

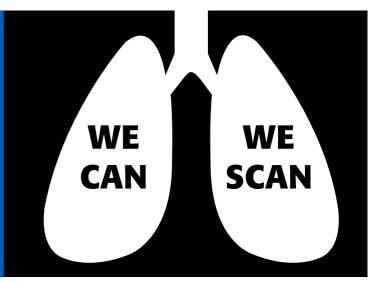
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**Dr. Thoms On Retirement** 

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*THE BULLETIN* is published monthly by The Genesee County Medical Society.

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### Read by 96% of GCMS members.

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#### Cover photo by Pete Levine - Palo Doro Texas - March 2015

#### **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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## **FATIGUE AND DECISION MAKING**

I read an article this week on physician fatigue and decision making (Jama Intern. Med. 2014.174:2029-31). The study focused on physicians antibiotic prescribing habits for URIs based on time of day. While it was not surprising to find that more antibiotics were prescribed at the end of the day, it was interesting that there were also more prescribed at the end of the morning. As it is unlikely that the severity of presenting URIs increased from hour to hour, this finding was attributed to decision fatigue. At the start of the day it is easier to take the time to educate patients about the risks,

benefits, and proper use of antibiotics. As physicians get rushed and tired, it is easier and faster to simply give the patient the antibiotic they came to get. This has also been shown to be true for narcotic prescribing.

This phenomenon should be obvious to all of us. A

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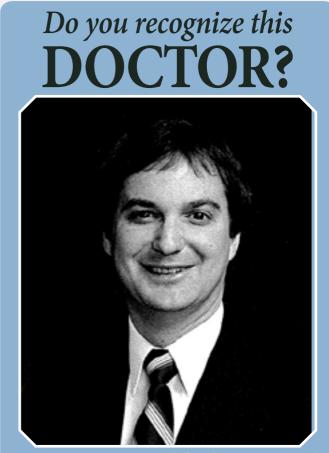
Deborah Duncan, MD

month ago after working a very busy urgent care shift (following a very busy office day), I joked to my partners that it was easy, "I just gave everyone antibiotics and narcotics and they left happy!") While this was not true, it does highlight the problem.

I googled myself a few months back and found a vitriolic diatribe about what a horrible doctor I was - noting that it was late and I seemed rushed. I actually reviewed the case and while my medical decision making was good, I was exhausted and did not take the time that I should have to explain things more thoroughly to that patient.

So, a reminder: when you are most busy, and most tired – take a step back, take a deep breath and put in that last little effort to do it right.

Finally, I'd like to thank our Congress for passing the SGR solution – now, we can all hope it works.



Look for the Answer inside!

### Genesee County Medical Society Town Hall Meeting on May 7, 2015

### Collaborative Value Based Medicine What Every Physician Needs to Know



Location: Flint Golf Club 3100 Lakewood Drive Flint, MI 48507

<u>Cost:</u> \$35.00 for GCMS Members, Spouses, Practice Managers, & Staff

\$35.00 for Genesee County Osteopathic Association Physician Members & Spouses

\$25.00 for all Residents & Students

\$50.00 for Non-Member Guests Come and hear Michael Genord, MD, MBA, Senior Vice President, Strategic Development and Alignment and Chief Medical Officer, HealthPlus of Michigan.

This will be the second in a series of Town Hall Meetings focusing on third-party payers. The first in the series featured Dr. Tom Simmer's presentation on PGIP and strategic positioning of Blue Cross Blue Shield of Michigan. At that meeting, we were asked to continue in this process, with a presentation by HealthPlus. Dr. Michael Genord is uniquely positioned to provide the information from the HealthPlus perspective. Information will be provided which is of unique value to practicing physicians. Dr. Genord is a past President of the Oakland County Medical Society. He is Board Certified in Obstetrics and Gynocology and managed a private practice for 17 years. He also served in leadership roles at William Beaumont Hospital and United Physicians Group, both in Royal Oak, Michigan.



The light Pan for a Healthier You?

This is not a session to miss, and is particularly timely.

Reserve early and feel free to register your practice managers, family, and other staff! Please also consider inviting non-members to attend!

Physicians, spouses, family members of GCMS/GCMSA, GCOA and other interested professionals are invited!

6 pm, Registration & Social Hour 6:30 pm, Dinner 7 pm, Meeting 7:15 pm, Presentations

Kindly submit your RSVP to this meeting by April 30, 2015.

You may mail a check with your reservations to:

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

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.

