



# THE Bulletin

May 2014 Volume 91, Number 5

**When to Retire**

**IRS Fraud Alert**

**Community Health  
Rankings Data**

**Urgent Meeting  
on ICD-10**

**GENESEE COUNTY MEDICAL SOCIETY**  
*Organized Medicine's Leading Edge*

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# THE Bulletin

*Read by 96% of GCMS members.*

## FEATURE ARTICLES

Fraud Alert Info from MSMS	7
Legislative Liaison	15
May Photo Album - Dr. Cyrus Farrehi	16
Obituary	20
ICD-10, The Focus of Practice Managers	22
GCMS Board of Directors Meeting	27

## REGULARS

President's Message	4
Editorially Speaking	6
Director's Message	8
Happy Birthday Doctor	14
Your \$ At Work	23
Monthly Meetings	21
Classifieds	21

*Cover photo by Dr. Cyrus Farrehi*

### Our Vision

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

### Our Mission

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

### PLEASE NOTE

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

### THE BULLETIN

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# THE HOUSE OF DELEGATES IS AMAZING

I will never forget the first time I went to the MSMS House of Delegates. I was amazed at the flurry of democratic activity, the commitment of those in attendance, and the passion with which people argued and coalesced around issues.

It was also clear to me from the very beginning, both at the International Medical Graduates meetings and the House of Delegates, that the Genesee County Medical Society is disproportionately powerful. Just look at this House of Delegates which just was held. The speaker and the vice speaker are both from Genesee County. The treasurer is from Genesee County. The vice-chair of the Board is from Genesee County.

Our 15 floor votes are disproportionately powerful at the house, because our people vote and they vote as they agreed to vote, not how they individually decided to vote. There's a reason why our people get elected, despite the fact that they come from a small county. We are well-organized. We train leaders. We deal with real issues, not egos.

Our delegation chair and our delegation function as a unit. It's definitely a unit with leadership, but it is leadership that is working for the betterment of Genesee County and the Michigan State Medical Societies, on behalf of our members and our patients. We elect leaders. We deal with real issues. We are appreciated by other counties.

It is truly thrilling to be part of this, and I encourage all of you to consider coming at some point. There is much activity on your behalf, and most of you are oblivious to it. It is okay to be oblivious, but



*Shafi Ahmed, MD*

I ask you to at least consider coming, to consider getting involved, not just in the House of Delegates, but in GCMS activities and on MSMS committees. There is a lot of fun to be had, and a lot of good to accomplish.

Please encourage your peers who are not members to join. We have not had a dues increase since the late 1980s and we need their financial involvement, if nothing else, to continue to provide service at such a high level.

I invite you all to participate. It is very rewarding.

Finally, if you have not yet made your reservation for the May 1 Dinner Business Meeting on ICD-10, please do so immediately! This is not an issue which will go away. We surveyed you and you answered that you wanted this topic. Please come! See the ads in this issue of The Bulletin for details.

## *Announcement*

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

For details, contact:

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Providers of insurance for the GCMS  
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# **WE WANT YOU FOR THE LEGISLATIVE LIAISON COMMITTEE!**

**Young physicians - are you looking for  
interchange with your legislators?**

**Seasoned physicians - would you like to help  
bring GCMS and MSMS positions to the forefront?**

**Become involved in the GCMS Legislative Liaison Committee!**

Be a part of an elite group of communicators who meet  
with our elected officials.

You are invited to engage in conversation with your legislators on the first  
Monday of each month at 8:00am in the Rapport Conference Room at  
the GCMS office.

You may contact Pete Levine at [plevine@gcms.org](mailto:plevine@gcms.org) or call **810.733.9925**,  
if you would like to participate.

***This is a valuable opportunity; don't let it go to waste!***

# COOL, CLEAR WATER

*Nothing is softer or more flexible than water, yet nothing can resist it.*

*Lao-Tzu ( 6th century B.C.)*

Safe, clean drinking water is one of life's necessities that is mistakenly taken for granted. We go to the tap, gently flick the wrist, and the clear liquid flows out on demand. When we are finished drinking it or soiling it, another wrist flick and it disappears down the drain and is gone, who knows where. We don't care. Now it is someone else's problem. What would our lives be like, especially in crowded urban areas, without a reliable source of clean water and the means and methods to purify and recycle it? Travel to a major urban center in any part of the third world if you really want to know.

In the United States we are fortunate. The Clean Water Act of 1972 and the Safe Drinking Water Act of 1974 were passed by Congress to set nationwide standards for drinking water purity. Contaminated water is a prime source of disease and death throughout the underdeveloped world. The quality of water sources in many impoverished countries is declining and this is threatening fragile ecosystems and human communities. The reasons include overpopulation, rapid urbanization with inadequate infrastructure improvements, poor land use choices, industrial waste discharge, corrupt leadership, and climate change. Water-borne diarrheal diseases such as cholera and typhoid are responsible for over 800,000 deaths each year. After the catastrophic Haitian earthquake in 2010, the physical devastation was exacerbated by a cholera epidemic that killed 7,000 people and sickened another 500,000.

