term survival and that Drs. Mukkamala and Ishaque also attend that meeting. Dr. Christy noted that he would attend as well. The motion carried.

B) Community & Environmental Health

Dr. Gary Johnson, reported on the March 13th Community & Environmental Health Committee meeting. The Committee met with Dr. Pam Pugh, Chief Public Health Adviser to the Mayor of Flint, to hear updates regarding the City of Flint Technical Advisory Committee. The Committee will meet with the City of Flint Technical Advisory Committee on April 17th.

No funding has been identified for the FACT study.

The Committee will be discussing PFAS in the near future.

Dr. Johnson also noted that he would like to have the Genesee County Physicians Public Health Alert System send out a measles alert. There are 18 cases in Oakland County.

C) Legislative Liaison

Dr. Blight noted that MSMS is seeking physicians and patients who have a story to tell regarding deleterious impact of prior authorization on medical care. She also noted that the Committee met on March 4 and focused on prior authorization. She noted that Representative Cheryl Kennedy is an educator who feels a strong identification with the medical community on prior authorization issues.

Dr. Ishaque stated that he will search within PMC to see if there are interesting prior authorization stories to be told.

D) Presidents Report

1. May 2nd Town Hall, Social Determinants of Health

Dr. Christy reported that the faculty has been established for the May 2nd Town Hall on Social Determinants of Health. He encouraged everyone to attend and to bring the practice managers, peers and spouses.

2. GCMS Practice Managers Meeting Topics

Dr. Christy also reviewed the upcoming practice meeting managers meetings which includes sessions with several insurance companies as well as a discussion of prior authorization issues.

E) Membership

1. Paid Membership Trend

Peter Levine reviewed the paid membership trend that shows a drop in revenue year to year of approximately \$20,000. The drop in full dues-paying members has fallen by 6 year to year. The biggest drop has been in group members, which directly reflects the Hurley Clinic. That is a drop of \$17,600.

2. Update on GCMS 2019 NPD's

Genesee County Medical Society
Board of Directors
March 26, 2019 Minutes

Levine also reviewed the list of 2019 Non-Paid Members. He noted that he has contacted each. He encouraged Board members to contact them as well.

F) MSMS Update

1. Board of Directors

Dr. Bobby Mukkamala reported that at the House of Delegates on May 4 a vote will take place on bylaws changes relating to the revisioning of MSMS as discussed by Julie Novak at her visit to the GCMS Board meeting.

G) MSMS House of Delegates

1. Cathy Blight reported on GCMS participants in the Reference Committees.

Dr. Pino Colone, Internal Affairs, Bylaws, & Rules

Dr. Venkat Rao, Ways and Means

Dr. Ed Christy, Ref. Committee A

Dr. Deborah Duncan, Ref. Committee B

Dr. Nita Kulkarni, Ref. Committee D

Dr. John Hebert, Ref. Committee E

2. Attendance for House of Delegates

Dr. Blight also reviewed the attendance at the House of Delegates.

Drs. Cathy Blight, Edward Christy, Pino Colone, Deborah Duncan, John Hebert,

Nita Kulkarni, Rama Rao, Venkat Rao, Bobby Mukkamala, John Waters, Laura Carravallah, along with four MSU-CHM medical students, Micah Brainerd, Rachel Santay, Ali Haque, and Dalia Duzdar, will attend.

3. MSMS *Revised* Notification of Slate of Offices

- a. District Director

The Board reviewed the revised Notification of Slate of Officers. It was noted that GCMS still needs to make a nomination for District Director. Dr. John Waters can serve as District Director in addition to Treasurer. Dr. Waters noted that it would be of value to have a second person from Genesee County on the Board. Dr. Nita Kulkarni expressed a willingness to serve.

Motion: that Dr. Nita Kulkarni be nominated to serve as District Director at the 2019 House of Delegates The motion carried.

- b. Other Issues

It was noted that four slots are available for AMA alternate delegate. There were no volunteers from the Board to run for the AMA alternate delegate slot, but Dr. Blight mentioned that Dr. Devisetty had, at one time, expressed interest.

H) Greater Flint Health Coalition

Levine was directed to revisit the issue of how to approach a discussion of out-referrals. Staff was directed again to contact the Health Coalition to ask for a contract to move forward on this issue. Levine expressed concern about going to the well in one too many times and possibly making the organization appear to be vulnerable.

