THE Bulletin

June 2014 Volume 92, Number 3

Special Issue on Where Your Patients Receive Inpatient Care.

The Data May Surprise You.

We Need Your Input!

FarmRaiser supports GCMS

Reflections on Retirement

House of Delegates Report

C2F June Fitness Calendar

Incapacitated Patients Update

ICD 10 Town hall update

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June 2014 Volume 92, Number 3

THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

REGULARS

Cover photo by Dr. Cyrus Farrehi

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

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

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

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WE NEED TO UNDERSTAND UTILIZATION PATTERNS: HELP!

Shafi Ahmed, MD

A set of utilization pattern charts has been provided to the Genesee County Medical Society by one of our local hospitals. It has data regarding all three health systems and was compiled by the Michigan Hospital Association. The data indicates there are substantial drops in inpatient utilization, and substantial increases in care being provided in out-of-region institutions on patients with Genesee County ZIP codes of origin. Information is provided by specialty.

Please review the material and respond to the survey link which is below, so that the Medical Society can begin to work on the issue of recouping patients who are receiving care elsewhere.

A synopsis of the data is as follows:

Cardiology admissions in our three health systems, for patients with Genesee County zip codes have dropped from 9,284 in 2008, to 6,960 at the end of fiscal year 2012. In addition, the rate of admissions to non-Genesee County Hospitals rose from 8% to 10.9% during that period. That is an increase of over 25%.

For cardiac surgery, between fiscal year 2008 and fiscal year 2012, local admissions dropped from 698 to 566. During that same time, cardiac surgeries performed on individuals with Genesee County zip codes rose from 22.29% to 36.75% at out-of-county institutions, an increase of over 50%.

For internal medicine admissions, admissions to out-of-Genesee County hospitals rose between fiscal year 2008 and fiscal year 2012 from 7.97% to 11.11%.

Local obstetrical admissions dropped between fiscal year 2008 and fiscal year 2012 from 5673 to 4941. Admissions to out-of-region hospitals increased from 7.65% to 7.95%.

For orthopedic surgery, admissions to out-of-region hospitals for the period of 2008-2012 increased from 17.62% to 20.54%. Fiscal year 2013 looks like it will be even higher.

For general surgery, admissions to out-of-county institutions rose from 14.81% to 17.03% for the same period.

For gynecological surgery, the local market has decreased tremendously, from 1803 surgeries in fiscal year 2008 to 1096 surgeries in fiscal year 2012. Admissions to out-of-region hospitals nearly doubled from 7.71% to 14.05%.

Local vascular surgeries have been relatively stable in number, but an increase has been observed in surgeries performed in out-of-region hospitals, jumping from 10.71% in 2008 to 15.52% in fiscal year 2012.

Urological surgery has seen the number of out-of-region admissions increase from 25.63% to 35.2% for the same period.

For urology-medical admissions, admissions to out-of-region hospitals rose from 2008-2012 from 10.12% to 12.36.

Gastroenterology admissions at out-of-region hospitals have increased 20% from 10.12% to 12.04% while the overall number of local admissions has risen from 4447 to 4875.

There appears to have been an increase in hematology – oncology admissions at out of region institutions jumping from 12.45% in 2008 to 15.99% for the first half of the 2013 fiscal year.

For thoracic surgery, the number of local surgeries has dropped from 426 in fiscal year 2008 to 318 in fiscal year 2012. During that same period, the number of admissions to out-of-region hospitals rose from 14.32% to 18.24%.

PRESIDENT'S MESSAGE

Neurosurgery is different in that, from fiscal year 2008 to fiscal year 2012, the numbers of local neurosurgeries have increased from 366 to 394. It appears that for fiscal year 2013, the number will go up even higher. Surgeries performed in out-of-region hospitals actually fell slightly from 49.45% to 46.7%, but that still represents nearly 50% of all neurosurgeries on patients with Genesee County zip codes.

Mental health admissions fell slightly from fiscal year 2010 through 2013, but the rate of admissions to hospitals outside the region rose from 13.9% to 16.3%.

The GCMS Board of Director's feels the need to try to understand why so many admissions are happening to out-of-region hospitals for people with Genesee County zip codes of origin. A committee has been created to look at this data and to review responses from our membership as to why there out-referrals are occurring at such a high level. Please review the data, which is included in this issue of The Bulletin and take the survey which is available via the following link.

http://app.tellasksell.com/Survey/Public/9e592cf3-3854-4a00-aa62-ae2d4e926c5f

We appreciate the time you spend responding to this inquiry.

YOUR $$$ AT WORK

- **Town Hall meeting held on "ICD-10, You're not Ready!"**
- **Special seminar held on Shared Medical Appointments**
- **Survey designed for inclusion in June Bulletin on care provided to local patients in out of county hospitals**
- **Meetings held with GHP, DHS and DCH on practice issues related to Healthy Michigan**
- **Practice managers sessions held on GHP and Healthy Michigan, and ICD10**
- **Meetings held with local legislators on critical issues**
- **GCMS holds 4 officer positions on MSMS Board**
- **All GCMS Resolutions adopted by MSMS House of Delegates**
- **All GCMS Candidates reelected by MSMS House of Delegates**
- **GCMS met with several practices to aid them on specific problems.**

MEDICAL SCHOOL DEBT MAY CHANGE THE LANDSCAPE

A small loan makes a debtor; a great one, an enemy.

Publius Syrus (85 - 43 BCE)

Daniel Ryan, MD

Recently, a small group of third-year medical students was in the office for a two hour tutorial session and the topic of conversation turned to career choice and its association with medical school debt. Since the participants were all MSU – College of Human Medicine students, the majority are planning a career in primary care. But some were expressing doubts about their ability to manage their medical school debt load and still maintain the standard of living that they had expected to enjoy after years of training to become a physician. They are right to be concerned. Many young people still feel that a career in medicine is a worthwhile pursuit. In 2008, more than 18,000 first-year medical students began their training, a new record. There were two applicants for each available place. But a major concern among newly minted doctors is the oppressive level of debt they incur during training that may dissuade bright and motivated candidates from considering a future in medicine.

About 87% of U.S. medical students need to borrow to finance their education. After leveling off in recent years, the median debt among medical school graduates increased about 5% for the 2012 class to $170,000, according to an analysis by the American Association of Medical Colleges. About 17% carry loads over $250,000. Increasing start-up costs and office overhead combined with static or declining reimbursement for services makes supporting that kind of debt overwhelming.

This debt load and medical school tuition has been rising far faster than the Consumer Price Index over the past 20 years. Other factors affecting the amount of debt include increasing accrual of interest on loans, higher levels of undergraduate loans that carry over, and older medical students with a spouse, children, and/ or a mortgage to support.

High levels of indebtedness can affect the choice of residency as a shift occurs away from primary care into, generally, higher paying specialties. When polled, 32% of residents reported that debt load strongly influenced their choice for post-graduate training. The financial pressures also increase the reliance on moonlighting during residency to make ends meet. The result is often increased stress, fatigue, cynicism, depression, early burnout, and the risk of more medical errors.

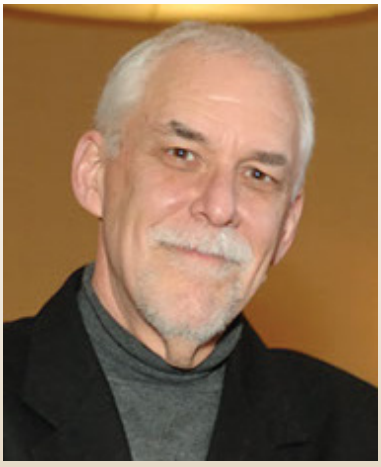
Another trend felt to be the result of expanding debt load is more medical students coming from wealthy backgrounds. About 60% of students come from the top 20% of annual household income while less than 3% come from the bottom 20%. Less affluent students tend to enter primary care fields. This trend will eventually reduce the percentage of ethnic and racial minority physicians and reduce the diversity of the physician pool.

Less than 5% of physicians default on student loans, but government programs and policies can go far to help doctors cope with an ever increasing debt burden. There needs to be adequate funding of Title VII Health Profession programs and protection of the National Health Service Corps Loan Repayment Program along with broader tax exempt status of medical scholarships. Although unlikely in the present economic climate, caps on medical school tuition increases would be helpful. New student loans need low, fair interest rates, and interest on these loans should be easier to deduct. There should be an increase in the number and variety of federally subsidized loans to medical students to increase options to lessen dependence on more expensive private loans.

If a looming physician shortage, exacerbated by the Affordable Care Act, is alleviated somewhat by easing the burden of student loan debt, the cost to the taxpayer will be justified.

DO YOU KNOW WHERE YOUR PATIENTS ARE GETTING CARE?

We All Need To Know!



Peter Levine, MPH

This is a fascinating issue of The Bulletin. You'll notice that a significant portion of this issue contains data relating to where patients receive care if they have a Genesee County ZIP code of origin. It is stunning how many patients are hospitalized for care outside of the region. The data published in this issue of The Bulletin is not specific to any one hospital. It has been designed to show the percentage of care provided in the region, compared to care provided to Genesee County residents outside the region.

