

# THE Bulletin



NOVEMBER 2012 Volume 88, Number 11

**MEET**

**RAY RUDONI, MD**

**GCMS PRESIDENT**

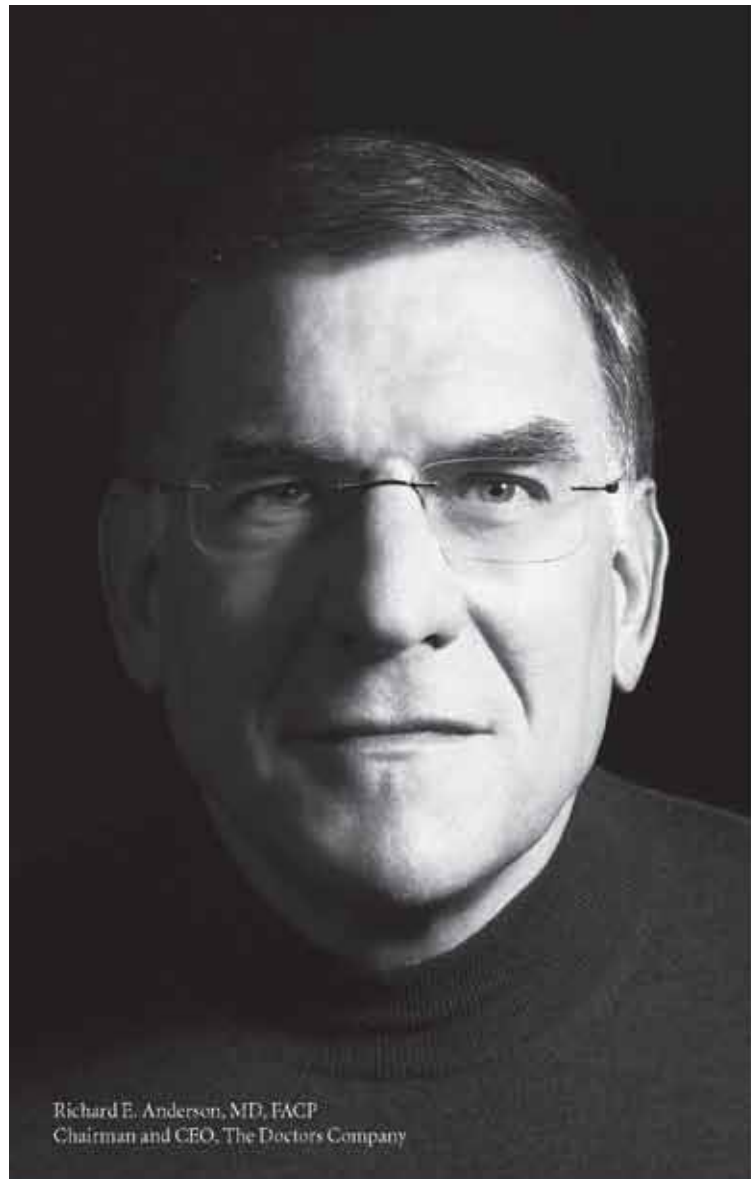
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**NOVEMBER 2012** Volume 88, Number 11

# 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

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# THE EMERGENCY DEPARTMENT: THE HOSPITAL'S FRONT DOOR, THE SAFETY NET FOR OUR COMMUNITY...

In talking with Pete it appears there has not been an Emergency Physician President of GCMS in many years (if ever) and in the spirit of updating and informing the membership on issues not recently covered, I would like to dedicate my first article to the status of our state's safety net.

The Emergency Department is the only place in our troubled, fragmented health system where any patient can receive medical care 24/7/365 regardless of ability to pay-No questions asked! I am proud to endorse this aspect of my specialty, and over the past 20 years of practice rarely, if ever, have I reviewed the registration/insurance information prior to entering a patient's room. In the practice of Emergency Medicine, it is irrelevant.

There is no doubt Genesee County is fortunate to have three outstanding EDs within its boundaries. In comparison to many areas of our nation and even within our state (where the closest ED is 2-3 hours away), patient access to acute medical care is not a challenge. Every hospital cannot offer every service, and the strategic balance provided by our three hospitals ensures nearly every emergent medical condition can be cared for within our county: Peds, Burns, Cardiac and Stroke Care, Trauma Services, OB and many more. Our patients and our families are indeed fortunate.

Before diving into the focus of this month's topic, here are Emergency Medicine data elements to review and a few well-known myths to clarify:

-From 2000 to 2009 National ED visits rose 32% from 90 million to 120 million

-Our nation has seen a 7% decrease in operational EDs from 4100 to 3800

-Decreased capacity coupled with increased demand for services leads to ED overcrowding

-Myth: The nation's health care crisis could be saved by curbing unnecessary and expensive ED visits.

-Fact: ED services account for only 2 cents of the



*Ray Rudoni, MD*

Medicare Health Care Dollar and only 10% of daily ED visits are considered Non-Emergencies (i.e. care which could be provided in an office setting).

-Myth: If patients would simply go to their PCPs, Insurance companies could save money and premiums would go down.

-Fact: 16% of the above-quoted increase in national ED visits was by those with private insurance who have a PCP.

-Myth: The reason our local EDs are overcrowded is because of patients with no insurance using the ED as a doctor's office!

-Fact: Uninsured ED patient visits has remained stable for the last 15 years, i.e. around 15% of all visits and the busiest day of the week in the ED is MONDAY, a day when most offices are open!

-Myth: ED closures and subsequent ambulance diversion is a product of the ED being overcrowded.

-Fact: ED closures are primarily a result of inpatients already admitted and held in the ED due to shortages of inpatient beds or staff to care for newly admitted patients. This results in lost capacity for new patients to be seen.

Considering these details and the massive increase in patient visits to our nations EDs, The American College of Emergency Physicians, in conjunction with the Robert Wood Foundation and others, published the 2009 "Report Card on the State of Emergency Medicine." Each state was given a grade on five different areas of emergency care which directly impacted communities: Access to Care, Quality and Patient Safety Environment, Medical Liability Status, Public Health and Injury Prevention, and Disaster Preparedness. A final grade was then calculated. Our nation's overall score in 2009 was a C-.

Michigan received an overall grade of D+. To clarify, this IS NOT a grade for bedside care or individual patient outcomes, but an overall summary of the five systems listed above. The state of MI received a D+ for Access

(several hospitals in our state have closed and there is a shortage of on-call specialists, not to mention an estimated shortage of 4,500 physicians by 2020), D- for Quality and Patient Safety (lack of adequate EMS funding and a Trauma Registry), D- for Medical Liability (MI had the 6th highest malpractice premium for primary care), C in Public Health and Prevention and finally a B+ in Disaster Preparedness (our best score, see below).

Where there are challenges, there are opportunities. Looking at the data from 2009 which contributed to our overall grade of D+, and comparing it to each area both locally and on a state level in 2012, I am proud to say that together the GCMS, MSMS, and local leaders have already made progress towards improving each area on behalf of our patients.