The GCMS Bulletin

EDITORIALLY SPEAKING

## BELIEVE IT, TELEVISION CAN ACTUALLY EDUCATE

*The best way to solve any problem is to remove its cause. Martin Luther King, Jr. (1929 – 1968)* 

Television is not always the vast wasteland it is purported to be as evidenced by two recently aired remarkable programs, a PBS documentary and a CBS "60 Minutes" segment, addressing the topic of cancer.

"Cancer: The Emperor of All Maladies" is a documentary produced by Ken Burns and based on the book of the same name by oncologist Siddhartha Mukherjee, M.D. The three part series follows the history of cancer research and tracks patients and their physicians through the difficult decision making and treatment process for various types of cancer. The story ranges from the discovery of cancerous

tumors in fossilized dinosaurs to its description in ancient Egyptian scrolls to the modern cancer research laboratories of our era. The film portrays the impressive progress that has been made in the battle against many forms of cancer while at the same time illustrates the immense scope of the work that still needs to be done to understand this dreaded spectrum of disease. For example, childhood leukemias, once an automatic death sentence for those afflicted, are now cured nearly 90% of the time, in large part due to the early research and innovative treatments proposed by Dr. Sidney Farber in Boston. The grossly disfiguring radical mastectomy for breast cancer has been largely replaced by more targeted and tissue-sparing therapies of drugs, radiation, and lumpectomy and sentinel lymph node surgery. These treatments have increased survival rates over the past decades.

The 60 Minutes story featured a new treatment for recurrent glioblastoma undergoing Phase I clinical trials at Duke University. Genetically engineered poliovirus (PVS – RIPO) is infused directly into the brain tumor. The virus infects and kills tumor cells aided by the patient's own immune system. PVS – RIPO infects almost all cancer cells because the receptor for the virus used for cell entry is present on tumor cell membranes. Because it is modified, it



Daniel Ryan, MD

will not cause polio nor harm normal cells. Four of five patients treated are still alive. The treatment, a promising sort of silver bullet, may prove to be effective against other forms of cancer such as lung, pancreas, and colon.

Although risk factors for various types of cancer are well known, the specific reason why normal cells mutate into malignancies is unclear, despite huge sums of money and brilliant minds attacking the problem. Is it viruses, environmental toxins, or genetic predisposition? Yes, yes, and yes. All of the above have been implicated. Modifiable risk factors are those that can be controlled and

are well publicized. The Mayo Clinic has compiled a list of seven tips to reduce the chance of developing cancer and our patients need to be aware of them. These include avoiding tobacco use; a healthy diet with emphasis on fresh fruits and vegetables, limited animal fat, alcohol, refined sugar, and salt; regular physical activity and normal weight maintenance, limited sun exposure, immunization against hepatitis B and human papilloma virus; and regular medical exams that include appropriate cancer screenings. And since age is a risk factor for cancer as three out of four cancers are found in those over 55, do not grow old!

Alternative medicine websites place the blame for cancer on additional factors such as lack of vitamin D, eating too much protein, toxic cosmetics and cleaning supplies, non-stick cookware, non-organic produce, microwave ovens, municipal water supplies treated with chlorine, and genetically modified food products. Who's to say? Additional study may implicate all sorts of culprits.

We can take precautions to limit the risk of cancer but there is no guarantee of prevention. Scientific study can advance knowledge of disease process and improve treatments but cancer, the emperor of all maladies, has always and will always be with us.

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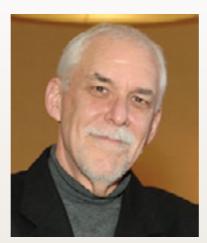
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## **CONGRATULATIONS ON THE SGR FIX**

After years of effort, organized medicine was able to convince Congress to do the right thing. It fixed the sustainable growth rate issue associated with Medicare payments. This has been a seriously completely flawed method of determining payments, which held physicians and patients hostage to a ridiculous concept of cost containment. It has finally been wiped out. It remains to be seen exactly how the deal making will impact individual physicians, but one thing is sure, the sustainable growth rate will not be the issue in coming years. It has been settled. There will be small increases in reimbursement. and some increases down the line in



Peter Levine, MPH

serving you at, the MSMS House of Delegates which is assembling in Grand Rapids. We are taking with us a series of resolutions on your behalf, and will be voting on medical policy issues from around the state. The GCMS delegation is always one of the most disciplined and exciting to watch at the House of Delegates and this year will be no different.

Don't forget to reserve to attend the GCMS Dinner Business Meeting, featuring Health Plus's Michael Genord, MD, speaking on "Collaborative Value Based Medicine." Please contact Sherry Smith as soon as possible to reserve. You may call 810-733-9923 or

Medicare premium payments by folks who join Medicare starting in 2018, but the perpetual threat of cuts of 10, 15, 20, 21% in physicians fees, is finished. The endless

futility of amending bills, patching, and refusing to work together as Democrats and Republicans, is finally behind us on this issue. Here's hoping that the ability to act on the sustainable growth rate will result in a new bipartisan cooperative spirit in Washington, which might lead to rapid progress on many issues.

