



# THE Bulletin

April 2018 Volume 95, Number 4

**Come to Town Hall on Suboxone and Opioid Issues**

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**GCMS Resolutions for MSMS House of Delegates**

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**Proposed Bylaws Changes**

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**Photo Exhibit by Dr. Cyrus Farrehi**

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**Part One of Legal Advisor on Combating the Opioid Epidemic**

**GENESEE COUNTY MEDICAL SOCIETY**

*Organized Medicine's Leading Edge*

# RMI leads the way, being the FIRST to bring 3D Mammography (Tomosynthesis) to Genesee County

## RMI now offers 3D mammography (tomosynthesis)

The newest breast imaging technology is available for your patient's screening. Offered at our Lennon Road, Flint location.

## About 3D mammography (tomosynthesis)

3D mammogram (tomosynthesis) is an optional mammogram service for patients at RMI. Although 2D mammograms are the common standard for women's breast imaging, 3D mammograms (tomosynthesis) may be a more applicable screening exam. As with mammograms, breast screenings should start at age 40 on an annual basis.

## What is 3D mammography?

Like a 2D mammogram, a 3D mammogram (tomosynthesis) uses x-rays to image the breast. However, it takes a set of image "slices" at various angles to produce a 3D view. It is generally performed in addition to a 2D mammogram.

## What makes 3D mammography (tomosynthesis) useful

- The detailed, thin slices of the breast produced by tomosynthesis allows for improved detection of problems within the breast.
- For women with dense breast tissue, detection rates are improved.
- The 3D view allows better determination of the size and shape of abnormal tissue.
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2/18

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# THE Bulletin

*Read by 96% of GCMS members.*

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*Cover Photo: Cyrus Farrehi, MD*

### Our Vision

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

### Our Mission

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

### PLEASE NOTE

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

### THE BULLETIN

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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.

# Healthcare in America — a Broken System (Part 3)

US Healthcare costs are the highest in world and yet produce some of the poorest results among industrialized nations. The World Health Organization ranked the United States as the 37th best healthcare provider on this planet. That ranking is even behind third world nations such as Dominica and Costa Rica. This is a meager ranking given the fact that there is more money spent on healthcare in this country than any other nation in the world. This monumental national problem diverts wealth from its citizens and exists due to multiple factors. The greatest one is the fact that the very people the “health care system” serves contribute greatly to the problem.

Healthcare insurance costs have skyrocketed over the last two decades the fallout has left many people uninsured due to their financial limitations. The average cost of annual premiums according to the National Conference of State Legislatures reached \$18,764 in 2017. This is high considering the average net compensation for individuals is about 47,000 dollars. So, many who do not have insurance provided by an employer cannot afford it, and thus go without. The percentage of uninsured fell precipitously to 11% due to the Affordable Care Act in 2017 and now is again on the rise, as its coverage is not mandated. Financial devastation can occur if someone has a major health crisis without coverage. If all were covered by government insurance, the cost burdens would be spread to everyone by state or governmental taxation. One way or the other this yolk is carried by the citizens of the United States.

A significant component of our healthcare insurance costs is attributable to individual's choices and lifestyles. Through the years many have been conditioned to believe that the expense of healthcare should be assumed by “someone else”. Every office call, medication,

lab, imaging test, or minor treatment should be covered by insurance, many believe. The analogy would be like home insurance paying for new paint on the walls, shingles on the roof and new flooring whenever the homeowner decides to change it. Basic upkeep of the home is necessary to maintain its appearance and keep it safe and functional the same is true of the human body. It is every individual's responsibility to care for themselves. Insurance is available for the larger unforeseen issues that make one's health untenable and to repair issues that only a professional can correct. With a proper mindset there should be a greater ownership of oneself and one's health. It is essential that prevention be practiced and rewarded. Eliminating smoking, excessive drinking, reducing stress, eating healthy, avoiding toxins, driving safely and getting regular exercise would greatly improve health and significantly reduce demand for services and the expenditure of healthcare dollars.

Insurance companies also contribute to the increase in healthcare spending in several ways.

Indirectly they provide policies which are confusing,




**Gerald D. Natzke,  
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inconsistent and dissimilar. Both patients and providers are often unsure of coverages. Communication between the companies and the clients they insure can be poor which adds to the stress of everyone involved. The sheer number of insurers contribute to confusion about coverage as they all have different policies and billing procedures. Many providers do not know what their patients' coverages are. It is challenging and time-consuming to determine. Billing departments for clinicians and hospitals have grown larger and more costly. This confusion and complexity creates frustration and financial loss. Better communication with greater access to answers and more uniform insurance plans would go a long way to remedy this.

Directly, high administrative costs add to the financial burden. The US leads all industrialized nations in the share of national health care expenditures devoted to insurance administration. Insurers coverage of claims are often inaccurate, leaving the physician to consume the loss or place responsibility on the patient for the monies owed. Insurers are now often using inefficient methods to determine the need of care such as with prior authorization. This onerous demand on providers is now often required before testing or prescribing certain medications It is also very inconsistent, even

without an insurance company. Prior authorization can also end up causing harm to the patient by delaying or denying much-needed testing or treatment. Another cumbersome and time-consuming inefficiency is patient visit note requirements. Insurers demand unnecessary handwritten, or EMR created specifics, with each visit which absorb more of the providers time. Coding has become a big business in itself. All of this and more add to a cumbersome and inefficient system magnifying cost within the industry and ultimately with US healthcare expenditures.

There is a finite amount of money that can be used for healthcare in every country. It is no different in the United States. Our national problem solvers recognize the deficiencies and problems that interfere with providing world-leading healthcare, at a lower cost. Reigning in insurance costs begins with understanding that the consumer bears part of the responsibility. Communication regarding coverages and reduced administration costs would begin to lessen the systems financial strain.

From there the conversation should ensue to finding solutions to this very complex problem.

## Proposed GCMS Bylaws Changes

The proposed Bylaws changes below have been approved by the GCMS Board of Directors on February 27, 2018, and will be voted upon at the May 3, 2018, General Membership Meeting.

In the Constitution and Bylaws, Article 6, Board of Directors, Section 1 the following words be removed; "the following shall also be included on the Board of Directors: The Chief or President of the medical staff of Hurley Medical Center Genesys Regional Medical Center, and McLaren Regional Medical Center. Vice Chiefs of Staff or medical staff Vice Presidents may attend GCMS Board of Directors meetings in the absence of the Chief of Staff."