**-Access:** Support from our local hospital leaders and GCMS members has prompted capital improvements in all 3 EDs which provide more than adequate access for the population in our county. There remains much work to be done, however, in addressing the physician work force shortages which have already begun to effect on-call coverage in most EDs.

**-Quality and Patient Safety:** MSMS and local physicians have worked to create a statewide Trauma Registry, which, as a system, will improve the care of the trauma patient. Health information exchanges can also be viewed as a step in the right direction.

**-Medical Liability:** GCMS and MSMS, along with state representatives, continue to work extremely hard to pass the Tort Reform Package already introduced in Lansing. Passage will hopefully begin to drive down not only the cost of defensive medicine but malpractice premiums. Much work has also been done to endorse "tort reform friendly" Supreme Court Justices, Markman and Zahra, and Judge O'Brien.

**-Public Health/Injury Prevention:** Though the Helmet Law was repealed, Michigan passed Smoke-Free Legislation, and our county health department and community leaders are to be congratulated on the recent focus

areas of STD prevention and treatment and the Commit to Fit campaign.

**-Disaster Preparedness:** Though a system can never truly be prepared, our EMS system and surrounding municipalities/first responders are to be congratulated on their attention to training and updated policies all designed to minimize morbidity and mortality if ever disaster should strike.

Our Nation's Safety Net is being challenged by many factors. Though in 2009 our state's report card was anything but exemplary, our local leaders, along with our county and state medical societies have worked extremely hard to address many of these deficiencies. I am confident our next "report card" will show improvement.

In closing, I am privileged to have the opportunity to serve as your President this next year. I would like to personally thank the Board of Directors, Dr. Carravallah and Pete for their continued support and encouragement. I look forward to your questions, comments, and suggestions anytime. RaymondR@McLaren.org

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*Anita Abrol, CPA, Managing Principal and a member of the firm's medical services team*

# ALL YOU GOTTA DO IS ACT NATURALLY

*First - Chill - then stupor - then letting go.  
– Emily Dickinson (1830-1886)*

If one carefully examines the grand scheme of life on this planet, one would have to reach the conclusion that, even though no one of us wants to die, it is a good thing that people do die or this world would be a very crowded place. We spend our time, with no guarantee as to how much time we have been allotted, and then move on to make room for future generations. While most people would prefer to die at home in their own bed surrounded by loving and caring family and friends, the fact is that 80% of deaths in this country occur in hospitals or nursing homes. In the meantime, the technology available to maintain our physiologic functioning becomes more complex and more expensive.

A trend that is growing in response to medical technology driven end-of-life treatment is “allowing natural death” (AND). This is in the same vein as the natural childbirth movement, only at the opposite pole of the life cycle. Allowing natural death may change the way terminally ill patients and their families perceive and deal with the dying process. The familiar “do not resuscitate” designation often conveys to patients and families that they are giving up and condemning their loved one to death. AND can have the connotation of shifting the burden from the family to a higher power or greater force. Since only about 20% of patients have signed advance directives that express their wishes regarding end of life treatment, families are often faced with agonizing decisions on how to proceed with care choices for a dying family member. Feelings of guilt and confusion can



***Daniel Ryan, MD***

coincide with conflict among relatives on how to proceed. This is especially true when the patient and family lack knowledge of disease and prognosis, medical procedures, and the limits of modern medical treatments. This is where a physician's guidance is invaluable to a patient and family.

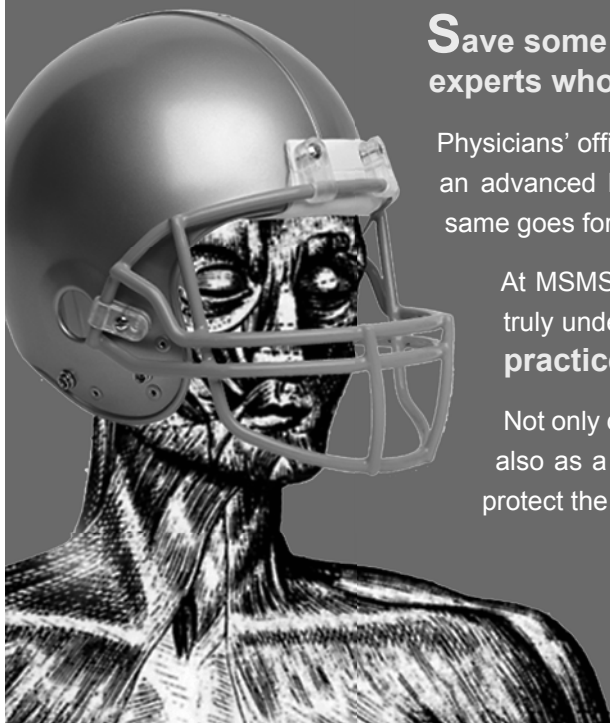
Some experts are of the opinion that AND is too vague and leaves patients in the ambiguous no-man's-land between do not resuscitate and comfort care only. (Possibly, AND can be interpreted as comfort care only.) They are proponents

of outlining very specific options regarding potential life prolonging therapies such as intubation and ventilation, blood transfusions, dialysis, cardio-pulmonary resuscitation, etc. Again, input of the physician is vital.

No one would choose to spend their final days, months, or years incompetent in a nursing home, lost to themselves and their family and friends. Baby boomers have had a tendency to challenge and rebel against long accepted societal norms at each stage of their journey. Now that the bulk this generation is approaching the end of the conveyor belt of life, it is very likely that they will challenge how end-of-life care, and eventually death, is managed.

Without question, we will no longer be able to afford our current model of high-tech end-of-life medical treatment for an ever expanding cohort of elderly Americans and AND will become a financial necessity for all of us anyway.

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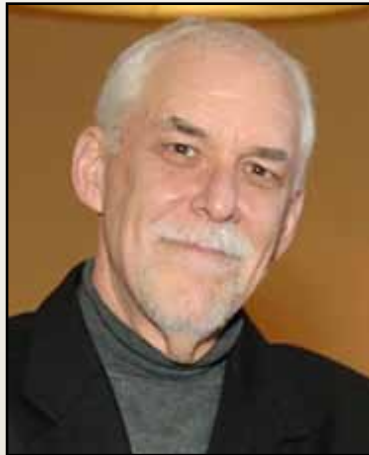
## TRANSITIONS, CELEBRATE THEM ON 12/1

November is always a transitional month. This is Dr. Laura Carravallah's last month as President. It is also the beginning of Dr. Raymond Rudoni's presidency. These two individuals reflect the amazing breadth of talent that this medical society has at its disposal. Could two Presidents be more different, and more the same? Dr. Carravallah is a dyed-in-the-wool primary care physician who is an academic through and through. She is a careful communicator, a nurturer, and a careful thinker. Her interests include the ethics and systemic approaches to all things. Dr. Rudoni is an ER physician through and through. He moves at roughly 100 miles per hour, at all times. He is as direct as he can be. He is well over six feet tall, and Dr. Carravallah is not. He focuses on the macro, as well as the micro, and is very comfortable leading.

Dr. Carravallah is often surprised to find herself in a leadership role, even though that is where she spends most of her time.

