



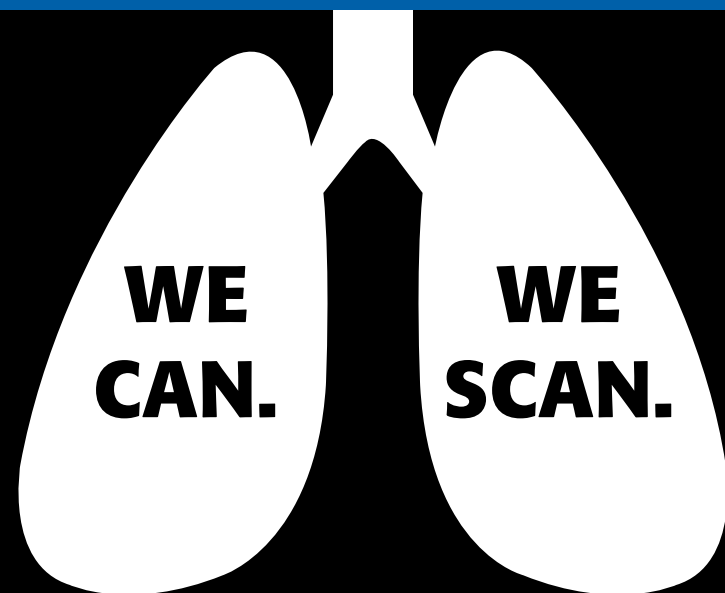
THE Bulletin

September 2014 Volume 92, Number 9

**COMMUNITY HEALTH DATA SCORECARD UPDATE
FLINT CULTURAL CENTER EVENT A SUCCESS!
TOWN HALL MEETING ON HEALTH SYSTEM UPDATES!!!**

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The GCMS Bulletin

THE BULLETIN is published monthly by
The Genesee County Medical Society.

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September 2014 Volume 92, Number 9

THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Robert M. Soderstrom, 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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DEPRESSION, SUICIDE AND PHYSICIANS.

The suicide of Robin Williams has pushed the issue of depression, stress and suicide to the forefront of national interest. The statistics are staggering when it comes to physicians. A recent survey by Physician Wellness Services (PWS) and Cejka search found 86% of US physicians are moderate to severely depressed. The suicide rate among physicians is much higher than the general population. According to the statistics published by American Foundation for Suicide Prevention, "Male physicians have a 70% higher suicide rate than males in other professions; female physicians die by suicide at a 400% higher rate than female in other professions."



Shafi Ahmed, MD

losing so many colleagues in my town, I sought professional advice from Candice Barr, the chief executive of our county's medical society. Here is her take:

"The usual response is to create a committee, research the issue, gather best practices, decide to have a conference, wordsmith the title of the conference, spend a lot of money on a site, food, honorariums, fly-in experts, and have 'a conference.' When nobody registers for the conference, beg, cajole and even mandate that they attend. Some people attend and hear statistics about how pervasive the 'problem' is and how physicians need to have more balance in their lives and take better care of themselves. Everybody calls it good, goes home, and the suicides continue.

What they did in Lane County Medical Society should be an example for the rest of the nation. They established a physician wellness program with free 24/7 access to psychologists skilled in physician mental health. Since April 2012, physicians have been able to access services without fear of breach of privacy, loss of privileges or notification of licensing and credentialing bureaus. With 131 physician calls and no suicides in nearly two years, you can fairly say the "program is working." Even doctors from outside the county are calling to Lane County for support. It's important to "do something meaningful, anything, keep people talking about it," Candice Barr, says. "The worst thing to do is nothing, and go on to the next patient."

What's most important is for depressed doctors and those thinking about suicide to know they are not alone. Doctors need permission to cry, open up, be emotional. There is a way out of the pain. And it's not death.

becomes known.

As a profession are we doing enough to protect ourselves? Do we have any plan to help those who are in need of help? Medical societies and organizations should not ignore when a doctor cries out for help. In a recent blog post on an ACP Web site, a senior vice president of the American College of Physicians, downplayed physician misery. His suggestion was classic: When doctors complain, quickly shift conversations from misery to money.

In a recent article in the Washington Post, Pamela Wible, a Family Physician from Eugene, Oregon wrote, "After

"Helping Adolescents Cope with Loss"



2014 Hospice Teleconference

- When:** September 24, 2014
- Time:** 8:00 a.m. Registration
8:30 a.m.-12:30 p.m. Program
(Full breakfast available beginning at 8:00)
- Where:** Genesys Banquet Center
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Grand Blanc, MI

Sponsored by: Gentiva Hospice, Genesys Hospice, Heartland Hospice, McLaren Hospice, Brown Funeral Home, Hill Funeral Home and Reigle Funeral Home.

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For reservations or further information, contact Audrey Charlton @ Gentiva Hospice 810-733-7250

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RUN RABBIT RUN

Use legs and have legs.

John Clarke (1596- 1658)

Just recently, the fourth Saturday in August actually, the 38th annual Crim Festival of Races was the highlight activity in the Flint Area for the weekend. An event that began in 1977 with just a few hundred dedicated diehards is now recognized as one of the premier race events in the country. It is a major organizational feat by the Crim Foundation with over 15,000 participants involved in multiple programs ranging from a one mile run to the showcase 10 mile road race, won for the fifth year in a row by Julius Kogo. The 10 mile race wends through Flint neighborhoods culminating in a procession of athletes tooling down Saginaw Street to the downtown finish line. The route is lined with spectators cheering on all comers, from the premier professional runners to weekend warriors. Many of those watching the race at a neighborhood Crim party/brunch expressed their admiration for all of those willing to go the distance, and some guilt/remorse for not being out there among the gladiators. This led to discussions about the health benefits of running, especially as opposed to walking or other types of fitness activities.

Despite the thousands of runners out that beautiful Saturday morning, Americans are generally a sedentary bunch. Aerobic exercise, like walking and running, is a great way to improve cardiovascular efficiency and fitness and we need to encourage more people to participate. It promotes weight loss, improves sleep habits, boosts energy levels, improves muscle tone, and elevates mood through the release of endorphins, the runner's high. A regular aerobic exercise program can help reduce the incidence of diabetes, heart disease, osteoporosis, and many types



Daniel Ryan, MD

of cancer. Walking and/or running does not require expensive equipment or a gym membership. And both activities can be a positive social outlet when done with an exercise buddy or group.

There are advantages and disadvantages when comparing walking versus running, especially depending on one's initial fitness level and ultimate goals. Obviously, running burns more calories and is a more effective at improving cardiovascular fitness. It is estimated that a 160 pound person will expend 317 kilocalories (Cal) per hour when walking at a 3 mph pace whereas a

runner will use about 730 Cal at a 6 mph pace. The risk of injury is much greater with running due to the greater impact of repetitive pounding on feet, joints, and bones. Walking is a relatively low impact activity.

Those starting out in an aerobic exercise program after being sedentary are advised to ramp up slowly and increase pace and duration as tolerated. Basically, as in many of life's activities, you have to walk before you can run. Quality footwear that is properly fitted is essential. Sore feet from blisters, corns, and bunions will not encourage the novice to press on with a program. Injuries can be reduced by walking and running on a decent surface. City streets tend to be a very irregular surface, not to mention the hazards of heavy traffic and distracted drivers.

