

# THE Bulletin

MAY 2011 Volume 87, Number 5

**TOWN HALL ON STATE OF THE STATE: MAY 5, 2011**

**SOLUTIONS TO COMMON BILLING PROBLEMS**

**RULES FOR DEPOSITION**

**PESTICIDE USE**

**IMG SECTION REPORT**

**ELDER ABUSE ADVICE**

**GFHC PREVENTION PUSH ANNOUNCED**

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THE BULLETIN is published monthly by  
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ASSOCIATE EDITOR  
Peter Thoms, MD

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MAY 2011 Volume 87, Number 5

# 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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By subscription \$60 per year. Member subscription included with Society dues. Contributions to THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

## SPRING IS HERE...FINALLY

Our neighborhoods come alive. Life gets greener and the sun shines longer. While all of these changes bring smiles to our faces, there is one event that happens at GCMS in the spring that definitely takes the smile off of my face.

It is the time of year when MSMS sends us the infamous NPD list. This is the list of members with non-paid dues. While it is better to have paid once than not at all, it is still a big problem to re-recruit those among us who have dropped off the membership roster of members.



**S. Bobby Mukkamala, MD**

Don't get me wrong: this list is not a list of hard to convince hold outs who don't see the merit of membership. Indeed they were members as recently as last year. But for reasons as simple as forgetfulness, they did not send in their renewal payment. So begins the arduous work of the membership committee and staff, travelling around the county to meet with these ex-members to gently remind them to send in their renewal or to re-make the case for membership. This costs all of us, and detracts from our ability to perform on so many fronts on our own behalf.

So, please remember this article the next time your invoice comes. Prompt payment is not only something we want from our insurance companies! It helps the society dedicate scarce resources to our mission, rather than convincing members to rejoin.

On that note, let me make a few points in case any of you or your colleagues are on the fence about continuing membership:

Our dues are \$880. This amount funds all of the activities here in Genesee County, ranging from involvement of the Greater Flint Health Coalition, to our efforts on behalf of individuals when an insurer or

regulator tries to throw some muscle around. It allows our office managers to attend VERY informative meetings so we can all learn from our collective experience instead of each of us inventing the wheel in our own offices. This allows us to have a staff which is equal to the task of outdoing those who wish to do us harm.

This amount also funds the work done in Lansing on our behalf by MSMS. Any of you who have talked to a legislator or taken a trip to the capital will know about the fantastic reputation that MSMS and GCMS have there. They are the go to resource when lawmakers have questions. We also know that they are clearly our go to resource when faced with challenges to our practice.

So for \$880 a year we can sit back and do our job knowing that we have paid to keep people on the lookout for us in the constant turbulence of health care in this county and state.

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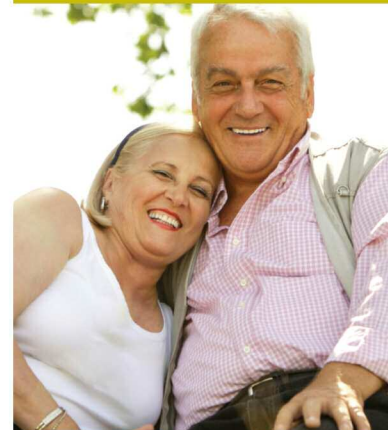


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## OFF-LABEL CAN BE ON-TARGET

Very often it happens that a discovery is made whilst working upon quite another problem.

*Thomas Alva Edison (1847 - 1931)*

The designation of an alternative use of a medication as off-label seems to impart a connotation of something illegal or unethical. In fact, most physicians prescribe off-label and may not even be aware that they are doing so. There is no available accurate data, but estimates run as high as 60 percent of prescriptions written each year are for an unapproved use of a drug, especially in the areas of chemotherapy for malignancies and in pediatric practice. Lots of questions surround the off-label use of pharmaceuticals. Is it legal? Is it ethical? Is using (or not using) a drug off-label grounds for a malpractice suit?



**Daniel Ryan, MD**

Off-label use is the practice of prescribing pharmaceuticals for an unapproved indication, or in an unapproved age group, in an unapproved dosage or form of administration, as dictated by the Food and Drug Administration (FDA). Off-label prescribing is not against any law. The FDA's and the federal government's role is not, believe it or not, to specifically control or regulate the practice of medicine. Any approved product can be used by a licensed practitioner for uses other than those stated on the product label. Recently, however, the FDA has ramped up efforts to ensure that prescription drug advertising and promotion to both physicians and consumers are not misleading. This is a noble goal.

Of course, before considering use of a drug off-label, there must be disclosure that the drug is not approved therapy and a thorough discussion with the patient regarding the expected benefits and risks and complications of the treatment along with possible alternatives available.

Last year the FDA launched its "Bad Ad" initiative, an outreach program designed to involve health care providers in stemming the tide of false or misleading drug advertising and promotion. Administered by the agency's Division of Drug Marketing, Advertising, and Communications, this program has the power to regulate television and radio advertisements, presentations by pharmaceutical company representatives, speaker

programs, and all printed prescription drug promotion materials. The Bad Ad program asks physicians to report violations to the FDA, anonymously if desired. Pharmaceutical reps are not allowed to mention or promote, in any way,

the off-label use of their products. If they do, they are in violation of FDA regulations and they, or their employer, can be subject to fines or sanctions. Big Brother is definitely watching.

Aggressive promotion of off-label use of drugs has the potential to undermine the FDA's ability to ensure

safety and efficacy. It may remove incentives for manufacturers to conduct studies on safety and efficacy. It also may encourage manufacturers to seek approval for narrow and easy-to-support indications, saving time and expense of extended research and clinical trials.

Many physicians feel that the FDA's strict proscribing of the promotion of off-label use will ultimately stifle research and innovation and eventually deny patients access to new therapies, especially antibiotics and chemotherapy agents. Patients with rare diseases may be left in the lurch as many so-called "orphan diseases" rely on off-label treatments. Samples of drugs may dry up as companies assess the cost implications of providing them if their use is limited to approved indications only. The concern is that eventually there may be fewer choices of medications, fewer new medications being developed, and an inadequate understanding among physicians of how to use drugs in ways other than approved indications.

Many health insurance companies recognize that off-label prescribing can often be cost effective while being beneficial to patients. Their resistance to providing reimbursement for off-label use has lessened. The FDA has a duty to protect the public, but its policy on promotion of off-label use of drugs needs to be tempered to reflect the potential benefits to patients and cost-effective care.



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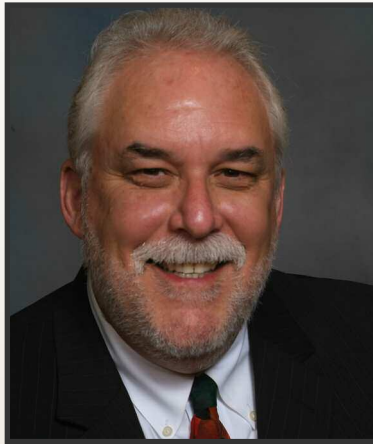
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## THIS IS A GREAT ISSUE!

