

# THE Bulletin

June 2018 Volume 95, Number 6

Town Hall on "Suboxone and Opioid Issues for Physicians and Health Care Professionals"

MSMS House of Delegates Update

MSMS & GCMS represents ALL physicians - Part 1 Update on Relevant Policy Positions

Quick Reference Referral Guide for Substance Use Treatment

GCMS Statement to the Community on Lead Poisoning

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# THE Bulletin

*Read by 96% of GCMS members.*

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### Our Vision

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

### Our Mission

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

### PLEASE NOTE

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

### THE BULLETIN

Published by the Genesee County Medical Society Publication Office

4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532

Phone (810) 733-9923 Fax (810) 230-3737

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

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

## Life Lessons

The irony of a problem that my wife and I are troubled with isn't lost on me, but despite this, I am not at all that surprised we have it. What I'm referring to is finding excessive mold in the our home. This discovery explains my wife and son's multiple symptoms. They both have been ill and have felt much worse in the home. Because of the correlation, we suspected mold was the culprit and subsequently uncovered the unwelcome growth in our walls. We knew then what we had to do: remediate.

Mold is one of the most frequently encountered health problems that occupants suffer within their homes. If left unchecked it can create significant disease. The thought of abundant mold growth in a home (or workplace) strikes fear into the building owner as the correction is often a challenging one to correct. It is expensive and usually not covered by insurances. The occupant's health suffers when exposed to large concentrations or toxin containing molds (such as *Aspergillus*, *Penicillium*, *Chaetomium*, or the feared black mold, *Stachybotrys*).

About three years ago our 17-year-old home was found to have a significant problem with mold in the master bedroom exterior wall. It was causing Lisa, daily nausea, significant morning sinus drainage, impaired thought and headaches until until we found the culprit and remediation removed it. Remediation is a laborious process requiring deconstructing a part of your home to clean and or replace walls or flooring to eliminate the mold.

We were happy thinking we were done with it. Unfortunately, it wasn't done with us. This past month we discovered it again. The same symptoms had returned to Lisa when she was in the kitchen area. My son developed significant sinus drainage and cough. With a little investigation we discovered the dining room bay window walls contained what we feared. It seems this time the large Bay windows were leaking water into the home. We are presently



*Gerald D. Natzke,  
DO, FAAEM, DIBEM*

going through the process again. Despite the emotional and financial pains of remediation, it is the only reasonable option to pursue when it causes symptoms or disease to the occupants of the home. A significant amount of work, patience and financial burden accompanies the remedy to this situation.

This I share with everyone, in a personal way, to highlight the significance of a major disease-causing entity in medicine that is difficult to recognize and often poorly understood. As I do a lot of medical expert work and depositions regarding mold allergy, infections and toxicity, I've learned that the judicial system is also beginning to get its feet wet regarding the significance and prevalence of mold. Statistics reveal that its a common problem to have. Fifty to 70% of homes and 85% of commercial buildings have excessive mold according to the Berkeley Lab Indoor Air Quality Scientific Resource Bank. The US Department of Housing and Urban Development believes it is somewhere closer to 40%. Either way, this involves millions of buildings throughout the country affecting millions of people. Now it too, for a second time, includes our home and family.

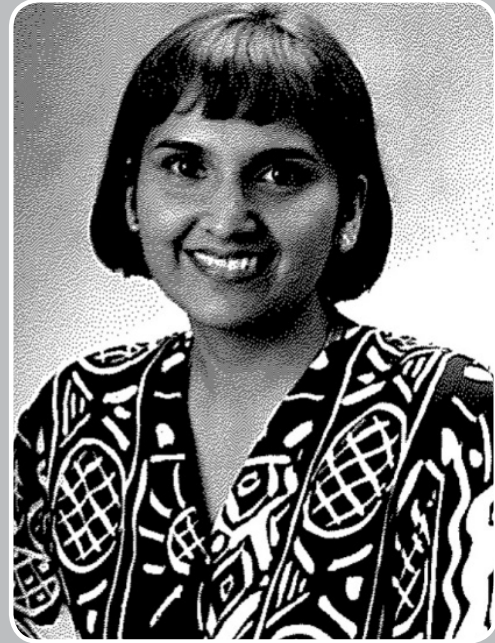
Mold can create allergy, infection or toxicity (or all three) making for a myriad of symptoms/disease that might appear with a patient in the examining room of your office. They include but are not limited to asthma, COPD, chronic sinusitis, rhinitis, fatigue, fibromyalgia, gastrointestinal disease, immunologic deficiencies, frequent infections, including pulmonary aspergillosis, neurotoxicity, and other chronic neurologic manifestations, autoimmunity and hypersensitivity pneumonitis. Basically, it involves many organ systems and can, when a patient has multiple complaints, sound like a "functional" illness. At the risk of sounding obvious, given the amount of harm it can create, illness secondary to mold exposures should be frequently added to one's differential diagnosis.

A certified professional examined our wall mold problem. After multiple visits and some clever detective work, he discovered that there were holes in the window frames. The wood had, with time and wear, decayed and funneled water in. The whole set of bay windows, old insulation and dry wall will have to be removed. We're hoping that the sub-floor doesn't have to also be raised at even greater expense. Once repaired there is no doubt in my mind that their symptoms will improve.

A valuable lesson is learned every time we work through some significant challenge and these two experiences with our home have been educational for us. I have spoken to many who have had to confront these same or like situations and it has not only been a benefit to them, but my patients as well.

My wife's symptoms abate when she is out of the home and she is now happy that soon her dining room and kitchen will be safe to enjoy again. Maybe this little vignette will provide some further thought and garner greater understanding about this commonly occurring building/health problem that I hope you and yours never have to endure.

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## Prior Authorization Bigger Problem

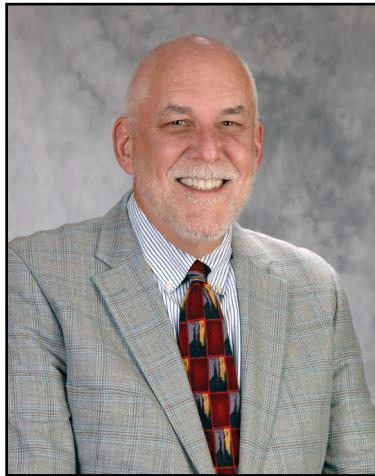
Listen to any physician or practice manager, and they will tell you that prior authorizations take more time, cost more and more, drain more staff resources, and create more intense frustration, than ever before. Our practice managers meetings, held on the fourth Thursday of each month at 8 AM involve intense discussions with third-party payers and health plans. Perhaps nothing frustrates the practice managers more than the exquisitely unique processes for prior authorization that each payer creates.

