



THE Bulletin

OCTOBER 2010 Volume 86 Number 10

An Adriatic Adventure
Come to the Ball October 30
Two Members Remembered
Washington Update

GENESEE COUNTY MEDICAL SOCIETY
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OCTOBER 2010 Volume 86 Number 10

THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Dr. Peter & Cheryl Thoms.

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.

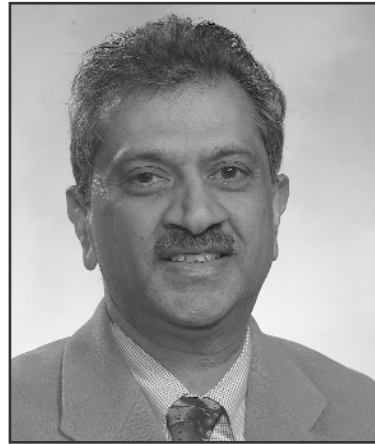
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THE IMPORTANCE OF TORT REFORM AND THE RE-ELECTION OF SUPREME COURT JUSTICE ROBERT YOUNG, JR.

We currently enjoy a relatively stable medical liability climate in the State of Michigan, in comparison to many other states like Pennsylvania and Florida. This is due to our strong tort reforms that were passed in 1986 and 1993. Those reforms provide us with hard fought for protections, such as caps on non-economic damages, and offering an incentive when we attempt to recruit and retain physicians in this state.



Venkat K. Rao, MD

Since their initial passage, trial attorneys have been attempting to eliminate our tort reform through legislative means, or through altering the composition of the Michigan State Supreme Court. They successfully defeated Justice Clifford Taylor in 2008, and are targeting Justice Robert Young, Jr., in the upcoming November elections. If he is defeated, the trial attorneys will have the bullet proof majority they need to have tort reform thrown out. Michigan would befall the same fate as Illinois and Georgia, who also had their tort reform thrown out due to Supreme Court decision. This can only lead to

higher professional liability premiums, and make Michigan a less attractive place to practice. We cannot allow this to happen.

Please join me in doing your part to aid Justice Young in his re-election efforts. I urge you to vote for him on the non-partisan portion of your ballot on November 2nd. I also suggest you encourage your friends and patients to do so as well. You can also assist him by either donating directly to his campaign at www.justicebobyong.com or through the Michigan Doctors' Political Action Committee at www.mdpac.org.

This is a battle we cannot afford to lose, please join with me and do all that you can to make sure that we keep Justice Young on the bench.

This is my last monthly column as your president. I want to thank our staff Marcia Gzym and Pete Levine for their invaluable help. It is indeed a privilege to serve you all.

Important Notice to Our Members!



Beginning with the **November 2010 issue** *the Bulletin* will no longer be delivered to you in printed form. We need your help in collecting your email address so that we can send you a link to *the Bulletin*. It will still have all the same interesting and informative information and will be in color, which we could not do before.

Please send your **email address to mgzym@gcms.org** so you don't miss out on a single issue.

You may also read *the Bulletin* on our website www.gcms.org, if you have a password. To obtain "Members-Only" authorization to our website, please email Marcia at mgzym@gcms.org with a password of your choice. She will email you to let you know that you can enter the "Members-Only" section. Also if you have other changes, such as your residence or practice address, please email Marcia to let her know.



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WHEN THE MUSIC'S OVER, TURN OUT THE LIGHT

Who hears music, feels his solitude peopled at once.
— Robert Browning (1812 - 1889)

The old axiom about learning something new every day seems truer than ever. A friend was describing a veer in her career as a choir director and professional musician into something called music-thanatology. What is music-thanatology? It is a professional field within the broader area of palliative medical care. Music-thanatology unites music and medicine as part of end-of-life care. Prescriptive music, usually expressed by harp and voice, is played at the bedside of the dying person in an attempt to serve the physical, emotional, and spiritual needs of the patient and their family. Integrating music with supportive care is becoming more common in hospice and palliative care settings. There is definitely more to this movement than simply ephemeral new-age trendiness.