In the Constitution and Bylaws, Chapter 8, Committees Section 3 Item F, the following wording be struck "it shall be the function of this Committee to investigate fully credentials of all applicants for membership of the Society and make recommendations to the Board as to their proper disposition", and be replaced by the words "the Board of Directors shall serve as the Membership Committee."

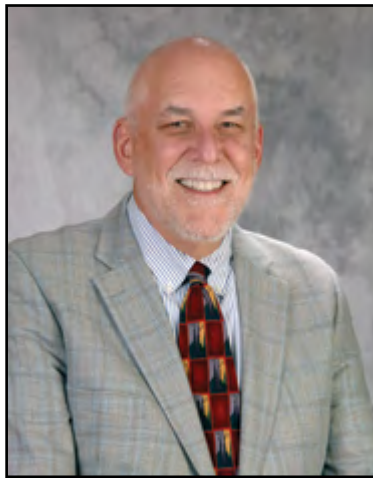


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## Suboxone and The Opioid Crisis Town Hall

The May Town Hall on “Suboxone and Opioid Issues for Physicians and Health Care Professionals,” is a big deal. The laws relating to opioid prescribing are changing in big ways. In addition, there are very few physicians in this community who are certified for Suboxone. There is a strong need to spread the patients who need Suboxone across the physician population. In addition, there is a need for physicians to know what the limited community resources are for the addicted population, as well as what the new state laws are. Finally, physicians need to know that physician-specific opioid prescribing patterns are ubiquitous among payers and regulators. It's even available publicly. So, learning about the new laws, and the importance of knowing how to function in the face of new expectations is of vital importance.

The community is coming together under the aegis of the Greater Flint Health Coalition to



*Peter Levine, MPH*

develop a regional approach to the opioid crisis. There will be many opportunities to interact with community-based organizations, and other resources, in the near future and beyond. But the first thing is to know what those resources are.

Come on May 3rd. This will be a well-attended meeting, so please get your reservations in as soon as possible. Also contained in this issue of The Bulletin is a link to the Michigan State Medical Society's continuing education programs relating to the opioid issue. These are required for licensure, so make it easy on yourself, hit the link, and get it over with.

Also contained in this issue are the resolutions which will be taken to the 2018 Michigan State Medical Society House of Delegates in May. Your GCMS delegation will represent you well. If you have any interest in coming to testify on any of the resolutions, please do not hesitate to let me know.

### YOUR \$\$\$ AT WORK

- GCMS held a practice manager meeting with Blue Cross Blue Shield of Michigan to sort out problems both practice related and endemic. Significant progress made on some very significant billing issues.
- GCMS continues to monitor and participate in State Innovation Model meetings.
- GCMS met with legislative delegation to discuss scope issues, maintenance of certification issues, prior authorization issues.
- GCMS continues to pressure specific insurance companies to solve practice specific and communitywide problems.

The Genesee County Medical Society cordially invites you to a Quarterly Dinner Business Meeting

and a **Medical Community Town Hall**

sponsored by the **United Way of Genesee County** and the **Greater Flint Health Coalition**

**May 3, 2018**

**SAVE-THE-DATE!**

## **Suboxone and Opioid Issues for Physicians and Health Care Professionals**

There are many components to the opioid crisis. This session will provide input on Suboxone certification, how physicians and other health professionals fit into the opioid crisis, and what resources exist in Genesee County as part of an emerging community-wide strategy to address the opioid epidemic.

### **Meeting Location:**

Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507

### **Evening Schedule:**

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

### **Space is limited!**

**Please register by April 26, 2018**

Please mail your reservation payment to:

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

**Details to  
come!**



**Watch for  
info!**



Email Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) to register your attendance or call **810-733-9923** for more information.

Please invite your fellow physicians, practice managers,  
and health care professionals to this meeting!

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

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

# Combating the Opioid Epidemic: What You Need to Know as a Physician — Part One

By Megan R. Mulder, Attorney, at Cline, Cline & Griffin

The use of opioids has increased so dramatically it has reached epidemic proportions. Given the recent trends, LARA has been actively investigating physicians who are consistently prescribing opioids and other controlled substances. In response to the opioid epidemic, new legislation was enacted. This new legislation involves several bills which directly affect the prescription of and dispensing of opioids and other controlled substances.

Since there are several different bills, this article has been split into a two part series. The first part of the series will highlight the bills that take effect in March 2018. The second part of the series will highlight the bills that take effect in June 2018 and July 2018.

The following provisions take effect on March 27, 2018:

- When treating a patient for an opioid-related overdose, the physician must provide the patient with information regarding available substance use disorder services. Senate Bill 273.
- Physicians and are required to report relevant information to MAPS including patient identifiers, the name of the controlled substance being prescribed, the quantity of the controlled substance, and the prescribing physician's name. The pharmacy is also responsible for reporting information relevant to the controlled substance including the quantity dispensed and the date it was dispensed. Senate Bill 47.
- Physicians are also required to obtain and review MAPS for any patient being prescribed buprenorphine or a drug containing buprenorphine or methadone who is also involved in a substance use disorder program. Senate Bill 47.
- Additionally, House Bill 4403 which takes effect on March 27, 2018, involves available options, such as inpatient care and clinical stabilization services, for treatment of Medicaid

beneficiaries who require treatment for opioid addiction.

On March 31, 2018, Senate Bill 270 takes effect. Notable provisions are highlighted below.

- In order to prescribe controlled substances listed in schedules 2 to 5, the prescriber must have a bona fide prescriber-patient relationship with the patient who is being prescribed the controlled substance.
- The physician is also required to provide follow up care to the patient to monitor the efficacy of the controlled substance.
- If follow up care cannot be provided, the physician is obligated to either refer the patient to their primary care physician or refer the patient to another licensed physician who is able to provide follow up care.
- Prior to prescribing a controlled substance, a

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physician must discuss with the patient any other controlled substances the patient is currently using and record that information in the patient's medical record.

- In addition, a physician must make a separate record of all controlled substances he/she dispenses, other dispositions of controlled substances under the physician's control, and invoices and other acquisition for records for each controlled substance prescribed.

LARA is actively and intensely investigating physicians who continuously prescribe controlled substances, especially opioids, and these investigations are likely to continue to increase with the passage of this new legislation. For example, Senate Bill 270 has provisions detailing when an investigation can occur as well as penalties that may be incurred should a physician be deemed to have violated the Act. As such, there is a high probability that LARA will investigate any practices that do not comply with Senate Bill 270.

