



THE Bulletin

MAY 2013 Volume 90, Number 5

HUMAN TRAFFICKING

**GCMS IMG Leaders Meet
with Key Legislators**

**Part II of Critical Community
Data of Use to Practices**

**Facebook and Physicians:
Should You Be a Friend?**

**2013 MSU Flint Campus
Match Results**

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MAY 2013 Volume 90, 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.

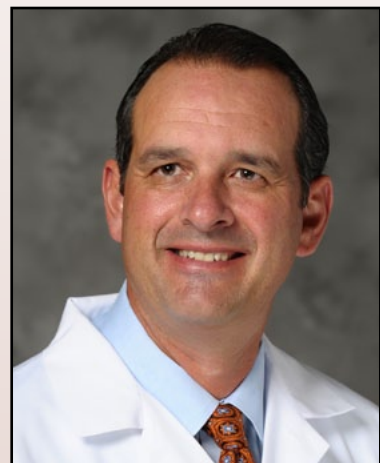
THE BULLETIN

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MICHIGAN MEDICAID, TO EXPAND OR NOT . . .

I am privileged to continue serving GCMS and MSMS in my role as Chair of MSMS Legs and Regs committee. As I near my fifth year, I have found this committee to be extremely exciting and challenging. As you can imagine, my knowledge base has grown over time, however, I still rely on MSMS, especially Colin Ford and his staff, to provide preparation and education prior to all of our meetings. Having knowledge of the agenda and specific bills, and at times the background unpublished story, is key to moving the meetings forward.



Ray Rudoni, MD

As Colin and I prepared this last week for our meeting on April 17th, we digressed briefly to discuss the Affordable Care Act (ACA), and its ramifications on many areas of health care, including the hotly debated issue of Medicaid Expansion. Colin was preparing a timely summary for the MSMS Board and after we discussed the program, I decided the timing for an article was perfect. To Colin, I say thanks for your insight and understanding of what continues to be a very complicated program both in implementation and in underlying politics.

Under the ACA, states may voluntarily expand Medicaid to citizens who are uninsured, many are low income adults. The Feds will cover 100% of the cost for three years, ie 2014-2016. After this point, states will begin to assume a portion of the cost of the program.

What this program could mean to Michigan:

- 450,000 new Medicaid patients.
- The Feds will infuse nearly \$2 billion to fund the expansion.
- Tax payers could save an estimated \$1 billion over the first decade of the program.

If Michigan adopted Medicaid Expansion, some benefits include:

- Offering health care coverage at an earlier age and all the downstream upsides (preventative care-good habits early in life equate to healthier adults).
- Improved access to growing mental health needs.
- Protect large Michigan companies from financial penalties if employees are not insured.
- Assist Michigan hospitals with the annual \$880 million of uncompensated care which is cost-shifted to other third-party payers and equates to higher

monthly premiums for many.

- The potential for increasing jobs in the health care industry in the way of infrastructure required to care for nearly half a million new patients.

So why is this taking so much time to discuss and implement? In Lansing, a vote for Medicaid Expansion is a vote to support the ACA. So, those opposing the ACA and what it stands for are, by in large, against its impact on the states, such as Medicaid expansion. Yes, politics, plain and simple.

It is always a challenge to discuss such a large political and economical initiative as expanding Medicaid; however, our patients, and our state need a plan as the status quo is not acceptable. We as physicians and members of organized medicine must embrace change and engage our political leaders in hard conversations, if indeed we are going to move the ball up the field. Change is upon us, let's embrace it for the sake of our patients, and our communities with hopes we can create new programs to help our state's most vulnerable citizens.

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

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ONE STOP SHOPPING

*In skating over thin ice, our safety is in our speed.
Ralph Waldo Emerson (1803-1882)*

You can drop by your local chain drug/convenience store and pick up toothpaste, shampoo, ice cream, sunscreen, soda pop, flip-flops, etc., etc, and maybe a prescription or non-prescription medication. The old Perry drug chain even used to stock a variety of auto parts. However, these days the local pharmacy may also be where many people, possibly some of your own patients, are turning for treatment of acute, non-emergent medical problems. Vaccines for influenza and shingles, administered by the pharmacist, have been available for a while. A recent story in the *Detroit Free Press* described the growing number of walk-in clinics located within CVS, Walgreens, and Rite-Aid stores. Other chains are expected to enter the market soon.

Convenience is the chief reason for the growing popularity of retail clinics. There are more than 1,400 of them in 35 states. The pharmacies are everywhere (and often clustered), and they have evening and weekend hours that many primary care physicians may not offer. Waiting times are generally short and medications can be purchased then and there. CVS (Minute Clinics) charges start at about \$79 for an exam by a nurse practitioner while Rite-Aid (Now Clinic) does not have an actual medical provider on site but provides video access from a private room to a nurse at no charge or a physician at \$45 for a 10-minute consultation. Some clinics are cash only while others will accept health insurance plans. Retail clinics in drug stores are not subject to any special government restrictions yet but they are becoming so common and popular that some states are considering regulations, especially regarding licensing and supervision of non-physician providers. Primary care doctors are



Daniel Ryan, MD

attempting to compete with drugstore medical providers by extending hours and offering same-day appointments but these strategies have their limitations.

Physician organizations, such as the Michigan State Medical Society, are following this trend closely because of concerns for patient safety and loss of continuity of care. Patients may begin to think that they can rely on these outlets for their general medical care, which is not the intended purpose of the clinics. A Nurse Practitioner or Physician Assistant may have limited clinical experience and a short differential diagnosis compared

to a board-certified physician. The desired doctor-patient relationship cannot be established. The American Academy of Family Physicians opposes any treatment at these sites beyond minor acute illnesses such as strep throat, ear infections, and upper respiratory infections. Procedures, such as suturing lacerations and treating fractures are not part of their scope of practice. The industry trade organization, The Convenient Care Association, has the goal of promoting high standards of care along with best practices throughout their membership.

As the number of insured patients expands with implementation of the Affordable Care Act over the next few years, the demand for medical services is likely to increase. This will place increasing demands on primary care providers, especially. Pharmacy affiliated acute care clinics are here to stay and customers (patients), according to surveys, are generally satisfied with the treatment and costs. As long as they are carefully regulated and there is solid communication with the primary physicians, these clinics can fill a need for patients and reduce the demand on emergency services.



DR. LAURA CARRAVALLAH

Receives Genesee Health Plan Physician Leadership Award

Dr. Laura Carravallah, Immediate Past President of the Genesee County Medical Society, received the Genesee Health Plan Physician Leadership

Award for her work in pursuit of re-funding of the Health Plan Millage during her presidency. Dr. Carravallah is a powerful advocate for the Genesee Health Plan. As the President of the Genesee County Medical Society, she played a key role in securing physician support for the 2012 Health Services Millage. During the millage campaign, she wrote a letter to the *Flint Journal* that made a compelling case for passage of the GHP renewal. She also visited the *Journal* editorial board to make an in-person case for renewing the GHP millage – a visit that resulted in an endorsement from the *Journal*.



