


THE Bulletin



JANUARY 2014 Volume 91, Number 1



GCMS COMMITTEES
IMG SECTION ADDRESSES ISSUES
SGR FIX IN WORKS
PQRS UPDATE
2014 PREDICTIONS FROM
HEALTHCARE MICHIGAN

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THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Dr. Cyrus Farrehi.

Our Vision

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

Our Mission

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

PLEASE NOTE

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

THE BULLETIN

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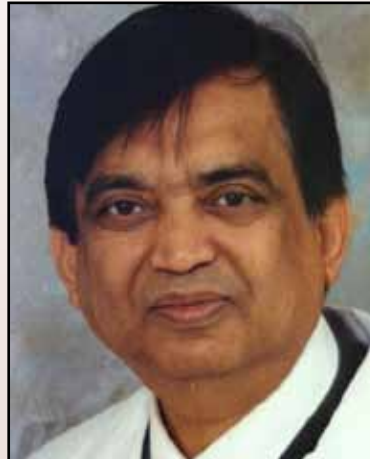
SGR FIX IN WORKS

I am pleased to report that the Michigan State Medical Society and GCMS have been working closely with our congressional delegation to push for a repeal of the SGR. Even more importantly, work continues toward a solution that will provide stability to Medicare physician payments.

Although at this time there are still disagreements between the US House and Senate on what the right solution should be for the SGR fix, the scheduled cut of 20.1% to physician payments that were supposed to kick in on January 1, 2014 has been postponed until March 31, 2014. This will allow Congress three more months to work out passage of legislation that will repeal SGR.

Some of the solutions that are being debated between the House and Senate are the following:

- Repeal the SGR;
- Provide funding to shift emphasis toward new payment models that focus on quality of care rather than fee-for-service;
- Provide \$125 million to help small physician practices transform to payment models based on the quality of care;



Shafi Ahmed, MD

- Consolidate existing quality improvement programs, such as Meaningful Use, the Physician Quality Reporting System and the value-based modifier, into a single Value-Based Performance Payment program which would reward high-performing practices and would decrease penalties assessed to physicians who do not participate in quality programs;
- Create a Medicare payment for complex chronic care services, which also will compensate physicians for services provided remotely; and
- Create a process to identify miss-valued services and redistribute savings on those services within the physician fee schedule.

Physician members and their spouses can become active in the political process by calling and writing Congressman Dan Kildee as well as Senator Debbie Stabenow, who sits on the Senate Finance Committee, where the proposed legislation is currently being negotiated. While the window is closing, we will continue to work with our members in Congress to ensure a real solution to SGR that does not continue to jeopardize physician practices and care for their patients.



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HEY, YOU'VE GOT TO HIDE YOUR GUN AWAY

Responsibility is the price of freedom.
 –Elbert Hubbard (1856-1915)

Last month marked the one year anniversary of the unimaginably awful Sandy Hook Elementary School murders of 20 first-graders and six adults. The debate over the causes and effects of, and solutions to, gun violence in the United States rages on. However, one thing that is apparent since that tragic day is that more Americans are feeling vulnerable and firearms sales have been brisk and profits high for gun manufacturers and dealers. Whether you are a firearms fan or foe, or ambivalent, guns in American homes are not going to disappear despite some unrealistic paranoia that the current administration is intent on confiscating every privately owned weapon in the nation. Nearly 40% of homes in the country have one or more guns.

Mass shootings such as Newtown, Columbine High School and Blacksburg garner lots of media attention, but nearly 800 children under age 14 were killed in gun-related accidents in the U.S. between 1999 and 2010, according to the Centers for Disease Control. A major public health concern is, how can innocent children be protected from the proliferation of guns inside their homes and the homes of their friends and relatives?

Having a firearm in the home will reduce your chances of becoming a victim of crime, right? There is no credible evidence that this is true. It does not matter what type of gun one owns, how it is stored, or whether it is unloaded and/or locked up. If there is a gun in your home, everyone in your home is more likely than your non-gun owning neighbors and their families to die in a gun-related accident, homicide, or suicide. Agree or not, that is a fact.

It is highly unlikely that sweeping changes in current gun laws will ever be enacted by Congress. The political will is not there. Since the Newtown massacre, some states have toughened laws regarding gun sales, background checks, and registration while others have actually




Daniel Ryan, MD

loosened them. But common sense measures can reduce the risks of avoidable injury and death to kids from gun play.