If you have been contacted by LARA for an interview, if you have been served with an Administrative Complaint, or if you have any questions or concerns regarding LARA or the information in this article, please contact the author, Megan R. Mulder of Cline, Cline & Griffin, P.C. at [mmulder@ccglawyers.com](mailto:mmulder@ccglawyers.com) or by calling the office at (810) 232-3141.

## *Do you recognize this* **DOCTOR?**



**Look for the Answer inside!**

## **GCMS MEETINGS** — April 2018 —

**Legislative Liaison Committee**  
Recessed

**Community & Environmental Health Committee, 4/18**  
12:30pm, GCMS Office

**2017 Ball Committee, 4/19**  
3:30pm, GCMS Office

**Finance Committee, 4/24**  
5:15pm, GCMS Office

**Board of Directors, 4/24**  
6:00pm, GCMS Office

**Practice Managers, 4/26**  
8:00am, GCMS Office

**Suboxone and Opioid Issues for Physicians and Health Care Professionals**  
GCMS Town Hall, 5/3, 6:00pm, Flint Golf Club

# Issues of Serious Concern for Medical Practices!

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



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

**The following topics are tentatively scheduled and subject to change**

**April 26, 2018**

**HAP Updates and Report on Outcomes of the Focus Group  
with GCMS Practice Managers**  
Deborah Spencer AVP Provider Services, Health Alliance Plan

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



## Economic Impact of Physicians in Michigan and Genesee County

The AMA Economic Impact Study is of real value. It shows those outside the medical community that physicians are a major driver of this nation and this region's economy. In a depressed community, physicians are springboard for economic growth and creating jobs.

Healthcare represents one of the few growing workforces in this community. This generates state and local tax revenue and provides jobs that allow money to be spent locally for groceries, gasoline, utilities and everything else. According to the AMA, each dollar in direct output applied to physician services supports \$2.03 and economic activity. The study also shows that physician driven economic activity is greater than legal services, home care, higher education, and nursing home care.

- On average, each physician supports 12.9 jobs
- The average economic output generated by each physician is \$2.2 million
- Each physician supports average wages and benefits of \$1 million per year
- Average state and local tax revenue generated by each physician is \$83,979 In Michigan

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## A Look Back to 2010, the Defeat of the Physician Tax!

*Written by Venu Vadlamudi, MD, originally published in the January 2010 GCMS Bulletin*

### **The Defeated Physician Tax – A Resident’s Perspective on The Importance of Organized Medicine**

In October, based on faulty premises and the lure of federal matching dollars, the Michigan House of Representatives passed the Quality Assurance Assessment Program (QAAP, aka the physician tax) by a tight margin. The bill passed along party lines, after heavy internal pressure from within the Democratic party. The Michigan State Medical Society, along with other groups in organized medicine, acted quickly to rally efforts to oppose this legislation through resources such as its Action Center and by quickly organizing a successful march on the capitol. The march was attended by nearly 1,200 physicians, fellows, residents, medical students, office staff and others. This was an awesome effort, especially considering the short timeline involved. But for me it demonstrated the power, impact and necessity of organized medicine. The result of this swift action led to the Michigan Senate voting the bill down, saving each physician up to an estimated 3 percent of their gross revenues.

During medical school and often throughout residency and fellowship, we learn about medicine under very ideal conditions. In these settings, medicine is defined by a relationship between the physician and patient and the diagnosis and treatment of the patient’s condition. It is because of this definition of medicine that we enter a long road of education, training, and honing of skills to become competent and compassionate physicians. It is often easy to become fixed in this mindset and remain naïve or indifferent to the realities of medicine that loom at the doorstep of graduation.

At times in contrast to our more idealistic education in medicine, the realities of “real world” medicine often involve decisions and interference from insurance companies, regulators, lobbyists, politicians and others who may never know what it means to examine a patient. The rules that govern issues such as patients’ access to care, physician reimbursement, medical school debt forgiveness and medical scope of practice are not often written by physicians even though it would seem that they would be the most logical choice. It is in these areas and many more that the value of organized medicine is truly evident.

So why become involved in organized medicine?



*Venu Vadlamudi, MD*

You should for your patients; for your colleagues; and for yourselves. The defeat of this physician tax in Michigan is an excellent example of the importance of organized medicine.

For your patients, had it passed, it would have surely worsened the physician shortage in this state which has already been recognized by the governor’s own Blue Ribbon Physician Workforce Committee and data from the Michigan Health Council, thus decreasing access to care. For your colleagues, the potential impact on physician retention would have been grim, with newly-trained physicians leaving the state in droves,

thus hastening and worsening the aforementioned physician shortages. This would have come at a most inopportune time considering the worsening unemployment rates in the state causing additional tens of thousands to go without adequate health care coverage. This point was very evident in polling of medical students and physicians-in-training by MSMS where respondents overwhelmingly indicated that this proposed tax would negatively influence their decision to stay in Michigan with nearly 88 percent of these future physicians choosing to leave Michigan after completing their training. Finally, for yourselves, as practicing physicians, the passage of this tax would have meant that your future fiscal bottom line would become tighter and, as indicated by the aforementioned polling data, you would have more difficulty in paying your practice expenses or even attracting a new partner to a busy practice.

With the current debates regarding health system reform and as the inheritors of whatever product may result, we must be active and engaged in organized medicine at the state and national levels to ensure that we are able to better serve our patients and have successful and meaningful careers. I urge those of you who are medical students, residents, and fellows to join MSMS and the AMA and be involved, and for those of you who teach and mold these young minds, please add a bit of this message and guidance in your morning rounds.

At the time of this editorial, Venu Vadlamudi, MD was a third-year diagnostic radiology resident at the Michigan State University program in Flint and was the Chair-Elect of the MSMS Resident and Fellow Section and the Resident and Fellow representative on the MSMS Board of Directors.

A SMALL CHANGE CAN MAKE A BIG IMPACT

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The following are the presentations which will be taken to the MSMS House of Delegates on behalf of the Genesee County Medical Society. Should anyone wish to come and testify with our delegation, please do not hesitate to contact Pete Levine at 810-733-9925 or plevine@gcms.org.