Physicians have an obligation to promote and teach methods for achieving a healthy lifestyle for our patients. Encouraging a regular exercise regimen that includes walking and/or running is essential. We also need to practice what we preach. So get out there and swim/walk/run to fitness. Maybe you will be an active part of the Crim Festival of Races in 2015!

SAVE THE DATE!

Looking ahead...

GCMS/ GCMISA 2014 President's Ball

The event will be held at the

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Make plans now to attend, you won't want to miss it!

HURLEY MEDICAL CENTER PEDIATRIC ONCOLOGY UNIT

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

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ZIP CODES ARE A MAJOR DETERMINANT OF MORBIDITY AND MORTALITY

This issue of The Bulletin contains more community data that physicians need to know to plan for the future of their practices, and their careers.

One of the most interesting bits of data compares the average age at mortality based on Genesee County ZIP codes. It is very important to remember what goes into morbidity and mortality. Physical environment is 10%. Social and economic factors are 40%. Clinical care is 20%. Health behaviors are 30%. This is the thought process which runs through all of the data. There is a limit to what the health care system, diligent physicians and nurses and other allied



Peter Levine, MPH

health professionals can do to move the morbidity and mortality data needle. Beyond their efforts, there is another 80% at play.

One of the things that constantly replays through all of the data, and which may not get mentioned enough, is the fact that this county's clinical care is ranked very highly despite all the socio-economic cards that are arrayed against the positive outcomes. Everyone involved deserves major kudos for the effort and dynamism that this health care community displays.



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September 4, 2014
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Physicians and spouses of GCMS and GCMSA and other interested professionals are invited to hear the Presidents of our three health systems provide an update on current and future directions.

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Business Meeting

7:15 pm, Presentations

Location:
Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

Tickets:
\$35.00 Physicians, Spouses, Practice Managers, Staff and Guests
\$25.00 Residents and Students

Presentations by:

Betsy Aderholt, President of Genesys Regional Medical Center,

Don Kooy, President of McLaren Flint, and

Mike Burnett, Vice President for Service Line Development, on behalf of

Melany Gavulic, President of Hurley Medical Center.

This is a unique opportunity to hear directly from the leaders of our three local health care systems about decisions that impact physicians and their patients, and to interact directly with them.

Mark your calendar! - Don't wait! - RSVP's are being accepted now!

Please mail your check with reservations to:

Genesee County Medical Society
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Please email reservations to Sherry at ssmith@gcms.org, or call (810) 733-9923 for more information.



Jewel of Flint Greet Young Physicians and Families

In early August, the Genesee County Medical Society hosted a wonderful event at the Flint Cultural Center. This event was supported by the Genesee County Medical Society Alliance, and several sponsors. It offered a rare opportunity for young physicians, residents and students to visit all of the Flint Cultural Center venues, and to enjoy special tours, performances, and presentations.

This is an event that the Genesee County Medical Society will hold again. The positive response and enjoyment of those who attended demand it. Special thanks goes to the Flint Cultural Center staff and leadership who graciously reached out to all with their wonderful warm welcome, especially to so many physicians who are new to our community and their families. Thanks also, to the Hurley Medical Center, Genesys Regional Medical Center, and McLaren Flint for sponsorship of the delicious lunch. Thanks too, to FirstMerit Personal Banking for their support as well.

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RECENT DEVELOPMENTS IN MEDICAL MALPRACTICE CASE LAW

By Jonathan M. Hartman, Esq. Cline, Cline & Griffin, P.C.

In 2014, some interesting Michigan cases within the arena of medical malpractice litigation have been decided. The following two cases are both legally and factually significant and bear summarization and mention to the Medical Society: Cichewicz v. Salesin, June 24, 2014 Michigan Court of Appeals; and Braverman v. Granger, January 9, 2014 Michigan Court of Appeals.

First, in Cichewicz, the Court of Appeals examined the permissible scope of an action for wrongful conception. Plaintiff mother alleged that her doctor advised her she did not need contraceptives because her fallopian tubes were blocked. She subsequently became pregnant and gave birth to a daughter with Down's syndrome. Plaintiff sued, claiming gross negligence against her doctor for advising her to stop using contraceptives. Prior to making such a recommendation, the physician defendant had knowledge of the mother's history of infertility, and had visualized her occluded fallopian tubes in the context of attempting to place (birth control) devices therein, as well as during a hysterosalpingogram.

MCL 600.2971 prohibits bringing a civil action for damages associated with a wrongful birth, wrongful life and/or daily living, medical, educational, or other expenses necessary to raise a child to the age of majority on a wrongful birth or wrongful life claim. Notwithstanding, the prohibition does not apply to a claim alleging an intentional or grossly negligent act or omission. Generally, the Cichewicz court upheld the viability of a civil action in cases of gross negligence or intentional misconduct. However, the trial court's dismissal of Plaintiff's claim was upheld as the Court of Appeals found that the physician's conduct was not so reckless as to demonstrate a substantial lack of concern for whether she became pregnant.

Second, in Braverman, the Court of Appeals ruled that the Avoidable Consequences Doctrine prevents recovery in a wrongful death medical malpractice suit brought by the personal representative of a deceased Jehovah's Witness woman who refused a blood transfusion that was needed to deal with complications from a kidney transplant. According to specific scripture passages of the Jehovah's

Witness faith, no blood, blood product or any derivative of any kind of blood are allowed for medical treatment. Every Jehovah's Witness consciously determines what he or she accepts in blood management.

The decedent in Braverman would not accept blood or blood products in medical treatment. She had signed a consent permitting the defendant physicians to do anything medically they thought was appropriate for her, except for the use of blood or blood products. When it became apparent that her body was rejecting the donated kidney, she needed a blood transfusion in order to survive. The physician defendants approached the decedent's husband regarding this development, but he reaffirmed the edict that blood was unacceptable. His wife died as a consequence. The Court of Appeals held that plaintiff had a duty to exercise reasonable care to mitigate damages, and that a blood transfusion would have saved her life; instead she decided to refuse. Therefore, the death/damages was an avoidable consequence. Accordingly, the Court of Appeals upheld the trial court's barring of the claim on that basis.



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Beautiful SOUTHWEST France

By: Robert M. Soderstrom, MD

My son-in-law is a physicist at the University of Michigan and this past summer he had a work stint at the CERN accelerator in Switzerland. When he finished, Susan, myself, our daughter, and two grandchildren joined him for 10 days in southwestern France. We rented a quaint farmhouse outside the beautiful ancient city of Annecy and had a wonderful time touring the area.

Annecy has a farmer's market on Tuesdays and Saturdays and it was quite the event. Vendors wound around the narrow streets of the old town selling cheeses, sausages, olives, fresh produce (often from Provence) and baked goods. The place was packed with locals and tourists.

[Continued on next page >](#)





The French believe in flowers and they were everywhere: parks, buildings, highway dividers, and all over individual homes. It was a beautiful time to visit.

We were in the foothills of the French Alps and drove through some strikingly scenic mountain country. We spent some time in Chamonix, the famous French winter skiing area which is, nonetheless, quite the resort in the summertime.

The grandchildren loved the castles the most. We toured several: climbing the towers and walking the ramparts and checking out the dungeons. One didn't have to imagine them: they were there, for real, to be explored.

Actually, because of the rugged terrain, the area was a major refuge for the French Resistance in World War II. From here, French underground forces infiltrated other areas of France to impede the German war effort. Finally, in the summer of 1944, the Germans sent three army groups into the area and wiped out the remaining resistance fighters. A solemn cemetery in the mountains commemorates the martyrs.