The importance of clean water is certainly not a modern notion. Ancient Greek and Sanskrit writings from 4000 years ago describe water treatment methods such as sand and gravel filtration, boiling, and straining. Ancient Egyptians added alum to water supplies to remove suspended particulate matter and reduce turbidity. These people were unaware of toxic micro-organism, mineral, and chemical contaminants. They were primarily interested in

improving the taste of their water. The feasibility of large urban settlements was aided by aqueducts, first developed by the Assyrians to bring water to Ninevah. The concept was improved and expanded by the Romans. These engineering marvels were used to supply the city of Rome with over 1 million cubic meters of water every day, powered entirely by gravity. Most of the aqueduct system was underground to protect it from sabotage by barbarians and pollution. Some of the 400 kilometers of aqueduct in Rome is still intact and Roman-built aqueducts can be found today throughout Europe and Turkey.

The impetus for the modern era of water treatment was very likely a cholera epidemic in London in 1854. A British scientist named John Snow was inspired to apply chlorine to the water supply following discovery that sewage had contaminated a water main pump. Today, processing raw sewage includes use of settling ponds, filtration, aeration, flocculation, and disinfection before (hopefully) the contaminated water is allowed back into our streams, rivers, and lakes. Our local water supply has been provided by the Detroit Water and Sewerage System for many years with water drawn from Lake Huron and piped throughout southeastern Michigan. As you may know, the Karegnondi Water Authority Project is building a new pipeline from the same source that will supply Lapeer, Sanilac, and Genesee Counties. The project is supposed to be completed by 2016.

Of all of the public health advances in the last 200 years, improvements in quality of water sources and waste water treatments have been among the most critical to extending life expectancy and decreasing morbidity. We tend to complain about the increases in our water bills but clean water continues to be a veritable bargain if one considers the convenience and safety we enjoy in contrast to the alternatives rampant throughout the rest of the planet.





IRS

# FRAUDULENT TAX FILING

**LEGAL ALERT**

MSMS has recently been made aware of several instances of fraudulent tax return filings involving Michigan physicians. This has been discovered when legitimate tax returns are filed and a notice is received that the return has already been filed. The source of this identity theft (i.e. the social security numbers, addresses and other information necessary to file a tax return and obtain a refund) is unknown at this time. An internal investigation at MSMS has revealed no information indicating that this information was stolen from MSMS.

If you are a victim of this type of identity theft you should:

- 1) Contact the Internal Revenue Service Identity Protection Specialized Unit by calling (800) 908-4490.
- 2) Complete and file IRS Form 14039 – Identity Theft Affidavit with the required documentation.
- 3) Contact the Michigan Department of Treasury  
by calling (517) 636-4486,  
by email at [Treasury-ReportIDTheft@michigan.gov](mailto:Treasury-ReportIDTheft@michigan.gov)  
or mail to: Identify Theft Unit, Income Tax Division, P.O. Box 30477, Lansing, MI 48909.
- 4) Consider reporting the identity theft to credit reporting agencies:
  - a) Equifax: 800-525-6285
  - b) Experian: 888-397-3742
  - c) TransUnion: 800-680-7289

Additional information regarding tax related identity theft can be found at  
<http://www.consumer.ftc.gov/articles/0008-tax-related-identity-theft>.

MSMS will monitor this situation and make additional information available as it becomes available.

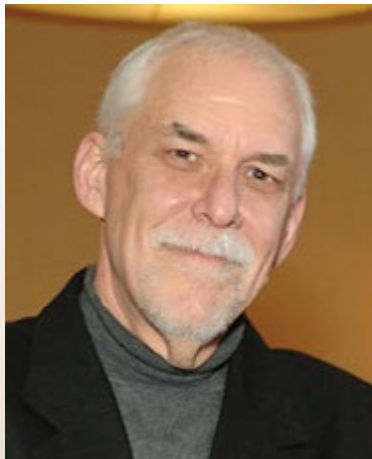
# COUNTY RANKINGS ARE BACK FOR 2014

By the time you read this the MSMS House of Delegates will have been completed. GCMS, once again, played a critical leadership role in organized medicine in Michigan. The June issue will really focus on that. Rest assured that we had a great delegation and great success with our issues. Your leaders give up three days once a year to attend these meetings, and they are really good at it.

This issue of *The Bulletin* contains several items of interest, not the least of which is material which was developed by the staff of the Greater Flint Health Coalition, primarily President Kirk Smith. It was provided at our request, following the publication of the 2014 County Health Rankings and Roadmaps, an annual report.

When reviewing this data, it is very important to realize that the material in the first chart shows how physical environment, social and economic factors, clinical care, and health behaviors work together to create length-of-life and quality-of-life measures. If you look at the second chart, it is obvious that Genesee County is slipping in some areas such as health outcomes, where it has dropped from 78th to 81st (out of 81 counties), and physical environment where we have dropped from 75th to 78th, and morbidity where we have dropped from 79th to 81st. Please note that for clinical care, we have improved since 2010 from 21st to 16th.

This does not mean that we in the medical community can rest on our laurels. It does mean that the rest of the community needs to step up their game. You can see in the third chart how we



*Peter Levine, MPH*

compare to top US performers and the state of Michigan. In so many ways, our community has all of the bad behaviors compacted into a single geographical location, resulting in heavy pressure to create bad outcomes. These numbers offer evidence of the myriad issues the community must work on.

In the fourth chart, you can see how Genesee County compares to the state, and to Wayne, Saginaw, Oakland, Kent and Washtenaw counties. Is it any wonder why it is so much easier to recruit physicians to some of these other counties? So

many demographics and social characteristics lineup to create better outcomes.