As you read this issue of The Bulletin, the GCMS delegation is



If you or someone you know would like to advertise in The Bulletin please contact Sherry Smith at <u>ssmith@gcms.org</u> or Call (810) 733-9923. email ssmith@gcms.org. Bring your staff, your partners, associates, and your significant other. Have a night out, and learn something to help your practice.

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Dr. Peter Thoms on Retirement

By Dr. Peter Thoms

No. I am not a quitter. I guess that is why I have practiced Family Medicine in Genesee County for 55 years. But it is time for me to quit my private practice and begin a new chapter of my life. Yes, June 30, 2015 is my "D"-day. It is the day that I will walk away from the one job I have had for 55 years. It will be hard, but the time to take down my "shingle" has come.

This day will be the culmination of a career which I could not have imagined at its outset. Fifty years ago, Genesee County Medical Society and my professional colleagues welcomed me, rather than treating me as the competition. It is not every medical community that does so. Working here has been a joy.

Patient care has been a joy. The recent government interference and the hurdles one has to leap over have complicated care unnecessarily. Yet they generate the statistics by which we are now graded. Patient care has become much more complex. The influx of drugs, the advancement of technology, the stealing away of the art of medicine have all been factors in my decision to quit.

I have loved the practice of family medicine. Delivering mothers of their children, watching them grow up has been ecstatic. Crying with a mother whose nine months of anticipation has resulted in a stillborn child was crushing but brought doctor and patient closer. I am reminded episodically of a house call made, or a knee stitched up after regular hours, or a fracture set, a sliver removed, etc. There were the seasonal sports physicals, college physicals, and the premarital counseling that we used to have the privilege of doing. Celebrating graduations, weddings, 50 year anniversaries and 100th birthdays have been part of the family caring. And then there are the funerals of loved ones where, at each one, the family says "Thanks for your care of .... "and "Thanks for coming." Sometimes it was a grandma who suffered too long before dying. Sometimes it was a child who died far too soon, too quickly from a tragic accident or, harder yet, by suicide.

Medical practice has had its ups and downs but in all of these events there has been a relationship of incomparable equal. It is hard to walk away from the generations of patients. It still amazes me that our patients do not mind that we constantly practice on them. Truly that is the nature of medicine. It is not a static occupation. Changes

are constant. Concepts change (Caffeine was bad for you, but now decaffeinated beverages are harmful. Small pox vaccine was unnecessary in the late '60s now we are concerned that small pox might become epidemic again. There are untold other examples.)

Medicine has been fun and I would not trade the experience of being an independently practicing family doc with anybody. When I came to Flint in June of 1959 to intern at Hurley Hospital, I expected to complete a surgical residency and practice in some foreign country, preferably with my Dad in Oman. Instead I found myself practicing with Dr. Harley Anderson in Mt. Morris. Five months later I was on my own, opening my practice in Beecher on Coldwater Road where there was no physician.

At that time there were seven hospitals in Flint and one in Goodrich (Wheelock Memorial Hospital). Flint Osteopathic Hospital (FOH) was brand new. Genesee Memorial was a contagious disease hospital. The Walter Winchester Hospital, on Flushing Road, west of Sunset Hills Cemetery, was almost unoccupied and soon closed. Flint General was the Osteopathic Hospital, located adjacent to the Buick plant, but lost a lot of its physician base when FOH was built. Hurley Hospital dominated the hill above the downtown area between 5th and 7th Streets. St. Joseph's Hospital on the east side, McLaren Hospital was on the west side, they were allopathic venues then.

We allopathic physicians were members of all three of the latter hospital medical staffs. With patients in all three, we often rounded in all three, taking time to commiserate with colleagues each morning in one or more of the "watering holes" over a cup of coffee and a sweet roll. We knew each other. We met each other almost every Thursday night at one of the hospital auditoriums. It was here that we heard the rousing

debates and eloquent speeches, most notably by Dr. Leach. John Rowe, often "hot "under the collar," encouraged us not to "participate" as BC/BS providers. Or Dick Rapport warning us about the intrusion of insurance carriers into our practices. And then there were the fun squabbles. Entertainment by such was as much a part of these weekly meetings as was the fellowship. Yes, the business got done, but it was anything but cookiecutter boredom.

Alas, the changes to the medical care environment have separated us into entities that have, to a degree, alienated us. The cohesiveness which drew me into a community of colleagues has almost completely dissolved into parochial factions, parted by hospital and other loyalties. Times when we all come together have gone and we are the poorer for it.