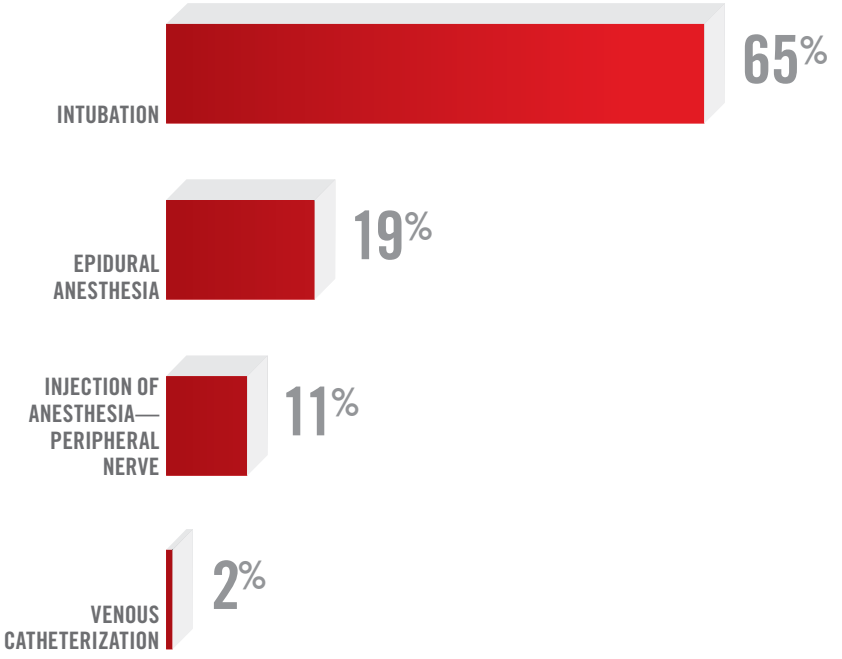
The data is accompanied by a survey which we would very much like members to respond to, indicating opinions regarding reasons for this care being provided outside of the region. This is of importance to all of us. We ask that you take the time to review the data and to respond to it. Responses will be discussed by a subcommittee of the GCMS Board, as well as by key leaders of each of the hospital systems, in an effort to determine what this community's needs are and what to do to reverse this out-migration for care. It is very important that you all respond.

This issue also contains a report on the House of Delegates meeting of the Michigan State Medical Society. Genesee County is consistently a heavy influence on the outcomes of the House of Delegates, as well as the provider of leaders to the Michigan State Medical Society. This year is no different. Please take a moment to review the material and note that a synopsis of all of the resolutions and their outcomes is available in a link in the article about The House of Delegates.

DOES YOUR MEDICAL MALPRACTICE INSURER KNOW WHICH PROCEDURES ARE MOST FREQUENTLY LINKED TO ANESTHESIOLOGY CLAIMS?

THE DOCTORS COMPANY DOES.

As the nation's largest physician-owned medical malpractice insurer, we have an unparalleled understanding of liability claims against anesthesiologists. This gives us a significant advantage in the courtroom. It also accounts for our ability to anticipate emerging trends and provide innovative patient safety tools to help physicians reduce risk. When your reputation and livelihood are on the line, only one medical malpractice insurer can give you the assurance that today's challenging practice environment demands—The Doctors Company. To learn more, call our East Lansing office at 800.748.0465 or visit **WWW.THEDOCTORS.COM.**



ANESTHESIA PROCEDURES MOST FREQUENTLY LINKED TO CLAIMS OF IMPROPER PERFORMANCE
Source: The Doctors Company

THE DOCTORS COMPANY

ICD-10 Has Been Delayed Again… The New Implementation Date Is 10/1/2015

Now What?

By: Laura Lovett,
CPC, CPMA, CEMC, Data Integrity & Compliance Consultant, The Rybar Group, Inc.

There are several courses and other resources available on preparing for the implementation for ICD-10. Most of them focus on how to prepare the coders and billers for the transition. While it is important to work with these individuals to ensure they have the necessary training, it is as important to work with the providers and to understand what they need to do in order to be ready for ICD-10 implementation. Providers need to take a long hard look at their documentation; this is where the true impact of ICD-10 implementation will be felt by clinicians. Updating encounter forms will not get the providers ready. Depending solely on your EMR to guide the providers is not a good idea. Thinking your amazing billing staff will take care of everything is wishful thinking, at best. The major responsibility lies with the clinical providers, the care givers, the documenters.

That is not to say that the providers will be on their own in understanding the new documentation requirements.. Nor does it mean that it has to be a painful, difficult, and monumental undertaking. It certainly can be all of those things and more, but it doesn't have to be. As with most new ventures in the medical field, the challenge is adapting to the new requirements.. This is the chance for your facility to start getting ready. The time invested now will save effort, energy, and time in the long run, and as we all know, time is money.

Let's talk about some steps you can take to begin transitioning the provider's documentation from the ICD-9 world to the ICD-10 universe.

Providers are not expected, nor even encouraged, to memorize any ICD-10 codes. They are expected to take care of their patients, document what they did, and then codes will be assigned based on documentation. In order for ICD-10 codes to be assigned though, providers are going to need to document more information on most of the patients they treat. To help providers capture all necessary information, I suggest creation of documentation prompting templates, giving providers a documentation tool to refer to until they are comfortable with the new requirements. Some providers are already documenting extremely well, and it is important that they continue to do so. I just want to make this clear, when I suggest creating documentation prompting templates; these are not meant to replace the provider's documentation style. They are just intended to prompt providers when documenting to be sure to capture all the required elements in order to assign the appropriate ICD-10 code to the highest level of specificity.

So, where do providers get these documentation prompting templates? Well, I would suggest that the organization create them, or hire someone to help you create them. This way they are meaningful to your providers and their practices. Just because something is targeted at a specific specialty doesn't mean it will work for you. I prefer to tailor the tool to the provider versus forcing the provider to adapt to the tool. To create a tool the organization will need to know what diagnoses need to be reported. I would suggest running a report of all the diagnoses reported in a specific period, 1 year, 1 quarter, for whatever period that will capture enough information to get a good picture of the spectrum of diagnoses assigned by the providers. Ideally, this report will be in a format in which you can easily calculate the number of times each diagnosis was reported. This will help you order them and determine who the heavy hitters are so you can do those first. Now, here is the important part…you don't need to do a template for each and every diagnosis code. You only need to do a template for the main category that encompasses all possible options. For example, say the organization has over 50 different fracture codes that it is currently reporting in ICD-9. You would only need 1 template for fractures, as they all follow the same basic set up in ICD-10. So the fracture template may look something like this:

Fractures- General guidelines:
If not specified as displaced or nondisplaced, coders will default to displaced.*
If not specified as open or closed, coders will default to closed.*

Needed information (if applicable):

1. Location- e.g. proximal end, mid shaft, etc…
2. Laterality
3. Bone(s) involved- e.g. ulna alone or ulna with radius
4. Type of fracture- physeal, comminuted, spiral, transverse, etc…
5. What encounter this is- e.g. initial or subsequent
6. Healing status- routine, delayed, nonunion, malunion, sequel

Example of what a code actually states:

**S72.021N Displaced fracture of epiphysis (separation) (upper) of right femur,
subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion**

This template can be kept where ever it makes sense; it could be built in your EMR, it can be made pocket sized and laminated for the providers to carry with them when they dictate, or it can be posted on a wall above their desk. Utilize the methodology which works best for your providers and their day to day activities. The template is a tool to help the providers do their job. After a while the providers will become so used to capturing this information that they will no longer need to even reference this tool anymore.

Now is the time to start working on creating templates and updating the documentation style of your providers to meet the requirements. If you do a few each week and integrate them into your daily practice now, by the time ICD-10 is implemented the providers should be good to go, from a documentation perspective that is.

Changing to ICD-10 is not as easy as flipping a switch. We are trying to reshape the 35 years of habits that we have developed utilizing ICD 9. . It will take time to change the provider's style and for them to remember all the requirements. The choice is yours. Spend a little extra time now so the documentation will be ready and go live is just another day for your providers or wait and spend a lot of time re-visiting records and amending notes just to get claims out the door, or better yet, paid.

It is about working smarter not harder and getting credit for the work you do.

Laura Lovett is a Data Integrity & Compliance Consultant for The Rybar Group, specializing in the area of Professional Service Documentation, Coding, Auditing and Education. She can be reached at 810.853.6173 or via email at LLovett@therybargroup.com

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Spice Rubs

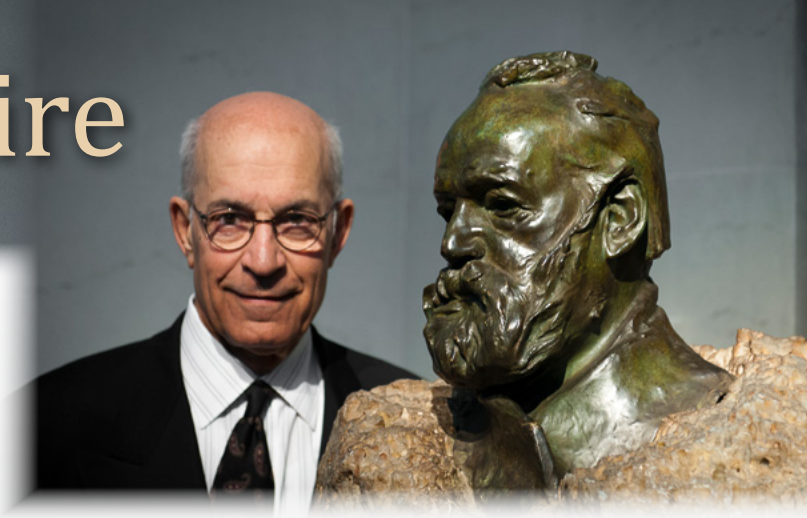
Artisan Pasta & Sauce

FARMRAISER

FarmRaiser coordinates fundraisers for meaningful causes that feature local, healthy products!