This issue of *The Bulletin* will be replete with a wide variety of articles which should be of great interest to each of you. First is a study of the 2011 County Health Rankings published by the University of Wisconsin Population Health Institute, and the Greater Flint Health Coalition response to it. In the briefest synopsis, Genesee County still ranks near the bottom in the County Health Rankings for the State of Michigan, 77th out of 82. It is note-worthy that for clinical care we rank 28th, despite having the highest rate of uninsured adults, and the lowest ranking possible for health behaviors 82 out of 82.



**Peter Levine, MPH**

Also contained in this issue is a document from the Greater Flint Health Coalition Prompt Payment Task Force which should be extremely helpful to many practices. It discusses common billing problems and what physician offices can do about them. It may seem simplistic but it was developed by a group of practice managers, insurance company reimbursement specialists, hospital billing managers and physician practice billers. Please review it and consider heeding

its advice. It is based on the most common billing problems that our major insurers (Health Plus, Blue Care Network and Blue Cross) face from the material submitted by physician offices. The Task Force will also be providing a list of the most common problems from the physician office perspective at some point in the future, but note that these issues may be costing many of you a lot of money.

This issue also contains an invitation to our May 5, State of the State Town Hall. Please come. It will be an interesting event, allowing real conversation with policy makers.

We also have an excellent article on Pesticides we use in our home by Dr. Donald Canada who wrote it on behalf of the Community & Environmental Health Committee. This is something you can use yourself and give to your patients.

Also please note that we have links in articles and in some ads, to allow you to easily get more information on issues of importance to you. Please let us know what you think of *The Bulletin*.

### GCMS MEETINGS

– MAY 2011 –

5/2 - 8 a.m. - Legislative Liaison @ GCMS

5/4 - 7:30 a.m. - Bulletin Committee @ GCMS

5/5 - 6 p.m. - Dinner Business meeting @ Flint Golf Club

5/16 - 12 Noon - Membership Committee @ GCMS  
meets every other month

5/24 - 5:15 p.m. - Finance Committee @ GCMS

5/24 - 6 p.m. - GCMS Board of Directors @ GCMS

5/25 - 12:30 p.m. - Community & Environmental  
Health Committee @ GCMS

5/26 - 8 a.m. - Practice Managers @ GCMS



**THE PRESIDENTS' BALL  
WILL BE HELD ON  
NOVEMBER 5, 2011 AT THE  
RIVERFRONT BALLROOM.**

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and plan to attend.

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(l to r) Michael I. Vincent,  
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## LEGISLATIVE LIAISON DISCUSSES BUDGET LIABILITY AND BUSINESS TAX

In late February GCMS hosted Practice Managers for a session on Collections.

Paul Vance, an Attorney with the firm Cline, Cline, & Griffin, served as faculty for this session, which also stimulated a high energy discussion among the participants. Practice Managers exchanged ideas with each other on techniques that they use to collect outstanding receivables and exchanged dialogue with Mr. Vance as well.

Future meetings will focus on problems with the Family Independence Agency, Blue Care Network issues, a HIPAA update, Patient Centered Medical Homes, legislative updates, and Group Medical Appointments. Members are encouraged to send their Practice Managers to these meetings on the fourth Thursday of each month. Contact Marcia Gzym for more information at [mgzym@gcms.org](mailto:mgzym@gcms.org) or (810) 733-9923.

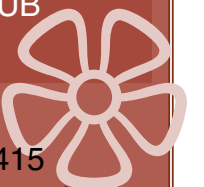
### GCMS ALLIANCE MEMBERS

## GERANIUM LUNCHEON

TUESDAY, MAY 24TH  
WARWICK HILLS GOLF  
AND COUNTRY CLUB  
10:30 am

RSVP TO:

Mary Ryan at 235-3415  
or e-mail Anita Mannam at  
[amannam@sbcglobal.net](mailto:amannam@sbcglobal.net)



Dr. Paul Lazar keeps fit by keeping the bike trail cleared behind his office.

## Greater Flint Health Coalition Announces Strategy & Action Plan to Address Genesee County Community's Poor Health Behaviors

- Plan includes a major multi-media health improvement campaign
- Focuses on improvement in health behaviors and health outcomes

The Greater Flint Health Coalition (GFHC) and its partners, which include the City of Flint, Genesee Regional Chamber of Commerce and the Genesee County Medical Society, today announced at a press conference a “County Health Rankings Action Plan”. Flint Mayor Dayne Walling and Genesee County Treasurer Deb Cherry participated in the event.



The “County Health Rankings Action Plan” was collaboratively developed by the Greater Flint Health Coalition in response to the national County Health Rankings study conducted by the Robert Wood Johnson Foundation. It outlines a series of short- and long-term strategies to address Flint and Genesee County's health rankings, with a special emphasis on improvement in the areas of Health Behaviors and Health Outcomes in Genesee County. Currently among the unhealthiest counties in Michigan, Genesee County's overall Health Outcomes rank 77th of 82 counties, while Health Behaviors (which include diet and physical activity) rank 82nd of 82 counties.



The County Health Rankings show us that where we live matters to our health. The health of a community depends on many different factors - ranging from individual health behaviors, education and jobs, to quality of health care, to the environment. This collection of 50 reports - one per state, with detail on each county - helps a cross-section of community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live. The Greater Flint Health Coalition has used this information to generate an action plan and secure community-wide commitments to address the county's most significant health challenges.



GFHC also announced a major multi-media health improvement campaign, “Commit to Fit” as the first component of the County Health Rankings Action Plan. The campaign will kick off in May.

Press conference speakers included Kirk Smith, President & CEO, Greater Flint Health Coalition; Deborah Cherry, Chair, Greater Flint Health Coalition; Dr. Michael Boucree, Genesee County Medical Society; Duane Miller, Executive Vice

President, Genesee Regional Chamber of Commerce; and Flint Mayor Dayne Walling.

“The County Health Rankings study has provided a consolidated look into our community's health status, including the root causes behind our poor health status,” Smith said. “Our focus with this Action Plan is to work together to address issues related to preventable health conditions by providing a stimulating environment supported by the commitment of a broad-base of community leaders and committed citizens.”

“The impact we can have by being conscious of our health behaviors - things like physical activity, diet or smoking - can be significant to changing our personal health as well as the health of the community,” stated Cherry, Chairperson of the GFHC. “The upcoming Commit to Fit campaign will be a way to keep this challenge in front of us, by spreading a positive message that will help our citizens learn and grow as we transform Genesee County into a healthy community.”

“Good health is good business,” said Tim Herman, CEO of the Genesee Regional Chamber of Commerce. “The workplace is an important environment for reaching adults with nutrition and fitness programs that prevent or manage chronic disease among employees. This not only helps improve health behaviors, but comprehensive health programs can also help reduce healthcare costs, improve employee productivity and increase business efficiency.”

The Greater Flint Health Coalition is a Flint, Michigan based nonprofit health coalition whose two-fold mission is to improve the health status of Genesee County residents and the quality and cost effectiveness of the health care delivery system in the community. For more on the Greater Flint Health Coalition, including links to the full “County Health Rankings Action Plan,” visit <http://www.gfhc.org>.