I loved my practice in Flint. It was relatively simple back then. Chlorthiazide was replacing Mercuhydrin and soon would be superceded by Hydrochlorthiazide. Sulfa and penicillin were joined by Erythromycin as common antibiotics. And when we needed a "stronger" one we used Chloromycetin. Chest x-rays were part of the annual physical. Diabetes was followed at home by

seeing what happened to the litmus paper when you urinated on it and pork insulin was a thick liquid that was delivered via a 20 guage needle - no wonder people dreaded going onto insulin. But if diet did not control it, there were no other options. Serpasil, Apresoline, and HCTZ were mainstays of hypertension control and when one or two of those alone did not do the trick, we used all three in a capsule including all three under the trade name of SerApEs (Esidrex was the patented name for HCTZ).

Psychotic patients had long hospital stays and many lived out their lives in state run psychiatric hospitals. Postpartum stays were usually a week. And you might be admitted to the hospital for a thorough (executive) physical exam.

Things really have changed. When I arrived as an intern fresh out of my University of Michigan training I was assigned, as my first rotation on July 1, to the emergency room. The rotation was 12-hour first shift and 24 hours on call if things got really busy. Then another 12-hour shift followed by a day off. But you

were the only physician in the ER. Talk about being wet behind the ears. Residents could be called, but it had better not be for something less than catastrophic. Thank goodness Miss Sadys, a former Army nurse ran the show. She knew when to hold them and when to fold them. She had a way with rowdy uncooperative patients that would foster law suits today, but she was effective in bringing order out of chaos. I will never forget being the first shift doctor on that 4th of July when attending physicians were scarce and the residents were busy with managing their floors. But it was a good experience that introduced me to the community and taught me many things not found in the books.

I have loved my practice of medicine. Whereas it was much simpler then (RhoGam became available in the late '60s and OB ultrasounds were used in the '70s occasionally for managing OB) medicine in the last 20-plus years has made giant strides. The big differences are many more effective drugs and patient self-management. Glucometers have put sugar control in the patient's hands. Electronic blood pressure apparatuses have allowed patients to monitor at home.

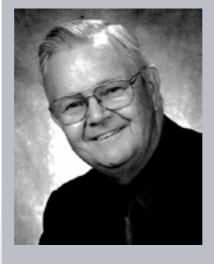
Psychiatric care has shifted away from institutions and primary care physicians have pharmacological options that are effective in controlling the pervasive increase in depression. Psychiatric referrals are primarily for the more severely affected patient.

Yes, I have loved practicing family medicine in Genesee County for 55 years, but the time has come to quit.

P.S. I will be continuing on as the Medical Director and an attending at the Emergency Medical Center. PST



Dr. Peter S. Thoms



### FREE! Commit to Fit! Class Schedule

Commit to Fit offers fitness classes and healthy cooking demonstrations at <u>no cost</u> 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. Class sizes are limited and are on a "first-come, first-served" basis. See back side for details.

### **MAY 2015 CALENDAR**

0	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
M A Y 2015	27 Senior Stretch YMCA- Downtown Flint 9:00am	28 Enhance Fitness Flint Farmers' Market 10:00 a.m. Healthy Cooking Demonstration Flint Farmers' Market 12:00 p.m. Enhance Fitness Carriage Town Ministries 2:30 p.m.	29 <b>Zumba Gold (Beginner)</b> GAC 5:30 p.m.	30 Enhance Fitness Flint Farmers' Market 10:00 a.m. Jazzercise 3525 E. Court St 5:30 p.m. Basic Yoga IHFC 6:45 p.m.	1 <b>Body PHIT</b> UM-Flint Rec 5:30 p.m.	2 Healthy Cooking Demonstration Flint Farmers' Market 12:00 p.m. CrossFit Intro. FTGF CrossFit 12:30 p.m. Day of Play Max Brandon Park 1:00 – 4:00 p.m.
	4 Senior Stretch YMCA- Downtown Flint 9:00am	5 Enhance Fitness Flint Farmers' Market 10:00 a.m. Healthy Cooking Demonstration Flint Farmers' Market 12:00 p.m. Enhance Fitness Carriage Town Ministries 2:30 p.m.	6 Zumba Gold (Beginner) GAC 5:30 p.m.	7 Enhance Fitness Flint Farmers' Market 10:00 a.m. Basic Yoga IHFC 6:45 p.m.	8 <b>Body PHIT</b> UM-Flint Rec 5:30 p.m.	9 CrossFit Intro. FTGF CrossFit 12:30 p.m.
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### **Class Descriptions & Locations**



commit2fit@flint.org

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#### I. <u>Call to Order</u>

The meeting was called to order in the Rapport Conference Room at 6:10pm, by Deborah Duncan, MD, President.