Aldous Huxley said, "After silence, that which comes nearest to expressing the inexpressible is music." Most people would agree that music has the ability to reach a deep and non-rational part of the psyche. Music can quiet feelings of grief, anxiety, sadness, and anger and stimulate positive emotions like joy, hope, love, and gratitude. Music has been used for ages to comfort and soothe, think Brahms' Lullaby! Monastic chants in medieval times were employed to bring solace to the sick and dying. Michigan State University was actually the first to offer a college degree in Music Therapy in 1944.

The term thanatology is drawn from the Greek "thanatos"- death. A woman named Therese Schroeder-Sheker coined the terms music thanatology, music vigil, and prescriptive music as she began using music in the care of dying patients in the early 1970s. The Music Thanatology Association International has developed a set of standards for practice within the field along with a formal certification process. Music-thanatologists



Daniel Ryan, MD

perceive their work as compassionate, spiritual, and contemplative. A person near death may be very weak, in an altered state of consciousness, or comatose, and may not have the energy or awareness to respond actively to the music played in their presence. The musician must be tuned into physiologic changes and create sounds that are helpful and not harmful or agitating to the dying person. For this reason, recorded music may not be appropriate as part of a music vigil. The therapist is not trying to control what the patient is experiencing but is there

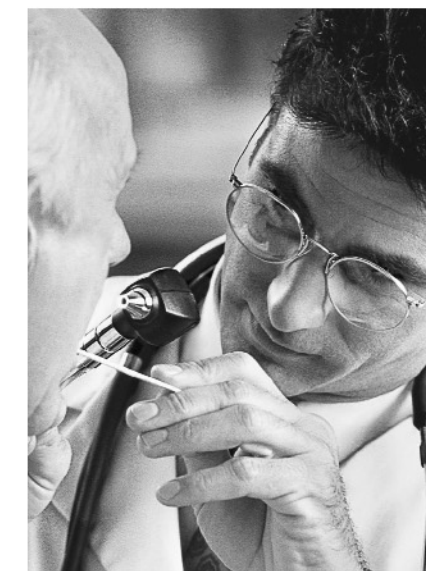
to support and respond to their status at a particular time. They are not there to seek applause for a performance but to aid in the transition/passage of the dying person.

The type of music can vary depending on a persons religious and cultural preferences, the stage of the illness, and input from family members. Naturally, the music tends to be quiet, soothing, and uplifting such as hymns, lullabies, and favorite songs of the patient. As you would assume, heavy metal rock and roll, which is hard to play on the harp, is generally not in the repertoire of a music-thanatologist.

Dealing with issues involving the change from life to death is part of the daily routine of many practicing physicians, and all of us at some time as regards our family, friends, and selves. Hopefully, the evolving trend in traditional Western medicine will be a calm and thoughtful acceptance of death as a natural transitional process. Use of music-thanatology can be another tool in the box of compassionate palliative medical care for those faced with that process. Physicians should be aware of this entity and recommend it under the appropriate circumstances.

ACHIEVEMENT: GETTING YOUR REVENUE CYCLE TO FOLLOW DOCTOR'S ORDERS

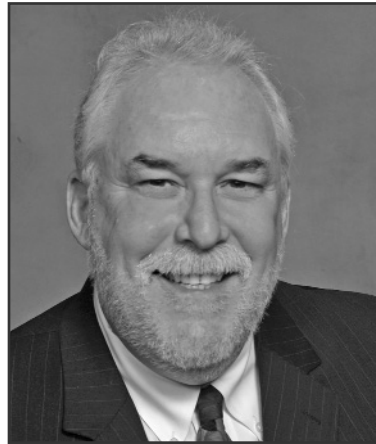
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YOU ARE WELL REPRESENTED! WE NEED YOUR EMAIL ADDRESSES! COME TO THE BALL!

I just returned from a retreat, which is held annually between County Medical Society Executives and the Michigan State Medical Society Executive Leadership. These meetings are highly stimulating. It is such a pleasure to be involved with a group of individuals who are so committed to the needs of the physician community and the patients they serve. Innovation needs to be a constant in Medical Societies in an effort to keep up with key issues, while doing more with less. The MSMS staff is right there leading and encouraging counties in a myriad ways. I know of no other community and no other state where members are getting such value for their dues. It is a source of pride for your staff and physician leaders. The same goes for the leadership of MSMS



Peter Levine, MPH

and that you have a password for the "Members- Only" area of our website. www.gcms.org. Contact Marcia for both!