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BILLING FOR MEDICAL SERVICES DELIVERED IN A GROUP VISIT

HealthPlus is aware that many physicians are using group medical visits to manage patients with chronic diseases like diabetes. Questions have arisen as to the appropriate way to bill for these services. Existing code G0109 does allow practitioners to bill for diabetes education. However, when delivering a face-to-face evaluation and management session (including its necessary elements to a member in a group setting,) a physician should bill HealthPlus using the appropriate E&M code to receive full payment.

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– Anita Abrol, CPA, Principal

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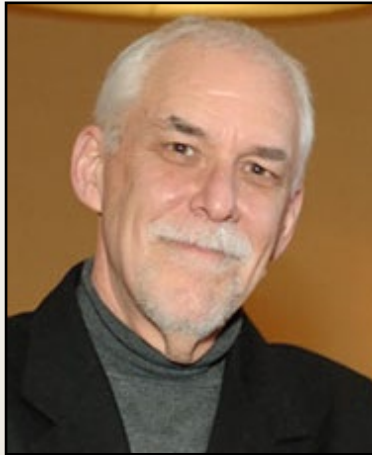
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LIFE EXPECTANCY DISPARATE BASED ON ZIP CODE, AND OTHER GENESEE COUNTY FACTS

May is always a fantastic month. Part of it is the exhilaration of the MSMS House of Delegates, watching our resolutions and our delegates navigating the democratic process. Part of it is spring. Part of it is the sheer enjoyment of being alive when so many people aren't. One of the real advantages of being involved in the medical world is the clear understanding that illness and death come to us all and that the best use of our time is to revel in what we have and to make the most of it in terms of improving the world around us for our patients, our family and those we come in contact with.



Peter Levine, MPH

This issue of *The Bulletin* contains the second of a three-part update on the community, compliments of the Greater Flint Health Coalition. One of the statistics that is perhaps the most riveting and which will require the most thought and action on our parts, is that of life expectancy based on ZIP code of residency. In case you were not aware of it, socioeconomic factors play a huge role in life expectancy, morbidity and mortality overall. One statistic alone summarizes all of it. The life expectancy for those living in 48430 is 82.6 years. The life expectancy for people living in 48502 is 63.9 years, a difference of 19 years.

I suspect we can dedicate ourselves to an entire lifetime of trying to equalize those numbers, not by driving down the life expectancy of people living in 48430, but rather by raising life expectancy in 48502. It would be safe to say that, with this county's health care ranking so high in national studies, the solutions rely on changing health behaviors. Every time a 16-year-old is killed, it skews

mortality statistics. Multiple that by 100 and it can actually change mortality statistics in a big way. Add to that the fact that we are above the state and national norm for every health behavior problem and it is not hard to understand why our morbidity and mortality numbers are so high. We are also facing problems with our physical environment. We have higher particulate matter in the air, less than 50% of the access to recreational facilities that is the national benchmark, and much less access to healthy foods. Conversely, we have twice the national benchmark of fast food restaurants.

There is a lot for all of us to do. Let's do it.

Don't forget the general membership meeting on embezzlement and stealing in the medical practice setting. This is a fantastic opportunity for our members to find out ways to reduce these types of problems which are endemic.

Announcement

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

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We relentlessly defend, protect, and reward the practice of good medicine.



Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see www.thedoctors.com/tribute.



To date, over 70 physician offices within Genesee County are promoting the Commit to Fit! message of adopting healthier lifestyle behaviors. Are you one of them?

The benefits of engaging in the Commit to Fit! project are endless. Commit to Fit! is a local health campaign that supports local physician offices by supplying absolutely free patient education materials, promoting wellness in all aspects of our community, and adding to the efficiency and practicality of getting patients and employees active and healthy. Also, Commit to Fit! is now partnered with our local fitness and wellness centers, sponsoring free fitness and nutrition classes for all residents of Genesee! The program supports changing our increasingly poor health outcomes and allows physician offices the resource to have available for patients who could benefit from lifestyle change.

To request these free materials and join in support of the Commit to Fit! campaign, please contact Nick Bendall at 517-243-2008 or via email at nbendall@gcms.org.

GCMS MEETINGS

– MAY 2013 –

5/1 – 7:30 a.m. Bulletin Committee @ GCMS

5/2 – 6 p.m. General Membership/Dinner Business Meeting @ Flint Golf Club

5/6 – 8 a.m. Legislative Liaison Committee @ GCMS

5/20 – 12:00 noon Membership Committee @ GCMS

5/22 – 12:30 p.m. Community & Environmental Health Committee @ GCMS

5/23 – 8 a.m. Practice Managers @ GCMS

5/28 – 5:15 p.m. Finance Committee @ GCMS

5/28 – 6 p.m. GCMS Board of Directors @ GCMS

**SAVE
THE DATE
Presidents' Ball
11/9/13**

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Contact Joyce Ash at 810-2322710 or Pete Levine at 810-7339925.

HUMAN TRAFFICKING . . . MODERN DAY SLAVERY

Written by: Jay Kommareddi

QUICK LINKS

- National Human Trafficking Hotline: 1-888-373-7888
- To report a tip;
- To connect with anti-trafficking services in your area; or,
- To request training and technical assistance, general information or specific anti-trafficking resources.

WHAT IS HUMAN TRAFFICKING?

“The recruitment, harboring, transportation, provision, or obtaining of a person for sex trafficking, in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age; or, labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.” according to the trafficking victims protection act (TVPA) of 2000. This definition centers on the exploitation of the victim – and exploitation is the sum and substance of slavery.

When the Michigan Women’s Commission made the decision to focus on sex trafficking of children as one of its initiatives, it was a subject that we didn’t know much about. What little we knew was limited to the misconception that trafficking occurred in other places

around the world, not in the United States and certainly not in Michigan.

As commissioners, our job was to first educate ourselves. It did not take us long to learn that human trafficking is the second largest criminal industry in the world and 40% of the time, cases involve the sexual exploitation of a child. Here are some facts we learned about domestic sex trafficking of minors in our country:

*As many as 2.8 million children run away each year in the United States. Within 48 hours of hitting the streets, a third of these children are lured or recruited into the underground world of prostitution and pornography. The National Center for Missing and Exploited Children (NCMEC)

* Michigan ranks 5th in the country in sex trafficking of youth. Shared Hope International

*The average age of entry for a trafficked child is 12 years.

*Every minute two children become victims of sexual exploitation. MannaFreedom.com

*Over 71% of trafficked children show suicidal tendencies

*Sex traffickers use a variety of ways to “condition” their victims by subjecting them to starvation, rape, physical abuse, beating, confinement, threats of violence toward the victims and their families, forced drug use and shame. Hopeforslaves.com, Facts on Human Trafficking

Horrified by what we learned, we decided that the Michigan Women’s Commission was going to be a part of the solution by starting an awareness campaign. Why public awareness? Simply because any societal and legislative efforts to combat sex trafficking of children needs understanding of this social evil by lawmakers, law enforcement, and those who are the grassroots: people like you and me.