When to Retire

Cyrus Farrehi, MD - Past President



When is the right time to retire? Yesterday? Never?

There is no guide where it is not compulsory. No road signs and no posts as generations go through. Judgments remain subjective, retrospective and unclassified. Can one time be better than another? Can any time be too soon? Can ever be too late? A large body of opinion says yes to all three. Some people retire too early, a few never, many too late. How can you tell what is right for you? Can everyone be correct or wise? No. We can start from the last question.

It just seems wrong to assume that any time is as good as any other, for every individual. Instead, we accept the view that there must be a proper time to retire for every working man or woman. Fine, but how can you find that proper time? I hope my words here offer some points to generate new thoughts and start a discussion. Can one formula fit all people or all types of work? No. Today, we focus on physicians. There are differences there too, but we may be able to handle that.

When should a doctor retire? Put aside forced retirement by a sudden catastrophe like incapacitation or need to become a full-time caregiver where there is actually no question. Dilemma arises when the biologic abilities and powers begin to gradually fail, but are still adequate for the routine. How do you make a decision in such a slow process? Or, differently, there comes a time when in some sense there is no more necessity to work and there is no pressure to quit either, hence retirement becomes purely a personal preference. What do you do? It is useful here to separate thoughtless habits that were once based on a need or passion from real and active justifiable desires of the present. Further, all these passions or needs should be scaled in a hierarchy, not in solo. A physician is pursuing this or that goal, but at the expense of what?

One straightforward time to retire must be when the physician can no longer perform as expected, for whatever reason. This principle is operative now. If the doctor cannot operate or make hospital rounds, he or she sees patients in the office only: a type of partial retirement. This common practice is helpful in many ways: personal comfort, manpower issues, succession or replacement, interests of patients, and so on. It basically avoids the shock of sudden departure from the profession entirely. The price for the system is ambiguity, questions on quality or transparency, professional propriety. Whose interest is being served?

Let us remember at this point that doctors are in charge of other people's lives and health. Their work is not just a job. Further, they carry out this role not by virtue of their diploma but their license granted by the public through their elected representatives. Hence, the question of competence has to be handled with much care and due respect. A cursory or subjective approach is not enough, not responsible, not acceptable. Our professional organizations have regrettably not been helpful in this regard. In the amorphous present system or vacuum, the winning opinion of whether a doctor is any longer capable of doing his work comes from the notes of surrounding professionals, still subjective but a conclusion reached by others. This may be hard for some to accept if they have habitually relied on self-assessment. Further, there is a latent period caused by the delay in expression of these unpleasant conclusions and the distance to the ear of the doctor. Without a doubt, some degree of sensitivity is essential here to achieve the proper outcome.

One inescapable notion: since the future requirements of the field and the health status of a physician cannot be determined in advance, the optimum time to quit, as a precise moment, will never be knowable. It then follows that for any retirement, since the best day is not ours to have, we should take the day before and not the day after. It is like approaching a cliff where the possible advantages of a better view give way to the clear risks of stepping too far, and unlike focusing a camera where the best point is found by deliberately going beyond and then returning to it.

At the end, we have only ourselves to come up with a guidebook. So, view the fate of others, share your thoughts or experience, inform the young, and don't travel this road without leaving a mark.

MY PATIENT IS INCAPACITATED – WHAT DO THESE DOCUMENTS MEAN?

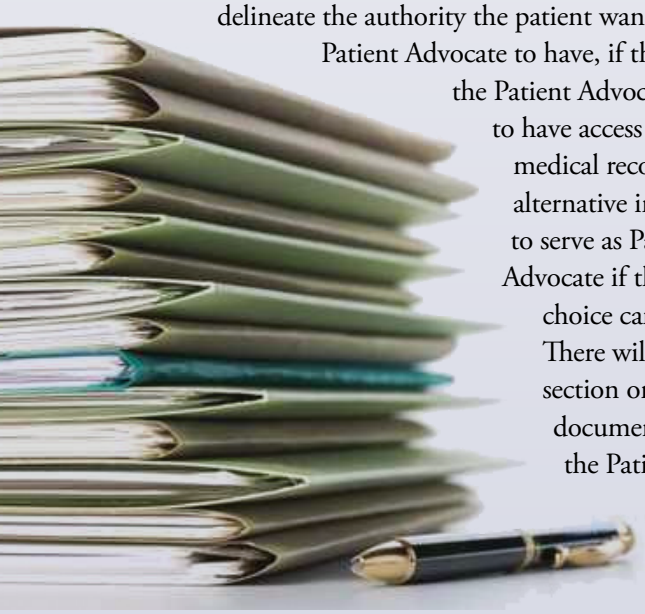
By: Barbara J. Hunyady

When a patient is not able to participate in their medical decisions, whether it is due to a permanent or temporary incapacity, there are a variety of documents a physician may be handed purporting to give this authority to another person. Sometimes, the patient's friend or family member has a number of documents, some do not understand the meaning of the documents they have and they do not know which ones the physician will need. It is important for the physician and office staff to be familiar with these types of documents and know what to look for so the appropriate documentation goes into the patient's file.

For adults who have had their estate planning prepared by an attorney, they will commonly have three signed documents: (1) a Living Will, (2) a Medical Treatment and Health Care Durable Power of Attorney, a/k/a Patient Advocate Designation, and (3) a Durable Power of Attorney.

• The Living Will is a document that instructs physicians and others to withhold or withdraw life-sustaining procedures and equipment in the face of certain death. This document typically does not appoint another person to make the patient's medical decisions, rather it states their desired treatment course.

• The Medical Treatment and Health Care Durable Power of Attorney, a/k/a Patient Advocate Designation is a document that will appoint another person to make medical decisions for the patient. The document will delineate the authority the patient wants their Patient Advocate to have, if they want the Patient Advocate to have access to medical records, and alternative individuals to serve as Patient Advocate if their first choice cannot act. There will also be a section or separate document where the Patient Advocate has accepted their duties, which will be signed by the Patient Advocate themselves. This is the document that tells the physician who the patient wants to make their medical decisions.



• The Durable Power of Attorney (DPOA) appoints another person to make financial and business decisions. While many people choose the same individual to be their Patient Advocate and DPOA , this document does not give the appointed person any authority over medical decisions or any access to medical records. The financial power of attorney has no bearing on medical decisions, although it may be helpful to take care of billing matters.

For incapacitated adults who do not have an estate plan and do not have any of the foregoing documents, their family will need to go to the local Probate Court to be appointed by the Judge to act for the patient. These appointments take two forms: (1) Guardianship, and (2) Conservatorship. Your patient may have one or both of these t ypes of appointments made for them, however one does not replace the other and they have distinct purposes.

• Guardianship appoints a guardian to make care, custody, medical and placement decisions for the patient. This is a court order stating who is in charge of making life decisions for the patient. The guardian will have a document titled "Letters of Guardianship" that states they are appointed as guardian and it is signed by the Judge. Depending on the patient's level of incapacity, the Judge might limit the amount of authority the Guardian has. If so, this will be indicated on the Letters of Guardianship. If there is no limitation stated on the Letters of Guardianship, then the guardian will make all medical, care, and placement decisions for the patient. Unlike in a Patient Advocate designation, the court does not appoint alternative people who can act if the first choice is unable. In guardianship, only the person listed on the Letters of Guardianship has authority to make decisions for the patient. If the appointed Guardian no longer is able to do this, they will need to return to court to have the Judge appoint another person.

• Conservatorship appoints a conservator to manage the person's finances and bills. Conservators will have a document titled "Letters of Conservatorship" that appoints

them and is signed by the Judge. The conservator does not have any authority to make medical or placement decisions, they only have control over the person's financial matters. If an incapacitated patient has a conservator and no Medical Treatment and Health Care Durable Power of Attorney, a/k/a Patient Advocate Designation, this means that there is no one with authority to make medical decisions for them. The family will have to return to court to petition for the appointment of a guardian to make the medical and placement decisions.

While this is an overview of what these types of documents generally represent, a careful reading of each individual document and/or court order is necessary to determine exactly what authority another person has over your patient's care. If you have any questions or concerns about documents you are provided by your patients and their family, please contact the author at bhunyady@ccglawyers.com or 810-232-3141.

Special Session on

SHARED MEDICAL APPOINTMENTS

During May, the Genesee County Medical Society with the Greater Flint Health Coalition, and Sanofi-Aventis held a meeting on the topic of Shared Medical Appointments which was attended by several physicians and members of their staff.

The speakers included Dr. Michael Valituto, Medical Director of the Borges Diabetes and Endocrine Center as well as Dr. Brenda Fortunate, and Dr. Paul Lazar, who are involved in the Greater Flint Health Coalition's Shared Medical Appointments Task Force.

Physicians in attendance included Drs. Mary Marshall, Rima Kudish and Shafi Ahmed. Staff was also present from several offices.

The session was very exciting for those present with several practices deciding to move forward on shared medical appointments.

Those wishing further information may contact Peter Levine at 810-733-9925 or Lori Kunkel, 810-232-2228, at the Greater Flint Health Coalition.

OBITUARY

Richard M. Lundeen, MD

1926 - 2014

Richard M. Lundeen, MD of Honor, MI died Friday, May 2, 2014, at his home on Platte Lake with his family by his side. A celebration of his life will take place this summer. He was born in Creston, Iowa on October 20, 1926. In 1954, he graduated from The University of Iowa Medical School. Richard married Marilyn Provan in 1955 and also moved to Flint, MI to do his internship at Hurley Hospital and his Family Practice Residency at McLaren Hospital. He maintained a private Family Practice in Flint, MI for 37 years (1956-1993), and retired to his home in Honor, MI in 1993.