**TITLE:** Continued Support for Federal Vaccination Funding

**INTRODUCED BY:** Laura Carravallah

**ORIGINAL AUTHORS:** Anne Drolet and Rohit Nallani

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, the Michigan State Medical Society has previously resolved to support universal access to child immunizations and insurance coverage for all recommended vaccinations 1,2,3, and

Whereas the State of Michigan consistently has vaccination rates lower than the national average and recently faced a Hepatitis A outbreak which required emergency vaccination coverage 4,5,6, and

Whereas, the “CDC estimates that vaccination of children born between 1994 and 2013 will prevent 322 million illnesses; will help avoid 732,000 deaths; and will save nearly \$1.4 trillion in total societal costs” 7, and

Whereas Section 317 of the Public Health Service Act provides federal funding to cover vaccines for uninsured and underinsured individuals as well as those with insurance during times of emergency outbreaks 8, and

Whereas, the federal funding through the Section 317 program also serves a crucial role in vaccine development and improvement, conducting community outreach and education, and leading the responses to disease outbreaks 9,10, and

Whereas, the Section 317 program is different from the Vaccines for Children program in that Section 317 funded vaccines can be given to underinsured individuals receiving vaccines at a healthcare institution that is not a FQHC nor deputized 11, and

Whereas, an independent study demonstrated that an increase in 317 funding by \$10 per individual resulted in a 1.6% increase in vaccination coverage between 1997-2003 12, and

Whereas, in the FY18 President’s Budget Proposal and House of Representatives Appropriations, \$521,000,000 and \$557,000,000, respectively, is appropriated for funding for the Section 317 Immunization program, a decrease from \$607,000,000 allocated in FY2017 13,14, and

Whereas, it is important for funding to remain, at minimum, the same but ideally increase to support public health efforts at vaccination and safety during times of outbreaks across the state of Michigan and country; therefore be it

**RESOLVED:** That the MSMS release a letter stating their support for vaccination efforts and express the need to increase funding at the national level; and be it further

**RESOLVED:** That MSMS join national coalitions, such as the 317 Coalition, to express their continued support for Section 317 funding and federal funding for vaccinations; and be it further

**RESOLVED:** That the Michigan Delegation to the American Medical Association (AMA) encourage the AMA to release a public statement of support for federal vaccination funding efforts such as Section 317, and the AMA Council on Legislation (COL) to advocate to government officials for sustained funding.

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**TITLE:** Coverage for Vitamin D Supplementation for Newborns

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

**ORIGINAL AUTHORS:** Linh-An Cao, Alisha Ching, Anne Drolet, Fredrick Hetzel, Rohit Nallani, Thomas Ridella, Lauren Smith

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, vitamin D deficiency is a preventable disorder that has been associated with increased risk for numerous health issues in children and adults, and

Whereas, according to studies, the prevalence of vitamin D deficiency in newborns has been found to be between 12.1-58.0% 1, and

Whereas, vitamin D deficiency in newborns has been linked to increased risk of developing health problems, including rickets, lower respiratory infections, growth failure, irritability, and seizures 2,3, and

Whereas, it is recognized that breast milk is only contains approximately 25 IU/L or less of vitamin D, and supplementation has been shown to be efficacious in increasing serum vitamin D levels and in preventing vitamin D deficiency in infants 4,5,6, and

Whereas, the American Academy of Pediatrics recommends that all newborn babies, especially those breastfeeding, receive a daily intake of 400 IU of vitamin D starting in the first few days of life to prevent deficiency, and

Whereas, in the USA, 75-89% of infants are not meeting the 400 IU of vitamin D per day recommendation, and only 1-13% of infants are receiving oral vitamin D supplement 7, and

Whereas, the Patient Protection and Affordable Care Act (PPACA) requires insurance programs to cover selected supplements, including pediatric fluoride and/or iron supplementation, at no cost for children over the age of 6 months only 8, and

Whereas, Poly-vi-sol, a commonly prescribed vitamin D supplement for newborns, costs a minimum of \$8.68 for 50 mL and lasts approximately 12.5 days per child, costing a family a minimum of \$125 per child for the first 6 months, and

Whereas, 34% of low income Americans do not fill prescription drugs due to cost and/or lack of coverage 9, and

Whereas, there is no current coverage of preventative vitamin supplements for newborns under Medicaid or MICHild; therefore be it

RESOLVED: That the MSMS advocate for coverage of vitamin D supplementation for newborns in government sponsored insurance programs; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage the

AMA Council on Legislation (COL) and the AMA Council on Science & Public Health (CSAPH) to advocate for the inclusion of vitamin D supplementation for newborns in the required covered supplements under the Patient Protection and Affordable Care Act (PPACA).

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**TITLE:** Associate Physician, Limited License Category

**INTRODUCED BY:** Venkat Rao, MD, for the Genesee County Delegation

**ORIGINAL AUTHOR:** Venkat Rao, MD

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, a significant number of US citizens are graduating from “off shore medical schools”, and are successfully passing USMLE step 1, step2 CK, Step 2 CS, and

Whereas, after meeting all the requirements they are granted an ECFMG certificate which indicates that they are ready to enter residency programs, and

Whereas, a vast majority of these certified physicians are not successful in matching with a first-year residency slot (2017 match data shows that of 7149 registered individuals only 2777 matched. The remaining 4372 did not get a position. For further data please see [www.nrmp.org/wp-content/uploads/2017/06/Main-Match-Results-and-Data-2017.pdf](http://www.nrmp.org/wp-content/uploads/2017/06/Main-Match-Results-and-Data-2017.pdf)), and

Whereas, most of these physicians will never be able to get a residency slot, and

Whereas, these physicians are changing careers into other fields as they are not able to work in medicine to support themselves or pay off their huge student loans, and

Whereas, there is a shortage of primary care physicians in rural and urban areas, and

Whereas, these physicians have successfully completed many years of medical education and could be very useful and valuable in improving access to primary care services to those who are underserved, and

Whereas, other states have created innovative licensing programs to assimilate the aforementioned physicians into health care and provision of primary care with limited licensing programs, (Missouri: <http://pr.mo.gov/assistantphysicians.asp>; Arkansas: <http://170.94.37.152/REGS/060.00.15-014F-16505.pdf>), therefore be it

**RESOLVED:** That MSMS study and report on a potential to assimilate these ECFMG certified US citizens and permanent resident physicians who were unable to match into GME programs.



**Title:** Concierge Medicine Based Practices

**Introduced by:** Cathy Blight, MD, for the Genesee County Delegation

**Original Author:** John Waters, MD

**Referred to:**

**House Action:**

Whereas, the current medical economic environment is creating many changes in the configurations of how physicians decide to group together or work alone, and

Whereas, the hassle factors associated with accepting insurances represents a major cost to practices and causes frustration for physicians, and

Whereas, physicians have no control over which insurances their patients subscribe to, and

Whereas, physicians have no control over the divergent requirements of each individual insurance company, and

Whereas, a small but growing subset of physicians have chosen to no longer accept insurance in a new approach called concierge medicine, and

Whereas, some physician primary practices charge a monthly subscription fee which allows them to offer a complete range of primary care services, including those that insurance coverages do not allow for, and

Whereas, the United States tax code represents an impediment to primary care being provided directly because the IRS does not allow patients to use health savings accounts to pay for primary concierge based care by doctors, and

Whereas, a concierge medicine subscription disqualifies individuals from contributing to a health savings account, therefore, be it

**RESOLVED:** That MSMS work with the AMA to achieve revision to the IRS code to allow health savings accounts to be used for concierge medicine.