Prior authorizations are an issue that GCMS and MSMS work on every day. Some problems get sorted out, and some do not. The most frustrating part of this is that the payers tell us that the prior authorizations are as much of a pain in the neck to them as they are to practices, but they continue to demand them, and continue to slide the bar to the left and the right to make sure that physicians practices cannot negotiate the process with any ease.

MSMS recently published in Michigan Medicine, a survey comparing AMA and MSMS data on prior authorization. It should come as no surprise that Michigan physicians experience longer prior authorization response times and concordant frustrations than their peers in other states. The sad part is that these hassles translate into quality issues from the patient's perspective. And rather than getting patients angry at the payer, they get angry at the physician.

According to the MSMS report, nearly 75% of all respondents say that they must wait at least one business day before receiving response to their prior authorization request. 38% report waiting at least three business days. That is compared to 26% on a national level.

From the physician perspective, the prior authorization burden is rated as "high" or "extremely high," by 92% of the respondents in Michigan; on a national level that



*Peter Levine, MPH*

figure is 75%. According to respondents, 94% of the time the prior authorization process causes a delay in necessary care. And finally, 38% of the Michigan respondents say that they have at least one staff member who works exclusively on prior authorizations. That compares to 34% nationally. Imagine how that translates to cost on a national basis. And then figure the cost of including the insurance companies' expenses, and lost wages and productivity for the patients and the companies they work for.

The MSMS story on prior authorizations featured GCMS member Dr. Mary Marshall, President-Elect of the Michigan Academy of Family

Physicians. Those who know Dr. Marshall, can testify that she is a hands-on physician who often attends practice managers meetings. She represents a shining example of how County Medical Societies, the State Medical Society, and specialty societies can work together to create change. Reducing the impact of prior authorization is a major focus of organized medicine Michigan. Keep your eyes open. More is coming!

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## GCMS Practice Manager's Meet With HAP

The April practice managers meeting revolved around a presentation by the Health Alliance Plan (HAP). HAP representatives came to report to what has been done to impact the top issues identified by the practice managers at an earlier Focus Group. The meeting was vibrant. As HAP noted its efforts, the practice managers provided input from the practice standpoint. It was noted that several procedures that have formerly required prior authorization, no longer do. There was input provided to the HAP executives who were present which indicated a need to continue to work towards call center staff accuracy of information. Claims take-backs were discussed in detail as well as other office visit related denials.

One thing the practice managers were very excited about was having a dedicated telephone number for provider inquiry, 866-766-4661.

The HAP staff noted their efforts to improve processes relating to claims edits and to resolve billing and payment issues. Their intent is to shore up the provider claims systems and allow first call resolution. They have also focused on reduction in turnaround time by realigning internal processes and staffing to achieve faster medical and pharmacy prior authorization approval's. They also are striving to improve availability of provider service staff, and to improve timeliness of plan representative callbacks. They now provide access to the fee schedules online. They also reviewed some improvements which are coming in the near future, which will be explained in HAP correspondence.

The monthly GCMS practice managers meetings are useful to member practices which participate. Please feel free to have your staff attend.







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**GREATER FLINT HEALTH COALITION**

**RESOLUTION IN OPPOSITION TO IMPLEMENTING  
WORK REQUIREMENTS FOR MEDICAID  
BENEFICIARIES IN MICHIGAN  
AS PROPOSED IN SENATE BILL 897**

**WHEREAS**, the Greater Flint Health Coalition is a nonprofit Michigan collective impact organization whose mission is to improve the health status of the residents of Genesee County and to improve the quality and cost effectiveness of the health care system in Genesee County;

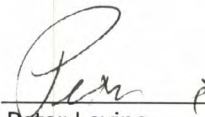
**WHEREAS**, the Greater Flint Health Coalition Board of Directors is composed of representatives and leadership from Flint & Genesee County's hospitals, physicians, healthcare providers, health insurers, business, government, educators and schools, organized labor, and community residents.

**WHEREAS**, Michigan Senate Bill 897, introduced by Senator Mike Shirkey (MI District 16), passed the Senate on April 19, 2018, with a vote of 27-11 and is now under consideration by the Michigan House of Representatives. The bill would require non-exempt adults who are enrolled in either Medicaid or the Healthy Michigan Plan to fulfill work requirements.

**WHEREAS**, Medicaid has never had work requirements since it was implemented in 1965, thus there is no precedent for implementing a work requirements program. Impact analyses conducted suggest a number of negative issues with work requirements in that they are administratively burdensome for both consumers and state offices, they are unnecessary in that most individuals receiving Medicaid coverage already work voluntarily if they are able-bodied, they are unlikely to promote employment or health, and they ultimately create barriers to health care instead of improving access.

**NOW, THEREFORE, IT IS HEREBY RESOLVED**, the Greater Flint Health Coalition Board of Directors opposes Michigan Senate Bill 897 or any modification of this bill that would seek to institute work requirements for Medicaid beneficiaries in Michigan. Work requirements will reduce access to health care services, increase barriers to care especially among the poor and vulnerable, and negatively impact support for positive health outcomes of Michigan residents.

**THIS RESOLUTION** has been adopted effective May 21, 2018.

  
Peter Levine  
Secretary  
Greater Flint Health Coalition

GR-1K1 Resolution.MedicaidWorkRequirements.052118

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# Issues of Serious Concern for Medical Practices!

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



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

**June 28, 2018**  
**Presenter(s):**

**“BCBSM Updates & Feedback”**  
Donna LaGosh, Director of Provider Outreach  
Blue Cross Blue Shield of Michigan

**July 26, 2018**  
**Presenter(s):**

**No Meeting**  
Enjoy your summer!

**August 28, 2018**  
**Presenter(s):**

**“Meridian Health Plan Updates & Feedback”**  
Jacqueline R. Kirejczyk, Director of Network Development  
Kristen Gasieski, Manager Network Development

**September 27, 2018**  
**Presenter(s):**

**“Compliance”**  
Lindsay Anderson,  
Chief Compliance Officer/Applications Administrator  
Jessica Thomas,  
Billing Manager, Regional Medical Imaging

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*Save the date*  
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**2018 GCMS/GCMSA  
President's Ball**

## May Legislative Liaison Committee Meeting

On May 7, the Genesee County Medical Society Legislative Liaison Committee met with representative Tim Sneller as well as Nicole Derusha-Mackey from Representative Pam Faris's office, to discuss several bills and also to discuss MSMS House of Delegates activities.

Josh Richmond, MSMS staff, lead the discussion about pending legislation which impacts physicians and their patients. Substitute House Bill 5787 is a bill which defines sexual assault in a medical setting. It provides for prison sentences for medical personnel who perform any of the enumerated acts. Mr. Richmond noted that this legislation, as well as the statute of limitations legislation which will be described later have been developed in response to the Michigan State related sexual assaults. Michigan State Medical Society supports the legislation which has been heavily revised. MSMS has been involved in crafting the final language, and supports the legislation along with the Michigan Academy of Family Practice.