#### II. Review of Minutes

Motion: that the minutes of the January 27, 2015 Board of Directors meeting be approved as presented. <u>The motion carried.</u>

#### III. <u>Reports</u>

#### A) GCMS Alliance

Peter Levine reported that the Alliance had been in Lansing all day, lobbying on Senate Bill 68.

#### **B)** Finance

Motion: that the Budget-to-Actual report for the period ending January 31, 2015 be approved as presented. <u>The motion carried.</u>

#### C) Membership

Peter Levine reported that, as of February 23, 2015, there are 88 NPD members for the 2015 year.

### Directive: Staff was directed to send the specialty-specific lists to each Board member, matching their specialty, asking them to review them for accuracy.

#### D) Legislative Liaison

Dr. Cathy Blight reported that the next Legislative Liaison Committee meeting would take place on March 2, 2015. She reported that a very productive meeting was held with Senator Ken Horn, who now represents a portion of Genesee County. Senator Horn is interested in incorporating graduate medical education into the Michigan Economic Development Corporation, which GCMS staff found very interesting, as a concept.

Dr. Blight reported that a meeting will be held with Senator Dave Robertson regarding Senate Bill 68.

#### E) Community & Environmental Health

Dr. Gerald Natzke reported that the Mayor of Flint has yet to provide a water related document for distribution to physicians' offices, and that, in addition, the city does not want its logo on said document when it is procured. The Medical Society has made it clear that the document will not be distributed as a Medical Society document to physicians. It must be a city document. Both Dr. Natzke and Pete Levine have been invited to serve on the Flint City Water Technical Advisory Committee and will do so.

Board members were encouraged to sign up for the 14 Things articles.

Dr. Natzke presented a Resolution regarding physical activity in schools.

### Motion: that the Resolution regarding physical activity in schools be approved as presented and forwarded to MSMS immediately. The motion carried.

### Genesee County Medical Society Board of Directors February 27, 2015 - Minutes

Dr. Natzke also reviewed a Resolution regarding multi-building apartment complexes designating half as non-smoking buildings.

### Motion: that the Resolution entitled Multi-Building Apartment Complexes Designating Half as Non-Smoking be approved as presented for immediate submission to MSMS. <u>The motion carried.</u>

#### F) GFHC Updates

Dr. Waters reviewed the deliberations at the GFHC Board of Directors meeting, which revolved around the Flint water crisis and Flint capital expenditures.

Brief updates were provided on the Advance Care Planning, Quality & Innovation, and CHAP projects.

#### **G)** District Directors

Dr. Waters reported on the New Lawmaker's Reception at MSMS. Dr. Waters reviewed Resolution 3214 (which was referred to the Board), regarding the adoption of a single-payer system. He asked for input from the GCMS Board.

#### H) Presidents' Report

Dr. Deborah Duncan reported that staff is working on arranging a Dinner Business Meeting featuring Mike Genord, MD, Chief Medical Officer of Health Plus, for the May Dinner Business Meeting. Dr. Duncan reported that arrangements have been made to have Doug Deitzman, President and CEO of Great Lakes Health Connect speak at the September Dinner Business Meeting.

### Motion: that the September Dinner Business Meeting be moved from September 3rd to September 10th, to avoid conflict with the Labor Day holiday. <u>The motion carried.</u>

#### IV. <u>New Business</u>

#### Motion: that a second annual event be scheduled at the Flint Cultural Center, for an afternoon in late August or early September. <u>The motion carried.</u>

#### V. <u>Next Meeting</u>

The next meeting of the GCMS Board of Directors will be March 24, 2015.

#### VI. <u>Adjournment</u>

No further business appearing, the meeting was adjourned at 7:45pm.

Respectfully submitted,

Peter Levine, MPH Executive Director

## **Issues Of Serious Concern For Medical Practices!**

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

May Topic: Meaningful Use 2

### **Presenter:** Stacey Hettiger MSMS Director, Medical and Regulatory Policy, Health Care Delivery

Do not miss this meeting. Meaningful Use is a constant topic among physicians, practice managers, and third-party payers. If you are involved in pursuing Meaningful Use goals or are considering it, this is not a session to miss. Please attend if you are a practice manager. Please send your practice manager if you are a member!