What does this data really tell us? Well, the bottom line is that we must reduce poverty, improve educational outcomes, and create more jobs. These are things that you already knew. However, the other thing is that as a health care community, we can hold our heads up, but at the same time, we also have to keep grinding to fight against the epidemiological pressures to lower outcomes. Those of us within the greater health care community, know this and have adopted it as a credo.

It is now time for the rest of the community to reach deep within themselves and try to create the kinds of changes that have taken place in the medical community. It's not easy, but it is absolutely necessary. As professionals, we hold ourselves to a higher standard. As professionals, everyone needs to hold themselves to higher standard.



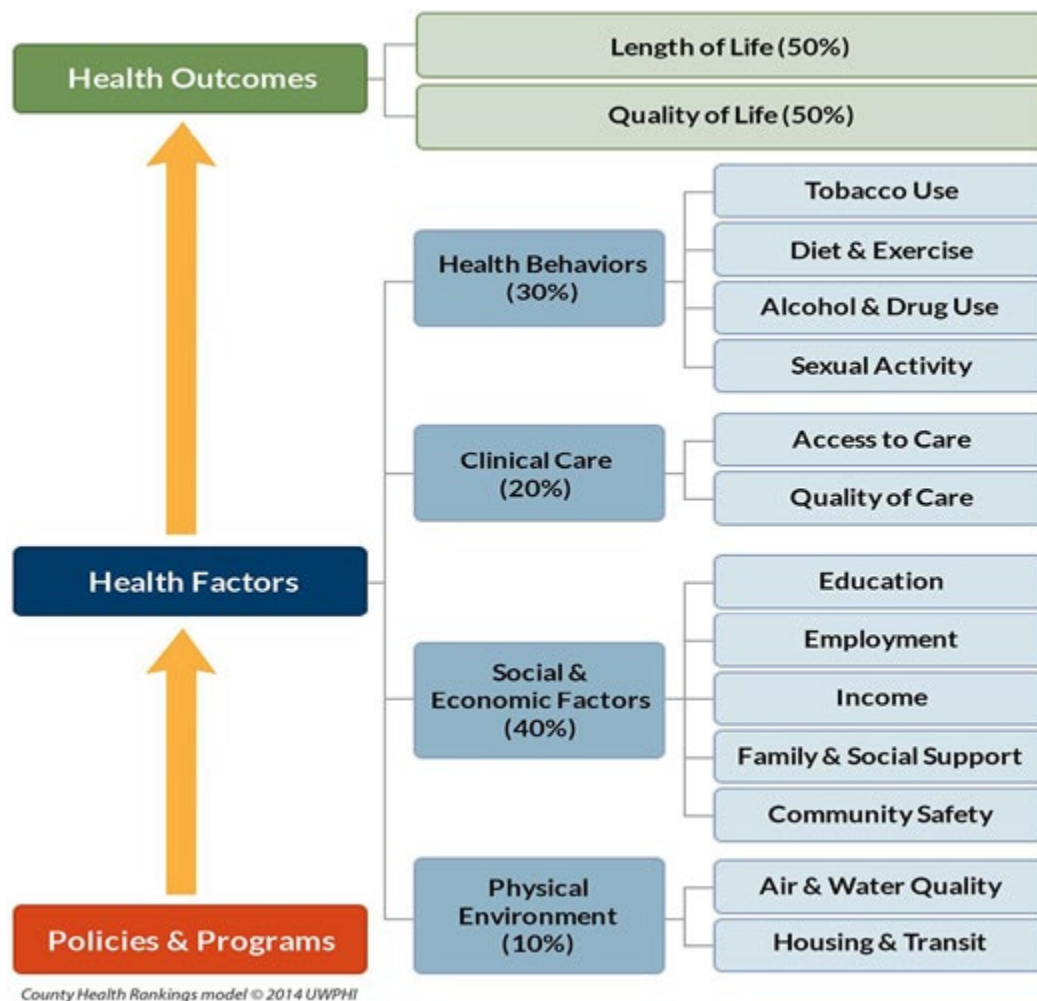
# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

The **County Health Rankings**, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

The *County Health Rankings* are based on a conceptual model of population health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health). These Outcomes and Factors are broken down into a number of components that are broken down further into subcomponents called Focus Areas.



## County Health Rankings & Roadmaps

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A Robert Wood Johnson Foundation program

In Michigan, a total of 82 Michigan counties are measured and ranked. Genesee County's health rankings in the major outcomes, factors, and focus area categories over the past five years are presented as follows:

### Genesee County's Michigan Health Ranking

(82 total Michigan counties ranked)

	2010	2011	2012	2013	2014
<b>Health Outcomes</b>	<b>78</b>	<b>77</b>	<b>77</b>	<b>80</b>	<b>81</b>
Mortality (Length of Life)	73	74	73	79	79
Morbidity (Quality of Life)	79	79	77	81	81
<b>Health Factors</b>	<b>81</b>	<b>78</b>	<b>75</b>	<b>75</b>	<b>72</b>
Health Behaviors	82	82	77	77	77
Clinical Care	21	28	18	18	16
Social & Economic Factors	78	74	75	73	73
Physical Environment	75	23*	67	76	78

*\*Note the conceptual model for the County Health Rankings has had changes in data measures from year to year, which can alter rankings criteria*

#### So how are these rankings compiled?

The *County Health Rankings* team synthesizes health information from a variety of national data sources to create the *Rankings*. Most of the data used is public data available at no charge. Measures based on vital statistics data, sexually transmitted disease rates, and Behavioral Risk Factor Surveillance System (BRFSS) survey data are calculated by staff at the National Center for Health Statistics and other units of the Centers for Disease Control and Prevention (CDC). The *Rankings* health care quality measures were calculated by the authors of the Dartmouth Atlas of Healthcare, using Medicare claims data. In the pages that follow, detailed breakdowns of the rankings and data sources are detailed.