The American Academy of Pediatrics recommends that pediatricians include questions to parents regarding guns in the home as part of the patient's medical history, and specifically advises that guns be removed from the home environment. Incredulously, six states legislatures have introduced bills that would prohibit physicians from asking about the presence of guns in the home or including such information in the medical record. So far, none have become law. Storing guns locked and unloaded reduces the risk

of both accidents and suicides by 70% according to a study published in the Journal of the American Medical Association in 2005. Trigger locks, included with many new gun purchases by the manufacturer, obviously need to be in place to be of value. Parents need to be aware of firearms in the homes of their children's friends. A well-intentioned program sponsored by the National Rifle Association called Eddie's Eagles Gun Safe Program teaches kids, "If you see a gun, STOP! Don't touch it. Leave the area, tell an adult. However, kids, especially boys, are curious about guns. Studies have proven that a majority of young boys who have had some type of gun safety instruction will handle a found gun and often pull the trigger. Stressing that guns are not toys is essential in a society where children (and adults) become jaded to violent gun fights on television, in movies, and in video games.

Gun-related deaths are the exception in countries with strict enforcement of tight gun laws such as Canada and Japan. Not so here. Since children are not bullet-proof, any measures that can make guns more child-proof and parents more responsible for their firearms should be pursued and applauded.



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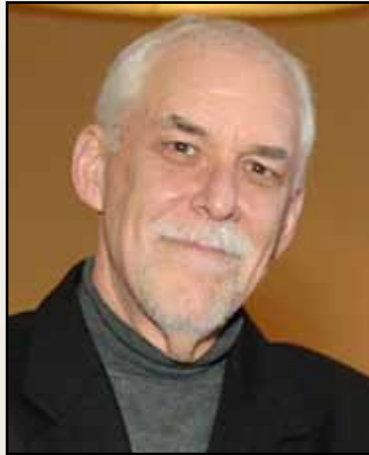
KEEP THE PUSH FOR CHANGE GOING

Two recent studies call attention to the type of work that the Medical Society is currently engaged in locally from a community and environmental health perspective. The first study is a report published in the *Annals of Internal Medicine* by Deborah Levine an assistant professor at Rhode Island Providence College. This report focused on President William Howard Taft (who was also a US Chief Justice) and his struggles to reduce his weight.

The study focused on the relationship between Taft and his physician, who corresponded with him on a weekly basis. This report reviewed the president's yo-yo weight gain and weight loss, as well as his food diaries and daily weigh-ins. The report chronicles his struggles with weight loss, as well as the symptoms which caused him to pursue it. At one point, in his first year working with this diet expert, Dr. Nathaniel Yorke-Davies, Taft lost 59 pounds and promptly regained it. He did not successfully lose significant amounts of weight until after he left the White House. The diet which was recommended to Taft via this long-distance relationship was very similar to the Atkins diet. Not surprisingly, it notes that the president did cheat in this process, but the constant encouragement by his physician helped

In essence this report demonstrates that some of the most basic doctor-patient relationship communication tools such as tracking weight, food diaries, and constant reminders and contact are of value, and should still be used.

Modern Healthcare, on Oct. 21, published a fascinating interview with Dr. Michael Marmot, Director of the Institute for Health Equity at University College in London and past president of the British Medical Association. Dr. Marmot has completed a set of studies entitled Whitehall Studies of British Civil Servants. Its



Peter Levine, MPH

findings validate the effects that we are making in this community relating to factors regarding health.

The Whitehall studies looked at cardiovascular and respiratory disease in employed people. The major finding was that the social gradient in health is real. People at the top had lower mortality than people at each progressive stage down the social-gradient ladder. And each stage of the ladder was healthier than the ladder step below it. Bottom line, to reduce health inequities one has to work not only on poor health of the poor, but on society, to reduce inequities and thus improve

health.

The AMA is using Dr. Marmot's research to press for improvements in Type 2 diabetes and cardiovascular disease in the United States.

Dr. Marmot communicates extensively in the study about the importance of dealing with the causes of causes. So when you look at something like obesity you have to look at social factors such as, is the person living in a deprived neighborhood where there is a greater density of fast food restaurants. Fast food restaurants are a great way to put on weight. People need fresh fruits and vegetables. They need proper housing. They need all sorts of environmentally sound factors to improve outcomes relating to diabetes and cardiovascular disease.

He describes a program called The Self-Employed Women's Association in one of the sub-states of India. There, some of the poorest women in India have had their lives transformed. The agents of change are the establishment of childcare centers by the Association, establishing the right of these women to sell vegetables on the street, by providing health care, by providing insurance, by providing pensions, by negotiating loans to upgrade the slums. Their lives of been dramatically improved with no outside resources at all, other than



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Genesee County Medical Society
General Membership Meeting

February 6, 2014

A Town Hall Meeting on

HUMAN TRAFFICKING: What a Doctor Needs to Know!!!

Human trafficking is a serious public health threat and a major human rights issue.