Dr. Lundeen belonged to many professional organizations and was involved in many professional activities including: American Academy of Family Physicians, American Board of Family Practice, Member Genesee County Medical Society, Member Michigan State Medical Society, Member American Medical Association, Westwood Heights Board of Education (1961-1964), Carman High School Board of Education (1969-1973).

One of Dr. Lundeen's greatest loves was being involved in Sports Medicine at the High School level. He was the team doctor at Hamady High School from 1961-1964. He then moved on to Ainsworth High School in 1966. When Carman High School opened 1967, he became their team doctor and could be seen roaming the sidelines every Friday night until 1983. He was inducted into the Carman-Ainsworth Athletic Hall of Fame in 2002 for his outstanding service to the Athletes of Ainsworth and Carman High Schools. He also received the Bruin Club of Genesee County Sports Medicine Award in 1983.

PART 4: 14 THINGS YOU NEED TO KNOW TO REDUCE ILLNESS AND DEATH

THE DANGER AROUND US

What is one of the most important but little known causes of disease today? One that is found virtually everywhere including our food, water and air, even creating disease related to allergy, infections, autoimmunity (where the immune system attacks the body), dementia, autism, heart disease, lung disease, cancers and more? If you answered toxic exposures you would be correct.

Don't feel bad if you didn't guess it. Most people in this country are not aware of the problem, and certainly not of its prevalence. So little is discussed about toxic exposures and yet they are very important. Toxins such as chemicals and metals in our air, water and food contribute, not only to many diseases, but also sadly, to many deaths. Just as frightening is the fact that toxic effects in the body are trans-generational. This means that once they cause disease within a person, that particular change has been shown, in studies, to continue in the family lineage for about six generations into the future!

A toxic substance according to the EPA is any product which is harmful to the environment or to humans, and may be either synthetic (man-made) or naturally occurring. Both are significant, and they are literally all around us. Despite that fact, mankind has continued to produce toxins. The Natural Resources Defense Council reports that there are over 80,000 chemicals that have been created by man (most in the last 3 decades) and unfortunately most have never been tested for safety. This is a huge concern because many are suspected of being harmful. Probably the worst part is that they are used in day to day living as if they had been studied and found to be safe. The truth is that the majority have not been studied and none have been studied together. The way the law is set up now, the harmful chemical isn't removed from use until significant problems are revealed. In this country, it is legal to release a chemical for broad use without any safety evaluation. They are only taken off the market when they have been determined to be dangerous via lawsuits or public/scientific community pressure.

A Harvard University study found that the chemical industry itself doesn't bother to even label their products with the proper identification numbers about a third of the time. This laxity in reporting by the chemical manufacturers adds to the lack of safety information resulting in confusion and misunderstanding of the potential harm a chemical can cause.

Some examples of common toxins in our environment include: arsenic, chlorine and fluoride in our drinking water, lead in lipstick, pesticides on our lawns and crops, solvents in fragrances, dyes in our food and tattoo's, solvents in paints, solvents from industrial pollutants, and preservatives in our food and injectable medications.

One fearsome disease caused, in part, by toxins is cancer. Cancer is one of the most dreaded diseases of our time and despite knowledge that many chemicals and toxic metals are related to this disease, there is little done to either educate or protect citizens from these exposures. Despite President Nixon's declaration of war on cancer during his presidency there has been little done to warn people as to what causes it. The American Cancer Society rarely discusses the toxic link to cancer. According to the Presidents report on Cancer, some newly proven carcinogens include Formaldehyde (a common preservative), Mercury (in the air we breathe, dental amalgams and fish), Perchloroethylene (used in dry cleaning), Trichloroethylene (an industrial cleaning agent), and Phthallates (in all plastics) to name a few. Sadly these products are known to cause cancer and most are still being used without the warnings people deserve. There must be a means by which to evaluate their safety before a chemical is allowed to be placed in general use.

As humanity has progressed, it finds itself at a crossroad of sorts. It is caught between using synthetically derived chemicals as they are created prior to testing or waiting until the newly created ones have been proven to be safe. There are pro's and con's to both directions but it would seem wise to weigh human health as the most important variable in the argument. The luxury to carry on as is usual is no longer acceptable. The health and possibly the life of many on this earth depend on it.

Gerald Natzke, DO, FAAEM, FAAOA
Co-Chair GCMS Community & Environmental Health Committee

June

GCMS PHOTO ALBUM

PHOTOS BY

Dr. Cyrus Farrehi

GCMSA'S Barbara Pougnet Awarded MSMS Community Service Award For 2014

Barbara Pougnet was born and raised in Fenton, Mi. She was married to Internist, W. D. Pougnet, MD. The couple has six children, nineteen grandchildren and three great grandchildren. She has a Bachelor of Science degree in Nursing, Master's degree in Guidance and Counseling. Barb worked at McLaren from 1953 until 1957, took time off to raise her family and went back to work from 1981 She retired in 1994.

Barb joined the GCMS Alliance in 1955. She volunteered at the Genesee County Free Medical Clinic for several years and has served on the Board for nearly fifteen years. She has been involved with the Healing Hands 5K Run/Walk and Genesee County Master Gardeners and helped the latter with their annual conference since 1996.

Barb's hobbies include bridge, golf, reading and walking. However, in most of her spare time, she enjoys attending her grand children's activities.

Fresh Local Goods to Support GCMS

Support the Genesee County Medical Society and enjoy wonderfully fresh foods with FarmRaiser! Choose from the great options below, and simply place your order online at farmraiser.seeyourimpact.org/gcms.

Don't wait – all orders must be placed by June 5th!

Michigan Asparagus

Shade Grown Coffee

Cuban Black Beans & Corn Bread

Spice Rubs

Artisan Pasta & Sauce

FARMRAISER

FarmRaiser coordinates fundraisers for meaningful causes that feature local, healthy products!

Commit to Fit! Fitness Classes

Commit to Fit! offers **FREE** fitness classes and healthy cooking demonstrations to all individuals who live or work in Flint and Genesee County. Depending on the facility, participants may be asked to complete a brief registration form prior to attending a class. See back side for details.

JUNE 2014 SCHEDULE

JUNE 2014

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 **Jazzercise** 3525 E. Court St. 6:30 p.m.	3	4 **Zumba Gold (Beginner)** GAC 5:30 p.m.	5 **Jazzercise Express** 3525 E. Court St. 6:05 a.m. **Basic Yoga** IHFC 6:45 p.m.	6	7 **Jazzercise** 3525 E. Court St. 9:00 a.m. **Healthy Cooking Demonstration** Flint Farmers' Market 12:00 p.m.
9 **Jazzercise** 3525 E. Court St. 6:30 p.m.	10	11 **Zumba Gold (Beginner)** GAC 5:30 p.m.	12 **Jazzercise Express** 3525 E. Court St. 6:05 a.m. **Basic Yoga** IHFC 6:45 p.m.	13	14 **Jazzercise** 3525 E. Court St. 9:00 a.m.
16 **Jazzercise** 3525 E. Court St. 6:30 p.m. **Bokwa** Flushing County Park 7:00 p.m.	17 **Zumba Kids & Zumba Kids Jr.** Davison Roadside Park 7:00 p.m.	18 **Zumba Gold (Beginner)** GAC 5:30 p.m.	19 **Jazzercise Express** 3525 E. Court St. 6:05 a.m. **Basic Yoga** IHFC 6:45 p.m. **WERQ** Linden County Park 7:00 p.m.	20	21 **Jazzercise** 3525 E. Court St. 9:00 a.m.
23 **Jazzercise** 3525 E. Court St. 6:30 p.m. **Bokwa** Flushing County Park 7:00 p.m.	24 **Zumba Kids & Zumba Kids Jr.** Davison Roadside Park 7:00 p.m.	25 **Zumba Gold (Beginner)** GAC 5:30 p.m.	26 **Jazzercise Express** 3525 E. Court St. 6:05 a.m. **Basic Yoga** IHFC 6:45 p.m. **WERQ** Linden County Park 7:00 p.m.	27	28 **Jazzercise** 3525 E. Court St. 9:00 a.m.
30 **Jazzercise** 3525 E. Court St. 6:30 p.m. **Bokwa** Flushing County Park 7:00 p.m.	1 **Zumba Kids & Zumba Kids Jr.** Davison Roadside Park 7:00 p.m.	2 **Zumba Gold (Beginner)** GAC 5:30 p.m.	3 **Jazzercise Express** 3525 E. Court St. 6:05 a.m. **Basic Yoga** IHFC 6:45 p.m. **WERQ** Linden County Park 7:00 p.m.	4	5 **Jazzercise** 3525 E. Court St. 9:00 a.m.

INSIGHT HEALTH & FITNESS CENTER · GENESEE COUNTY PARKS · GENESYS ATHLETIC CLUB · FLINT Farmers' Market · jazzercise

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 South Saginaw St
Flint, MI 48507
(810) 262-2222

Bokwa (1 hour) – Draw letters and numbers with your feet while performing an energizing cardio workout routine to today's hit music.

Flushing County Park Pavilion 5
4417 N. McKinley Rd
Flushing, MI 48433
800.648.PARK

Healthy Cooking Demonstration
(1 hour) – Learn how to cook a simple, healthy dish by a vendor at the Market and try a sample after!

Flint Farmers' Market
420 E Boulevard Dr
Flint, MI
(810) 232-2403

Jazzercise (1 hour) – Combination of Pilates, yoga, and kickboxing. Every class includes a warm-up, 30 minute aerobic workout, followed by muscle toning and strength training.