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**TITLE:** Ensuring Quality Healthcare for Our Veterans

**FORMERLY TITLED** “No Tolerance for Hiring Flawed Physicians”

**INTRODUCED BY:** Cathy O. Blight, MD, for the Genesee County Delegation

**ORIGINAL AUTHOR:** Cathy O. Blight, MD

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, USA Today has reported on seriously deleterious physician hiring practices in the Veterans Administration, and

Whereas, these deleterious hiring practices include subjecting our nations’ veterans to care by physicians who have faced dozens of malpractice cases, and who have been sanctioned and, in some cases, have lost their licenses to practice in at least one state, and

Whereas, the US Government Accountability Office has recently reported that the Department of Veterans Affairs failed to report 90 percent of potentially dangerous medical providers in recent years to a national database, and

Whereas, USA today has found that oversight of the Veteran’s Administration is so lax that the Veterans Administration had no idea how many medical workers had been reported or if they had been reported at all, and

Whereas, the US Government Accountability Office has discovered that at one facility, officials failed to report six providers to the national practitioner database because the officials were unaware that they have been delegated responsibility for reporting, and

Whereas, patients receiving care in non-Veterans Administration institutions would not be subjected to similar substandard care; therefore, be it

**RESOLVED:** That the MSMS ask American Medical Association to work with the Veteran’s Administration and with Congress to develop the necessary resources and requirements to cause the Veteran’s Administration to perform appropriate reviews of applicant and employed physicians and other healthcare providers so that those who have served us so well, our veterans, receive the high-quality care that they have been promised, and are owed, and be it further

**RESOLVED:** That MSMS ask the American Medical Association to engage the VA in dialogue on accreditation practices by the Veterans Administration to assure they are similar to those of hospitals, state medical boards, and insurance companies.

**TITLE:** Promotion of LGBTQ-Friendly and Gender Neutral Intake Forms

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

**ORIGINAL AUTHORS:** Alisha Ching, Anne Drolet, Fredrick Hetzel, Rohit Nallani, Thomas Ridella, Lucia Rodriguez

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, the LGBTQ+ population in the United States is estimated to be over 10 million people (4.1% of the population) 1, and

Whereas, LGBTQ+ populations are vulnerable and often marginalized in society and in the medical system 2, and

Whereas, LGBTQ+ focus groups have established that distinguishing their identity within the medical system is often a source of great discomfort 3, and

Whereas, LGBTQ+ focus groups have also identified normalization of their gender identities as a major component of their recommendations to improve healthcare experiences 3, and

Whereas, intake forms in medical facilities (clinics, hospitals) often have only binary gender options, and only 5% of forms are gender inclusive in able to identify transgender patients 4, and

Whereas, the Institute of Medicine recommends the collection of data on sexual orientation and gender identity as part of the electronic health record, but 14% of intake forms confuse gender and sexual orientation 4,5, and

Whereas, a LGBTQ+ friendly intake form establishes a comfortable and welcoming atmosphere for the LGBTQ+ patient in the office, and

Whereas, the Gay and Lesbian Medical Association (GLMA) offers various guidelines for improving the care of LGBTQ+ patients, including the use of gender-neutral forms 6,

Whereas, the MSMS currently opposes discrimination based on gender identity and sexual orientation 7, and

Whereas, 24% of transgender and gender nonconforming patients reported denial of equal treatment in the while seeking healthcare 8, and

Whereas, the AMA has an established stance on and commitment to the ongoing improvement of nonjudgmental, nondiscriminatory, and culturally competent care of LGBTQ+ patients 9; therefore be it

**RESOLVED:** That MSMS strongly encourage physicians to have gender neutral options and to identify patients' gender preferences on intake forms in their private offices; and be it further

**RESOLVED:** That MSMS advocate for hospitals to use inclusive intake forms that have gender neutral options to identify gender preference; and be it further

**RESOLVED:** That the Michigan Delegation to the American Medical Association (AMA) encourage the AMA to implement policy #H-315-967 supporting gender-inclusive intake forms and distribute this among physician members to take action to encourage its widespread adoption.

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Health Care Needs of Lesbian, Gay, Bisexual and Transgender Populations H-160.991.

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**TITLE:** Removal of Continuous Waiver for School Sex Education Opt-Out

**INTRODUCED BY:** Laura Carravallah

**ORIGINAL AUTHORS:** Lauren Smith, Anne Drolet, Lucia Rodriguez, Linh-An Cao, Rohit Nallani, Fredrick Hetzel

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, APHA, ACOG, ASHA, and AAP support evidence-based, comprehensive sex education that begins in childhood and discusses both the benefits to delaying intercourse and using contraception; this method is shown to help young people build healthier relationships, delay sex, reduce risk of STIs and unplanned pregnancy once they do begin sexual activity 1, 2, 3, 4, 5, 6, and

Whereas, studies indicate that regardless of the decrease in formal sex education for students, there has been no change in number of adolescents talking to parents about the topic, and those parents that do discuss may have limited or inaccurate knowledge about contraception or other sexual health topics 7, 8, 9, and

Whereas, in 2015, the pregnancy rate of adolescents in Michigan aged 15-19 was 31.6 per 1,000, much higher than the national rate of 22.3 per 1,000 10, 11, and

Whereas, Michigan's rates of reportable Gonorrhea, Chlamydia, and Syphilis among children aged 15-19 in 2013 are between 8-31% above the national rates 12, and

Whereas, in 2016, STI rates in Michigan for children aged 10-14 and 15-19 substantially increased as they entered the next age bracket: Gonorrhea, 1% to 21% and Chlamydia, 1% to 30% 13, and

Whereas, an increasing number of adolescents are using the internet and other media as a source to educate themselves and fill the knowledge gaps on sexual health, but this information is often inaccurate or inappropriate 5, 14, and

Whereas, adolescents are also being exposed to sexual material via media outlets as young as eight years old; 51% of males and 32% females claimed to have viewed pornography before the age of 13 2, 15, and

Whereas, hypersexualized culture created by advertisement, music, and television may be stimulating adolescents to engage with risky behavior at a younger age and encourage them to "grow up" faster 16, 17, 18, 19, and

Whereas, Michigan Law 380.1507a states that a parent or guardian of a student is able to write a "continuing written notice" which allows their child to be excused from sex education courses from then forth until the parent/guardian authorizes enrollment 20, and

Whereas, similar Michigan school "opt-out" programs, such as those for vaccinations, require in-person education and yearly waiver updates 21; therefore be it

**RESOLVED:** That MSMS supports the removal of Michigan Law 380.1507a, "continuing written notice" for opting out of school sex education, so that, each academic year interested parents/guardians must submit a notice that their child will be excused from that upcoming year's school sex education; and be it further

**RESOLVED:** That MSMS lobby the State Legislature for the removal of Michigan Law 380.1507a from the school codes regarding “continuing written notice” for opting out of school sex education.