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HAPPY BIRTHDAY DOCTOR

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Vaneet Rai, MD	1	Rey Anthony Garibay, MD	19
Brian Shapiro, MD	1	Pongchayut Surapipith, MD	20
Eugene Becker, MD	3	Thomas Vanhecke, MD	21
Douglas Congdon, DO	4	Saqib Maqsood Ahmad, MD	22
Frank Krhovsky, MD	4	Donald Robinson, MD	22
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Bonita Wang, DO	4	Joon Park, MD	23
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Hussein Saghir, DO	13	Stephen Kalstein, MD	30
Norman Walter, MD	13	Robert Molnar, MD	30
John Doyle, MD	16		
Michael Beer, MD	18		

SAVE THE DATE!

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on November 15

Make plans now to attend, you won't want to miss it!



OBITUARIES



Mrs. Sarah E. Harper

1913 - 2014

At the age of 100, Sarah E. Harper has passed away. Mrs. Harper was born in Flint in September 1913 and was a resident of Flint and Grand Blanc all of her life. She married Dr. R. Homer Harper in 1938 in Flint, and he preceded her in death in October of 1983. She graduated from Flint Central High School in 1931 and attended Albion College. She was a past President of the Genesee County Medical Alliance.

Genesee County Medical Society

Board of Directors

June 24, 2014 - Minutes

- | | | |
|------------------------|---------------------------|-------------------------|
| *Shafi Ahmed, MD | Rima Jibaly, MD | *Peter Thoms, MD |
| *Qazi Azher, MD | *Gary Johnson, MD | Venu Vadlamudi, MD |
| Athar Baig, MD | Farhan Khan, MD | *Tarik Wasfie, MD |
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| *Cathy Blight, MD | *Paul Lazar, MD | |
| *Laura Carravallah, MD | Sreen Mannam, MD | Staff: |
| Ed Christy, MD | *S. Bobby Mukkamala, MD | *Peter A. Levine, MPH |
| *Pino Colone, MD | *Gerald Natzke, Jr., DO | |
| Niketa Dani, MD | Rama Rao, MD | Guest: |
| *Deborah Duncan, MD | *Venkat Rao, MD | *Jyostna Pulla, MD |
| Hesham Gayar, MD | *Lawrence Reynolds, MD | *Dhanvaniri Muttevi, MD |
| Walt Griffin | Brenda Rogers-Grays, DO | |
| *Mona Hardas, MD | *Raymond Rudoni, MD | |
| *John Hebert III, MD | Daniel Ryan, MD | |
| Asif Ishaque, MD | Elmahdi Saeed, MD | |
| Michael Jaggi, DO | Robert Soderstrom, MD | *in attendance |

I. Call to Order:

The meeting was called to order at 6:10PM in the Rapport Conference Room by Shafi Ahmed, MD, President.

II. Review of Minutes:

Motion: that the minutes of the May 27, 2014 Board of Directors meeting be approved as presented. The motion carried.

Dr. Ahmed introduced Drs. Pulla and Muttevi, residents from the Hurley Medical Center Med-Peds Program.

III. Reports:

Motion: that the budget-to-actual report for the period ending May 31, 2014 be approved as presented. The motion carried.

Membership

Drs. S. Bobby Mukkamala and Amitabha Banerjee reviewed the Membership Committee report. They noted that there are currently 26 unpaid members. Many of those unpaid members have agreed to pay, but have not done so. Board members were asked to review the list and to call some of the unpaid members.

Motion; that the request for dues-exempt status due to disability be approved for Michael Zarr, M.D. The motion carried.

Dr. Banerjee explained that the Committee feels that it is imperative that the Board of Directors serve as a Membership Committee of the whole due to the fact that, while staff has been very assertive in pursuit of membership, and the committee members have been working hard, the entire Board is not engaged, and needs to be, in order to effectively recruit for the long term benefit of the Society. Dr. Mukkamala reviewed the membership status for the past several years.

Motion; that the Membership Committee be disbanded, with the Board of Directors serving as a Membership Committee of the whole. The motion carried.

Dr. Banerjee thanked Pete Levine for his hard work on membership, and asked the Board to engage on this important issue.

Legislative Liaison

Dr. Cathy Blight reported that the Legislative Liaison Committee had met in early June. The committee reviewed several pieces of legislation, with a heavy concentration on the issue of rapid diagnostic testing being performed in pharmacies. The



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Genesee County Medical Society
Board of Directors
June 24, 2014 - Minutes

committee noted its opposition to this type of activity, perceiving it as an abrogation of scope of practice by the pharmacies. Also discussed was legislation relating to nursing scope. The subject of graduate medical education funding in the state budget was also discussed. The committee noted its satisfaction with the passage of Senate Bill 648, entitled, "Essential Health Provider Program" which is waiting for the Governor's signature at the moment. This was originally sponsored by Senator Jim Ananich when he was a member of the state house.

Dr. Blight reported that GCMS has joined the Patient Safety Coalition, which was assembled by MSMS, the MOA and other state level health-related organizations to oppose rapid detection and testing programs in pharmacies.

Dr. Laura Carravallah introduced a request for action by the Michigan Chapter of the American Academy of Pediatrics, asking the governor to veto Senate Bills 667 and 668, which would separate e-cigarettes from tobacco products in the State of Michigan, making them less regulated.

Motion; that an email be sent immediately to all GCMS and GCMSA members, asking for contacts with the Governor, asking him to veto Senate Bills 667 and 668. The motion carried.

Community & Environmental Health

Drs. Gary Johnson and Gerald Natzke reported that a meeting was held last week with Marjorie Raymer of The Flint Journal, expressing an interest in being supportive of articles that The Journal wishes to do on health-related issues, especially appropriate nutrition.

Greater Flint Health Coalition Update

Various board members provided updates on Task Forces and Committees. Specifically, the issue of C-section rates in Genesee County was raised by the Greater Flint Health Coalition with input requested from the Medical Society. It was noted that in 1998 the percentage of C-sections to live births was 24.3% for Genesee County and 20.4% for the state. In 2012 the Genesee County percentage was 38.9 and the Michigan percentage was 32.6. Dr. Nita Kulkarni reported that she had reviewed the information with several Quality Chairs at hospitals, as well as the Ob-Gyn chairs. There is no clear understanding of why the numbers would appear that way. Dr. Kulkarni made the following motion.

Motion; that a Task Force be established of the three Quality Chairs from the three health systems, the three chairs of Obstetrics and Gynecology at the health systems, Dr. Vitrino as a high-risk obstetrician, and possibly others. The motion carried.

The Bulletin Update

On behalf of Dr. Dan Ryan, Peter Levine reported that the June issue, which featured several pages of information regarding where Genesee County residents are receiving care, as well as a link to a survey to allow physicians to provide input on why the numbers are the way they are, had received very few responses.

Directive; staff was directed to send hard copies of the patient out-migration material, as well as the surveys, to Board members. In addition, that 50 copies of each set also be sent to each doctors' lounge, with a self-addressed envelope, to request input.

IV. Old Business:

Flintstone Challenge

Dr. Amanda Winston reported that The Flintstone Challenge, established by fourth year MSU medical school students raised \$13,758 for Genesee County schools. The Flintstone Challenge 5K Run will be part of the primary care curriculum, beginning next year, for the medical school.

Respectfully submitted,

Peter Levine, MPH

Executive Director

SAVE THE DATE!