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)



The GCMS Bulletin





- **DATE:** March 2, 2015
- TO: GCMS Board of Directors
- FROM: Cathy Blight, MD, Chair
- RE: March Legislative Liaison Committee Meeting

The Legislative Liaison Committee met on March 2, 2015. Present were Amy Hovey from Congressman Kildee's office, Senator Jim Ananich, Representative Joseph Graves, Tim Sneller, Chief of Staff for Representative Charles Smiley, Nicole Addison, from Representative Pam Faris' office, Gary Paavola, Drs. Deborah Duncan, Venkat Rao, Cathy Blight, Paul Lazar, Steve Japinga, MSMS staff and Peter Levine, and Sherry Smith, GCMS staff.

The meeting was called to order at 8:00am by Cathy Blight, MD, Chair.

Steve Japinga reviewed the MSMS Legislative Priority List. Primary on that list is scope of practice, Senate Bill 68. Committee members expressed their concerns regarding this legislation. A significant amount of time was spent hearing about the strategic maneuverings going on relating to this legislation. Certificate of Need reform was also discussed at length, as was the Medicaid budget and maintenance of certification. The issue of maintenance of certification is an issue which will come up again and again, because it has a chilling impact on cost, access, and economic development. There was also a note that MSMS is going to be working hard on developing a single Medicaid pharmaceutical formulary. Senator Ananich and Representative Graves noted that they are working together on a prescription drug abuse initiative. There was a brief discussion of Proposal 1, which would fund roads and schools.

Amy Hovey of Congressman Kildee's office provided an update on Federal issues, including SGR and grave concerns regarding a nuclear waste dump, which is being built by the Canadian government in Ontario near the Lake Huron shore. Staff was directed to develop a Resolution for the MSMS House of Delegates by the end of the day, to ask for an investigation of this public health hazard.

The next meeting of the Legislative Liaison Committee will take place on May 4, 2015. At that time, the Committee will review the actions taken by the MSMS House of Delegates, which are expected to result in legislative action.

Our mission is leadership, advocacy, education, and service on behalf of our members and their patients.

### MARCH PRACTICE MANAGERS MEETING REPORT FOR MAY 2015 BULLETIN

### PROBATE AND POWER OF ATTORNEY ISSUES



On March 26th, a small group of practice managers heard a powerful presentation by Attorney Barbara Hunyady, who spoke about probate, power of attorney, guardianships, and conservatorships for adults and children, and also about collection issues. She also covered issues relating to powers of attorney, both financial and medical.

Those who attended engaged in active discussion, and found the session to be extremely positive.

The May session for Practice Managers will revolve around Meaningful Use 2, and will be presented by Stacey Hettiger of the Michigan State Medical Society.

#### HURLEY MEDICAL CENTER PEDIATRIC ONCOLOGY UNIT

### Coordinated Care, Close to Home

Was a 12-year-old girl Mng in Ontario, Canada with her father. Her parents were divorced and her mother moved to Pinconning, Michigan, KH was diagnosed with cerebellar Medulicbastoma in 2011. She received her brain radiation at Victoria Children's Hospital and needed to start chemotherapy. It was agreed that her mother in Michigan could provide the most supportive care throughout her treatment so KH moved to Pinconning. She was registered on the Children's Oncology Group (COG) Protocol and that is how she came to be treated at Hurley Medical Center and counseled periodically by a child psychologist. KH received the same level of quality care much closer to her new home.

hurleychildrens.com





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



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

### Child & Adolescent Psychiatry

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

### Child & Adolescent Health

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

### Child & Adolescent Dentistry

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

### Services provided at no cost to low income families living in Genesee County

Mott Children's Health Center 806 Tuuri Place Flint, Michigan 48503 (810) 767-5750

### www.mottchc.org

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## The Third Annual Flintstone Challenge 5K Run/Walk

Presenting S	FL	INT ARE	EA ES Da	Principal Sponso	UNI	IIGAN ST/ VERSI of Human Med	ТҮ
High School Sponsors:	Training	Sufame	🔶 🖍 🤅	A G I N G S Y S T DESIGN TO DE		an State University County Alumni Ciub	Baumant Human a will be store
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Early January Is Run	<b>PFOCEE</b> / Registration t - April 17th / Walk - <b>\$3</b> 0	<b>Eds benefit</b> Late Registration April 18th - May 3 Run/Walk - \$30 T-Shirt Not Guaran	t <b>the l</b> rd ·	Flint Clas	<b>SSTOOM</b> <u>ket Pick-Up:</u> 5 10 am-6 pm & and Walking Sh 115 8 am	Suppor Saturday, May op (1473 W. Hill 1	<b>et Fund</b> 2, 2015 10 am-6 pm

Flintstone Challenge 5K Run/Walk Registration Form Mail form and payment to: MSU/FAME ATTN: Flintstone Challenge, 200 E. First St., Flint, MI 48502

Name	Address
City	State Zip Age Male 🗌 Female 🗌 5K Run 5K Walk
Email	T-Shirt Small Medium Large Extra Large
<u>X</u>	
Signature c	of Participant (or legal guardian if participant is under 18)
may suffer as a	erstand that this event involves certain risks and I state that I am appropriate to engage in this event. I, for myself, my heirs, and all others for me, hold harmless for any injury, ailment, accident, or mishap I a result of my participation of the City of Flint, Flint Community Schools, MSU/FAME, all sponsors, volunteers, and organizers of this event. I also grant permission to use my likeliness in photograph, video, or in valid association with this event.