## GENESEEE COUNTY HEALTH RANKINGS



HEALTH INDICATOR	2010 RANKING (OUT OF 82)	2011 RANKING (OUT OF 82)	STATE COMPARISON	COMPARISON KEY
<b>OVERALL HEALTH OUTCOMES</b>	<b>78 of 82</b>	<b>77 of 82</b>	●	<b>COMPARISON KEY</b> ● Top 1 - 20 Healthy Counties ● Mid 21 - 40 Healthy Counties ● Mid 41 - 60 Unhealthy Counties ● Bottom 61 - 82 Unhealthy Counties
<b>Morbidity</b>	<b>79 of 82</b>	<b>79 of 82</b>	●	
<b>Mortality</b>	<b>73 of 82</b>	<b>74 of 82</b>	●	
<b>OVERALL HEALTH FACTORS</b>	<b>81 of 82</b>	<b>78 of 82</b>	●	
<b>Health Behaviors</b>	<b>82 of 82</b>	<b>82 of 82</b>	●	
<b>Diet, Exercise, Physical Activity</b>	<b>81 of 82</b>	<b>81 of 82</b>	●	
<b>Tobacco Use</b>	<b>67 of 82</b>	<b>60 of 82</b>	●	
<b>Alcohol Use</b>	<b>25 of 82</b>	<b>28 of 82</b>	●	
<b>High Risk Sexual Behavior</b>	<b>82 of 82</b>	<b>74 of 82</b>	●	
<b>Clinical Care</b>	<b>21 of 82</b>	<b>28 of 82</b>	●	
<b>Social &amp; Economic Factors</b>	<b>78 of 82</b>	<b>74 of 82</b>	●	

Source: Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute's County Health Rankings Study

## GENESEEE COUNTY HEALTH RANKINGS



### HEALTH BEHAVIOR IMPROVEMENT ACTION PLAN STRATEGIES



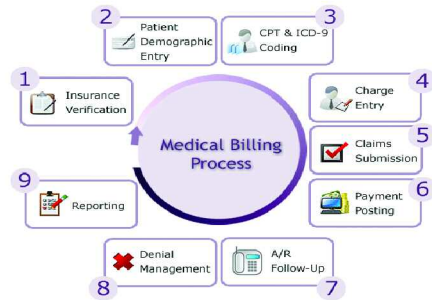
Genesee County/City of Flint to become a “Healthy place to Live, Work and Play”

HEALTH BEHAVIOR RANKINGS	2010 COUNTY RANKING	2011 COUNTY RANKING	CURRENT STATE COMPARISON	THREE YEAR GOAL	TEN YEAR GOAL
<b>Overall Health Behaviors</b>	<b>82 of 82</b>	<b>82 of 82</b>	●	●	●
<b>Diet, Exercise, Physical Activity</b>	<b>81 of 82</b>	<b>81 of 82</b>	●	●	●
<b>Tobacco Use</b>	<b>67 of 82</b>	<b>60 of 82</b>	●	●	●

For more information on the Greater Flint Health Coalition Health Ranking please go to: [http://www.gfhc.org/cp\\_health\\_improvement\\_committee.html#healthrankings](http://www.gfhc.org/cp_health_improvement_committee.html#healthrankings)

# Physicians – What Common Billing and Claims Problems are Most Costly?

As you know, billing and claims errors often cause increased burdens on physician office staff leading to delayed payments and increased office hours. **It is estimated that billing complications and errors cost physician offices 12% of net patient service revenue and nearly 10 hours per week in staff time.**



To inform physician office staff of the most common causes of errors, included below are the most common reasons for claims to be denied or pending for HealthPlus of Michigan and Blue Cross Blue Shield of Michigan service claims.

<b>Common Claims "Denials"</b>	<b>Possible Solution to Reduce or Eliminate Claims Denials</b>
<b>MEMBER NOT ELIGIBLE ON DATE OF SERVICE</b>	<i>Office staff or medical assistants can verify patient eligibility is accurate through insurer websites and phone services. (Information Below)</i>
<b>NO REFERRAL TO COVER THE SERVICE DATE</b>	<i>Consult the insurer website for referral approval details/limitations. (Information Below)</i>
<b>DUPLICATE SERVICE PREVIOUSLY PROCESSED</b>	<i>Prior to re-submitting a duplicate claim, check insurer websites regarding the status of claims. If a high number of duplicate claims exist, check billing system setting regarding auto re-submission; this should occur no sooner than 45 days after the initial claim was submitted. (Information Below)</i>

## Insurer Contact Information:

**BCBSM**  
Website: [www.bcbsm.com](http://www.bcbsm.com)  
Phone: (800) 245-9092

**HealthPlus of Michigan**  
Website: [www.healthplus.org](http://www.healthplus.org)  
Phone: (800) 332-9161

**Blue Care Network**  
Website: [www.mibcn.com](http://www.mibcn.com)  
Phone: (800) 255-1690

Opportunities to Improve Billing Efficiency, Reduce Errors, and Save on Costs include the following:

- Send Office Medical Billers to brief Training Courses
- Contact your local insurance provider to assist with improving billing and claims processes within your office



**This information is brought to you by the Greater Flint Health Coalition's Prompt Payment Task Force**

519 South Saginaw Street, Suite 306  
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Phone: (810) 232-2228  
Website: [www.gfhc.org](http://www.gfhc.org)  
Email: [gfhc@flint.org](mailto:gfhc@flint.org)



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## PLEASE DONATE

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# GCMS IMG Delegates Again Majority At Meeting



In March the MSMS International Medical Graduates Section meeting was held. Once again, GCMS had more than half of the Delegates present. Dr. Shafi Ahmed chaired the meeting. Also present were Drs. Rima Jibaly, and Mona Hardas, also At-large officers, and Amitabha Banerjee and Venkat Rao, AMA Delegates.

Following elections, Dr. Shafi Ahmed moved to Immediate Past Chair. Dr. Venkat Rao continues to serve as Delegate to the AMA, Dr. Rima Jibaly has been moved to Secretary/Treasurer of the section and Dr. Mona Hardas continues as At-large officer. Dr. Amitabha Banerjee continues in his role as an AMA Delegate.

The Delegation brought three resolutions to the Section. The first resolution was "Do Not Cut Michigan

Graduate Medical Education Budget," introduced by Dr. Amitabha Banerjee. The second resolution was "Alternate Pathways for Board Eligibility/ Certification" authored by Dr. AppaRao Mukkamala. The third resolution was entitled "State Funding for GME Slots for Resident Physicians Committed to Staying in Michigan" authored and introduced by Dr. Venkat Rao. All three passed as revised for submission to the House of Delegates.

The Section thanked Dr. Shafi Ahmed for his years of service as chair of the Governing Council and of the Section and gave him an ovation.