Looking ahead...

Although it seems like only a few short weeks ago that we were welcoming Dr. Shafi Ahmed as our incoming President, we are swiftly approaching the

GCMS/GCMSA

2014 President's Ball.

The event will be held at the Genesys Banquet and Conference Center on November 15.

Make plans now to attend, you won't want to miss it!



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**GCMS/GCMSA
2014**

President's Ball

The event will be held at the **Genesys Banquet and Conference Center** on **November 15.**

Make plans now to attend, you won't want to miss it!

Announcement

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

For details, contact:

**POTTER & ROOSE
INSURANCE**

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

906 Mott Foundation Bld., Flint MI 48502

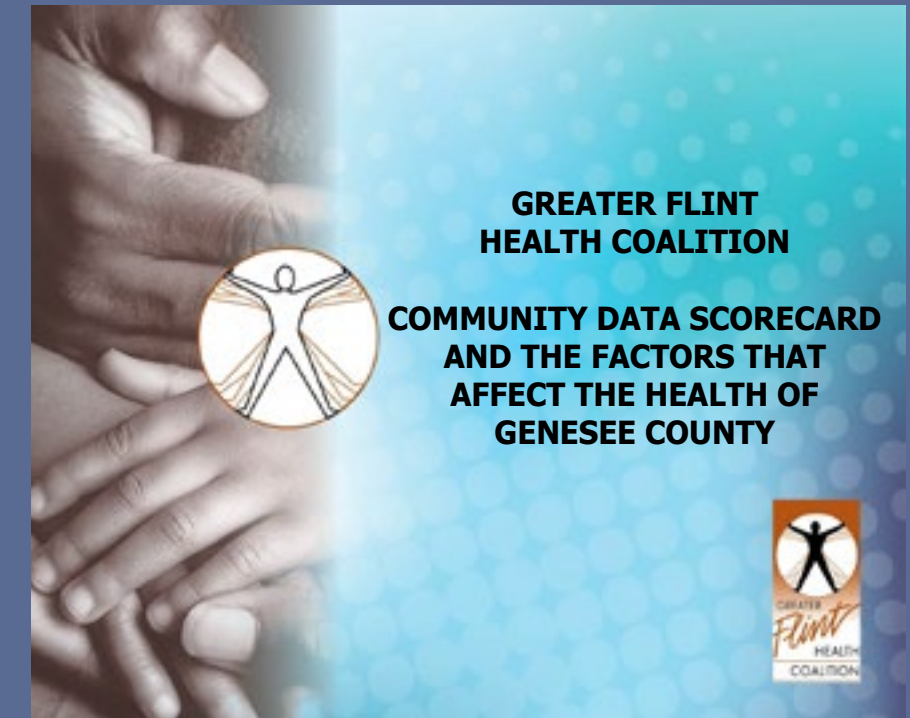
Greater Flint Health Coalition Community Data Scorecard 2013 - Part 2

The following charts represent a second set of critical information that was presented to the Greater Flint Health Coalition Board of Directors earlier this year. It represents the Community Data Scorecard which should be of use in planning the future of your practice.

Any commentary in response to this material is, of course, appreciated.

The August Bulletin contained information relating to social determinants in terminal factors for health, as well as major health care access in cost trends. The September issue contains major healthcare status trends and some conclusions.

Please note also, the chart which indicates age of mortality by ZIP code.



FOR LEASE

METROPOLITAN BUILDING

10683 S. Saginaw Street, Grand Blanc, MI 48439

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

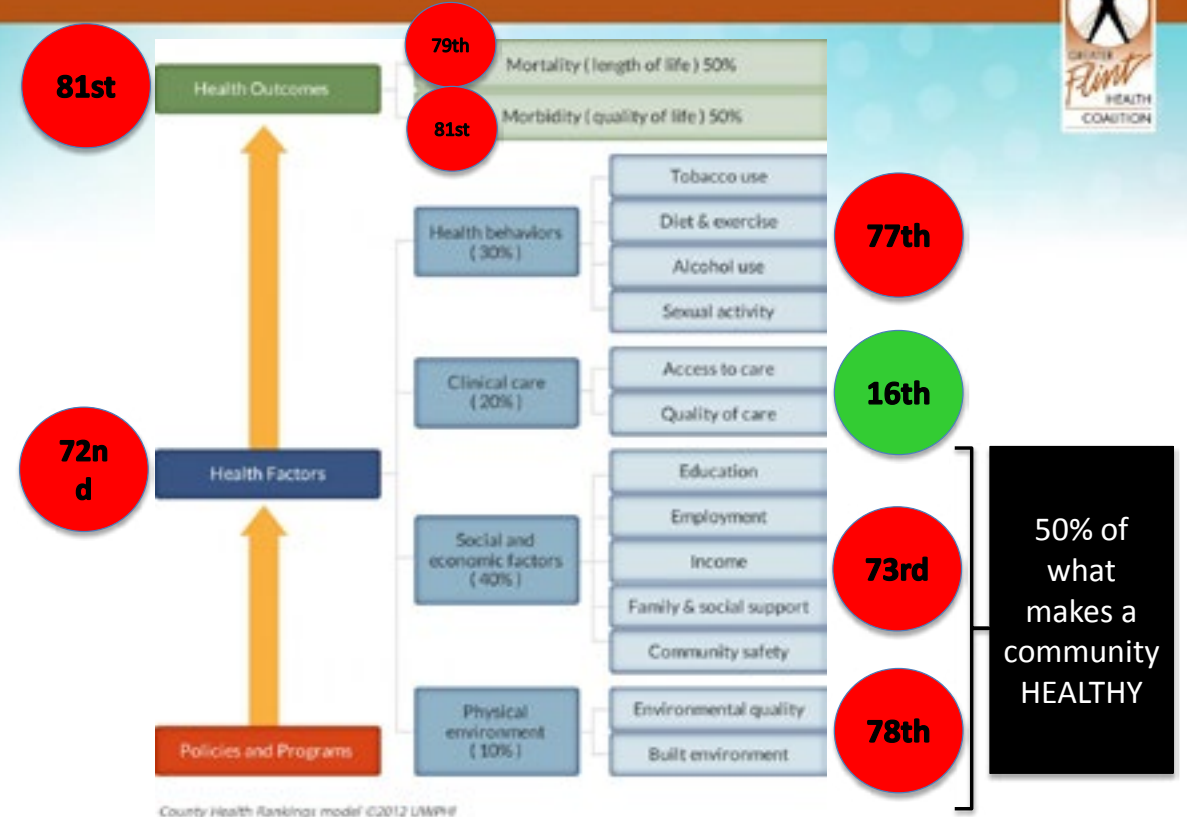
- Patient Seating Area
- Reception/Clerical Work Area
- Patient File/Storage (Sideways Sliding System)
- 6 Operatories, Fully Plumbed
- 3 Restrooms
- Break Room
- Lab Room
- 1 General Office
- X-Ray Area