Jazzercise Express (30 minutes) – A shorter version of traditional Jazzercise.

Jazzercise Court Street
3525 E. Court St
Flint, MI 48506
(810) 743-3525

WERQ (1 hour) – Pronounced "work", this is a fun dance fitness class inspired by song lyrics and music videos. You'll cool down using yoga-inspired static stretching.

Linden County Park Pavilion 4
15349 S. Linden Rd
Linden, MI 48451-9038
800.648.PARK

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.

Genesys Athletic Club (GAC)
801 Health Park Blvd
Grand Blanc, MI 48439
(810) 606-7300

Zumba Kids & Zumba Kids Jr.
(1 hour) – The ultimate dance party for kids ages 4-11. This class features age-appropriate music and the opportunity for kids to move to the beat.

Davison Roadside Park
6160 Davison Rd
Burton, MI 48509
800.648.PARK

Questions?
Email
commit2fit@flint.org

For updated monthly calendars of the *Commit to Fit!* Fitness Classes visit:

commit2fit.com

MIC-6C3 June.Fitness.Class.Calendar.HISC.051214ar

MSMS HOUSE OF DELEGATES, A MAJOR SUCCESS ONCE AGAIN

Between April 25 and 27, the GCMS delegation swept into the MSMS House of Delegates. The delegation consisted of Drs. Cathy Blight, Laura Carravallah (Internal Medicine), Edward Christy, Pino Colon (Speaker Of The House), Deborah Duncan, Mona Hardas, Asif Ishaque, Rima Jibaly, Gary Johnson, Nita Kulkarni, Sam Kiran, Rama Rao, Ray Rudoni (Vice Speaker), Sunita Tummala (Neurology), Amanda Winston, and MSMS Board members, Drs. S. Bobby Mukkamala (Vice Chair), Venkat Rao (Treasurer) and John Waters.

All of the GCMS resolutions which were submitted were approved. Two of them related to human trafficking and one opposing the relaxation of smoking regulations. IMG Section resolutions, which were submitted following introduction by GCMS members, focused on H1 visas, abolishing discrimination against IMGs in medical licenses, and tying the driver's license length of issue to the length of a J1 visa. To see all Resolutions and their outcomes, please see link below.

http://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/House_of_Delegates/MSMS_2014_HOD_Reference_Committee_Reports_v1.pdf

Dr. Cathy Blight was reelected as an AMA delegate, Dr. Venkat Rao was reelected as an AMA alternate delegate. Dr. Pino Colone was reelected as speaker, and Dr. Ray Rudoni was reelected as vice speaker. GCMS members receiving 50-year awards are Drs. Abner Espinosa, Chang Lee, George Politis, Marigowda Nagaraju, Alexander Chan, Edgardo Paguio, J. Rajkumer Pandyan, Susumu Inoue, Amitabha Banerjee, Felipe Videla and Julio Badin. A Community Service Award was issued to Barb Pougnet of the GCMS Alliance.

Dr. Asif Ishaque served on Reference Committee A, Medical Care Delivery. Dr. Rima Jibaly served on the reference committee on legislation. Drs. Ed Christy and Mona Hardas served on Internal Affairs and Constitution and Bylaws, Dr. Cathy Blight served as its AMA advisor. Drs. Laura Carravallah and Gary Johnson served on the Public Health Reference Committee with Dr. S. Bobby Mukkamala serving as AMA Advisor. The reference committee on Ways and Means had Drs. John Waters and Venkat Rao serving as Board Advisors. The Committee on Rules and Order of Business had Drs. Pino Colon and Raymond Rudoni serving as ex-officio members. Dr. Venkat, Mrs. Beth Schumacher and Peter Levine attended the MD-PAC Board of Directors meeting. Drs. Venkat Rao, Rama Rao, Ed Christy, Mona Hardas, Rima Jibaly and Mr. Peter Levine attended the International Medical Graduate Caucus.

Dr. Cathy Blight introduced the key speaker on Friday night, Dr. Karl Sirio, an AMA trustee.

Overall, GCMS continued its leadership of organized medicine, working hard on behalf of GCMS and MSMS members and their patients.

GCMS MEETINGS

— June 2014 —

Legislative Liaison Committee
Recessed for June

Bulletin Committee
Recessed for June

2014 Past President's Ball Committee 6/4
12pm, GCMS Office

Membership Committee 6/16
12pm, GCMS Office

Finance Committee 6/24
5:30pm, GCMS Office

Board of Directors 6/24
6pm, GCMS Office

Community & Environmental Health Committee 6/25
12:30pm, GCMS Office

Practice Managers 6/26
8am, GCMS Office

Genesee County Medical Society
Board of Directors
March 25, 2014 - Minutes

*Shafi Ahmed, MD	Rima Jibaly, MD	Venu Vadlamudi, MD
*Qazi Azher, MD	*Gary Johnson, MD	*Tarik Wasfie, MD
*Athar Baig, MD	*Farhan Khan, MD	*John Waters, MD
*Amitabha Banerjee, MD	Samasandrapalya Kiran, MD	*Amanda Winston, MD
Devinder Bhrany, MD	*Nita Kulkarni, MD	
*Cathy Blight, MD	Paul Lazar, MD	
Laura Carravallah, MD	Sreen Mannam, MD	
*Ed Christy, MD	*S. Bobby Mukkamala, MD	Staff:
Pino Colone, MD	*Gerald Natzke, Jr., DO	*Peter A. Levine, MPH
Niketa Dani, MD	Venkat Rao, MD	
*Deborah Duncan, MD	*Lawrence Reynolds, MD	Guests:
Hesham Gayar, MD	Brenda Rogers-Grays, DO	*Elizabeth Schut
Walt Griffin	*Raymond Rudoni, MD	
Mona Hardas, MD	*Daniel Ryan, MD	*in attendance
*John Hebert III, MD	Elmahdi Saeed, MD	
Asif Ishaque, MD	*Robert Soderstrom, MD	
Michael Jaggi, DO	*Peter Thoms, MD	

Call to Order:
The meeting was called to order at 6:05PM in the Rapport Conference Room by Shafi Ahmed, MD, President.

Introduction of New Board Members and Guests:
Dr. Ahmed introduced Dr. Elizabeth Schut, a pediatrics resident, who attended because of her interest in organized medicine and community medicine.

Review of Minutes:

Motion: that the minutes of the February 25, 2014 Board of Directors meeting be approved as presented. The motion carried.

Reports:

A. Alliance Report

On behalf of Ruqsana Ahmed and Vibha Kaushal, Peter Levine reported that the Alliance March program was held recently, a Food and Wine with Chef Luis at the home of Mona Sahouri. The April program will be held on the 22nd and will involve a yoga class at the Hospitality House. On May 20, the last program is the Geranium Luncheon, which is the end of the 2013/14 fiscal year. At that meeting, the new presidents-elect, Maria McCann and Raquel Yapchai will be installed. In addition, Ruqsana Ahmed will be installed as president.

B. Finance Report

Motion: that the budget-to-actual report for the period ending February 28, 2014 be approved as presented. The motion carried.

C. Membership

Drs. Mukkamala and Banerjee reviewed a list of unpaid members. They noted that the number has dropped to 40, with several who have agreed to renew.

Levine also presented a comparison of dues from 2013-2014, which shows a $7,000 deficit in comparison to last year. It is expected that those numbers will be considerably higher after the March numbers come in because so much effort has been exerted by Staff to recoup members

Directive: Staff was directed to contact Mike Brown, acting president of the Cultural Center to line up something for this summer for residents and young physicians.

Directive: Staff was directed to find out who the first-year members were last year and contact them to find out why they did not join.

Directive: Staff was directed to ask MSMS for a list of physicians who have never been members.

D. Legislative Liaison

Dr. Cathy Blight reviewed the discussions held at the Legislative Liaison Committee meeting. The committee discussed strong opposition to Senate Bill 2, which would extend nurse practitioner scope of practice as well as Senate Bill 180, which would expand nurse anesthetist scope of practice. In addition, there was a lengthy discussion of a proposal to reform auto no-fault insurance. MSMS is working hard to make sure the results are appropriate. Also discussed at length was the importance of increased graduate medical education funding.

E. Community & Environmental Health

Directive: Staff was directed to set up a meeting with the editor of MLive to meet with the chairs of the Community & Environmental Health Committee and Dr. Ahmed, if he can attend.

Dr. Gary Johnson reported that the Smart Bites program has 14 restaurants, which are focusing on healthier food alternatives for children. That list will be included in the April issue of The Bulletin.

It was noted that Innovative Health Magazine will be publishing articles relating to "The 14 Things the Public Needs to Know to Reduce Illness and Death".

Dr. Gerald Natzke also noted that the committee would like e-cigarettes included in all comments and positions taken by the Medical Society that relate to tobacco use and smoking.

Motion: that e-cigarettes be included in all communications by the Genesee County Medical Society related to nicotine abuse. The motion carried.

F. Greater Flint Health Coalition Update

1. CHAP

Dr. Lawrence Reynolds reported that the Mott Children's Health Center has pledged $175,000 to promote the Children's Health Access Program. The total budget would be $350,000. Only one other organization has offered to put up $10,000. Right now, the program is far short of its funding needs.

2. Cost and Resource Planning

Dr. John Waters reported that the Cost and Resource Planning Committee is developing a presentation to be given to the Health Coalition Board of Directors. The presentation will synopsize the impending crisis of physician supply and explain the need for the entire community to work together to improve the attractiveness of the Greater Flint area, in terms of attracting physicians and other highly trained individuals.