## Compare Counties in Michigan

	Michigan	Genesee (GE)	Wayne (WY)	Saginaw (SA)	Oakland (OK)	Kent (KN)	Washtenaw (WA)
<b>Health Outcomes</b>		81	82	73	22	16	6
Length of Life		79	81	68	14	13	4
Premature death	7,254	9,009	10,263	8,225	5,827	5,749	5,096
Quality of Life		81	80	74	41	36	29
Poor or fair health	14%	19%	18%	15%	11%	12%	10%
Poor physical health days	3.6	4.3	3.8	3.9	3.1	3.4	2.7
Poor mental health days	3.7	4.2	4.0	3.8	3.4	3.2	3.5
Low birthweight	8.4%	10.2%	10.5%	9.8%	8.1%	7.5%	7.8%
<b>Health Factors</b>		72	82	64	8	14	1
<b>Health Behaviors</b>		77	72	76	2	18	1
Adult smoking	20%	23%	21%	19%	15%	18%	12%
Adult obesity	32%	36%	34%	40%	27%	31%	23%
Food environment index	7.5	6.8	6.4	7.3	8.0	8.0	7.8
Physical inactivity	24%	30%	28%	28%	20%	21%	18%
Access to exercise opportunities	78%	80%	93%	62%	88%	84%	84%
Excessive drinking	18%	16%	17%	21%	18%	17%	15%
Alcohol-impaired driving deaths	31%	33%	28%	31%	25%	32%	28%
Sexually transmitted infections	502	751	1,099	778	305	595	398
Teen births	32	45	45	40	18	38	12
<b>Clinical Care</b>		16	80	36	8	13	1
Uninsured	14%	12%	17%	12%	11%	13%	10%
Primary care physicians	1,268:1	1,088:1	1,539:1	1,199:1	683:1	1,127:1	627:1
Dentists	1,557:1	1,601:1	1,759:1	1,698:1	1,015:1	1,549:1	709:1
Mental health providers	676:1	655:1	681:1	860:1	455:1	558:1	291:1
Preventable hospital stays	70	63	87	83	68	52	55
Diabetic screening	85%	86%	81%	81%	84%	88%	86%
Mammography screening	65%	70%	58%	69%	65%	65%	71%
<b>Social &amp; Economic Factors</b>		73	82	61	10	17	2
High school graduation	76%	72%	70%	75%	78%	75%	80%
Some college	65%	62%	58%	62%	78%	68%	84%
Unemployment	9.1%	9.5%	11.7%	8.6%	9.1%	6.5%	5.7%
Children in poverty	25%	32%	39%	28%	14%	23%	15%
Inadequate social support	20%	24%	26%	21%	17%	17%	16%
Children in single-parent households	33%	42%	47%	39%	25%	32%	26%
Violent crime	478	809	1,122	857	246	417	324
Injury deaths	59	67	73	65	43	54	39
<b>Physical Environment</b>		78	82	65	79	48	44
Air pollution - particulate matter	11.5	12.2	12.8	11.9	12.5	12.2	12.7
Drinking water violations	1%	0%	0%	1%	0%	1%	0%
Severe housing problems	17%	18%	23%	16%	16%	16%	18%
Driving alone to work	83%	85%	81%	86%	86%	82%	73%
Long commute - driving alone	32%	30%	35%	24%	40%	20%	31%

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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## 2014 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics	2008-2010
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics	2005-2011
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
<b>Diet and Exercise</b>	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010-2011
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Access to exercise opportunities	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2012
<b>Alcohol and Drug Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2008-2012
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2011
	Teen births	National Center for Health Statistics	2005-2011
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2011
	Primary care physicians	HRSA Area Resource File	2011
	Dentists	HRSA Area Resource File	2012
	Mental health providers	CMS, National Provider Identification	2013
<b>Quality of Care</b>	Preventable hospital stays	Medicare/Dartmouth Institute	2011
	Diabetic screening	Medicare/Dartmouth Institute	2011
	Mammography screening	Medicare/Dartmouth Institute	2011
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	data.gov, supplemented with National Center for Education Statistics	2010-2011
	Some college	American Community Survey	2008-2012
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2012
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2012
<b>Family and Social Support</b>	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2008-2012
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting - FBI	2009-2011
	Injury deaths	CDC WONDER	2006-2010
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution - particulate matter <sup>1</sup>	CDC WONDER	2011
	Drinking water violations	Safe Drinking Water Information System	FY 2012-2013
<b>Housing and Transit</b>	Severe housing problems	HUD, Comprehensive Housing Affordability Strategy	2006-2010
	Driving alone to work	American Community Survey	2008-2012
	Long commute – driving alone	American Community Survey	2008-2012

<sup>1</sup> Not available for AK and HI.