The most fun annual event in this medical community is the Presidents' Ball, which will be held this year on October 30. I mention it just so that you might consider attending. It is a wonderful opportunity to spend time with your peers and your peers spouses and significant others at a bargain price of \$85 per person. You can't beat it. The Ball Committee always creates a fun evening. Contact Marcia Gzym at mgzym@gcms.org or 810-733-9923 to register.

Beginning with the November issue *the Bulletin* will be solely electronic! You will receive the magazine via an email link which will pop open to look just like the paper version. You will also be able to access it via our website. Please make sure we have your email address

GCMS MEETINGS

– OCTOBER 2010 –

- 10/6, 7:30 a.m. - Bulletin Committee @ GCMS
- 10/7, 8 a.m. - Legislative Liaison @ GCMS
- 10/18, 12 Noon - Membership Committee @ GCMS
- 10/19, 5:30 p.m. - Finance Committee @ GCMS
- 10/26, 6 p.m. - GCMS Board of Directors @ GCMS
- 10/27, 12:30 p.m. - Community & Environmental Health Committee @ GCMS
- 10/28, 8 a.m. - Practice Managers @ GCMS

HURLEY MEDICAL CENTER PRESENTS

To register for any of these meetings please call 1.888.611.4462

The 2010 Terry Thomas Ob/Gyn Update - Vision for a Brighter Future: Addressing Addiction in Women's Health

Wednesday, November 3, 2010
6 AMA PRA Category 1 Credit
Holiday Inn Gateway, Flint 8:00 am- 4:00 pm

Controversies in the Surgical Management of Breast Cancer

Wednesday, October 13, 2010
Flint Golf Club, 5-6:30 p.m.
1 AMA PRA Category 1 Credit

Endocrine Update

Saturday, October 9, 2010
Holiday Inn, Flint, 7:30 a.m.-12:00 p.m.
3.5 AMA PRA Category 1 Credit

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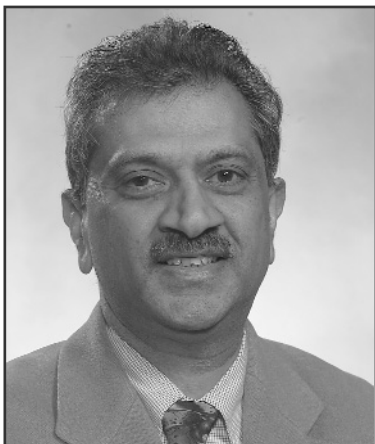
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SHIFT IN SUPREME COURT MAKE-UP BRINGS A NEW MAJORITY, REINFORCES NEED TO KEEP JUSTICE YOUNG ON THE BENCH

Now that the Michigan Supreme Court has a new majority upon the resignation of Justice Elizabeth Weaver, it's more important than ever to keep Justice Robert Young on the bench. Endorsed by the Michigan Doctors' Political Action Committee, Justice Young has a record of judicial conservatism, as opposed to activism, from the bench. This is especially important because our hard-fought-for tort reforms continue to face challenges in the courts, not to mention the legislature.



Venkat Rao, MD
District VI Director

Daniel J. Schulte, JD, of MSMS Legal Counsel Kerr, Russell & Weber, PLC, recently reported to the MSMS Board of Directors about several cases of interest that MSMS is either taking action on or monitoring. (Members may read the complete report at www.msms.org/reports.) Since the Legal Counsel Report was presented to the Board, however, further Michigan Supreme Court rulings have signaled the Court's willingness to take positions that weaken our hard-fought-for tort reform laws.

As Justice Young pointed out in his dissenting opinion in *O'Neal v. St. John Hospital*, the agenda of the Court's new majority includes destroying the "doctrinal integrity of medical malpractice law." MSMS filed an amicus curiae brief in this case last year to address the application and interpretation of the "loss of opportunity" doctrine. In another case, the Supreme Court overturned (4-3) the controversial Kreiner ruling, which had put strict limitations on pain and suffering damages for accident victims.