Substitute for House Bill 5783 deals with the issue of statute of limitations for sexual assault by a medical professional. This legislation raised a lot of concerns. While it has been revised, it creates civil statutes of limitations of 20 years. MSMS is still working on this legislation.

The State Budget has the potential to be passed earlier than in recent memory. The Senate and House versions of the budget are very similar, and should be settled in conference committee relatively easily. Graduate medical education allocations have not been proposed for reduction, for the first time in many years.

Mr. Richmond reviewed the current status of the state opioid legislation which will be implemented over the next few months. MSMS is working on improvements for the bills focusing on establishment of a legitimate doctor-patient relationship before



prescribing. He noted that public health officials are extremely worried about synthetic Fentanyl, which is not something that physician's can prescribe. It was noted that the laws created dissent among some physicians, and it is easier to simply not prescribe anything that shows up on the MAPS reports. This will create access problems, and drive people to street drugs. It was also noted that, at the GCMS Townhall on the opioid issue, the issue was raised repeatedly, that there are insufficient resources to deal with the scope of the problem and Genesee County. Mr. Richmond stated that he didn't believe there would be any major changes to the existing laws this year.

Dr. Blight reviewed the Genesee County activities at the MSMS House of Delegates. Key points are that Drs. Venkat Rao and John Waters were elected as AMA alternate delegates. Dr. S. Bobby Mukkamala announced that he will run for MSMS President Elect in 2019.

Dr Blight reported that the Committee will meet on June 4. During the summer there will be a meeting with Congressman Kildee for a Washington Update. The next meeting after June will take place on October 1.



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# Genesee County Medical Society Dinner Business Meeting Minutes May 3, 2018 Minutes

## **I. Call to Order**

The meeting was called to order at 6:40pm by Gerald Natzke, DO, President, in Flint Golf Club dining room.

## **II. Introduction of Guests**

Dr. Gerald Natzke welcomed over 100 attendees to the Genesee County Medical Society Townhall meeting on Suboxone and Opioid Issues for Physicians and Health Care Professionals.

He introduced the speakers for the evening including: Chris Flores, Vice President for Business Development, Sacred Heart Rehabilitation Center, Dr. S. Bobby Mukkamala, Chair of the MSMS Board of Directors, AMA Board Member, and recently Suboxone certified physician, Dr. Asif Ishaque, GCMS Board Member, Greater Flint Health Coalition Mental Health and Substance Abuse Task Force Member, Dr. Paul Musson a substance-abuse certified physician who specializes in internal medicine and addiction medicine, and Aaron Rubio, a member of the Board of Directors of Families Against Narcotics.

## **III. Review of Minutes from February 1, 2018, Dinner Business Meeting:**

**Motion: that the minutes of February 1, 2018, Dinner Business Meeting is approved as published in the March 2018 issue of The Bulletin. The motion carried.**

## **IV. Announcements**

Dr. Natzke reviewed the topics for the upcoming GCMS Practice Managers Meetings and encouraged attendance. He noted that the sessions are extremely productive and encouraged members to send their staff. The next meeting will be on May 23rd and will focus on Molina Healthcare.

## **V. House of Delegates Update**

Dr. Natzke reviewed the House of Delegates which had taken place on the previous weekend and Dearborn. GCMS had a delegation of 14. It came with 10 resolutions eight of which past and two were referred to the MSMS Board. The GCMS delegation included Drs. Cathy Blight, Laura Carravallah, Pino Colone, John Hebert, Nita Kulkarni, Gerald Natzke, Rama Rao, Venkat Rao, Ed Christy, and Kiran Devisetty. Dr. Rima Jibaly also attended as a delegate from the International Medical Graduate Section, and Rohit Nallani served as a Student Section delegate. Dr. S. Bobby Mukkamala was there as Chair of the MSMS Board of Directors. Dr. John Waters was there as Treasurer of the MSMS Board of Directors. Drs. Venkat Rao and John Waters were elected as AMA alternate delegates. Dr. Mukkamala notified the House that he will be running for President Elect at the 2019 House of Delegates meeting.

## **VI. Public Health Advisory Update**

Pete Levine explained the scan cards that were provided in plastic cases for physicians or practice managers to use to update demographic data for the Public Health Advisory System.

## **VII. Proposed Bylaws Change**

The proposed Constitution and Bylaws changes below were approved by the GCMS Board of Directors on February 27, 2018 and are brought to the General Membership for approval.

**Motion: that the following changes to the GCMS Constitution & Bylaws be approved as presented. The motion carried.**

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”.

# Genesee County Medical Society Dinner Business Meeting Minutes May 3, 2018 Minutes

## VIII Introduction of Speakers

The general business meeting was followed by a fascinating set of presentations. Dr. S. Bobby Mukkamala covered the current and future importance of Suboxone certification. Chris Flores provided an introduction to the opioid crisis specifically to Genesee County. Dr. Asif Ishaque discussed physician specific prescribing data and the MiOpen prescribing tools. Dr. Paul Musson provided an explanation of what to do with chronically dependent patients. Aaron Rubio provided an overview of community resources.

Presentations were followed by a lot of questions.

## IX. Next Meeting

The next general membership meeting will take place on September 6, 2018.

## XI. Adjournment

No further business appearing. The meeting was adjourned at 8:45pm.

Submitted by,  
Peter Levine, MPH  
Executive Director



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## Town Hall on Suboxone and Opioid Issues

The Genesee County Medical Society Townhall meeting on Suboxone and opioid issues for physicians and healthcare professionals was described by several attendees as our best meeting ever.

The Townhall was preceded by a short business meeting in which a House of Delegates update was provided by Dr. Gerald Natzke, president. (A report on the House of Delegates is available elsewhere in this issue of the Bulletin.) The bylaws were changed, removing chiefs of staff from the three hospital systems from the Genesee County Medical Society Board of Directors. In addition, a motion passed to change the constitution and bylaws so that the GCMS Board of Directors serves as a membership committee of the whole.

The Townhall meeting was kicked off with a presentation by Chris Flores, Vice President for Business Development, Sacred Heart Center. Mr. Flores provided an overview of the opioid crisis specifically in Genesee County, which has very high rates of addiction, as well as mortality related to drug abuse.

[\*Click here to download the presentation by Chris Flores\*](#)

Dr. S. Bobby Mukkamala described the process of becoming Suboxone certified. He also talked about the importance of having more physicians become Suboxone certified. It is one tool in the armamentarium of the

physician community and would allow each physician to care for their own addicted patients.