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**TITLE:** Routine ACE Screening in Pediatric Appointments

**INTRODUCED BY:** Laura Carravallah

**ORIGINAL AUTHORS:** Saya Yusa, Rohit Nallani, Lauren Smith, Mercedes Yee, Alisha Ching, Kirtana Ghandikota, Guillermo Moreno, Thomas Ridella

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, Adverse Childhood Experiences (ACEs) have been connected to poor health choices, chronic medical disease, psychiatric disorders, and decreased life potential and expectancy 12, 8, and

Whereas, the Behavioral Risk Factor Surveillance System (BRFSS) ACE Module used in 10 states demonstrated that nearly 24% of people have at least 1 ACE and more than 20% have at least 3 or more 7, and

Whereas, there is a “dose response” relationship between the number of ACEs and a child’s negative health outcomes, as well as lasting neurological effects 5, and

Whereas, ACEs shorten life expectancy by up to 20 years compared to the average life expectancy for adults who did not experience trauma as children 6, and

Whereas, over half of all adolescents aged 12 to 17 years in the United States have been exposed to at least one ACE, and over one-quarter have experienced 2 or more 17, and

Whereas, ACEs often disproportionately affect children who are of lower socioeconomic levels and/or part of a minority population 1,16, and

Whereas, ACEs often go un-screened and un-addressed 19, and

Whereas, universal screening with ACEs can help identify childhood adversities, prevent negative health outcomes, and promote healthy living and disease prevention 3,18, and

Whereas, 91% of screenings add less than five minutes to the patient’s visit 15, and

Whereas, the total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States was approximately \$124 billion 13, and

Whereas, the Resilience Project, an American Academy of Pediatrics Health Initiative, provides “resources to identify, treat, and refer children and youth who have been exposed to or victimized by violence” 2, and

Whereas, the AAP recognizes the disruption in childhood development and lifelong impairment due to toxic stress, and calls on pediatricians to identify and address these sources 14,10, and

Whereas, current AMA policy supports the National Child Traumatic Stress Initiative and the full mission of the National Child Traumatic Stress Network 4; therefore be it

**RESOLVED:** That the MSMS supports ACE screening in annual pediatric appointments and advocates that is be implemented in routine pediatric visits; and be it further

**RESOLVED:** The the MSMS advocate connecting patients with high ACE score to subsequent treatment or referral with pediatric mental health specialists and social workers; and be it further

**RESOLVED:** That the MSMS advocate research studying the impact of ACE screening and treatment on long term health outcomes.

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## *Announcement*

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

**For details, contact:**

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INSURANCE**

**810-767-8590**

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

**906 Mott Foundation Bld., Flint MI 48502**

**TITLE:** Facilitate Transfer of Third and Fourth Year Student Memberships

**INTRODUCED BY:** Cathy O. Blight, MD, for the Genesee County Delegation

**ORIGINAL AUTHOR:** Cathy O. Blight, MD

**REFERRED TO:**

**HOUSE ACTION:**

Whereas, several medical schools in Michigan have medical students who spend their first two years at the home campus location of the school and the second two years in community campus settings, and

Whereas, four years of MSMS and County dues are paid at one time by medical schools to the home medical school county and to MSMS, and

Whereas, in the third or fourth years, students often desire to participate in the county medical societies of the communities to which they have moved for third and fourth year, and

Whereas, it is in MSMS' and every county medical society's interest to attempt to integrate the students, in an effort to recruit them to local residency programs, and


Whereas, students are the future of medicine for the State of Michigan and every county, and

Whereas, involved third and fourth-year medical students provide a unique perspective to county medical societies, not just to MSMS; therefore, be it

**RESOLVED:** That county societies provide a list to MSMS of those students who are moved into their county for their third and fourth years.

**RESOLVED:** That MSMS move the memberships of the students from their medical schools' home county upon their transfer to a county setting for third and fourth year.

---



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your success and satisfaction above all.*

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## Save the Date!

*"The Beauty of Love is that it Never Dies"*

2018 Hospice Teleconference

"Transforming Loss: Finding Potential for Growth"



When: May 2, 2018

Time: 8:00 a.m. Registration

8:30 a.m.-12:30 p.m. Program

**\*\*Full breakfast to be provided\*\***

Where: Genesys Conference & Banquet Center  
Grand Blanc, MI

**FREE TO ATTEND**

To RSVP call McLaren Hospice 810-496-8625 before April 25, 2018

CEU's available

Funded by a grant from The Community Hospice Foundation Fund of The Community Foundation of Greater Flint in cooperation with Heartland Hospice, Kindred Hospice, McLaren Hospice, Reverence Hospice, Brown Funeral Home, Hill Funeral Home and Reigle Funeral Home.



The Genesee County Medical Society cordially invites you to a Quarterly Dinner Business Meeting

and a **Medical Community Town Hall**

sponsored by the **United Way of Genesee County** and the **Greater Flint Health Coalition**

**May 3, 2018**

**SAVE-THE-DATE!**

## **Suboxone and Opioid Issues for Physicians and Health Care Professionals**

There are many components to the opioid crisis. This session will provide input on Suboxone certification, how physicians and other health professionals fit into the opioid crisis, and what resources exist in Genesee County as part of an emerging community-wide strategy to address the opioid epidemic.

### **Meeting Location:**

Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507

### **Evening Schedule:**

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

### **Space is limited!**

**Please register by April 26, 2018**

Please mail your reservation payment to:

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

**Details to  
come!**



**Watch for  
info!**



Email Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) to register your attendance or call **810-733-9923** for more information.

Please invite your fellow physicians, practice managers,  
and health care professionals to this meeting!