What they have in common is virtually everything. They have the same things in common that all of our presidents have. They are appreciated

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*Peter Levine, MPH*

by the membership. They have skills that benefit the profession as a whole. They have the community's best interest at heart, and know that serving the interest of the community will benefit physicians and serving the benefit of physicians will serve the community. The bottom line is they represent the best of medicine and do so enthusiastically. Please join me in thanking Dr. Carravallah for a great year and welcoming Dr. Rudoni to his term as President!

Please take a moment to consider coming to the Ball on December 1, 2012. It is going to be a blast. It always is. This year's theme is "Rock of Ages." I believe you will see people dressed a little differently this time. The Ball will be held on the Flint Institute of Arts, a spectacular venue, and is a bargain at \$85 per person. Come and celebrate Dr. Carravallah's year and welcome Dr. Ray Rudoni.

### *Announcement*

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**John Waters, MD**  
*District VI Director*

its limited funding to assist the Genesee County Medical Society and its charitable activities, especially those related to the Greater Flint Health Coalition, Genesee Health Plan and the Free Clinic. We have you the members to thank for making these works possible via your donations.

The Society would benefit greatly from more donations and very significant ones. Anything will help, but it is time to begin thinking about bequests, and direct donations of significance. Dues for the Genesee County Medical Society have not increased since 1989. Please give us a call

with your ideas, volunteer to help with GCMS activities, and please consider a donation to the Medical Society Foundation.

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# Meet Raymond Rudoni, MD

## GCMS's New President

Can't find him? Go to the ER at McLaren, and ask. A nurse will hold up their finger, gesturing to wait and listen. In seconds you will hear where he is!

Dr. Rudoni is the first president of the Genesee County Medical Society who is a "full-time all the time ER physician who has always taken care of patients, always been an ER physician and always will be an ER physician." First impressions are accurate with him. He is tall, frank and quick to respond. His wife, Paula, describes him as a man of many words at high volume.

Dr. Rudoni grew up in Warren. He is the oldest of three children. He has a brother who is a chiropractor, and a sister who is a full-time homemaker. His wife, Paula, is a board-certified family physician. She practiced full time for 10 years and has spent the last 10 years raising their two girls. She will return to work soon and is

excited about doing so. Their oldest daughter is Abby, 15 years old, a sophomore at Powers High School. Their youngest daughter is Emily, who is 12 years old and a seventh grader at Grand Blanc Holy Family. The Rudoni's have a family home in south Florida. It is their favorite place to go. Dr. Rudoni loves fishing (even though he is often out fished by Paula), bicycling, reading, concerts, movies and bird hunting. He refers to himself as "a Michigan boy who takes advantage of what Mother Nature gave us in our own backyard".

It has been reported that Dr. Rudoni is often seen washing cars in his front yard listening to Kid Rock and Kiss and breaking into air guitar solos.

Paula describes him as a very "present" father. He helps with homework, goes to as many school functions as he can, and takes and interest in his daughters' daily lives. He is also always there to give them a

hug and kiss goodnight.

His residency was performed at Beaumont Hospital. He then completed a one-year fellowship in hospital administration. He served as Vice Chief of Emergency Medicine at Beaumont, and was on their teaching faculty. In 2002, he came to the McLaren Emergency Department as its Chief. In the ten years that he has served there, volume has doubled to 70,000 visits per year. One of the most enjoyable things that Dr. Rudoni has done is to serve as an examiner for the American Board of Emergency Medicine for their oral board certification examinations. He has served as President to the Michigan College of Emergency Physicians and has been a leader in that organization for several years. He currently serves as Chairman of MSMS's Legislation and Regulations Committee, a uniquely powerful position within the Michigan State Medical Society





**“It’s incredibly challenging, but when you leave at the end of the day you really feel pretty good.”**

and which has often been held by Genesee County members. Dr. Rudoni also serves on the MSMS Third-Party Liaison Committee. Dr. Rudoni has been elected Vice Chief of Staff at McLaren Regional Medical Center in Flint.

When asked about the Affordable Care Act and its implementation during his presidential year, he states that the elections will play a huge role in how the Affordable Care Act is implemented, but noted that some parts of it will go forward regardless. He stated, “Just look at the Vanguard purchase of Detroit Medical Center. They are planning for components of the Affordable Care Act to move forward. The big boys have their plans.”

Dr. Rudoni is very focused

on the future of medicine. He is emphatic about the need for physicians to do better with outcomes, on cost, and on doing what they can to improve access. As a practicing ER physician, the first thing he notices, every day, is that access to care is the chief challenge to the future of medicine.

“Many patients have no insurance, and have nothing. They come to the hospital when they are really sick, and have to make terrible choices before getting health care. Getting health care is usually their last resort, and by the time they do, their acuity level is really high. Decisions regarding resource allocation have to be made by the entire population. Health care should no longer be the top issue for the economy when considering

the future of the United States. As an ER doc, one is at the forefront of all system changes in health care. When you are in the ER you touch everyone in the system from the clerks to the trustees, to the third-party payers to the patients. You really see where the problems are, and where the positives are. You also see where change is needed.”

When asked how he feels about his work he said, “It’s incredibly challenging, but when you leave at the end of the day you really feel pretty good.” It would be nice if we could all feel that way.

So when you go to the McLaren ER and hear a booming voice say, “Hello, I’m Dr. Rudoni. How can I help?”, say hello to Ray Rudoni, MD, President, Genesee County Medical Society 2012-2013.