Genesee County is not immune to it, nor is the rest of Michigan. This will augment the November session, but if you did not come in November, you will want to attend this session as an introduction. Human trafficking will be broached from legal, medical and social perspectives. Reserve ASAP. The November session had 170 in attendance.

SPEAKERS:

Andy Soper is an advocate for some of the most vulnerable people in the world. After working for 10 years with severely traumatized youth, he founded the first shelter in Michigan for minor Human Trafficking victims. He works with multiple projects around the world to protect children. David Leyton, Genesee County Prosecuting Attorney will be providing an overview on Human Trafficking and its impact in Genesee County.

Prosecutor Leyton and Mr. Soper both serve on the Attorney General Commission on Human Trafficking.

LOCATION:

Flint Golf Club, 3100 Lakewood Dr, Flint, MI 48507

Reservations required by January 30, 2014

COST:

\$35 GCMS Members, Spouses and their Practice Managers and their guests
\$25 Residents and Students
\$50 Non-Member and Non-Member Practice Managers

All physicians, spouses, and family members of GCMS and GCMISA and other interested professionals are invited. Please invite your friends and colleagues from the Dental and Osteopathic Societies, and the medical staff at Owosso Memorial and Lapeer Regional Medical Center.

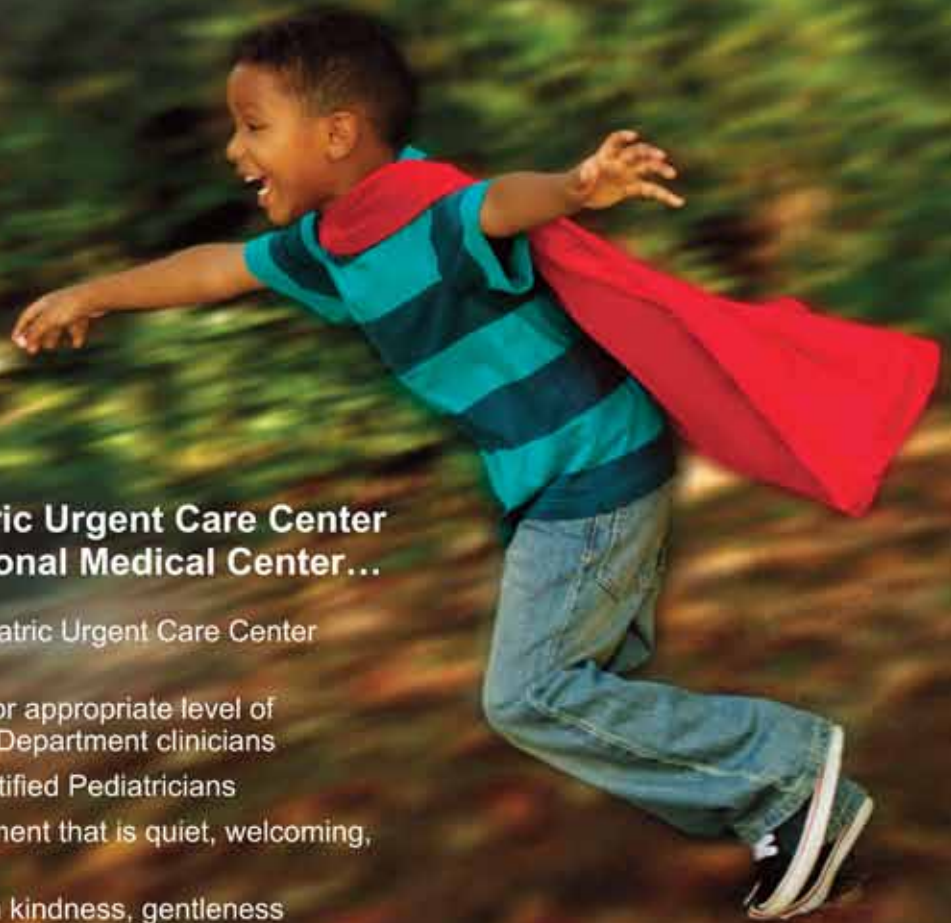
6 p.m. Registration & Social Hour
6:30 p.m. Dinner
7 p.m. Meeting
7:15 p.m. Presentations