[\*Click here to download the presentation by Dr. Mukkamala\*](#)

Dr. Asif Ishaque discussed the Greater Flint Health Coalitions efforts to develop a communitywide approach to the opioid crisis. He also discussed the physician-specific prescribing data which is available to policymakers, insurance companies, and the law-enforcement community. He also explained the importance of using MAPS. He also explained the MiOpen prescribing tools which provide guidance about the amount of drugs to prescribe by CPT code.

Dr. Paul Musson provided a overview of how to handle a chronically drug-dependent patient. He spoke of the psycho-social, physical, psychological and spiritual components of the care.

[\*Click here to download the presentation by Dr. Musson\*](#)

Finally, Aaron Rubio, from Families Against Narcotics Board of Directors, provided an overview of community resources available to physicians.

The presentations were followed by lengthy discussion. It included descriptions of what some practice and hospitals are doing to control opioid prescribing and provision of related care. There were many questions and a strong sense that much more needs to be done.





# DINNER BUSINESS MEETING REPORT



# GCMS report on MSMS House of Delegates

During the last week of April, a GCMS delegation of 14 (8 delegates, two alternates, two officers, a section chair and a medical student) attended the Michigan State Medical Society House of Delegates in Dearborn.

GCMS came with 10 resolutions, and two candidates for AMA alternate delegate, Dr. Venkat Rao, incumbent, and Dr. John Waters, the new candidate.

8 of 10 resolutions were passed, and two referred to the Board.

The resolved contents of the resolutions are contained in this issue of the Bulletin with their outcomes.

The GCMS delegation included Drs. Cathy Blight, Laura Carravallah, Pino Colone, John Hebert, Nita Kulkarni, Gerald Natzke, Rama Rao, Venkat Rao, Ed Christy, and Kiran Devisetty. All were seated as delegates at various times during the meeting.

Dr. Rima Jibaly attended as a delegate from the International Medical Graduate Section, and Rohit

Nallani served as a Student Section delegate.

Dr. S. Bobby Mukkamala serves as Chair of the Michigan State Medical Society Board of Directors, and Dr. John Waters serves as Treasurer of the Michigan State Medical Society Board of Directors.

Dr. Venkat Rao and Dr. John Waters were elected as AMA Alternate delegates.

Dr. Gerald Natzke served on Reference Committee A Medical Care Delivery. Dr. Pino Colone served on the Reference Committee on Internal Affairs and Constitution & Bylaws. Dr. Laura Carravallah chaired the Public Health Reference Committee. Dr. John Hebert served on Scientific and Education Affairs Reference Committee. Dr. Venkat Rao served on the Reference Committee on Ways and Means, with Dr. John Waters serving a Board Advisor, and Dr. S. Bobby Mukkamala serving as AMA Advisor.

The following resolutions were approved: 27-18 Ensuring Quality Healthcare for Our Veterans, 28-18



# GCMS report on MSMS House of Delegates

School Drinking Water Quality Testing, Monitoring, and Maintenance, 30-18 Repeal Continuous Waiver for School Sex Education Opt Out, 31-18 Promotion of LGBTQ Friendly and Gender Neutral Intake Forms, 32-18 Coverage for Vitamin D Supplementation for Newborns, 33-18 Continued Funding for Vaccinations, 35-18 Concierge Medicine-Based Practices, 36-18 Facilitate Transfer of Third and Fourth Year Student Memberships.

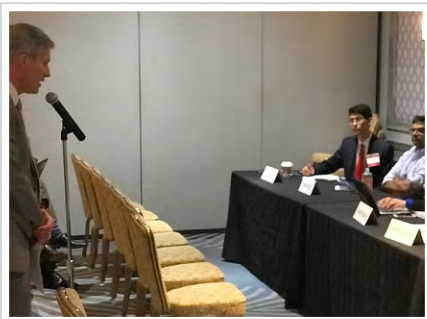
The following two resolutions were referred to the MSMS Board of Directors: 29-18 Routine ACE

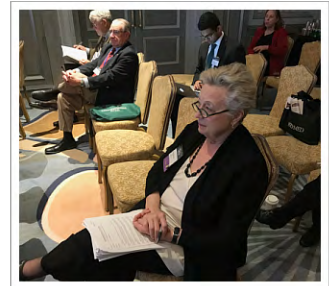
Screening in Pediatric Appointments, 34- 18 Associate Physician Limited License.

Dr. S. Bobby Mukkamala provided a report to the assembled delegates as Chair of the MSMS Board of Directors, synopsizing the year. His report is contained in this issue of the Bulletin.

Sessions were held on pain management, an AMA Town Hall, and MSMS organizational remodeling.

The House of Delegates was also notified that Dr. S. Bobby Mukkamala will be running for President Elect at the 2019 House of Delegates meeting.





# MSMS House of Delegates

## Resolution Final Action Summary

36-18 - Facilitate Transfer of Third and Fourth Year Student Memberships - APPROVED AS AMENDED

RESOLVED: That MSMS establish a mechanism to transfer the memberships of medical students from their medical schools' home county medical society to the county medical society in the community where they will be completing a minimum of one academic year of clinical education.

The Committee supported the intent of the resolution. The amendments are intended to clarify that the transfer should be the choice of the medical student and not by MSMS or the county.



28-18 - School Drinking Water Quality Testing, Monitoring, and Maintenance - APPROVE

RESOLVED: That MSMS engage the State of Michigan to develop comprehensive rules for water testing, flushing, monitoring, and filtration, oversight and remediation for schools and school districts in Michigan; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to pursue updating of the regulation of water in schools consistent with the process outlined for the State of Michigan; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to pursue changes to the federal lead and copper rules, recognizing that there is no safe level of metal contaminants in water.



33-18 - Continued Support for Federal Vaccination Funding - APPROVE

RESOLVED: That 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 31 7 Coalition, to express their continued support for Section 31 7 funding and federal funding for vaccinations; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to release a public statement of support for federal vaccination funding efforts such as Section 31 7, and to advocate to government officials for sustained funding.



35-18 - Concierge Medicine Based Practices - AMEND

RESOLVED: That Michigan Delegation to the American Medical Association (AMA) ask our AMA to actively lobby for revision to the Internal Revenue Service code to allow health savings accounts to be used for concierge medicine and direct primary care.

The Committee agreed with the resolution and included a friendly amendment to include direct primary care.



29-18 - Routine ACE Screening in Pediatric Appointments - REFER

RESOLVED: That MSMS supports screening for adverse childhood experiences in annual pediatric appointments and shall advocate for such screening; and be it further

RESOLVED: That MSMS advocate that screening for adverse childhood experiences (ACE) be implemented in routine pediatric visits and that patients with a high adverse childhood experiences score be referred for subsequent treatment with pediatric mental health specialists and social workers; and be it further

RESOLVED: That MSMS advocate for research studying the impact of adverse childhood experiences screening and treatment on long term health outcomes.