**ATTENTION!!!**  
**The new GCMS hours will be 8 a.m. to 4:30 p.m. Monday – Thursday**  
**The GCMS offices will be closed on Fridays.**

## GCMS/MSMS NEW MEMBER APPLICATIONS

### *New Members:*

#### **Rebecca Baumbach, MD**

Internal Medicine  
 Fenton Medical Center  
 102 N. Adelaide St.  
 Fenton, MI 48430  
 PH: (810) 629-2245  
 Fax: (810) 629-6535

Dr. Baumbach received her medical degree from Michigan State University College of Human Medicine in 2000. She completed her residency at William Beaumont Hospital. Dr. Baumbach is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD

#### **Amy Gallagher, DO**

Family Medicine  
 Fenton Medical Center  
 102 N. Adelaide St.  
 Fenton, MI 48430  
 PH: (810) 629-2245  
 Fax: (810) 629-6535

Dr. Gallagher received her medical degree from Michigan State University College of Osteopathic Medicine in 2006. She completed her residency at Providence Hospital in 2009. Dr. Gallagher is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

#### **Peter M. Rydesky, MD**

Diagnostic Radiology  
 Genesee Medical Imaging  
 2325 Stonebridge  
 Flint, MI 48532  
 PH: (810) 230-9215  
 Fax: (810) 230-4225

Dr. Rydesky received his medical degree from American University of the Caribbean, School of Medicine in 2004. He completed his residency at Providence Hospital in 2010 and fellowship at Henry Ford Hospital. Dr. Rydesky is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

# Household Hazardous Waste & Electronic Waste Collection Day!

Saturday, May 21, 2011  
10:00 a.m. - 2:00 p.m.

## Things you should bring...

Aerosol cans  
Antifreeze  
Fluorescent light bulbs  
- compact and tube  
Batteries  
- household and car  
Gasoline  
Household pesticides  
Herbicides, Fertilizers  
Mercury  
Used oil

Oil-based paint  
Old prescriptions  
Paint thinners  
Tires - up to 7\*  
*\*No tractor or semi tires and they must be off the rim.*  
Television Sets  
Computer Monitors  
Laptops & Notebooks  
Printers & Copiers  
DVD & VCR Players  
Fax Machines  
Cell Phones  
Video Cameras  
Stereo Equipment

## Things you should NOT bring...

Commercial waste  
Explosive material  
Industrial waste  
**Latex paint**

Medical waste  
Radioactive material  
TV Consoles

For more information or to volunteer, call:

Genesee County  
Recycle Hotline:  
(810) 762-7744  
or Keep Genesee County  
Beautiful :  
(810) 767-7184



# Household Hazardous Waste & Electronic Waste Collection Day!



## Facility locations...



**Genesee Area Skill Center**  
G-5081 Torrey Rd  
Flint, MI 48507  
10:00 a.m. - 2:00 p.m.  
Both HHW & E-Waste



**Brent Run Landfill**  
8247 W. Vienna Rd  
Montrose, MI 48457  
10:00 a.m. - 2:00 p.m.  
Both HHW & E-Waste



**Flint East - Water Service Center - HHW**  
3310 East Court Street, Flint MI  
10:00 a.m. - 2:00 p.m.  
**Goodwill Industries - E-Waste**  
501 S. Averill Ave., Flint MI  
10:00 a.m. - 2:00 p.m.



Coordinated by the Household Hazardous Waste Consortium of Genesee County including the Genesee County Metropolitan Planning Commission, Keep Genesee County Beautiful, General Motors Environmental Staff in Flint, UAW Local 599, Goodwill Industries, and Fox 66 Green Team. Trash services provided by Waste Management. Major support provided by the Genesee County Board of Commissioners, the City of Flint, Montrose Township, Waste Connections Inc., and several local units of government.

## YOUR \$\$\$ AT WORK

- GCMS published five most common billing problems from the Greater Flint Health Coalition Prompt Payment Task Force. Implementation of recommendations should save physician's offices up to 12% of their office time
- GCMS participated in Greater Flint Health Coalition Press Conference on Health Improvement Strategies
- GCMS finalized Fourteen Things the Public Needs to Know to Reduce Morbidity and Mortality
- GCMS helped a subspecialty group of physicians with an issue of doctor patient relationship interference
- GCMS continued working on the General Motors disability and sick leave issue
- GCMS advocated with the legislature in support of recommended budget changes
- GCMS advocated with legislature regarding proposed malpractice reforms
- GCMS advocated with Congress regarding SGR fix
- GCMS began re-recruiting those physicians who have dropped their membership
- GCMS sent letters explaining the financial situation of the Genesee County Medical Society requesting contributions from members
- GCMS continued operating on a shortened work week, while not dropping the ball on anything.



## 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**



**MMAP**  
Michigan Medicare/Medicaid  
Assistance Program



225 E Fifth Street  
Suite 200  
Flint, MI 48502

Tel: 810.239.7671  
Fax: 810.239.8869  
www.valleyaaa.org

The Valley Area Agency on Aging Region 5 Medicare Medicaid Assistance Program (MMAP) is screening any Medicare beneficiaries with limited income and resources who may be eligible for Low Income Subsidies or extra help to pay the cost of monthly premiums, annual deductibles and lower your co-payments related to a Medicare Prescription Drug Program.

Please contact Region 5 MMAP at **1-800-803-7174** to find out if you are eligible for assistance from the Federal or State government.

MMAP is funded by a grant from the Michigan Office of Services to the Aging through funding received from the Centers for Medicare and Medicaid Services, the Medicare agency and a grant from the Administration on Aging.



## Mott Children's Health Center

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

#### Child & Adolescent Psychiatry

- Medication Management
- Psychiatric Consultation
- Mental Health Treatment, Screenings
- Mental Health Support

#### Child & Adolescent Health

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

#### Child & Adolescent Dentistry

- Examinations
- Cleanings & Fillings
- Infant Cavity Prevention
- School Fluoride Programs

**Services provided at no cost to eligible families**

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## Genesee County Medical Society Dinner Business Meeting

### Thursday, May 5, 2011

A Town Hall Meeting on

# THE STATE OF THE STATE

A Legislative Panel Featuring:

**State Representative Richard Hammel (House Democratic Leader)**  
**Senator Dave Robertson (Vice Chair, Senate Health Policy Committee)**  
**and Senator John Gleason (Senate Health Policy Committee)**

With a major shift in power since November 1, and a dramatic proposal of the new budget by Governor Snyder, Genesee County legislators will play a key role in how the State of the State plays out. Come and hear what three key legislators have to say, and express your opinions.

Come hear from legislative leaders about the state of the Michigan budget, health care in general, and the environment which will effect our profession and our families. We have invited Michigan State Medical Society Government Affairs Staff to respond.

This meeting is open to all physicians, spouses, and family members, members and non-members of GCMS and GCMSA and interested other professionals are invited.

\$30 pp (actual cost of dinner) – GCMS Members & Spouses and Member Practice Managers  
\$20 pp – Hospital Residents and Students  
\$50 pp – Non-Members and Non-Member Practice Managers

**Reservations required by May 2, 2011**

**FLINT GOLF CLUB**  
3100 Lakewood Dr., Flint, MI 48507

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



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

Call Marcia at  
810-733-9923 for  
more information.