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 1980 Richard McMurray, MD
 1981 F.V. Wade, MD
 1982 Richard Dykewicz, MD
 1983 Edwin Gullekson, MD
 1984 George Greidinger, MD
 1985 Robert James, Jr., MD
 1986 Willys Mueller, Jr., MD
 1987 Charles Thompson, MD
 1988 Archibald Piper, MD
 1989 Jack Tauscher, MD
 1990 Siavosh Varjavandi, MD
 1991 Cathy Blight, MD
 1992 Virgil Villarreal, MD
 1993 Robert Soderstrom, MD
 1994 AppaRao Mukkamala, MD
 1995 Robert Rosenbaum, MD
 1996 Samuel R. Dismond, Jr., MD
 1997 Kenneth Jordan, MD
 1998 Ali Esfahani, MD
 1999 Cyrus Farrehi, MD
 2000 Michael Boucree, MD
 2001 Abd Alghanem, MD
 2002-03 Peter Thoms, MD
 2004-05 Lawrence Reynolds, MD
 2006 Prasad Kommareddi, MD
 2007 Hesham Gayar, MD
 2008 Suresh Anne, MD
 2009 John Waters, MD
 2010 Venkat Rao, MD
 2011 S. Bobby Mukkamala, MD
 2012 Laura Carravallah, MD
 2013 Raymond Rudoni, MD

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 1967 J.E. Leach, MD
 1976 C.J. Scavarda, MD
 1984 C.B. Kimbrough, MD
 1985 S.S. Gorne, MD
 1986 E.V. Golden, MD
 1990 A.L. Tuuri, MD
 1991 R. Ormond, MD
 1995 R.C. Gumpfer, MD
 1996 J.R. Price, MD
 2002 John Reid, MD
 2003 Kalyani Misra, MD
 2004 Sudarsan Misra
 2011 Billie Lewis, MD
 2013 Amitabha Banerjee, MD

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 1991 William Dwer, MD
 1993 Melvyn Wolf, MD
 1994 John McGrae, MD
 1995 R. Roderic Abbott, MD
 1996 Burt Parliament, MD
 1997 Rudolf Goetz, MD
 1998 Paul Schroeder, MD
 1999 Paul Carr, Sr., MD
 2000 Marigowda Nagaraju, MD
 2001 Kalyani Misra, MD
 2002 Eyassu Habte-Gabr
 2004 Peter Levine, MPH
 2004 Parul Sud, MD
 2005 AppaRao Mukkamala, MD
 2006 GCMS Alliance
 2007 Samuel Dismond, Jr., MD
 2008 Maurice Chapin, MD
 2009 Edwin Gullekson, MD
 2010 Norman Carter, MD
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 1997 Vivian Lewis, MD
 1998 Allen F. Turcke, MD
 1999 S. Harry Nassar, MD
 2000 Peter Thoms, MD
 2001 Mary Lou Mathias
 2002 Lawrence Reynolds, MD
 2003 John Reid, MD
 2004 Qazi Azher, MD
 2005 Clifford Cox, MD
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 2006 Sukamal Saha, MD
 2007 Jeanette Rivera
 Abdelmajid Jondy, MD
 2008 Cathy O. Blight, MD
 2009 Sumathi Mukkamala, MD
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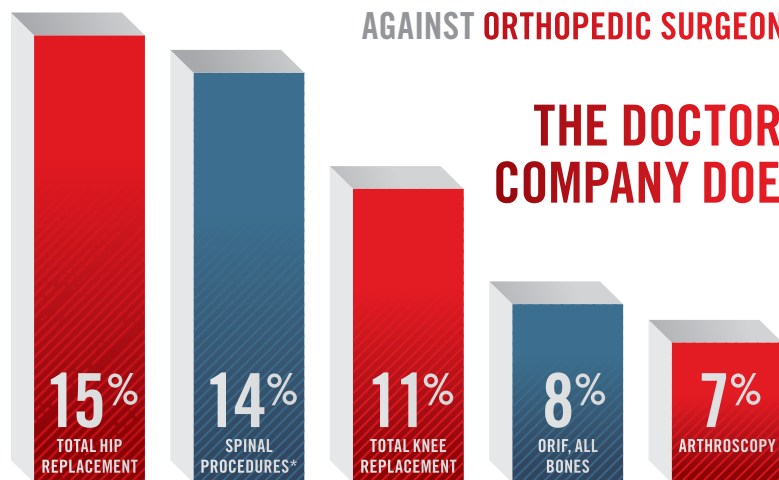
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MSMS IMG SECTION ADDRESSED J-1 VISA, CONRAD 30, GME ISSUES

The MSMS IMG Governing Council met in Brighton on Dec. 5 with MSMS staff to discuss an array of legislative and regulatory issues, specifically dealing with the J-1 Visa Program, CONRAD 30 issues, and GME funding. Additionally, the MSMS IMG Section will be working very closely with Governor Snyder's administration on several pressing immigration issues in 2014. Governing Council members attending included Doctors Mouhanad Hammami, chair, and Peter Baumann, from Wayne County; Allen C.D. Brown, MD, from Washtenaw County; and Doctors Mona Hardas, Rima Jibaly, and Ed Christy from Genesee County. A program for all MSMS IMG members regarding J-1 Visas is being planned for late January. For more information about the MSMS IMG Section contact staff David Fox at 517-336-5731 or dkfox@msms.org.