The Committee was supportive of addressing adverse childhood experiences early on. However, there was concern about whether screening would have the desired outcome, especially if the screener did not have the necessary expertise or referral resources. Therefore, the Committee believes it is appropriate to refer the resolution to the MSMS Board of Directors for further study.



# MSMS House of Delegates

## Resolution Final Action Summary

### 32-18 - Coverage for Vitamin D Supplementation for Newborns - AMEND

RESOLVED: That MSMS supports and shall advocate for coverage of vitamin D supplementation for newborns in government sponsored insurance programs.

The Committee amended the resolution by striking the second Resolved statement asking the AMA to seek legislative changes under the Patient Protection and Affordable Care Act. The Committee believed that existing AMA policy is sufficient and disagreed that this should be addressed through the legislative process.



### 27-18 - Ensuring Quality Health Care for Our Veterans - APPROVE

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the Veterans Health Administration and with Congress to develop the necessary resources and requirements to cause the Veterans Health Administration to perform appropriate reviews of applicant and employed physicians and other health care 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 the Michigan Delegation to the American Medical Association (AMA) ask our AMA to engage the Veterans Health Administration in dialogue on accreditation practices by the Veterans Health Administration to assure they are similar to those of hospitals, state medical boards, and insurance companies.



### 30-18 - Repeal Continuous Waiver for School Sex Education Opt-Out - APPROVE

RESOLVED: That MSMS supports that parents or guardians who choose to have their children opt out of school sex education be required to submit an opt-out notice each year that their child is to be excused from school sex education; and be it further

RESOLVED: That MSMS lobby the Michigan Legislature for the repeal of Michigan Compiled Law 380.1507a from the Michigan Revised School Code regarding the a "continuing written notice" for opting out of school sex education.



### 31-18 - Promotion of LGBTQ-Friendly and Gender-Neutral Intake Forms - APPROVE

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) ask our AMA to distribute and promote the adoption of the recommendations pertaining to medical documentation and related forms in AMA policy H-315-967, "Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation," to its membership.



### 34-18 - Associate Physician Limited License - REFER

RESOLVED: That MSMS study and report on the potential to assimilate persons granted an Educational Certificate for Foreign Medical Graduates who were unable to match with a graduate medical education program into a new and innovative licensing pathway.

The Committee believed this is an extremely important issue that affects the lives of every medical school graduate who does not match into a residency program. The Committee believes that putting the focus on increased Graduate Medical Education funding to ensure slots for all medical school graduates is an ongoing issue. While we need to bridge the gap between the shortage of physicians and care needed, there is a significant effect on all citizens; therefore, alternative pathways need to be carefully considered.



# Richard W. Prior, MD

Richard Prior, MD, passed away on May 9, in Naples, Florida.

"Doc" Prior was born in 1927 in Saginaw, MI. He grew up in Reese, MI. He graduated from Michigan State College (now MSU), with a degree in Zoology. He received his medical degree in 1951 from the University of Michigan and completed a medical internship at St. Mary's Hospital in Saginaw. He also earned a master's degree in Public Health from Wayne State University. After two years in general practice, Dr. Prior entered the US Army in 1954, where he served as a general physician, anesthesiologist, and paratrooper for two years. Following his military service, Dr. Prior and his wife Carol, settled in Fenton where they raised four children. The couple remained in Fenton during his 32-year career at General Motors Corporation, where; he eventually became GM's Corporate Medical Director. He was a member of several professional organizations. Dr. Prior was an active member of the Fenton Jaycees, Double X club and Rotary. He served briefly as an appointed member of the Fenton Town Council during the 1960s. His principal hobby was as an amateur radio operator. The Prior's have been year-round residents of Naples for the past two years. Dr. Prior is survived by his wife of 67 years, Carol Prior, their four children and nine grandchildren.

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Flint, MI 48504

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Grand Blanc, MI 48439

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168 N. Saginaw St.  
Lapeer, MI 48446



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**May 30, 2018**

**The Genesee County Medical Society statement to the community regarding the term “lead poisoning”:**

The Genesee County Medical Society has reviewed the position taken by the Medical Staff of the Hurley Medical Center regarding the term "lead poisoned". It's very important to recognize there are no strict guidelines that would allow us to state that using the term 'exposed' is different than using the term 'poisoned' in regard to physiologic disruption caused by the toxic metal lead. It is vital to emphasize that there is no safe amount of lead to be ingested by children, pregnant women, or any person daily for 15 months without any risk to health and/or development.

While there are still some who must see organ failure, seizures or altered consciousness to use the word poisoned, many medical and scientific experts along with the CDC have recognized the more subtle effects of lead poisoning and have repeatedly lowered the level of concern from 40 to 5 ug/ml starting in the 1970's. This has happened in part because the methods to measure blood levels have improved as well as the tools to evaluate brain function. Additionally, screening with blood lead levels does not measure the lead storage in other organs such as the brain, heart, kidneys, teeth, and bones. Perhaps more importantly, we have come to recognize that just because something is common, it does not make it acceptable.

Because the literature repeatedly states that there is no safe level of lead we do not feel comfortable declaring a population safe unless all of its members are free of preventable exposure to a known neurotoxin. It is even more egregious that this neurotoxin is present in their tap water.

Our patients should not be exposed to any toxins when that exposure is preventable. As a clarifying analogy, we note that if a manufacturer knowingly produced a product containing lead for human consumption, they would be stopped from doing so. So too, for our government.

*Organized Medicine's Leading Edge*

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*Mission - Leadership, advocacy, and service on behalf of its members and their patients.*

*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.*



The use of averages, as has been cited in the Medical Staff position, does not take into consideration variations in exposure and susceptibility. It also does not consider the cumulative impact from other environmental insults and other longstanding health disparities. Finally, as an environmental justice issue, there is no acceptable reason why any one group of Michigan residents should tolerate a higher level of lead exposure and ingestion than others just because they live in a certain city or service area.

The statement issued from the most recent HMC Medical Staff meeting does not represent the opinion of the Genesee County Medical Society.

We stand by our position regarding water consumption in the City of Flint, a position also held by the Genesee County Health Department and the City of Flint.

Our communications have never used the term "lead poisoned". We believe that physicians, and other health professionals who require the elimination of the term "lead poisoned" when referring to lead exposure resulting from the water crisis may in fact be doing harm. Despite the well-meaning intention of removing the possible stigma due to exposure and ingestion of tainted water, their statement may in fact increase stress levels, anger and distrust among the exposed populations. They may be perceived as denying or dismissing traumatic lived experience. We fear this may seriously damage the doctor-patient relationship, and the community's trust in the medical community in general.