IV. Next Meeting

April 23, 2019

- District Director's Briefing 5:30 PM
- Board of Directors meeting immediately follows

V. Adjournment

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

Respectfully submitted,

Peter Levine, MPH


Executive Director



July 2019 Fitness Calendar

FREE! Commit to Fit! Class Schedule

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

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
JULY 2019	<p>¹ Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>² Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p>	<p>³ Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Davison Area Senior Center 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>	<p>⁴</p> 	<p>⁵ Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Burton Senior Center 9:00-10:00am</p> <p>Arthritis Foundation Exercise Program Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>⁶ Yoga Flow U of M-Flint Rec 11:00am</p> <p>Family Yoga Ballenger Park 11:30-12:30pm</p>
	<p>⁸ Walk with Ease Max Brandon Park 10:00-11:00am</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>⁹ Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p>	<p>¹⁰ Walk with Ease Max Brandon Park 10:00-11:00am</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Davison Area Senior Center 10:00-11:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Community Yoga Crim Fitness Foundation 5:30-6:30pm</p> <p>Walk With a Doc Ascension Genesys Walking Trail 5:30pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>	<p>¹¹ Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Basic Yoga Insight Health & Fitness Center 6:45pm</p>	<p>¹² Walk with Ease Max Brandon Park 10:00-11:00am</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Burton Senior Center 9:00-10:00am</p> <p>Arthritis Foundation Exercise Program Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>¹³ Yoga Flow U of M-Flint Rec 11:00am</p> <p>Family Yoga Ballenger Park 11:30-12:30pm</p>

July 2019 Fitness Calendar

FREE! Commit to Fit! Class Schedule

<p>15</p> <p>Walk with Ease Max Brandon Park 10:00-11:00am</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>16</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p>	<p>17</p> <p>Walk with Ease Max Brandon Park 10:00-11:00am</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Davison Area Senior Center 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>	<p>18</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Basic Yoga Insight Health & Fitness Center 6:45pm</p>	<p>19</p> <p>Walk with Ease Max Brandon Park 10:00-11:00am</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Burton Senior Center 9:00-10:00am</p> <p>Arthritis Foundation Exercise Program Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>20</p> <p>Yoga Flow U of M-Flint Rec 11:00am</p> <p>Family Yoga Ballenger Park 11:30-12:30pm</p>
<p>22</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>23</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p>	<p>24</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Davison Area Senior Center 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>	<p>25</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Basic Yoga Insight 6:45pm</p>	<p>26</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Burton Senior Center 9:00-10:00am</p> <p>Arthritis Foundation Exercise Program Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>27</p> <p>Yoga Flow U of M-Flint Rec 11:00am</p> <p>Family Yoga Ballenger Park 11:30-12:30pm</p>
<p>29</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>30</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p>	<p>31</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Davison Senior Center 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>			

July 2019 Fitness Calendar

FREE! Commit to Fit! Class Schedule

Class Descriptions & Locations

Basic Yoga (1 hour)

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

Insight Health & Fitness Center (IHFC)

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



Community Yoga (1 hour) – This is a yoga class for all levels. Please wear comfortable and loose-fitting clothing. Some yoga mats will be available to borrow as well

Mindfulness@crim.org
(810)-235-7461



Crim Fitness Foundation

452 Saginaw Street Downtown Flint

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

YMCA Downtown Flint

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



Spin/hiit – 30 min. A high intensity interval training (hiit) session on the spin bikes. hiit is about mixing high speed/high intensity intervals with moderate recovery periods.

POUND® transforms drumming into an incredibly effective way of working out. Instead of listening to music, you become the music in this exhilarating full-body workout that combines cardio, conditioning, and strength training.

Ascension Genesys Health Club

801 Health Park Blvd
Grand Blanc, MI 48439
(810) 606-7300



Total Life Prosperity B.A.S.E. Fitness Series

Each class includes **B**alance and Flexibility, **A**erobic Activity, **S**trength and Resistance Training, and **E**xercise Education

Chair Aerobics

Basic Seated functional fitness class for those who are overcoming mobility issues; includes aerobic activity, core work, and resistance training. Location: *Brennan Senior Center*

Total Body Challenge

Intermediate level workout which includes cardio, strength training, core work, balance and coordination, and flexibility training. Location: *Brennan Senior Center*

Hustle Aerobics

Advanced level workout that incorporates 45 minutes of non-stop cardio to the latest hustle songs followed 15 minutes bodyweight strength training. Location: *Brownell & Eisenhower*

IHFC Water Aerobics

A 1-hour class that will help you strengthen your muscles and cardiovascular system plus improve flexibility. Location: *Insight Health and Fitness*

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

Yoga Flow: Learn yoga at a comfortable pace. Connect your mind's attention to your body's fluidity and movement -- promote strength, flexibility, coordination, agility, stamina and an overall experience of well-being.