**Genesee (GE) - 2014 Rankings**

	Genesee County	Error Margin	Top U.S. Performers*	Michigan	Rank (of 82)
<b>Health Outcomes</b>					
<b>Length of Life</b>					
Premature death	9,009	8,689-9,330	5,317	7,254	79
<b>Quality of Life</b>					
Poor or fair health	19%	17-21%	10%	14%	81
Poor physical health days	4.3	3.9-4.8	2.5	3.6	
Poor mental health days	4.2	3.7-4.6	2.4	3.7	
Low birthweight	10.2%	9.9-10.5%	6.0%	8.4%	
<b>Health Factors</b>					
<b>Health Behaviors</b>					
Adult smoking	23%	21-26%	14%	20%	72
Adult obesity	36%	33-39%	25%	32%	77
Food environment index	6.8		8.7	7.5	
Physical inactivity	30%	28-33%	21%	24%	
Access to exercise opportunities	80%		85%	78%	
Excessive drinking	16%	14-19%	10%	18%	
Alcohol-impaired driving deaths	33%		14%	31%	
Sexually transmitted infections	751		123	502	
Teen births	45	44-46	20	32	
<b>Clinical Care</b>					
Uninsured	12%	11-13%	11%	14%	16
Primary care physicians	1,088:1		1,051:1	1,268:1	
Dentists	1,601:1		1,439:1	1,557:1	
Mental health providers	655:1		536:1	676:1	
Preventable hospital stays	63	61-65	46	70	
Diabetic screening	86%	84-89%	90%	85%	
Mammography screening	70%	67-72%	71%	65%	
<b>Social &amp; Economic Factors</b>					
High school graduation	72%			76%	73
Some college	62%	60-64%	70%	65%	
Unemployment	9.5%		4.4%	9.1%	
Children in poverty	32%	28-36%	13%	25%	
Inadequate social support	24%	21-27%	14%	20%	
Children in single-parent households	42%	40-43%	20%	33%	
Violent crime	809		64	478	
Injury deaths	67	63-70	49	59	
<b>Physical Environment</b>					
Air pollution - particulate matter	12.2		9.5	11.5	78
Drinking water violations	0%		0%	1%	
Severe housing problems	18%	17-19%	9%	17%	
Driving alone to work	85%	84-86%	71%	83%	
Long commute - driving alone	30%	29-31%	15%	32%	

\* 90th percentile, i.e., only 10% are better.  
Note: Blank values reflect unreliable or missing data

2014

**County Health  
Rankings & Roadmaps**

Building a Culture of Health, County by County

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# HAPPY BIRTHDAY DOCTOR

## MAY BIRTHDAYS

Felipe Videla, MD	1	Hytham Fadl, MD	12	Paul Adams, MD	19
Saed Sahouri, MD	1	Clifford Cox, MD	13	Allan Ippolito, MD	20
John Youssef, MD	1	Mehmet Agabigum, MD	13	Rudolf Goetz, MD	2w2
Matthew Sardelli, MD	1	Edwin Gullekson, MD	14	Michael Giacalone, Jr., MD	24
Shivani Choudhary, MD	2	Lawrence Reynolds, MD	14	Michael McCann, DO	25
Sylvia Kosciolk, MD	5	Neil Friedman, MD	14	Manoochehr	
Venkata Puttagunta, MD	5	Mohamed Khedr, MD	14	Abadian-Sharifabad, MD	25
Mohamadali Amlani, MD	5	Paul Morin, MD	15	Scott Kaatz, DO	26
William Lo, MD	5	William Thompson, Jr., MD	15	F. Michael Jaggi, DO	27
Melissa Hamp, MD	6	Mustafa Akpinar, MD	16	Zheng-Ping Guo, MD	28
Jeffrey Mitchinson, MD	6	Babatunde Almaroof, MD	16	Virgilio Bonet, MD	29
Douglas VanBrocklin, MD	7	Paul Lazar, MD	17	Barry DeWitt, MD	29
Christopher Murray, DO	7	Gerald Fulton, MD	17	James Aills, MD	30
Genevieve Sierminski, MD	7	Alicia Franco-Imperial, MD	18	Jagdish Shah, MD	31
Halina Kusz, MD	8	Crumsan Nundkumar, MD	18	Caroline Mathew, MD	31
Ronald Hunt, MD	10	Christopher Tykocki, DO	18		
Jennifer Klock, DO	11	Celestine Joseph, MD	19		

## MEDICAL RECORDS

**The Genesee County Medical Society does not, and never has, had possession of any patient medical records.**

However, if a physician was a member of the GCMS and is either retired or no longer practicing in Genesee County, we may know where the records are located if we have been notified. Generally, if a patient is looking for records from a specialist, we advise them to check with their primary care physician if the specialist is no longer practicing.



# LEGISLATIVE LIAISON COMMITTEE

## APRIL 14, 2014 MEETING

The GCMS Legislative Liaison Committee met with state Sen. David Robertson, and Tim Sneller of state Rep. Charles Smiley's staff in early April.

The discussion focused on several issues. First, was the Healthy Michigan Plan implementation. The state budget was discussed as it related to graduate medical education. It appears that the political maneuverings are such that the graduate medical education funding level will remain the same with loan repayment as an incentive for primary care physicians to stay in the state of Michigan and underserved areas.

Senate Bill 2, which would expand nurse practitioner scope of practice, is still in committee. The same is true for Senate Bill 180, which would expand nurse anesthetist scope. The political elements of the proposed changes to the auto no-fault system were discussed at length. That is expected to be an issue taken up during lame duck.

Elections for 2014 were discussed at some length, along with expedited partner therapy.