Mona Hardas, MD



Ed Christy, MD



Rima Jibaly, MD

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Service Learning Reflection Essay



By Minal Patel

Throughout my life volunteering has been a joy as well as an outlet, over the past few years while in medical school it has taken on a whole new meaning. After moving to Flint, something about working with the Genesee County Free Clinic and the Genesee County Medical Society in this particular community has been especially meaningful for me. I learned a lot about myself and the people around me, and time somehow went by faster and I felt more productive and lighter than I had in a long time.

During my experience at the Free Clinic I had the opportunity to work with a young professional who recently lost his job, and went from having a successful career and living in a big city to moving back home and losing his health insurance. I have had many other patients in the Free Clinic, but what particularly stood out about this patient was how his story hit so close to home for me. I have friends who have been in this exact same situation recently, and if I had been working in my area I might well be seeing one of them in my clinic. It made me realize that this could happen to me, my family or my friends with a few twists of fate and that the population I serve is not so far removed from my own experience. I also realized that with enough of these barriers to surmount, someone I know could end up trapped in this situation. It was the first time I was directly witness to a dramatic turn of events in a young

person's life that plucked them out from one path in life and planted them firmly into another. I appreciated this patient's sense of perspective and humor, and learned that we are not far removed from the patients we serve in all spheres of life despite external differences. I respected this person very much for his resilience and positive attitude despite his financial and health issues, and learned much from this patient.

This patient and a few others were also not aware of the option to enroll in federal programs and interim health insurance options to address their health issues. In the current economic crisis, there are thousands of young adults in this exact situation who are not aware of other interim health insurance options and I want to try and increase awareness of these programs within our local community after my experience at the Free Clinic. To that end I made a presentation to some of the house staff about free services available for cancer patients who have no insurance, and hope to write an article in the mLive Flint Journal to increase awareness of available resources. It is through my experience at the Genesee County Free Clinic and Carefree Clinic that I discovered an interest in increasing awareness of health resources and connecting patients to these resources.

After these experiences I was motivated to join the Community and Environmental Health Committee of the Genesee County Medical Society, where I worked

with a group of physicians who were interested in representing and serving their local community here in Flint. I was motivated to spearhead an antismoking program with a local pathologist, Dr. Qazi Azher, who was kind enough to volunteer his time to educate elementary school age children on the consequences of smoking. We utilized some of the community health issues important to our population to help draft propositions that were ultimately presented at the MSMS House of Delegates by this dedicated group of physicians and I started to understand how I can get involved in health policy. I have had many experiences throughout medical school, including the Buddy Program, mentoring undergraduates and younger medical students, giving antismoking lectures at elementary schools, participating in the Wellness Task Force at Hurley Medical Center and the Community/Environmental Health Committee in the Genesee County Medical Society, and working at the Free Clinic, but it is my last two experiences that have especially stood out and expanded me both as a medical student and a human being. I have learned much from the example of the physicians and patients around me, and am lucky to have had great teachers and examples who are helping to shape the physician I will one day become.

GCMS LOSES TWO LONGTIME MEMBERS

DR. GEORGE TUMANENG

On November 24, Dr. George Tumaneng, longtime member of the Genesee County Medical Society, passed away at his home. Dr. Tumaneng was born February 22, 1941 and was married to his wife, Myrna, in June of 1970. Dr. Tumaneng graduated with his doctorate in medicine from Far Eastern University College of Medicine in Manila. He performed his internship at Swedish Covenant Hospital in Chicago. His residency was performed at St. Joseph Hospital in Flint Michigan. His family practice was established immediately upon completion of his residency and he served in it for 41 years.



DR. JOHN LUSK

Dr. John Lusk, longtime member of the Genesee County Medical Society, passed away on November 17, 2013. He practiced medicine in Davison for 35 years. He received his M.D. degree from the University of Western Ontario in London Ontario. He was married to his wife, Ruth, in 1950. Dr. Lusk interned at Wayne County General Hospital and served in the Air Force as a First Lieutenant. He performed his internal medicine residency at Garden City Hospital. He served as the president of the Michigan Society of Internal Medicine and served on the staff at both Hurley Medical Center and St. Joseph Hospital. He served as an adjunct faculty member for Michigan State University College of Medicine.



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

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MSMS President, Dr. Kenneth Elmassian,
speaks to Hurley Medical Staff on the
Affordable Care Act at the Hurley Medical Staff
meeting held at Flint Golf Club on
December 11, 2013

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2014 Predictions From Healthcare Michigan:



Peter Levine,
MPH Executive Director,
Genesee County Medical Society

2014 will be a year of change. The ACA will guarantee that. The real question is whether the political gridlock at the federal level and in this state will ease or not. The Tea Party has lost some of its luster and thus some of its control over a subset of legislators. Hopefully this will allow leaders of both parties to see beyond just getting reelected and work together to develop reasonable public policy for a change.