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# Genesee County Medical Society Board of Directors Meeting

February 22, 2011 - MINUTES

**Motion:**

To allow the Greater Flint Health Coalition to use the GCMS conference room for their legislative update meeting at a time separate from the Legislative Liaison Committee, for example, immediately following the Legislative Liaison Committee meeting of April.

The Motion Carried.

**Motion:**

That the following requests for membership be approved:

*Requesting Membership:*

Lynn Alling-Jones, DO - Pediatrics - Mott Children's  
Amanda Harding, MD - Pediatrics - Mott Children's

*Requesting Change from A-PIT to A:*

Saba Baig, MD -OBGYN -- Hurley -1st Yr. Practice

*Requesting Transfer of Membership:*

Dorothea A. Carlis, MD - Internal Med -- Hamilton Clinic

*Requesting Reinstatement:*

Gail Dawson, MD - Cardiology - Regional Cardiology

*Resident Requesting Membership:*

Yen Phi Vo, MD - Family Practice - McLaren

The Motion Carried.

**Motion:**

That the Board organizational commitment to the Greater Flint Health Coalitions request for participation in Community Wide Health Behavior Improvement Activities be approved as presented by completing individual participation commitments and a Board organizational commitment in addition to participating in the Health Coalitions Health Improvement Steering Committee and other specific activities. The Motion Carried.

**Motion:**

That the Health Coalition request for individual GCMS leaders health commitments be approved and that staff email the Board the Commitment form to be filled out and returned to the Health Coalition. The Motion Carried.

**Motion:**

That the goal of raising \$75,000 for GCMS during this fiscal year be approved. The Motion Carried.

**Motion:**

That dues exempt Life, Retired, and Disabled members be sent a letter asking them to contribute voluntarily \$100 per year as an administrative fee. The Motion Carried.

**Motion:**

That \$1,500 be allocated to alter the GCMS webpage to allow advertising on the webpage. The Motion Carried.

**Motion:**

That a letter be sent to GCMS members requesting a voluntary contribution of \$100 to the Society. The Motion Carried.

**Motion:**

That the revised resolution on the AMA Policy Compendium be submitted as presented to the Board of Directors.

The Motion Carried.

## LEGISLATIVE ADVOCACY

### Experience Legislative Process Firsthand, Drive Health Policy as 'Doctor of the Day'

MSMS and the Michigan Doctors' Political Action Committee (MDPAC) remind MSMS physician, resident and student members, MSMS Alliance members, and Michigan Medical Group Management Association members to help drive the MSMS Legislative Agenda ([www.msms.org/legagenda](http://www.msms.org/legagenda)) by participating in the "Doctor of the Day" program.



*Young physicians from Genesee County visit the Capitol to experience the legislative process.*

Not only does the "Doctor of the Day" program give participants a chance to come to Lansing and experience the legislative process in action, but it also provides an excellent opportunity for participants to meet directly with state legislators.

arrangements, accompany participants, and provide necessary materials.

*For more information or to sign up, contact Joshua Richmond at MSMS at 517-336-5788 or [jrichmond@msms.org](mailto:jrichmond@msms.org).*

"Doctor of the Day" visits may be scheduled on Tuesdays, Wednesdays, or Thursdays during the legislative session. Visits typically last all day and include lunch. MSMS will make all

**Keep track of health policy bills with the new MSMS legislative database at [www.msms.org/legdatabase](http://www.msms.org/legdatabase).**

*Doctors in Photo:*

*Michael Kia, DO, Samasandrapalya Kiran, MD, Nita Kulkarni, MD, Sunita Tummala, MD, S. Bobby Mukkamala, MD*



### DR. LAURA CARRAVALLAH CHOSEN AS 2010 ATHENA AWARD RECIPIENT

On Thursday, December 2, 2010 the Genesee Regional Chamber of Commerce presented Laura Ann Carravallah, MD, GCMS President-elect and Program Director of the Combined Internal Medicine/Pediatrics Residency Program at Hurley Medical Center, with the prestigious 2010 ATHENA Award. Dr Carravallah was chosen from a pool of 13 nominees.

# HOW CAN OUR PHYSICIANS HELP WITH ELDER ABUSE?

By Diane Nims

Office of the Genesee County Sheriff Elder Abuse & Exploitation Prevention

Elder neglect, abuse and financial exploitation represent a widespread, largely undiagnosed problem in the United States. Factors contributing to misdiagnosis and underreporting include denial by both the victim and perpetrator, clinicians' reluctance to report victims, disbelief by medical providers, and clinicians' lack of awareness of warning signs. Physical abuse is most recognizable, yet neglect is most common. Psychological and financial abuse may be more easily missed. Elder neglect and abuse have many clinical presentations, ranging from the overt appearance of bruises and fractures, to the subtle appearance of dehydration, depression and apathy. Risk factors are varied and may be categorized by victim or perpetrator. Dependency, on the part of the victim or perpetrator, and caregiver stress are frequent common denominators in abusive situations. Increasingly, Institutionalization is recognized as a risk factor for neglect and abuse. Most states require primary care providers to report suspected elder abuse. Awareness of the risk factors and clinical manifestations allow primary care physicians to provide

early detection and intervention for elder neglect and abuse.

Doctors who treat older patients, in passing, hear cues all the time. Elderly people mention that they are missing money, that they signed forms they did not understand, or they can't find a treasured possession like a watch or a wedding ring.

Doctors, traditionally, have not been trained to recognize that confusion or forgetfulness can be signs that the patient is at financial risk or vulnerability for abuse. Dr. Robert W. Parker, chief of community geriatrics in the family medicine department at the University of Texas Health Science Center in San Antonio states, "We give the elderly another pill, device or test. We don't always spend time with patients so we get to know their concerns. And medical doctors have not wanted to mix medicine and money."

But now, he, along with thousands of other doctors and medical professionals across the nation, are taking part in a new effort to screen older patients for financial vulnerability as well as indications they are being financially exploited and abused by family members, friends or strangers. They are also actively reporting these cases to area agencies that protect our elderly from harm and neglect.

About half of the older patients referred to family practice physicians are cognitively impaired. They may come across as having normal social skills, but when the physician looks more closely, they find older patients have lost their executive function, or their ability to plan, organize and remember details. That loss, according to the National Institute on Aging, can be a precursor of Alzheimer's disease, the most common cause of dementia, where thinking, memory and reasoning deteriorate.

Some form of cognitive impairment afflicts one-third of people over age 71 in the United States, according to a 2008 Duke University study. Mental impairment makes people more likely to make financial errors. This is why it is

imperative that physicians ask their older patients who is managing their money every day and who is paying the bills.

Through the efforts of the Office of the Genesee County Sheriff's Department a multidisciplinary Elder Abuse Prevention team was developed in 2007 to combat elder abuse and neglect. The team is comprised of law enforcement personnel, medical and social services, Probate Court and the Prosecutor's Office with the goal of preventing elder abuse and financial exploitation. The team is committed to provide services for older persons who suffer from abuse and neglect. They provide advocacy programs for older persons in need, and provide awareness and training to professionals and community groups to increase education levels on all aspects of elder abuse.