How have we started to raise awareness? Individual commissioners have contacted business/community/faith based organizations, women and children’s organizations, health care providers, lawmakers and law enforcement in their efforts to increase awareness to combat domestic sex trafficking of minors. We continue to be available to help organizations find speakers to help raise awareness. Volunteer regional task forces modeled after the Michigan Human Trafficking Task Force are being formed in Michigan. The SW Michigan Human Trafficking Task Force which was recently formed under the leadership of Commissioner Cathleen Knaupf who

has worked tirelessly to draw attention to the subject. In Genesee County, three awareness meetings have been held with almost 200 people in attendance: a cross section of the community, including community leaders, women and children’s organizations, law enforcement and lawmakers’ staff. Weiss Advocacy Center, Mott Children’s Health Center and your’s truly have been a part of raising awareness in this area.

Next steps include formation of a Genesee County regional task force. Other regional task forces are listed at the Michigan Human Trafficking Task Force’s website <http://www.humantrafficking.msu.edu/>

We are also pleased to report that the newly formed Michigan Human Trafficking Commission has made public awareness a centerpiece of its activity. The commission, headed by Attorney General Bill Schuette, will release its recommendations to the legislature in six months. The intent of the commission is to make Michigan a model state in addressing this form of slavery. We look forward to including the Commission’s recommendations as a central part of our public awareness campaign, and we urge members of the public to support the work of the Commission.

Awareness is indeed the first step. If you would like to be a part of this public awareness campaign, please call the Genesee County Medical Society at (810) 733-9925 and they will put you in touch with me.

For more information about the MI Human Trafficking Commission please check the following website at <http://www.michigan.gov/ag>

For information about human trafficking please check the following organizations websites:

Michigan Human Trafficking Task Force
<http://www.humantrafficking.msu.edu>

U of M Law School Human Trafficking Clinic
<http://www.law.umich.edu/clinical/humantraffickingclinicalprogram/Pages/humantraffickingclinic.aspx>

The Polaris Project
www.polarisproject.org

Manasseh Project
<http://www.manassehproject.org>

International Medical Graduates “Doctors of the Day”

April 9, 2013



RECAP OF THE DAY

The Planning

Moving political agendas doesn't happen overnight in Lansing. To lobby an issue, it takes several weeks of strategic planning before arriving on the day to meet with lawmakers. Prior to the “Doctors of the Day” lobbying visit to the Michigan Capitol, the MSMS IMG Section had several meetings and conference calls with the MSMS Government Relations team to discuss the topics on which to educate legislators.

Graduate Medical Education and the J-1 Visa Waiver program were the two top issues that were decided upon due to the timely manner of the budget process.

Every issue in medicine can be quite complex, however, when lobbying legislators on these issues it is vital that our message is shaped into a simple idea with positive outcomes for society. The MSMS IMGs created a one-page document on both issues that provided the lawmakers with a brief description of the programs, the specific concerns regarding those programs, and solutions for lawmakers from the physician community.

The Meetings

The MSMS IMGs started their day at MSMS with a briefing from the MSMS Government Relations team on what they could expect during the meetings as well as the agenda for the day. The goal was to lobby on restoring GME funding, which had been cut by the Governor's budget recommendation, as well as making corrections to the J-1 Visa Waiver program that hopefully will make the process easier on applicants.

The MSMS IMGs met with member of the House and Senate Appropriations Committees, specifically, those who sit on the Department of Community Health Budget. Each meeting was precisely executed where each physician provided testimony on why these issues are important to the physician community and IMGs, in particular.

Some of the key highlights of the meetings were discussing preserving GME with Senator John Moolenaar, who chairs the Senate Appropriations Subcommittee on the Department of Community Health as well as discussing the J-1 Visa Waiver program concerns with the chief of staff for Senator Roger Kahn, MD.

Letting your voice be heard can have a major impact. The MSMS IMGs witnessed this later in the week when the Senate Appropriations Subcommittee on the Department of Community Health restored the \$1.45 million cut to GME that the Governor's administration recommended. Furthermore, Senator Kahn's staff has contacted the MSMS Government Relations team to request that physicians help fix the errors and streamline the process within the J-1 Visa Waiver program in Michigan.

This is why the “Doctor of the Day” program is an important part to the future of organized medicine in Michigan. For more information about the program, contact Steven D. Japinga, Chief, Public Policy and Legislative Affairs, at 517-336-5781 or sjapinga@msms.org.





Dear Physicians and Office Staff:

We would like to make you aware that we are providing newborn hearing screenings on all babies born in Genesee County. When an infant does not pass their initial hospital screening or a hospital screening is not completed, Mott Children's Health Center's Audiologists are able to provide a follow-up screening. If the baby does not pass the follow-up screening, we are able to provide a diagnostic Auditory Brainstem Response (ABR) test. Diagnostic ABR testing is completed using the recommended protocol by the Early Hearing and Detection and Intervention (EHDI) Program using ABR clicks, frequency specific tone bursts and bone conduction ABR.

In addition, other services provided to your patients include:

- ❖ Hearing Evaluations
- ❖ Immittance Testing (Tympanometry and Acoustic Reflexes)
- ❖ Diagnostic Otoacoustic Emissions Testing
- ❖ Hearing Aid Evaluations
- ❖ Hearing Aid Fittings (includes continued verification and follow-up of hearing aids)
- ❖ Community Referrals Based on Evaluation Results
- ❖ Serving Children Birth to 18 Years

If you have any questions regarding our services, please contact Ulrike Torfeh at (810) 767-5750 ext. 5318.

Appointments can be scheduled by faxing a referral to (810) 237-7567 or contacting our Child and Adolescent Health Services Department at (810) 237-7572.

Sincerely,

Libby M. Cook, M.A. CCC-A
Audiologist

Laurie A. VanDyke, M.A. CCC-A
Audiologist

YOUR \$\$\$ AT WORK

- S** GCMS aggressively opposed Senate Bill 2 in committee which would expand scope of practice for advance practice nurses
- S** GCMS aggressively supported Medicaid expansion for Michigan
- S** GCMS provided two practice managers seminars of major benefit to practices
- S** GCMS organized a general membership meeting on stealing and embezzlement in medical practices (an ever growing problem)
- S** GCMS prepared for the MSMS House of Delegates in Grand Rapids
- S** GCMS provided experts for the news media on several issues
- S** GCMS continued to provide fitness and nutrition materials and class information related to the Commit to Fit program of the Greater Flint Health Coalition.
- S** GCMS provided help to several members with issues associated with payers and with Medicaid issues



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Services provided at no cost to low income families

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GFHC COMMUNITY DATA SCORECARD REPORT

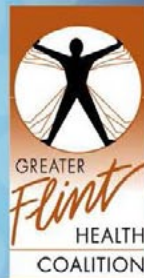
DEAR READERS,

The Editorial Board of *The Bulletin* would like to continue to provide a series of charts which were developed by the Greater Flint Health Coalition showing the data trends and projected community health issues for Genesee County. The data is amassed from myriad local, state and national sources and is a first rate compendium. Rather than overwhelm you with material, we will provide it in logical sections. In the last issue we provided several charts from the “Environmental Findings to Acknowledge as Factors Influencing Health”. This month we will cover the Major Healthcare Access and Cost Trends. Next month will feature information on Major Health Status Trends.