There is scant room for error if health care is to remain the growth field that it is now. Our population is aging. People want to be healthy but need to be responsible for their own health. Our resources are finite. Our technology is magnificent. Many of our best and brightest become physicians. 2014 will be the year when a generation of young people will decide whether they will participate in health care for their passion in life, or whether they will go another way. Elected officials can make decisions which enhance the health of our population, or they can make politically expedient decisions which fly in the face of quality and good fiscal sense. I wish us all luck.



Daniel J. Loepp,
President and CEO,
Blue Cross Blue Shield of Michigan

The next year will see a continued shift in how hospitals and physician organizations are reimbursed. There will be greater emphasis on delivering value, as defined by better patient outcomes and

greater efficiency, and less emphasis on the volume of services provided. Hospitals will face more accountability, but payers can meet them halfway by helping them establish new systems to improve the coordination of patient care. It's a major change that must be handled carefully and incrementally, but hospitals that successfully make the transition will ultimately benefit the entire community and position themselves for future success.

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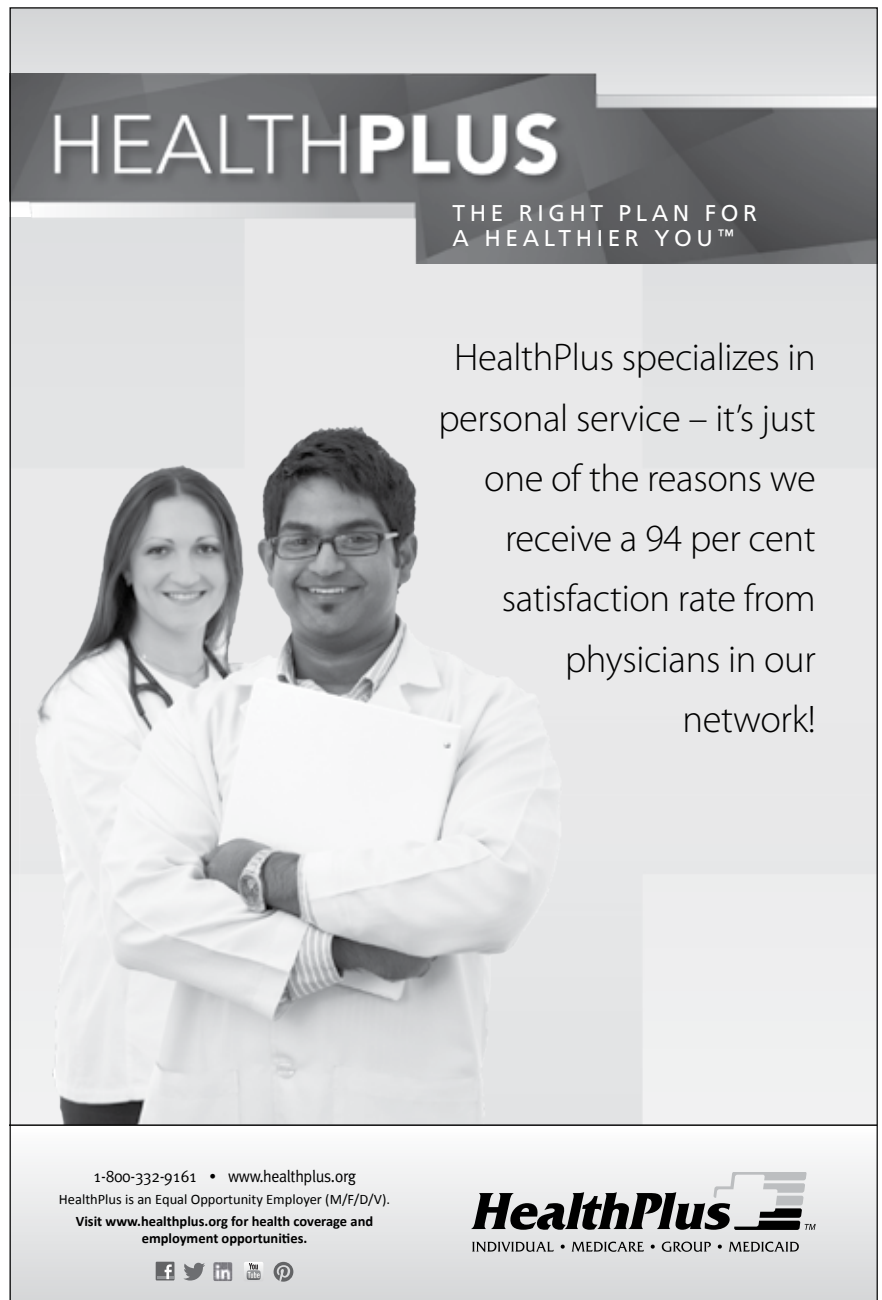
**Nancy Schlichting, CEO,
Henry Ford Health System**