We are encouraged by some of the measures which have been taken to counteract the impact of lead such as avoidance, early childhood programs and the provision of ingesting nutritious foods. We believe that the resilience and strength of the people of Flint, in addition to a significant upgrade of the water infrastructure and other future needed measures will serve to help to reverse the effects of this toxic ingestion of lead and other contaminants in our water. Further, we hope that the problems and potential solutions will help to inform other communities that face similar contamination of a basic human need: Clean Drinking Water.

We look forward to future efforts to work with the people of Flint and physicians of Hurley Medical Center to improve communication to the public that best clarifies their risk in the wake of this environmental health crisis.

---

Respectfully submitted by Gerald R. Natzke, Jr, DO, President  
On behalf of the Genesee County Medical Society

# June 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](#)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
J U N E  2 0 1 8					1 <b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m. <b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm	2
	4 <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>Arthritis Foundation Exercise Program</b> Loose Senior Center 2:00-3:00pm <b>Aqua Fitness</b> U of M-Flint Rec 5:30-6:30 pm	5 <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 Health Clinic 12:00 pm	6 <b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m. <b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am <b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm <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.	7 <b>Enhance Fitness</b> Berston Field House 10:00 a.m. <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am <b>Basic Yoga</b> Insight Health & Fitness center 6:45 p.m.	8 <b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m. <b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm	9
	11 <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>Arthritis Foundation Exercise Program</b> Loose Senior Center 2:00-3:00pm <b>Aqua Fitness</b> U of M-Flint 5:30pm	12 <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 Health Clinic 12:00 pm	13 <b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m. <b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am <b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm <b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm <b>Zumba</b> GAC 5:30 p.m.	14 <b>Enhance Fitness</b> Berston Field House 10:00 a.m. <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am <b>Basic Yoga</b> Insight Health & Fitness center 6:45 p.m.	15 <b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m. <b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm	16

MIC-6C3 June.Fitness.Class.Calendar.052218.TW

# June 2018 Fitness Calendar

FREE! Commit to Fit! Class Schedule

18	<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>Arthritis Foundation Exercise Program</b> Loose Senior Center 2:00-3:00pm</p> <p><b>Aqua Fitness</b> U of M-Flint 5:30pm</p>	19	<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 Health Clinic 12:00 pm</p>	20	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm</p> <p><b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm</p> <p><b>Zumba</b> GAC 5:30 p.m</p>	21	<p><b>Enhance Fitness</b> Berston Field House 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am</p> <p><b>Basic Yoga</b> Insight Health &amp; Fitness center 6:45 p.m.</p>	22	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m</p> <p><b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	23
25	<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>Arthritis Foundation Exercise Program</b> Loose Senior Center 2:00-3:00pm</p> <p><b>Aqua Fitness</b> U of M-Flint 5:30pm</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>Splash Bash</b> U of M-Flint Rec 11:00 am</p> <p><b>Enhance Fitness</b> Hamilton Health Clinic 12:00 pm</p>	27	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm</p> <p><b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm</p> <p><b>Zumba</b> GAC 5:30 p.m</p>	28	<p><b>Enhance Fitness</b> Berston Field House 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am</p> <p><b>Basic Yoga</b> Insight Health &amp; Fitness center 6:45 p.m.</p>	29	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m</p> <p><b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	30

## CLASSIFIEDS

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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.**

# June 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



RECREATION  
CENTER

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

#### TIMES & LOCATIONS:



#### Hasselbring Senior Center

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

#### Flint Farmers' Market- Tuesdays &

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



#### Berston Field House

3300 Saginaw St.  
Flint, MI 48505  
Thursdays, 10:00am

#### Main Clinic

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

#### Genesee County Parks and Rec

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



**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 June.Fitness.Class.Calendar.052218.TW

## GCMS MEETINGS

— June 2018 —

**Legislative Liaison Committee, 6/4**  
8:00am, GCMS Office

**Community & Environmental Health  
Committee, TBD**  
12:30pm, GCMS Office

**2018 Ball Committee, TBD**  
3:30pm, GCMS Office

**Finance Committee, 6/26**  
5:15pm, GCMS Office

**Board of Directors, 6/26**  
6:00pm, GCMS Office

**Practice Managers, 6/28**  
8:00am, GCMS Office

*Did you recognize...*  
**Mona Hardas, MD**



Look for the Answer inside!

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## YOUR \$\$\$ AT WORK

- GCMS held a major meeting on Suboxone and opioid issues for physicians
- GCMS intervened on several occasions with payers in behalf of member practices
- GCMS held practice managers meetings with Molina and Health Alliance Plan (HAP) leadership regarding problems experienced by practices
- GCMS had two members reelected to MSMS Executive Committee posts
- GCMS had two members elected to the MSMS delegation to the AMA
- The GCMS delegation to MSMS House of Delegates had all 10 of its resolutions move forward. 8 were approved, 2 were referred to the MSMS Board.
- GCMS began the process of planning a September Town Hall on the November Elections

## HAPPY BIRTHDAY DOCTOR

JUNE

Anthony Miltich, MD.....	1	Edmund Louvar, MD.....	12
P. C. Shetty, MD.....	1	Shah-Naz Khan, MD.....	12
James Graham, MD.....	1	Marigowda Nagaraju, MD.....	14
Siva Sankaran, MD.....	1	Madhusudana Tummala, MD.....	17
Bala Aysola, MD.....	1	Stephen Morris, MD.....	17
T. Trevor Singh, MD.....	3	Nusrat Javaid, MD.....	18
Sudarsan Misra, MD.....	4	Ambreen Sattar, MD.....	18
Ernesto Duterte, MD.....	4	John Ulrich, DO.....	19
Yazdi Sidhwa, MD.....	4	Fayez Kotob, MD.....	20
My Le Shaw, MD.....	4	Ronald Sparschu, MD.....	21
Brian Bhagat, MD.....	6	John MacKenzie, MD.....	22
Nitin Malhotra, MD.....	6	Ethiraj Raj, MD.....	22
Edilberto Moreno, MD.....	7	Michael Kia, DO.....	25
Ravikumar Peddireddy, MD.....	10	Stacey McEwen, DO.....	25
Tommy Stevens, MD.....	11	Alan Rice, MD.....	26
Raouf Mikhail, MD.....	11	Sasikala Vemuri, MD.....	26
Stephen Burton, MD.....	12	Dale Wilson, MD.....	27
Jitendra Katneni, MD.....	12	Julio Badin, MD.....	28
Sudhir Arumanla, MD.....	12	Molly McConachie, MD.....	30
Sayed Osama, MD.....	12		

A decorative masquerade mask with a gold and red color scheme. The mask features intricate gold scrollwork and a beaded border. It is adorned with large, vibrant red feathers that fan out behind it. A small gold ornament with a red gemstone is attached to the top of the mask.