These decisions are the most recent examples of

why it is important to retain MDPAC-endorsed incumbent Justice Young this fall. Justice Young (along with Justices Corrigan and Markman) has always refrained from rewriting laws from the bench, and instead has upheld medical malpractice tort reform and other laws as enacted by the legislature.

If Justice Young does not win re-election this fall, the Court's new majority will become more powerful making medical malpractice tort reform laws even more vulnerable to attacks. This could drive physicians out of Michigan at a time when we already face

a physician shortage.

"If the recent Supreme Court rulings are 'bad' for tort reform, then losing Justice Young would lead to Armageddon in the courts," said MDPAC Chair Stephen N. Dallas, MD.

Do your part to keep him on the bench: vote to retain Justice Young and join MDPAC.

Attend Fundraiser for Justice Young

MSMS Past President Cathy O. Blight, MD, myself, and several other Genesee County physicians will host a fundraising event for Justice Young at Brick Street Bar & Grill in Grand Blanc on Wednesday, September 22, 5:30- 7:30pm. I urge you to come and show your support for Justice Young. Host tickets - \$500; other tickets - \$150. To RSVP, contact Anne'ka Marzette at 517-336-5736 or amarzette@msms.org.

For more information about Supreme Court race or MDPAC, contact Joshua Richmond at 517-336-5788 or jrichmond@msms.org.

AMA Foundation 2010

WHERE DOES THE MONEY GO?

- The Fund for Better Health provides grants to support community-based public health service projects in areas such as substance abuse prevention, violence prevention and healthy lifestyles.
- The Development Fund is an unrestricted fund that allows the AMA Foundation to respond quickly to issues as they arise or provide support in areas of greatest need.
- The Scholars Fund distributes approximately \$500,000 annually in tuition assistance to medical students across the country. Gifts to this fund can be designated to specific U.S. medical schools.

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THE Bulletin

DUBROVNIK

By Peter Thoms, MD

After spending two days in Venice crossing a hundred bridges and most of its streets, we had adjusted to the jet lag and were ready to board our cruise ship, The Splendour of the Seas, for our much anticipated journey on the Adriatic Sea. After settling into our balcony cabin we watched the city slip by from a new advantage point. The open water churned as we cleared the harbor, picking up speed.

We had anticipated this journey for months but we were not sure what we would see. The idea of being on a cruise was enough. The luxury of endless sumptuous food, nightly entertainment, lounging in leisure and experiencing the refreshing sea breeze would be a welcomed change from our daily routine at home. But far more intrigue awaited us on this adventure.

Port calls at Dubrovnik, Athens and Katakolon, each with a planned shore excursion, were part of our itinerary. Athens offered several different options but the Acropolis and its ancient architecture was our focus. I had seen it at age 5 with my parents but remembered only the discomfort of trudging, in

unbearable heat, through something my father and mother deemed interesting. This time it was vastly different as Cheryl and I shared the wonder of the massive structures that date back 2,500 years. The importance of such a place can only really be appreciated if one knows the struggles of Greek history. Athens, and its Acropolis, are the focal point in its history of more than 3,000 years.

Our last excursion was to Olympia to where the Olympic Games of ancient Greece began in 776 BC and continued to be held every four years for about 1,200 years with few interruptions. Traveling by bus from the port city of Katakolon we arrived a half hour later at the site of the ancient games. Here men only, competing in the buff, received a wreath of olive

leaves for victory in their event. The history of the site is intriguing. One has to imagine the grandeur of the games as it developed over time. No structure remains intact but archeological findings and historical writings piece together details of the competition. Whereas Zeus was the reigning deity and there is also the cluster of pedestals identifying the cheaters whose names were engraved in stone and displayed at the entry of the stadium. It was fascinating to roam through the campus of the ruins and imagine both the intensity of the competitors (they spent a month at the site training before the event) and the grandeur of the celebration that surrounded the occasion.

Whereas these stops were unique and interesting, our first stop at Dubrovnik was our favorite. This

Croatian town, nestled on the side of a mountain and perched on the ocean's edge has struggled for centuries to preserve its independence from invaders, the most notorious of which was France under Napoleon's command in 1803.