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

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



## Greater Flint Health Coalition leads State Innovation Model (SIM) efforts in Flint & Genesee County



The Greater Flint Health Coalition (GFHC) is one of five organizations chosen by the Michigan Department of Health and Human Services (MDHHS) to lead the implementation of the State Innovation Model (SIM) within their communities. As the backbone organization for the Genesee Community Health Innovation Region (CHIR), the GFHC and its multisector partners are working to improve population health in Genesee County.

### **What is SIM?**

SIM is a Centers for Medicare and Medicaid Services (CMS) Innovation Center initiative that partners with states to advance multi-payer health care payment and delivery system reform models in an effort to achieve better quality of care, lower costs, and improved health outcomes for Medicaid beneficiaries. The State of Michigan was one of eleven states awarded a four-year model test award, focused on implementing *Michigan's Blueprint for Health Innovation*.

The vision for Michigan's State Innovation Model is a person-centered health system that is coordinating care across medical settings, as well as with community organizations, to address social determinants of health to improve health outcomes; and pursue community-centered solutions to upstream factors of poor health outcomes. MDHHS is implementing the SIM initiative under three main umbrellas: population health, care delivery, and technology.

### **Community Health Innovation Regions**

To address population health, MDHHS has funded five Community Health Innovation Regions (CHIRs) across the State. In addition to the GFHC's Genesee CHIR, there are CHIRs in the Jackson, Muskegon, Northern Michigan and Livingston/Washtenaw County communities. CHIRs are broad partnerships of community organizations, local government agencies, businesses, healthcare providers, payers, and community members that collaborate to align and implement strategies to support population health.

### **SIM Priority Population**

MDHHS has required Community Health Innovation Regions to focus on the SIM priority population of emergency department (ED) utilizers. The selection of this priority population is supported by the Genesee CHIR's Community Health Needs Assessment (CHNA), adopted by Genesee County's three hospitals and the GFHC. The GFHC and its stakeholders have defined this SIM priority population as:

1. High ED utilizers, or individuals using the ED five or more times in a year
2. "Inappropriate" ED utilizers, or individuals using the ED to receive care for conditions identified as typically treatable in a primary care setting; and
3. Preventable ED utilizers, or individuals using the ED who have not had a visit with their primary care provider in the previous year.

### **GFHC Clinical-Community Linkage Initiative**

A primary goal set by MDHHS for each Community Health Innovation Region is to address non-medical factors that affect health, such as housing, transportation, and food insecurity, by supporting connections between primary care practices and community service providers, often referred to as clinical-community linkages. The Clinical Community Linkage Project is led by the Greater Flint Health Coalition, which has implemented a community “hub” model based on the early success of its Genesee Children’s Healthcare Access Program, or CHAP.

To achieve this goal of developing a functional clinical community linkage process, the GFHC has partnered with a variety of community stakeholders and institutions. These include, but are not limited to:

- Two local physician organizations: Professional Medical Corporation and McLaren Physician Partners;
- Genesee County’s six Medicaid Health Plans: Molina Healthcare, McLaren Health Plan, Meridian Health Plan, Blue Cross Complete, UnitedHealthcare Community Plan, and HAP Midwest;
- Genesee County’s three hospitals: Hurley Medical Center, Genesys Health System, McLaren Flint;
- Three community-based specialty hubs: Genesee CHAP, Genesee Health Plan, and Genesee Health System;
- The local regional health information exchange (HIE), Great Lakes Health Connect;
- A collective of community and social service organizations including: United Way of Genesee County, Catholic Charities, Carriage Town Ministries, Child Care Connect, Crossover Downtown Outreach Ministries, Food Bank of Eastern Michigan, Genesee County Community Action Resource Department (GCCARD), Mass Transportation Authority, My Brothers’ Keeper, Salvation Army, Shelter of Flint, Valley Area Agency on Aging, and YWCA of Greater Flint.

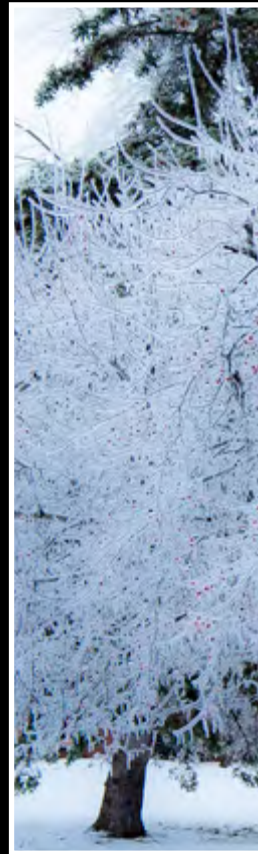
A newly launched Community Referral Platform is providing one platform linking participating practices, community-based specialty hubs, and community service agencies to support the needs of patients. Working together, the GFHC and its partners will address the upstream socio-economic factors affecting the health of Genesee County residents. An initial ten SIM-designated patient centered medical home (PCMH) practices are included in the Clinical Community Linkages pilot phase launch that began in November, 2017.

In future issues of *The Bulletin*, look for more detailed information on SIM activities and tools within the Flint and Genesee County region. Also, visit [www.gfhc.org](http://www.gfhc.org), for more information.

SIM-4C SIM.GCMSArticleOne.FINAL.031318



Grand Blanc, Michigan





Grand Blanc, Michigan



Grand Blanc, Michigan



PHOTOS BY  
RUS FARREHI, MD



# HAPPY BIRTHDAY DOCTOR

APRIL

Wayne Breece, MD .....	2	Don Rubino, MD .....	15
Kenneth Jordan, MD .....	3	Fook Kuet, MD.....	15
Carlo Dall'Olmo, MD.....	6	M Varkey Thomas, MD.....	15
Qazi Azher, MD .....	6	Ehab Youssef, MD.....	17
Kurt Mikat, MD .....	7	Sarah Sanchez, MD .....	19
John Bauer, MD .....	9	Gregory Forstall, MD.....	21
Sherry Cavanagh, MD.....	9	Louis Coriasso, MD .....	22
Syed Sattar, MD .....	10	Alan Weamer, MD .....	22
Muhammad Jabbar, MD .....	11	Thomas Bossi, DO .....	23
Dilraj Ghumman, MD .....	11	Byron Schoolfield, MD .....	24
Elisea Singson, MD .....	12	James Martin, MD .....	26
Candacy George, DO.....	12	Rima Jibaly, MD .....	26
W. Archibald Piper, MD.....	13	Nita Kulkarni, MD .....	26
Huda Elhwairis, MD .....	13	Hesham Gayar, MD .....	28
Peter Thoms, MD.....	15	Mark Camens, MD .....	29
		Mark Mattos, MD.....	30

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<b>Main Office</b>	<b>Branch Office</b>	<b>Branch Office</b>	<b>Branch Office</b>	<b>Branch Office</b>
4411 Calkins Rd. Flint, MI 48532	5399 E. Court St. N. Burton, MI 48509	1005 University Ave. Flint, MI 48504	3400 Regency Park Dr. Grand Blanc, MI 48439	168 N. Saginaw St. Lapeer, MI 48446



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**May 3, 2018**

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**Details to  
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**Watch for  
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- \$25.00 - Residents & Students
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GCMS Physicians, spouses, GCMSA, family members, practice staff and other interested professionals are encouraged to attend!