2018 GCMS/GCMSA  
President's Ball

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

# MSMS & GCMS Working For You

We get asked often, what GCMS or MSMS does for hospital-based and hospital-employed physicians, and why they should join. Below is a compendium of some of the major policy positions held by MSMS which impact hospital/physician relations. These policies are created by resolutions brought by county medical societies, sections of the House or specialty societies. Quite a few of the resolutions which created policy for MSMS were GCMS generated. When adopted by the MSMS House of Delegates the resolutions become policy and drive the MSMS actions (as well as counties). It might surprise some readers to realize the scope of what MSMS and GCMS do. This will be the first in a series of fields of impact of MSMS Policy. If you have questions, please do not hesitate to contact the GCMS Office at 810-733-9923.

## HOSPITAL BOARDS

### **Amending Medical Staff Bylaws**

MSMS will assist medical staffs by providing legal help and support, if determined appropriate by the MSMS Board of Directors, when a hospital board of directors unilaterally changes the medical staff bylaws. (Res27-94A)

### **Physician Representation on Hospital Boards of Trustees**

MSMS supports the principle that all physicians seated on hospital boards of trustees be elected to their position by the hospital medical staff members. (Res51-06A)

### **Physician Representation on Hospital Governing Boards**

MSMS encourages all physicians to participate on their hospital governing boards and/or boards of trustees, and recommends in addition that elected chiefs of staff be voting members of their hospital governing boards. (Res22-93A) – Edited 1998

## HOSPITAL-PHYSICIAN RELATIONS

*(See also: Autopsy; Certification and Maintenance of Certification; Health Care Delivery; Licensure; Medical Liability; Medicare; Peer Review)*

### **Arbitrary Denial or Termination | of Medical Staff Privileges**

MSMS recognizes hospital medical staff bylaws as a contract that affords due process to all members of the medical staff. (Res14-95A)

### **Consolidation of Medical Staff and Departments**

MSMS supports the concept that consolidation of medical staff and departments and associated bylaws and departmental policies and procedures must require the approval of all medical staffs and/or departments so

involved. (Res15-95A)

### **Guidelines – Applications for Hospital Medical Staff Privileges**

MSMS endorses the Guidelines on Applications for Hospital Medical Staff Privileges. (**See Addendum G in website version**) (Prior to 1990)

### **Guidelines for Medical Staff Funds**

1. Participation in such funds shall be voluntary.
2. Control of the use of medical staff funds shall be limited to the physicians who have contributed to the fund.
3. The constitution, bylaws or other governing rules of the fund shall provide that all elections and votes on major decisions by the membership shall be by secret written ballot. (Prior to 1990)

### **Guidelines for Physician-Hospital Relations**

1. Hospital-employed physicians should be included as members of the medical staff and should be subject to its bylaws, rules, and regulations. The following provisions should be included in medical staff bylaws:

“The credentials committee (or other appropriate committee) shall cooperate with the governing board in reviewing the credentials of all physician applicants for employment by the hospital to assure that such employees qualify for regular membership on the medical staff. The procedures followed in processing applications for regular medical staff appointment and for continued staff privileges shall be applicable to and have control over such employed physicians.”

2. The medical staff should include proper safeguards in all appropriate sections of the medical staff bylaws, rules and regulations to make certain that they apply to all physicians serving on the medical staff, including those employed by the hospital.



3. While medical staff bylaws must be approved by the governing board and, for this reason, are considered to be binding on the governing board, it would appear desirable to include a provision in any contracts with physicians, as well as in the medical staff bylaws, to assure the desired result. The following is suggested:

“In accordance with and subject to the procedures of the organized medical staff, Doctor \_\_\_\_\_ is granted and accepts appointment as a member of the medical staff. This Agreement shall terminate automatically if the staff privileges of Doctor \_\_\_\_\_ are revoked upon recommendation of the organized medical staff.”

4. If there is no organized democratic departmental structure which allows for communication and input, the medical staff should establish an advisory committee to counsel and assist the administrator in carrying out his or her responsibilities.

5. Where the employment of a full-time physician to carry out departmental administrative and operational functions is being considered, it is recommended that consideration be given to employing this physician as an administrative assistant to the elected chief with the delegated functions appropriately spelled out in the medical staff or departmental bylaws.

6. Medical staffs in all types of non-federal hospitals should be alert to the potential dangers of governing board dominance over the executive committee and the need for careful bylaw structuring of the executive committee to prevent this.

7. The American Medical Association should firmly oppose the specific proposals of the American College of Hospital Administrators and the Catholic Hospital Association concerning medical staff structure and medical staff-administrator-board relationships. (Note: The Board has concerned itself only with those specific sections of the documents.)

8. It is emphasized that medical staffs should take a firm stand against governing board control of medical staff activities related to patient care.

9. State and local medical societies are urged to supplement AMA's effort to assist and offer support to hospital medical staffs involved in negotiations with governing boards and administrations. (Prior to 1990)

### **Hospital Admissions by Allied Health Professionals**

Only physicians and surgeons with staff privileges may admit patients. Allied health professional services may be available, within limits of skill and law, only under direction and supervision of a member of the medical staff qualified in that field. Such services are to be under direction of the department or section responsible for that type of service. (Prior to 1990)– Edited 1998

### **Hospital Medical Staff Credentialing of Physicians who Provide Electronic and Other Telemedicine Services for Hospital Patients**

MSMS supports the requirement of physicians who provide diagnostic or therapeutic services on a regular, ongoing or contractual basis via electronic or other communications to patients in a hospital setting within Michigan to be fully credentialed by that hospital's medical staff in accordance with the medical staff bylaws.

MSMS supports the requirement of physicians who provide diagnostic or therapeutic services on a regular ongoing or contractual basis to patients in a hospital setting within Michigan solely via electronic or other distant communications (and so would not otherwise ever have any direct personal interaction with the remainder of the medical staff) be credentialed as active members of that hospital's medical staff and be held to the same standards of requisite responsibilities as other active members of the medical staff. (Board Action Report #3, 1997 HOD, re Res29-96A, Res97-96A, & Res98-96A)

### **Medical Doctors and Department Heads of Hospital Staffs**

It is inappropriate for hospital medical departments in acute care general hospitals to be chaired by persons other than licensed physicians or, when appropriate, dentists. (Prior to 1990) – Edited 1998

### **Medical Staff Reappointment**

Reappointment of doctors to the active medical staff should not be denied except for medical ineptitude, character deficiency or conviction of unethical conduct, revocation of license by the state, or violation of the hospital medical staff bylaws that have been approved by the medical staff. (Prior to 1990)

### **Medical Staff Self-rule**

All hospital medical staffs should have the right to formulate and implement their constitution, bylaws, rules and regulations with the understanding that they are subject to the hospital corporate body. (Prior to 1990) – Edited 1998

### **National Practitioner Data Bank**

MSMS supports repeal of the National Practitioner Data Bank. (Res7-90A) – Amended 1993 – Edited 1998

### **Oppose Mandatory “Hospitalist” Care**

MSMS opposes mandatory requirements that a patient’s physician turn over inpatient care to “hospitalists.” (Res15-99A)

### **Physician Rights Regarding Performance-Based Reporting**

MSMS supports a physician's right to prompt notification, review, and comment regarding any complaint made to a hospital pertaining to the physician's professional behavior; that a physician shall be given an adequate opportunity to provide written comment in response to the specific complaint; and that a physician's comments shall be included adjacent to the specific complaint in any hospitalgenerated report.