It was noted that an SGR patch has taken place for one year along with postponement of ICD-10.



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## METROPOLITAN BUILDING

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### SUITE B - MEDICAL AREA 3,378 SQ. FT.

- Patient Seating/Child Area
- Reception/Clerical Work Area
- Back Area Clerical Work Station
- 6 Exam Rooms, Fully Plumbed
- 3 Restrooms
- Break Room
- 4 General Offices
- X-Ray Area



### SUITE A - MEDICAL AREA 2,786 SQ. FT.

- Patient Seating Area
- Reception/Clerical Work Area
- Patient File/Storage (Sideways Sliding System)
- 6 Operatories, Fully Plumbed
- 3 Restrooms
- Break Room
- Lab Room
- 1 General Office
- X-Ray Area

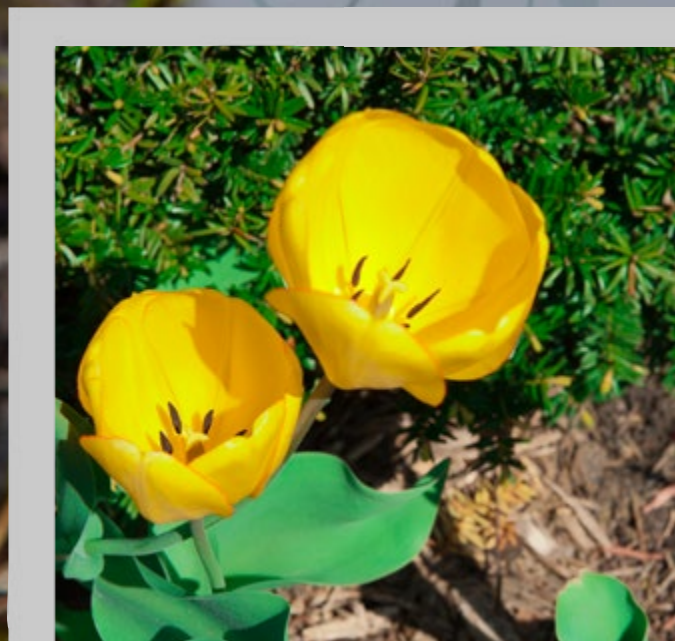


Contact: James Wascha or Renee Waswick (810) 695-6153

e-mail: [jw@waschalaw.com](mailto:jw@waschalaw.com) or [rwaswick@comcast.net](mailto:rwaswick@comcast.net)



*May*  
GCMS







Brush-footed Butterfly

# PHOTO ALBUM



Photo Album  
May 2014



PHOTOS BY

*Dr. Cyrus Farrehi*



## The following restaurants are participating in the Greater Flint Health Coalition Smart Bites program.

These restaurants have committed to providing healthy menu options for children, as part of the Commit to Fit program. Others will be added as time goes on. The GCMS Community & Environmental Health Committee recommended this list should be made available for your information.

**Big Boy Clio**  
4447 W. Vienna Rd.  
Clio, Mi 48420



**Leo's Coney Island Grand Blanc**  
6238 S. Saginaw Rd.  
Grand Blanc, Mi 48439



**Big Boy Grand Blanc**  
11432 S. Saginaw St.  
Grand Blanc, Mi 48439



**Pizza Mia**  
5414 Perry Rd.  
Grand Blanc, Mi 48439



**Big John Steak & Onion Clio**  
4180 W. Vienna Road.  
Clio Mi 48420



**Subway Clio**  
4254 W. Vienna Rd.  
Clio, Mi 48420



**Big John Steak & Onion Grand Blanc**  
252 Perry Rd.  
Grand Blanc, Mi 48439



**Taboon Grand Blanc**  
11515 South Saginaw Rd.  
Grand Blanc, Mi 48439



**Hoffman's Deco Deli & Café**  
503 Garland St.  
Flint, Mi, 48503



**Tropical Smoothie Clio**  
5105 W Vienna Rd.  
Clio, Mi 48420



**Leo's Coney Island Fenton**  
15010 Silver Lake Parkway  
Fenton Mi 48430



**Tropical Smoothie Grand Blanc**  
2383 E. Hill Rd.  
Grand Blanc, Mi 48439



**Leo's Coney Island Flint**  
4151 Miller Rd.  
Flint, Mi 48507



**Venus Family Restaurant**  
5485 Fenton Rd.  
Flint, Mi 48507





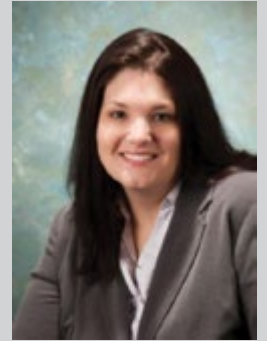
**RONALD K. RYBAR,**  
FHFMA, CMPA  
Founder and President  
of The Rybar Group

**You asked for it, you got it!**

**ICD-10 was delayed again...**

**We now have extra time to prepare,**

***Are you ready?***



**LAURA LOVETT,**  
CPC, CPMA, CEMC  
Consultant, Data Integrity  
and Compliance

**Genesee County Medical Society  
Is hosting an ICD-10 presentation at the  
Dinner Business Meeting on May 1, 2014!**

Our presenter will be Laura Lovett, CPC, CPMA, CEMC of The Rybar Group. The Rybar Group is based in Fenton and has been serving clients from not only Michigan, but all over the United States for over 25 years. Ron Rybar, BA, MBA, FHFMA, CMPA is a healthcare finance expert. Clients range from hospital systems to physician practices. His specialties include reimbursement issues and engagements related to data integrity and compliance with federal and third party payer regulations. Laura Lovett is a consultant from the Data Integrity and Compliance Department who specializes in professional coding audits and provider education, among other areas. Laura is a physician advocate; helping providers streamline documentation and get credit for the work they are doing through appropriate coding. There is plenty to learn from their experience.