The city wall literally rises from the sea, and is built onto the rocky outcroppings

that are constantly battered by the waves. The undulating wall is a little more than a mile in length. It makes for a challenging walk that gives you a close up view of the community compacted together. It has narrow streets that in places incline at perhaps, a 40-degree angle from the relatively flat city center. The steps paved with cobble stones, are very narrow and only intended for pedestrian travel.

The city center opens to the small harbor, protected by a sea wall from storms. It is lined by small cafes and shops. Nestled in the town center is a historical museum which depicts Croatia's struggle to preserve its independence from foreign domination. The sacrifice made by men, young and old, in giving their lives to defend the city and its surrounding mountain terrain is memorialized by a display of their portraits on the four walls of the Hall of Victory.

The crowded conditions are being abandoned by a steady migration to more open spaces outside the city. The resulting vacuum of residents is now gradually being filled by outsiders who use the venues for vacation homes thus depleting the traditional Croatian population and transforming the town from an ethnically proud populace to a mixture of European vacationers.

As I walked the wall (I was told

that there are 500 steps) which consisted of steep climbs to the turrets. I was intrigued to see basketball courts on rooftops enclosed by wire mesh. An air ball over the top would likely end up hundreds of feet down as it bounced down the steep inclined street. Looking across the red-tiled roofs, church steeples marked the several centers of worship. As I rounded the sea side I saw youngsters diving off the narrow ledges into the azure waters. All of this presented a mix of young people enjoying the nature into which they were born and adults who worked the lace shops, among other commercial enterprises, to make a living where the global economy was taking its toll because of a paucity of tourist trade which abounded during summer months but fell off dramatically between September and June.

A new funicular had just opened the day before our arrival in July that took us to the top of the mountain. On one side it overlooked the walled town of Dubrovnik with the deep blue Adriatic Sea beyond. The other side faces the range of mountains that mark Croatia's border with its warring neighbors. The bird's eye view of the town was picturesque. The tightly clustered red tiled roofs appeared encased by the almost circular wall that defined its

borders. From this distance of maybe 1,500 feet the streets appeared as threads that converged at the center. Our first view of the city hurried our desire to venture through the community.

We might better have spent more time at the top except that our guide indicated it was time to move on. We had not been given enough information about this important spot with its commanding position above the city. Up until this time, it had only been accessible by a zigzag path or a narrow road. At the peak, beside the new housing of the funicular with its observation platforms, is a simple monument honoring those who died in the defense of the region and a fort.

It was the fort that I would have liked to explore. Built in 1803 by Napoleon, it housed a substantial garrison of soldiers. Strategically placed, its parapets commanded a dominant position above the city that he wanted to conquer. But occupancy was short lived as the fort was abandoned in 1806 and occupied by a defense force made up of Dubrovnik men. If I ever go back it will be here that I spend time absorbing more of the history of the bravery and sacrifice that has paid the price for freedom.

Dubrovnik was an unexpected bonus that we had not anticipated but a place we might return to some day.





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YOUR \$\$\$ AT WORK

- § GCMS met with Congressman Kildee to express serious concerns regarding the rules making process for the Comprehensive Health Care Access Legislation, as well as, the need to fix the Medicare SGR
- § GCMS planned a Town Hall meeting on MSMS legislative agenda, and an election update
- § GCMS provided input to Genesee Health Plan on physician needs at a public hearing
- § GCMS worked with Greater Flint Health Coalition on multiple issues from physicians prospective
- § Key GCMS leaders participated in MSMS Mid-Summer Board meeting and strategic planning for MSMS
- § GCMS Staff met with MSMS staff leadership to enhance relationships and perform at an optimal level for physician members
- § GCMS assisted a physician with certification problems with a third-party payor
- § GCMS Conference Room used by: a physician group, a section of MSMS, and two other physician related organizations as a neutral site



Count On

Tom Shade

Tom Shade, CPA

As a principal at the largest locally owned accounting firm in Flint, Tom serves his clients as a trusted advisor. He is called upon regularly in making key decisions that affect his clients' profitability and goal achievement. His experience, combined with many years of hands-on knowledge from his career at Lewis & Knopf, allows him to offer a complete and dedicated perspective to the firm's clients.