## 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.
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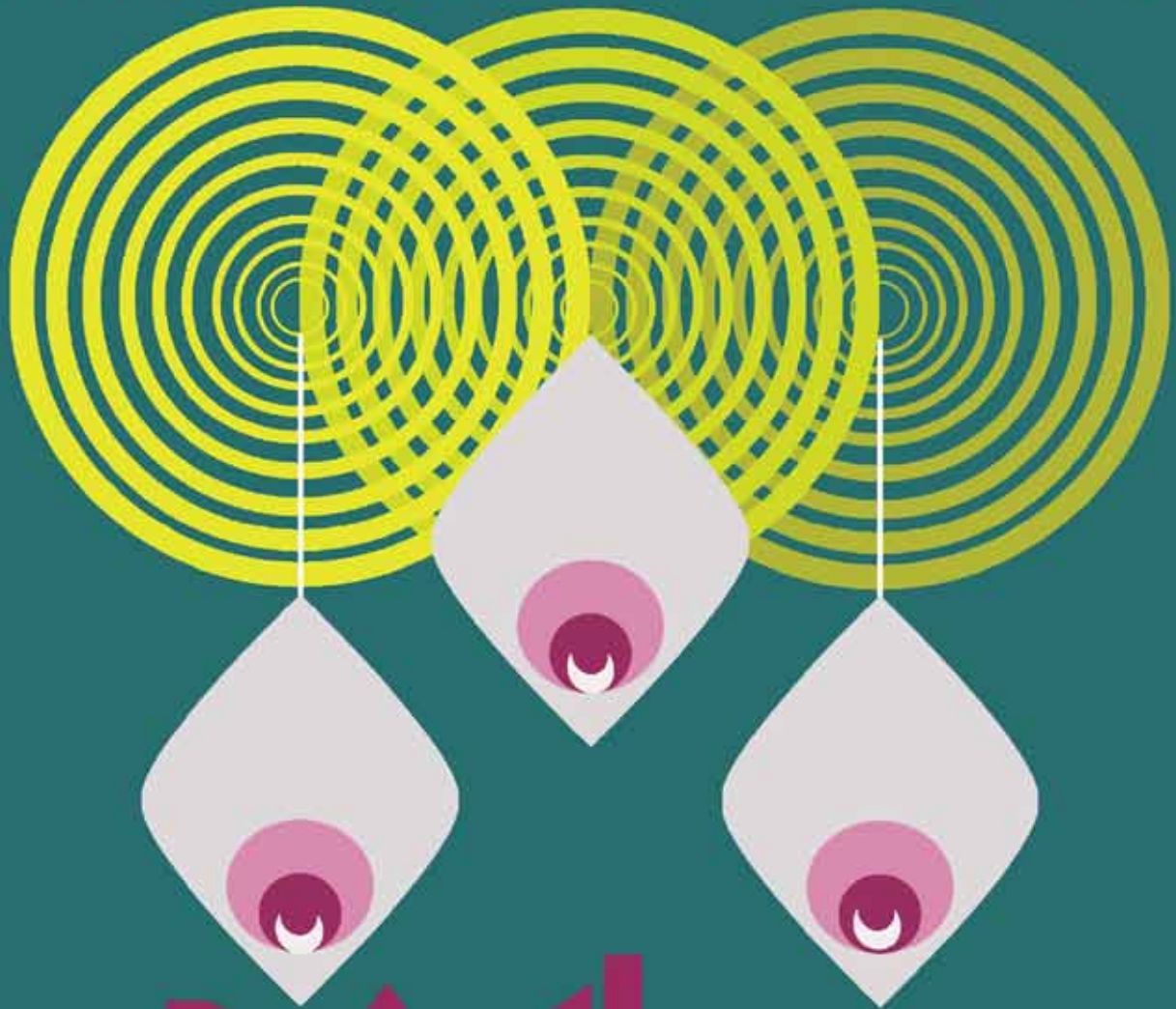
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**Please join us for an afternoon with  
Diabetes Group Visit Expert - Edward Shahady, M.D.**

*Dr. Shahady will demonstrate the effectiveness of the  
group visit model in treating chronic conditions  
such as diabetes and how this evidence-based best practice  
can be implemented in any primary care practice.*



**November 1, 2012  
3:00 p.m. – 5:30 p.m.  
Sarvis Conference Center  
1231 East Kearsley Street  
Flint, Michigan 48503**



**Sponsored by the Greater Flint Health Coalition and  
Genesee County Medical Society**

**SPACE IS LIMITED – RSVP TODAY!**

I will be attending the November 1<sup>st</sup> Group Visit Education Event

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OFFICE MANAGER CONTACT: \_\_\_\_\_

**RSVP with the Greater Flint Health Coalition via**

Fax: (810) 232-3332 Phone: (810) 232-2228 Email: [gfhc@flint.org](mailto:gfhc@flint.org)

Please visit our website at [www.gfhc.org](http://www.gfhc.org)

***Who else should attend: Residency Program Faculty, Nurse Practitioners,  
Primary Care Practice Managers, Nurses, and Medical Assistants, Quality  
Improvement Leaders from insurers and Physician Organizations***

Program has applied for approval of 2.5 AMA PRA Category 1 Credit™  
and 2.5 AOA Category 2-B physician CMEs

# MSU Medical Students Report

We are a group of nine medical students from the Flint Campus of the College of Human Medicine at Michigan State University. We participate in a unique curriculum in Flint called the Leadership in Medicine for the Underserved. During January and February 2013, our group will disperse to Uganda, El Salvador, and cities in rural Michigan as part of an international/urban/rural health experience focused on caring for medically underserved populations. You can read about our experiences in the program at [www.chmlmu.blogspot.com](http://www.chmlmu.blogspot.com).

We will work closely with the Foundation for the International Medical Relief of Children, <http://fimrc.org>. We will be volunteering in medical clinics, as well as participating in community health projects improving health behaviors and educating community members about primary prevention of disease. Thus, we are asking for your assistance and support in our effort to bring health care to those without access. You or your organization can provide a critical link. We graciously welcome all financial contributions, as well as gifts of supplies, both medical and general. 100% of your monetary donations will go toward community projects and the purchase of medications, medical and dental supplies for patients and families in need.

For more information about our program and to make a donation, please go to: <http://lmu.msu.edu/donate.php>.

- For online donations, please click on "Via internet" and follow the written instructions.
- For mail-in donations, please click on "Mail monetary gifts" and following the written instructions.
- For donations of medications or durable goods, please email us at [schnuth@msu.edu](mailto:schnuth@msu.edu) or drop off donations at your convenience at one of the following locations:

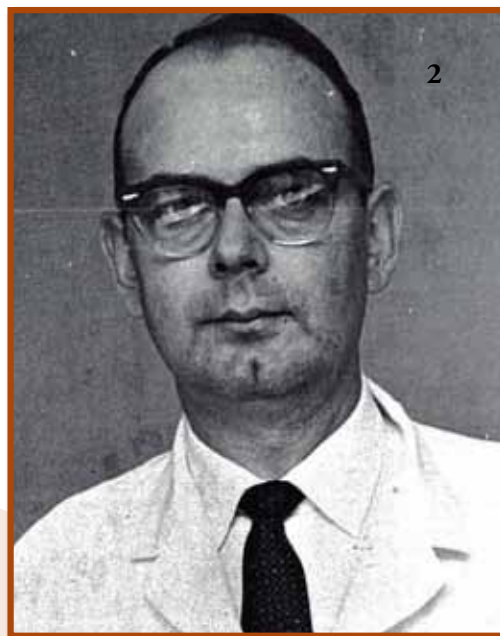
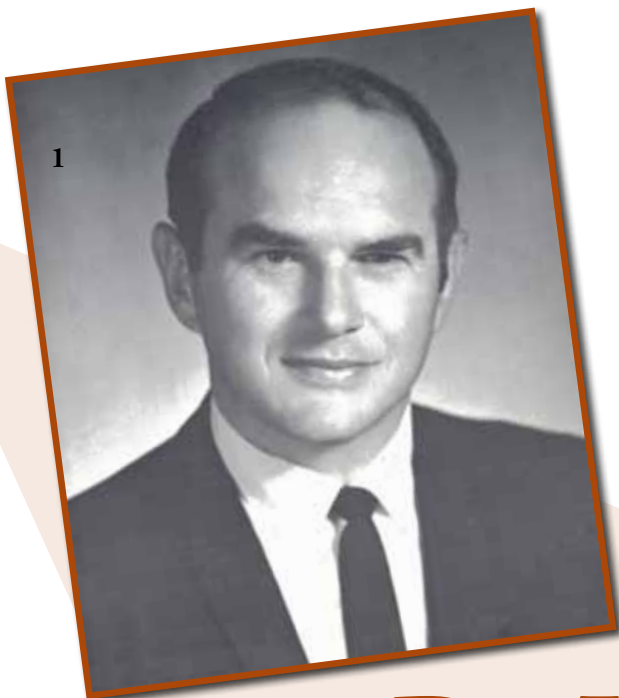
**Rae Schnuth, PhD**  
**Michigan State University**  
E. Fee Hall  
965 Fee Road A106  
East Lansing, MI 48824