You will not get a better \$35 exposure to ICD 10.

Remember when ICD-10 goes into effect, if not used appropriately, your claims will not be paid.

**LOCATION:**

**Flint Golf Club  
3100 Lakewood Dr,  
Flint, MI 48507**

**COST:**

**\$35.00 Physicians, Spouses,  
Practice Managers, Staff and Guests  
\$25.00 Residents and Students**

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

**6 pm, Registration & Social Hour**

**6:30 pm, Dinner**

**7 pm, Meeting**

**7:15 pm, Presentations**

***Please kindly submit your RSVP to this meeting as soon as possible.***

**You may mail a check with your reservations to:**

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

**Email or call Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) or 810-733-9923 for reservations or for more information.**

# Remembering *Dr. Espinosa*

---

Dr. Abner J. Espinosa passed away in late March. Dr. Espinosa practiced medicine for over 35 years in Columbiaville and the surrounding areas. He was a Life Member of the Michigan State and Genesee County Medical Societies.

Dr. Espinosa was born in the Philippines in 1937. He attended medical school at Manila Central University where he graduated in 1964.

He performed his internship at the Grace Hospital at Wayne State University. His residency in internal medicine was served also at the Grace Hospital, followed by a fellowship in rheumatology.

His hospital affiliations included St. Joseph Hospital (Genesys) and Hurley Medical Center.

He is survived by his wife Mimi, who also served as his practice manager.



# Reflections on *Dr. Espinosa*

---

It was with great sadness that I learned about the death of Dr. Abner Espinosa, a good doctor, and more importantly, a good man. He was a rare breed, a man of principle and a caring and compassionate doctor. He understood that physicians, specialists or generalists, were in the same boat, striving to care for patients.

He chose his friends and medical colleagues based on their integrity and service rather than any administratively driven dictate. Dr. Espinosa was often seen in the doctor's lounges asking about the well-being of the other person or his patients, rather than grouching about some perceived inequality. There was always a smile on his face, even in the last months when he was obviously failing. He has left us a great gift, his daughter, who is also a physician to carry on his practice.

To those of us fortunate enough to know and have worked with him, he will be missed.

Carlo A. Dall'Olmo, MD  
Michigan Vascular Center

## HURLEY MEDICAL CENTER PEDIATRIC ONCOLOGY UNIT

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**KH** was a 12-year-old girl living in Ontario, Canada with her father. Her parents were divorced and her mother moved to Pinconning, Michigan. KH was diagnosed with cerebellar Medulloblastoma 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](http://hurleychildrens.com)



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## GCMS MEETINGS

— MAY 2014 —

**May 1st - Dinner Business Meeting**  
- ICD-10 -

**Flint Golf Club** (see ad on page 15 )

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

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

**Membership Committee 5/19**  
12pm, GCMS Office

**Nominating Committee 5/20**  
6:00pm, Sagano's Japanese Bistro

**Finance Committee 5/27**  
5:30pm, GCMS Office

**Board of Directors 5/27**  
6pm, GCMS Office

**Community & Environmental Health Committee 5/28**  
12:30pm, GCMS Office

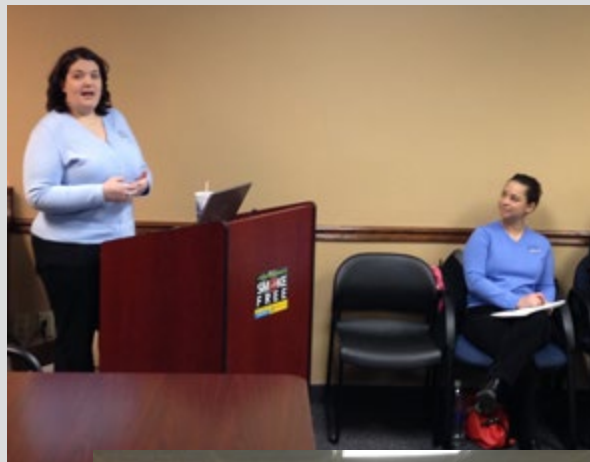
**Practice Managers 5/29**  
8am, GCMS Office

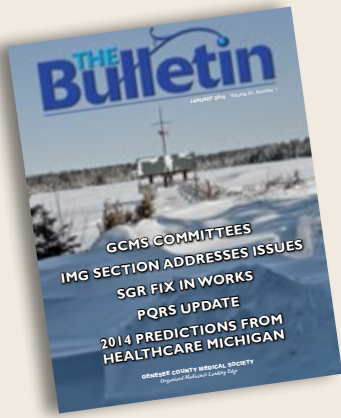
# ICD-10, THE FOCUS OF PRACTICE MANAGERS

In late March, the Practice Manager's Meeting revolved around the imminent implementation of ICD-10. Our speaker was Laura Lovett, CPC, CPMA, CEMC, a consultant on data integrity and compliance at the Rybar Group. Her presentation galvanized the room especially when she spoke about the need to establish lines of credit in preparation for ICD-10 implementation. There was universal feeling that it is of critical importance that the Medical Society hold a similar meeting for physicians and practice managers in the near future.