I predict in 2014 when the healthcare exchanges become fully operational and Medicaid is expanded, the reaction to Obamacare will soften significantly. Many Americans will be very pleased with their access to quality healthcare, and grateful for the comprehensive health benefits available to them. I also predict that healthcare providers will consolidate more rapidly, and create new strategic relationships to drive improvements in cost and quality. My hope for the New Year is that governmental decision makers will continue to value the critical role that safety net providers and teaching hospitals play in the current healthcare landscape. Uncompensated care will continue even with declines in uninsured patients due to the payment levels for Medicaid, and growing bad debt relating to increased co-pays and deductibles. Medical education is a real cost for hospitals and requires financial support to ensure the training of quality physicians for the future.



**Gene Michalski,
President & CEO, Beaumont Health System**

There's no question that the health care landscape will continue to change in Michigan and across the country. But some things are certain – such as the need for higher quality, lower cost, well-coordinated, efficient care. With rising consumerism in health care, patients will be shopping for this high-value care. The health systems, physicians and health plans that can deliver on it will be the winners in the new world of health reform.



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Genesee County Medical Society
General Membership Meeting

February 6, 2014

A Town Hall Meeting on

HUMAN TRAFFICKING: What a Doctor Needs to Know!!!

Reservations required by January 30, 2014

Human trafficking is a serious public health threat and a major human rights issue.

Genesee County is not immune to it, nor is the rest of Michigan. This will augment the November session, but if you did not come in November, you will want to attend this session as an introduction. Human trafficking will be broached from legal, medical and social perspectives. Reserve ASAP. The November session had 170 in attendance.

SPEAKERS:

Andy Soper is an advocate for some of the most vulnerable people in the world. After working for 10 years with severely traumatized youth, he founded the first shelter in Michigan for minor Human Trafficking victims. He works with multiple projects around the world to protect children. David Leyton, Genesee County Prosecuting Attorney will be providing an overview on Human Trafficking and its impact in Genesee County.

Prosecutor Leyton and Mr. Soper both serve on the Attorney General Commission on Human Trafficking.

LOCATION:

Flint Golf Club, 3100 Lakewood Dr, Flint, MI 48507

COST:

\$35 GCMS Members, Spouses and their Practice Managers and their guests
\$25 Residents and Students
\$50 Non-Member and Non-Member Practice Managers

All physicians, spouses, and family members of GCMS and GCMSA and other interested professionals are invited. Please invite your friends and colleagues from the Dental and Osteopathic Societies, and the medical staff at Owosso Memorial and Lapeer Regional Medical Center.

6 p.m. Registration & Social Hour
6:30 p.m. Dinner
7 p.m. Meeting
7:15 p.m. Presentations

Please mail check with reservations to:
Genesee County Medical Society
4438 Oak Bridge Dr., Ste. B
Flint, MI 48532



Email or call Sherry at ssmith@gcms.org or
810-733-9923 for reservations or for more information.

Announcement

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MEANINGFUL USE DEADLINE PUSHED BACK ONE YEAR

The CMS recently announced that providers will have one year more to show that they have met stage two criteria for meaningful use of electronic medical records.

Stage two will be extended through 2016, and stage III will not commence until fiscal year 2017 for physicians and other eligible professionals.

Stage III requirements will be released in the fall of 2014.

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or memory
to the
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please contact
Peter Levine,
GCMS Executive Director,
at 810-733-9925 or
plevine@gcms.org.

Act Now to Avoid Penalties in 2015

As with many of the incentive programs administered by the Centers for Medicare and Medicaid Services (CMS), the Physician Quality Reporting System (PQRS) began as a voluntary program. The “carrot” was enhanced Medicare Part B Fee-for-Service payments for physicians and other eligible professionals (EPs) who participated successfully in this quality reporting program. While the “carrot” is scheduled to be phased out after 2014, the “stick” will be in full swing beginning in 2015. However, the determination of whether to negatively adjust your Medicare reimbursement in 2015 will be based on whether or not you successfully participate in PQRS in 2013. Physicians and other EPs who elect not to participate or are not successful in participating in 2013 will receive a 1.5% payment penalty in 2015. The penalty will increase to 2% in 2016 and thereafter.