G. District Directors

Drs. S. Bobby Mukkamala and John Waters reviewed the MSMS Board meeting actions. Of note was the fact that the audit was very positive and that the House of Delegates will be run differently, as outlined in last month's GCMS Board of Directors meeting.

H. Peer Review Update

Peter Levine reported the Mediation Committee had met and dispatched with several complaints against physicians. He wanted to keep the Board abreast of the ongoing activity because there are so many physicians contributing considerable time and energy to the process.

Levine also noted that the Impaired Physicians Committee has processed several cases in the last several years, which are extremely resource intensive.

I. President's Report

1. Data Relating to Referral Patterns

Dr. Ahmed reminded to Board of Directors that the committee relating to referral patterns will include Drs. Qazi Azher, Deborah Duncan, Raymond Rudoni, Jitendra Katneni, Seif Saeed and possibly Dr. Jagdish Shah.

Dr. Ahmed reviewed a proposed letter to members and a draft survey, which generated many questions. He asked to Board for input.

Directive: Staff was directed to send the draft survey out to the Board of Directors to ask for input on it.

Consensus: that an issue of The Bulletin be allocated to data relating to referral patterns.

Motion: that an ICD-10 Boot Camp be put together during the summer with a big discount for members and at a higher cost for nonmembers. The motion carried.

Old Business

A. Children With Cancer Community House

Motion: that the issue of a Children with Cancer Community House is a hospital issue for the Hurley family. It would be a Hurley resource. A letter is to be sent to Dr. Inoue, noting that the Medical Society supports the effort, but will not be able to contribute. The motion carried.

B. Hero Award

Consensus: that the Presidential Citation be changed to Presidential Hero Citation, noting that we can give more than one. The Nominating Committee will be asked to provide nominations.

MAY D
BUSINESS MEE

On May 1, 2014 Genesee County Medical Society held a General Membership Meeting on the topic of "ICD-10: You're not Ready!"

The evening was sponsored by ModuleMD. In addition, Amy Freeman of FarmRaiser attended, a partner organization of GCMS.

The meeting started with the review of GCMS accomplishments at the Michigan State Medical Society House of Delegates that had been held the previous weekend. The contents of that is contained in article elsewhere in this issue of The Bulletin.

Dr. Shafi Ahmed, GCMS President, reported that the Genesee County Medical Society will be publishing

INNER
ETING REPORT

data in the GCMS Bulletin that contains substantial information about where Genesee County residents are receiving care. It is a surprising number of patients receiving their care outside of the region. The survey will be distributed with that material, for GCMS members to use in response to help the Board understand this pattern.

Laura Lovett, a consultant on data integrity and compliance from Rybar and Associates, provided a riveting presentation entitled "ICD-10, You're not Ready!" Those who missed this particular meeting really missed a tremendous amount of information.

The Affordable Care Act What Is Going On With Your Practice?

In late April, GCMS hosted a meeting of Practice Managers on the topic of "The Affordable Care Act, What Is Going on with Your Practice?" The session featured a panel from Blue Cross Blue Shield, BCN, Health Plus, and McLaren Health Plan as well as the Michigan State Medical Society. This session provided a great opportunity for practice managers to interact directly with the people who influence how practices run. Representing Blue Cross and Blue Care Network were Kate Simon, manager of Provider Outreach Mid-Michigan, Tina Gach, and Cindy Gerby, who serve Genesee County as provider representatives. Also representing Blue Cross and Blue Care Network was Steve Chapton from Product Development. Representing McLaren Health Plan were Julie Hearst, Manager of Network Development, and Tracy Minarik, Provider Representative. Representing Health Plus of Michigan were Bryan Cole, Director of Product Development and Jennifer Grennell, manager of Provider Relations. Also providing input on the topic were Stacey Hettiger and Susan Dutcher of MSMS.

The discussion was highly energized with information flowing both ways. It was also decided that the ICD-10 Boot Camp planned for June will be postponed till early fall.

The May topic for practice managers was "GHP & Healthy Michigan Update: How to Get Paid for Seeing Your Patients!". The June session for practice managers will be "Training for the Front Office, Concentrating on Communications", featuring MSMS and Medicaid staff providing input to practices. In July, the session will be recessed and in August, the focus will be on PQRS. All of the upcoming sessions will feature MSMS staff, and experts, as well as the input from other key entities.

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

Announcement

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

For details, contact:

POTTER & ROOSE INSURANCE
810-767-8590

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

906 Mott Foundation Bld., Flint, MI 48502

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LEGISLATIVE LIAISON COMMITTEE

JUNE 2, 2014 MEETING

On May 5, the GCMS Legislative Liaison Committee met with Representatives Scott Graves and Phil Phelps as well as Senators Dave Robertson and Jim Ananich. Also present was Tim Sneller from Representative Charles Smileys' staff.

The meeting was chaired by Dr. S. Bobby Mukkamala or behalf of Dr. Cathy Blight.

Steve Japinga of MSMS reviewed several resolutions which are likely to result in legislative activity.

There was intense discussion about Resolution 51 entitled Opposition to Government Regulations Limiting Scope of Women's Health Coverage. This is a resolution that was passed the MSMS House of Delegates and which GCMS supported. It opposes thAe requirement to buying a rider for women's health services. Both of GCMS's resolutions regarding human trafficking passed the House and support existing legislation which is pending.

The resolution entitled Removal of Other as a Valid Reason for Immunization Waiver was discussed in detail with the legislators. Positions in general because of the need for herd immunity.

The resolution entitled To Promote H1B Visas International Medical Graduates was of significant interest to the local medical community that will result in federal legislation.

The resolution entitled Post Rapid Diagnostic Testing Program in Michigan Pharmacies is an issue which will be potentially explosive and will inAvolve physicians in other parts of the state and all specialties. This is a clear effort by the Pharmacy Association to expand pharmacist scope of practice.

Dear GCMS members, GCMSA, and Practice Managers,

There will be an upcoming issue of The Bulletin dedicated to healthy eating.

Please submit your tastiest, most wonderful healthy recipes to us, and let's have some fun teaching one another some delicious ways to eat in a healthy fashion!

Please send your recipe submissions to Sherry Smith at smith@gcms.org

Issues Of Serious Concern For Medical Practices!

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

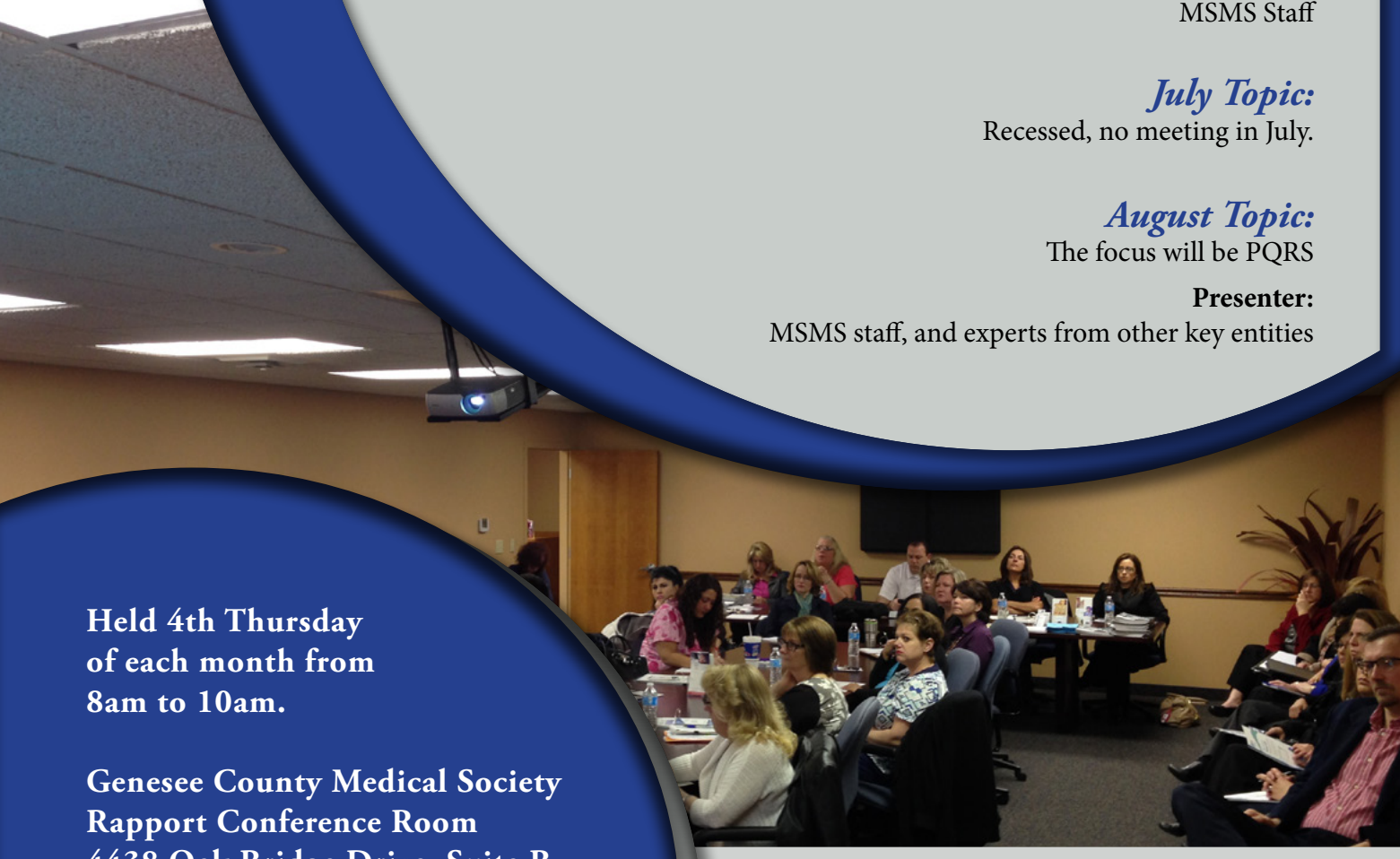
June Topic:
"Training for the Front Office: Concentrating on Communications"

Presenter:
MSMS Staff

July Topic:
Recessed, no meeting in July.