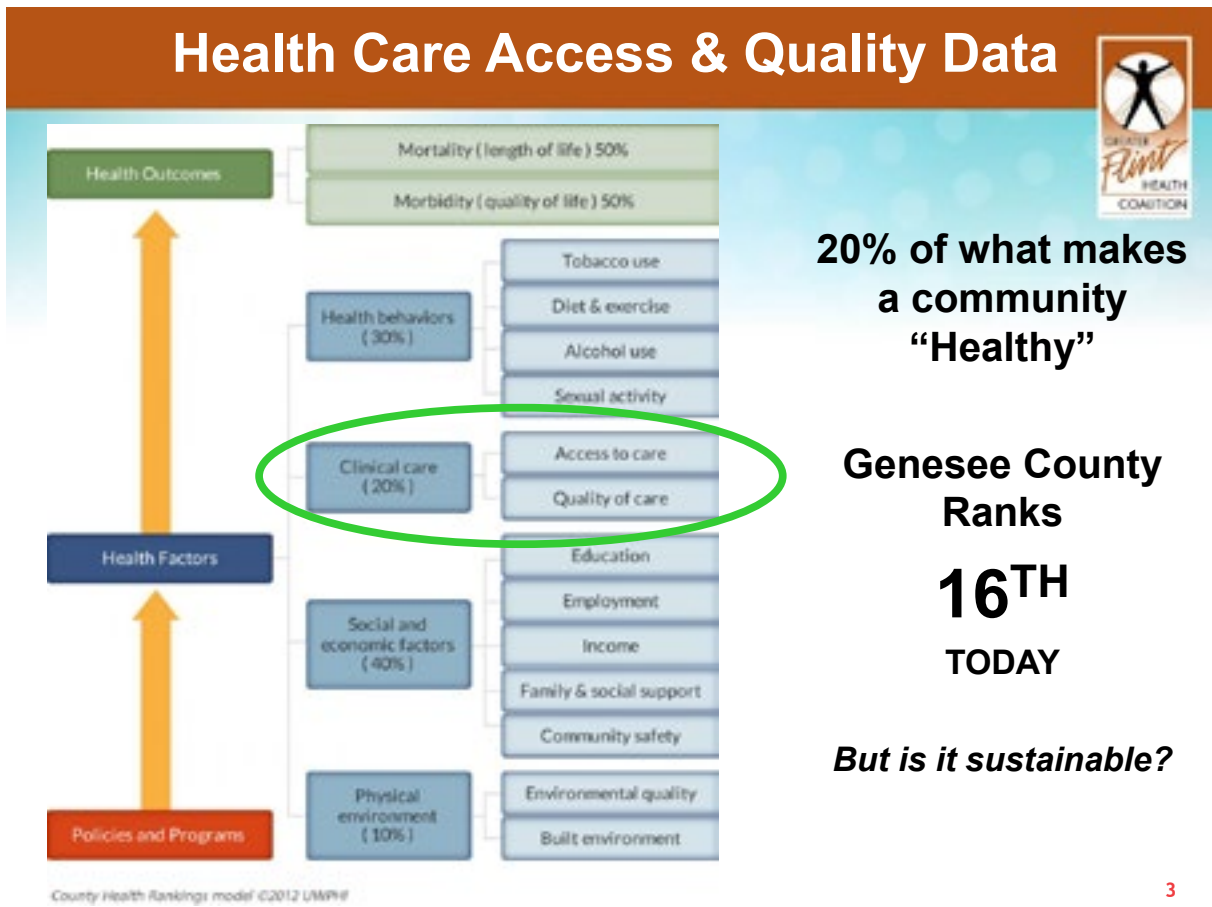
SUITE B - MEDICAL AREA 3,378 SQ. FT.

- Patient Seating/Child Area
- Reception/Clerical Work Area
- Back Area Clerical Work Station
- 6 Exam Rooms, Fully Plumbed
- 3 Restrooms
- Break Room
- 4 General Offices
- X-Ray Area

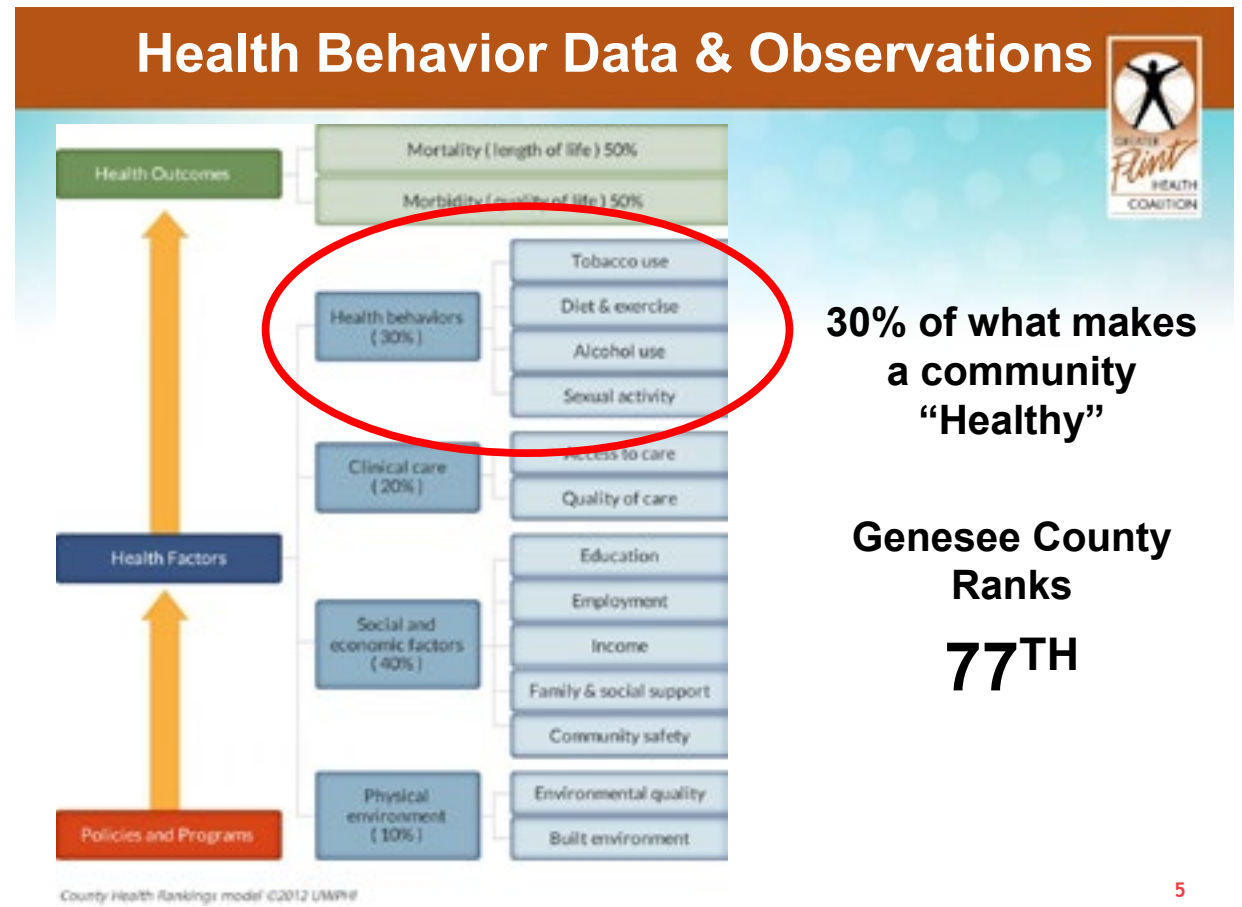
Contact: James Wascha or Renee Waswick (810) 695-6153
e-mail: jw@waschalaw.com or rwswick@comcast.net

2014 County Health Rankings – Genesee County





3



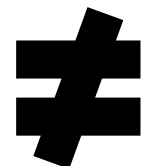
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GFHC Community Data Scorecard

Today, our data indicates Genesee County's Health Care System (Access & Quality) is strong, although there are a number of risk factors that question sustainability. However...