Daniel Ryan, MD, Editor

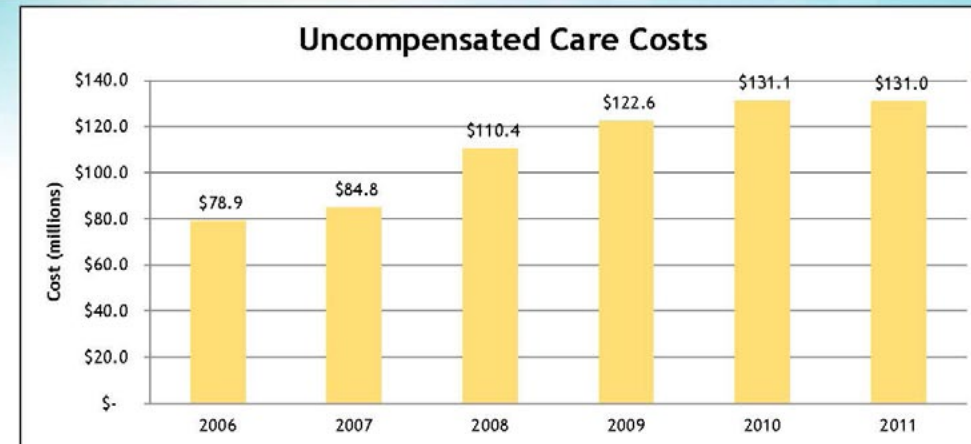
GFHC Community Data Scorecard

Major Healthcare Access & Cost Trends



21

HEALTHCARE – Access & Cost UNCOMPENSATED CARE COSTS FOR HOSPITALS



Uncompensated care costs have risen over 60% from 2006 to 2011

NOTE: This includes combined data from Genesys Health System, Hurley Medical Center, and McLaren-Flint

Potential Impact on Community's Health

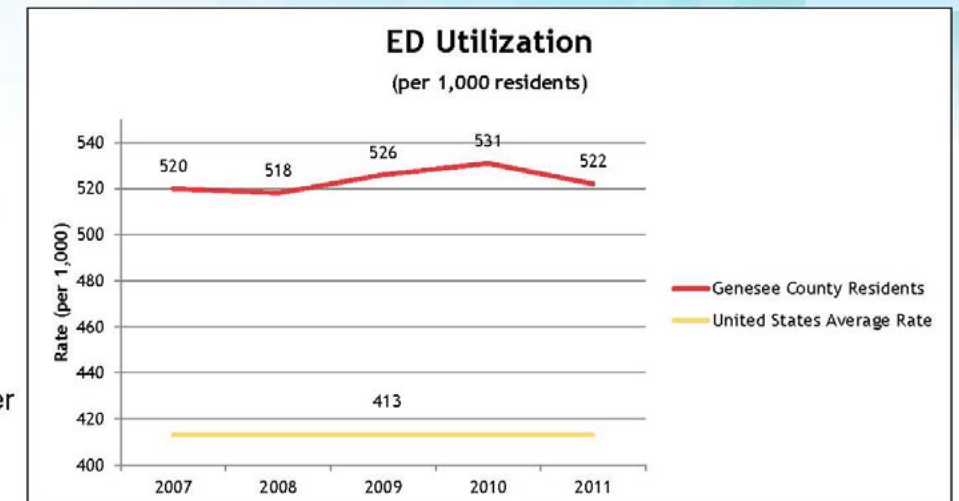
As the value of uncompensated care has increased over 60% since 2006, this places increased strain on local hospitals due to uncompensated care cost

22

HEALTHCARE – Access & Cost

EMERGENCY DEPARTMENT UTILIZATION

- ED Utilization Rates have remained steady from 2007 – 2011
- ED Utilization Rates are significantly higher than the national average



Potential Impact on Community's Health

Over utilization of the emergency department indicates inefficient use of the healthcare delivery system, increasing total costs of care

23

CHILD & INFANT STATISTICS



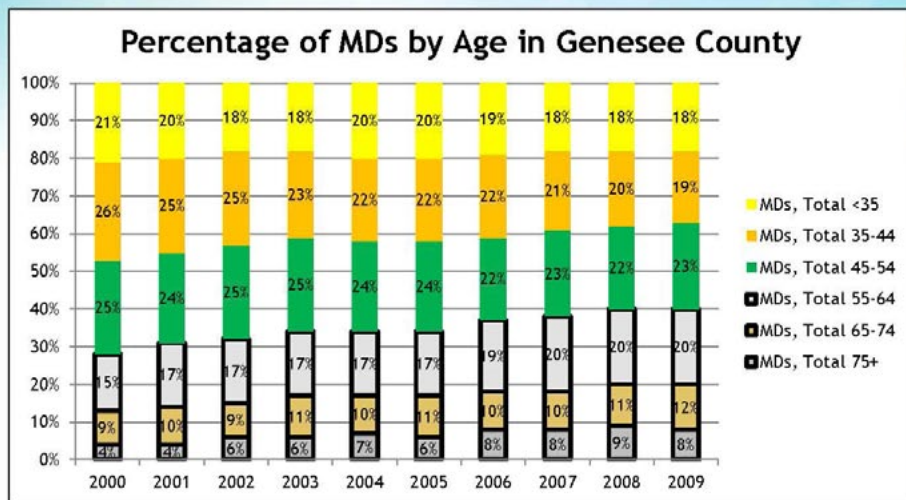
Birth Outcomes & Information				
	2006	2007	2008	2009
% of Births to Unwed Mothers	N/A	49.1%	51.5%	53.0%
% of Births to Mothers who Smoked During Pregnancy	18.8%	20.0%	N/A	N/A
% of Pre-Term Births	10.1%	10.1%	10.4%	12.7%
% of Medicaid Paid Births	46.4%	49.1%	51.6%	53.5%
% of Children Ages 0-18 with Health Insurance	94.6%	93.6%	95.6%	95.4%

- The percentage of Medicaid births continues to increase
- Pre-term births are extraordinarily high, with the rate of 12.7% ranking 80th out of 81 Michigan Counties

Potential Impact on Community's Health

According to the "Kids Count Data Book" 2012 report, for trends in Child Health & Well-Being Genesee County ranks 79th of 81 Michigan Counties

AGING PROVIDER POPULATION



- MDs age 55+ have increased from 28% to 40% of all MDs
- MDs ages 54 and younger have decreased from 72% to 60% of all MDs
- Nationally, physicians age 55+ make up only 37.6% of the U.S. physician population

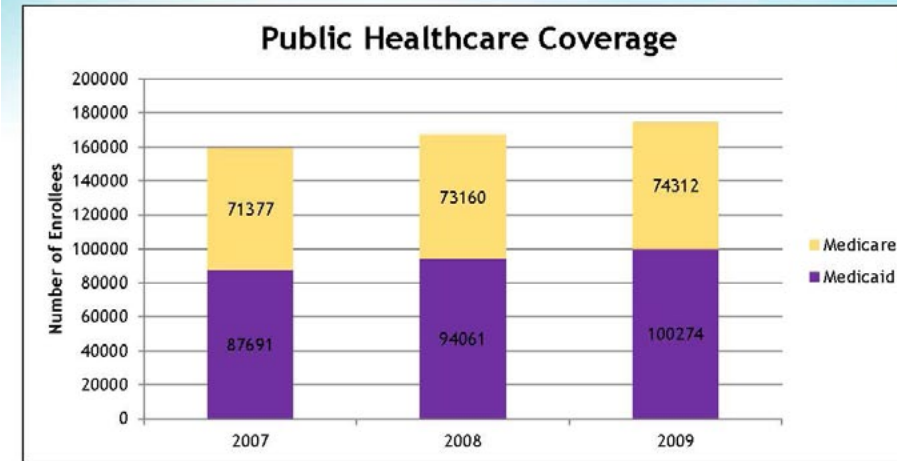
Potential Impact on Community's Health

With aging physician population, provider shortage is possible in the near future