**Kathleen Assiff, M.A.**  
**College of Human Medicine - Flint Campus**  
1 Hurley Plaza  
Flint, MI 48503

*\*All monetary donations are tax deductible.*

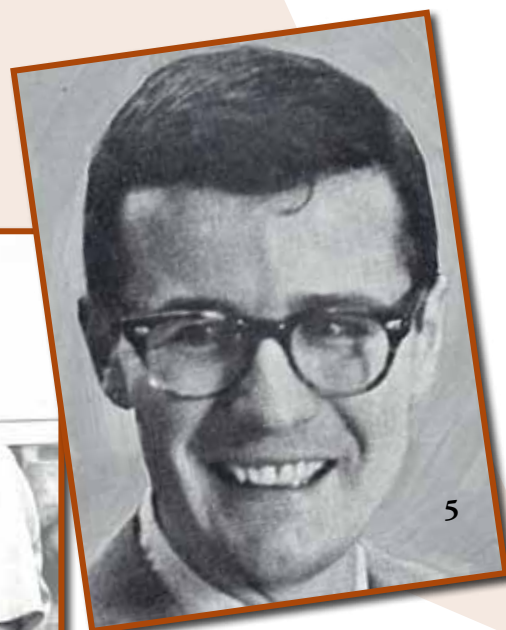
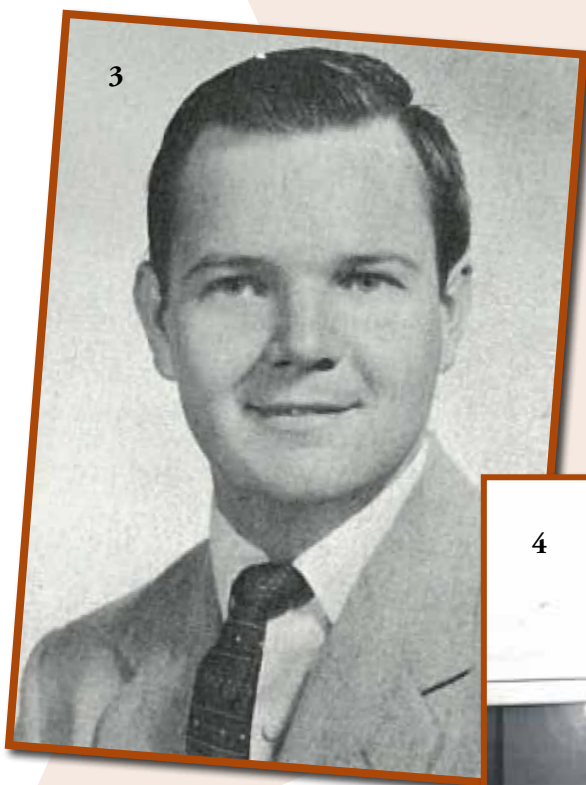






# Do You Recognize These Doctors?

*(See page 32 for answers.)*





The Genesee County Medical Society  
and the  
Genesee County Medical Society Alliance

cordially invite you to the

# Presidents' Ball

**SATURDAY**

**12.01.2012**

6:30 PM COCKTAIL HOUR

7:30 PM DINNER

FOLLOWED BY DANCING TILL MIDNIGHT

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\*ALL SPONSORSHIP LEVELS RECEIVE A CRYSTAL TOGETHERMENT IN THE PROGRAM AND THE PODIUM. GCMS WILL PLACE ADS AT ITS DISCRETION UPGRADING TO PREMIER PLACEMENT IF POSSIBLE.

# RESOLUTIONS FOR 2013 HOUSE OF DELEGATES

*Dear GCMS Members,*

*The follow Resolutions have been approved  
by the Board to take to the MSMS House of  
Delegates in May of 2013.*

RESOLUTIONS

## **RESOLUTION #**

Title: Recognition of Haptenation and Hypersensitivity Disorders, the Importance of Identification

Introduced by: Gerald Natzke, D.O. and Qazi Azher, M.D., for the Genesee County Delegation

Original Author:

Referred to:

House Action:

Whereas, chemical and/or metal sensitization (e.g. due to cosmetics, medications, and fumes) is poorly understood and grossly under-recognized, and

Whereas, chemical and/or metal sensitivity is accepted as a federal disability per the Americans with Disabilities Act, and

Whereas, chemical sensitivity is estimated to be found in (according to the American Public Health Association) 12-16% of the US population which is equivalent to approximately 37-50 million people, and

Whereas, sensitization can create symptoms or disease in any/ or multiple organ systems and is preceded by toxic chemical or metal exposure, and

Whereas, chemical sensitivity is often characterized by individuals who have developed intolerance to pharmaceutical products in their recommended doses, and

Whereas, haptenation is a known and well documented physiologic process occurring in humans, creating symptoms and disease; therefore be it

RESOLVED: That MSMS use its communication vehicles to make physicians aware of the process of haptenation and sensitization and their multiple ramifications, and be it further

RESOLVED: That MSMS use its communication vehicles to help physicians recognize that one can teach patients methods to avoid exposure to the haptens, and be it further

RESOLVED: That MSMS use its communication vehicles to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing, and be it further

RESOLVED: That MSMS disseminate information via its communication vehicles on haptenation in Michigan Medicine and at the Annual Scientific Meeting, and be it further

RESOLVED: That MSMS request that the AMA use its communication vehicles to make physicians nationally aware of the process of haptenation and sensitization and their multiple ramifications, as well as to help physicians teach patients methods to avoid exposure to the haptens, and to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing.

## RESOLUTION #

Title: Thank You to Congressman Dale Kildee

Introduced by: \_\_\_\_\_,  
\_\_\_\_\_ for the Genesee County

Delegation

Original Author:

Referred to:

House Action:

Whereas, Congressman Dale Kildee has provided over 40 years of service to Genesee County and the State of Michigan in the State Legislature and Congress, and

Whereas, before becoming an elected official he served Genesee County as a superb teacher, and

Whereas, Congressman Kildee has always supported the profession of medicine and the patients and families they serve, and

Whereas, Congressman Kildee has always endeavored to do that which is right as opposed to that which is politically expedient, and

Whereas, Congressman Kildee has always endeavored to put the needs of his community before his own personal and political needs, and

Whereas, Congressman Kildee has always received the endorsement of the American Medical Association Political Action Committee because of his staunch support of the profession of medicine, therefore be it

RESOLVED: That the Michigan State Medical Society recognize and thank Congressman Dale Kildee for his years of service, and be it further

RESOLVED: That MSMS ask the AMA House of Delegates to similarly honor Congressman Dale Kildee for his service to the profession of medicine, and be it further  
RESOLVED: That the Michigan State Medical Society and Genesee County Medical Society wish Congressman Kildee a wonderful retirement.