Good Health Care



Healthy Community

4

Your zip code shouldn't determine how long you live, but it does. Health Happens Here challenges us to think about health beyond doctor visits and diets. We have the power to make health happen where we live, learn and play.

Health Happens in Neighborhoods

Health Happens In Schools

Health Happens With Prevention

Please consider how Policy can shape health

6

HEALTH & HEALTH STATUS CHILD & INFANT STATISTICS



Birth Outcomes & Information

	2009	2010	2011	Michigan County Rank in 2011	Michigan Average in 2011
Low-birthweight Babies	10.4%	10.3%	10.2%	79 of 81	8.4%
Child/Teen Death Ages 1-19 (per 100,00 children)	28.0	28.9	34.9	37 of 49	16.0
Births to Teens Ages 15-19 (percentage of total births)	13.4%	13.6%	13.3%	76 of 81	9.0%

- Genesee County is ranked 79th among Michigan Counties regarding low-birthweight babies
- Additional indicators also rank Genesee County poorly compared to other Counties

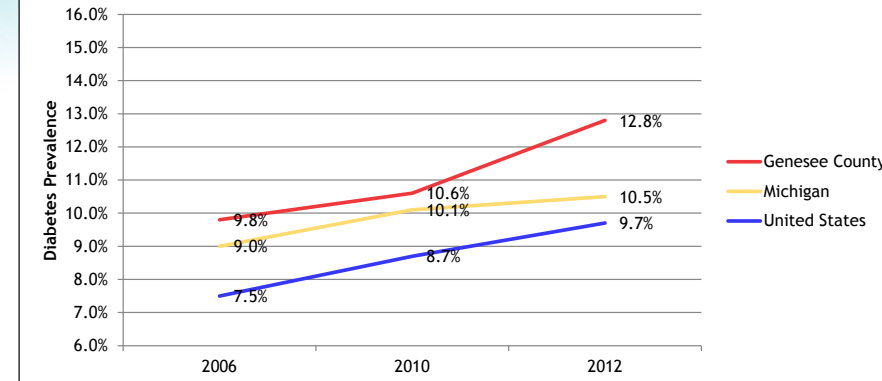
Potential Impact on Community's Health

According to the "Kids Count Data Book" 2012 report, for trends in Child Health & Well-Being Genesee County ranks 79 of 81 Michigan Counties

HEALTH STATUS & QUALITY DIABETES



Diabetes Prevalence



- Genesee County's diabetes prevalence is significantly higher than both the State and National Averages

Potential Impact on Community's Health

Diabetes is a significant health status indicator and high-cost disease

It is also the result of an unhealthy lifestyle lacking in physical activity and a healthy diet

HEALTH & HEALTH STATUS CHILD & INFANT STATISTICS



Average Costs of Normal and Low Birth Weight Babies



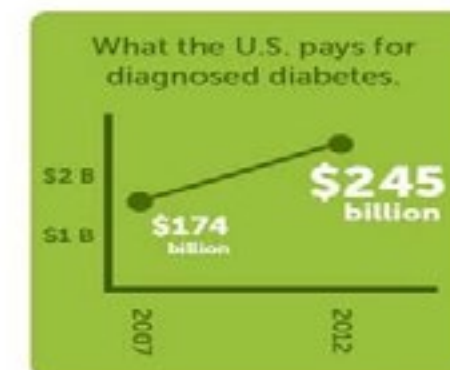
Source: Milliman Actuarial Models using Medstat 2000-2003; Costs trended to 2006

HEALTH STATUS & QUALITY DIABETES



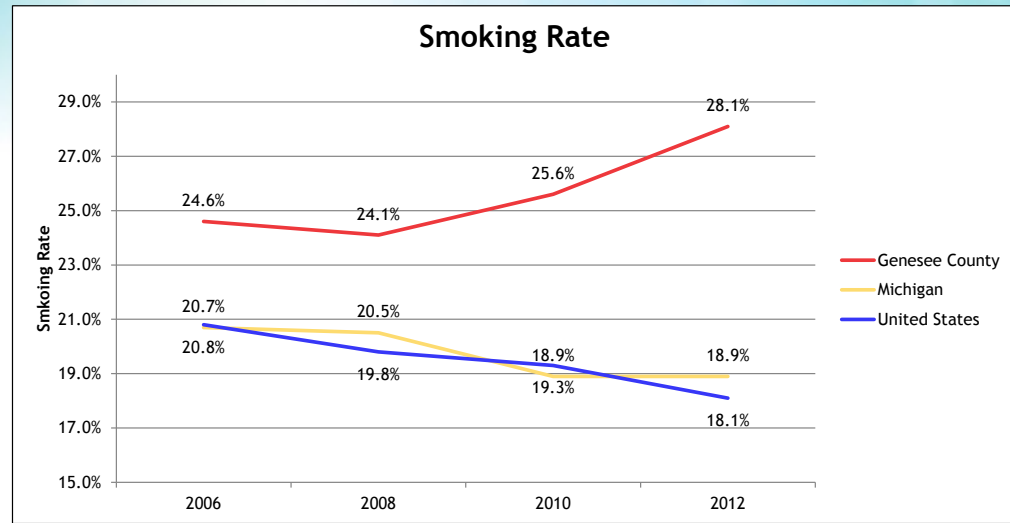
THE RISING PRICE OF DIABETES

Diabetes costs in the United States climbed to \$245 billion last year.



Source: The American Diabetes Association

HEALTH STATUS SMOKING



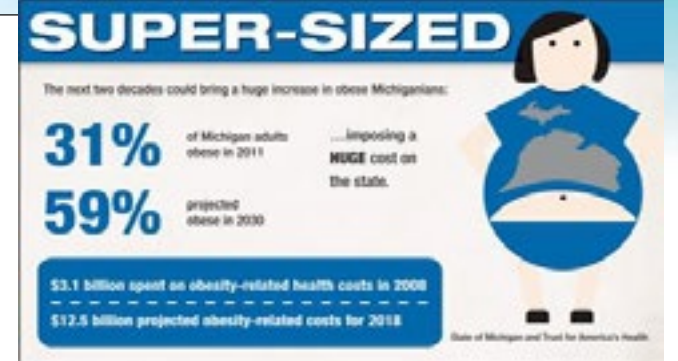
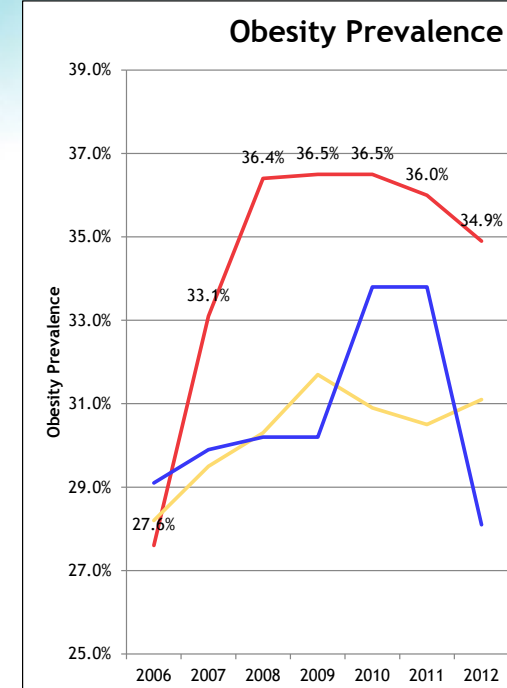
- Genesee County's Smoking rate is significantly higher than State and National Averages, but did show decline from 2009 to 2010