If provider shortage occurs, access to care will be decreased

NOTE: DO/Osteopath data is not available for Genesee County

INCREASES IN PUBLIC ASSISTANCE FOR HEALTHCARE COVERAGE



- Medicaid & Medicare enrollment has risen by a combined 9%
- Commercial coverage has decreased 9.1% in the same time period
- 23.5% of Genesee County residents are Medicaid-eligible compared to only 18% of Michigan residents

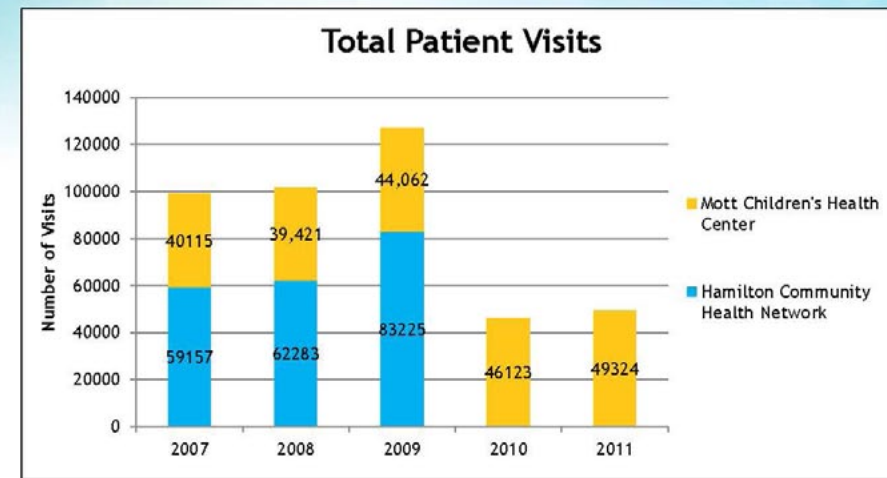
Potential Impact on Community's Health

Increased number of residents receiving public healthcare coverage

Physician Retention is difficult due to declining reimbursement

Increased need for continued public support

INCREASED DEMAND FOR SAFETY-NET SERVICES



- Total patient visits have increased approximately 25% for Mott Children's Health Center from 2007 - 2011
- Total patient visits have increased 40% for Hamilton Community Health Network (data for 2010 & 2011 not yet available)

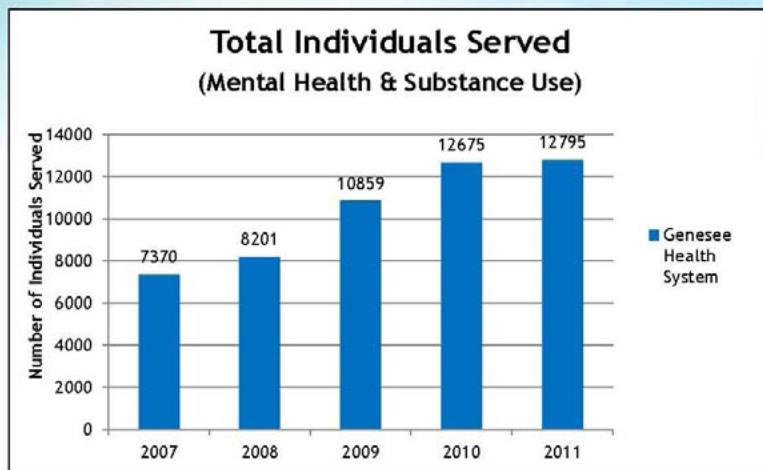
Potential Impact on Community's Health

Represents Rising Demand for Safety-net Services among all safety-net providers, demonstrating decline in Access to Coverage

Acknowledges need to maintain safety-net services/providers



INCREASED DEMAND FOR SAFETY-NET SERVICES



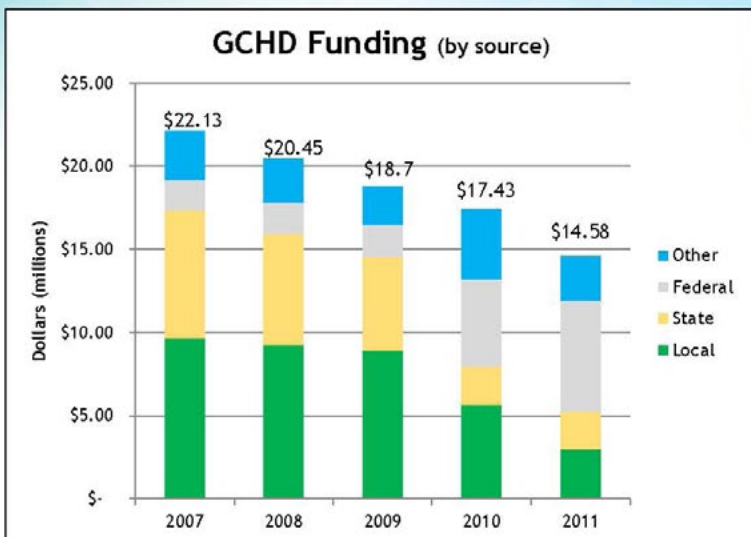
- Total individuals served at Genesee Health System has increased 70% from 2007 to 2011, but did level off this past year
- Total Encounters at Genesee Health System have increased 15.5% over the same time period
- Noteable facts & figures:
 - Behavioral Health issues often increase complexity of care and decrease chronic disease management
 - Approximately 15% of the population has a mild to moderate mental health condition at any given time
 - 90% of depressive and anxiety disorders are diagnosed in primary care

Potential Impact on Community's Health

*Represents Rising Demand for Safety-net Services
 Demonstrating decline in Access to Coverage and Care
 Acknowledges need to maintain safety-net services/providers*



FINANCIAL SUPPORT FOR HEALTH DEPARTMENT



- Total GCHD revenue has decreased approximately 34.2% since 2007
- Local Revenue has declined 41%
- State Revenue has declined 70%
- GCHD funding is also significantly lower when compared on a per-resident basis to similar Michigan counties, most notably Saginaw County which has a higher health department budget despite having about 50% of the population of Genesee County

Potential Impact on Community's Health

*Represents significant strain on Genesee County Public Health Department;
 Lack of Resources compared to 5+ years ago*

**PHYSICIANS NEEDED
 AT THE
 EMERGENCY MEDICAL
 CENTER OF FLINT**

*Various shifts are available for part-time.
 Full time may be an opportunity 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:

12-9 pm, 7 days a week, closed on major holidays

Located at 2284 S. Ballenger Hwy.,

Suite 2, Flint, 48503.

Contact Joyce Ash at 810-2322710

or Pete Levine at 810-7339925.