For professional services and advice you can count on, call Tom Shade at 810-238-4617.

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PLEASE DONATE

When you are mailing donations, please do not forget the Medical Foundation. Your donations help fund charitable activities of the Genesee County Medical Society. Please call Peter Levine for more information on how you can make a difference in our community at (810) 733-9925, or send donations to the GCMS office: 4438 Oak Bridge Dr., Ste. B, Flint, MI 48532



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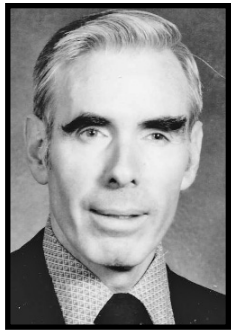
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Doctors Remembered



Longtime GCMS member **DR. JAMES E. KELLY**, age 84, of Monroe, passed away on Tuesday, Aug. 10, 2010 in Wisconsin.

Born in Detroit, Mich. in 1926, he attended the U.S. Naval Academy, University of Detroit and St. Louis University Medical School. Dr. Kelly was a stalwart Catholic physician who was deeply committed to the practice of medicine as a healing profession that must always strive to preserve the gift of life.

Dr. Kelly was a Fellow of the American College of Physicians and attained the rank of Commander in the U.S. Navy Medical Corps.

A specialist in oncology and internal medicine, he had over 35 years in private medical practice, in addition to years of tireless service at the Henry Ford Hospital (Detroit, Mich.), Corona Naval Hospital (Corona, Calif.), McLaren, Hurley, and St. Joseph Hospitals (Flint, Mich.), and the Monroe Clinic (Monroe).



DR. WALLACE PIKE was the epitome of a family doctor and he did all those things and did them exceptionally well.

After his training at Hurley Hospital he started his solo practice in 1956 in Swartz Creek. A year later Dick Gumper and I started around the corner from him and were immediately impressed with his dedication to his practice. Solo practice in those days was not easy. Wally was on call always. In the early 1960s he took a partner, Ron Smalley and the two of them joined Dick and me in our newly enlarged office and thus started a wonderful relationship. Dick and I felt that joining with Wally was one of the best decisions we ever made. He was a man of such integrity.

– By John W. Mackenzie, MD



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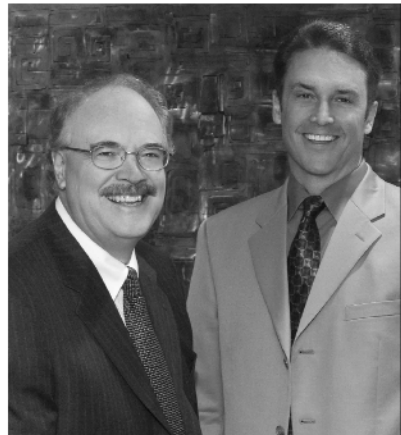
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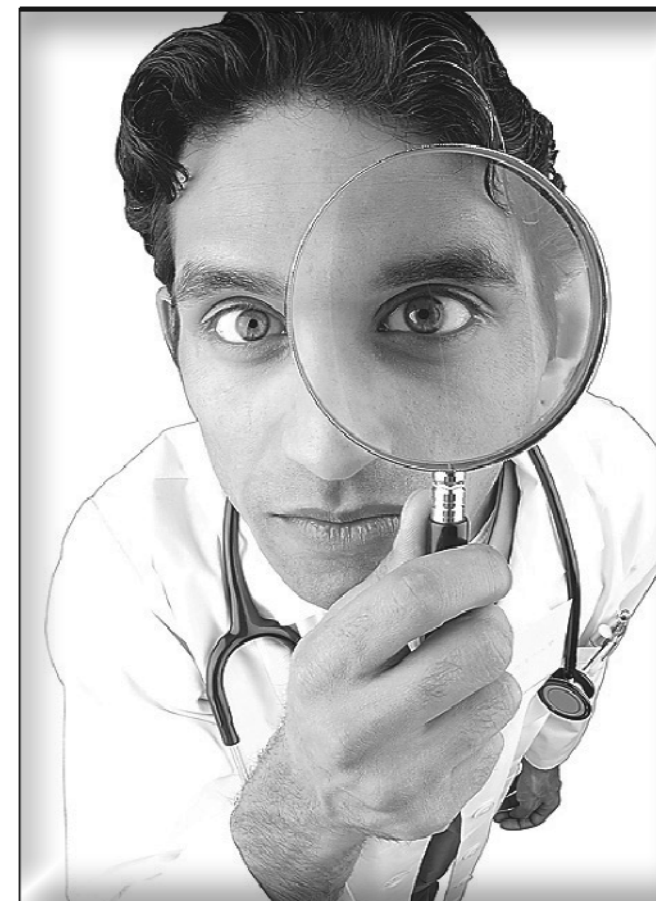
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TAXES AND YOUR ESTATE