Potential Impact on Community's Health

Smoking is a significant risk-factor for poorer health (pulmonary, cardiac, etc.) and higher costs and there are minimal smoking cessation resources in Genesee County

5

HEALTH STATUS OBESITY



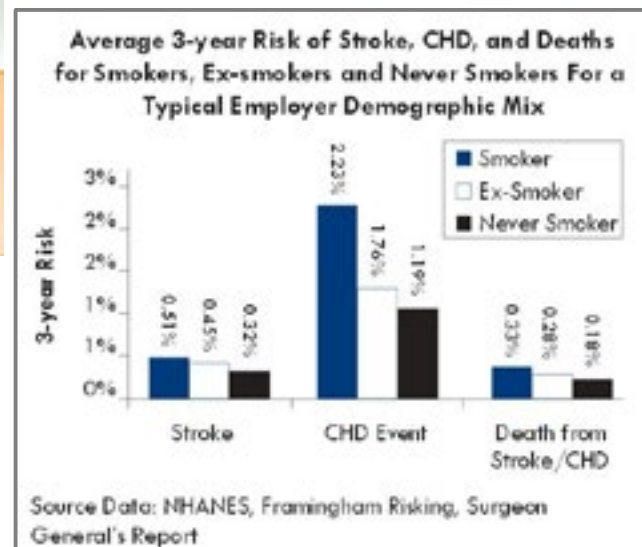
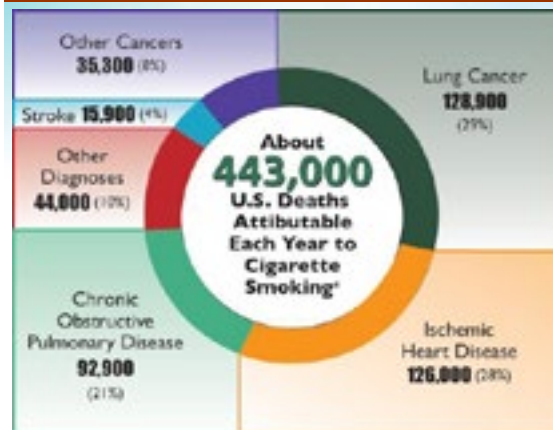
- Genesee County's adult obesity rate is significantly higher than State and National Averages and trending negatively
- The combined obesity and overweight rate is also 70.4%

Potential Impact on Community's Health

Obesity is a significant health status indicator and risk-factor for a myriad of other health conditions

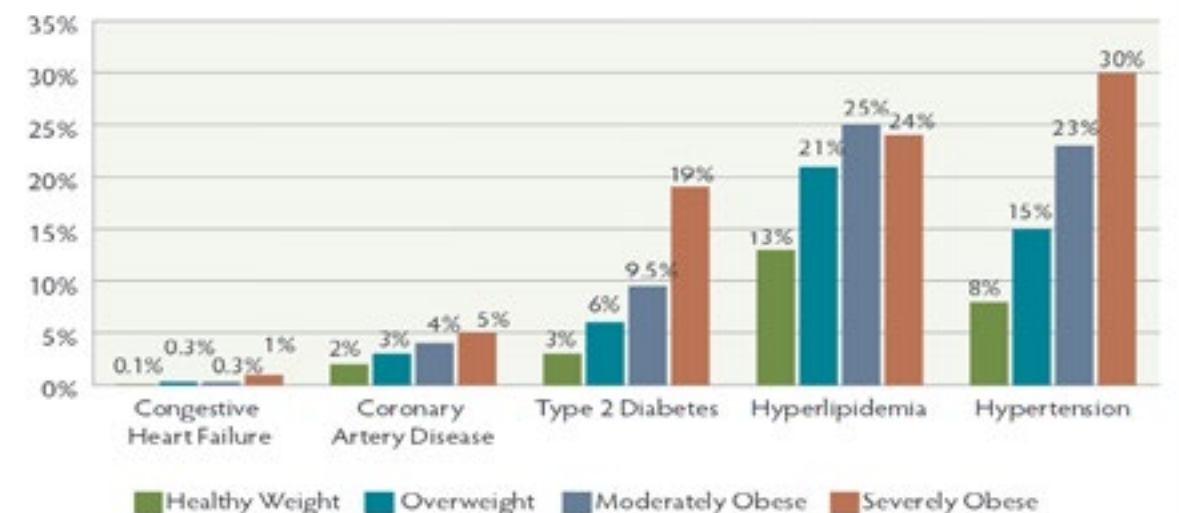
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HEALTH STATUS SMOKING



HEALTH STATUS OBESITY

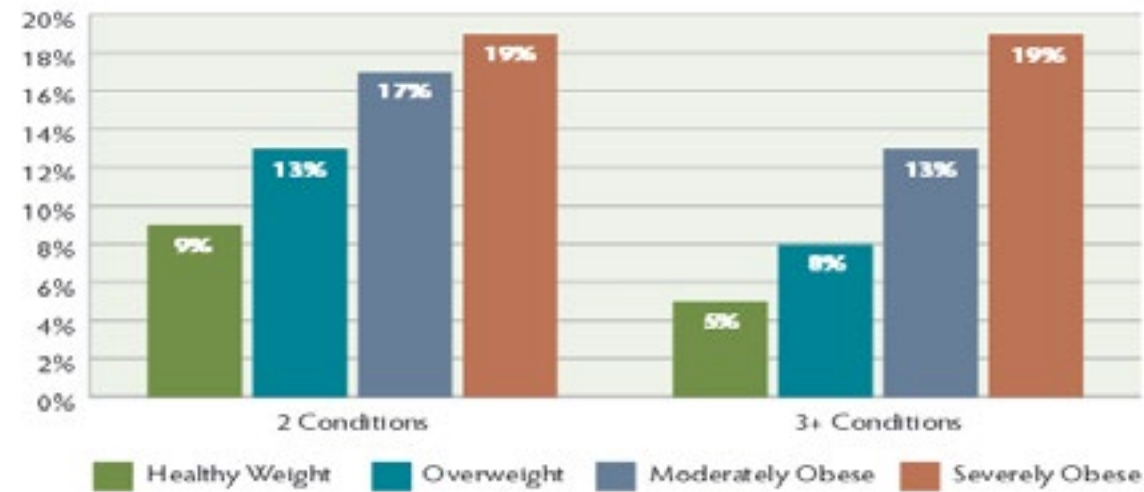
Prevalence of Cardio-Metabolic Conditions in the Severely Obese compared to Other Weight Categories, by Condition, BCBSM, 2010



HEALTH STATUS

OBESITY

Proportion of the Severely Obese with Multiple Comorbid Conditions compared to Other Weight Categories, by Number of Conditions, BCBSM, 2010