Genesee County Medical Society
General Membership Meeting

THURSDAY, MAY 2, 2013

A Town Hall Meeting on

STEALING AND EMBEZZLEMENT IN MEDICAL OFFICES

Faculty: Jeff Holt, Healthcare Business Banker, PNC Bank
Anita Abrol, CPA, Principal, Lewis & Knopf, CPAs, P.C.
Walter P. Griffin, Attorney at Law, Cline, Cline and Griffin

This is a serious problem. Over 60% of practices, big and small, are impacted by embezzlement and stealing. Come and hear how it is done, how to reduce your chances for losses, and how to react to it. This session is designed for physicians, practice managers and spouses. Interested guests are also invited. This faculty is made up of key individuals who have years of experience in this field. There will also be local physician input into how this problem impacted them. It is a session which you will not regret spending your time on.

A brief synopsis of the Michigan State Medical Society House of Delegates actions will also be provided.

Sponsored by: ModuleMD, PNC Bank

All physicians, spouses, and family members of GCMS and GCMSA and interested other professionals are invited.

\$35.00 GCMS Members, Spouses and their Practice Managers
\$25.00 Residents and Students
\$55.00 Non-Members and Non-Member Practice Managers

RESERVATIONS REQUIRED BY APRIL 25, 2013

Flint Golf Club
3100 Lakewood Drive, Flint, MI 48507
6 p.m. Registration and Social Hour
6:30 p.m. Dinner - 7 p.m. Meeting - 7:15 Presentations

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

Email Becky at bdoty@gcms.org for reservations or more information.

The First Annual Flintstone Challenge

5K Run/Walk



MICHIGAN STATE
UNIVERSITY
College of Human Medicine

Presented By: **HealthPlus**

The Right Plan for a Healthier You™

Entry Fee:

- \$25 pre-registration by 5/4/13
 - T-shirt included (not guaranteed by race day if register after 4/25/13)
- \$35 registration on 'day of' race
 - T-shirt subject to availability
- \$12 T-shirt only



To Benefit Flint Community Schools
5K Run/Walk May 5, 2013

**BRING AN OLD RACE BIB, GET \$5
OFF YOUR REGISTRATION FEE!!**

Sunday, May 5, 2013: Run-9:00AM Walk-9:02AM

Former Whittier Middle School, 701 Crapo Street, Flint, MI 48503

www.flintchallenge.org/Registration

Registration/Packet Pick Up: Bauman's Running and Walking Shop (1473 W Hill Rd, Flint, MI), 5/4/13, 10AM-6PM

Race-Day Registration at 7:30AM * Race-Day Packet Pick Up at 8:00AM

All proceeds benefit The Flint Classroom Support Fund

Course: Begins and ends at old Whittier Middle School. Course extends south along Crapo St to Woodlawn Park Dr, then east around Pierce School, west along Pierce St and Calumet St, and north towards Court St up to starting point. Course is non-certified but accurately measured.

Awards: Top overall, masters M/F, top 3 in each age group M/F for both run and walk divisions



Contact Information: Luda Khait – Race Chair flintstonechallenge@gmail.com (810) 447-0212

The Flintstone Challenge MSU/FAME 7West One Hurley Plaza Flint, MI 48503

Name (Last, First) _____

Address _____

City _____ State _____ Zip _____

Age _____ Gender ___M___F Run Walk

Shirt Size _____ T-shirt Order Only
_S _M _L _XL

Waiver: I understand 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 may suffer as 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 likeness in photograph, video, or in writing in any valid association with this event.

Signature of participant (or legal guardian if participant is under 18)

PRACTICE MANAGERS

PRACTICE MANAGERS MEET ON RAC AUDITS AND STAGE II MEANINGFUL USE AND RELATED AUDITS

Practice managers were convened by GCMS for a very well-attended session on Stage II Meaningful Use and Audits as well as RAC Audits. Faculty included Stacie Saylor, Dara Barrera and Susan Dutcher of MSMS. The meeting was extremely well attended, and feedback highly positive. The next session of the practice managers will be held on April 25th from 8-10 a.m. and will cover updates on medical records. Future sessions will be held on a practice's view of patient portals and a special session on HIPAA featuring MSMS staff and Robert Bader of PPI Communications (Physicians' Programs).



MAY 23RD PRACTICE MANAGERS MEETING

Presenting will be Kristin Schluckbier, Practice Consultant, Medical Advantage Group

Her focus topics will be Meaningful Use Factors Associated with Portal Use, Examples of How to Use a Portal, and Best Portal Practices.

Practice managers and members, please RSVP to Becky Doty at bdoty@gcms.org to reserve your spot as soon as possible! Seating is limited!

Thursday, May 23, 2013
8-10 a.m.

Rapport (GCMS) Conference Room
4438 Oak Bridge Drive, Suite B
Flint, MI 48532

18th Annual

2013 Healing Hands 5K Run/Walk

Saturday May 18th
9 A.M.



Sanctioned By:
USA Track and Field

To benefit The Genesee County Free Medical Clinic



Race Brochures are available in
Flint at: Bauman's Running
Center; The Complete Runner
and Dales Health Foods.

Organized by: The Genesee County Medical Society Alliance
& the Pi Delta Chapter of Sigma Theta Tau International

- Starting Time:** 5K Run starts at 9:00AM and 5K Walk starts at 9:01AM
- Location:** Mott Community College – Ballenger Field House 1401 E. Court St. Flint, MI. Parking Available at College
- Course:** Both events will start and finish at Mott Community College
- Facilities:** Restrooms only at race site
- Registration:** Early registration ends May 13, 2013. Entries must be postmarked by this date and eligible for early entry fee and a guaranteed T-shirt. Packet pick-up & late registration will be held from 8:00-8:45AM the morning of the run/walk in the Ballenger Field House
- Entry Fee:** \$17.00 before May 13, 2013: includes T-shirt \$20.00 late registration, includes T-shirt
\$12.00 before May 13, 2013: without T-shirt \$15.00 late registration, without T-shirt
- Refreshments:** Post Race refreshments for your enjoyment while awaiting race results & awards presentation
- Features:** Door Prize Raffle, blood pressure, balance screens and BMI available to racers.
- Awards Ceremony:** MCs: **ANGIE HENDERSHOT**, Evening News Anchor; WJRT-TV, Channel 12 & **ROD PRAHIN**, Morning DJ: WCRZ 108FM
- Age Divisions:** Awards to Overall and Masters male and female and top THREE finishers in each age group in each race: 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 & over
- Results:** Race scored using B-Tag System & posted race day and online at: www.gaultracemanagement.com
- Information:** **HOTLINE:** 810-230-6492 **ONLINE REGISTRATION:** www.gaultracemanagement.com

Platinum Sponsor:



Gold Sponsor:



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Member of Zonta International
Advancing the Status of Women Worldwide

Stella & Frederick
Loeb Trust*
*Administered by Citizens Bank

Silver Sponsors

Kettering University
First Presbyterian Church of Flint

Bronze Sponsors

Karen Smith Trust
Pioneer State Mutual Insurance
Prasad Kommareddi, M.D.
Wilfredo Rivera, M.D.