August Topic:
The focus will be PQRS

Presenter:
MSMS staff, and experts from other key entities



Held 4th Thursday of each month from 8am to 10am.

Genesee County Medical Society
Rapport Conference Room
4438 Oak Bridge Drive, Suite B
Flint, MI 48532

Light breakfast available (coffee, tea, fruit cups, granola bars)

Future Practice Managers meetings

GENESEE COUNTY MEDICAL SOCIETY

4438 Oak Bridge Dr., Suite B – Flint, MI 48532-5467
(810) 733-9925 – Fax: (810) 230-3737 – www.gcms.org

Dear Genesee County Medical Society Members,

A set of data has been provided to us, which contains some very provoking information.

It shows that the overall admissions numbers for specific specialties and sub-specialties are going down at local health systems. This in and of itself is somewhat concerning, but there might be technological, or qualitative reasons for this. What makes it of concern is the fact that significant numbers of these admissions for patients with Genesee County zip codes of origin are being sent out of the community. This would indicate that the number of procedures is not dropping, but rather that the number of local admissions is dropping.

This data was not developed by GCMS, but it comes from the Michigan Hospital Associations statewide data.

The Board of Directors is asking each member to tell us if this concerns you. We would also appreciate your input on why the data is the way it is.

To that end, please review this data, both prose and graphic and use the link to respond to us via the detailed survey it contains.

Sincerely yours,

Shafi Ahmed, MD
President
On Behalf of the GCMS Board of Directors

Please review the data, which is included in this issue of The Bulletin and take the survey which is available by clicking on this link.

Organized Medicine's Leading Edge

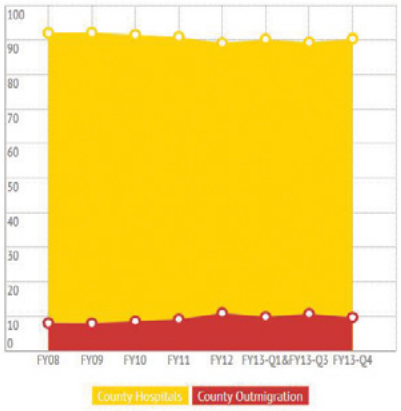
Mission - Leadership, advocacy, and service on behalf of its members and their patients.
Vision - That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Please see data, charts and links at the end of this Publication.

UTILIZATION PATTERNS CHARTS & DATA

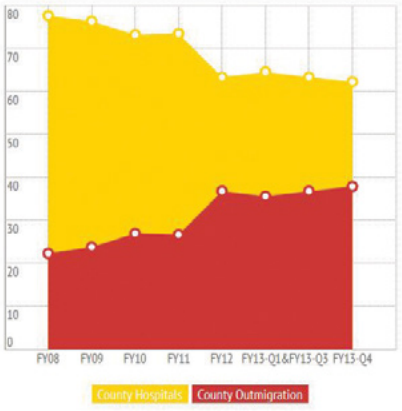
NOTES REGARDING THE DATA CHARTS
a. Data comes from MHA database
b. Fiscal Year represents October 1 thru September 30; ex: FY10 = Oct. 1, 2009 thru September 30, 2010
c. Data for FY13Qs represents projected annual total for year based on actual discharges for that given time period
d. Numbers represent discharges (patients) originating in Genesee County Zip Codes, and where they received that service
e. Specific data for each Genesee County Hospital is hidden in rows above "County Hospitals" row

Inpatient Cardiology



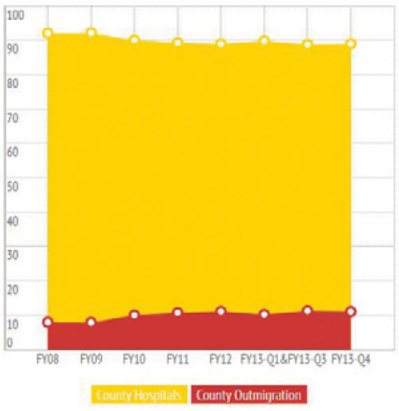
Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	92.00%	92.10%	91.50%	90.90%	89.10%	90.20%	89.30%	90.35%
County Outmigration	8.00%	7.90%	8.50%	9.10%	10.90%	9.80%	10.70%	9.65%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	9284	8645	7974	7390	6960	6846	6999	6897

Inpatient Cardiac Surgery



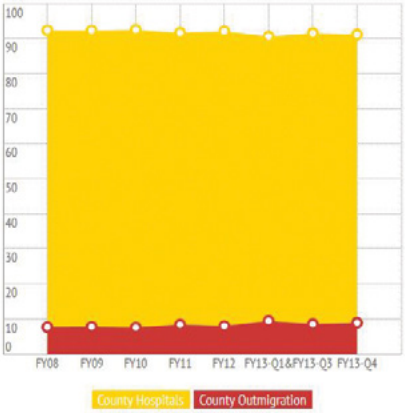
Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	77.51%	76.23%	73.09%	73.37%	63.25%	64.44%	63.25%	62.16%
County Outmigration	22.29%	23.77%	26.91%	26.63%	36.75%	35.56%	36.75%	37.84%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	698	673	680	512	566	568	600	598

Inpatent Medicine



Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	92.03%	92.10%	89.97%	89.24%	88.89%	89.76%	88.72%	88.92%
County Outmigration	7.97%	7.90%	10.03%	10.76%	11.11%	10.24%	11.28%	11.08%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	9284	8645	8446	8398	8464	8376	8609	8785

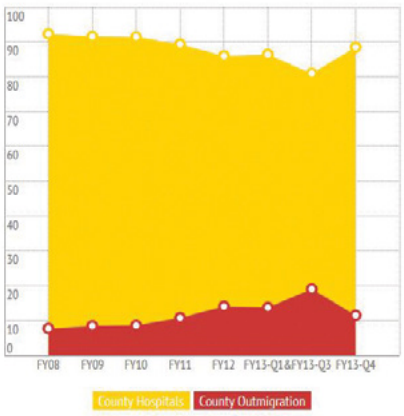
Obstetrics



Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	92.35%	92.28%	92.47%	91.63%	92.05%	90.59%	91.49%	91.12%
County Outmigration	7.65%	7.72%	7.53%	8.37%	7.95%	9.41%	8.51%	8.88%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	9284	8645	7974	7390	6960	6846	6999	6897

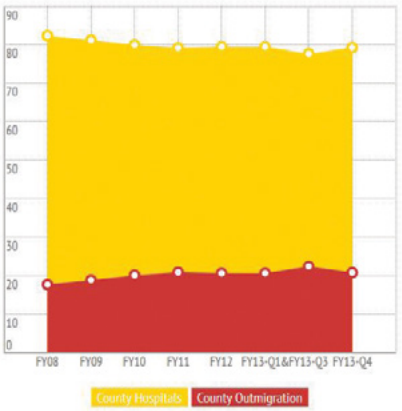
UTILIZATION PATTERNS CHARTS & DATA

Inpatient Gynecology



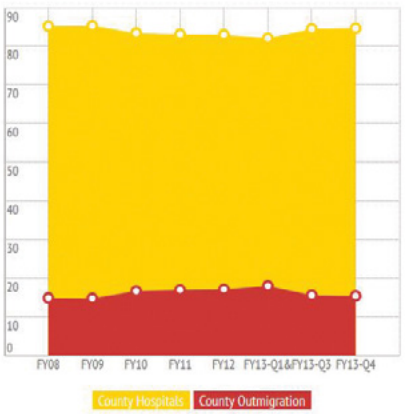
Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	92.29%	91.53%	91.41%	89.32%	85.95%	86.37%	80.95%	88.49%
County Outmigration	7.71%	8.47%	8.59%	10.78%	14.05%	13.73%	19.05%	11.51%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	1803	1817	1654	1273	1096	866	857	869

Inpatient Orthopedics



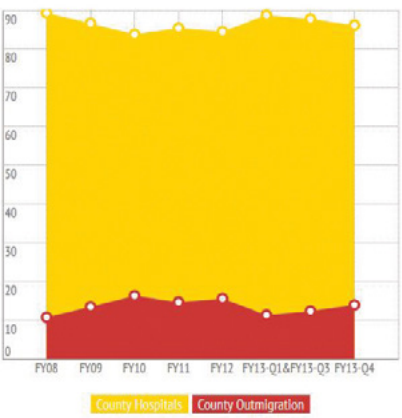
Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	82.38%	81.21%	79.98%	79.19%	79.46%	79.44%	77.66%	79.26%
County Outmigration	17.62%	18.79%	20.02%	20.81%	20.54%	20.56%	22.34%	20.74%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	5626	5439	5530	5337	5371	5426	5509	5579

Inpatient General Surgery



Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	85.19%	85.29%	83.40%	83.11%	82.97%	82.08%	84.49%	84.66%
County Outmigration	14.81%	14.71%	16.60%	16.89%	17.03%	17.92%	15.51%	15.34%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	4285	4399	4102	3894	3887	3772	3864	3928