GCMS Executive Director Pete Levine reported that the May Dinner Business Meeting will be on the topic of ICD-10. The next meeting of the practice managers will address the Accountable Care Act update, "What is Going on With Your Practice?" new insurance coverage, compliance plans, etc. Staff will be inviting HealthPlus, McLaren Health Plan, Blue Cross and MSMS staff to present as a panel.

The August session will examine conversion to ICD-10, "How is Implementation Going?"





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



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## YOUR \$\$\$ AT WORK

- GCMS Held a Practice Managers session on ICD-10
- GCMS and MSMS met with legislators on several critical issues
- GCMS Held Practice Managers meeting on what's new with the Affordable Care Act featuring representatives of key third-party payers
- GCMS planned Dinner Business Meeting in ICD-10 for physicians entitled, "You're Not Ready"
- GCMS helped several physicians with IRS fraud issue
- GCMS cosponsored a community wide forum on advanced care planning

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

### **Child & Adolescent Dentistry (810) 768-7583**

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- Dental Treatment & Restorations
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**TRANSFORMING**

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

\*Shafi Ahmed, MD  
\*Qazi Azher, MD  
\*Athar Baig, MD  
\*Amitabha Banerjee, MD  
Devinder Bhrany, MD  
\*Cathy Blight, MD  
Laura Carravallah, MD  
\*Ed Christy, MD  
Pino Colone, MD  
Niketa Dani, MD  
\*Deborah Duncan, MD  
Hesham Gayar, MD  
Walt Griffin  
Mona Hardas, MD  
\*John Hebert III, MD  
Asif Ishaque, MD  
Michael Jaggi, DO

Rima Jibaly, MD  
\*Gary Johnson, MD  
\*Farhan Khan, MD  
Samasandrapalya Kiran, MD  
\*Nita Kulkarni, MD  
Paul Lazar, MD  
Sreen Mannam, MD  
\*S. Bobby Mukkamala, MD  
\*Gerald Natzke, Jr., DO  
Venkat Rao, MD  
\*Lawrence Reynolds, MD  
Brenda Rogers-Grays, DO  
\*Raymond Rudoni, MD  
\*Daniel Ryan, MD  
Elmahdi Saeed, MD  
\*Robert Soderstrom, MD  
\*Peter Thoms, MD

Venu Vadlamudi, MD  
\*Tarik Wasfie, MD  
\*John Waters, MD  
\*Amanda Winston, MD

**Staff:**

\*Peter A. Levine, MPH

**Guests:**

\*Elizabeth Schut

\*in attendance

Call to Order

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

Dr. Ahmed introduced Dr. Elizabeth Schut, a pediatrics resident, who attended because of her interest in organized medicine and community medicine.

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

Alliance Report

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

Finance Report

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

Dr. John Waters noted that the Fundraising Committee will be reconvened to review past recommendations and to consider implementing new ones. In addition, the fundraising letters will be sent out to members soliciting the \$50 mandatory contribution and the request for an additional \$200.

Membership

Drs. Mukkamala and Banerjee reviewed a list of unpaid members.

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

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

# Genesee County Medical Society Board of Directors

## March 25, 2014 - Minutes

### Legislative Liaison

Dr. Cathy Blight reviewed the discussions held at the Legislative Liaison Committee meeting of March 3. She noted that the turnout of physicians was good and included a resident. The committee discussed strong opposition to Senate Bill 2, which would extend nurse practitioner scope of practice as well as Senate Bill 180, which would expand nurse anesthetist scope of practice. In addition, there was a lengthy discussion of a proposal to reform auto no-fault insurance. MSMS is working hard to make sure the results are appropriate. Also discussed at length was the importance of increased graduate medical education funding.

### Community & Environmental Health

Dr. Gerald Natzke reviewed a letter to the editor of MLive that he had written to express concerns about the Journal's focus on rating and extolling unhealthy foods.

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

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

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

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

### Greater Flint Health Coalition Update

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

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

### District Directors

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

### Peer Review Update

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

### President's Report

**Directive: Staff was directed to send the draft survey out to the Board of Directors to ask for input on the data relating to referral patterns.**

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

**Motion: that an ICD-10 Boot Camp be put together during the summer with a big discount for members**

# Genesee County Medical Society Board of Directors

## March 25, 2014 - Minutes

and at a higher cost for nonmembers. The motion carried.

**Directive:** Staff was directed to invite Brian Tesler to the Task Force meeting on human trafficking and to the Community and Environmental Health Committee meeting.

### Old Business

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

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

### Next Meeting

The next meeting of the GCMS Board of Directors will take place on April 22, 2014. That meeting will also include the District Directors briefing, which will start a half hour early.

### Adjournment

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



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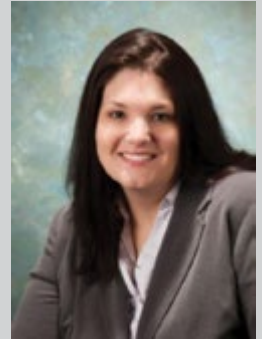
**RONALD K. RYBAR,**  
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Founder and President  
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**4438 Oak Bridge Dr., Ste. B**

**Flint, MI 48532**

**Email or call Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) or 810-733-9923 for reservations or for more information.**



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Last First Middle Initial

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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!