Genesee County Medical Society Board Meeting

March 26, 2013 - MINUTES

Khalid Ahmed, MD	Hesham Gayar, MD	AppaRao Mukkamala, MD	*Peter Thoms, MD
Shafi Ahmed, MD	Daniel Gutteridge, MD-Resident	*S. Bobby Mukkamala, MD	Venu Vadlamudi, MD
Abd Alghanem, MD	*Mona Hardas, MD	Gerald Natzke, Jr., DO	*Tarik Wasfie, MD
Suresh Anné, MD	John Hebert, III, MD	*Venkat Rao, MD	*John Waters, MD
*Qazi Azher, MD	F. Michael Jaggi, DO	*Lawrence Reynolds, MD	<u>Guests & Staff:</u>
*Amitabha Banerjee, MD	Rima Jibaly, MD	*Brenda Rogers-Grays, DO	*Oya Agabigum – GCMSA
Jagdish Bhagat, MD	*Gary Johnson, MD	*Raymond Rudoni, MD	Jonathan Hartman – CC&G
*Cathy Blight, MD	*Farhan Khan, MD	*Dan Ryan, MD	Timothy Knecht – CC&G
Laura Carravallah, MD	*Samasandrapalya Kiran, MD	Jagdish Shah, MD	*Minal Patel – MSU Med.
Edward Christy, MD	*Nita Kulkarni, MD	Jawad Shah, MD	Student
*Pino Colone, MD	*Paul Lazar, MD	Robert Soderstrom, MD	*Peter Levine, Staff
Niketa Dani, MD	Sreenivas Mannam, MD	Kenneth Steibel, MD	*Nick Bendall, Staff
Deborah Duncan, MD			<i>*In attendance</i>

Dr. Rudoni reported that Dr. Laura Carravallah was presented with the Genesee Health Plan's Physician Leadership Award at a meeting the previous night. He expressed congratulations to her and the Board gave her a round of applause.

Review of Minutes:

Motion: That the Board of Directors meeting minutes of February 26, 2013 be approved as presented.

The Motion Carried.

REPORTS:

Alliance Report:

Oya Agabigum, President of the Genesee County Medical Society Alliance, reported on the current activities of the Alliance. She also noted that the current membership is 174. She reviewed the new mission statement of the Alliance, "The mission of the Genesee County Medical Society Alliance is to make a positive difference in the lives of Genesee County residents by promoting healthy lifestyles and education through partnerships with GCMS and local community organizations, as well as providing a supportive network to medical families."

Recent activities of the Alliance included involvement with the Commit to Fit! program, continuing to plan the Healing Hands 5K race in conjunction with the Genesee County Free Medical Clinic. They have planned an April membership meeting to be held at the Flint Institute of Arts, and the Geranium luncheon is scheduled for May 21. On April 27, four GCMSA delegates will attend the annual Michigan State Medical Society Alliance meeting.

Finance Committee Report:

Peter Levine presented the Budget to Actual Report for the period ending February 28, 2013.

Motion: That the Budget to Actual Report for the period ending February 28, 2013 be approved as presented.

The Motion Carried.

Legislative Liaison Report:

Dr. Cathy Blight reported on the Legislative Liaison Committee meeting of March where the Medicaid budget, Scope of Practice Bills, Blue Cross mutualization, and the future of health care systems were discussed in depth.

Membership Committee Report:

Dr. Amitabha Banerjee reported that the committee is concentrating on Regional Cardiology Associates and Genesys employed physicians. Dr. Banerjee reported that a list of non-resident physicians whose memberships have dropped will be distributed to the Board. He noted active memberships are up by two. He also noted that a letter to Regional Cardiology members is in process.

Community & Environmental Health Committee Report:

Dr. Gary Johnson reported that the Community and Environmental Health Committee is presenting the following motion before the Board of Directors:

Motion: That the Genesee County Medical Society Board of Directors invite all hospitals to implement a policy similar to that of McLaren Health Corporation regarding nicotine testing for all job applicants including residents.

The Motion Carried.

Directive: Staff was directed to draft a letter to Hurley Medical Center and Genesys Regional Medical Center requesting that they implement a policy similar to that of McLaren Health Corporation regarding nicotine testing for all job applicants including residents.

President's Report:

Dr. Rudoni reported that Genesee County health rankings have dropped by three places to #79 in the State of Michigan. He also reported that Genesee County Medical Society has been asked to serve as a meeting site by the Michigan Department of Community Health - Division of Health, Wellness and Disease Control in an effort to reduce health disparities and increase understanding of the new National Health Plan.

District VI Directors Report:

Drs. John Waters and S. Bobby Mukkamala reported that the resolution that Dr. Raj introduced last year regarding transparency by Blue Cross and quality incentive programs will be presented to the House of Delegates as a Board Report for approval.

There was also an extended discussion of the State of Michigan's reticence to participate in health exchanges or to expand Medicaid.

AMA Update:

Dr. S. Bobby Mukkamala reported on the recent AMA Council meeting where internal restructuring was discussed. The AMA is also discussing the elimination of the Interim meeting and is considering holding it in conjunction with the National Advocacy Conference.

New Business:

May Dinner Business Meeting:

Dr. Rudoni reported that the session on fraud, stealing and embezzlement in the medical practice setting will be held on May 2.

House of Delegates:

Dr. Rudoni reminded the Board that the House of Delegates will take place in Grand Rapids at the Amway Grand Hotel April 26-28 with the District Directors Briefing being held on April 23, commencing at 5:30 p.m. Dinner will be at 5:00 p.m.

Adjournment:

No further business appearing. The meeting was adjourned at 6:59 p.m.



2013 Flint Campus Match Results

Specialty	Program Name	Location
<u>Emergency Medicine</u>		
Khait, Lyudmila	WSU/Detroit Medical Center	Detroit, Michigan
<u>Emergency Medicine - Pediatrics</u>		
Cobb, Megan	University of Maryland Medical Center	Baltimore, Maryland
<u>Family Medicine</u>		
Hellman, Philip Hood, Eve Paneth-Pollak, Rachel	North Colorado Medical Center UC Davis Medical Center Einstein/Montefiore Medical Center	Greenley, Colorado Sacramento, California New York, New York
<u>Internal Medicine</u>		
Newman, Elisheva Sarkisyan, Diana Willoughby, John	WSU/Detroit Medical Center Olive View-UCLA Medical Center University of Alabama Medical Center	Detroit, Michigan Sylmar, California Birmingham, Alabama
<u>Medicine/Pediatrics</u>		
Abou Baker, Nabil Doshi, Vidhi Winston, Amanda	UMDNJ-New Jersey Med - Newark U Southern California MSU/Hurley Medical Center	Newark, New Jersey Los Angeles, California Flint, Michigan
<u>Neurological Surgery</u>		
Yeung, Jacky	Yale-New Haven Hospital	New Haven, Connecticut
<u>Obstetrics and Gynecology</u>		
Baca, Lynn Lorencz, Erin Marchin, Angela	Beaumont Health System Mtn Area Health Ed Center Ohio State University Medical Center	Royal Oak, Michigan Asheville, North Carolina Columbus, Ohio

Orthopedic Surgery

Ndubaku, Osy MSU/McLaren Regional Medical Center Flint, Michigan

Otolaryngology

Bojrab, Dennis Wayne State University SOM Detroit, Michigan

Pathology

Dean, Christina Emory University SOM Atlanta, Georgia

Pediatrics

Antoon, Emily
Barbian, Maria
Brim, Rachel
Lockwood, Justin
Parker, Elizabeth
Reyes, Gwendolyn

U Washington Affiliated Hospitals
Carolinas Medical Center - NC
UC San Francisco-CA
U Colorado SOM
MSU/Grand Rapids Med Ed Partners
MSU/Hurley Medical Center

Seattle, Washington
Charlotte, North Carolina
San Francisco, California
Denver, Colorado
Grand Rapids, Michigan
Flint, Michigan

General Surgery

Sujatha-Bhaskar, Sarath UC Irvine Medical Center Orange, California

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www.scwinc.com

FACEBOOK AND PHYSICIANS: SHOULD YOU BE A FRIEND?