### YOUR \$\$\$ AT WORK

- GCMS organized the May 7, Town Hall on Collaborative Value Based Medicine
- GCMS organized a September 10, Town Hall on Michigan Health Connect
- GCMS convened C-Section Task Force
- GCMS held practice managers session on Legal Issues for Practices
- GCMS received contract from State of Michigan to develop Human Trafficking Physician
  Toolkit, and hired Kristin McBride to staff the activity
- GCMS participated in the University of Michigan School of Health Professions strategic planning process
- GCMS explained organized medicine's positions on no-fault auto legislation, scope of practice issues, and SGR replacement, at the state and federal legislative levels
- GCMS organized delegation to MSMS House of Delegates

### Well, not actually a doctor Did you recognize... Walter P. Griffin, Esq. Honorary GCMS Board Member



### CLASSIFIEDS

### READY TO MOVE IN 4,500 SQ. FT.

Custom designed physician office. Available for rent or purchase in Stone Bridge office complex off Linden Rd. across from Genesee County Medical Society. New roof and heating/cooling. **Contact 810-610-0965** 

### 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.

### AUTOCLAVE NEEDED

by not-for-profit urgent care center. Please contact Brenda at <u>bcraft@gcms.org</u> or call (810) 232-2710.

Check Out Our Website www.gcms.org

### HAPPY BIRTHDAY DOCTOR

Matthew Sardelli, MD Saed Sahouri, MD Felipe Videla, MD Shivani Choudhary, MD William Lo, MD Venkata Puttagunta, MD Sylvia Kosciolek, MD Akachi Azubuike, MD Jeffrey Mitchinson, MD Melissa Hamp, MD Genevieve Sierminski, MD Christopher Murray, DO Dong-Wha Ohm, MD Douglas VanBrocklin, MD Halina Kusz, MD Linval Fleetwood, MD Anudeep Surendranath, MD Bishr Al Dabagh, MD

MAY

- 1 Ronald Hunt, MD 1 Jennifer Klock, DO 1 Jodi Farley, MD Hytham Fadl, MD 2 5 Mehmet Agabigum, MD 5 Clifford Cox, MD 5 Mohamed Khedr, MD 6 Neil Friedman, MD 6 Lawrence Reynolds, MD 6 Edwin Gullekson, MD 7 William Thompson, Jr., MD 7 Paul Morin, MD Babatunde Almaroof, MD 7 7 Michael Danic, DO 8 Mustafa Akpinar, MD 8 Gerald Fulton, MD
- 10 Paul Lazar, MD
  - 10 Christopher Tykocki, DO

10 Crumsan Nundkumar, MD 18 11 Alicia Franco-Imperial, MD 18 12 James Walter, MD 19 12 Paul Adams, MD 19 13 Celestine Joseph, MD 19 13 Allan Ippolito, MD 20 14 Rudolf Goetz, MD 22 14 Michael Giacalone, Jr., MD 24 Ujwala Koduru, MD 25 14 14 Michael McCann, DO 25 15 Scott Kaatz, DO 26 15 Zheng-Ping Guo, MD 28 16 Barry DeWitt, MD 29 16 Virgilio Bonet, MD 29 16 James Aills, MD 30 17 Caroline Mathew, MD 31 17 Jagdish Shah, MD 31 18 Nestor Tomycz, MD 31

### GCMS MEETINGS - MAY 2015 -

### SAVE THESE DATES!!!

**Legislative Liaison Committee, 5/4** 8am, GCMS Office

> **Bulletin Committee, 5/6** 7:30am, GCMS Office

**2015 Presidents' Ball Committee, 5/6** 12:00pm, Sagano's Japanese Bistro

GCMS Dinner Business Meeting 5/7 6pm, Flint Golf Club

### "Collaborative Value Based Medicine"

What Every Physician Needs to Know (please see ad on page 5 for more info!)