It is a difficult and challenging role for physicians who are faced with treating older patients who become incompetent and no longer are able to manage their needs. The physician has to deal with various aspects of the patient, from simple needs to more complicated medical, financial, or even legal issues. It is the darkest part of the twilight, as these older patients decline and need more assistance at home or possible referral to an alternative residence. Most important, it is the responsibility of the physician to identify these older adult's vulnerability and need for further investigation, if abuse or neglect is observed.

Among the signs listed in the guide of potential abuse are: Overly protective caregivers, changes in the older patient's ability to take medications, cognitive problems and being fearful, isolation, distress or excessively suspicion. When these signs are detected the physician should immediately call the local Department of Human Services or any other service in your community that protects our elderly. In Genesee County, reports can be filed with the Genesee County Sheriff Department Elder Abuse and Exploitation Prevention Program at (810) 762-4022 or Adult Protective Services at (810) 760-2202.



**"As physicians,  
we have so  
many unknowns  
coming our way..."**

**One thing I am  
certain about  
is my malpractice  
protection."**

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

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# PESTICIDES



By Donald Canada, MD

Pesticides have been known to be in use since ancient times. The Sumerians dusted elemental sulfur on their crops to protect them from bugs. Over the years many toxic chemicals have been used as pesticides, notably arsenic, mercury, and lead. In the last few centuries more natural products derived from plants have been found useful. These have come from tobacco leaves, flowers, and vegetables. As time went on, more and more poisonous compounds were developed. Rachel Carson warned the world about the dangers of DDT and others in her book, *Silent Spring*.

Legislation started in 1910 to control pesticides, but it did not prevent further production later of disastrous consequences. The 1940s and 1950s were the start of the "pesticide era." The U.S. Environmental Protection Agency (EPA) was established in 1970 to control this situation; however, it has been ineffective. Pesticide use has increased 50-fold since 1950. The story is not pretty. The trend continues.

The single most common means of suicide worldwide is pesticide poisoning. It accounts for one-third of all suicides.

Ten of the 12 most dangerous and persistent organic chemicals are pesticides.

The American Medical Association recommends limiting exposure to pesticides. Uncertainty exists regarding the long-term effects of low-dose pesticide exposures. Current surveillance systems are

inadequate to characterize potential exposure problems related either to pesticide usage or pesticide-related illnesses.

The President's Cancer Panel reported that we're living in a soup of cancer-causing chemicals that the government hasn't done enough to understand and deal with.

But the report is short on recommendations about what to do.

Part of the problem is that this kind of information is hard to come by, as the longstanding controversy over the plastic additive bisphenol A shows.

On the one hand an expert says that there has been disproportionate emphasis on lifestyle factors and insufficient attention paid to discovering and controlling environmental exposures. But on the other hand, another expert states that smoking, alcohol, too much sunlight, radiation, and sexually transmitted disease are more important factors and we should not believe that pollutants cause most cancer.

Pesticide exposure can cause a variety of adverse health effects. These effects can range from simple irritation of the skin and eyes to more severe problems, such as affecting the nervous system, mimicking hormones causing reproductive problems, and also cancer.

Alternatives to pesticides are available and include methods of cultivation, use of biological pest controls (such as pheromones and microbial pesticides), genetic engineering, and methods of

interfering with insect breeding.

When using pesticides, reading and following label directions is required by law in the United States.

The EPA is developing strategies for a more effective pesticide control and enforcement program designed to detect the diversion and misuse of agricultural pesticides to urban and residential settings.

A program is focusing on urban and residential communities such as low-income areas that are vulnerable to the misuse of "bootleg pesticides". EPA is asking states to help the agency by identifying vulnerable communities and to inspect commercial facilities that might be abusing chemicals and identifying licensed or unlicensed applicators that may be using agricultural pesticides in homes.

EPA Toxicity Ratings: Most pesticides are designed to kill something and must be used with care. The EPA requires labeling products with the words "WARNING," "CAUTION," or "DANGER-POISON" to alert consumers to their toxicity. These designations are partially based on the acute "lethal dose 50" (LD50) of the active ingredients—the amount in milligrams per kilogram of body weight necessary to kill half a sample population of mice. The lower the LD50, the more toxic the pesticide. Products with "WARNING" or "DANGER" (products that need a "DANGER" label are restricted in use) can also cause severe burning. Labels vary based on formulations, so read the instructions carefully.

## CAUTION

### POISON

(LD50 of 500 to 5,000 mg/kg)

### WARNING

(LD50 of 50 to 500 mg/kg)

### DANGER

(LD50 of 0 to 50mg/kg)

## SAFE WAYS TO CONTROL PESTS AROUND YOUR HOME

*Many insects and rodents are attracted to food and water, so start off by making your home less enticing to pests.*

- Wipe up spills immediately with soap and water.
- Take out garbage daily and keep garbage cans clean of food residue.
- Keep ripe fruit in the fridge.
- Wash dishes daily, or at least submerge them in soapy water until you can get to them.
- Make sure all food and beverage containers outside the fridge or freezer are tightly sealed. Glass jars with rubber seals or plastic containers with tight snap-on lids are better than screw-top jars.
- Sweep and vacuum your floors regularly.
- Keep bathroom and kitchen areas as dry as possible. Fix leaky faucets and don't let standing water accumulate.
- If you have a pet, comb it regularly with a flea comb and wash its bedding frequently. Be sure to vacuum floors, rugs and upholstery your pet comes in contact with regularly.
- Deny access to new invaders by making sure potential entry points are sealed off.
- Use silicone caulk to seal any cracks and crevices in baseboards, moldings, cupboards, pipes, ducts, sinks, toilets and electrical outlets.
- Place screens in front of heating and cooling vents, and repair holes in any existing screens. The average mouse found in homes can squeeze through a hole the size of a dime!
- Keep vegetation, stacked firewood and other debris away from the exterior of your house so pests can't climb up and in.
- Vacuum for individual bugs or nests (bugs will usually suffocate in the bag)
- Lay traps (flytraps, jar traps, pheromone traps, light traps, etc.)
- Use a swatter.

*If problems persist, try these techniques, which will minimize the health risks to members of your household.*

- Dust boric acid on cracks and crevices, which slowly poisons crawling insects like ants, cockroaches and silverfish, but is far less toxic to humans and other mammals.
- To control insects and rodents, try tamper-resistant bait boxes -- an effective and safer choice than sprays, powders or pellets, which all spread pesticide residues. Look for one that uses a nonvolatile chemical, like boric acid, and make sure to keep bait stations out of the reach of children.
- Try insecticidal or fatty-acid soaps, which kill soft-bodied insects like caterpillars, fleas and mites on contact, and are virtually harmless to humans and mammals unless they're ingested.
- Hire a professional trained in Integrated Pest Management (IPM), which uses physical controls and low-toxicity products to manage pest problems.
- When using any pesticide, be sure to read the label instructions very well. Avoid frequent, preventative applications. Never exceed the application rate indicated in the instructions.
- When applying pesticides, follow all precautions listed on the label, such as wearing gloves, masks or goggles.
- Make sure any baits, traps or pesticide residues are kept out of reach of children and pets.
- Never dump leftover pesticides in the garbage, on the lawn, or down the drain, where it could contaminate the soil or drinking water. Check with your public works department about how to dispose of hazardous waste.