If you haven’t been participating in PQRS, don’t panic. There is still time to act to avoid the adjustment in 2013. The easiest way to avoid the 1.5% penalty, which will apply to your 2015 Part B PFS Medicare reimbursements, is to report at least **one** PQRS measure on a Medicare claim during 2013. There are

Program Years	Incentive Amount	Penalty Amount
2007 & 2008	1.5%	None
2009 & 2010	2.0%	None
2011	1.0%	None
2012-2014	0.5%	None
2015	None	1.5% (based on 2013 reporting year)
2016 and beyond	None	2.0% (for 2016 based on 2014 reporting year)

over 200 PQRS measures from which to choose. While many of the measures may be more applicable to certain specialties, there are several that are more universally applicable. One example is the Medication Management measure (PQRS #130) which reports that the current medication list of patients over the age of 18 has been documented in the patient’s medical record.

At this time, the only other option for avoiding the penalty in 2015 is to earn the 0.5% incentive for 2013. Because the deadline is fast approaching, physicians and other eligible professionals who want to choose this option will need to

choose either the registry or electronic health record (EHR)-based reporting mechanism. For a list of registry and EHR vendors **qualified to submit PQRS data** and other helpful information, visit the PQRS website (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>).

MSMS will be offering complimentary webinars in partnership with Docright about how to use a registry to earn the incentive and avoid the penalty for 2013. Look for the dates in the near future. For questions or assistance with PQRS reporting, contact the CMS QualityNet Help Desk at (866) 288-8912 or Stacey Hettiger with MSMS at (517) 336-5766 or shettiger@msms.org.

YOUR \$\$\$ AT WORK

- S** GCMS held a session for healthcare professionals on human trafficking
- S** GCMS worked with MSMS and AMA on SGR fix
- S** GCMS worked with MSMS in opposition to scope of practice expansion legislation
- S** GCMS began an aggressive membership recruitment and retention campaign
- S** GCMS worked with residency programs to integrate residents into the community
- S** GCMS leaders pushed action on J-1 visas and GME at MSMS IMG Section meeting

PHYSICIANS NEEDED AT THE EMERGENCY MEDICAL CENTER OF FLINT

Various shifts are available for part-time.

Full time may be an opportunity as well.

Must be willing to do minor stitches, infants & children, splinting,
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This is a classic urgent care, much like family practice.

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

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Abdelmajid Jondy	1	Patrick Chang	11	Samir Elian	22
Mousa Mohamed	1	Jagdish Bhagat	12	Frederick Sherrin	23
Nathaniel Narten	1	Syed Ahmed	12	Alan Morgan	25
Robert Ormond	1	Epifania Aranas	13	Roderick Smith	25
Elmahdi Saeed1		Ramesh Chheda	13	Cyrus Farrehi	26
Khalid Ahmed	1	Philip Hardy	13	Paul Karr, Jr.	26
Mohamad Alasbahi	1	Samuel Dismond Jr	14	Joseph Luna	27
Vuong Duthinh	1	Balvant Ganatra	14	Rodolfo Uy Ham	27
Faisa Mawri	2	Ajay Srivastava	14	Jagdish Mirchandani	27
Jason Evans	3	Nil Barua	15	Eranio Malto	28
Martin Lapa	3	Boleslaw Pietruszka	15	George Politis	28
Leena Jindal	4	Gary Roome	15	Geeta Rode	28
Cathy Chen	5	J R Pandyan	16	Ghanem Almounajed	29
Manjit Grewal	5	Josetta Tharippeal	16	Joel Beene	29
Mark Mattingly	6	Brad Sweda	17	Ronald Coriasso	29
William Melton	6	Joyce Stevens	17	Nancy Kursik	29
Atif Abdalla	8	Mohammad Mozayen	19	Parul Sud	29
Vickie Mello	9	Silvia Gomez-Seoane	19	Joseph Armovit	30
Celso Samaniego	9	Joel Kimelman	19	Ahmad Kaddurah	30
George Greidinger	10	Heedong Park	20	Daniel Zelko	31

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PHYSICIANS NEEDED

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

Check Out Our Website
www.gcms.org

GCMS MEETINGS

– **JANUARY 2014** –

Bulletin Committee - Recessed

1/6 - Legislative Liaison Committee

8 am, GCMS Office

1/20 - Membership Committee

Noon, GCMS Office

1/22 - Community & Environmental

Health Committee

Noon, GCMS Office

1/23 - Practice Managers

8 am, GCMS Office

1/28 - Finance Committee

5:15 pm, GCMS Office

1/28 - Board of Directors

6 pm, GCMS Office

2/6 - Dinner Business Meeting

5:30 pm, Flint Golf Club



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**State and County Medical Society
Membership Application**

**GENESEE COUNTY
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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 _____
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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!