University of Michigan-Flint Rec Center

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



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

TIMES & LOCATIONS:

Hasselbring Senior Center

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

Flint Farmers' Market- Tuesdays &

Thursdays 10:00-11:00 am
300 E. First St Flint, MI
(810) 232-1399

Berston Field House

3300 Saginaw St.
Flint, MI 48505

Thursdays, 10:00am

Main Clinic

2900 N. Saginaw Street
Flint, MI 48505
Wednesdays, 5:30 - 6:30pm



Genesee County Parks and Rec

Visit the calendar at: <http://geneseecountyparks.org/> to learn more about fun family events in Genesee County Parks!

For more information please go to:

- Geneseecountyparks.org or call 800-648-PARK
- Descriptions for classes such as Let's Hike It Baby, Yoga for Kids, Yoga for Families, and more can all be found at the online calendar on Commit2fit.com or geneseecountyparks.org



Vehicle City CrossFit

Crossfit is functional movements at high intensity relative to your ability. Anyone can do it! This is a one hour class that you will come in, warm up as a group, do the workout together and then go home feeling accomplished. Located at:
1473 Linden Road Flint. Corner of Corunna and Linden Road

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

Grand Blanc Senior Center:

Tuesday & Thursdays 10am – 11am

Swartz Creek Senior Center:

Fridays 11am – 12pm

Forest Township Senior Center:

Wednesdays 12:30pm–1:30pm





Save The Date

**2019 GCMS/GCMSA
President's Ball**

*Honoring
Dr. Edward Christy*

October 18th, 2019

6:00 o'clock in the evening

**Genesys Conference &
Banquet Center**

**Sponsorship Opportunities
Available**

**RSVP ssmith@gcms.org
or call 810-733-9923**

OBITUARY



Robert E. James, Sr., MD

Dr. Robert James passed away on June 9, 2019, in Littleton, Colorado, at the age of 91.

He was born in 1927 in Topeka, Kansas and married his wife, Clarice, in 1948 in Denver, Colorado. She preceded him in death in August 2015.

Dr. James grew up in Norton, Kansas and moved to Denver in high school. He left high school to enlist in the US Navy, serving in World War II. Following the war, he returned to Denver and attended the University of Denver, continuing on to the University of Colorado where he received his MD degree. Dr. James did his medical residency at Hurley Hospital and opened up a family medical practice in Flint with his fellow CU Medical School alumnus, Dr. Louis Coriasso. They were medical partners for more than 40 years and helped bring thousands of babies into this world. Dr. James also served as Chief of Staff of Hurley Hospital and on the Board of St. Joseph Hospital.

His hobbies included travel, golf, fishing, and spending time at the lake home on Elk Lake in Michigan.

Services were held in Kewadin, Michigan in late June, but a memorial celebration will also be held in Flint, in the early fall, details pending.



Save The Date
2019 GCMS/GCMSA President's Ball
Honoring Dr. Edward Christy
October 18th, 2019
6:00 o'clock in the evening
Genesys Conference & Banquet Center
Sponsorship Opportunities Available
RSVP ssmith@gcms.org or call 810-733-9923

Application Code: _____

State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at www.joinmsms.org

Join
GCMS/MSMS

Renew
Membership

- | | |
|--|---|
| <input type="radio"/> I am in my first year of practice post-residency. | <input type="radio"/> I work 20 hours or less per week. |
| <input type="radio"/> I am in my second year of practice post-residency. | <input type="radio"/> I am currently in active military duty. |
| <input type="radio"/> I am in my third year of practice post-residency. | <input type="radio"/> I am in full, active practice. |
| <input type="radio"/> I have moved into Michigan; this is my first year practicing in the state. | <input type="radio"/> I am a resident/fellow. |

Male Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ MD DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable) _____

Job Title: _____

W Phone _____ W Fax _____ H Phone _____ H Fax _____

Mobile: _____ Email Address _____

Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

*Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

*Birth Date: ____/____/____ Birth Country _____ MI Medical License #: _____ ME #: _____

Medical School _____ Graduation Year: _____ ECFMG # (if applicable) _____

Residency Program _____ Program Completion Year _____

Fellowship Program _____ Program Completion Year _____

Hospital Affiliation _____

• Primary Specialty _____ Board Certified: Yes No

• Secondary Specialty _____ Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

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, 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 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: _____

County Medical Society Use Only
Reviewed and Approved by: _____