HEALTH STATUS

MORTALITY RATES

Genesee County / Flint, Michigan	CY 2007 Data	CY 2009 Data	CY 2011 Data	% Change Since 2007
Mortality Rates, Total (per 100,000 residents)	888.4	951.7	976.7	9.94%
Heart Disease	235.2	251.2	256.1	8.89%
Cancer	206.8	224.3	209	1.06%
Chronic Lower Respiratory Diseases	65.3	55.6	64	-1.99%
Stroke	51	53.5	56.6	10.98%
Unintentional Injuries	29.5	40.9	49	66.10%
Diabetes Mellitus	32.3	38.3	34.1	5.57%
Alzheimer's Disease	25.6	28.5	33.4	30.47%
Pneumonia/Influenza	16.8	23.8	18.2	8.33%
Kidney Disease	22.8	15	26.1	14.47%
Intentional Self-harm (suicide)	12.7	11.4	13.3	4.72%
All other causes	190.5	230.8	216.8	13.81%

NOTE: 9 of top 10 causes of death are higher than State & National Averages

HEALTH STATUS

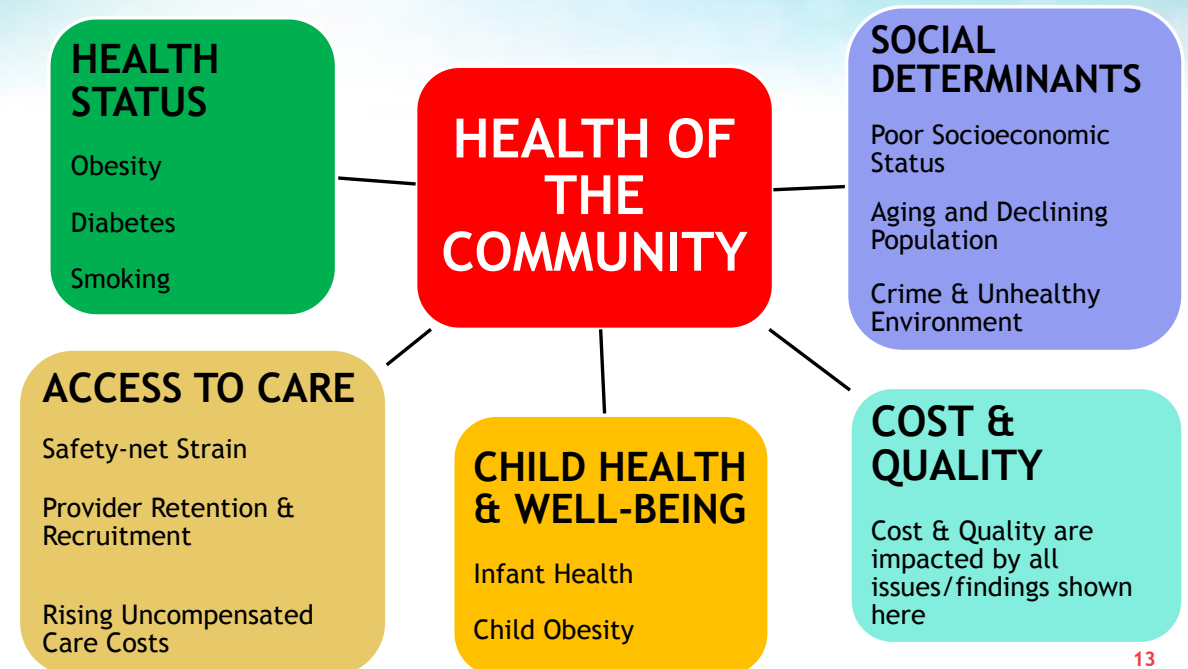
OBESITY

Average Annual Health Care Costs per Person, by Weight Category, BCBSM, 2010



Over 70% of Genesee County residents are in these categories

Through review and analysis of the Data Review Subcommittee, it is concluded that the 2013 findings validate current GFHC activities...



health happens here



AVERAGE LIFE EXPECTANCY BY ZIP CODE IN GENESEE COUNTY

ZIP CODE	AVERAGE LIFE EXPECTANCY (years)
48420	78.2
48423	78.3
48430	82.6
48433	81.3
48436	75
48438	82
48439	80.5
48451	80.7
48457	81.3
48458	74.6
48463	75.7
48473	78.7
48503	74.8
48504	71.9
48505	67.7
48506	72.6
48507	75.2
48509	72.2
48519	76.9
48529	71.6
48532	76.4



YOUR \$\$\$ AT WORK

- GCMS hosted a day at the Flint Cultural Center. Over 70 young physicians and their families attended.
- The GCMS Alliance and Genesee County Medical Society hosted a Summer Picnic at the farm of the Ahmed family. Over 100 GCMS and GCMS members and their families attended.
- GCMS Legislative Liaison Committee hosted a Washington Update with Congressman Dan Kildee.
- On August 28th, GCMS hosted a Practice Managers meeting with the topic in focus being PQRS.

GCMS MEETINGS

— September 2014 —

Legislative Liaison Committee
Recessed for September

Bulletin Committee, 9/3
7:30am, GCMS Conference Room

2014 President's Ball Committee 9/3
12pm, GCMS Conference Room

Town Hall Meeting 9/4
"Health Systems Update"
6pm, Flint Golf Club
**see full ad on page 9 for more information*

Finance Committee 9/23
5:30pm, GCMS Office

Board of Directors 9/23
6pm, GCMS Conference Room

Community & Environmental Health Committee 9/24
12:30pm, GCMS Conference Room

Practice Managers 9/25
8am, GCMS Conference Room

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at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. **Contact Pete Levine at 810-733-9925.**

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3,636 Sq/ft and fully built out. 6 exam rooms, 2 offices for doctors, 2 offices for ancillary staff, 1 large storage room, and large reception area. The office has been fully wired recently, well maintained landscaping, and has plenty of parking space. Located at : 4520 Linden Creek Pkwy, Ste. F, Flint, MI, 48507 Price negotiable. We are looking to move out within the next three months. If interested, please contact us at 810-733-8200 • info@flintobgyn.com

Check Out Our Website www.gcms.org



**MICHIGAN STATE
MEDICAL SOCIETY**
120 W. Saginaw, Lansing, MI 48923
msms@msms.org • www.msms.org
517-336-5762

**State and County Medical Society
Membership Application**

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



Please PRINT or TYPE

FULL NAME _____ MD or DO (Circle One)
Last First Middle Initial
 HOME ADDRESS, CITY & ZIP _____ Area Code & Telephone Number _____
 OFFICE ADDRESS, CITY & ZIP _____ Area Code & Telephone Number _____
 PRACTICE NAME _____ Office Fax Number _____
 EMAIL ADDRESS _____ For mailing, please use (check one): Office address Home address

BIOGRAPHICAL DATA Sex: Male Female Birth Place _____ Date of Birth _____
Month Day Year
 Maiden Name _____ Spouse's Name _____
 Languages Spoken _____
 Government Service (check one): Military National Health Service Beginning Date _____ Completion Date _____

EDUCATION (please complete or attach CV)

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

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

License: MI # _____ Date Issued _____ ECFMG # _____
 License held in other states/countries (list states or countries) _____

PROFESSIONAL DATA

Present Type of Practice (check appropriately):
 OFFICE BASED: Solo Hospital Based Teaching Research Government
 Group Practice Name _____ Other (specify) _____
 Specialty(ies) _____
 Board Certifications (list specialties & dates) _____
 Present Hospital Appointments (list dates) _____
 Practice History _____
 Previous Medical Society Membership (list dates) _____
 Specialty Society Memberships _____

Within the last five years, have you been convicted of a felony crime? Yes No IF YES, please provide full information.
 Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked? Yes No IF YES, please provide full information.
 Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff? Yes No IF YES, please provide full information.

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

Signature _____ Date _____



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