By Attorney Tim Knecht, Cline, Cline & Griffin

Our Congressmen and woman have their hands full. The war on terrorism is broad and extremely costly in both dollars and lives. The American Economy and the World Economy are struggling. Social welfare costs are very high. Considering these major social issues, estate taxes are pretty low on the agenda of our Congress.

Nonetheless, estate taxes are real and will have an impact on many of our personal lives.

As of today, our lawmakers have ignored the fact that, in 2010, there is no estate tax, but in 2011, anybody with an estate over one million dollars will pay approximately one-half of the amount of assets owned at the time of death, in excess of one million dollars, to the federal government as an estate or death tax.

In the late 1990s, our lawmakers recognized that estate taxes needed to be reformed. During this time frame, the amount of assets that a person could have at the time of his or her death rose from \$600,000 to \$3,500,000. In 2010, there is no estate tax. In 2011, anyone having in excess of one million dollars at the time of his or her death is subject to paying an estate or death tax of approximately 50 percent of the assets in excess of one million dollars to the federal government just for the privilege of dying.

In late 2009, the entire financial community believed Congress would raise the one million dollar exemption amount to somewhere between two and five million dollars.

This did not happen. Congress may or may not act by the end of 2010 to raise the exemption amount from one million dollars to a higher number. The financial community still has hope that Congress will increase the exemption amount from one million dollars to any higher number. Unfortunately, today's reality is that the government needs money and the estate tax may be one of the ways our lawmakers choose to raise money.

If our lawmakers leave the

estate tax exemption amount at one million dollars, many Americans will be forced to look at their estate plans and be forced to make a decision. The decision process for each individual or each couple will be different. There will be no magic solution to avoiding estate taxes. There will be ways to avoid estate taxes, but avoiding estate taxes will take planning. The couple with an estate in excess of two million dollars can easily avoid tax on the first two million dollars, but only with planning. Leaving all

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your assets joint with your spouse does not constitute planning from an estate tax perspective.

Over the last decade, trusts have become increasingly popular. Trusts have become a necessity for couples with assets in excess of one million dollars, if that couple wants to avoid estate taxes beginning in 2011 unless our lawmakers choose to act.

Even if our lawmakers raise the estate tax exemption amount, trusts are the only way to protect your young children, or your adult children, from themselves. Trusts allow assets to be passed on to a family in an orderly fashion.

Other aspects of an estate plan remain important, a Living Will/Medical Durable Power of Attorney and Financial Durable Power of Attorney. Please contact the undersigned or your legal advisor to make sure that your estate plan still works in early 2011.

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LEGISLATIVE LIAISON



CONGRESSMAN KILDEE PROVIDES WASHINGTON UPDATE

Congressman Dale Kildee provided Genesee County Medical Society and Alliance with his annual Washington Update. Participants included: Mona Sahouri, Cheryl Thoms, Cathy Blight, MD, Gary Paavola, Paul Lazar, MD, Rima Jibaly, MD, Richard Malone, Timer Sumer, MD, Randy Roat, Congressman Kildee, Jay Kommareddi, Lawrence Reynolds, MD, Peter Levine, and Marcia Gzym. The majority of his time was spent discussing the Universal Health Care Bill passed earlier in the year, and the importance of physicians staying engaged with Congress and Congressional staffs during the rules making process to make sure that the outcomes are appropriate. Congressman Kildee said that the Universal Health Care Bill should be classified as one which is transformational, but will need to be worked on over the next few years. Congressman Kildee also noted that the SGR fix relating to physician payments will be a priority item in the next Congress.