## RESOLUTION #

Title: Resolution on Encouraging All Counties to Hold Regular Legislative Liaison Meetings

Introduced by: \_\_\_\_\_,  
\_\_\_\_\_ for the Genesee County Delegation

Original Author:

Referred to:

House Action:

Whereas, legislative liaison activity (communication between county and state medical society members with elected officials), is one of the most important elements of county and state medical society activity, and

Whereas, those counties which hold legislative liaison meetings on a regular basis have proven to be effective getting organized medicine's message across to elected officials, and

Whereas, the performance of regular legislative liaison related meetings with State and Federal elected officials from that county would be of obvious benefit to the profession of medicine, and

Whereas, there are counties which would be willing to help develop the legislative liaison activities in counties which are not currently doing so, therefore be it

RESOLVED: That MSMS and the current counties performing legislative liaison related activities encourage and use all available methods to encourage all county medical societies in the State of Michigan to hold regular legislative liaison related meetings with their State and Federal elected officials, and be it further

RESOLVED: That county and state medical societies work together to provide reasonable educational support for those counties endeavoring to create legislative liaison procedures.

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us to continue bringing  
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# The More Things

## NIXON'S GOAL – CUT RED TAPE

*Previously published in the May 1971 GCMS Bulletin.*

The Administration's upcoming medical program will try to keep physicians out from under government red tape while providing "more adequately for the needs of all Americans (in) acquiring medical care when they need it," President Nixon told the American College of Cardiology in Washington, D.C.

"I don't want my doctor to spend so much time filling out forms that he doesn't spend enough time doing what is needed to be done as a doctor for the patient," the President said.

Nixon did not set out details, however, of the health message he has said he will present to Congress on Feb. 17.

In his 13-minute speech to the cardiologists, the President did say that his office seeks the advice of the medical profession.

"We want your cooperation, we want to work together with you in the developing of a program that will do what is needed . . . for your patients."

No program for medical care can succeed without the cooperation of the medical profession, the President said.

"There is no Program for medical care in the United States or in any other (nation of the) world that will be good for the patient unless it is one that the doctors support," he said.

Nixon also told the cardiologists that while he called for \$100 million to go into cancer research in his State of the Union message, this does not mean a cut in federal funds for heart research.

"If you look at the figures . . . you will find that the amount of funds we have asked Congress to appropriate in the field of research for cardiovascular ailments, has increased by 16% over 1970" (HEW's Heart and Lung Institute budget is \$191,174,000, compared to \$156,975,000 last year; \$194,448,000 is requested for fiscal 1972).

"Honest men in the House and the Senate disagree as to what is the best approach," he said. "All agree that we should find better methods to see that all individuals who need medical care have an opportunity to obtain it."

"However . . . it really doesn't make much sense to provide the ability for every individual to go to a doctor when he is ill if the doctor isn't able or isn't there, or is actually not really capable in terms of medical proficiency, to deal with the problem."

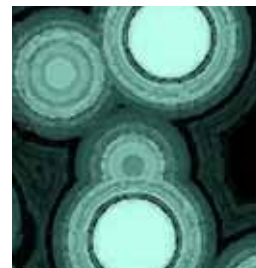
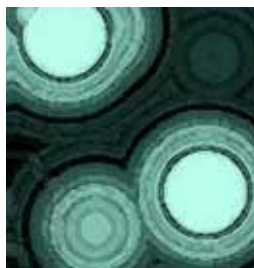
"What I am saying very simply is this: That as we look at how we can do a better job with regard to the quantity of medical care, let's not destroy the quality of medical care in the United States of America."

What is most important, the President said, "is not to be able to afford a doctor, but to be sure that it is a good doctor. Let us also remember that we do not want the doctors and those in the medical profession to be smothered under a whole, huge bureaucracy, and under a great pile of government forms."

"Let us do everything we can, in other words, to keep the doctor, the professional man or woman, from the terrible crushing burden of bureaucracy which would otherwise not only take his time, but destroy his initiative."



# Change . . .



## UNFAIR TREATMENT

*Previously published in the April 1971 GCMS Bulletin.*

*(Editor's Note from 1971: The following editorial appeared in a recent issue of the AMA News. Because it relates so emphatically to the present medical scene, it is being reprinted in the Bulletin.)*

How can there be rising medical fees within a structure that enforces price ceilings on those fees?

This question, asked by AMA President Walter C. Bornemeier, M.D., at his press conference Jan. 11, is puzzling most physicians who treat Medicare patients.

Late last month, physicians and the public learned that the Part B Medicare premium was to be raised to \$5.60 from \$5.30 per month, effective July 1. Most of that increase, according to the Social Security Administration, is to cover anticipated future increases in physicians' fees.

But shortly after the announcement of the premium increase, Social Security – without consulting the medical profession – announced an arbitrary revision in the complex methodology of determining physicians' fee levels under Medicare.

First, the SSA said I will use 1969 as a basis, rather than 1968 fees. It would seem that this change would bring payment levels more in line with the current price structure, representing a slight increase in line with most other areas in today's inflationary economy.

However, SSA at the same time dropped the percentile level for the ceiling on physicians' fees to 75 from the previous level of 83 – a move that contravenes the original design of the Medicare law, which intended that insurance carriers determine the reasonable charge.

The two actions by SSA will cancel each other. In effect, this means that SSA will be imposing a 1968-level fee ceiling on a physician's Medicare income while, of course, leaving his costs of doing business uncontrolled.

The cost of medical care is of great concern to physicians. At some point in recent years, almost all MDs have had to raise their fees. These increases have been caused by the fact that the physician – just like everyone else – is caught in the wage-price spiral, except in his case it's the wage-price-fee spiral. The physician employs people, rents office space, buys equipment, and pays taxes. When the amounts he has to pay for equipment, salaries, rent and taxes go up, he has no alternative but to increase his fees, just to maintain his net income at its pre-inflation level. Furthermore, because of inflation, that same net income doesn't purchase as much in food, housing, clothing, college tuition, as it did five years ago.

When it announced the Medicare premium increase, the Social Security Administration said about 60% of the rise is to cover future expected increases in physicians' fees; the remainder is for increased utilization of physicians' services and for increases in cost and utilization of institutional services. But physicians' fees under Medicare have been frozen since 1968; it appears the freeze will be continued.

Still, the medical profession continues to be a popular whipping boy. Social Security has acted arbitrarily and unilaterally to continue placing a ceiling on physicians' fees, while at the same time blaming the MDs for cost increases during a period when inflation was rampant throughout the economy. Physicians, without whose efforts the Medicare program might have had serious problems at birth and in infancy, are deserving of much better treatment.