# April 2018 Fitness Calendar

FREE! Commit to Fit! Class Schedule

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

MARCH 2018	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
	2	3	4	5	6	7
	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Senior Stretch</b> YMCA Downtown 10am  <b>Pound</b> GAC 10:15am  <b>Aqua Fitness</b> U of M-Flint Rec 5:30-6:30 pm	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am  <b>Splash Bash</b> U of M-Flint Rec 11:00 am  <b>Enhance Fitness</b> Hamilton North Pointe Clinic 5:30 pm	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm  <b>Community Yoga</b> 5:15 PM - 6:15 PM Crim Fitness Foundation  <b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm  <b>Zumba</b> GAC 5:30 p.m.	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am  <b>Basic Yoga</b> IHFC 6:45 p.m.	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm	
	9	10	11	12	13	14
	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Senior Stretch</b> YMCA Downtown 10am  <b>Pound</b> GAC 10:15am  <b>Aqua Fitness</b> U of M-Flint Rec 5:30-6:30 pm	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am  <b>Splash Bash</b> U of M-Flint Rec 11:00 am  <b>Enhance Fitness</b> Hamilton North Pointe Clinic 5:30 pm	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm  <b>Community Yoga</b> 5:15 PM - 6:15 PM Crim Fitness Foundation  <b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm  <b>Zumba</b> GAC 5:30 p.m.	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am  <b>Basic Yoga</b> IHFC 6:45 p.m.	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm	
	16	17	18	19	20	21
	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Senior Stretch</b> YMCA Downtown 10:00 a.m.  <b>Pound</b> GAC 10:15am  <b>Aqua Fitness</b> U of M-Flint 5:30pm	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am  <b>Splash Bash</b> U of M-Flint Rec 11:00 am  <b>Enhance Fitness</b> Hamilton North Pointe Clinic 5:30 pm	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm  <b>Zumba (Beginner)</b> GAC 5:30 p.m.  <b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am  <b>Basic Yoga</b> IHFC 6:45 p.m.	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm	

MIC-6C3 April.Fitness.Class.Calendar.032118.TW



# April 2018 Fitness Calendar

FREE! Commit to Fit! Class Schedule

23	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 am</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00</p> <p><b>Pound</b> GAC 10:15am</p> <p><b>Aqua Fitness</b> U of M-Flint 5:30pm</p>	24	<p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Splash Bash</b> U of M-Flint Rec 11:00 am</p> <p><b>Enhance Fitness</b> Hamilton North Pointe Clinic 5:30 pm</p>	25	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm</p> <p><b>Zumba (Beginner)</b> GAC 5:30 p.m.</p> <p><b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm</p>	26	<p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Basic Yoga</b> IHFC 6:45 p.m.</p>	27	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	28	
30	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 am</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00</p> <p><b>Pound</b> GAC 10:15am</p> <p><b>Aqua Fitness</b> U of M-Flint 5:30pm</p>										

Save the date  
November 10<sup>th</sup>

GCMS/GCMSA  
President's Ball

# April 2018 Fitness Calendar

FREE! Commit to Fit! Class Schedule

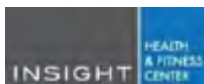
## Class Descriptions & Locations

### 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. 3<sup>rd</sup> Street  
Flint, MI 48503  
(810) 232-9622



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

**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.

#### Genesys Athletic Club (GAC)

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



Questions?  
Email [commit2fit@flint.org](mailto:commit2fit@flint.org)

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

#### University of Michigan-Flint Rec Center

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



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

#### TIMES & LOCATIONS:

#### Hasselbring Senior Center

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



#### Flint Farmers' Market- Tuesdays &

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



#### North Pointe Clinic - Demonstration site

5710 Clio Road  
Flint, MI 48504  
Tuesdays starting February 13, 5:30 - 6:30pm

#### Main Clinic

2900 N. Saginaw Street  
Flint, MI 48505  
Wednesdays starting February 14, 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!



**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



MIC-6C3 April.Fitness.Class.Calendar.032118.TW



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

## Medical Society Foundation

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

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

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

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

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

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

*Did you recognize...*

**Daniel J. Ryan, MD**



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**AUTOCLAVE NEEDED**

by not-for-profit urgent care center. Please contact Brenda at [bcraft@gcms.org](mailto:bcraft@gcms.org) or call (810) 232-2710.

**PHYSICIANS NEEDED**

at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation Mon, Wed: 10am-9pm, Tue, Thur, Fri, Sat: 12pm-9pm, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

**Contact Pete Levine at 810-733-9925.**

**Check Out Our Website [www.gcms.org](http://www.gcms.org)**

*Save the date*

*November 10<sup>th</sup>*

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**May 3, 2018**

**SAVE-THE-DATE!**

## **Suboxone and Opioid Issues for Physicians and Health Care Professionals**

There are many components to the opioid crisis. This session will provide input on Suboxone certification, how physicians and other health professionals fit into the opioid crisis, and what resources exist in Genesee County as part of an emerging community-wide strategy to address the opioid epidemic.

### **Meeting Location:**

Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507

### **Evening Schedule:**

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

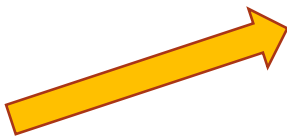
### **Space is limited!**

**Please register by April 26, 2018**

Please mail your reservation payment to:

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

**Details to  
come!**



**Watch for  
info!**



Email Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) to register your attendance or call **810-733-9923** for more information.

Please invite your fellow physicians, practice managers,  
and health care professionals to this meeting!

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

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

# Easy Ways to Donate to the Medical Society Foundation:

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

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

To make a gift, simply use these words:

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

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

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

**Please feel free to contact Peter Levine, Executive Director at 810-733-9925 or [plevine@gcms.org](mailto:plevine@gcms.org).**



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

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Join  
GCMS/MSMS