By: J. Brian MacDonald, Cline, Cline & Griffin, P.C.

As social-media tools become more prevalent, doctors are utilizing many within their own practices. Facebook, Twitter and other social media bring significant challenges to the practice of maintaining and protecting patient privacy while ensuring that the boundaries between patient and physician do not become blurred.

According to a survey published in 2011 in the *Journal of General Internal Medicine*, 94% of medical students, 79% of residents and 42% of practicing physicians reported some use of online social networks, nearly all for personal reasons. Among the practicing physicians, 35% said they had received a “friend” request from a patient or family member—and 58% of those who had received those “friend” requests said they always rejected them.

A survey of state medical board officials published in 2012 in the *Annals of Internal Medicine* highlighted several hypothetical situations which might lead to investigation and scrutiny. Of most concern were physicians who misrepresented their credentials, used patient images without consent or contacted patients inappropriately.

In a 2009, *Journal of the American Medical Association* published a survey of deans at 130 U.S. medical schools. Sixty percent of the respondents reported incidents

of students posting unprofessional online content. Violations of patient confidentiality were reported by 13% of those surveyed.

The American Medical Association’s Council on Ethical and Judicial Affairs published guidelines in 2011 suggesting doctors need to “maintain appropriate boundaries of the patient-physician relationship” online and to consider separating professional and personal content online.

It may appear obvious that medical students, physicians and medical office personnel should never post confidential patient information on social networks, but in practice it does occur. Last year, an emergency room physician in Rhode Island was fired and reprimanded for unprofessional conduct by the state medical board for posting information about a patient online. The physician did not post the patient’s name, but provided enough information that other people were able to identify the individual.

While the physician did not believe he was violating patient confidentiality because he did not use the name or age of the patient, the public was able to identify the patient because they knew where the doctor worked, and knew the date it was posted.

Facebook poses a particular dilemma. In this virtual world the patient may try to make contact with

a doctor. An article in *The Annals of Internal Medicine*, last year, spoke about physician professionalism and the need for physicians to develop “dual-citizenship” online to separate their public and private profiles. It reported that it is not uncommon for patients to search on social networking sites for their doctors in order to communicate with them.

It was recommended that physicians set their privacy settings to “high” to avoid having patients contact them on public sites. The author also suggested that doctors should create separate professional and personal accounts. It was felt that the professional profiles should contain only contact information and perhaps credentials.

Another ethical dilemma is whether physicians should peruse their patients’ pages on social networking sites. In a hypothetical situation, a doctor gave a patient a prescription for medicine that has potential serious side effects when mixed with alcohol. In this hypothetical situation, the physician searched the patient’s Facebook account to determine the patient’s drinking habits. The *Annals* article questioned whether this was a breach of privacy or fair game because it was public information. There was no consensus of opinion.

In 2012, the Federation of State Medical Boards released its *Model Policy Guidelines for the Appropriate*

Use of Social Media and Social Networking in Medical Practice.

The Guidelines are intended to address how physicians can utilize social media to aid in patient care while still maintaining the necessary privacy and confidentiality of patient information and the appropriate level of professionalism.

To address these issues, the Guidelines recommend that physicians abide by the following standards when using social media:

- **Candor:** Physicians should disclose any information that could influence patients’ understanding or use of the information, products or services on any website offering healthcare services or information;
- **Privacy:** Physicians should prevent the unauthorized access to, or use of, patient and personal data and assure that any de-identified data cannot be linked back to the user or patient; and

- **Integrity:** Physicians should ensure that the information contained on their websites is truthful, up-to-date and supported by relevant clinical evidence when necessary.

There is a significant amount of literature which suggests that physicians should never accept patients as friends on Facebook. It is argued that the mere existence of a patient-physician relationship (e.g., having others suspect a Facebook friend is a patient) could be a violation of HIPAA. In addition to being an ethical breach, violations of HIPAA can result in fines up to \$250,000 and/or imprisonment. This may seem harsh but an unwitting post on someone’s account may be misconstrued and result in a breach of confidentiality.

In conclusion, the overwhelming advice remains to never post anything that you would be uncomfortable reading re-printed in the newspaper. This remains the litmus test before hitting the send button.

ADDENDUM

Several days after I posted the above article, the American College of Physicians and the Federation

of State Medical Boards published the latest set of guidelines to help doctors navigate the online world in the *Annals of Internal Medicine*. (<http://annals.org/article.aspx?articleid=1675927>) It is a well written and valuable source of information on this topic.

TRUST EXPERIENCE.
COUNT ON COMMITMENT.



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R. Paul Vance | Barbara J. Hunyady

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HAPPY BIRTHDAY DOCTOR

MAY

Saed Sahouri	1	Paul Morin	15	Susumu Inoue	23
Matthew Sardelli	1	William Thompson Jr	15	Michael Giacalone, Jr.	24
Felipe Videla	1	Mustafa Akpınar	16	Jeffrey Ledis	24
Shivani Choudhary	2	Michael Danic	16	Shaheen Mohammed	26
Alvin Judd	2	Gerald Fulton	17	Manisha Naran-Kia	26
Mohamadalli Amlani	5	Paul Lazar	17	F. Michael Jaggi	27
Sylvia Kosciolk	5	Crumsan Nundkumar	18	Virgilio Bonet	29
William Lo	5	Christopher Tykocki	18	Barry Dewitt	29
Venkata Puttagunta	5	Paul Adams	19	James Aills	30
Melissa Hamp	6	Anton Chivu	19	Siva Talluri	30
Jeffrey Mitchinson	6	James Walter	19	Caroline Mathew	31
Christopher Murray	7	William Bowling	20	Jagdish Shah	31
Dong-Wha Ohm	7	Allan Ippolito	20	Michael Sorscher	31
Genevieve Sierminski	7	Rudolf Goetz	22		

CLASSIFIEDS

OFFICE SPACE AVAILABLE

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

PHYSICIANS NEEDED

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

If you or someone you know would like to advertise in *The Bulletin* please contact Becky Doty at bdoty@gcms.org or (810) 733-9923.



SAVE THE DATE FOR 2013 PRESIDENTS' BALL ON NOVEMBER 9



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

State and County Medical Society Membership Application

GENESEE COUNTY MEDICAL SOCIETY
4438 Oak Bridge Dr., Suite B
Flint, MI 48532
810-733-9923



Please PRINT or TYPE

FULL NAME _____ 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!