# Genesee County Medical Society Board Meeting

September 25, 2012 - MINUTES

Khalid Ahmed, MD  
\*Shafi Ahmed, MD  
Abd Alghanem, MD  
Suresh Anné, MD  
\*Qazi Azher, MD  
\*Amitabha Banerjee, MD  
Jagdish Bhagat, MD  
\*Cathy Blight, MD  
\*Laura Carravallah, MD  
Edward Christy, MD  
\*Pino Colone, MD  
Niketa Dani, MD  
Deborah Duncan, MD  
Hesham Gayar, MD  
Daniel Gutteridge, MD-Resident  
\*Mona Hardas, MD  
\*John Hebert, III, MD

F. Michael Jaggi, DO  
Rima Jibaly, MD  
Gary Johnson, MD  
Farhan Khan, MD  
\*Samasandrapalya Kiran, MD  
\*Nita Kulkarni, MD  
Paul Lazar, MD  
Sreenivas Mannam, MD  
AppaRao Mukkamala, MD  
\*S. Bobby Mukkamala, MD  
\*Gerald Natzke, Jr., DO  
Venkat Rao, MD  
\*Lawrence Reynolds, MD  
Brenda Rogers-Grays, DO  
\*Raymond Rudoni, MD  
Dan Ryan, MD  
\*Jagdish Shah, MD

Jawad Shah, MD  
Robert Soderstrom, MD  
Kenneth Steibel, MD  
Peter Thoms, MD  
Venu Vadlamudi, MD  
\*Tarik Wasfie, MD  
\*John Waters, MD

## Guests & Staff:

\*Oya Agabigum – GCMSA  
\*Jonathan Hartman – CC&G  
\*Peter Levine, Staff

*\*In attendance*

## **Call to Order:**

The meeting was called to order at 6:05 p.m. by Laura Carravallah, MD, President in the Rapport Conference Room. Dr. Carravallah reported that Dr. Gayar's father had passed away over the weekend.

**Motion:** That Dr. Carravallah send a letter to Dr. Gayar expressing the Board's heartfelt condolences on the passing of his father. The Motion Carried.

## *Review of Minutes:*

**Motion:** That the Board of Directors meeting minutes of August 28, 2012 be approved as presented. The Motion Carried.

## **REPORTS:**

### *Alliance Report:*

Oya Agabigum reported that the Alliance now has 149 members. The Ball will be held on December 1, 2012 and she encouraged everyone to attend. The Alliance is working on the Commit to Fit! program. It held a Board meeting on September 11, 2012 and distributed West Nile Virus material to the Alliance members. Ms. Agabigum reported that Peace Day will continue to be supported by the Alliance. She also reported that the free clinic needs physician volunteers. The International Luncheon was held earlier in the day. The WYCA shelter is continuing to be supported. She also reported that MSMS and MSMSA are dividing.

### *Finance Committee Report:*

**Motion:** To create a Dinner Business Meeting Committee. The Motion Carried.

Directive: The Fundraising Committee was directed to continue to work on pursuit of new revenue.

**Motion:** That the Budget to Actual Report for the period ending August 31, 2012 be approved as presented. The Motion Carried.

*Legislative Liaison Committee Report:*

Dr. Cathy Blight reported that the Legislative Liaison Committee had not met recently, but that tort reform would be pursued by MSMS during the lame duck session in the state legislature.

*Community & Environmental Health Committee Report:*

Dr. Gerald Natzke presented the Resolution on Haptentation and Hypersensitivity Disorders.

**Motion:** That the Resolution on Haptentation and Hypersensitivity Disorders be approved as presented and submitted to MSMS for presentation at the House of Delegates.

*Membership Committee Report:*

Drs. Banerjee and S. Bobby Mukkamala reported that the Membership Committee is focusing on eight physicians. Drs. Rudoni and Jaggi signed a letter to all ER physicians inviting them to join.

*Greater Flint Health Coalition Update:*

Drs. Reynolds and Waters reviewed the Genesee County Health and Wellness 4 x 4 Plan which has recently been funded. They also reported on the development of an Advance Care Planning Task Force. The Fall 4 Fitness Challenge was kicked off with Becky Doty, Pete Levine, and Dr. Lawrence Reynolds participating in the GCMS Kickoff Team. The new Strategic Plan for the Health Coalition has been developed.

*President's Report:*

Dr. Carravallah reported that the Board of Health is pushing hard for STD control. Sex education is back in the Flint Schools after a long hiatus. She reminded the Board to support to GHP Millage Renewal.

**Motion:** That a Resolution be developed for the MSMS House of Delegates requesting that the Genesee Health Plan not be counted as a creditable care coverage so that enrollees may apply to the state insurance pool. The Motion Carried.

*District VI Directors Report:*

Drs. S. Bobby Mukkamala and John Waters reported that the tort reform initiative is not dead. The issue of Blue Cross becoming a mutual insurance company will be discussed at the upcoming Board of Directors meeting of MSMS.

**Motion:** That the Genesee County Medical Society support the re-election of Drs. S. Bobby Mukkamala and John Waters for the MSMS District Directors slots which they currently hold. The Motion Carried.

**Motion:** That Dr. Pino Colone be supported in his campaign for Speaker of the MSMS House of Delegates. The Motion Carried.

*Old Business:*

**Motion:** That the Resolution to Thank Congressman Dale Kildee for his service to Genesee County be approved as presented for submission to the MSMS House of Delegates. The Motion Carried.

**Motion:** That the Resolution on Implementing Statewide Legislative Liaison Activity be approved as presented for submission to the MSMS House of Delegates. The Motion Carried.

**Motion:** That the memo be sent to GCMS Board Members whose spouses are not Alliance members. The Motion Carried.

*Next Meeting:*

The next meeting of the Genesee County Medical Society Board of Directors will take place on October 24, 2012 at 6:00 p.m.

*Adjournment:*

No further business appearing. The meeting was adjourned at 7:30 p.m.



## DR. WILLIAM G. LIEKWEG, JR. Washington D.C.

Dr. William "Bill" Gerard Liekweg, Jr. passed away on Sunday, October 14th. He is survived by his three sons, Eric, Christopher and Brian. Dr. Liekweg was born in 1944 in Washington D.C. His lifelong goal was to become a cardiac surgeon.

He received his medical degree from Jefferson Medical College-Thomas Jefferson University in Philadelphia. His five-year residency in General Surgery was performed at the Medical College of Virginia. His two-year fellowship in Thoracic and Cardiovascular Surgery was performed at the Medical College of Wisconsin. His fellowship was interrupted by service as Lt. Commander in the United States Navy during the Vietnam War.

Dr. Liekweg practiced at St. Joseph and Genesys Health System and served as Chief of Cardiac Surgery for over 10 years at that institution. Dr. Liekweg was a member of the American Medical Association, Michigan State Medical Society, Genesee County Medical Society, American College of Chest Physicians, Society of Thoracic Surgeons and American College of Surgeons. At the time of his death, Dr. Liekweg was living in Cape Coral, Florida.