MSMS supports a fair process of physician collaboration in the development of professional behavior programs or reporting by hospitals. (Res7-14)

### **Qualifications for Chief of Medical Staff**

MSMS encourages medical staffs to include in their bylaws a provision that all physicians be eligible for election to chief of staff unless the physicians serve in a major medical administrative position at the hospital. (Res12-97A)

### **Required Physical Exams of Physicians by Hospitals**

MSMS opposes hospital medical staff policy that mandates all physicians of a particular age undergo physical and neuropsychological exams in order to remain on staff. (Res16-12)

### **Staff Privileges: Commensurate with Training and Skill**

Every ethical licensed physician should have admitting and staff privileges commensurate with their training and skill. (Prior to 1990) – Edited 2016

### **Staff Privileges: Non-Board Certified Physicians**

MSMS supports hospital medical staffs granting privileges to non-board certified physicians. (Res59-01A) – Edited 2016

### **Unfair Competition by Non-profit and Tax-exempt Organizations**

MSMS opposes the unfair privilege of non-profit and tax-exempt organizations providing medical care in competition with the private and taxed physicians providing the same services. (Prior to 1990)



**Genesee County Medical Society**  
**Board of Directors**  
**February 27, 2018 - Minutes**

**I. Call to Order**

The meeting was called to order by Gerald Natzke, DO, President.

Dr. Natzke introduced Dr. Todd Van Heest, candidate for President Elect of the Michigan State Medical Society.

Dr. Van Heest reviewed his qualifications to serve as President Elect.

**II. Review of Minutes**

**Motion: that the minutes of January 23, 2018, Board of Directors meeting be approved as presented. The motion carried.**

**III. Reports**

**A) Community & Environmental Health**

1) Flint Adult Chelation Trial (FACT) Update

Dr. Natzke reported on potential funders of the FACT.

Dr. Natzke also reported that a FACHEP update has been provided showing a correlation between legionella in the switch to the Flint River water supply.

2) City of Flint Technical Advisory Committee Update

The role of GCMS in the City of Flint Technical Advisory Committee was discussed. It was noted that the Genesee County Medical Society has been involved in the Technical Advisory Committee, since its beginning, to provide medical input, even before the lead problem was identified.

3) Request for GCMS to Present to MSMS Public Health Committee

Pete Levine reported that requests have been made to MSMS staff to allow GCMS to present its FACT Study proposal to the MSMS Public Health Committee to seek MSMS support.

**B) Finance**

**Motion: that the budget to actual report for the period ending January 31, 2018, be approved as presented. The motion carried.**

**C) Membership**

Levine reviewed letters sent to 2016, 17, and 18 NPD's. He asked Board members to contact those on the list who they might know. He noted that MSMS staff has been working closely with GCMS staff on recruiting former members and retaining current members.

**D) AMA Update**

Dr. S. Bobby Mukkamala reviewed the key issues at the American Medical Association. He noted that the President has sent out a reaffirmation of the AMA's position to lift the ban on gun violence research at CDC. The AMA is also reaffirmed its policies relating to high-capacity magazines for assault rifles. The AMA also is very active on the opioid issue.

**E) MSMS Update**

Dr. Mukkamala reported that the Michigan State Medical Society is gearing up for the 2018 House of Delegates. The main issues for MSMS at the moment are maintenance of certification and the burden of prior authorization.

**F) House of Delegates**

1. Revised Drafts of GCMS Resolutions

**Motion: that the resolutions is entitled "Concierge Medicine-Based Practices" and "Ensuring Quality Healthcare for Veterans" be approved as amended for submission to the MSMS House of Delegates on behalf of the Genesee County**

**Genesee County Medical Society**  
**Board of Directors**  
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**Medical Society. The motion carried.**

2. Medical Student Draft Resolutions

**Motion: that the that the medical student derived draft resolutions entitled, “Coverage for Vitamin D Supplementation for Newborns”, “Promotion of LGBTQ-Friendly/ Gender-Neutral Intake Forms”, “Removal of Continuous Waiver for School Sex Education Opt-Out”, “Continued Support for Vaccination Funding”, and “Routine ACE Screening in Pediatric Appointments” be approved as amended for submission to MSMS for the House of Delegates on behalf of the Genesee County Medical Society. The motion carried.**

3. New Draft Resolution

a. Associate Physician, Limited License Category

**Motion: that the draft resolution entitled Associate Physician, Limited License Category be approved for submission to the MSMS House of Delegates, on behalf of the Genesee County Medical Society. The motion carried.**

A) Legislative Liaison

Dr. Cathy Blight reported that the February Legislative Liaison Committee meeting was well attended. The Committee received an update on legislative issues from Daniel Farhat, Principal of the Capital Strategies Group. There are currently three scope of practice bills in the legislature, with MSMS

opposing all three. Maintenance of certification is a major issue for MSMS. Legislation has been introduced to make maintenance of certification requirements less odious in the State of Michigan. He noted that some specialties are opposed to changing the use of maintenance of certification by insurance, hospitals, and other entities as primary criteria for empaneling a physician. Mr. Farhat also reviewed several bills which of been introduced to return the auto no-fault system to a full tort system. This will require a lot of attention by MSMS and county medical societies. MSMS is also pushing a bill to make prior authorization less onerous in the State of Michigan. There was also a general discussion of implementation of the opioid legislation which will result in major changes in how medicine is practiced.

B) Greater Flint Health Coalition

1. GFHC Board of Directors

Dr. Lawrence Reynolds reviewed the activities of the Board of Directors. He noted that the State Innovation Model is focusing on patients who go to the emergency room more than five times per month. Richard Baird From the Governor’s Office presented to the Board regarding the state of Flint water.

2. Community Opioid Plan and Analysis of Data

Pete Levine reported, on behalf of Dr. Asif Ishaque, that the Greater Flint Health Coalition is developing a community opioid plan and is

also analyzing prescriber specific prescription pattern data.

C) Other Business

1. Genesee Health Plan Millage Steering Committee

Consensus: that Peter Levine is to serve on the Genesee Health Plan Millage Steering Committee.  
Adjournment

No further business appearing, the meeting was adjourned at 8:00 pm.

Respectfully submitted,

Peter Levine, MPH  
Executive Director

Join  
GCMS/MSMS