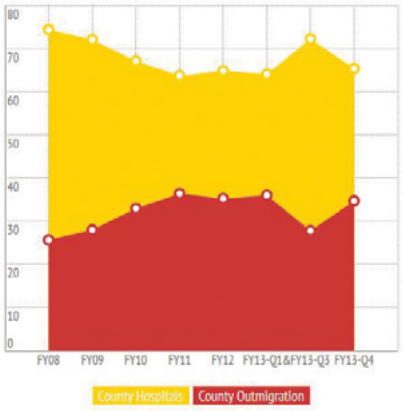
Inpatient Vascular Surgery



Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	89.29%	86.61%	83.75%	85.40%	84.48%	88.73%	87.72%	86.11%
County Outmigration	10.71%	13.39%	16.25%	14.60%	15.52%	11.27%	12.28%	13.89%
	10.71%	13.39%	16.25%	14.60%	15.52%	11.27%	12.28%	13.89%
Total Market	1080	1142	942	980	947	1064	1089	1069

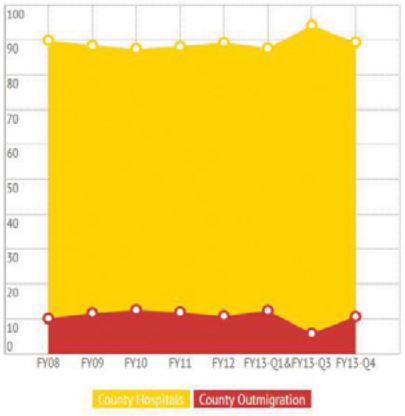
UTILIZATION PATTERNS CHARTS & DATA

Inpatient Urology



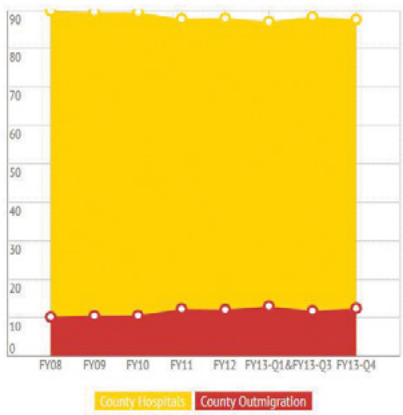
Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	74.37%	72.04%	67.07%	63.65%	64.80%	64.02%	72.23%	65.32%
County Outmigration	25.63%	27.96%	32.93%	36.35%	35.20%	35.98%	27.77%	34.68%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	636	608	650	630	551	556	563	546

Inpatient Medical Urology



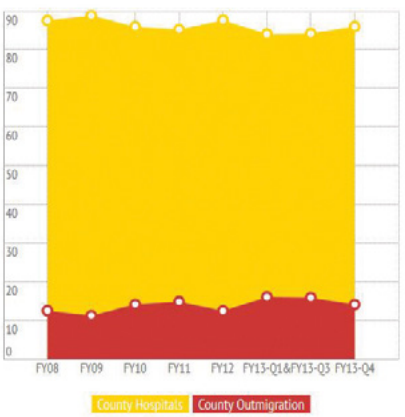
Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	89.88%	88.38%	87.47%	88.14%	89.22%	87.64%	94.20%	89.34%
County Outmigration	10.12%	11.62%	12.53%	11.86%	10.78%	12.36%	5.80%	10.66%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	1058	1161	1206	1164	1317	1214	1269	1318

Inpatient GI



Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	89.88%	89.58%	89.50%	87.77%	87.96%	87.05%	88.28%	87.63%
County Outmigration	10.12%	10.42%	10.50%	12.23%	12.04%	12.95%	11.72%	12.37%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	4447	4510	4499	4551	4875	4680	4825	4872

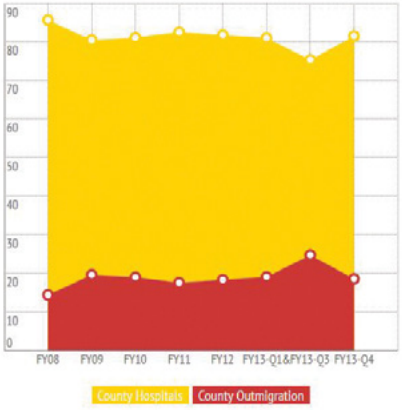
Inpatient Hematology-Oncology



Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	87.55%	88.83%	85.92%	85.22%	87.63%	84.01%	84.18%	85.95%
County Outmigration	12.45%	11.17%	14.08%	14.78%	12.37%	15.99%	15.82%	14.05%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	618	689	639	663	679	638	661	674

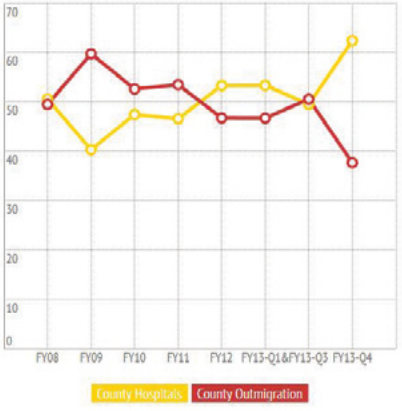
UTILIZATION PATTERNS CHARTS & DATA

Thoracic Surgery



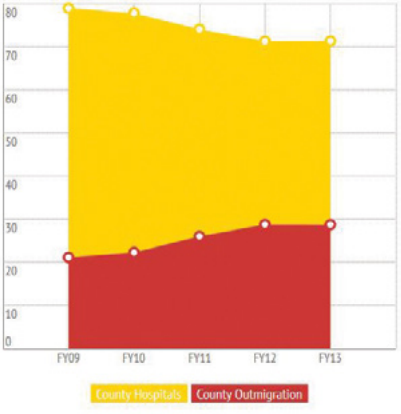
Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	85.68%	80.48%	81.09%	82.53%	81.76%	81.01%	75.35%	81.52%
County Outmigration	14.32%	19.52%	18.91%	17.47%	18.24%	18.99%	24.65%	18.48%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	426	374	402	355	318	316	308	323

Neurosurgery



Hospital	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
County Hospitals	50.55%	40.27%	47.41%	46.54%	53.30%	53.33%	49.47%	62.37%
County Outmigration	49.45%	59.73%	52.59%	53.46%	46.70%	46.67%	50.53%	37.63%
	FY08	FY09	FY10	FY11	FY12	FY13-Q1&2	FY13-Q3	FY13-Q4
Total Market	366	365	405	376	394	420	404	404

Surgical Oncology



Hospital	FY09	FY10	FY11	FY12	FY13
County Hospitals	78.86%	77.73%	73.97%	71.23%	71.26%
County Outmigration	21.14%	22.27%	26.03%	28.77%	28.74%
	FY09	FY10	FY11	FY12	FY13
Total Market	1306	1293	1210	1102	1065

After reviewing the Utilization patterns information above, please take the survey which is available by clicking here.

Good News for the Genesee County Medical Society Alliance!

Our Alliance has received a HAP (Health Awareness Promotion) award from the American Medical Association-Alliance for tackling the issue of Human Trafficking this Alliance year.

Kudos go to Jay Kommareddi for making the GCMSA shine!

HAPPY BIRTHDAY DOCTOR

JUNE

Anthony Miltich, MD	1	Tommy Stevens, MD	11	Fayez Kotob, MD	20
P. C. Shetty, MD	1	Raouf Mikhail, MD	11	Joseph Arcidi, MD	21
Siva Sankaran, MD	1	Narendra Veerapaneni, MD	11	Ronald Sparschu, MD	21
James Graham, MD	1	Stephen Burton, MD	12	John MacKenzie, MD	22
T. Trevor Singh, MD	3	Jitendra Katneni, MD	12	Ethiraj Raj, MD	22
Aftab Aftab, MD	3	Sudhir Arumanla, MD	12	Amy Gallagher, DO	23
Ayesha Phillip, MD	3	Sayed Osama, MD	12	Madhavi Gadiraju, MD	23
Sudarsan Misra, MD	4	Edmund Louvar, MD	12	James Ostrander, MD	24
Ernesto Duterte, MD	4	Jay Nayak, MD	13	Michael Kia, DO	25
Yazdi Sidhwa, MD	4	Ronald Smalley, MD	14	Stacey McEwen, DO	25
Vivekanand Palavali, MD	4	Marigowda Nagaraju, MD	14	Alan Rice, MD	26
Mischa Pollard, MD	4	Gary Keoleian, MD	15	Sasikala Vemuri, MD	26
My Le Shaw, MD	4	John Macksood, MD	16	Dale Wilson, MD	27
Wassim Ali, MD	6	Peter Mikelens, MD	16	Shams Mistry, MD	27
Brian Bhagat, MD	6	Brian Tesler, MD	16	Alice Platt, MD	28
Nitin Malhotra, MD	6	Madhusudana Tummala, MD	17	Julio Badin, MD	28
Edilberto Moreno, MD	7	Stephen Morris, MD	17	Conrad Reinhard, MD	28
Athar Baig, MD	8	Marc Silver, MD	18	Anthony Falvo, DO	28
C. Arch Brown, MD	10	Ambreen Sattar, MD	18	Nishkarsh Saxena, MD	28
Ravikumar Peddireddy, MD	10	Nikolas Dimovski, MD	18	Abraham Madany, MD	29
Siddesh Besur, MD	10	Peter Boyer, MD	19	Dorothea Carlis, MD	30

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.

Check Out Our Website
www.gcms.org

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

Please PRINT or TYPE

FULL NAME _____ (Last) _____ (First) _____ (Middle Initial) MD or DO (Circle One)

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 _____

AMA AMERICAN MEDICAL ASSOCIATION

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