*Reprinted with permission from the National Resources Defense Council.*

## 'AN OLDIE,' FOR SURE, BUT 'A GOODIE,' STILL

By Glenn Simmington, Esq., Cline, Cline & Griffin, P.C.,  
Specializing in Criminal Defense, Medical Malpractice Defense, and Appellate Advocacy

### TEN 'RULES OF THUMB' TO FOLLOW WHEN YOU ARE DEPOSED:

1. Listen to the question. Take your time. Make sure you understand before you answer. If there is any part of it you do not understand, say so.

2. Answer the questions - not some other question - just the question you are asked. Say no more than is necessary to answer the question. Do not volunteer extra information or explanations.

3. Do not guess. If you don't know the answer, say so. If you don't remember, say so. It is your job to give the answers you know - not to speculate about the answer you don't know.

4. You are the witness - not the lawyer. Do not argue with the lawyer for the other side. Do not object. Do not try to sell the case. Just answer the questions.

5. Watch out for questions that paraphrase your answers. Lots of times the lawyer may take your ideas and put them in other words - changing your meaning in ways that you might not catch at the time. If the lawyer asks if his paraphrasing is accurate, you are entitled to say that you would rather stand on your answer and stick with the way you put it.

6. Beware of absolutes. Watch out for questions that use the words "always" and "never."

7. Admit preparing for the deposition. There is nothing wrong in going over your testimony in

advance. It would be irresponsible not to.

8. If your lawyer objects, listen. If you are talking when he or she objects, stop talking at once. An objection is a danger signal. It says you should put your mouth in low gear and your brain in high gear.

9. If you discover you have made a mistake in your testimony, let your lawyer know before the

deposition is over. It can be fixed. Mistakes do not correct themselves.

10. If you get tired, ask for a break. If you need to go to the bathroom, or get a cup of coffee, say so. And if you start to get argumentative or talkative - which is natural when you get tired - you may expect that your lawyer will ask for a break for you.

### TRUST EXPERIENCE. COUNT ON COMMITMENT.



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**ATTENTION!!!**  
**The new GCMS hours will be**  
**8 a.m. to 4:30 p.m. Monday - Thursday**  
**The GCMS offices will be closed on Fridays.**

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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!



**Genesee County Medical Society Dinner Business Meeting**

**Thursday, May 5, 2011**

A Town Hall Meeting on

**THE STATE OF THE STATE**

A Legislative Panel Featuring:

**State Representative Richard Hammel (House Democratic Leader)  
 Senator Dave Robertson (Vice Chair, Senate Health Policy Committee)  
 and Senator John Gleason (Senate Health Policy Committee)**

With a major shift in power since November 1, and a dramatic proposal of the new budget by Governor Snyder, Genesee County legislators will play a key role in how the State of the State plays out. Come and hear what three key legislators have to say, and express your opinions.

Come hear from legislative leaders about the state of the Michigan budget, health care in general, and the environment which will effect our profession and our families. We have invited Michigan State Medical Society Government Affairs Staff to respond.

This meeting is open to all physicians, spouses, and family members, members and non-members of GCMS and GCMSA and interested other professionals are invited.

\$30 pp (actual cost of dinner) – GCMS Members & Spouses and Member Practice Managers  
 \$20 pp – Hospital Residents and Students  
 \$50 pp – Non-Members and Non-Member Practice Managers

**Reservations required by May 2, 2011**

**FLINT GOLF CLUB**  
 3100 Lakewood Dr., Flint, MI 48507

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

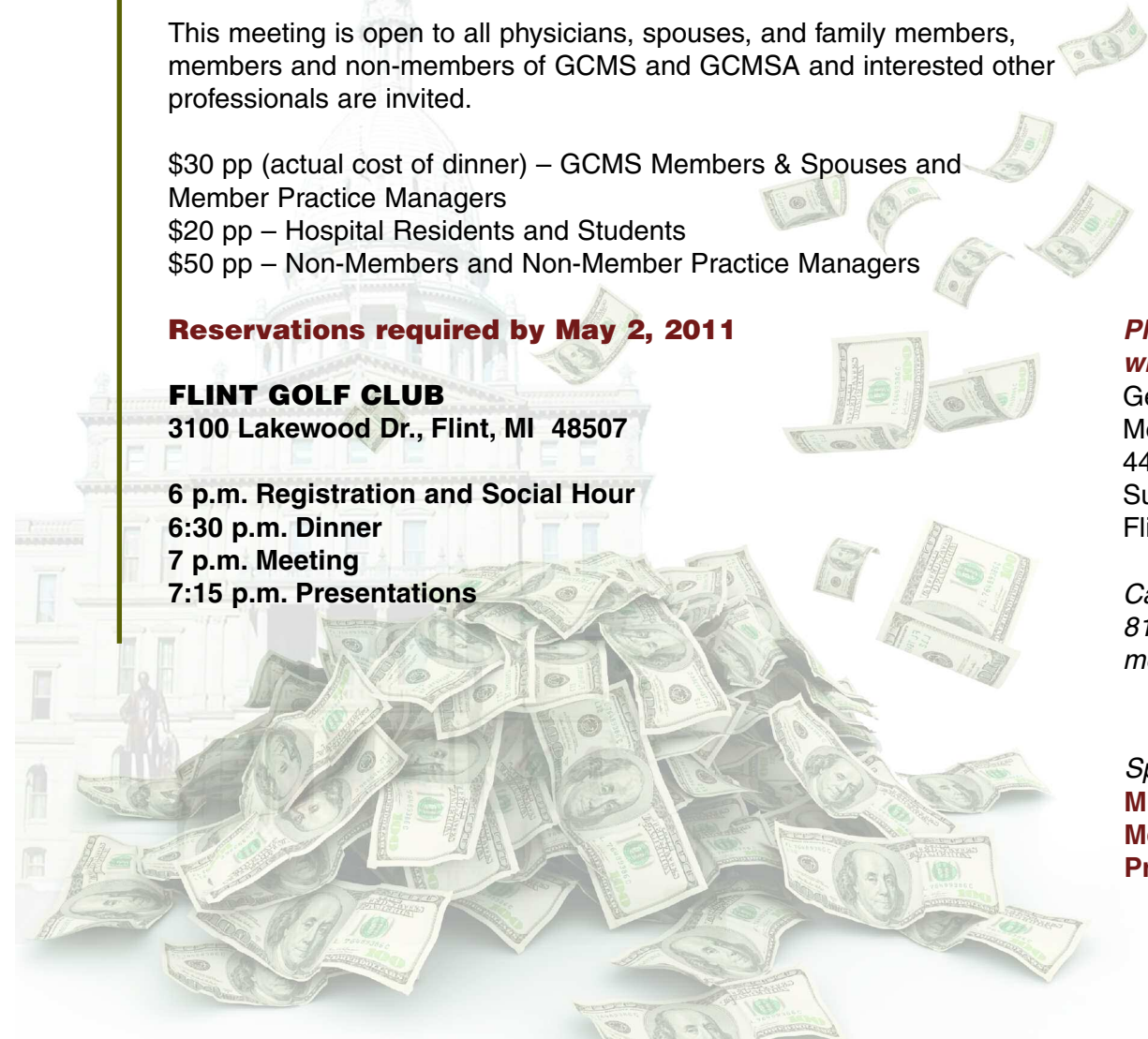


**Please mail check with reservations to:**

Genesee County Medical Society  
 4438 Oak Bridge Dr.  
 Suite B  
 Flint, MI 48532

Call Marcia at 810-733-9923 for more information.