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## YOUR \$\$\$ AT WORK

-  GCMS received a small grant from the Greater Flint Health Coalition to hire staff to provide help to physicians and their practices and families with the Commit to Fit! program
-  GCMS actively worked to support candidates supported by MDPac as well as candidates supported by GCMS and GCMSA members
-  GCMS members and staff aggressively pursued support of Supreme Court Justice candidates Markman, Zahra and O'Brien and arranged meetings between several candidates for office with GCMS and GCMSA members
-  GCMS worked aggressively in support of passage of the Genesee Health Plan and encouraged all GCMS and GCMSA members and family members to support the Genesee Health Plan
-  GCMS leadership spoke with news media regarding Supreme Court Justice races, the Genesee Health Plan, and other health related issues
-  GCMS mediated several complaints and also solved multiple problems for individual physicians and their practices

### VALLEY AREA AGENCY ON AGING We're Here to Help!

If you're an older adult, a caregiver or a friend concerned about the well being of an older adult, the Valley Area Agency on Aging is here to help. The Valley Area Agency on Aging is a non-profit agency serving persons age 60 and older, and/or disabled individuals in Genesee, Lapeer and Shiawassee Counties. VAAA is able to assist you with the following services:

- Information & Assistance
- MI Choice Waiver Program
- Care Management
- Crisis Intervention Program
- Medicare Medicaid Assistance Program
- Adult Day Care
- Health Screenings
- Legal Assistance
- Nutrition Programs

For more information on programs and services available, please call the  
**Valley Area Agency on Aging**  
at (810) 239-7671 or visit our website at [www.valleyaaa.org](http://www.valleyaaa.org).

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

# VOTER'S ADVISORY

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## *Attention GCMS Members:*

The candidates for office below are endorsed by MDPAC. Please feel free to take this page with you into the voting booth or to use while filling out your absentee ballot. Please also remember that toward the end of the ballot will be the candidates for Supreme Court and the Genesee Health Plan millage renewal (which the GCMS Board supports). If you have any questions, please do not hesitate to contact Pete Levine at (810) 733-9925 or [plevine@gcms.org](mailto:plevine@gcms.org).

### *Recommendations for MDPAC endorsements:*

#### **Michigan House of Representatives:**

Rep. Jim Ananich (D-Flint)

Rep. Joseph Graves (R-Argentine Twp.)

#### **Supreme Court:**

Justice Stephen Markman

Justice Brian Zahra

Judge Colleen O'Brien

#### **U.S. House of Representatives:**

Dan Kildee (D-5th District)

#### **U.S. Senate:**

Senator Debbie Stabenow (D-Lansing)



## Meeting the health needs of Genesee County's children

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- Psychiatric Consultation
- Behavioral Health Counseling, Screening, Support Groups
- Prevention Activities

### Child & Adolescent Health

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- School-Based Clinics
- Audiology
- Nutrition Education
- Teen Wellness Center

### Child & Adolescent Dentistry

- Dental Exams & Preventive Care
- Dental Treatment & Restorations
- School Screening and Sealant Program
- Infant & Toddler Oral Health Care

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**\*If you are interested in employment as a Pediatrician or Nurse Practitioner, please check our website for openings or phone and request the Human Resources Department**

## GCMS MEETINGS

– NOVEMBER 2012 –

11/7 – 7:30 a.m. Bulletin Committee @ GCMS

11/14 – 12 noon Ball Committee @ GCMS

11/27 – 5:15 p.m. Finance Committee @ GCMS

11/27 – 6 p.m. GCMS Board of Directors @ GCMS

11/28 – 12:30 p.m. Community & Environmental Health Committee @ GCMS

**MARK YOUR  
CALENDAR**  
President's  
Ball on 12/1!

## HAPPY BIRTHDAY DOCTOR

NOVEMBER

Gerald Berner	1	Barbara Mercer	14	Cecilia Lopez	22
Yong Seup Chung	2	Lynn Walker-Payne	14	Mark Trudell	22
Carlton Dettman	2	Phyllis Helcher	15	Myriam Edwards-Miller	23
Rosie Lumaque	2	Peter Stoyanoff	15	John Frederick	23
Pacita Li Tanhehco	2	Nikhil Vora	15	Heinz Schwarz	23
Michael Zarr	2	Gerald Natzke Jr	16	J Bernard Sloan	23
Sania Zainuddin	3	David Ojeda	16	John McIllduff	24
Manmeet Dhillon	4	Mona Hardas	17	Aram Minasian	24
Punam Sharman	4	Manulal Lala	17	Mostafa Abuzeid	25
Ayman Haidar	5	Shady Megala	17	Daniel Anbe	26
Jolanta Sobotka-		Vishwas Vaniawala	18	Linda Hotchkiss	26
Czarnecki	6	A. George Dass	19	Gurkan Ege	27
JD Wheeler	7	Jamal Farhan	19	Robert Joynt	27
Minoo Chinoy	9	Michael Macksood	19	Stephen Wang	27
Maurice Robitaille	9	Sara Margaret Pendleton	19	Ali Mohammed	28
Daniel Walter	9	Brenda Rogers-Grays	19	Alan Hartz	29
James Culver	10	Dennis Pank	20	K V Mathew	30
Ranjan Monga	12	Alan Goldberg	22		

## CLASSIFIEDS

### OFFICE SPACE AVAILABLE

Small office located by front door of Genesee County Medical Society suite. Great exposure for businesses seeking visibility with physicians. Conference room availability possible. Office size 100 sq. ft. at \$12 per sq. ft. triple-net. Additional office space available. Contact Pete Levine at (810) 733-9925 for details.

### PHYSICIANS NEEDED

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


### Do You Recognize These Doctors?

ANSWERS: 3-Peter Thoms, MD  
1-Joseph Batdorf, MD 4-Allen Turcke, MD  
2-Robert James, MD 5-Frederick VanDuyne, MD

*seasoned*  
seasoned  
attained distinctive quality.  
to make fit by experience.

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**Genesee County Medical Society**  
4438 Oak Bridge Drive, Suite B • Flint, Michigan 48532-5467  
Phone: (810) 733-9923 • Fax: (810) 230-3737

**It's Time to Update Our Records!**

Please take a moment to complete this form. It can be faxed, emailed, or mailed.

**Please Print or Type**

<b>Physician Name:</b>	
<b>Practice Name:</b>	
<b>Office Address:</b> _____ _____	
<b>Office Telephone:</b> (      ) _____ (Listed)	<b>Office Telephone:</b> (      ) _____ (Unlisted-for GCMS office use only)
<b>Office Fax:</b> (      ) _____	<b>Pager:</b> (      ) _____
<b>Office Email Address:</b>	
<b>Board Certified (Specialty):</b>	<b>Year Board Certified:</b>
<b>Board Eligible In:</b>	

<b>Home Address:</b> _____ _____	
<b>Home Telephone:</b> (      ) _____ (Listed)	<b>Cell Phone:</b> (      ) _____ (Unlisted-for GCMS office use only)
<b>Home Fax:</b> (      ) _____	
<b>Home Email Address:</b>	
<b>Spouse's Name:</b>	
<b>If you are retired, where are your previous patient's medical records located?</b>	

*Please notify GCMS when a change in this information occurs.*



**MICHIGAN STATE  
MEDICAL SOCIETY**  
120 W. Saginaw, Lansing, MI 48823  
msms@msms.org • www.msms.org  
517-336-5762

# State and County Medical Society Membership Application

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



Please PRINT or TYPE

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

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

## EDUCATION (please complete or attach CV)

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

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

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

## PROFESSIONAL DATA

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



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