### C-Section Task Force No meeting in May

**Finance Committee, 5/26** 5:30pm, GCMS Office

### **Board of Directors, 5/26** 6pm, GCMS Office

### Community & Environmental Health Committee, 5/27

12:30pm, GCMS Office

Practice Managers, 5/28 8am, GCMS Office

MSF Fundraising Committee, 5/28\ 6pm, GCMS Office

2015 GCMS Presidents' Ball November 7, 2015 6 o'clock pm Warwick Hills Golf & Country Club

### Genesee County Medical Society Town Hall Meeting on May 7, 2015

### **Collaborative Value Based Medicine** *What Every Physician Needs to Know*



Location: Flint Golf Club 3100 Lakewood Drive Flint, MI 48507

<u>Cost:</u> \$35.00 for GCMS Members, Spouses, Practice Managers, & Staff

\$35.00 for Genesee County Osteopathic Association Physician Members & Spouses

\$25.00 for all Residents & Students

\$50.00 for Non-Member Guests Come and hear Michael Genord, MD, MBA, Senior Vice President, Strategic Development and Alignment and Chief Medical Officer, HealthPlus of Michigan.

This will be the second in a series of Town Hall Meetings focusing on third-party payers. The first in the series featured Dr. Tom Simmer's presentation on PGIP and strategic positioning of Blue Cross Blue Shield of Michigan. At that meeting, we were asked to continue in this process, with a presentation by HealthPlus. Dr. Michael Genord is uniquely positioned to provide the information from the HealthPlus perspective. Information will be provided which is of unique value to practicing physicians. Dr. Genord is a past President of the Oakland County Medical Society. He is Board Certified in Obstetrics and Gynocology and managed a private practice for 17 years. He also served in leadership roles at William Beaumont Hospital and United Physicians Group, both in Royal Oak, Michigan.



The light Pan for a Healthier You"

This is not a session to miss, and is particularly timely.

Reserve early and feel free to register your practice managers, family, and other staff! Please also consider inviting non-members to attend!

Physicians, spouses, family members of GCMS/GCMSA, GCOA and other interested professionals are invited!

6 pm, Registration & Social Hour 6:30 pm, Dinner 7 pm, Meeting 7:15 pm, Presentations

Kindly submit your RSVP to this meeting by April 30, 2015.

You may mail a check with your reservations to:

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

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.

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## Join MSMS online at WWW.joinmsms.org

120 W. Saginaw Street • East Lansing, MI 4	8823
msms@msms.org • www.msms.org	
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### State & County Medical Society Membership Application

App	lication	Code:
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I am in my 1st year of practice post-residency.	
□ I am in my 2nd year of practice post-residency.	
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I am in my 3rd year of practice post-residency.
I have moved into Michigan, and this is my first

year practicing in the state.

I work 20 hours or less per week.
I am currently in active military duty.
I am in full-active practice.

	Male		Female
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First (legal) Name: Middle Name:			Niddle Name:	Last Nam	ie:	MD DO
Nickname or Preferred Form of Legal Name:				Maiden N	lame (if applicable:)	
Job Title:						
W Phone:		W Fax:	H F	hone:	H Fax:	
Cell:		Email:				
Office Address	Preferred Mail	Preferred Bill	Preferred Mail and Bill			
City:			Sta	te:	Zip:	
Home Address	Preferred Mail	Preferred Bill	Preferred Mail and Bil			
City:			Sta	te:	Zip:	
* Please base my o	county medical society n	nembership on the cou	nty of my (if addresses are in	different counties): 🛛 🛛 🔾	Office Address 🛛 Home Address	
* Birth Date:	/ / Birth	Country:	MI	Medical License #:	ME #:	
Medical School: _			Gr	aduation Year:	ECFMG # (if applicable):	
Residency Program	m:		Pro	gram Completion Year:		
Fellowship Progra	m:		Pro	gram Completion Year:		
Hospital Affiliation	n:					
Primary Specialty	y:				Board Certified: 🛛 Yes 🔾	No
Secondary Speci	alty:				Board Certified: 🛛 Yes 🗆	No
Marital Status:	Single 🛛 Married	Divorced Spous	e's First Name:		Spouse's Last Name:	
ls your spouse a p	hysician?: 🛛 Yes 🗔 N	No If yes, are they a n	nember of MSMS?: 🛛 Yes	🛛 No		
Within the last five	e years, have you been co	onvicted of a felony crir	ne?: 🛛 Yes 🔍 No If"ye	s", please provide full inform	nation:	
Within the last five	e years, has your license t	to practice medicine in	any jurisdiction been limited	, suspended or revoked?:	□ Yes □ No If "yes", please provi	de full information:
Within the last five	e years, have you been th	ne subject of any discip	linary action by any medical	society or hospital staff?:	□ Yes □ No If "yes", please provi	de full information:

I agree to support the 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.

County Medical Society Use Only Reviewed and Approved by