Sponsored by:  
**Michigan State Medical Society ProAssurance**





# 2011 Ride and Drive

## The Flint Ride and Drive 2011

May 7<sup>th</sup>, 2011

**Event:** The Flint Ride and Drive 2011

**Date:** May 7, 2011

**Time:** 1pm - 4pm

**Location:** Downtown Flint (Downtown surface lot located on Saginaw Street between First Street and Kearsley)

The Flint Ride & Drive 2011 is an upcoming event promoting the community, General Motors and their diverse suppliers. This event will give attendees an opportunity to experience GM vehicles and a chance to ask questions without the sales pressures of being at a dealership. However, if there are questions about purchasing or leasing a vehicle, loan officers from a few local financial institutions will be available to answer questions and discuss financial literacy.

There are local community partners who are working together to make sure this day is successful and there is something for everyone. The partners to date are Accu Shape Die Cutting, Genesee Regional Chamber of Commerce, Citizens Bank, Koegels Meats, Blackstone's Pub & Grill, Financial Plus Federal Credit Union, Mott Community College, The University of Michigan - Flint, Genesee Packaging Inc., City of Flint Mayor's office and the Genesee County Medical Society.

Flint, the birth place of General Motors and home of the 2010 Motor Trend Truck of the Year, is a fitting place to hold this program, the first in 2011. Last year there were 3 such events held in Detroit and Pontiac. The following list some of the day's activities:

### Activities:

- ❖ Opportunity to test drive 20 various GM vehicles
- ❖ Food and refreshments - complimentary
- ❖ Safe Kids car seat review and check up
- ❖ Michigan Child Identification Program
- ❖ McGruff Safer Seniors
- ❖ Face painting - Uof M art students
- ❖ Battle of the bands
- ❖ Caricature drawings
- ❖ Clown / balloon animals

### Information Booths:

- ❖ Citizens Bank
- ❖ Financial Plus Credit Union
- ❖ Crime Stoppers
- ❖ OnStar
- ❖ MMSDC
- ❖ GM Discount Cards
- ❖ UAW Tent
- ❖ Crim Wellness

Genesee Packaging, Inc.  
proudly hosts the

# 2011 Ride and Drive

## Event Details:

**Saturday, May 7<sup>th</sup>**

**1:00 PM - 4:00 PM**

**Downtown Flint Surface Lot  
Located on Saginaw Street  
between 1st and Kearsley  
Flint, MI**



## Event Highlights:

- **Special GM Vehicle Discount Card**
- **Refreshments**
- **Safety In and Around Cars Display**
- **Michigan Child Identification Program**
- **Local Entertainment & Vendors**

**No pre-registration necessary**

**YOU MUST BRING A VALID  
DRIVERS LICENSE AND BE 21  
YEARS OF AGE**

**Sponsored By:  
GM Minority Suppliers**



**Thank you to Genesee Packaging, Inc.  
for hosting this event**

TEST DRIVE THE NEW GM

## Happy Birthday Doctor - MAY

Saed Sahouri	1	Jennifer Klock	11	Anton Chivu	19
Felipe Videla	1	Nadeem Siddiqui	11	Allan Ippolito	20
Denny Martin	1	Hytham Fadl	12	William Bowling	20
Matthew Sardelli	1	Clifford Cox	13	Rudolf Goetz	22
Alvin Judd	2	Mehmet Agabigum	13	Ashish Sarin	22
Shirley McCormick	4	Neil Friedman	14	Susumu Inoue	23
Mohamadalli Amlani	5	Edwin Gullekson	14	Michael Giacalone, Jr.	24
Sylvia Kosciolk	5	Lawrence Reynolds	14	Jeffrey Ledis	24
Venkata Puttagunta	5	Mohamed Khedr	14	Manisha Kia	26
William Lo	5	Marta Bonkowski	15	Shaheen Mohammed	26
Melissa Hamp	6	Maurice Chapin	15	F. Michael Jaggi	27
Jeffrey Mitchinson	6	Paul Morin	15	Jacob Sedrick	28
Genevieve Alunit	7	William Thompson Jr	15	Barry Dewitt	29
Dong-Wha Ohm	7	Mustafa Akpinar	16	Virgilio Bonet	29
Douglas Vanbrocklin	7	Gerald Fulton	17	Siva Talluri	30
Christopher Murray	7	Paul Lazar	17	James Aills	30
Halina Kusz	8	Crumsan Nundkumar	18	Caroline Mathew	31
Linval Fleetwood	8	Christopher Tykocki	18	Jagdish Shah	31
Manilal Mewada	9	James Walter	19	Michael Sorscher	31
Ronald Hunt	10	Paul Adams	19		

## CLASSIFIEDS

### OFFICE 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. Contact Pete Levine at (810) 733-9925 for details.

### EMC SHIFTS AVAILABLE

for doctors wishing to work in urgent care setting.  
Call Joanne Pratt at (810) 516-2891.

### INCREASE PROFITS!

We screen and hire top performing employees for you. Protect your assets! We design employee manuals, policies and procedures.  
Call Expert Human Resources Consultants (810) 813-8732.

**If you know of potential sponsors or  
advertisers to support the Genesee  
County Medical Society please contact  
Marcia at 810-733-9923.**

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

**Call Marcia to give her your password (810) 733-9923.**

### ATTENTION

Address changes for the Roster:

#### Wayne Breece, MD

Fenton Medical Group  
102 N Adelaide Street  
Fenton, MI 48430

Ph: (810) 593-1040 Fax: (810) 593-1043

#### Dr. Waleed Khan

Flushing Urgent Care  
1301 Flushing Road  
Flint, MI 48504-4710

Ph: (810) 424-0759 Fax: (810) 424-0486

#### Sayed. M. Osama, MD

Kidney & Hypertension Consultants  
2486 Nerredia Dr., Ste. E  
Flint, MI 48532

Ph: (810) 230-9901 Fax: (810) 230-9916

#### Yahya Osman, MD

Kidney & Hypertension Consultants  
2486 Nerredia Dr., Ste. E  
Flint, MI 48532

Ph: (810) 230-9901 Fax: (810) 230-9916

#### Lynn Walker-Payne

G3169 Beecher Rd., Ste. 102  
Flint, MI 48532

Ph: (810) 422-9235 Fax: (810) 422-9174