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If you missed last month's Practice Managers meeting you really missed a very informative one. Jill Young from Young Medical Consultants, LLC gave an educational presentation on how PQRI works and how to get the most money for your practice.

She provided many handouts and recommended that everyone go the AMA website, download their forms and adapt them to suit individual practice needs. She recommended that everyone from the physician to the receptionist, play their part in making PQRI work in order for practices to run smoothly in the recording process. She also recommended that physicians and practice managers get acquainted and comfortable with PQRI reporting. Go to the PQRI website for help and make sure your EMR can help you collect all your information into one report.

After the meeting Practice Managers were invited to stay and discuss specific needs of their practices.

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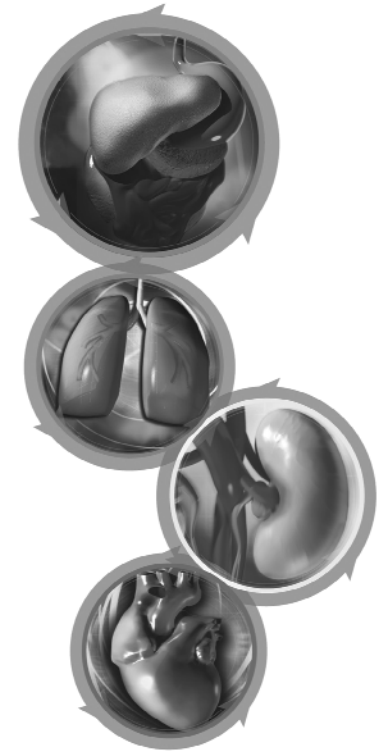
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- Paired Kidney Donation: A Solution to Organ Shortage
- Update on Islet Cell Transplantation
- Surgical Therapies for Advanced Heart Failure
- Mechanical Circulatory Support: Timely Patient Identification
- Selection and Outcome of Lung Volume Reduction
- Managing Complications Following Lung Transplantation

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Happy Birthday Doctor - OCTOBER

Eleuterio Lumaque Jr	1	Chandulal Malde	10	Musa Haffajee	19
Walter Barkey	2	Behrouz Moghtassed	10	Wayne Kinning	19
Mohammad Amin	2	Lee Perry	10	Margaret Beran	19
George Predeteanu	4	Kavita Rajkotia	11	Richard Lundeen	20
Bhargavi Raiji	4	David Barbour	11	Vernon Urich	20
Randolph Schumacher	4	Robert Weber	11	Allan Ebert	20
Allecia Wilson	4	John Lusk	12	Giovanni Digiannantonio	21
Miguel Perez-Pascual	5	Prajesh Patel	12	Adrienne Kimler	21
Lewis Twigg	5	Jerome Kasle	13	Alex Solik	21
Alicia Alimboyoguen	6	Hemant Thawani	13	Walter Cukrowski	22
William Macksood	6	Jeanne Hicks	14	Duane Bailey	23
Anthony Parillo	6	Berton Mathias	14	Billie Lewis	24
Sandra Shortt	6	Naraharisetty Rao	14	Hugh Grover	24
Ahmed Arif	7	Amitabha Banerjee	15	Robert Yochim	26
Donald Hardman	7	Tai Kang	15	Edgardo Balde	27
James Wagner	7	Krishna Shah	15	Vincente Carino	27
Jack Price	8	John Dobson	16	Christopher Conlin	27
Nilufer Sumer	8	Sunil Kaushal	16	Christopher Cukrowski	28
Afroze Hai	8	Mohammed Syed	16	Kevin Gaffney	29
Jack Nettleton	9	Burhan Tajour	16	Daniel Ryan	29
Abdul Hassan	10	Frederick Bruening	18	James Brown	31
Prasad Kommareddi	10	S Peter Almeida	19		

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2. **MSMS has higher rates than other agents for Blue Cross Blue Shield.**
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3. **MSMS has no advantages over other agents.**
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4. **MSMS groups must call BCBSM directly to solve claims issues.**
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